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2003 SENATE APPROPRIATIONS

SB 2012

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

Senate Appropriations Committee

☐ Conference Committee

Hearing Date 1-14-03 (Day 1 of 3)

Tape Number	Side A	Side B	Meter #
1	X	X	
2	X	X	
3	X	X	

Committee Clerk Signature Sandra Dawson

Minutes:Chairman Holmberg opened the hearing to SB 2012. Attendance was called, quorum acknowledged. Budget of Dept. of Human Services, Subcommittee announced of Senator Bowman, Senator Thane, Senator Kilzer, Senator Krauter and Senator Lindaas. (Meter # 135) Turned the meeting over to Vice Chairman Bowman. (Meter #155) Vice Chairman Bowman gave instructions to his subcommittee members to be sure to jot down questions and ask the appropriate questions on that particular division at that time. (Meter #400) Carol, Olson, Executive Director of the Department of Human Services: Overview and Introduction of Human Services Department. See written testimony Exhibit 1 & 2. (Meter #875) VC Bowman: Reminded committee of the green sheets in their bill books for the budget. (Meter #980) Brenda Weisz, Department of Human Services: Spoke on the department's budget. See written testimony Exhibit #3. (Meter #1640) referred to Attachment A (Meter # 1686) Referred to Attachment B (Meter # 2300) Referred to Attachment C (Meter #2718) Referred to Attachment D. (Meter #3097) Senator Robinson: Is HIPPA not problematic? Are we not locked into that? Do we have

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funding for that? What options do we have? (Meter # 3119) Brenda Weisz: We took a look at the resources available to us in the department, and what projects stand out and weighed things against direct client service, right now where we are at, we feel, our privacy and security and at this point in time our base budget, we would put that at an optional adjustment rather than a base. (Meter #3177) Senator Robinson: Just a comment, would there be seem merit to further restructure that and tie the directorship of the Developmental Center with the Northeast Human Service Center in Grand Forks and the State Hospital with South central for purposes of mileage, closer proximity, paying people spending a lot of time on the road, and I was just wondering with the close proximity of the hospital in Jamestown and human service center, etc.? (Meter #3312) Carol Olson: We have two different populations that we serve at the Human Service Center, their mission at the hospital is quite different. We haven't thought about it before nor we haven't talked about it. I think the combination of the Developmental Center and State Hospital actually has worked out well. We haven't considered of crossing the Institution with the Human Service Centers. (Meter #3425) Senator Andrist: For those who are in nursing homes, the average cost which is probably $50,000 a year, every self pays or Medicaid, have you explored if the rules permit, the possibility of an in between step, people with some means could pay half the cost and Medicaid could supplement it, and keep part of their dignity at the same time. Is this anything you have ever looked at? (Meter #3571) David Zentner, Director of Medical Services for the Dept. of Human Services : There is no half way with the Medicaid program, you are either eligible or not, the federal government set the standards. There are some individuals that do cover a part of their care in a nursing facility. (Meter #3779) Senator Thane: Refresh my memory, MMIS stands for ? Medicaid Management Information Systems.

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(Meter # 3835) Senator Christmann: On Page 3 of the testimony, 10% of the FTEs are being eliminated, 5.9 million dollars more in compensation, and there wasn't a big salary increase, this that just an insurance increase? (Meter # 3878) Brenda Weisz: Yes, the insurance increase was large - 26%. (Meter # 3909) Senator Christmann: On page 4, what is the difference between direct cost and other direct costs? (Meter #3923) David Zentner: Direct cost are directly based on care of an individual gets directly, primarily nursing and therapy costs, those are the costs that vary and are the rates that change and other direct are like food, not hands on care but affect the individual. Compared to your indirect such as administration, house keeping, tech services. That's a breakdown and I can give you a list of those breakdowns. (Meter #4070) Senator Mathern: Do eligible persons on Medicaid get paid services or does the payments get paid directly to the Institution? (Meter #4122) Brenda Weisz: Yes, the individuals that apply for Medicaid go through the county and go through the eligibility process. When they come for services at the Human Service Center or the Institution, our business office staff determines if they are Medicaid eligible and our computer systems come into play. From there we submit the Human Service Centers submit like a private provider to the Medicaid program a reimbursement for the services. (Meter #4219) Senator Krauter: Talking about the inflation factors by statue, give us the exact statue and when that was put into place and the historical perspective of the inflation factors. On the Fmap, is anything happening in Congress with the Fmap? (Meter #4300) Brenda Weisz: This is the actual figure 16.36 and confirmed and issued in the Federal Register by Federal government. The amount for the federal fiscal year of 2003 has also been finalized by federal government. The other amount for federal fiscal year 2005 that 67.47 is our best estimate and when we look at that we look at the history, we look at the total income of the ND. That last

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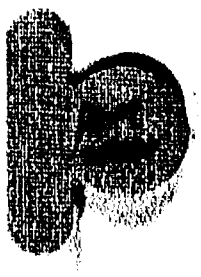
number does not become final until Sept. 2003. We will get a preliminary during the session about April. The Federal government sends out a preliminary and then we can gauge where we are at. (Meter #4450) Senator Krauter: Is Dave going to give us a historical perspective as far as what percentages? Page 4 and 5, are there any savings this current biennium? (Meter #4501) Brenda Weisz: No, we anticipate what the costs and salaries are going to be. We formed a base and established this base on how we thought the rates would be. (Meter #4656) Senator Krauter: To me, this is one of the elements of the deficiency of appropriations. And there are some savings here that I would venture to say we could be using. Is this correct? (Meter #4797) Senator Robinson: Concern on the DD Grants. On page 8, the Indian County Allocation, 2.6 million refresh my memory. (Meter # 4841) Brenda Weisz: Gene Hysjulien will be presenting testimony on the DD Grants and the Indian Allocations are in Blaine Nordwell budgets. (Meter #4875) Senator Thane: will we hear more about the reasons why the adoption program was dropped and not included. (Meter #4907) Brenda Weisz: Paul Ronningen will speak on that. (Meter #4972) Senator Krauter: On the optional services, can we get a listing of those and costs that we have associated them with so we can compare. (Meter #5000) Brenda Weisz: David's testimony does include a listing of the services but we will get you the costs. (Meter #5527) Senator Grindberg: Please explain the estimate for West Central bid operation. (Meter #5621) Brenda Weisz: We put out a RSVP for someone to put out a bid and it came relatively close to what it was costing us at West Central.

(Meter #5824) Linda Wright, Director of the Aging Services Division, Dept. Of HS: See written testimony Exhibit #4. (Meter # 618) Senator Robinson: On Attachment E, regarding the reason



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of what has happened to those folks are on waiting lists. Is it safe to say that we very likely will find ourselves in the same situation where the cost benefit ratio could end up spending more anyway. (Meter # 646) Linda Wright: You are correct. That is why we feel the long term budget as a whole is complete. (Meter # 727) Senator Mathern: Wondering in terms of waiting list that has been created, if there aren't any legal problems, maybe someone the waiting list, if someone with a great medical need or greater financial need than someone receiving services, would that create legal problems for the department? (Meter 767) Linda Wright: We have tried to a make sure that we are creating this pool and doing in a way that is legal. We are certainly concerned about people's right to be at home and have the services to remain there. (Meter # 824) Chairman Holmberg: The people receiving the home services on the Extended SPED program, are usually located near nursing homes, is there are a great deal of partnering between those program receipt ants and the nursing homes to see if there could be a combination to see if the home service may be given by a nursing home. If there are impediments to that, are they legal or cultural? (Meter #886) Linda Wright: We do, in fact, have some nursing homes that are enrolled as qualified service providers, so they do provide some care out in the community to individuals that live in their own homes. There is also a very exciting venture which I am part of a task force with the Good Samaritan Society and they are looking at developing a pilot project called a Retirement Cooperative. They are looking at the community of Arthur ND, and they are looking at how they can redesign themselves to meet the needs of the people in the community. So I think there is some movement in that area. (Meter #950) Chairman Holmberg: Is it cultural or legal that is a problem of moving in that direction? If we are spending X amount of dollars, in community X,Y,or Z to provide a continuing of care that perhaps more corporation would be

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cost effective for state dollars. (Meter # 984) Linda Wright: Not aware there would be a legal issues although, a personal experience with transportation with elders got to be an insurance issue. (Meter #1033) Senator Thane: If home care is not possible and they are forced to moved to a nursing home, it over loads the nursing home facility, then they cannot provide the type of care they want. (Meter # 1082) Linda Wright: We have seen over the years the type of care, the type of individuals that are entering nursing homes, require more extensive and difficult care than maybe we did 20 years ago, Because we are able to maintain people at home with services that weren't available 20 years ago. (Meter #1136) Senator Robinson: To what extent do we track other states? Do you have any examples of other states to relieve pressures on some of the issues we are talking about? We are not the only state with the challenges we are looking at this morning? Do we follow them closely? (Meter # 1193) Linda Wright: Yes, especially during the time we have the task force on long term planning. We had extensively studied other states. There are several states that are ahead of us in long term system reform and those that come to mind are OR, WA, and WI. We are probably in be middle or the beginning of long term care system reform compared to other states. (Meter # 1265) Senator Andrist: If you run out of money, you could deny services under SPED and Expanded SPED but not nursing care services as long as there are beds available? (Meter #1297) Linda Wright: That is correct. (Meter # 1301) Senator Krauter: Give us some background on certified qualifications of providers, i.e. their rates, their reimbursement costs? (Meter # 1332) Linda Wright: We do have a concern about who will be the providers of service in the future. We were not able to grant an inflationary rate increase to those providers in the second year of the current biennium and there is no rate increase for them built into the 2003-05 budget. So we are very concern about the availability of

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providers when they will not get an increase for 3 years. They are not highly paid to begin are several of those individuals who are paid about $8-10 an hour, but they are independent contractors so they have to pay their own fringes. (Meter #1412) Senator Krauter: Can you get us some of that financial data, i.e. Mileage, how those contracts are done, adjustments, etc. (Meter #1429) VC Bowman: Home and community based care is by far one of the best investments we can make in the long term because of the savings in the nursing homes. Shouldn't there be a trend establishing as we take on more and more patients and the savings should show up in the long term savings. Is it actually happening or are we just increasing the cost for the aging population. (Meter # 1480) Linda Wright: In the states that have been enable to successfully enact long term care system reform, they haven't been able to hold the line on Medicaid spending for nursing home care. The have shifted resources from institution side to home and community based care. We should be able to maintain service for people at home in a more cost effective manner. Right now, the situation we are in without the funding to met the demand, some of those people will end up in a more restrictive care. (Meter #1590) Senator Kilzer: a few years ago, ND had the highest ratio of people in nursing homes of any state in the national. With these home care services for the past years, where do we stand now? (Meter # 1629) Linda Wright: the utilization of nursing homes nationally is decreasing. In ND because of the increasing population of aging people, I believe we rank as one of the top of any state of the nation as far as the number of people in institutional care. We have not seen a great change in that statistic. (Meter # 1830) Dave Zentner, Director of Medical Services for the Department of Human Services: On Long Term Care Continuum. See written testimony Exhibit 5. (Meter # 4150) Dave Zentner, Director of Medical Services for the Department of Human Services : Overview of the Medicaid

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Services (Traditional Medicaid). See written testimony Exhibit #6. (Meter 4831)) Senator Robinson: As a rule, is there an option of home services be more preventative measures proactive or the other end? (Meter #4942) Dave Zentner: Certainly in some services that is true. Such as the drug program, many chronic diseases are controlled very nicely with drug regimen, without being to pay for those services, that could have an adverse affect, people can not afford drugs, they could relapse back into the need of additional services. Another example, optometry. (Meter #5466) Senator Mathern: Is the cost for mental health services higher in state hospital? (Meter #5508) Dave Zentner referred to Alex Schweitzer: Cost for mental health care in a private facility is higher than in the state hospital. (Meter #5550) Senator Mathern: That really wasn't the question, I'm wondering what Medicaid pays for the same treatment for one day at a private hospital or the state hospital? (Meter #5555) Dave Zentner: The dollars for the state hospital are incorporated in their rate and I don't know what they are at this time, we can certainly get it to you. Per diam rates were established. (Meter #5709) Senator Thane: What was the bottom line referring to the changes you made to reduce the costs, for example, as payment of $3 copayment of drugs, was that 2.5 million dollars? (Meter #5802) Dave Zentner: We estimated about $2.5 million in general funds, if you are looking at total dollars close to $8 million.

Tape 2 Side A

Dave Zentner continued on page 2 or written testimony, Exhibit #6. (Meter #200) Senator Bowman: of the IGT transfer funds, what happens after the funds are used up? (Meter #204)

Dave Zentner: Bottom line is, once that fund is used up, the services are discontinued. (Meter 279) Senator Bowman: Are we building ourselves into a box, sooner or later, because we are taking money that is set aside for a specific purpose and put it into the general fund which means

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over a period of time we are going to have to make that up some place else because your building that increase in cost that you are borrowing from that fund. (Meter #315) Dave Zentner: We are going to have a real problem anyway. There is 20 million dollars coming out of the trust fund to fund nursing homes for regular service. (Meter #380) Senator Bowman: But the problem is, if we use those funds as a funding source to build a budget, and the funding source is depleted, we still have that cost automatically in the budget, but we don't have any funds for it. (Meter #404) Dave Zentner: Bottom line that is true, but again that is going to exist now or later. That problem is not going to disappear, because that fund is being depleted in due time and it is not going to be replenished. If you don't use it now, where does the other 20 million dollars come from? (Meter #437) Senator Grindberg: In your opinion, from an economic forecasting perspective, would it be wiser to put that off, and try to hit the peak of an economic condition, and meld that into replacing that fund, or spend it all now? (Meter #453) Dave Zentner: We are anticipating a growth in the economy , this has been a really tough time since 911, this is not only ND's problem, all states are facing these types of issues. I believe there will be increase available of revenues. (Meter #528) Senator Mathern: On top of page 3, the Healthy Steps program, cost of doing this program directly and not with Blue Cross/Blue Shield, might be different, do we know that? If we just funded this directly, these services, the monthly rate, more or less? (Meter #582) Dave Zentner: The program was originally design was to rate your insurance, so that the providers received the same amount of reimbursement as they would through any other insurance program. If we took it over and paid our rates, there would be certainly a low cost but it designed to be an insurance product and the law requires it to be that way. Our actual increase (22%) is smaller that the overall increase in PERS (26%). Services for kid's really costs less than the

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overall population that is reflected in the fact that the rates are only going up 22%. (Meter #665)

Senator Krauter: On the intergovernmental pool payment, to coincide with SB 2025 deficiency, we would have the $18.5 million left in that IGT fund, is that additional last two payments or was that the ending balance? And then relating to the 7.5 million here? Do you have a schedule here of the IGT? (Meter #722) Dave Zentner : We do not have a schedule here of the IGT but we can provide one. The difference between the 27.5 and the 8.7 are the actual federal dollars that will be deposited into our pool. As I understand it, based on our current estimates with the 16.3 and the 20 million, at the end of the 2005 biennium, there would be somewhere around 500,00 and one million dollars left. (Meter #783) Senator Bowman: Senator Krauter in our subcommittee, we will try to get all that information gather, I have a lot of concern about that myself and we will get a copy of all that money in that pool, how much is projected to be in that pool, and a couple of other things we need answers to. (Meter #800) Senator Krauter: What is meant by pool payment? Intergovernmental transfer of pool payment of 27.5 million in which 8.7 million is general funds? Pool payments to where? (Meter 814) Dave Zentner: When we calculate what we can bill the Federal government for this process, we take the difference between what the Medicare rates are and the Medicaid rates are and that's were the 27 million dollars, that goes into the pool, so when we pay out to the two nursing homes, and they return the money, it goes into the pools. Then the general fund is returned and the remaining dollars are the ones that go into the trust fund. (Meter #1430) Senator Andrist: The Dept. is aware that the pharmaceutical companies have established discount programs for seniors, could you duplicate this system? (Meter #1527) Dave Zentner: We are aware of these programs, each company runs their own programs, for their different drugs, can be a confusing process for individuals. This would be a

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comprehensive program and would cover basically all prescribed drugs. (Meter #1592) Senator Andrist: Are you familiar with the bill enabling legislation with this? (Meter #1600) Dave Zentner: There was no bill prepared for this. Other questions about the prescription drugs were asked and answers were referred to the drugs, the payment of the drugs, the co-payments and the insurance rates. Senator Krauter also asked about an asset change of $50,000 to $25,000 .(Meter #3184) Senator Robinson: On page 1 of your testimony, it talks of restricting the adult dental program and then on page 5, you talk about elimination. There would be very little coverage. (Meter #3250) Dave Zentner: That is correct, emergency services would be available. We are eliminating dental coverage with the exception of those emergency services. (Meter #3336) Senator Robinson: Believes this puts the burden back on the practicing dentists who either accept that patient and absorb the cost or turn that patient away. (Meter #3376) Dave Zentner: Yes, the program is no longer available the dentist is going to have to make that decision, dependent upon the work that is needed to be done, that can be quite a concession on their part. (Meter #3409) Senator Krauter: On page 5, concerning the Hospice, is there any exceptions to that, or is that totally cut off? (Meter #3424) Dave Zentner: we would no longer provide Hospice service, chiropractor or private duty nursing. (Meter #3694) Senator Andrist: What is the rational to the 100 hour rule as opposed to setting a family income as a threshold to whether the services would be available. It seems to me that the a real disincentive for people who are low wage to work at all. (Meter #3777) Dave Zentner: When AFDC was still a program before TANF was passed by Congress, the 100 hour rule was in effect for the old AFDC program. So at that time if the principle wage earner worked over 100 hours they weren't eligible for AFDC. When TANF came in, the program changed and states at that time had the chance to change the eligibility criteria

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and we decided to waive that 100 hour rule. We are looking at about 2,400 individuals, the kids will be covered under other programs, so it won't affect the kids. (Meter #3961) Senator Andrist: Would we have the option to raise the family income ratio and discard the 100 hours rule so that we balance out the dollars? (Meter #4005) Dave Zentner: That might be something we could look into and/or a possibility. (Meter #4046) Senator Robinson: I question the potential of saving that 4.1 million dollars, many would argue that old AFDC program was not working, and that is why we moved away from that. I would think we would experience migration of folks that are working 100 or 110 hours to move to less hours. 100 hours at a low rate is not a lot of money and to give up the benefits, many folks would elect to lower their number of hours working. About those folks who are in transition, who know within 12 months they are going to be off of this benefit, if they would elect to lower there number of hours immediately or sometime during the course of the next twelve months, would they continue to qualify? (Meter #4180) Dave Zentner: yes, if they drop below the 100 hour rule, they could apply and if their income would be within the income guidelines, they would be eligible. These are already individuals of low income so in order for them to drop 20 hours per week would be a difficult decision for them to make. I believe a lot of these people are working full time or more than 100 hours. If I was at 101 hours and it would be the difference of $10 or $20, I think I would think about that to maintain it but if I was working 40 hours a week, it would be a difficult decision to make to maintain health coverage. (Meter #4454) Senator Krauter: Noting the trends of the programs increasing and expenses increasing while the growth population is decreasing. What is happening out there? (Meter #4576) Dave Zentner: Certainly there is going to be some fall out with the national economy, there are act ivies outside of the department assisting to the awareness of the potential

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of eligibility, so there is more familiarity to the programs. We use to see a dip in the summer due to seasonal workers, now we do not. (Meter #4810) Senator Robinson: A talk show focused on the issue of welfare reform. In order for the welfare reform to be sustained and work in the long run, we have to depend on a strong economy And in the absence of a strong economy, the welfare reform package that was put in place during a strong economy, is going to struggle. Is that a fair assumption? (Meter #4876) Dave Zentner: Certainly a strong economy is important, because jobs are created when those kinds of issues when it is not it is difficult. (Meter #4940) If the structure of the program has in place, the necessary safety nets to cover those volds during the down time in the economy. Just a statement. (Meter #4988) Senator Andrist: Over the last ten years the inflationary increases of 30-40% at least in state government. Have we raised the qualifying income guidelines in Medicaid. (Meter #5046) Dave Zentner: We have had situations over the years where medically needed levels have not increase for quite a bit of time. Right now what we are trying to do is at least index those increases based on the increase of the CPI. Often times if you don't increase the when people's incomes go up, they actually lose purchasing power because of the difference they have to pay in medical before we will start covering. But we have in the last two or three years indexed the increase based on the CPI - the last increase was very minor, less than 2%. (Meter #5255) Cathy Haarstad, ND Center for Persons with Disabilities at Minot State University: Also a parent of a child with a developmental disability. See written testimony Exhibit 7. (Meter #496) Joe Cichy, ND Dental Association: See written testimony Exhibit #8. (Meter #794) Gene Hysjulien, Developmental Disabilities Grants for the Department of Human Services: Overview of the DD Grants budget. See written testimony Exhibit 9 & 10. (Meter #932) Senator Krauter: This is related to Medicaid? (Meter 945) Gene Hsyjulien: This is

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related to the DD Grants which are Medicaid funded disabilities services. The FMAP affects the budget in this grant. We do have increases in those amounts that relate to other issues, such as case load, trying to accommodate the ending balances for case load for last biennium and the rate structures and to deal with the provider assessment fee that we were looking at this coming biennium. (Meter #1054) Gene referred question to Colleen Stockert who clarified that the department was just becoming Medicaid certified. (Meter #2100) Senator Krauter: Why hasn't alternative services been utilized before? (Meter #2136) Gene Hysjulien: The down side of alternative services is we did not have the a system in place to recruit and experienced staff to utilize to assist these family especially in rural environments. These individuals could be family members who do not reside in the home, where the individual with disability lives or natural supports in the work setting that is willing to provide that type of service at the workplace. Gene explained in further detail of examples of provider care taking. (Meter #2362) Gene Hysjulien spoke on the Medicaid asset test and the sunset clause on the asset test as being consisted SB 2074. (Meter #2577) Senator Mathern: Too many ifs in there. What is the position of the Department, are you for the reinstatement of the asset test? or against it? (Meter #2614) Gene Hysjulien: with Carol's permission it is my understanding is the Department's position, if the asset test would not be reinstated, it would be a savings. The Department's position would be that it not be an asset test included. (Meter #2706) Mark Colling spoke of the behalf of the asset test of the other bill. Not including the asset test would save general fund dollars. (Meter #3032) Senator Bowman: On the actual case load numbers or clients, with our population stagnant, why is there an increase or what do you contribute to the increase of clients? (Meter # 3068) Gene Hysjulien: Through the school systems there is a transition program where we assist individuals

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coming out of the special education programs and work with the local school systems, the DPI, and in the day support area, family services, infant development rate with an increase there because of the higher survival rate of premature children, especially in the reservation areas. Most increases in the young children being born and needed services, and again when they get out of the school systems. (Meter #3288) Senator Bowman: I am just trying to track any savings. If there is an increase number of clients, usually there is a reason for that, but if you are moving them from one area to another, one should offset the other in costs. (Meter #3341) Gene Hysjulien: The individuals coming out of the developmental center not in all cases but in many cases, when they get into the community level, the amount for their care is less than at the developmental center and Mr. Schweitzer can testify on that. (Meter #3383) Senator Mathern: In the provider assessment fund process, even though there is this requirement that it goes back to the medical service budget, is there any prohibition to making sure that all of that money eventually goes back to the disability grant section. (Meter #3642) Gene referred to Dave Zentner: There is a Federal regulation dealing with the issue of a provider assessments and it is several pages long. One of the requirements is that you can't hold the provider group that you are taxing harmless. So in order words, you can't directly return the dollars to them where there is a direct connection because the federal government said that's improper use of provider assessment. So the dollars can be brought back into the system and used how you want but you can't specifically designate them to go back to the provider that generated the assessment. (Meter #3818) Senator Robinson: Regarding the provider concept, how broad based is this concept used by other states. Are we going to be treading new ground? (Meter #3840) Dave Zentner: It is not a new ground, there are 20 some states that use provider assessments, and you can provide this to

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various provider groups. Some states do it on hospitals, long term care, pharmacies, it is how the state wants to do it. It is new ground to us but not to the Medicaid system. (Meter #4236) Senator Bowman opened the hearing for public comments. Several presenters testified on the DD Grants. Here is a listing of those presenters and their Exhibit numbers. (Meter #4350) Tom Newberger, ND Association of Community Facilities - Exhibit 11 (Meter # 4780) Senator Grindberg: on the green sheet under the major related legislation, SB 2086 does not show up on here. Can you give an update on SB 2307 from last session, particularly talk about three areas that need to be involved for setting salaries for your group? (Meter #4850) Tom Newberger, Last session SB 2307, that bill required a new payment system be designed between the department of human service and DD providers, during the last couple of years we have worked hard to reach consensus in terms of a direction in a fee for service for paying providers. The bill that you referred to continue that work and we feel optimistic that dollar amounts will work. My opinion only. (Meter #5010) Senator Thane: With the kind of turnover that you have, I imagine there are times when you have staff cuts, how do you deal with that? Do you ask your staff to do overtime? Do they receive compensation for their overtime? (Meter #5070) Tom Newberger: We have creative in terms of how to fill the holes, such as we have had a difficult time in our intermediate care facilities which is more of a medical model and has a very high turnover there. We have a professional staff with licensed social workers which is not unusual to work 60/65/70 hours per week just to fill those holes. Obviously since they are salaried, there isn't any additional costs, however, that causes job burn out. When we do have hourly staff that is willing to work, we have to watch the 40 hours, once they go over that 40 hours we have to pay time and one-half. Our budgets are not built with overtime, $7 would cost $10.50 per hour. (Meter #5350)

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Senator Robinson: With 51% turnover fact, you indicated in your intermediate care facilities it is even more than that? (Meter #5407) Tom Newberger: Yes, we did not break that out but from our organization, it is much, much higher. There are a more difficult model with great issues to deal with. (Meter #5478) Senator Mathern: What has been the situation of the staff, are they immigrating to the nursing homes? Is there competition now? (Meter #5543) Tom Newberger: In the intermediate care facilities we have lost our top staff to private industry. (Meter #5700) Jon Larson, Enable, Inc.: See written testimony Exhibit #12. Summarized his corporation reasoning for supporting this bill. **Tape 3 Side A** (Meter #206) Jeff Peterson, Friendship, Inc.: See written testimony Exhibit 13. (Meter #273) Allen Erickson, Renville County Commissioner, former legislator and parent of DD child. See written testimony Exhibit #14. (Meter #900) Karen Bueling, parent of child with DD: See written testimony Exhibit #15. (Meter #1340) Jack McDonald, ARC: See written testimony Exhibit #16. (Meter #1538) Brenda Niess, REM of ND: See written testimony Exhibit #17 which includes written testimony from concerned individuals. (Meter #2300) Shelly Peterson, ND Long Term Care Association: See written testimony Exhibit 18, Exhibit 19, Exhibit 20. (Meter #3278)) Vice Chairman Bowman: On your statement about regulations, I read an article the nursing homes are one of the most regulated industry in the United States, even more than nuclear power plants. Has anyone studied to find out what these regulations have cost us in time to fill out the report for the regulations? To see if maybe we have gone overboard on regulations? (Meter #3344) Shelly Peterson: You make an excellent point. We probably spend at a minimum 30 - 40 % of their time spent in paper work and only 3-4 hours of direct time out of a 24 hour period. (Meter #3381) VC Bowman: when you talk about the cuts you want restored, are you talking about an increase, but not as much as you would like,

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or are you talking about a reduction over the last biennium's budget? (Meter #3415) Shelly Peterson: Impossible to answer with a yes or no. We will go into detail later. (Meter #3433)

Senator Mathern: Have we had a provider tax before? In nursing homes? How would it if implemented in place, would it work? Would everybody paid the tax? (Meter #3481) Shelly Peterson: We have never had a provider tax in nursing facilities, in 1993 legislature it was considered by the legislature but it was not adopted, There are a number of states that do have a provider tax, when we looked at the information that the department had put together from OMB, and we looked at the 6% tax, it would potentially generate a net affect of about 28 million of additional dollars to the state of ND. The way it would work is, at the end of each quarter, you would have a tax, the average rate of a nursing facility right now is $129. It would be a 6% tax on that $129 each day, it would generate about $6 or $7. The nursing facility would collect that and send it to the tax commissioner, we assume, and that money would be used to access the federal funds. So the private pay would have to pay it and the Medicaid population would have to pay it. But when you look at a $6 or $7 increase which the tax would generate at that magnitude, if we are looking at these cuts as we have trimmed them which are critical, a provider tax would be a better option than the budget we are facing today. As we talk to legislators there is a lot of concern on the dependency on it and taxing the private pay. (Meter #4000) Terry Goehring, ND Long Term Care Association and Bottineau Good Samaritan Center : See written testimony Exhibit #21. (Meter #4729) Chuck Stebbins, private citizen: See written testimony Exhibit 24. Also passed out written testimony of Exhibit 22. (Meter #5280) Clyde Leimberer, The Baptist Home of Bismarck: See written testimony Exhibit 23. (Meter #5944) Dave Braaten, AARP: See written testimony Exhibit 25.

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Tape 3 Side B

(Meter #297) Donene Feist, Independent Living Advocate for Freedom Resource Center and parent: See written testimony Exhibit 26. (Meter #594) Penny Weston, Edgewood Vista and RN: See written testimony Exhibit 27.

**Economic Assistance Policy/Grant (Meter #988) Blaine Nordwall, Dept. of Human Services: See written testimony Exhibit 28. (Meter #1933) Senator Mathern: On programs that are federal funded programs, how do we set the levels? Do we just take the maximum that is available? (Meter #1973) Blaine Nordwall: Depends on the program, using food stamps as an example, the Federal government has rigid requirements and detailed requirements with respect to what the benefits people need. But such as Energy Assistance programs, (a block program with few requirements) each state is at liberty to set the requirements as needed. (Meter #2153) Senator Christmann: The 27 million dollars for child care assistance, how much of that is state and how much is federal? What are the qualifications for getting provided by them? (Meter #2205) Blaine Nordwall: Twenty-one million three hundred thirty five thousand dollars ($21,335,000) is federal dollars, a million five ($1,000,005) is other funds, and there are 4.226 ins swap funds (swap is a reference to a statutory change in how programs were administered. Some years in the past we had administered most of these programs at a county level and the county were responsible for paying a part of the costs of the benefits or grant, and the state was responsible for paying other parts of the benefit or grant, but also for paying part of county's cost of administration. The swap legislation essentially flopped the responsibility for paying some part of the benefit on the county part for the responsibility for paying all of the costs of administration. So what happens is the swap dollars created in this fashion, the counties report the expenditures they have incurred.

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If the programs are ones where there is federal match available, we report that to the federal government, the federal government provides the state with funds based on that county match.)

The swap legislation is complicated and difficult. You become eligible with income.

Child support (Meter # 2777) Mike Schwindt, Dept. of Human Services: See written testimony Exhibit 29. (Meter #3690) Senator Mathern: On page 3, where you list the budget, on the center column (2004-2005), is approved budget from the governor's office? (Meter #3733) Mike Schwindt: in that column it is what the governor approved in the bill before you (Meter #3990) Galen Jorde, ND Pharmaceutical Association: See written testimony Exhibit 30 & 30a (filed under Medical Services testimony). (Meter #5675) Senator Tallackson: In his area, people are complaining they are wasting drugs in the long term care facilities because they have to throw away over the counter drugs. Is there some kind of regulation that they have to throw them away by a certain time? (Meter # 5737) Galen Jorde: There are good medical practices and within the nursing home situations/long term care, one of the things we have is when medications go to a long term care situation particularly prescription drugs have to be labeled for an individual's use and part of it becomes a misbranding or alteration if those drugs are then used by someone else. Some of our pharmacies in long term care situations have weekly or monthly medication exchanges where what we call unit dose systems. When they are in those unit dose systems then there is a chance they can be sent back to the pharmacies and reused for the same patient. There is a certain amount that happen, the department does have guidelines for the return of medications when they reach a certain dollar value, it is a voluntary program. (Meter #6100)

Senator Andrist: Could you provide us with a summation of the pharmaceutical sponsored

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discount programs that seniors now have available to them? With income limitation? What the costs are? I know of two of them, is there more of them?

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

Senate Appropriations Committee

☐ Conference Committee

Hearing Date 1-15-03 (Day 2 of 3)

Tape Number	Side A	Side B	Meter #
1	X	X	270-end
2	X	X	all
3	X		0-1169
Committee Clerk Signature	Sandra Dawson		

Minutes: (Meter #274) Chairman Holmberg opened the hearing for the second day on SB 2012. He informed the committee there would be time next week for subcommittee work. Attendance was called, all Senate Appropriation members were present, quorum was called.

DD Council

(Meter #418) Vice Chairman Bowman opened the hearing for the Human Service budget.

(Meter #500) Tom Wallner, Executive Director of the State Council on Developmental Disabilities. See written testimony Exhibit 31. (Meter #845) Senator Andrist: On day 1 of the Human Services budget, we were told there are no increase in this budget for DD workers, yet 10% increase in federal funding, where is that money going? Are we building more DD centers? (Meter #896) Tom Wallner: Budget from yesterday was the grants budget from the Medicaid medical services, a totally separate program. (Meter # 929) Senator Thane: the grants have to be applied for by local service provider, correct? Nonprofit service provider - how do they go about writing that grant and who makes the decision whether it is approved or not approved? (Meter #

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961) Tom Wallner: The council goes through an annual request for proposals process where we solicit competitive grant requests from service providers, agencies, and non profit organizations state wide who are interested in addressing the council's priorities. The full council which is a 20 member group appointed by the governor makes the decisions to which of those grant applications that were submit in response to the RFP. The full council makes the decision on which of those receive funding. (Meter #1022) Senator Thane: Do you receive more requests than available funds? Or the grants are not worthy of consideration? (Meter #1045) Tom Wallner: That does happen, We generally received one to three hundred thousand dollars more than requests then we have the ability to fund based on our financial situation (Meter #1124) Senator Krauter: Explain to me what the three thousand two hundred and ninety four dollars ($3,294) funds are for? Was that in the current biennium? (Meter # 1145) Tom Wallner: The DD Council budget is submitted to the Dept. Of Human Services for final adjustments and then incorporated into the full dept. of human services budget. My understanding is that when the 1%-2% pay package when they were factored into the department's budget, this $3294 was accidentally or mistakenly placed under the general fund category and it should have been renamed under the federal funds category. (Meter #1311) Senator Christmann: Clarify the agency in general, are you part of HS or do you work for the committee appointed by the Governor? and s your budget get run through the Human Services? How do you fit into the flow chart? (Meter #1354) Tom Wallner: The Developmental Disabilities Act requires that DD Councils be attached to what is called a designated state agency to administer state grant programs that the councils have. State statues places the DD council in ND under the Dept. of Human Services, which is our designated state agency. I am an employee of the Dept. of Human

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Services although the department does not select the membership of the council. That is done by the Governor. (Meter #1420) Senator Tallackson: On the council is there any expense to your department? (Meter #1453) Tom Wallner: All of our council members are volunteers, there is no cost other than travel expenses to attend meetings and participate in our quarterly council meetings. (Meter #1505) Senator Krauter: Clarify the agency has only one FTE then? (Meter #1536) Tom Wallner: Yes, that is correct. He went into detail of operating expenses for this FTE and division. (Meter #1713) Senator Thane: on reading the mission, I find it interesting. There are a few in ND that are suggesting we've move from being number one as far as our care and treatment of those who are developmentally disabled to less than first place. What is your reaction to that? I have hear the reaction from the Dept of Human Services, but I am interested in what you have to say as head of the council. (Meter #) Tom Wallner: The council has not taken a position on that. I can give you my personal reaction - there may be council members who do not agree with me. I do think that over the years the state has done a commendable job providing community supports for people who were deinstitutionalized from Grafton. There has been some erosion of support considering the state's financial straits however, I also believe that ND compares very well in terms to comparison with other states in the area of the level of effort the state provides and continues to provide for those services in the community. If there is any concern that the membership of the council agrees on, it would be in the area of trying to alleviate the turnover of the direct care staff in those community services. The council has ongoing concern about that turnover at the provider level and the quality of services that are diminished because of that continued turnover. (Meter 1939) Senator Lindaas: was this council formed as a result of the lawsuit at that time or has it been ongoing? (Meter # 1961) Tom

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Wallner: The council was in existence prior to the lawsuit (prior to my time), the council was created in response to the federal developmental disabilities act which goes back to the late 1970's. The lawsuit did not have it originality until 1981 or 1982 and the council was already in place by that time. (Meter #2013) Senator Krauter: Can you provide to the subcommittee a listing of the recipients of the grants? Provide a history of the council? Provide some historical perspective as far as the funding? If these are allocated from the federal government, has that consistently going up? (Meter # 2090) Tom Wallner: I would be pleased to provide the current grant recipients and however far back you want to go. Two years back OK? With regard to the Federal level of funding back in 1982 was an annual allotment of $250,000. ND is was is called under the DD act as minimum allotment state, as does SD, MT, WY. Gradually that increase throughout the late 1980s to $350,000 to $400,000 for the current biennium it would stay at $403,000 but it increased to $420,00. And now for fiscal year 2002, it increased to $446,000 and for 2003 it is at $446,000.

Aging Services

(Meter #2383) Linda Wright, Director of the Aging Services Division, Dept. Of Human Services: See written testimony Exhibit 32. (Meter #3210) Senator Kilzer: Describe the eligibility of congregate meals in this budget? Are these the senior citizen centers? How does a group get together and apply to you for funds for a congregate meal and what is it? (Meter #3269) Linda Wright: A congregate meal is meals that are provided in a group setting and most times it is a senior citizen center. Here in Bismarck it would be in the Burleigh County Senior Citizen Center, usually a non profit organization. It is put out on a bid bases that is reviewed and service agreements are awarded. The requirements federally require individuals be 60 years

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old or older, some cases in which disabilities can participate if they live in a senior housing unit where meals are provided to older people. There is no income requirement but targeting is required. An effort is to be made to provide those most in need, low income, minority, fragile, limited English speaking are to be targeted first. (Meter #3401) Senator Kilzer: Do you provide 100% of the cost of these or are there other moneys from other sources. (Meter 3433) Linda Wright: In a lot of cases the older Americans that federal funds that are provided to those local entities is a small portion of their budget. The budget is made up of the contributions that they get from the recipients and mill levy match and a lot of fund raising: (Meter #3476) Senator Lindaas: Does each county have a coordinator? That oversee the operations and how are they paid? (Meter #3500) Linda Wright: The director of the entity is listed on the chart that is Attachment F. (Meter #3616) Senator Mathern: why you did not plan to use any IGT? It was originally established in '99 to make sure there were some alternatives to nursing home care. I was wondering why you didn't budget some of that money for this next biennium other that a simple explanation that it was needed elsewhere? (Meter # 3673) Linda Wright: I did not point out that 6.8 million dollars of the SPED program is being funded through IGT funds. Part of the funds are for training for qualified service providers that was in the budget in the current biennium and is continued into the next biennium. So there are some alternative uses of those dollars that are in the budget, 6.5 million for the SPED program. Because once that money is not available, that is a lot of money to come up with. Brenda Weisz continued an explanation. (Meter #3998) Senator Thane: Are there any strings attached to the mill levy match or requirements on how the money should be spent? Or do they just have an open option on how they want to utilize those dollars that come from the state? (Meter #4040) Linda Wright: There are requirements on

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how that money may be used. There is an application process that has to be approved by the local county commission or a city commission if there is a city mill levy and then the activities it can be used for are restricted to providing money for services, it can be used for maintenance for senior centers, it can not be used to buy Boy Scout uniforms, or for other purposes for individuals over 60. There is a report that has to be filed at the end of the year and is submitted to the auditor to our office. (Meter #4331) Senator Krauter: When I look at the areas of need, I really am keen to the Native American population, is there an uneven number of services per area? (Meter #4375) Linda Wright: The tribes are also entitled to receive Title 6 under the Older Americans Act so they receive both Title 3 funds and Title 6 funds. Services you don't see listed here (attachment A on testimony), are the Title 6 moneys. They go directly to the Tribal director. (Meter #4726) Senator Thane: Looking at the Ombudsman program, what training do these volunteers receive? So that they are well qualified to be able to separate legitimate complaints to those that exist in nursing homes? (Meter #4792) Linda Wright: In order to initially be a volunteer you have to go through a training and screening process and we don't accept everyone that wants to be a volunteer. Once they are trained we do ask them to participate ongoing training throughout the year, every other year we have a volunteer conference for them, and they are monitored by the regional Ombudsman who are paid staff.

Children & Family Services

(Meter #) Paul Ronningen, Director, Children and Family Services of the Dept. of Human Services: See written testimony Exhibit 33

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Tape 1 Side B

(Meter #336) Senator Mathern: What is the fiscal impact to the department in the counties where children stay in foster care verses going for adoption? For example when you are going to move less children into foster care (50 less) what is the fiscal impact of those children staying here verses going here? (Meter #370) Paul Ronningen: 90% children in foster care are adopted by the foster parents. Those dollars that are subsided in are equaled out. The biggest issue here is permanency for kids, and moving them into a permanent environment, letting them know they have the sanctuary of a family and that they accepted as a part of the family. (Meter #445) VC Bowman: The results of the 3 less workers in the next biennium is going to result in 60 less children moving, is that based upon on how many hours it take to get all the things done to make this possible. There has to be a reason how they come up with that figure and it has to be time reason. What is the reason? (Meter #484) Paul Ronningen: Yes, we put in a simplistic formula within his testimony on page 5. Three staff could each do 10 adoptions per year times 2 years. The adoption process includes a lot of different activities from recruiting potential adopting families, doing the home assessment, making the match, working with the counties during the transfers, there is just a lot of activities that are included in that activity. (Meter #453) VC Bowman: Are all these activities done by a federal regulation, state regulation or by rules that require all of this to happen? (Meter #552) Paul Ronningen: I would have to research that but believe it is a combination of all three. (Meter #568) Senator Christmann: How are foster parents compensated or subsided the adoption, they will get that payment until they are 18 or when does it end? (Meter #600) Paul Ronningen: If I understand your question correctly, you are asking how are foster parents compensated, there are federal, state, county match dollars that are used in

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the foster care reimbursement formulas and so there is a fixed rate for the age of the child as far as reimbursement for that kid. If in fact a child transitions from a foster care placement into a subsided adoption placement, that is a negotiated process between the county and the adopting parents. They can ask up to the foster care rate they were receiving. (Meter 656) Senator Thane: Under the ASK budget you indicate that there will be about 60 less children moving to subsidized adoption. What is the future for those 60? Because they are growing older, they are going to be less adoptable? Are they going to end up in group situations or just what is going to happen to those 60 kids? If there is 60 now, there is going to be another group and then there will be more. (Meter #718) Paul Ronningen: You make a good point, there will be a delay in adoptions, depending on how youth response to the adoptions and the frustrations that occur, of course, they will be spread out in time. But sometimes the lack of permanency in an individuals life create more discourse and acting out and a sense of not belonging. So what the actual overall turmoil in social impact is going to be would be tough to measure. However, you can hear that kind of concern in the voice of the kids as they talk about having to wait or as they talk about the excitement of having been officially adopted into a family. (Meter #799) Senator Krauter: Looking at the budget the numbers and looking at the 6 categories, could you give us the breakdown on how each relate to general and federal, when I look at this, it shows we have a 1.4 million dollars increase in federal dollars, and as I read and listen to your testimony I hear reduction, reduction, reduction, I am wondering where is the increase in general fund dollars. Why is foster care service is there going to be a reduction of $27,000 general fund dollars in Native American Institute- why are they reducing that? (Meter #869) Paul Ronningen : The reductions are based on the lack of general funds appropriation that we are in today. The

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services we are providing today are services that are needed and the demand is there for them. (Meter #894) Senator Krauter: So it is a not a policy change it a fiscal decision. (Meter #896) Paul Ronningen : That is correct. (Meter #907) Senator Krauter: When you get to the adoption services, in November this year, we all got a newsletter from Midwest Legislative Congress and in there it talked about these bonuses that were given to states for adoption. And ND is not listed, did we apply? Did we get them? Or is this list incomplete? (Meter #945) Paul Ronningen : The story is somewhat incomplete, we did receive bonuses in the first couple of years of the bonus money, in fact, in negotiating some of the figures of the number of adoptions in the state, there was a disagreement, we were actually reimbursed more bonus money up front than we should have had once the negotiation was put down in numbers. We can provide that information to the subcommittee. (Meter #991) Senator Mathern: We have a bill put before from the Attorney General's office, regarding movement of children from families using meth, removing those children and placing them in foster care, is that something you have discussed with the Attorney General's office? Is that reflected in the budget the number of children that may be affected by that? (Meter #1065) Paul Ronningen : No, I have not had any direct conversation with the Attorney General. We are, however, starting to track closely the impact of meth in the foster care arena. It appears to be impacting significantly, we are hearing stories from Cass County rural areas about the number of kids coming in related directly to meth. If in fact that would increase, our flat line budget projections more kids coming into foster care, we have not budgeted for that kind of increase. I would suspect that we would have some county directors that would like to speak on that (Meter #1143) Senator Robinson: A couple of comments, we have 2 adopted boys, when I look at the testimony and the delay of process, as someone who has

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been through this process twice, in my opinion, the longer you delay the process, the greater potential for significant challenges and problems. Both boys were two weeks old when they were adopted. There is no "easy adoption". Is there any other place else to go to if the funds are not available here for these kids. Delaying it creates a larger problem that we can't put a price tag on. The money is secondary compared to what it does to the families and the kids. (Meter #1334) Paul Ronningen: As far as other places to go, the economy has turned down in several different areas, the foundations are cutting staff, the Casey Family Program may in fact be reduced or eliminated. Those impact our budget even more. There might be some opportunities to contract with some of these private organization but they have limited money also. (Meter 1438) Senator Tallackson: Do overseas adoption service go through your department? (Meter #1471) Paul Ronningen : Some of them do. Referred to Leanne Johnson with Lutheran Social Services, the foreign adoptions do not go through the special needs contract line item within the department. Julie Hoffman's office does assist in processing notifications of those placements but she works more closely with the infant program. (Meter #1546) Senator Tallackson: If you have children who aren't adopted, why are people going overseas to adopt? (Meter #1563) Paul Ronningen : In our special needs program, we have children who by definition, 5 years or older, have siblings, have disabilities, may be from a minority, there may be several reasons that the potential families would be going overseas to adopt an infant that is just a few months old. (Meter 1603) Senator Thane: Are the billboards accurate that say foster parents needed and what is the shortage of foster parents? (Meter #1652) Paul Ronningen: I hope that was an offer for volunteering. We do in fact have a critical shortage of foster parents in the state of ND. We are not sure of how much is enough. Our special needs children, 90% stay with their foster families

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and are adopted by them. As we are adopting kids out we are actually taking foster parents out of the system while they acclimate that child to their family before they would chose to reenter the foster care provider arena. So we are in incredible need for foster parents. (Meter #1759) VC Bowman: It looks like to me there is an increase of two million dollars in your budget. Who gets it? (Meter #1771) Paul Ronningen: When you read my testimony, I talk a lot about reductions, if fact, as you reflect on the chart with the subsidized adoptions going up tremendously, foster care within the therapeutic arena, overall that's where the money is going, to fixed costs of subsidizing adoption and particularly in the area of therapeutic reimbursements intact. (Meter # 1833) VC Bowman: It seem to me with that many dollars, part of that should be on emphasis of finding homes for those kids rather than the budget moneys. (Meter #1856) Paul Ronningen: I have been working with this budget and having the mindset that our foster care expenditures are fixed. We are not increasing any or putting insight on inflationary costs. Same with the subsidized payments we make to families - that is fixed. We see the other auxiliary services, the family based services, actually decreasing to accommodate to maintaining our current subsidizing adoption program and foster care expenditure. (Meter #1907) VC Bowman: When the state takes the child from the parents, is there any obligation once the state accepts the child from the parents, for part of the cost of this because of whatever reason, that the state has been put in the position for the responsibility for that child. Do they have any obligation once the state accepts that child? (Meter #1946) Paul Ronningen: Yes, there's referrals to child support based on child support formulas. They would be needed to pay a portion of the foster care. (Meter #1968) VC Bowman: Does that money come into your budget any place? (Meter #1969) Paul Ronningen: Yes, it does - Under Other .

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Mental Health/Substance Abuse

(Meter #2121) Karen Romig Larson: See written testimony Exhibit 34. (Meter #2869) Senator Tallackson: In reduction in both general and federal funds, is that because it wasn't matched? (Meter #2889) Karen Romig Larson: No, it is not. The reduction in general funds are some reductions in operating. We did reduce the general fund we had available for the treatment and prevention for compulsive gambling for the last few sessions by fourteen thousand because that is all general fund and there is also some reduction in our operating funds, such as purchase of supplies and misc items we feel we could tighten our belts on. The federal funding reduction is based on the transfer of those substance abuse block grant dollars out of our budget to the human service centers budget for those enhanced programs.

Disability Services

(Meter # 3060) Gene Hysjulien: Gave overview of the Disability Services Division Operating budget for the Department of Human Services.

(Meter #5626) Allen Stenehjeim, Director Mental Health Association: Spoke on non profit volunteer citizens organization. The primary mission of the mental health organization in ND is to insure the availability of an appropriate, accessible, adequately funded treatment and support services for persons with mental illness through the state of ND. During the last two decades, our organization has worked closely with the legislature, the Dept of Human Services, families and consumers to move the states delivery of systems to an over reliance on institutional or custodial care to community based system of care. As we approach the session, and have heard it all through is obviously everybody knows that the state of ND is in a financial situation and we have to struggle for dollars. We look at the Dept of Human Services at 1.5 billion dollars and thinking

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there has got to be money there that we can access. I look at the difficulties and challenges before us as an opportunity. It is a great opportunity as we look at the programs and the services we provide to the citizens of ND to examine them, set our priorities, and make sure we are delivering the best service that available to them. This challenges something we need to go through in this state. It is the only way we can ensure that what we do ultimately when it comes out of this session, is that service is available with the dollars that are there. Mental health association is an advocacy group and we look out for the interest of the persons with mental illness in the state. I have witnessed some great advocates out there in two months for the causes they represent. One of which is the Dept of Human Services, when you think of the department and of the 1.5 billion dollars, you think now there is a bureaucracy that we can certainly attack. When you really get down into the trenches and deal with the people that deliver those services and make sure there is funding available and they present their case to you, they are people that really care. And they do it more than just because it is a job but because they are committed to their cause. And the other advocacy groups out there, do the same thing, they care about the people and the services they deliver. That's what we have to keep in mind when address the budget issues. Where do we make the cuts? And there are indeed, going to be some cuts, but ultimately it is the services we provide to the vulnerable citizens of ND, personally the ones we represent with mental illness. We are indeed advocates for those causes but one thing we are not and must not become are adversaries in this process. We need to look at an overall picture of how we deliver the services with the dollars available. What I want to offer to you, is an opportunity for a partnership to team together with the subcommittees, conference committees and we offer our expertise and our advise and we want to sit at the table with you when you make

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this difficult decisions. So that you have a broad scope and a great understanding of the people and the services that will be affected. That is the decisions that have to be made and they will be made. But if we can sit down together. With that understanding we will know that we are doing the right thing for the citizens of ND.

Tape 2 Side A

(Meter #45) VC Bowman: Stated to Allen Stenehjeim that the subcommittee meetings will be posted on the board so his organization can come together to be a part of this issue. Back to the questions for Gene Hysjulien. (Meter #173) Senator Kringstad: What is the total budget for the IPAT? (Meter #203) Gene Hysjulien: The IPAT grant is three hundred thousand dollars per year, eight eighty seven for the current year one million dollars for the 03-05 budget if federal fund are achieved. (Meter #277) Senator Robinson: What are the chances of the federal decreases and where would the money come? What kind of dollars would we be looking at? (Meter #314) Gene Hysjulien: We are looking at a potential three hundred thousand dollars for the grant and we may have some carry over funds of approximately three hundred thousand dollars and if that is true, that is what is available. Another option is the employment and business services and attempting to see if there is a supplementation coming out of that portion of the budget so we can continue to provide assistance technology to those people. (Meter 375) Senator Robinson: Is there any way to track the costs we would incur if we lost this program and weren't able to come up with the grant money or carry over moneys? Obviously it is not like the program is gone and we are going to move on - we are going to have additional costs in other areas? Do we have any tracking of that? My concern is we are not saving dollars, we end up spending more in other areas. (Meter #455) Gene Hysjulien: Don't have exact figures. We do know through our records, how many

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people have received training, how many people have received devices and training on those devices, we can track it that way. In vocational rehabilitation and employment programs we can probably get a sense of that by clients that were serviced through vocational rehabilitation and the exact dollars that were used for them to receive the assistance technology that they needed. I will attempt to achieve those figures for you. Public comments welcomed by VC Bowman.

(Meter #555) Donna Byzewski, Catholic Family Service: See written testimony Exhibit 36. (Meter #1240) Jon Larson, Enable, Inc.: See written testimony Exhibit 38. (Meter #1375) Senator Mathern: could you give us an example of how this works? How does your institution interact with the corporate guardianship program? (Meter #1412) Jon Larson: We take a real team approach to providing services, for many of the people we serve there is a family member that plays the role of the ultimate decision maker. For a number of our people, unfortunately there isn't a family member involved to make that decision so we work real closely with the guardian partnership to make some of those decisions that are difficult to make. Such as medical treatment, level of service-one group home verus another, (Meter #1419) Bob Puyear : See written testimony Exhibit 39. Supports and receives the home and community based services through the IPAT. Additional written testimony Bob Puyear on a presentation with Sen. Kringstad and Rep. Martinson on October 4 & 5, 2002. See Exhibit 40. (Meter #2950) David Braaten, AARP: see written testimony Exhibit 42. (Meter #3799) James Moench, ND Disabilities Advocacy Consortium (NDDAC), see written testimony Exhibit 43.

Information Technology (Meter #3770) Roger Hertz, Information Technology for Dept of Human Services: explained his department's budget changes. See written testimony Exhibit 44.

(Meter 4263) Senator Christmann: What was the HIPPA project that was 8 million last

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biennium? You are just proposing a study on the MMIS. Generally what do you expect the cost to replace that? (Meter #4299) Roger Hertz: HIPPA project comes out of some federal legislation, it's intent is to standardize the way health care is billed across the nation. The best example is to think of HIPPA going to Walmart and every time you had a different credit card, you had to go to a different credit card machine to process. HIPPA intends to simplify the one way everyone submits claims. MMIS is the feasibility study of the cost of 1.6 million dollars for the full replacement of that system would be 2.1 million dollars. That would be funded at a 90% federal match rate. (Meter #4461) Senator Christmann: If you are not even near close on the 2.1 million dollars, wouldn't it be better to spend 2 million dollars and pay our share of the 20 million dollars and get it done than to pay 1.6 million to for a feasibility study? There is a 400 thousand dollars difference. (Meter #4450) Roger Hertz: The thing we need to do is to know what we need to do, what is available out there, such as what do other states do? If you are going to spend that kind of money, you really need to know what you are buying. (Meter #4594) VC Bowman: I f you are going to spend 1.6 million on that, how is that money divided up? In consulting firms that are contracted out? And then if you get the answer and the answer is the same as what Senator Christmann stated, it seems we are spending a lot of money to get the results of something we already want. (Meter #4650) Roger Hertz: We know we need that system we just need to know what features we want do we want, determine how to convert from the old system to the new. Basically the features we need and how to transition into that system.

Administration Support

(Meter #4594) Brenda Weisz, CFO of the Dept of Human Services: See written testimony Exhibit 45. Gave an overview of her budget area of Administration/Support.

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(Meter #6000) Senator Thane: Explain in detail the sale of the loan funds? (Meter #6039) Brenda Weisz: There are three DD loan funds, those were set up with the law suits to enable the community based care services to be established in the communities across ND. When the loans are repaid, interest comes in and under our grants line items for loans funds 2 & 3, we just pass those payments back and forth. The interest proceeds from DD loan funds were used in our budget to off set the general fund need. It goes back to the 1991 biennium, we people make the repayment and that money is articulates the interest that was put into our budget to fund it. It is a transfer from the Bank of ND. There is intent language in HB 1015, that talks about the sale of the loan, if the loans would be sold, there would no longer be interest processes from that interests from that. (Meter #6241) Senator Thane: Then that loan fund is gone forever. Not to be replaced? (Meter #6239) Brenda Weisz: Yes, that is my understanding, it will be depleted. (Meter #6265) Senator Mathern: How many FTE's are affected?

Tape 2 Side B

(Meter 1) Brenda Weisz: No those are actually reductions we are making in our administration/support areas. One is the director of provider audit, we are going with a lead manager we are not going to with a lead manager instead of a director.

(Meter #120) Celeste Kubasta from OMB stated the OMB department had CD available that would cover those 3 big books and they are now available. (Meter #195) Senator Grindberg introduced people representing The Elderberry Institute, MN based nursing care with community based services expanding into ND particularly in Enderlin, ND.. (Meter #396) Roberta Ouse, Elderberry Institution. Explained their mission to help communities develop programs for elderly and senior citizens to stay in their homes verus going to a nursing home setting. (Meter #288)

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Public comment

(Meter #3584) Leanne Johnson, Lutheran Social Services of ND: See written testimony Exhibit 47. (Meter #5214) Senator Thane: How old is a child before they become unacceptable adoptable? (Meter #5272) Leanne Johnson: The program believes all children are adoptable but the hardest range of children are between 9-12 year old range. (Meter #5449) Senator Kilzer: At what age can the child have legal say in their adoption? (Meter #5470) Leanne Johnson: At the age of 14, the child can express an opinion of their adoption. (Meter #5573) Senator Lindaas: What is the cost to the adoptive parents to adopt a child? (Meter #5688) Linda Johnson: Maximum fees of $225 and but depends on type and background check that a family requires. That program fee is $75 and there is a $60 fee associated with testing that our program does. The remaining fee are related to the criminal background check. There is a medical report part of the adoption process and so if there are any co payments related to their adoption, if there is pre placement expenses to their adoption, those are some of the other expenses they may have, so if the adopt those expenses would be reimbursed. (Meter #5858) Senator Mathern: Acronym ASK stands for what? (Meter #5868) Leanne Johnson: Adult Adopting Special Kids program .(Meter #5910) Senator Mathern: What is the primary issue that kids are kept in the foster care, not even adoption staff, no enough families? What is the main block there? Why are there more children (Meter #6000) Leanne Johnson: There are more guidelines, moving children quickly to homes, Not enough workers right now, it takes a year to 18 months for an adoption worker to become fully training and on board with the program.

Tape 3 Side 1

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Continued with Leanne Johnson, Luther Social Services (Meter #284) Kathy Hogan, Cass

County Social Services see written testimony Exhibit 48. With emphasis on the needs of "Indian

Counties, the funding of home and community based service programs.

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2012

Senate Appropriations Committee

☐ Conference Committee

Hearing Date 1-16-03 (Day 3 0f 3)

Tape Number	Side A	Side B	Meter #
1	X	X	All
Committee Clerk Signature			

Minutes: Senator Holmberg opened the hearing on SB2012. Attendance was taken.

SB2012 is a bill for an Act to provide an appropriation for defraying the expenses of the department of human services, to provide for the transfer of appropriation authority between agencies and institutions and to declare and emergency.

Senator Bowman (meter #120) - We are at the final stages of this large budget.

Alex C. Schweitzer, representing the Department of Human Services (meter #175) - Here today to provide you an overview of the North Dakota State Hospital Budget. Written testimony is attached (exhibit 50) that details the current operations of the State Hospital. See appendix D (exhibit 50A) for a map of the State Hospital facilities.

Senator Krauter (meter #585) - When you talk about percentage of occupancy, what exactly do you mean. Occupancy of building or occupancy of program?

Mr. Schweitzer (meter #605) - I mean the occupancy of the building, we look at the total number of beds vs. how many are occupied.

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Mr. Schweitzer (meter #630) - continued testimony (exhibit 50) includes overview of budget changes.

Senator Holmberg (meter #1864) - We are exploring bringing the committee to the JRCC and the State Hospital, still in the works, may not be until the session is over, if we are invited.

Mr. Schweitzer (meter #1918) - That would be good. You are invited. You could actual see the layout, we would appreciate that very much.

Senator Lindaas (meter #1938) - Have you considered the increase in the meth. addiction problem, have you considered that in the proposal?

Mr. Schweitzer (meter #1975) - We have looked at that. We believe we will be able to deal with that part of the equation. We always have the option of getting additional beds by contracting with JRCC. We have had some meth admissions but not a great deal.

Senator Christmann (meter #2025) - The vacant building that would be turned over to Corrections, do they need major renovations?

Mr. Schweitzer (meter #2070) - Asbestos is not an issue, and there is not a lot of major renovation.

Senator Christmann (meter #2096) - The general population, you mentioned 8 patients that may be moved to Grafton, but the rest of these people, are they in a program where they will be released, or are they going to be in an institution for life?

Mr. Schweitzer (meter #2145) - At this time we have about 50 patients that are more chronic, although some could be placed, it is difficult to do. More permanent part of the population.

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Senator Thane (meter #2187) - Question on food preparation. Are the individuals working in food preparation screened for various reasons, for a better qualified inmate, to provide food for non-inmates.

Mr. Schweitzer (meter #2247) - Inmate do not make meals, they work in the area but not with the food.

Senator Thane (meter #2303) - FTE transfers to other departments, what is the number still employed from the proposed decrease you propose.

Mr. Schweitzer (meter #2363) - Deducing budget by 90, 15 individuals will transfer to another department.

Senator Andrist (meter #2385) - From a fiscal standpoint, this is a good marriage, from a practical standpoint it seems that it would be practical. Concerned about blending. Building 6 and building 15, how are they being utilized.

Mr. Schweitzer (meter #2486) - Learning Resource Center is strictly State Hospital, no correctional inmates are mixed in with this population. Keep them separate now and this proposal will continue to keep them separate.

Senator Andrist (meter #2535) - Are the correctional people in the Haug Building, is that a part of male or women's prison population?

Mr. Schweitzer (meter #2559) - Currently all men in system are in a separate area, women have their own floor. Need to increase women's beds, but there will be no co-mingling of inmates.

Senator Andrist (meter #2610) - Is there a way for the people in the Haug Building will they stay there, or will they have to move to some of the other correctional facilities?

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Mr. Schweitzer (meter #2635) - My understanding is that once they are in there, that is where they will stay until their release from prison.

Senator Mathern (meter #2660) - Will your Medical Director testify today?

Mr. Schweitzer (meter #2680) - No, he will not.

Senator Mathern (meter #2690) - Wondering about person receiving treatment for mental health problems, what is the consequence to those people in terms of their sense of self or psychological processes if they are in the same facility as corrections. What are the consequences.

Mr. Schweitzer (meter #2795) - A topic that has been discussed and there is a lot of disagreement. I have talked to the Medical Director on an ongoing basis, he will debate that whether this an issue or not. Is not able to be here today, however Dennis Goetz can speak about this issue.

Dennis Goetz, Program Director at the State Hospital (meter #2919) - I certainly have concerns about the prison coming through our campus. On a day to day basis there is almost no to very little contact with the prison population. If anything we think of the mental health patients and prison population as people first. Co-mingling of the populations has been cordial up to this time. In my time as a Program Director have not had a problem.

Senator Krauter (meter #3140) - Why hasn't your proposal of transferring patients to Grafton been done sooner?

Mr. Schweitzer (meter #3187) - These are people that are new admissions and transition plan is in place to look at each patient individually. We make sure they are ready for the transition. It is slowly happening.

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Senator Krauter (meter #3295) - You have indicated you will be contracting dental services for the residents' therapy. Who will provide dental services for the State Hospital.

Mr. Schweitzer (meter #3355) - I am not aware that dental services will be discontinued.

Senator Krauter (meter #3360) - So the contract is strictly one year?

Mr. Schweitzer (meter #3380) - We are not providing dental service at this time to the correctional center.

Senator Krauter (meter #3395) - What about optical services?

Mr. Schweitzer (meter #3402) - We don't get involved on that service.

Senator Krauter (meter #3413) - Proposal lists increased funding for medical, dental, optical.

Mr. Schweitzer (meter #3427) - That is a cost center that we throw everything into in terms of medical. I will get that clarified for you.

Senator Krauter (meter #3459) - When we look at history, we've built building an made major capital improvements, and have bond payments. In capital improvements the 955,000 is bond payments? Is it all bond payments?

Mr. Schweitzer (mtr #3500) - $555,540 is bond payments, $400,000 is funds rec'd from department of corrections.

Senator Krauter (mtr #3550) - So the $400,000 is a transfer?

Mr. Schweitzer (mtr #3560) - That is correct. We arrived at that amount of money, because that is what we felt we needed for updates on certain buildings. Have improvements coming up.

Senator Mathern (mtr #3690) - The patients at the hospital, low income, is there a way for those people to receive treatment in their home?

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Mr. Schweitzer (mtr #3795) - Other than the 50 indicated patients come to the State Hospital on a temporary basis and continue to receive treatment at home.

Senator Mathern (mtr #3875) - Are private institutions refusing them?

Mr. Schweitzer (mtr # 3900) - Most are low income, uninsured. State Hospital is the only place.

Senator Mathern (mtr #3960) - Local hospital not taking low income patients?

Mr. Schweitzer (mtr #3990) - Do not qualify for Medicare.

Senator Mathern (mtr #4010) - Why are they not eligible.

Mr. Schweitzer (mtr #4040) - Depends on private hospital discretion.

Senator Andrist (mtr#4150) - Can dental services be shared between State Hospital and JRCC?

Mr. Schweitzer (mtr#4230) - Current dentist we have does not want to do that.

Senator Thane (mtr #4279) - On pg 5. of written testimony, $10 million savings, where that savings is developed. Can you explain.

Mr. Schweitzer (mtr #4330) - Net savings with hospital and JRCC sharing a campus.

Senator Thane (mtr #4431) - Rural ND without community services of outpatient services, do you believe there is an ongoing need.

Mr. Schweitzer (mtr #4540) - Yes, there is always a need for some type of service, community based is the goal.

Senator Mathern (mtr #4616) - Have we asked directly of acute care health care providers if they would be willing to care for all patients that need acute care in their region, including the current patients at the State Hospital.

Mr. Schweitzer (mtr #4688) - That is being developed with Human Service and private hospitals.

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Alex Schweitzer, Department of Human Services, Superintendent of Developmental Center (mtr #5030) - Will provide an overview of the North Dakota Developmental Center budget area.

Written testimony (exhibit 51) is attached.

Ken Schulz, CFO of State Hospital and NDDC (mtr #6033) - The $395,000 is from a variety of sources, mostly from rental fees, land rent and building rent.

Senator Thane (mtr #6187) - Are some patients returning to the center for additional treatment?

Tape 1, Side B, SB2012

Mr. Schweitzer (mtr #9) - Patients that come to the State Hospital are individuals admitted from various communities. Have challenging behaviors, difficult to manage, behaviorally challenged.

Senator Thane (mtr #113) - Any San Haven patients?

Sue Forrestor, Asst Superintendent of the Developmental Center (mtr. #158) - Several patients from San Haven are medically fragile.

Senator Thane (mtr #191) - What is the average cost per patient?

Mr. Schweitzer (mtr #200) - residential rate is $363.65 + $53.00 medical rate = $416.95 per day

Senator Christmann (mtr #240) - Repeat why operating expenses are going up?

Brenda Weisz (mtr #270) - Institutions have a lump sum funding, compensation package.

Senator Christmann (mtr #300) - Assessment increase corresponds to an increase in federal funding.

Senator Krauter (mtr #315) - This is happening in Group Homes as well?

Ms. Weisz (mtr #325) - Yes, it was built into the budget.

Senator Holmberg (mtr #431) - Will start public comment on SB2012

Carlotta McCleary, Chair of the North Dakota Mental Health Planning Council (mtr #500) -

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Voiced concern with the proposed reorganization at the State Hospital. Written testimony attached (exhibit 52).

Senator Mathern (mtr #660) - Is this point of view shared by others?

Ms. McCleary (mtr #695) - Questions were asked at an earlier time.

Dr. Glenn Johnson, President of the Board of the Mental Health Association (mtr #820) - Testified in support of mental health services in North Dakota and the state hospital, and against provisions of SB2012 that call for moving patients out of the LaHaug Building. Written testimony is attached (exhibit 53).

Senator Kilzer (mtr #1455) - Referred to his comment, have you given consideration to the higher number of private facilities?

Dr. Johnson (mtr#1517) - Down sizing due to private hospital and community centers increased assistance. But state hospital still needed in extreme cases, is a safety net.

Senator Mathern (mtr#1780) - Concerns with accreditation.

Dr. Johnson (mtr#1840) - Been involved in the accreditation process. Set of rules, accreditation team comes into facility to insure compliance.

Senator Andrist (mtr#2090) - Losing the LaHaug building, concerns for the overall plan, is there an optional plan?

Dr. Johnson (mtr#2170) - As a private individual I want to promote a study that would determine if the State Hospital should stay there or be moved. The Association has not taken a position.

Senator Andrist (mtr #2256) - For now, is the overall plan acceptable.

Dr. Johnson (mtr #2289) - The plan is as good as it can be.

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Senator Bowman (mtr #2410) - Are severe patients able to comprehend that the prison is even there?

Dr. Johnson (mtr #2480) - I left the State Hospital before the prison moved in. The people most likely to be there have severe thought disorders. Activities are limited for their own safety.

Senator Bowman (mtr #2700) - Trying to understand the mental state of the patients.

Dr. Johnson (mtr #2780) - Difficult to predict how many patients have a problem with the prison being there. The patient is open to confusion.

Genevieve Robinson (mtr #2925) - Citizen testifying in supporting human rights. Dentists do not take Medicare patients. Personal experience, dentists in Bismarck do not take Medicare patients.

Bruce Murry, employee of the Protection & Advocacy Project (P&A), (mtr #3780) - Testifying concerning the budget for the Department of Human Services. Written testimony is attached (exhibit 54).

Senator Grindberg (mtr #4405) - In your opinion, if dental services reinstated or eliminate that and start this new pharmacy. What is the right approach.

Mr. Murry (mtr #4455) - Dental services are a long term setting are more expensive, pharmacy, I haven't had an opportunity to study that.

Chris Runge, Executive Director of the North Dakota Public Employees Association, American Federation of Teachers Local #4660 (mtr #4660) - Here to provide testimony on SB2012. Written testimony is attached (exhibit 55).

Senator Mathern (mtr #5180) - If employees transfer from the State Hospital to JRCC what is the impact?

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Ms. Runge (mtr #5213) - No sure what salary differences would be. As a state employee benefits are the same.

Laureen Linstaedt, employee of State Hospital (mtr #5310) - Hospital setting and prison setting totally different. Hospital patients have different diet needs and training opportunities. We would like to cook for prison and the State Hospital. We want to stay. Concerned that prisoners are taking our jobs. Presented a petition holding 2,749 signatures (exhibit 55A).

Senator Holmberg

Tape 2, Side A

Department of Human Service Center

Marilyn Rudolph, Regional Director of the Northwest Human Service Center (mtr #145) - Here to provide you with an overview of the 2003-2005 budget for our human service area. Written testimony is attached (exhibit 56).

Senator Robinson (mtr #595) - Hillman house was a success story, why is it closed?

Ms. Rudolph (mtr #638) - Group living was tolerated by some. Chemical dependent do not do well in a group setting. Hope to move forward with a new model with change of clientele.

Senator Mathern (mtr #755) - Is there a cost and staff differential?

Ms. Rudolph (mtr #777) - Currently house has 24 hour 7 day a week staffing, usually 2 full-time staff on duty. 10 clients is max. New housing, onsite manager available to individuals living in apartments, individuals also have case managers. This would be supervised housing with HUD grant.

Senator Mathern (mtr #956) - Who owns those apartments? Who pays the rent?

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Ms. Rudolph (mtr #986) - HUD grant owned by on-site manager, we contract with ND Assoc. of disabled. Individuals may pay rent if they are able.

Senator Thane (mtr #1030) - Group of individuals with substance abuse problems.

Ms. Rudolph (mtr #1063) - We are seeing not just young people but also people in their 40's, males use primary usage is meth. Present a challenge. Recovery problems for those people.

Senator Thane (mtr #1172) - Is meth addiction difficult to deal with?

Senator Andrist (mtr #1207) - Are you going to be less inclined to accept State Hospital patients?

Ms. Rudolph (mtr #1287) - That is not true in our community, good luck working on placing patients in community.

Senator Kilzer (mtr #1376) - Referred to Attorney General testimony, more meth cases in other areas, does Mercy Hospital have locked unit in the hospital.

Ms. Rudolph (mtr #1430) - Yes, Mercy Hospital does have a locked unit that is helpful. They also have a program where they visit clients in jail.

David Snyder, Director of North Central Human Service Center (mtr #1548) - Here to provide you an overview of the Center's 2003-2005 budget. Written testimony is attached (exhibit 57).

Senator Mathern (mtr #1860) - You still have an advisory board that is involved in recommendations presented today?

Mr. Snyder (mtr #1898) - We have a 13 member council that is very active. They are concerned.

Senator Mathern (mtr #1950) - Do they approve? What is their role?

Mr. Snyder (mtr #1979) - As an advisory board they review my budget only.

Senator Bowman (mtr #2020) - Appreciate the work Mr. Snyder is doing.

Lynn Nelson, Regional Director of the Lake Region Human Service Center in Devils Lake.

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(mtr #2115) - Here to provide you with an overview of the Lake Region Human Service Center

Budget. Written testimony is attached (exhibit 58).

Senator Krauter (mtr #2839) - Explain the $55,000 increase in budget.

Mr. Nelson (mtr #2855) - Increasing overall combined salary and benefits package.

Senator Mathern (mtr #2958) - What are the consequences of not have a psychiatric counseling?

Mr. Nelson (mtr #2997) - Not reduced amount of psychiatric time, seem to be meeting the need.

Senator Mathern (mtr #3113) - What is the amount of reductions?

Mr. Nelson (mtr #3142) - Defer to Clint Dever the business manager.

Clint Dever, Business Manager (mtr #3260) - Reduced by 26,000.00, did not have a need for it

Senator Robinson (mtr #3230) - High incidence of suicide in your region. Do you have the actual rate?

Mr. Nelson (mtr #3397) - Yes, we can get those numbers.

Senator Thane (mtr # 3425) - Adolescent evaluations more than doubled. Why?

Mr. Nelson (mtr #3450) - Recognition of tribal issues. More referrals from that source. Demand has always been there, but we are doing a better job of meeting it.

Nancy McKenzie, Regional Director of the Northeast Human Service Center in Grand Forks (mtr #3645) - Here to today to provide you an overview of the Northeast Human Service Center Budget. Written testimony is attached (exhibit 59).

Senator Holmberg (mtr #4670) - Budget implications of Ruth Meiers Home?

Brenda Weisz (mtr #4755) - 1.5 million in budget for Ruth Meiers, has been moved around.

Budget now has 545,000 built in for Ruth Meiers.

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Senator Robinson (mtr #4952) - Decrease in budget, what are your greatest concerns with this budget.

Lynn Bingham (mtr #5050) - Still in operation.

Senator Robinson (mtr #5135) - What are your greatest concerns with this budget?

Ms. McKenzie (mtr #5145) - Greatest concern is services for children.

Nancy McKenzie, Regional Director of the Southeast Human Service Center in Fargo, (mtr #5321) - Here today to provide you an overview of the Southeast Human Service Center budget. Written testimony attached (exhibit 60).

Senator Bowman (mtr #37) - This 206% increase in other race categories, where do these people come from?

Ms. McKenzie (mtr #45) - Large diverse population in our community. Planned refugee program and a number agencies.

Senator Mathern (mtr #139) - Are we losing volunteers with the change in the senior volunteer program? Second question, where is the financial process for persons with mental illness that move to Fargo from the State Hospital?

Ms. McKenzie (mtr 208) - Do not anticipate a decrease in volunteers. The cost of community care at center or local hospital. We will not have any financial obligation once patient has been transferred to the State Hospital.

Senator Thane (mtr #275) - Why reduce the one DD case manager?

Ms. McKenzie (mtr #292) - Restructured caseloads to stretch resources.

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Senator Lindaas (mtr #343) - Your Human Service Center cuts and caseload reassignment and decreased number of services provided. Is there a concern that many people will be negatively impacted.

Ms. McKenzie (mtr #421) - This budget does not have a inordinate amount of reductions. Our staff evaluating what other services can we attach people to.

Lynn Nelson, Regional Director of the South Central Human Service Center, (mtr #560) here to provide an overview of the South Central Human Service Center Budget. Written budget attached (exhibit 61).

Senator Krauter (mtr #1010) - Is there a concern about the decrease in numbers at the State Hospital.

Mr. Nelson (mtr #1031) - We have had discussions with the State Hospital, they will continue to offer an educational unit, or we will partner with the local school district. It is a concern.

Senator Krauter (mtr #1060) - Serious concerns for your region with the decreases in your budget.

Mr. Nelson (mtr #1100) - We don't house people at the State Hospital or use hospital staff for that program. We need to continue the educational component with the children. The federal grant that funds this program is ongoing.

Senator Mathern (mtr #1190) - How do you decide the allocation of your time between the centers.

Mr. Nelson (mtr #1218) - I equitable divide my time. Two days at one place and three days at the other.

Senator Mathern (mtr #1289) - What communities do you have the satellite services in?

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Mr. Nelson (mtr #1300) - Wishek, Ashly, Oaks, Valley City, Carrington, Cooperstown. Will not be eliminating satellite programs.

Senator Robinson (mtr #1364) - In the South Central Region, given your budget, what is your greatest concern?

Mr. Nelson (mtr #1400) - We have made an effort to reduce that will impact the least amount of people as possible.

Tim Sauter, Regional Director for the West Central Human Service Center, (mtr #1595) - Here to provide an overview of the West Central Human Service Center Budget. Written testimony attached (exhibit 62).

Senator Robinson (mtr #2677) - What is the cost impact of Manchester House.

Brenda Weisz (mtr #2758) - Answer to Senator Robinson's question, we didn't realize a savings it was just a transfer. Is the same cost as if West Central provided the service.

Senator Robinson (mtr #2870) - What is the availability of services and flexibility of programs?

Mr. Sauter (mtr #2866) - It provides flexibility. We have a strong relationship with Manchester House and Pride Inc. Have an outstanding transition package.

Senator Grindberg (mtr #3050) - You have increased travel cost. Why just your budget.

Brenda Weisz (mtr #3076) - The travel cost increase was part of the adjustment we made.

Senator Christmann (mtr #3105) - The cost of Manchester House is that figured into salaries in your budget?

Mr. Sauter (mtr #3130) - It is not in our budget.

Senator Christman - It looks like there is a decrease of 22 FTE's but an increase of $119,000.00

Mr. Sauter - $119,000 is in the area of administration only.

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Senator Christmann (mtr #3270) - Where do we see the savings for the salaries of the 21 people.

Mr. Sauter - Referred to the top of page 4 of the budget.

Brenda Weisz (mtr #3377) - The overall budget did go down 1.2 million.

Senator Christmann (mtr #3456) - The decrease is not salaries then?

Brenda Weisz (mtr #3470) - It is a lump sum budget.

Senator Kilzer (mtr #3565) - In the $72,000 for travel, does it include gas, hotels?

Mr. Sauter (mtr #3620) - That includes all staff at Human Service Center, all travel throughout a 10 county area.

Senator Bowman (mtr #3780) - Do you use the computer to communicate rather that travel?

Mr. Sauter (mtr #3822) - Yes we use the computer a lot, e-mail is wonderful, also use the telephone a lot.

Senator Kilzer (mtr #3897) - You send 2 days per week at the Badlands. Other Directors are at another location a week at a time.

Senator Grindberg (mtr #3945) - New bill that will institute IVN. Can you conference from Bismarck to Bowman?

Mr. Sauter (mtr #4028) - Some schools already have the ability. We do not, our budget is tight. Would strongly support IVN.

Senator Robinson (mtr #4175) - How active are the positions in terms of overall operation of the center.

Mr. Sauter (mtr #4410) - You're right, the schedule does take a toll. Direct service to the people, is very minimal. Our job is to lead and direct.

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Senator Bowman (mtr #4995) - How has the Block Funding worked? Has it given you the flexibility you need.

Elaine Little, Director of the Department of Corrections and Rehabilitation,(mtr #5180) - Combined proposed project has additional implications to JRCC. Written statement attached (exhibit 64).

Tape 3, Side A

Senator Mathern (mtr #95) - Will prisoners be receiving additional services such as addiction?

Ms. Little (mtr #158) - Our plan, in response to receiving additional services, by allowing us to create a separate women's prison, will allow us to provide many different services. Right now having men and women combined, it is very difficult to provide additional services.

Senator Robinson (mtr #248) - How many women prisoners will we have at JRCC?

Ms. Little (mtr #294) - All women will be moved to JRCC if it is approved. We will be able to remodel the facility in such a way to provide appropriate housing for all levels of security.

Senator Robinson (mtr #393) - What kind of capacity do we have at JRCC?

Ms. Little (mtr #394) - JRCC has 80 beds where women are housed.

Senator Mathern (mtr #420) - Is it possible that with enhanced mental health and treatment programs for prisoners there would be less recidivism.

Ms. Little (mtr #460) - Approximately 30% of our inmate population has some type of mental health issue.

Senator Krauter (mtr #577) - One clarification. How many increased FTE's will you be getting with this plan.

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Ms. Little (mtr #600) - 65 new FTE's in women's unit, transferring from State Hospital 6 food service positions, 4 laundry positions, and 5 maintenance positions.

Tim Sauter, Regional Director of the Badlands Human Service Center, (mtr #740) - Here today to provide you an overview of our budget. Written testimony is attached (exhibit 63).

Senator Lindaas (mtr #1930) - As Director of WC HSC, do you feel that anyone will be seriously effected by the cutbacks?

Mr. Sauter (mtr #2019) - As far as the domestic violence goes we were paying a majority of the moneys to Lutheran Social Services. The cutbacks may cause concern for certain patients.

Senator Bowman (mtr #2270) - Federal block grants, does there need to be matching dollars?

Mr. Sauter (mtr #2302) - No matching funds are required. Central office division applies for the grant .

Senator Tallackson (mtr #2491) - The contract to Lutheran Social Services and Catholic Services, where do those contracts at. How much are they?

Ms. Weisz (mtr #2525) - Various departments contract with LSS depending on what the service is. Depending on what the service is, the money would be allocated in that portion of the budget.

Senator Bowman (mtr #2630) - Trying to understand, when they bring people to our communities, then that community relies on LSS for services, and then we run short of money to take care of people that live in ND. Where do we begin and end.

Senator Mathern (mtr #2748) - LSS gets federal dollars to provide their services. A large part of money for refugee resettlement is federal money.

Senator Bowman (mtr #2843) - One group brings in - then our social service dept has to take care of them.

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Carol Olson (mtr #2907) - Senator Mathern is correct. The Dept of Human Services is a pass through for federal dollars. The federal government determines the number of refugees.

Senator Robinson (mtr #3232) - Budget process is overwhelming. We under funded the agency in the current biennium. We talked about doing a better job matching our services with needs.

Ms. Olson (mtr #3592) - In preparing the 95% budget that the governor requested, the process wasn't started at that time. We in Dept. of Human Services have followed a number of steps in the past few years to define the core services.

Senator Robinson (mtr #4110) - Good people in that department. On thing concerned about in conserving dollars. The realities are that if one program is funded we take from a different one.

Ms. Olson (mtr #4285) - You have heard an incredible amount of testimony that last few days. Summarized needs of all social services participants.

Senator Bowman (mtr #4502) - Summarize the subcommittees duties to adsorb all the information and brought forth. Advise the testifiers to approach committee now, not later.

Ms. Olson (mtr #4748) - The department has appreciated the last few days and the respect given us.

Senator Andrist (mtr #4856) - Pass out information from Galen Jor for pharmaceutical information.

Senator Bowman - Closed hearing on SB2012.

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2012 vote

Senate Appropriations Committee

☐ Conference Committee

Hearing Date 2-19-03

Tape Number	Side A	Side B	Meter #
1	X		375-end

Committee Clerk Signature Sandra Dawson

Minutes: CHAIRMAN HOLMBERG opened the hearing to SB 2012. A bill relating to the Human Services budget. (Meter 378) CHAIRMAN HOLMBERG asked ALLEN KNUDSON to walk through the amendments which are extensive. Distributed copies of the amendment for the audience. (Meter 449) ALLEN KNUDSON started with referring to pages 2 and 3, the summary of Senate action, summarizes all the changes that are made in this amendment from the various entities of the department. Overall the budget was reduced by 12.2 million and estimated increase in income by 4 million and the general fund was reduced by 16.2 million (top of page 3). He continued about the total changes in the amendment. Then spoke on the various subdivisions of the bill, the first division is the management division or administration and information technology department and directed the committee to look at the footnote 1 on the bottom of page 3, Administrative Support -Senate changes, Administration Support program, Information Technology Division Program and continued explaining all the changes following along with the subdivisions. ALLEN continued onto page 4 of the amendment (38035.0105) to the

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Program/Policy Senate changes and so onto Economic Assistance Policy Program, Child Support Program, Medical Services Program, Long-term program, (Page 5) Aging Services Program, Children and family services program, Mental health and substance abuse program, Developmental Disabilities Council and the Disabilities Program (all these divisions had cuts).

(Meter 1346) ALLEN continues on Page 5 that deals with the State Hospital and on the lower page 5, the Developmental center and what appropriations were cut. Going onto the General fund summary and other funds summaries.

(Meter 1423) SENATOR MATHERN asked ALLEN if he could review the amount of money that we anticipate raising if we pass SB 2153 and how that amount of money is similar to the increases we see in SB 2012 that relate to DD providers. (Meter 1475) ALLEN KNUDSON replied with the total funds that are added because of the provider tax is 5.8 million dollars, 1.9 million which is from the general fund. About $500,000 of that is related to the developmental centers and about 1.3 million to the DD providers. (Meter 1537) SENATOR MATHERN continued on questions about the anticipated income higher than that according to SB 2153, he believes there is a lose of 4 million someplace. (Meter 1611) CHAIRMAN HOLMBERG confirmed that SB 2153 says revenues is 9.7 million other funds, expenditures 1.8 general and 3.9 other funds. That is on the fiscal note. ALLEN KNUDSON stated the numbers he is referring to would be the numbers of the expenditures because that is what has been added to the budget. He believes the other funds are more because the funds are flowing through the department and they have to increase the reimbursements that are going out to the providers as well as they provider rates that flow back into the department through the tax department for the provider tax. That is why the revenues are showing higher. (Meter 1700) SENATOR

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TALLACKSON asked what the rational for taking 1 million dollars out of the development centers? (Meter 1710) SENATOR BOWMAN as chairman of the Human Services subcommittee explained as they were looking at this budget, the cuts that were necessary to make. He felt that if some of these moneys were not freed up, in the future there will a "major wreck" in a couple of years if general fund moneys are not going to be available. He wanted to prepare for the worst case scenario. He added his formula to trying to balance some of this budget and it's shortfalls. (Meter 1932) SENATOR KRAUTER expressed concern about the budget for the state hospital, it is difficult to pull two million dollars in retrospect of the comments and the testimony that they have related to the concerns about people who have mental illnesses and what is happening with what is happening with the human service center. Expressed his grave concerns about the detail work that has been done. SENATOR BOWMAN stated it was a very complex budget and he worked very hard on this. He does know that there has to be a start on the cuts and feels the committee needs to be addressed about some of the cuts now. (Meter 2148) SENATOR KRAUTER continued to follow up with his concerns on the State Hospital but the subcommittee did start to do the details but not get into details into on the State Hospital nor the Regional Human Service Center or Grafton. Firmly stating this is not his first time working on the budget. On previous sessions, we did go through detail and we did come out with unison support in what they did. He wanted to review page 4, in which he had major concerns there. He wanted discussion on the reduction of the optional services, the Medicaid services for durable medical equipment, optometric and psychological service for eliminating the adult optional services and the rational behind that. (Meter 2237) SENATOR KILZER commented that these are all difficult choices but when you take the most vulnerable people first, these services are not as high on the

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priority list as some others are. Durable medical equipment for 6 months the expenditure is close to $600,000 dollars and $146,000 is wheelchairs. Wheelchairs are not absolutely necessary for the most vulnerable. He stated he feels there need to be a way of reusing some of these durable equipment items. As far as the optometric services, these are the refraction's for eye glasses and I do know that the Human Services department does have a contract so they get them at a reasonable rate. The more serious conditions such as cataracts come under physician services by a optomologist. The psychological services are not a highest priority and feels a large number of these serious conditions can be dealt with at the Human Service centers. Those are the three optional services not the mandated services. (Meter 2438) SENATOR KRAUTER still has great concerns when he thinks of durable medical equipment and we are thinking about the most vulnerable without wheelchairs are going to lay in a bed. Optometrical services and not being able to see, you can't eat, you can't see to take your prescriptions, these are ones that the department did not eliminated and here we are. Moving onto the next 2.8 million reduction of the prescription drugs in the medical assistance program what is the rational or reasoning behind that? Directed to the subcommittee, CHAIRMAN HOLMBERG called on SENATOR BOWMAN to reply. SENATOR BOWMAN wanted clarification from SENATOR KRAUTER asking about 83 million to 92 million. He believes there is a 13% increase in the medical drugs assisted program. There is another drug program coming over from the House, that has potential to assist many people. No question about the increase of the costs and assist people who need this assistance. (Meter 2633) CHAIRMAN HOLMBERG wanted to go back to something that was SENATOR KRAUTER 's focus on removing the funding for the durable medical equipment, optometric and psychological services, but didn't make any comments of the fact that

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these amendments add back in areas that were of grave concern that was not in the governor's budget including hospice, dental, chiropractic, and private duty nursing. So let's look at the positives also. (meter 2690) SENATOR KRAUTER wanted to know if there was anything in this amendment that addresses drug issue from the point of view that the subcommittee talked about providing some incentives or working with generic drugs more and work with pharmacist and doctors to prescribe generic drugs. It is in the media daily. (Meter 2742) SENATOR BOWMAN stated there wasn't any amendment like that and would gladly accept such. (Meter 2761) SENATOR KRAUTER continued on about the Long Term Care Program that his priorities were to put the operating margin in and the incentives for nursing facilities. He asked if there was any thing in this amendment as far as moving that percentile up? SENATOR BOWMAN stated no. SENATOR KRAUTER continued then on when they get to the SB 2083 as far as SPED, have we not moved that bill out of this committee already? And wasn't it at 10 thousand dollars? (Meter 2824) SENATOR BOWMAN stated he already had those amendments prepared to go to 20 thousand dollars on that. He did not have any information on that until after the amendment was drafted, then the information came from the department and he moved it back up to 20 thousand dollars as an asset test. (Meter 2858) CHAIRMAN HOLMBERG stated that was a concern of SENATOR MATHERN'S also. (Meter 2888) SENATOR KRAUTER stated it was originally at was 50 thousand, the governor recommended 25 thousand, and now we are going down to 20 thousand. The next section also states we are going to refine assets to only include a home. A major change of a 2.7 million dollar hit there, what is the rational behind that? If we are going to do something like that, we should have a bill, we should have a debate, a hearing on it. And now it is coming in at the last minute. (Meter 2950) SENATOR BOWMAN reminded

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SENATOR KRAUTER if he was aware of the liquid asset was changed by rule. SENATOR BOWMAN expressed the subcommittee took a lot of things into consideration. It was discussed about assets and the ability to pay. He doesn't believe that anyone who has the ability to pay if the program is available will be denied those services. (Meter 3105) SENATOR KRAUTER feels there is going to be a major change that the amendment is going to do at the last minute and it should have been in a bill. (Meter 3182) CHAIRMAN HOLMBERG stated there is still a chance for changes for this bill in the HOUSE. SENATOR ANDRIST questioned if reducing this asset test would have a positive effect of taking away that waiting list. SENATOR BOWMAN stated that any time you take away money from any program you reduce that chance. His understanding with the law was with the asset test anyone could come in because of the $50,000 liquid assets. This changes the formula of the number of people who will qualify. The program is available buy purchase until they qualify. SENATOR ROBINSON asked about the IPACT' program and is any money was budgeted for that. SENATOR BOWMAN stated that was not addressed even though there was discussions on it. ALLEN KNUDSON remarked there was a $200,00 general fund reduction for that program and these amendments do not restore that funding. SENATOR MATHERN states that it appears to him that in the amendment, there is leaving a considerable amount of federal money on the table to take, he gave examples. By cutting these we are leaving federal moneys behind. He asked ALLEN KNUDSON if there was some sort of report to find out what is lost. More discussion about how to bring in more revenue. (Meter 3750) CHAIRMAN HOLMBERG felt that there has been many discussions about particular questions of borrowing the money from the Bank of North Dakota. Pointed out that there are many different opinions how these budgets should be. SENATOR BOWMAN

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expressed his feeling of how the federal government gets the state involved in certain programs it puts more pressure on the state funds to continue these federal programs. SENATOR LINDAAS stated that many of these cuts will effect the local & county levels that the responsibilities will have to be picked up by property taxes. (Meter 4109) SENATOR KRAUTER disagreed with Senator Bowman's statement that the rules have not changed, the federal government has not changed, the formula is there. When the state's wages or state's economic climate changes, the formula then gives us a different number. He feels that the federal government is not to be blame. The fact is that if the calculation changes the F map changes. (Meter 4174) SENATOR THANE stated that unfortunately that the cuts need to be made. He pointed out several actions that were taken and gave a personal account for some cuts and the program that are important but the cuts were necessary. (Meter 4426) SENATOR KILZER stated that he agreed that the federal government can not be all to blame but through the years, this budget has grown tremendously. We are offering more services, loosing the eligibility's, doing things trying to get everybody covered for everything but there comes a time that we do have to tighten the belt, and that's what we are trying to accomplish. These amendments do place the most vulnerable people at the top. He also commented that a wheelchair does not get you out of bed, it gets you from point A to point B (referring to a statement from Senator Krauter), the major cuts to the State Hospital and the Developmental Centers are based mainly on projections of their populations that are going down. The wages of the people who work at the centers compared with the group homes is about a $1.00 per hour difference. (Meter 4657) SENATOR ROBINSON made the comment that the budget reflects the struggles we have in the state with our economy, with our people who hold two and three jobs, children home alone, and single parent families which is nationwide but also

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have is in our state. He would like to suggest to control the spending in this budget and the way to do is, is some growth in our economy, need better paying jobs. On the campaign trail, it is sad to see what condition our state is in. He wanted to stress not to loose sight for the real issue here is the quality of life and we will be at some time in our life be faced with these type of difficult decisions. (Meter 5039) SENATOR MATHERN stated that it looks to him that there is dramatic decrease in drugs that would be available to people, psychological, etc. all effect persons with mental illnesses. Wanted to ask the person in the HS Department who is in charge of the mental health services what the consequences are in that combination of cuts here. What a person with mental health needs? (Meter 5156) SENATOR BOWMAN stated this is a hard question to answer and it personally hurts him. He felt he had no help with the decisions but the cuts were done by the Appropriations committee and had to put this together. Stated that he didn't have a lot of support and leave it at that. (Meter 5290) SENATOR KRAUTER stated he did not want to be included in the statement "we the committee did that". (Meter 5304) CHAIRMAN HOLMBERG spoke about the amendments that were presented today were for the purpose of having this discussion whether you would like them or dislike them, you have a choice to vote no. (Meter 5357) SENATOR THANE supported SENATOR BOWMAN'S stance that his statement was an accurate statement there was a medial decision that the department made and we would have more than glad to have help from them but they decided this was our ball game not their ball game and that is the way it sits. (Meter 5418) SENATOR BOWMAN stated they (Human Services Department) respect the governor's decision and that's where they stay. (Meter 5438) SENATOR GRINDBERG moved to pass the amendments, with a second from SENATOR THANE. Discussion followed (Meter 5459) SENATOR TALLACKSON felt he

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had to make a statement because some of the things that were said. Over the years, his experience was putting over 20 million dollars in the development centers from the state and now we are down to 9 million and then there is 11 or 12% cuts now - that is a pretty serious cut. The people there are not going down, they are going up. He did not understand that there was going to be that big of a cut (12%). The reason the Human Services budget is so huge now is it has evolved over the years. It has grown by putting things like Grafton and Jamestown were never in the Human Service Centers before. It has grown by us putting them in there. (Meter 5640) CHAIRMAN HOLMBERG articulated that the legislators in their compassion added additional programs over and above what the federal government said they had to have in order to have a violable program. And their compassion puts them in a position of having 27 different programs that they are supporting. And the federal government only requires them to have so much and when budget's get tight, and tough, one of the problems from the folks who know a lot about this budget, state that you can't just nibble these programs to death. That is why we are eliminating some programs, if we keep the programs there we have to pay for it. He feels one could argue good intentions and compassion have added more to this budget than many are saying we can afford at this time in this session. May this change? He sure hopes so. SENATOR TALLACKSON stated he feels that they (the legislators) had made this more complicated than it need be, it has all been put into one big pot and now no one knows what to do with it. SENATOR ROBINSON made some comments here, about the needs within the state, the reductions in the general funds, the impact of money having to come back to the local districts. As hard as it is, taxes would have to be raised in order for the quality of life to remain. He feels that if the people of ND were asked

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the question to make the choices that are before them today, he thinks the people would, they are willing to pay a little bit more.

Tape 1 Side B

SENATOR THANE elaborated that the spending has to come to some halts. SENATOR MATHERN continued stated that there is a high of a 1.5 billion dollar budget and had just been given amendments that no one has seen, and feels they should not be voting on the amendments, not only do the committee members did not understand the all of the details, all of the people in passage need time to deal with these amendments. He asked the committee to not vote at this time and move onto other bills first. To give people a chance to look at these. If the request is not granted, he will ask for a revision of the amendments. (Meter 156) SENATOR KRAUTER commented again and stated yes, there is some thing in the amendment that were talked about in committee and did restore some of them and that was a move in the right direction. He stated he did not buy this "compassionate" lingo. He stated we need to face the fact that we have aging population in ND. The numbers of people who are living in the state are a demographic issue that is effecting the state. This reduction is over 7 million dollars of what we are currently doing in the department of Human Services. Everyone in this room can remember what happened this past June, at that budget meeting. The Department came before us and explained what had happened and how it was under funded. The type of budget meeting will be happening again. There were ideas he had proposed that were not in this amended. He listed many of them. SENATOR BOWMAN made his statement that there was nothing in this amendment that was not discussed with the subcommittee. (572) SENATOR LINDAAS felt that some deliberations in the subcommittee deteriorated to a degree. He stated they (Human Services Department) were

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offered by the department a statement that cuts were made they would respond to the impact. The department did a lot of work on this budget. He also would like to study this and see what the impact will do, not enough time to study this and figure out the outcome. (Meter 773)

SENATOR MATHERN stipulated that what he would see as Division A would be starting on page 4, third item down starting with the child support program restoration, the item down restoring the optional Medical assistance services which include chiropractic, dental, hospice, & private duty nursing. CHAIRMAN HOLMBERG clarified what was to be in Division A and Division B. SENATOR MATHERN stated Division A to be what he previously mentioned and also adding the funding of 50-cent per hour salary increase to employees of developmental disabilities service providers, restoring funding for the 3% nursing facility operating margin, restoring funding for nursing facility incentives, the restoring funding for special needs adoption contract workers, adding funding for corporate guardianship services. All the rest of the amendments to be Division B. (Meter 985) CHAIRMAN HOLMBERG asked if the committee wanted a roll call vote and SENATOR MATHERN responded yes but then changed his mind. CHAIRMAN HOLMBERG then asked all in favor of Division A state yea, all voted yea (38035.0105). Now on Division B a roll call vote was taken. Voting on Division B concluded as 8 yeas, 5 nays 1 absent (38035.0103). CHAIRMAN HOLMBERG asked for a motion for but was corrected to vote on the amendment first by SENATOR KRAUTER, the motion passed by voice vote. SENATOR KRAUTER proposed amendment (38035.0104) that is in addition to the amendments that were passed. SENATOR KRAUTER went through them for the committee. CHAIRMAN HOLMBERG asked for a roll call vote on the proposed amendment from SENATOR KRAUTER, the amendment failed with 5 yeas, 8 nays and 1 absent. There was a

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motion of a DO PASS AS AMENDED, from SENATOR GRINDBERG and a seconded by

SENATOR BOWMAN. The bill passed with 8 yeas, 5 nays and 1 absent. SENATOR

BOWMAN will carry this on the floor.

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38035.0103
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for
Senator Bowman
February 19, 2003

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 1, line 3, after "institutions" insert "; to provide a statement of legislative intent"

Page 1, line 13, replace "11,147,734" with "11,027,431"

Page 1, line 14, replace "34,550,483" with "34,066,362"

Page 1, line 17, replace "47,962,467" with "47,358,043"

Page 1, line 18, replace "31,912,324" with "33,134,565"

Page 1, line 19, replace "16,050,143" with "14,223,478"

Page 1, line 22, replace "22,311,231" with "22,077,620"

Page 1, line 23, replace "38,397,710" with "38,456,409"

Page 2, line 1, replace "288,491,078" with "283,580,119"

Page 2, line 2, replace "897,921,533" with "895,855,663"

Page 2, line 3, replace "1,247,161,224" with "1,240,009,483"

Page 2, line 4, replace "974,986,069" with "978,141,758"

Page 2, line 5, replace "272,175,155" with "261,867,725"

Page 2, line 9, replace "7,331,947" with "7,280,942"

Page 2, line 10, replace "14,684,062" with "14,576,944"

Page 2, line 11, replace "8,490,227" with "8,427,435"

Page 2, line 12, replace "17,628,299" with "17,508,856"

Page 2, line 13, replace "20,924,037" with "20,743,221"

Page 2, line 14, replace "11,454,381" with "11,367,850"

Page 2, line 15, replace "17,713,897" with "17,596,609"

Page 2, line 16, replace "9,004,972" with "8,932,780"

Page 2, line 17, replace "44,312,699" with "41,931,048"

Page 2, line 18, replace "42,148,253" with "40,808,116"

Page 2, line 19, replace "193,942,774" with "189,423,801"

Page 2, line 20, replace "103,596,026" with "103,228,028"

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Page 2, line 21, replace "90,346,748" with "86,195,773"

Page 2, line 22, replace "378,572,046" with "362,336,976"

Page 2, line 23, replace "1,110,494,419" with "1,114,504,351"

Page 2, line 24, replace "1,489,066,465" with "1,476,841,327"

Page 2, after line 24, insert:

"**SECTION 2. APPROPRIATION - HEALTH CENTER GRANTS.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $50,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing grants to community health centers to support community development and grant writing services, for the biennium beginning July 1, 2003, and ending June 30, 2005. The department may not award an individual grant of more than $10,000.

SECTION 3. LEGISLATIVE INTENT - DEVILS LAKE CHILD SUPPORT ENFORCEMENT UNIT. It is the intent of the legislative assembly that the fifty-ninth legislative assembly consider removing general fund support for the Devils Lake child support enforcement unit reservation project if the project's performance results do not improve during the biennium beginning July 1, 2003, and ending June 30, 2005."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES	SENATE VERSION
DHS - Management			
Total all funds	$47,962,467	($604,424)	$47,358,043
Less estimated income	31,912,324	1,222,241	33,134,565
General fund	$16,050,143	($1,826,665)	$14,223,478
DHS - Program/Policy			
Total all funds	$1,247,161,224	($7,101,741)	$1,240,059,483
Less estimated income	974,986,069	3,155,689	978,141,758
General fund	$272,175,165	($10,257,430)	$261,917,725
DHS - State Hospital			
Total all funds	$44,312,690	($2,381,651)	$41,931,048
Less estimated income	16,405,360		16,405,360
General fund	$27,907,339	($2,381,651)	$25,525,688
DHS - Developmental Center			
Total all funds	$42,148,253	($1,340,137)	$40,808,116
Less estimated income	32,234,480	(249,828)	31,984,652
General fund	$9,913,773	($1,090,309)	$8,823,464
DHS - Mental health contingency			
Total all funds	$250,000	$0	$250,000
Less estimated income			
General fund	$250,000	$0	$250,000
DHS - Northwest HSC			
Total all funds	$7,331,947	($51,005)	$7,280,942
Less estimated income	3,647,638	(1,838)	3,645,798
General fund	$3,684,311	($49,167)	$3,635,144
DHS - North Central HSC			
Total all funds	$14,684,062	($107,118)	$14,576,944
Less estimated income	6,735,850	(10,848)	6,725,002
General fund	$7,948,212	($96,270)	$7,851,942
DHS - Lake Region HSC			
Total all funds	$8,490,227	($62,792)	$8,427,435
Less estimated income	3,790,862	(6,909)	3,783,753
General fund	$4,699,565	($55,883)	$4,643,682

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DHS - Northeast HSC			
Total all funds	$17,628,299	($119,443)	$17,508,856
Less estimated income	10,099,083	(48,782)	10,050,301
General fund	$7,529,216	($70,661)	$7,458,555
DHS - Southeast HSC			
Total all funds	$20,924,037	($180,816)	$20,743,221
Less estimated income	11,233,890	(16,800)	11,217,090
General fund	$9,690,147	($164,016)	$9,526,131
DHS - South Central HSC			
Total all funds	$11,454,381	($86,531)	$11,367,850
Less estimated income	5,741,308	(8,464)	5,732,844
General fund	$5,713,073	($78,067)	$5,635,006
DHS - West Central HSC			
Total all funds	$17,713,897	($117,288)	$17,596,609
Less estimated income	9,137,950	(14,668)	9,123,282
General fund	$8,575,947	($102,620)	$8,473,327
DHS - Badlands HSC			
Total all funds	$9,004,972	($72,192)	$8,932,780
Less estimated income	4,569,807	(9,861)	4,559,946
General fund	$4,435,165	($62,331)	$4,372,834
Bill Total			
Total all funds	$1,489,066,465	($12,225,138)	$1,476,841,327
Less estimated income	1,110,494,419	4,009,932	1,114,504,351
General fund	$378,672,046	($16,235,070)	$362,336,976

Senate Bill No. 2012 - Department of Human Services - Management - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
Salaries and wages	$11,147,734	($120,303)	$11,027,431
Operating expenses	34,550,483	(484,121)	34,066,362
Capital assets	2,694		2,694
Developmentally disabled facility loan	2,261,556		2,261,556
Total all funds	$47,962,467	($604,424)	$47,358,043
Less estimated income	31,912,324	1,222,241	33,134,565
General fund	$16,050,143	($1,826,665)	$14,223,478
FTE	113.80	0.00	113.80

1

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($74,782)	($45,521)	($120,303)
Replaces general fund support with special or federal funds, if available		(1,500,000)	1,500,000	
Administration Support Program				
Reduces funding for postage to $1,208,184		(160,709)	(241,064)	(401,773)
Information Technology Division Program				
Reduces funding for information technology contractual services		(100,000)		(100,000)
Removes funding for the computer system changes relating to the prescription drug assistance program for senior citizens		(116,174)	(116,174)	(232,348)
Adds funding for computer system changes relating to the medical assistance buyin program authorized in Senate Bill No. 2194		125,000	125,000	250,000
Total Senate Changes - Administration Support	0.00	($1,826,665)	$1,222,241	($604,424)

Senate Bill No. 2012 - Department of Human Services - Program/Policy - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
Salaries and wages	$22,311,231	($233,611)	$22,077,620
Operating expenses	38,397,710	58,699	38,456,409
Capital assets	39,672		39,672
Grants	288,491,078	(4,910,959)	283,580,119
Grants - Medical assistance	897,921,533	(2,065,870)	895,855,663
Health center grants		50,000	50,000
Total all funds	$1,247,161,224	($7,101,741)	$1,240,059,483
Less estimated income	974,986,069	3,155,689	978,141,758
General fund	$272,175,155	($10,257,430)	$261,917,725

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10-14-03
Date

FTE	234.80	0.00	234.80	

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Program/Policy - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($68,008)	($165,603)	($233,611)
Replaces general fund support with special or federal funds, if available		(4,000,000)	4,000,000	
Economic Assistance Policy Program				
No changes				
Child Support Program				
Restores funding for the Devils Lake child support enforcement unit reservation project		215,016		215,016
Medical Services Program				
Removes funding for a prescription drug assistance program for senior citizens		(3,099,061)	(6,637,060)	(9,736,121)
Adds funding for the medical assistance buyin program authorized in Senate Bill No. 2194		(767,229)	2,720,524	1,953,295
Restores funding for the following optional medical assistance services:				
Chiropractic		84,905	182,702	267,607
Dental		2,317,751	4,987,568	7,305,319
Hospice		409,784	881,816	1,291,600
Private duty nursing		465	994	1,459
Removes funding for the following optional medical assistance services for adults:				
Durable medical equipment		(984,480)	(2,088,880)	(3,073,360)
Optometric		(397,067)	(842,509)	(1,239,576)
Psychological		(149,381)	(316,955)	(466,336)
Reduces funding for prescription drugs in the medical assistance program		(2,880,000)	(6,120,000)	(9,000,000)
Adds funding to provide a 50-cent per hour salary increase to employees of developmental disabilities services providers		2,613,822	5,132,296	7,746,118
Long-Term Care Program				
Reduces funding as a result of the department's December 2002 reprojection of anticipated nursing facility costs for the 2003-05 biennium		(1,600,000)	(3,400,000)	(5,000,000)
Restores funding for the 3 percent nursing facility operating margin		1,932,211	4,156,667	6,088,878
Restores funding for nursing facility incentives		432,302	931,245	1,363,547
Reduces funding for service payments for the elderly and disabled (SPED) relating to the reduction in allowable assets from $25,000 to $20,000 as provided for in Senate Bill No. 2083		(1,674,549)	(88,135)	(1,762,684)
Reduces funding for SPED relating to the inclusion of all assets, except the individual's primary home, rather than only liquid assets when determining SPED eligibility as provided for in Senate Bill No. 2083		(2,707,500)	(142,500)	(2,850,000)
Reduces funding for the expanded SPED program		(300,000)		(300,000)
Aging Services Program				
No changes				
Children and Family Services Program				
Removes funding for eligibility determination costs relating to a prescription drug assistance program for senior citizens		(158,500)	(158,500)	(317,000)
Restores funding for special needs adoption contract workers		200,000	118,725	318,725
Mental Health and Substance Abuse Program				
No changes				

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10-14-03
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Developmental Disabilities Council				
Changes the source of funding for operating costs from the general fund to federal funds		(3,294)	3,294	
Disabilities Program				
Adds funding for corporate guardianship services relating to an anticipated increase in caseload and to increase the rate paid from $3.20 per day to $3.92 per day		275,383		275,383
Total Senate Changes - Program/Policy	0.00	($10,307,430)	$3,155,689	($7,151,741)

Other changes affecting Program/Policy programs:

A section is added appropriating $50,000 from the general fund for health center grants to support community development and grant writing services.

A section of legislative intent is added providing that the 2005 Legislative Assembly consider removing general fund support from the Devils Lake child support enforcement unit reservation project if performance results do not improve.

Senate Bill No. 2012 - Department of Human Services - State Hospital - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES [1]	SENATE VERSION
Salaries and wages			
Operating expenses			
Grants			
Human service centers/ Institutions	$44,312,699	($2,381,651)	$41,931,048
Total all funds	$44,312,699	($2,381,651)	$41,931,048
Less estimated income	16,405,360		16,405,360
General fund	$27,907,339	($2,381,651)	$25,525,688
FTE	416.90	0.00	416.90

1

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
State Hospital - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($381,651)		($381,651)
Reduces funding from the general fund. The department may determine the specific areas to reduce.		(2,000,000)		(2,000,000)
Total Senate Changes - State Hospital	0.00	($2,381,651)	$0	($2,381,651)

Senate Bill No. 2012 - Department of Human Services - Developmental Center - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES [1]	SENATE VERSION
Human service centers/ institutions	$42,148,253	($1,340,137)	$40,808,116
Total all funds	$42,148,253	($1,340,137)	$40,808,116
Less estimated income	32,234,480	(249,828)	31,984,652
General fund	$9,913,773	($1,090,309)	$8,823,464
FTE	458.04	0.00	458.04

1

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Developmental Center - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($90,309)	($249,828)	($340,137)
Reduces funding from the general fund. The department may determine the specific areas to reduce.		(1,000,000)		(1,000,000)
Total Senate Changes - Developmental Center	0.00	($1,090,309)	($249,828)	($1,340,137)

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Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
DHS - Mental health contingency	$250,000		$250,000
DHS - Northwest HSC	3,684,311	($49,167)	3,635,144
DHS - North Central HSC	7,948,212	(96,270)	7,851,942
DHS - Lake Region HSC	4,699,565	(55,883)	4,643,682
DHS - Northeast HSC	7,529,216	(70,661)	7,458,555
DHS - Southeast HSC	9,690,147	(164,016)	9,526,131
DHS - South Central HSC	5,713,073	(78,067)	5,635,006
DHS - West Central HSC	8,575,947	(102,620)	8,473,327
DHS - Badlands HSC	4,435,165	(62,331)	4,372,834
Total general fund	$52,525,636	($679,015)	$51,846,621

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
DHS - Mental health contingency			
DHS - Northwest HSC	$3,647,636	($1,838)	$3,645,798
DHS - North Central HSC	6,735,850	(10,848)	6,725,002
DHS - Lake Region HSC	3,790,662	(6,909)	3,783,753
DHS - Northeast HSC	10,099,083	(48,782)	10,050,301
DHS - Southeast HSC	11,233,890	(16,800)	11,217,090
DHS - South Central HSC	5,741,308	(8,464)	5,732,844
DHS - West Central HSC	9,137,950	(14,668)	9,123,282
DHS - Badlands HSC	4,569,807	(9,861)	4,559,946
Total other funds	$54,956,186	($118,170)	$54,838,016

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
DHS - Mental health contingency	$250,000		$250,000
DHS - Northwest HSC	7,331,947	($51,005)	7,280,942
DHS - North Central HSC	14,684,062	(107,118)	14,576,944
DHS - Lake Region HSC	8,490,227	(62,792)	8,427,435
DHS - Northeast HSC	17,628,299	(119,443)	17,508,856
DHS - Southeast HSC	20,924,037	(180,816)	20,743,221
DHS - South Central HSC	11,454,381	(86,531)	11,367,850
DHS - West Central HSC	17,713,897	(117,288)	17,596,609
DHS - Badlands HSC	9,004,972	(72,192)	8,932,780
Total all funds	$107,481,822	($797,185)	$106,684,637
FTE	817.58	0.00	817.58

1 Human service centers - Senate changes:

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Mental health community services contingency No changes				
Northwest Human Service Center Removes the Governor's recommendation for state employee salary increases		($49,167)	($1,838)	($51,005)
North Central Human Service Center Removes the Governor's recommendation for state employee salary increases		($96,270)	($10,848)	($107,118)
Lake Region Human Service Center Removes the Governor's recommendation for state employee salary increases		($55,883)	($6,909)	($62,792)
Northeast Human Service Center Removes the Governor's recommendation for state employee salary increases		($70,661)	($48,782)	($119,443)
Southeast Human Service Center Removes the Governor's recommendation for state employee salary increases		($164,016)	($16,800)	($180,816)

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10-12-03
Date

South Central Human Service Center Removes the Governor's recommendation for state employee salary increases	($78,067)	($8,464)	($86,531)
West Central Human Service Center Removes the Governor's recommendation for state employee salary increases	($102,620)	($14,668)	($117,288)
Badlands Human Service Center Removes the Governor's recommendation for state employee salary increases	($62,331)	($9,861)	($72,192)

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Theresa A. Lee 10-14-03

Operator's Signature Date

Amend 1515 B
Yes-

Date:
Roll Call Vote #:

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

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken _____

Motion Made By _____ Seconded By _____

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

Total (Yes) 8 No 5

Absent 1

Floor Assignment _____

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

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Theresa A. Lee
Operator's Signature

10-14-03
Date

38035.0104
Title.
Fiscal No. 2

Prepared by the Legislative Council staff for
Senator Krauter
February 19, 2003

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 1, line 14, replace "34,550,483" with "34,250,483"

Page 1, line 17, replace "47,962,467" with "47,662,467"

Page 1, line 18, replace "31,912,324" with "31,732,324"

Page 1, line 19, replace "16,050,143" with "15,930,143"

Page 1, line 23, replace "38,397,710" with "39,088,109"

Page 2, line 1, replace "288,491,078" with "288,993,903"

Page 2, line 2, replace "897,921,533" with "946,417,534"

Page 2, line 3, replace "1,247,161,224" with "1,296,850,449"

Page 2, line 4, replace "974,986,069" with "1,007,300,828"

Page 2, line 5, replace "272,175,155" with "289,549,621"

Page 2, line 22, replace "378,572,046" with "395,826,512"

Page 2, line 23, replace "1,110,494,419" with "1,142,629,178"

Page 2, line 24, replace "1,489,066,465" with "1,538,455,690"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES	SENATE VERSION
DHS - Management			
Total all funds	$47,962,467	($300,000)	$47,662,467
Less estimated income	31,912,324	(180,000)	31,732,324
General fund	$16,050,143	($120,000)	$15,930,143
DHS - Program/Policy			
Total all funds	$1,247,161,224	$49,689,225	$1,296,850,449
Less estimated income	974,986,069	32,314,759	1,007,300,828
General fund	$272,175,155	$17,374,466	$289,549,621
DHS - State Hospital			
Total all funds	$44,312,699	$0	$44,312,699
Less estimated income	16,405,360	$0	16,405,360
General fund	$27,907,339		$27,907,339
DHS - Developmental Center			
Total all funds	$42,148,253	$0	$42,148,253
Less estimated income	32,234,480	$0	32,234,480
General fund	$9,913,773		$9,913,773
DHS - Mental health contingency			
Total all funds	$250,000	$0	$250,000
Less estimated income		$0	
General fund	$250,000		$250,000

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10-14-03
Date

DHS - Northwest HSC			
Total all funds	$7,331,947	$0	$7,331,947
Less estimated income	3,647,636		3,647,636
General fund	$3,684,311	$0	$3,684,311
DHS - North Central HSC			
Total all funds	$14,684,062	$0	$14,684,062
Less estimated income	6,735,850		6,735,850
General fund	$7,948,212	$0	$7,948,212
DHS - Lake Region HSC			
Total all funds	$8,490,227	$0	$8,490,227
Less estimated income	3,790,662		3,790,662
General fund	$4,699,565	$0	$4,699,565
DHS - Northeast HSC			
Total all funds	$17,628,299	$0	$17,628,299
Less estimated income	10,099,083		10,099,083
General fund	$7,529,216	$0	$7,529,216
DHS - Southeast HSC			
Total all funds	$20,924,037	$0	$20,924,037
Less estimated income	11,233,890		11,233,890
General fund	$9,690,147	$0	$9,690,147
DHS - South Central HSC			
Total all funds	$11,454,381	$0	$11,454,381
Less estimated income	5,741,308		5,741,308
General fund	$5,713,073	$0	$5,713,073
DHS - West Central HSC			
Total all funds	$17,713,897	$0	$17,713,897
Less estimated income	9,137,950		9,137,950
General fund	$8,575,947	$0	$8,575,947
DHS - Badlands HSC			
Total all funds	$9,004,972	$0	$9,004,972
Less estimated income	4,569,807		4,569,807
General fund	$4,435,165	$0	$4,435,165
Bill Total			
Total all funds	$1,489,066,465	$49,389,225	$1,538,455,690
Less estimated income	1,110,494,419	32,134,759	1,142,629,178
General fund	$378,572,046	$17,254,466	$395,826,512

Senate Bill No. 2012 - Department of Human Services - Management - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES	SENATE VERSION
Salaries and wages	$11,147,734		$11,147,734
Operating expenses	34,650,483	($300,000)	34,250,483
Capital assets	2,694		2,694
Developmentally disabled facility loan	2,261,556		2,261,556
Total all funds	$47,962,467	($300,000)	$47,662,467
Less estimated income	31,912,324	(180,000)	31,732,324
General fund	$16,050,143	($120,000)	$15,930,143
FTE	113.80	0.00	113.80

Dept. 326 - Department of Human Services - Management - Detail of Senate Changes

	REDUCES FUNDING FOR POSTAGE	TOTAL SENATE CHANGES
Salaries and wages		
Operating expenses	($300,000)	($300,000)
Capital assets		
Developmentally disabled facility loan		
Total all funds	($300,000)	($300,000)
Less estimated income	(180,000)	(180,000)
General fund	($120,000)	($120,000)
FTE	0.00	0.00

Senate Bill No. 2012 - Department of Human Services - Program and Policy - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES	SENATE VERSION
Salaries and wages	$22,311,231		$22,311,231
Operating expenses	38,397,710	$690,399	39,088,109

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Theresa A. Lee 10-14-03
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Capital assets	39,672		39,672
Grants	288,491,078	502,825	288,993,903
Grants - Medical assistance	897,921,533	48,496,001	946,417,534
Total all funds	$1,247,161,224	$49,689,225	$1,296,850,449
Less estimated income	974,986,069	32,314,759	1,007,300,828
General fund	$272,175,155	$17,374,466	$289,549,621
FTE	234.80	0.00	234.80

1 Program/Policy - Senate Changes:

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Economic Assistance Policy Program				
No changes				
Child Support Program				
Restores funding for the Devils Lake child support enforcement unit reservation project		$215,016		$215,016
Medical Services Program				
Restores funding to allow individuals who work more than 100 hours a month to retain eligibility for medical assistance		4,100,000	$8,800,000	12,900,000
Restores funding for the following optional medical assistance services:				
Chiropractic		84,905	182,702	267,607
Dental		2,317,751	4,987,568	7,305,319
Hospice		409,784	881,816	1,291,600
Private duty nursing		465	994	1,459
Adds funding to provide a $1 per hour salary increase to employees of developmental disabilities services providers		5,227,644	10,264,592	15,492,236
Long-Term Care Program				
Restores funding for the 3 percent nursing facility operating margin		1,932,211	4,156,667	6,088,878
Restores funding for nursing facility incentives		432,302	931,245	1,363,547
Restores funding to increase nursing facility payment limits for direct care costs from the 85th to the 90th percentile		787,019	1,669,344	2,456,363
Adds funding to provide a 2.3 percent annual inflationary increase for home and community-based service providers		1,007,886	321,106	1,328,992
Aging Services Program				
Restores funding for telecommunications equipment for the elderly		200,000		200,000
Children and Family Services Program				
Restores funding for foster care transportation		15,000		15,000
Restores funding for the Native American Training Institute		27,000		27,000
Restores funding for special needs adoption contract workers		200,000	118,725	318,725
Provides additional funding for subsidized guardianship services		142,100		142,100
Mental Health and Substance Abuse Program				
No changes				
Developmental Disabilities Council				
No changes				
Disabilities Program				
Adds funding for corporate guardianship services relating to an anticipated increase in caseload and to increase the rate paid from $3.20 per day to $3.92 per day		275,383		275,383
Total Senate Changes - Program/Policy	0.00	$17,374,466	$32,314,759	$49,689,225

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Theresa A. Lee 10-14-03
Operator's Signature Date

Date:
Roll Call Vote #: 2-19-03

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

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 38035.0104

Action Taken Do not amend, do pass. motion failed

Motion Made By _____ Seconded By _____

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

Total (Yes) 5 No 8

Absent 1

Floor Assignment _____

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

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Theresa A. Lee
Operator's Signature

10-14-03
Date

38035.0105
Title.0200
Fiscal No. 1

Prepared by the Legislative Council staff for
Senate Appropriations
February 19, 2003

2-19-03
1 of 7

PROPOSED AMENDMENTS TO SENATE BILL NO. 2012

Page 1, line 3, after "institutions" insert "; to provide a statement of legislative intent"

Page 1, line 13, replace "11,147,734" with "11,027,431"

Page 1, line 14, replace "34,550,483" with "34,066,362"

Page 1, line 17, replace "47,962,467" with "47,358,043"

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Page 2, line 1, replace "288,491,078" with "288,492,803"

Page 2, line 2, replace "897,921,533" with "890,942,979"

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Page 2, line 9, replace "7,331,947" with "7,280,942"

Page 2, line 10, replace "14,684,062" with "14,576,944"

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Page 2, line 12, replace "17,628,299" with "17,508,856"

Page 2, line 13, replace "20,924,037" with "20,743,221"

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Page 2, line 15, replace "17,713,897" with "17,596,609"

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Page 2, line 17, replace "44,312,699" with "41,931,048"

Page 2, line 18, replace "42,148,253" with "40,808,116"

Page 2, line 19, replace "193,942,774" with "189,423,801"

Page 2, line 20, replace "103,596,026" with "103,228,028"

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Operator's Signature

10-14-03
Date

Page 2, line 21, replace "90,346,748" with "86,195,773"

Page 2, line 22, replace "378,572,046" with "362,336,976"

Page 2, line 23, replace "1,110,494,419" with "1,114,504,351"

Page 2, line 24, replace "1,489,066,465" with "1,476,841,327"

Page 2, after line 24, insert:

"**SECTION 2. APPROPRIATION - HEALTH CENTER GRANTS.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $50,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing grants to community health centers to support community development and grant writing services, for the biennium beginning July 1, 2003, and ending June 30, 2005. The department may not award an individual grant of more than $10,000.

SECTION 3. LEGISLATIVE INTENT - DEVILS LAKE CHILD SUPPORT ENFORCEMENT UNIT. It is the intent of the legislative assembly that the fifty-ninth legislative assembly consider removing general fund support for the Devils Lake child support enforcement unit reservation project if the project's performance results do not improve during the biennium beginning July 1, 2003, and ending June 30, 2005."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES	SENATE VERSION
DHS - Management			
Total all funds	$47,962,467	($604,424)	$47,358,043
Less estimated income	31,912,324	1,222,241	33,134,565
General fund	$16,050,143	($1,826,665)	$14,223,478
DHS - Program/Policy			
Total all funds	$1,247,161,224	($7,101,741)	$1,240,059,483
Less estimated income	974,986,069	3,155,689	978,141,758
General fund	$272,176,155	($10,257,430)	$261,917,725
DHS - State Hospital			
Total all funds	$44,312,699	($2,381,651)	$41,931,048
Less estimated income	16,405,360		16,405,360
General fund	$27,907,339	($2,381,651)	$25,525,688
DHS - Developmental Center			
Total all funds	$42,148,253	($1,340,137)	$40,808,116
Less estimated income	32,234,480	(249,828)	31,984,652
General fund	$9,913,773	($1,090,309)	$8,823,464
DHS - Mental health contingency			
Total all funds	$250,000	$0	$250,000
Less estimated income			
General fund	$250,000	$0	$250,000
DHS - Northwest HSC			
Total all funds	$7,331,947	($51,005)	$7,280,942
Less estimated income	3,647,636	(1,838)	3,645,798
General fund	$3,684,311	($49,167)	$3,635,144
DHS - North Central HSC			
Total all funds	$14,684,062	($107,118)	$14,576,944
Less estimated income	6,735,850	(10,848)	6,725,002
General fund	$7,948,212	($96,270)	$7,851,942
DHS - Lake Region HSC			
Total all funds	$8,490,227	($62,792)	$8,427,435
Less estimated income	3,790,662	(6,909)	3,783,753
General fund	$4,699,565	($55,883)	$4,643,682

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DHS - Northeast HSC			
Total all funds	$17,628,299	($119,443)	$17,508,856
Less estimated income	10,099,083	(48,782)	10,050,301
General fund	$7,529,216	($70,661)	$7,460,555
DHS - Southeast HSC			
Total all funds	$20,924,037	($180,816)	$20,743,221
Less estimated income	11,233,890	(16,800)	11,217,090
General fund	$9,690,147	($164,016)	$9,526,131
DHS - South Central HSC			
Total all funds	$11,454,381	($86,531)	$11,367,850
Less estimated income	6,741,308	(8,464)	6,732,844
General fund	$5,713,073	($78,067)	$5,635,006
DHS - West Central HSC			
Total all funds	$17,713,897	($117,288)	$17,596,609
Less estimated income	9,137,950	(14,668)	9,123,282
General fund	$8,575,947	($102,620)	$8,473,327
DHS - Badlands HSC			
Total all funds	$9,004,972	($72,192)	$8,932,780
Less estimated income	4,569,807	(9,861)	4,559,946
General fund	$4,436,165	($62,331)	$4,372,834
Bill Total			
Total all funds	$1,489,066,465	($12,225,138)	$1,476,841,327
Less estimated income	1,110,494,419	4,009,932	1,114,504,351
General fund	$378,572,046	($16,235,070)	$362,336,976

Senate Bill No. 2012 - Department of Human Services - Management - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
Salaries and wages	$11,147,734	($120,303)	$11,027,431
Operating expenses	34,550,483	(484,121)	34,066,362
Capital assets	2,694		2,694
Developmentally disabled facility loan	2,261,556		2,261,556
Total all funds	$47,962,467	($604,424)	$47,358,043
Less estimated income	31,912,324	1,222,241	33,134,565
General fund	$16,050,143	($1,826,665)	$14,223,478
FTE	113.80	0.00	113.80

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	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($74,782)	($45,521)	($120,303)
Replaces general fund support with special or federal funds, if available		(1,500,000)	1,500,000	
Administration Support Program				
Reduces funding for postage to $1,208,184		(160,709)	(241,064)	(401,773)
Information Technology Division Program				
Reduces funding for information technology contractual services		(100,000)		(100,000)
Removes funding for the computer system changes relating to the prescription drug assistance program for senior citizens		(116,174)	(116,174)	(232,348)
Adds funding for computer system changes relating to the medical assistance buyin program authorized in Senate Bill No. 2194		125,000	125,000	250,000
Total Senate Changes - Administration Support	0.00	($1,826,665)	$1,222,241	($604,424)

Senate Bill No. 2012 - Department of Human Services - Program/Policy - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
Salaries and wages	$22,311,231	($233,611)	$22,077,620
Operating expenses	38,397,710	58,699	38,456,409
Capital assets	39,672		39,672
Grants	288,491,078	1,725	288,492,803
Grants - Medical assistance	897,921,533	(6,978,554)	890,942,979
Health center grants		50,000	50,000
Total all funds	$1,247,161,224	($7,101,741)	$1,240,059,483
Less estimated income	974,986,069	3,155,689	978,141,758
General fund	$272,175,155	($10,257,430)	$261,917,725

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FTE	234.60	0.00	234.60	

1

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Program/Policy - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($68,008)	($165,603)	($233,611)
Replaces general fund support with special or federal funds, if available		(4,000,000)	4,000,000	
Economic Assistance Policy Program				
No changes				
Child Support Program				
Restores funding for the Devils Lake child support enforcement unit reservation project		215,016		215,016
Medical Services Program				
Removes funding for a prescription drug assistance program for senior citizens		(3,099,061)	(6,637,060)	(9,736,121)
Adds funding for the medical assistance buyin program authorized in Senate Bill No. 2194		(767,229)	2,720,524	1,953,295
Restores funding for the following optional medical assistance services:				
Chiropractic		84,905	182,702	267,607
Dental		2,317,751	4,987,568	7,305,319
Hospice		409,784	881,816	1,291,600
Private duty nursing		465	994	1,459
Removes funding for the following optional medical assistance services for adults:				
Durable medical equipment		(984,480)	(2,088,880)	(3,073,360)
Optometric		(397,067)	(842,509)	(1,239,576)
Psychological		(149,381)	(316,955)	(466,336)
Reduces funding for prescription drugs in the medical assistance program		(2,880,000)	(6,120,000)	(9,000,000)
Adds funding to provide a 50-cent per hour salary increase to employees of developmental disabilities services providers		2,613,822	5,132,296	7,746,118
Long-Term Care Program				
Reduces funding as a result of the department's December 2002 reprojection of anticipated nursing facility costs for the 2003-05 biennium		(1,600,000)	(3,400,000)	(5,000,000)
Restores funding for the 3 percent nursing facility operating margin		1,932,211	4,156,667	6,088,878
Restores funding for nursing facility incentives		432,302	931,245	1,363,547
Reduces funding for service payments for the elderly and disabled (SPED) relating to the reduction in allowable assets from $25,000 to $20,000 as provided for in Senate Bill No. 2083		(1,674,549)	(88,135)	(1,762,684)
Reduces funding for SPED relating to the inclusion of all assets, except the individual's primary home, rather than only liquid assets when determining SPED eligibility as provided for in Senate Bill No. 2083		(2,707,500)	(142,500)	(2,850,000)
Reduces funding for the expanded SPED program		(300,000)		(300,000)
Aging Services Program				
No changes				
Children and Family Services Program				
Removes funding for eligibility determination costs relating to a prescription drug assistance program for senior citizens		(158,500)	(158,500)	(317,000)
Restores funding for special needs adoption contract workers		200,000	118,725	318,725
Mental Health and Substance Abuse Program				
No changes				

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Developmental Disabilities Council				
Changes the source of funding for operating costs from the general fund to federal funds		(3,294)	3,294	
Disabilities Program				
Adds funding for corporate guardianship services relating to an anticipated increase in caseload and to increase the rate paid from $3.20 per day to $3.92 per day		276,383		276,383
Total Senate Changes - Program/Policy	0.00	($10,307,430)	$3,155,689	($7,151,741)

Other changes affecting Program/Policy programs:

A section is added appropriating $50,000 from the general fund for health center grants to support community development and grant writing services.

A section of legislative intent is added providing that the 2005 Legislative Assembly consider removing general fund support from the Devils Lake child support enforcement unit reservation project if performance results do not improve.

Senate Bill No. 2012 - Department of Human Services - State Hospital - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
Salaries and wages			
Operating expenses			
Grants			
Human service centers/ Institutions	$44,312,699	($2,381,651)	$41,931,048
Total all funds	$44,312,699	($2,381,651)	$41,931,048
Less estimated income	16,405,360		16,405,360
General fund	$27,907,339	($2,381,651)	$25,525,688
FTE	416.90	0.00	416.90

1

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
State Hospital - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($381,651)		($381,651)
Reduces funding from the general fund. The department may determine the specific areas to reduce.		(2,000,000)		(2,000,000)
Total Senate Changes - State Hospital	0.00	($2,381,651)	$0	($2,381,651)

Senate Bill No. 2012 - Department of Human Services - Developmental Center - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
Human service centers/ Institutions	$42,148,253	($1,340,137)	$40,808,116
Total all funds	$42,148,253	($1,340,137)	$40,808,116
Less estimated income	32,234,480	(249,828)	31,984,652
General fund	$9,913,773	($1,090,309)	$8,823,464
FTE	458.04	0.00	458.04

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Developmental Center - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($90,309)	($249,828)	($340,137)
Reduces funding from the general fund. The department may determine the specific areas to reduce.		(1,000,000)		(1,000,000)
Total Senate Changes - Developmental Center	0.00	($1,090,309)	($249,828)	($1,340,137)

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Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
DHS - Mental health contingency	$250,000		$250,000
DHS - Northwest HSC	3,684,311	($49,167)	3,635,144
DHS - North Central HSC	7,948,212	(96,270)	7,851,942
DHS - Lake Region HSC	4,699,565	(55,883)	4,643,682
DHS - Northeast HSC	7,529,216	(70,661)	7,458,555
DHS - Southeast HSC	9,690,147	(164,016)	9,526,131
DHS - South Central HSC	5,713,073	(78,067)	5,635,006
DHS - West Central HSC	8,575,947	(102,620)	8,473,327
DHS - Badlands HSC	4,435,165	(62,331)	4,372,834
Total general fund	$52,525,636	($679,015)	$51,846,621

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
DHS - Mental health contingency			
DHS - Northwest HSC	$3,647,636	($1,838)	$3,645,798
DHS - North Central HSC	6,735,850	(10,848)	6,725,002
DHS - Lake Region HSC	3,790,662	(6,909)	3,783,753
DHS - Northeast HSC	10,099,083	(48,782)	10,050,301
DHS - Southeast HSC	11,233,690	(16,800)	11,217,090
DHS - South Central HSC	5,741,306	(8,464)	5,732,844
DHS - West Central HSC	9,137,950	(14,668)	9,123,282
DHS - Badlands HSC	4,569,807	(9,861)	4,559,946
Total other funds	$54,056,186	($118,170)	$54,838,016

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE CHANGES 1	SENATE VERSION
DHS - Mental health contingency	$250,000		$250,000
DHS - Northwest HSC	7,331,947	($51,005)	7,280,942
DHS - North Central HSC	14,684,062	(107,118)	14,576,944
DHS - Lake Region HSC	8,490,227	(62,792)	8,427,435
DHS - Northeast HSC	17,628,299	(119,443)	17,508,856
DHS - Southeast HSC	20,924,037	(180,816)	20,743,221
DHS - South Central HSC	11,454,381	(86,531)	11,367,850
DHS - West Central HSC	17,713,897	(117,288)	17,596,609
DHS - Badlands HSC	9,004,972	(72,192)	8,932,780
Total all funds	$107,481,822	($797,185)	$106,684,637
FTE	817.68	0.00	817.68

1 Human service centers - Senate changes:

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Mental health community services contingency No changes				
Northwest Human Service Center Removes the Governor's recommendation for state employee salary increases		($49,167)	($1,838)	($51,005)
North Central Human Service Center Removes the Governor's recommendation for state employee salary increases		($96,270)	($10,848)	($107,118)
Lake Region Human Service Center Removes the Governor's recommendation for state employee salary increases		($55,883)	($6,909)	($62,792)
Northeast Human Service Center Removes the Governor's recommendation for state employee salary increases		($70,661)	($48,782)	($119,443)
Southeast Human Service Center Removes the Governor's recommendation for state employee salary increases		($164,016)	($16,800)	($180,816)

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7 of 7

South Central Human Service Center Removes the Governor's recommendation for state employee salary increases	($78,067)	($8,464)	($86,531)
West Central Human Service Center Removes the Governor's recommendation for state employee salary increases	($102,620)	($14,668)	($117,288)
Badlands Human Service Center Removes the Governor's recommendation for state employee salary increases	($62,331)	($9,861)	($72,192)

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Date: 2-19-03
Roll Call Vote #:

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2012

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken do pass as amended.

Motion Made By Grindberg Seconded By Sen Bowman

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

Total (Yes) 8 No 5

Absent 1

Floor Assignment ~~Schobinger~~ Bowman

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

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REPORT OF STANDING COMMITTEE (410)
February 19, 2003 4:50 p.m.

Module No: SR-32-3353
Carrier: Bowman
Insert LC: 38035.0105 Title: .0200

REPORT OF STANDING COMMITTEE

SB 2012: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (8 YEAS, 5 NAYS, 1 ABSENT AND NOT VOTING). SB 2012 was placed on the Sixth order on the calendar.

Page 1, line 3, after "institutions" insert "; to provide a statement of legislative intent"

Page 1, line 13, replace "11,147,734" with "11,027,431"

Page 1, line 14, replace "34,550,483" with "34,066,362"

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Page 2, line 24, replace "1,489,066,465" with "1,476,841,327"

Page 2, after line 24, insert:

"**SECTION 2. APPROPRIATION - HEALTH CENTER GRANTS.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $50,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing grants to community health centers to support community development and grant writing services, for the biennium beginning July 1, 2003, and ending June 30, 2005. The department may not award an individual grant of more than $10,000.

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Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES	SENATE VERSION
DHS - Management			
Total all funds	$47,962,467	($604,424)	$47,358,043
Less estimated income	31,912,324	1,222,241	33,134,565
General fund	$16,050,143	($1,826,665)	$14,223,478
DHS - Program/Policy			
Total all funds	$1,247,161,224	($7,101,741)	$1,240,059,483
Less estimated income	974,986,069	3,155,689	978,141,758
General fund	$272,175,155	($10,257,430)	$261,917,725
DHS - State Hospital			
Total all funds	$44,312,699	($2,381,651)	$41,931,048
Less estimated income	16,405,360		16,405,360
General fund	$27,907,339	($2,381,651)	$25,525,688
DHS - Developmental Center			
Total all funds	$42,148,253	($1,340,137)	$40,808,116
Less estimated income	32,234,480	(249,828)	31,984,652
General fund	$9,913,773	($1,090,309)	$8,823,464
DHS - Mental health contingency			
Total all funds	$250,000	$0	$250,000
Less estimated income			
General fund	$250,000	$0	$250,000
DHS - Northwest HSC			
Total all funds	$7,331,947	($51,005)	$7,280,942
Less estimated income	3,647,636	(1,838)	3,645,798
General fund	$3,684,311	($49,167)	$3,635,144
DHS - North Central HSC			
Total all funds	$14,684,062	($107,118)	$14,576,944
Less estimated income	6,735,850	(10,848)	6,725,002
General fund	$7,948,212	($96,270)	$7,851,942
DHS - Lake Region HSC			
Total all funds	$8,490,227	($62,792)	$8,427,435
Less estimated income	3,790,062	(6,909)	3,783,763

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General fund	$4,699,565	($55,883)	$4,643,682
DHS - Northeast HSC			
Total all funds	$17,628,299	($119,443)	$17,508,856
Less estimated income	10,099,083	(48,782)	10,050,301
General fund	$7,529,216	($70,661)	$7,458,555
DHS - Southeast HSC			
Total all funds	$20,924,037	($180,816)	$20,743,221
Less estimated income	11,233,890	(16,800)	11,217,090
General fund	$9,690,147	($164,016)	$9,526,131
DHS - South Central HSC			
Total all funds	$11,454,381	($86,531)	$11,367,850
Less estimated income	5,741,308	(6,464)	5,732,844
General fund	$5,713,073	($78,067)	$5,635,006
DHS - West Central HSC			
Total all funds	$17,713,897	($117,288)	$17,596,609
Less estimated income	9,137,950	(14,688)	9,123,262
General fund	$8,575,947	($102,620)	$8,473,327
DHS - Badlands HSC			
Total all funds	$9,004,972	($72,192)	$8,932,780
Less estimated income	4,569,807	(9,861)	4,559,946
General fund	$4,435,165	($62,331)	$4,372,834
Bill Total			
Total all funds	$1,489,066,465	($12,225,138)	$1,476,841,327
Less estimated income	1,110,494,419	4,009,932	1,114,504,351
General fund	$378,572,046	($16,235,070)	$362,336,976

Senate Bill No. 2012 - Department of Human Services - Management - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES [1]	SENATE VERSION
Salaries and wages	$11,147,734	($120,303)	$11,027,431
Operating expenses	34,550,483	(484,121)	34,066,362
Capital assets	2,694		2,694
Developmentally disabled facility loan	2,261,556		2,261,556
Total all funds	$47,962,467	($604,424)	$47,358,043
Less estimated income	31,912,324	1,222,241	33,134,565
General fund	$16,050,143	($1,826,665)	$14,223,478
FTE	113.80	0.00	113.80

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	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($74,782)	($45,521)	($120,303)
Replaces general fund support with special or federal funds, if available		(1,500,000)	1,500,000	
Administration Support Program				
Reduces funding for postage to $1,208,184		(160,709)	(241,064)	(401,773)
Information Technology Division Program				
Reduces funding for information technology contractual services		(100,000)		(100,000)
Removes funding for the computer system changes relating to the prescription drug assistance program for senior citizens		(116,174)	(116,174)	(232,348)
Adds funding for computer system changes relating to the medical assistance buyin program authorized in Senate Bill No. 2194		125,000	125,000	250,000
Total Senate Changes - Administration Support	0.00	($1,826,665)	$1,222,241	($604,424)

Senate Bill No. 2012 - Department of Human Services - Program/Policy - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES [1]	SENATE VERSION
Salaries and wages	$22,311,231	($233,611)	$22,077,620
Operating expenses	38,397,710	58,699	38,456,409

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Capital assets	39,672		39,672
Grants	288,491,078	1,725	288,492,803
Grants - Medical assistance	897,921,533	(6,978,554)	890,942,979
Health center grants		50,000	50,000
Total all funds	$1,247,161,224	($7,101,741)	$1,240,059,483
Less estimated income	974,986,069	3,155,689	978,141,758
General fund	$272,175,155	($10,257,430)	$261,917,725
FTE	234.80	0.00	234.80

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	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Program/Policy - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($68,008)	($165,603)	($233,611)
Replaces general fund support with special or federal funds, if available		(4,000,000)	4,000,000	
Economic Assistance Policy Program				
No changes				
Child Support Program				
Restores funding for the Devils Lake child support enforcement unit reservation project		215,016		215,016
Medical Services Program				
Removes funding for a prescription drug assistance program for senior citizens		(3,099,061)	(6,637,060)	(9,736,121)
Adds funding for the medical assistance buyin program authorized in Senate Bill No. 2194		(767,229)	2,720,524	1,953,295
Restores funding for the following optional medical assistance services:				
Chiropractic		84,905	182,702	267,607
Dental		2,317,751	4,987,568	7,305,319
Hospice		409,784	881,816	1,291,600
Private duty nursing		465	994	1,459
Removes funding for the following optional medical assistance services for adults:				
Durable medical equipment		(984,480)	(2,088,880)	(3,073,360)
Optometric		(397,067)	(842,509)	(1,239,576)
Psychological		(149,381)	(316,955)	(466,336)
Reduces funding for prescription drugs in the medical assistance program		(2,880,000)	(6,120,000)	(9,000,000)
Adds funding to provide a 50-cent per hour salary increase to employees of developmental disabilities services providers		2,613,822	5,132,296	7,746,118
Long-Term Care Program				
Reduces funding as a result of the department's December 2002 reprojection of anticipated nursing facility costs for the 2003-05 biennium		(1,600,000)	(3,400,000)	(5,000,000)
Restores funding for the 3 percent nursing facility operating margin		1,932,211	4,156,667	6,088,878
Restores funding for nursing facility incentives		432,302	931,245	1,363,547
Reduces funding for service payments for the elderly and disabled (SPED) relating to the reduction in allowable assets from $25,000 to $20,000 as provided for in Senate Bill No. 2083		(1,674,549)	(88,135)	(1,762,684)
Reduces funding for SPED relating to the inclusion of all assets, except the individual's primary home, rather than only liquid assets when determining SPED eligibility as provided for in Senate Bill No. 2083		(2,707,500)	(142,500)	(2,850,000)
Reduces funding for the expanded		(300,000)		(300,000)

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SPED program			
Aging Services Program			
No changes			
Children and Family Services Program			
Removes funding for eligibility determination costs relating to a prescription drug assistance program for senior citizens	(158,500)	(158,500)	(317,000)
Restores funding for special needs adoption contract workers	200,000	118,725	318,725
Mental Health and Substance Abuse Program			
No changes			
Developmental Disabilities Council			
Changes the source of funding for operating costs from the general fund to federal funds	(3,294)	3,294	
Disabilities Program			
Adds funding for corporate guardianship services relating to an anticipated increase in caseload and to increase the rate paid from $3.20 per day to $3.92 per day	275,383		275,383
Total Senate Changes - Program/Policy	0.00	($10,307,430)	$3,155,689	($7,151,741)

Other changes affecting Program/Policy programs:

A section is added appropriating $50,000 from the general fund for health center grants to support community development and grant writing services.

A section of legislative intent is added providing that the 2005 Legislative Assembly consider removing general fund support from the Devils Lake child support enforcement unit reservation project if performance results do not improve.

Senate Bill No. 2012 - Department of Human Services - State Hospital - Senate Action

	EXECUTIVE BUDGET	SENATE CHANGES [1]	SENATE VERSION
Salaries and wages			
Operating expenses			
Grants			
Human service centers/ Institutions	$44,312,699	($2,381,651)	$41,931,048
Total all funds	$44,312,699	($2,381,651)	$41,931,048
Less estimated income	16,405,360		16,405,360
General fund	$27,907,339	($2,381,651)	$25,525,688
FTE	416.90	0.00	416.90

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[1]

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
State Hospital - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($381,651)		($381,651)
Reduces funding from the general fund. The department may determine the specific areas to reduce.		(2,000,000)		(2,000,000)
Total Senate Changes - State Hospital	0.00	($2,381,651)	$0	($2,381,651)

Senate Bill No. 2012 - Department of Human Services - Developmental Center - Senate Action

	EXECUTIVE	SENATE	SENATE

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	BUDGET	CHANGES [1]	VERSION
Human service centers/ Institutions	$42,148,253	($1,340,137)	$40,808,116
Total all funds	$42,148,253	($1,340,137)	$40,808,116
Less estimated income	32,234,480	(249,828)	31,984,652
General fund	$9,913,773	($1,090,309)	$8,823,464
FTE	468.04	0.00	468.04

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	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Developmental Center - Senate Changes:				
Removes the Governor's recommendation for state employee salary increases		($90,309)	($249,828)	($340,137)
Reduces funding from the general fund. The department may determine the specific areas to reduce.		(1,000,000)		(1,000,000)
Total Senate Changes - Developmental Center	0.00	($1,090,309)	($249,828)	($1,340,137)

Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE CHANGES [1]	SENATE VERSION
DHS - Mental health contingency	$250,000		$250,000
DHS - Northwest HSC	3,684,311	($49,167)	3,635,144
DHS - North Central HSC	7,948,212	(96,270)	7,851,942
DHS - Lake Region HSC	4,699,565	(55,883)	4,643,682
DHS - Northeast HSC	7,529,216	(70,861)	7,458,555
DHS - Southeast HSC	9,690,147	(164,016)	9,526,131
DHS - South Central HSC	5,713,073	(78,067)	5,635,006
DHS - West Central HSC	8,575,947	(102,620)	8,473,327
DHS - Badlands HSC	4,435,165	(62,331)	4,372,834
Total general fund	$52,525,636	($679,015)	$51,846,621

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE CHANGES [1]	SENATE VERSION
DHS - Mental health contingency			
DHS - Northwest HSC	$3,647,636	($1,838)	$3,645,798
DHS - North Central HSC	6,735,850	(10,848)	6,725,002
DHS - Lake Region HSC	3,790,662	(6,909)	3,783,753
DHS - Northeast HSC	10,099,063	(48,762)	10,050,301
DHS - Southeast HSC	11,233,890	(16,800)	11,217,090
DHS - South Central HSC	5,741,308	(8,464)	5,732,844
DHS - West Central HSC	9,137,950	(14,668)	9,123,282
DHS - Badlands HSC	4,569,807	(9,861)	4,559,946
Total other funds	$54,956,166	($118,170)	$54,838,016

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE CHANGES [1]	SENATE VERSION
DHS - Mental health contingency	$250,000		$250,000
DHS - Northwest HSC	7,331,947	($51,005)	7,280,942
DHS - North Central HSC	14,684,062	(107,118)	14,576,944
DHS - Lake Region HSC	8,490,227	(62,792)	8,427,435
DHS - Northeast HSC	17,628,299	(119,443)	17,508,856
DHS - Southeast HSC	20,924,037	(180,816)	20,743,221
DHS - South Central HSC	11,454,381	(86,531)	11,367,850
DHS - West Central HSC	17,713,897	(117,288)	17,596,609
DHS - Badlands HSC	9,004,972	(72,192)	8,932,780

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Total all funds	$107,481,822	($797,185)	$106,684,637
FTE	817.58	0.00	817.58

1 Human service centers - Senate changes:

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Mental health community services contingency No changes				
Northwest Human Service Center Removes the Governor's recommendation for state employee salary increases		($49,167)	($1,838)	($51,005)
North Central Human Service Center Removes the Governor's recommendation for state employee salary increases		($96,270)	($10,848)	($107,118)
Lake Region Human Service Center Removes the Governor's recommendation for state employee salary increases		($55,883)	($6,909)	($62,792)
Northeast Human Service Center Removes the Governor's recommendation for state employee salary increases		($70,661)	($48,782)	($119,443)
Southeast Human Service Center Removes the Governor's recommendation for state employee salary increases		($164,016)	($16,800)	($180,816)
South Central Human Service Center Removes the Governor's recommendation for state employee salary increases		($78,067)	($8,464)	($86,531)
West Central Human Service Center Removes the Governor's recommendation for state employee salary increases		($102,620)	($14,638)	($117,288)
Badlands Human Service Center Removes the Governor's recommendation for state employee salary increases		($62,331)	($9,861)	($72,192)

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2003 HOUSE APPROPRIATIONS

SB 2012

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2012

House Appropriations Committee

☐ Conference Committee

Hearing Date 02-26-03

Tape Number	Side A	Side B	Meter #
1	X	X	All
2	X	X	All
3	X	X	All
4	X		0.0-4.2
Committee Clerk Signature	Chris S Nyhus		

Minutes:

Chairman Svedjan Opened the overview hearing for SB 2012. A quorum was present.

Carol Olson, Executive Director of the Department of Human Services See written testimony.

Rep. Delzer This is just a general fund split?

Olson That is the total.

Brenda Weisz, Department of Human Services CFO See written testimony.

Chairman Svedjan What is the next affect for those Medicaid providers.

Weisz The net affect is we built that fee into their budget so it should be budget neutral for them.

Rep. Aarsvold What is the financial implication to the families of private pay patients?

Weisz I have to defer that question to someone else.

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Dave Zentner, Director of Medical Services for the Department of Human Services. You have to charge the same rate across the board. Families would pay the same rate as the Medicaid families would. This is only in the ICFMR's not in the other facilities.

Rep. Aarsvold Is there an amount that we can identify that we can be responsible for?

Weisz $4,200 per bed annually.

Rep. Delzer How can you do that just to them and not to the whole of Medicaid?

Zentner It is up to the states to choose the classes they apply it to.

Rep. Warnke When you talk about the federal regulations that require that the fees be used for applicability. Is that different than the IGT funds? Is that a different regulation or program than this?

Zentner They are different.

Chairman Svedjan Is it required that the providers are held neutrally? Can you increase their reimbursement?

Zentner Yes, we can.

Chairman Svedjan Is that increase in here?

Weisz Yes it is.

Rep. Timm DD providers have 2 private-pay people, how many other people are there?

Weisz I'm not sure off the top of my head.

Rep. Timm How many homes are we talking about?

Weisz They are not the group homes in the cities.

Rep. Timm What are we talking about then.

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Weisz There are 101 congregate/group homes. Not all are licensed for ICF/MR. There are 62 group homes in North Dakota licensed as ICF/MR. There are 482 beds in 62 homes excluding Grafton.

Rep. Wald When you talk about the FMAP contribution, is that percentage consistent across all of the programs across the Human Services Department?

Weisz The FMAP is applicable to only certain programs.

Rep. Timm Long-term care talks about nursing homes?

Weisz Yes, but it also has home and community services.

Chairman Svedjan Tell us more of the Senate's thinking on this please.

Weisz I can't answer that.

Chairman Svedjan So you don't know why they did this?

Weisz I guess not.

Chairman Svedjan Nobody talked to you about it at all?

Rep. Delzer Some of those FTE's went to DOCR. Do you have that in here?

Weisz 15 out of 90 were transferred.

Rep. Skarphol Does the number of people employed in the Human Service Centers reflect the workload?

Weisz Yes.

Rep. Delzer Were any programs totally discontinued?

Weisz Yes, at the Human Service Centers.

Rep. Delzer Any on the DD administration side?

Weisz Yes.

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Chairman Svedjan Is that due to the Senate or your changes?

Weisz Ours.

Rep. Warnke On those DD FTE's are some of those due to the change in the way the providers will be budgeting and the way their budgets come in to the department?

Weisz The change in that bill is proposed to go into effect in July 1, 2005. The changes made in the central office Disabilities Services Division, were just deficiency measures.

Rep. Timm In your Information Technology Department, the 39 people, what are they doing?

Weisz Roger Hertz will talk about that.

Rep. Aarsvold Can we asses the impact on the Medicare payments as a consequence of reducing the SPED appropriation?

Weisz We think that eventually it will have an impact, but we don't know how.

Chairman Svedjan I don't want this to be misinterpreted. Where you are talking about the 1.8 million dollars in SPED, that is really an eligibility shift. When you talk about the additional $300,000 for Expanded SPED, you are talking about a reduction from the Governor's Budget. How does that $300,000 compare to how you are currently spending in that program?

Weisz I have that in a couple of pages.

Chairman Svedjan So with direct client services, all those dollars go to clients?

Weisz Yes.

Rep Aarsvold One individual can receive benefits from many categories?

Weisz Yes.

Rep. Koppleman How does in-home services compare to institutionalization?

Weisz I don't know off hand, but we do have that data.

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Rep. Skarphol Are your ITD employees located at the human service centers?

Welsz Yes, they are on-site.

Chairman Svedjan Under what authority does the department have to increase the match requirement for counties?

Welsz The Century Code tells us that the counties will provide a 20% match on child welfare services, and we aren't up to that yet.

Chairman Svedjan You haven't mentioned anything within the pharmaceutical budget as far a Medicaid, it is my understanding that the dispensation fee was increased for pharmacists. Why was that done when we wanted to try to find savings in that budget?

Welsz Dave Zentner can answer that in detail, but it was to offset another change we had made in the program that included efficiencies.

Dave Zentner, Director of Medical Services See Written Testimony.

Chairman Svedjan Do any optional services become entitlements?

Zentner Once it is described in the Medicare program, it is then an entitlement.

Rep. Monson How do these rates get set? Is there any state flexibility with this?

Zentner With Medicaid there are certain requirements for the categorically needy, and if we want to participate in the program we have to cover those individuals. They are kids, pregnant women, and most people on supplementary income. Then we have the option to cover additional people through our medically needy program and the 1931 program. We have flexibility with the optional service requirements.

Rep. Monson Are our benefits more generous than other states around us?

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Zentner It depends who you compare us to, but due to financial crunches those comparisons are changing.

Chairman Svedjan What is the status of federal FMAP legislation?

Zentner There is one other bill in the Senate that would provide fiscal relief, but we aren't sur on the speculative outcome.

Chairman Svedjan Expand on the 1931 group.

Zentner The 1931 group are the residual of the old AFTC program, the aid to families with dependent children. When TANF came in, AFTC went away. The 1931 group is children and families which were associated with it and is now TANF. We just implemented the 100 hour rule for limiting hours worked per month.

Chairman Svedjan Was that proposed this summer?

Zentner Yes.

Rep. Monson Does that 100 hour rule make any sense, wouldn't it be better to have an income level be the cutoff rather than an arbitrary number of hours.

Zentner The kids would still be covered no matter what the eligibility rule is. We reverted to our old standard of eligibility.

Linda Wright, Director of Aging Services Division for the Department of Human Services

See written testimony.

Chairman Svedjan Have you studied the claimed truth of in-home services decreasing the demand for those seeking institutionalization?

Wright I will answer that near the end of my presentation. If I don't, just let me know.

Rep. Timm What's the difference between SPED and Expanded SPED?

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Wright To be eligible for Expanded SPED you have to be eligible for Medicaid and meet the eligibility to be in a basic care facility, yet you can be served at home. For SPED it is a financial eligibility, and you must also meet the personal impairment requirement.

Chairman Svedjan Did the state set the $50,000 limit?

Wright It is being discussed this session, but it is in state law.

Rep. Timm Do you turn people in need away when you are full?

Wright Sadly, this is the case.

Rep. Wald Refresh us on the Olmstead decision please.

Wright Mentally disabled citizens wanted to live at home when they were institutionalized. They sued and won.

Chairman Svedjan Clarify the 4.6 million dollar reduction, please clarify what that reduction really is. LC says they both relate to eligibility.

Wright There were two amendments to SB 2012. One reduced the liquid assets to $20,000. The other reduced it further by 2.8 million dollars because it said we had to consider all assets.

Chairman Svedjan It is important to tell us what the reduction was involved in.

Rep. Kerzman People that are involved in SPED and Expanded SPED, are they grandfathered in or will they be bumped off of the system?

Wright All clients will be evaluated again and some may have to be dropped.

Dave Zentner, Director of Medical Services for the Department of Human Services See written testimony. Gave an overview of the Medicare program excluding long-term care.

Chairman Svedjan So MAC reduces the amount paid for a prescription drug?

Zentner It gets a better idea of the pharmacist's cost of getting the drug.

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Chairman Svedjan Were you overpaying before then?

Zentner Now it better reflects what the actual cost is. We have two layers of payment on drugs, the cost of the drug and the dispensing cost. We reduced what the pharmacy is receiving for mainly generic drug as far as their ingredient costs. They have other costs out there too. We are really taking away 5 million dollars in anticipated revenue by fully implementing the MAC.

Rep. Timm How do pharmacists make their profits?

Zentner What they charge is up to the pharmacists. we estimate their costs and then add on a dispencement fee so they can break even.

Chairman Svedjan If the MAC is a better way, then the 6 million dollars was overpayment in the past.

Zentner Correct, but the pharmacists should be able to make a profit.

Rep. Delzer Other states are AWP - 12. How does MAC compare to that?

Zentner It would be less.

Rep. Aarsvold What formula does Blue Cross/Blue Shield use?

Zentner We use their basis to mirror the private sector.

Rep. Delzer Were any guidelines on the length of prescriptions considered when raising the dispensing fee?

Zentner No.

Rep. Timm What does AWP stand for?

Zentner Average wholesale price.

Rep. Wald There is a 22% premium increase in the Health Steps program. Do you ever get claims experience from Blue Cross/ Blue Shield?

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Zentner Yes we do. Their claims have been less than anticipated around 90%.

Wald So we are paying $154.22 per month for each child in that program?

Zentner That is the new rate, we are currently at $127.00.

Rep. Wald So if there were 3 kids in the family you'd be paying over $450/month. There are cheaper rates in the private markets. Something doesn't add up.

Zentner When they set this up they looked at it as a policy for the individual children, not as a family.

Rep. Wald Would you please supply the committee with the actual claim experience from Blue Cross/Blue Shield for the last 3 years?

Zentner We'll try to get something.

Rep. Warnke Please also supply the numbers for the families who have more than one child on those programs.

Rep. Kroeber In some places you talk about state funds and others you talk about general funds. Is a state fund a combination of those, or is it just the same as general funds?

Zentner It is a general fund equivalent dollars, but not general fund dollars.

Kroeber If a pharmacist does not like your schedule of drugs, what is the alternative? Is there a recipient co-pay?

Zentner We have most of the pharmacists in the state participating. About 98-99%.

Rep. Delzer **I move amendment number 38035.0205 to HB 2012. 2nd by Rep. Skarphol**

Motion Carries.

Gene Hysjulien, Development Disabilities Grants See Written Testimony.

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Chairman Svedjan You're basing your budget on the reinstatement of the asset test?

Hysjulien Correct.

Chairman Svedjan So why was SB 2074 introduced?

Zentner What 2074 does is maintain that we won't have an asset test. We will save more money on the Development Disabilities side than we're spending on the Medicaid side.

Rep. Delzer Did you cover attachment B? Why the large increase in the 04-05 years? The increase is only due to those 8 children?

Hysjulien Yes.

Rep. Delzer How many clients make up the rest of the money?

Hysjulien 1,332.

Chairman Svedjan Is family preferred going to stay in the ICT facility? Is that a familial choice?

Hysjulien That is a choice of working with the families and the team that helps determine their care and needs.

Blaine Nordwall, Director of Economic Assistance Policy See written testimony.

Rep. Timm What type of situation might arise where a person want's child care?

Nordwall When a person has an infant.

Rep. Timm Are these people already getting other assistance?

Chairman Svedjan You have to be eligible for something else in order to get his service?

Nordwall No, you don't.

Chairman Svedjan What is the benchmark for eligibility?

Nordwall I don't have those numbers.

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Rep. Delzer In the subcommittee we want those numbers with single parent families.

Chairman Svedjan What is the funding makeup of the Children's Assistance?

Nordwall Federal block grants and transfers of TANF funds.

Rep. Timm Are you allotted so much money to spend in the winter?

Nordwall Only for weatherization purposes.

Rep. Delzer What is our current TANF block grant?

Nordwall 26 million dollars per year.

Rep. Delzer What's your total TANF spending?

Nordwall About $56 million dollars.

Rep. Delzer Did any eligibility changes occur?

Nordwall No.

Rep. Delzer That means we're spending the surplus of 6 million dollars?

Nordwall Yes, we know.

Rep. Carlson Your department deals with Workforce Training?

Nordwall Yes, through Job Service and such.

Rep. Carlson How many FTE's work in that area?

Nordwall One.

Mike Schwindt, Child Support Enforcement for the Department of Human Services. See written testimony.

Rep. Timm What are the 4-D and non-4-D cases?

Schwindt Non 4-D cases have been modified. 4-D's have more services available.

Rep. Monson We have about 50,000 kids on the Child Support program?

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Schwindt We have 64,000 cases in North Dakota, other states and other countries.

Rep. Skarphol So 40% of 11,000 new hires are done electronically? Are the other 60% keyed in manually?

Schwindt Yes.

Linda Wright, Director of the Aging Services Division of the Department of Human Services. See Written Testimony.

Rep. Timm How do people find out about all of these programs?

Wright there are outreach programs.

Yvonne Smith, substituting for Paul Ronningen, Department of Human Services. See written testimony.

Chairman Svedjan Adoption Services is not an entitlement program?

Smith It is a federally subsidized program.

Chairman Svedjan You moved funds in to cover that difference?

Smith Yes.

Rep. Delzer How did you do that and where did the funds come from?

Smith We'll tell you that in the subcommittee.

Karen Romig Larson, Director of the Division of Mental Health and Substance Abuse Services for the Department of Human Services See written testimony.

Chairman Svedjan Doesn't the Mental Health Block Grant have an exorbitant amount of unfunded federal mandates?

Larson Yes. Our expenses for those are about 83 million dollars and we are subsidized under $100,000 for them.

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Chairman Svedjan In every piece of testimony you have stressed technology. Why?

Larson Because we want to show you how important it is to our department and that it is more than just PC's.

Rep. Skarphol Can I see the documents on your technology?

Larson Yes.

Rep. Skarphol Do you stress outcomes?

Larson Yes.

Rep. Skarphol Do you have to design your own software?

Larson We just purchased some that we use.

Gene Hysjulien, Development Disabilities Grants See written testimony.

Rep. Timm If you don't get this funding match will the program continue?

Hysjulien The potential is there to not meet the funding match. That will hurt the program.

Roger Hertz, Department of Human Services See written testimony.

Rep. Timm Where do your special funds come from?

Hertz Swap dollars.

Rep. Skarphol The Governor's budget cuts you three million dollars. Where is that?

Weisz IGT funds.

Rep. Skarphol So last time you had 8.5 million dollars and now you have 5.5 million?

Weisz No.

Rep. Delzer MMIS - what is the total cost of it?

Hertz 20 million dollars.

Rep. Skarphol Hasn't the Auditor's Office estimated your savings on a new system?

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Hertz Yes, they have.

Alex C. Schweitzer, Superintendent of the North Dakota State Hospital and the North

Dakota Developmental Center of the Department of Human Services See written testimony.

Rep. Wald Of the chemically dependent patients, how many of them are Native Americans?

Schweitzer I'm not sure on the exact number, but not many of them.

Rep. Skarphol Have the tribes paid the State Hospital what they have owed us?

Schweitzer Yes, a long time ago.

Rep. Kroeber On the Adolescent Center reduction, you're cutting it close. How can they still receive the same treatment?

Schweitzer Over the last 3 years the maximum occupancy in that department was 15 beds. We have had an average of 12 beds historically. We are moving to a facility with 12 beds and it is expandable to 16. This will meet the needs of the children very well.

Rep. Kerzman Do we run a risk of a constitutional challenge when we move patients to Grafton due to the mixing of patients?

Schweitzer I'm not an expert on constitutional challenges. I look at the best options for my patients and find how to serve them best.

Rep. Kroeber The two places have distinct missions, correct?

Schweitzer Yes, and that is what we adhere to.

Yvonne Smith, Department of Human Services See written testimony.

Rep. Kroeber Please note that the number of children with substantial problems is not decreasing.

Chairman Svedjan Closed the Overview Hearing on SB 2012

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 3, 2003

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

Minutes:

Ms. Brenda Weisz, CFO, Department of Human Services, began testimony on the budget for the agency with a vacant FTE list. Of sixty-six FTE's listed, thirty-seven have subsequently been filled; nineteen are vacant; five are contingent upon the women's prison; three are currently being advertised; and two are in the interview process;

Chairman Delzer requested an organizational chart and a budget chart for the department. In addition, **Weisz** said that she will provide the department's turnover rate at a later time.

In response to a question from **Chairman Delzer** regarding refinancing dollars, Weisz responded that currently there is $233,000 located in Children and Welfare. There was continued discussion regarding freeing up some general fund dollars through a reappropriation of refinancing dollars. The $279K represents a $46K increase in funds to the Children and Welfare

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program. In addition, the **Weisz** commented that the grants have consistently gone up in excess of administration costs.

Chairman Delzer asked to have those costs broken down by general fund expenditures.

There was discussion regarding the inflationary increases in basic care (see page one of testimony). In addition, the committee questioned the department regarding nursing home percentages (90% or $2.9 million). There was also reference to a 2.3% inflationary increase which represents $5.8 million of which $1.9 million are general funds.

There was discussion regarding the OAR's. Weisz stated that 1 & 2 were funded by the executive recommendation; 3 was partially funded and 4, 5, 21, 24, & 25 were completely funded by the Senate.

There was discussion regarding the $3 million decrease which includes the loss of five FTE's in administration/support.

Recess.

Brenda Weisz continued her testimony with an overview of divisions and programs **(see attached),** employee turnover, and estimated effects of SWAP legislation. There was discussion regarding the cap on computer expenditures. In addition, she provided an overview and explanation of the organizational flow chart. Weisz also stated that the county is responsible for 25% of children and family services which represents $7.16 million.

Chairman Delzer requested a list of emergency commission actions.

Weisz continued by providing the committee an overview of departmental subdivisions broken out by funding source. **(see attached)**

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Dave Zentner, Director, Medical Services (see attached)

Zentner provided information relating to nursing home percentiles within the state.

In response to a question from **Vice-Chair Warnke, Zentner** replied that 25 homes are affected at the 85th percentile ($21,09) and that 22 are affected at the 90th percentile ($18.90).

Continuing on page three, **Zentner** responded that the Senate had not added any inflationary factors and that the figure is based on the requirement to use half CPI and half DRI.

Zentner added that the Senate replaced the $6.1 operating, the $1.4 incentive, but removed the extra $5 million. The additional $700K is slated for the next biennium.

Chairman Delzer requested a breakdown of SSI eligibility requirements, the average cost for Medicaid basic care eligibility, and the average cost of regular basic care.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 4, 2003

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

Minutes:

Chairman Delzer called the meeting to order with all members present with the exception of Rep. Kerzman.

Linda Wright, Director, Aging Services (see attached) began testimony with a brochure that outlined statistics applicable to ND's aging population.

There was discussion relating to county workers and the fact that they are considered agency service providers. There was also discussion regarding SB 2083 and its impact on the department. There was specific conversation relating to asset levels allowable, i.e. $50K was reduced to $25K; additionally, the Senate reduced this figure to $20K. This bill also requires the department to verify asset values would could prove to time consuming and problematic for the department to administrate.

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Gene Hysjulien, Director, Disability Services (see attached) provided an overview of the division. There was general discussion relating to children and Medicaid eligibility.

Chairman Delzer asked for specific information relating to fiscal changes that will occur because of proposed policy changes.

Colleen Stockert testified regarding specific fiscal information. Relating to "Improvement, " She said that there was a decrease last biennium and that the increase was to make up that decrease. There was discussion regarding the Randolph Stewart grant, of which $835K are federal funds, $196K are general, and $100K are IGT. She also said that there is a $66,600 required match. She also stated t hat all DD grants go through MMIS. There was also discussion relating to a reduction in the grant total because of a grant cycle change from ten-month to twelve month ($972 million).

Recessed.

Paul Ronningen, Director, Children and Family Services (see attached)

There was discussion relating to subsidized adoption, its requirements, and the 75%/25% state/county funding split.

Chairman Delzer asked about funding sources and learned that it is funded through federal funds and TANNIF.

There was also discussion relating to the decrease of $200K by the Senate for the AASK program and the $400 fee charged for conducing abuse and neglect assessments. **Chairman Delzer** asked how long the $400 fee had been in placed and was told that the fee had been at that level for nearly a decade.

Recessed.

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Alex Schweitzer, Superintendent, State Hospital and Ken Schultz, CFO, State Hospital (See attached)

There was general discussion relating to the overview information that was previously submitted.

There was specific discussion relating to the current census of the hospital and the DUI program.

In addition, the committee learned that currently, there are 54 FTE's at the hospital with one being vacant and that 34 are currently unfunded.

Schweitzer stated that if the cuts are approved, around twenty employees will initially lose their positions, but that some of those will be able to take positions within the development centers once they open. He also said that the hospital has a 10% turnover rate.

There was general discussion relating to the GM building, the proposed remodeling and its purpose. In addition, there was conversation regarding the hospital's current bond situation ($555,540) of which all are general funds and the three biennia left in the bonding period.

V-C Warnke asked about the bond situation with relation to LaHaug and learned that if the DOCR took over LaHaug, they would also be responsible for the bond payments.

There was discussion relating to monthly salaries which include benefits, and the average cost ($1.6million) The committee also learned that the general fund roll up will be used to fund the Medicaid shortfall. In addition, there was discussion regarding the $288K that represents a reduction in Medicaid receipts at the hospital. There was discussion related to the current census and where that count may go to. **Schweitzer** said that currently there are around 150 patients with 25 of them are DOCR. He also stated that his budget is based on 135 patient count.

Chairman Delzer requested what the cost per day is for the last three biennia.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 5, 2003

Tape Number	Side A	Side B	Meter #
ONE	XX	XX	
TWO	XX	XX	
Committee Clerk Signature			

Minutes:

Chairman Delzer called the meeting to order with all members present except V-C Warnke and Rep. Kempenich, both of whom walked in a short while later.

Brenda Weisz began testimony with the department's organizational chart. **(see attached)**

There was general discussion regarding various divisions and their purpose within the department such as: Legal Advisory, Research and Statistics, which will be reduced by one FTE, Human Resources, which will be reduced by one FTE, and Fiscal Administration which will be reduced by three FTE's.

The discussion moved to the summary information **(see attached)** and the $358,642 increase in general fund appropriation. There were specific questions relating to the lease rent/buildings/land line item with regard to the amount paid to OMB for space in the judicial wing. There was also discussion regarding a $130 adjustment that will occur if the retained

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earning on rent payments are removed from the budget. The committee continued with general discussion regarding budget line items.

Roger Hertz, Director, Information and Technology (see attached)

Hertz began with his division's organization chart and provided a line-item summary to the committee. He also stated that his department comprises roughly 2% of the department's total budget while other states have a figure closer to 4 to 5% of the total budget.

There was questioning relating to the level of technology provided by the department to outlying human service centers. The committee learned that there are two centers that currently do not have in-house desktop IT services and this may require IT personnel to drive in order to troubleshoot problems.

There was discussion regarding the department's pending projects and priority levels.

Chairman Delzer asked if the division currently has a strategic plan and learned that the division does and will provide it to the committee.

There was discussion regarding HIPAA, attendant projects and costs and **Chairman Delzer** requested that the information be broken down by project.

Recessed.

Allen Knudsen, Assistant Legislative Budget Analyst and Auditor, Legislative Council testified primarily from the green sheet and addressed various questions posed by the committee such as the bond figure and whether or not it includes IGT. Knudsen said it is contained in "other." **V-C Warnke** asked about the carryover with regard to point #2 on the green sheet and Knudsen responded that it represents a reduction. There was also discussion relating to federal funds

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accessed ($3.9 million) and that the $5.9 million includes the $1.9 million referenced in point

#10 of the green sheets.

Chairman Delzer asked whether or not that money shows up in the Tax Department and

Knudsen said that he doesn't believe so.

V-C Warnke asked about the requirements for the bond payments because she is concerned whether the department will have the cash on hand. There was continued discussion on the monthly payments and **Rep. Svedjan** asked whether or not there is a way to do it without using general fund dollars. **Brenda Weisz** replied there was not another way to do it.

V-C Warnke asked about point #19 and source of funds and found out they are federal.

There was discussion regarding the shortfall and changes in eligibility that will occur specific to the medically needy to cover the shortfall.

Chairman Delzer asked for an itemized schedule of the departmental turnback. (#4)

Public Comment

Nancy Kopp, Executive Director, ND Optometric Association (see attached) asked that the committee restore the $397 K general funding to capture the $842K in federal funds.

Cheryl Jongerius, President ND Senior Services Providers (see attached)

Betty Keegan, President, AARP (see attached)

LeAnne Johnson, Lutheran Social Services (see attached)

Shirley Schlafman, Meals on Wheels, Mercer/McLean County supports a dollar for dollar mill levy match.

Arnold Thomas, NDHA, said that the utilization review project must be funded to ensure that fiscal responsibility be achieved with regard to use of state funds for medical expenses. It will

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also oversee whether or not services are necessary. Mr. Thomas wants to see physician payments maintained, thinks durable goods should also be funded, and with regard to case management, thinks that the savings should be realized at the state level as opposed to the county level.

Marylin Scholmberg, as a user of services in ND, feels that the Senate cuts are too deep and warns of a revolt within the mental health system in ND.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 6, 2003

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

Minutes:

Chairman Delzer called the meeting to order with all members present with the exception of **Rep. Kempenich** who walked in ten minutes later.

Claude Dockter, Coordinator, Clinical Services, Great Plains Rehab Services (see attached)

V-C Warnke asked about the pros and cons of renting and buying equipment.

Dockter said that it depends on the scope of need (length of time). He also said that the physician and other providers coordinate and decide.

Rep. Kim Koppelman, District 13, provided testimony and introduced the **Kastrinos** from his district. He said that he hoped that the subcommittee would be mindful that many items in the durable goods category are not extras but are critical elements to the well-being of the individuals who use them.

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Date

Elaine Kastrinos (see attached)

Rep. Kerzman asked how much it costs to support Chick each month. Mrs. Kastrinos responded that it is about $2,900 per month.

Julie Messner, (see attached)

Pat Danielson (see attached)

Rep. Kerzman asked about the types of community activities that she is involved in. She replied that she is involved in the care of her mother and sister, works with the independent living council and writes articles for publication.

Penni Weston, Administrator, Edgewood Vista (see attached)

In response to questions from the committee, Weston stated that the assisted living tab per day is $80.00 and that the private pay differential is $8.95 a day.

Laurie Morin, Operations Manager, Healthcare Accessories (see attached)

Paulette McArthur (see attached)

Jon Larson (see attached)

Chuck Stebbins

Testified to the importance of durable medical equipment and independent supportive living arrangements.

Carlotta McCleary, Parent Coordinator, Federation of Families for Childrens Mental Health (see attached)

Jon Larson (see attached)

Jim Berglie, Executive Director, Community Living Services (see attached)

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In response to questions from the committee, Berglie responded that the individuals live in independent apartments, most are low-income, are receiving disability benefits, and that much of the money goes to staff wages.

Julie Norman (see attached)

Sandra Schimelpfenig (see attached)

Marion Thiel (see attached)

Virginia Esslinger (see attached)

Barbara Murray (see attached)

Alan Erickson (see attached)

There was conversation related to staffing and the 60% turnover rate over the past year.

Karin Bueling (see attached)

Mary Simonson (see attached)

Donna Byzewski (see attached)

There was discussion relating to caseloads, cost of services provided, expansion of services and monies ($27K) raised through a United Way fundraiser.

Jeff Pederson, CEO, Friendship Inc., (see attached)

There was discussion relating to the organization's priority list, at the top of which, is qualified staff.

Beatrice Naasz testified to the importance of SPED for her and her parents for whom she cares in her home.

Ralph Roby testified to the importance of SPED with regard to his own care.

Pat Danielson (see attached)

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Dave Stewart (see attached)

Doug Olauson (see attached)

Danene Harkness, has benefited greatly from Independent Living in Minot. The service has helped her obtain employment as a braille transcriptionist at MSU. She also said that the CIL has helped her become more self-assured and is currently in training to become a peer leader.

Randy Sorenson, ND Association of CILs (see attached)

There was discussion related to the location of CIL's, which is both urban and rural. In addition, there were questions relating to funding. The committee learned that QSP's are funded through the state through SPED or expanded SPED.

Carlotta McCleary, Chair, ND Mental Health Planning Council (see attached)

Chris Runge (see attached)

Bob Puyear, Consumer Advisory Committee (see attached)

Michon Sax, Director, County Social Services Board, McKenzie & Williams County (see attached)

Eleanor Messner, Home care provider (see attached)

Frederick Baker, Chairman, Committee on Aging (see attached)

Barbara Murray, COO, Pride, Inc. (see attached)

There were questions relating to the private pay rate which $14.50 an hour and the numbers served by the organization which are 23 in the past year and eleven currently.

Bruce Murry, ND Protection and Advocacy (see attached)

Sandy Wheeler, consumer of services, testified to the importance of services in her life.

Nicole Steinwand (see attached)

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Melissa Muggerud (see attached)

Stan Kraft (see attached)

Diane Hann (see attached)

Shelly Peterson, President, Long Term Care Association (see attached)

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 10, 2003

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

Minutes:

Chairman Delzer called the meeting to order with all members present except **Rep. Bellew** who walked in five minutes late.

Allan Stenehjem, Executive Director, Mental Health Association (see attached) began his testimony.

Chairman Delzer asked for a breakdown of the positions referenced on page 7 of the written testimony. In addition, there was conversation relating to substance abuse and how it is being treated at the state hospital and in the corrections department. **Mr. Stenehjem** said that he thinks it is more effective to attempt to treat substance abuse on the front end, rather than wait for the situation to escalate, thereby involving the correctional system. There was continued conversation regarding depression and the difficulties in diagnosis. **Mr. Stenehjem** said that many people suffer from varying degrees of depression and other types of mental illness without

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ever realizing it. There was further discussion relating to sharing of services and resources to create efficiencies.

Galen Jordhe, Executive Vice President, ND Pharmaceutical Association (see attached).

There was discussion relating to the relative flatness of drug prices, the dispensing fee ($4.60), and shifting costs.

Brenda Weisz, CFO, Dept. Of Human Services (see attached) began her testimony with the spend down for her department.

Chairman Delzer stated that he thinks that the interdepartmental billing situation discussed earlier, needs to remain in the department's budget so that the Legislature can keep an eye on it.

Celeste Kubasta, OMB added that the issue needs to be addressed in the Land Department because currently the department has received funds to pay the bond payments but has no authorization to do so.

Testimony continued with specific questions regarding the department's line items. The committee questioned Professional Services and learned that the line item comprises payments to the Attorney General and Office of Administrative Hearings.

Weisz said that she does not expect a decrease in spending in this area over the next biennium.

There were specific questions relating to Operating Fees and services which is comprised of expenses for forms, freight and shipping and fees paid to OMB twice per year for pulling down federal funds.

Chairman Delzer asked for a total of all federal funds spent.

There were additional questions relating to the insurance line item which has decreased. **Weisz** explained that the department has access to funds from the insurance reserve and a credit that has

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decreased the department's expenditure for this biennium, but that the line item will increase to normal levels over the next biennium. There was discussion regarding the total FTE count for the department (2,041) and line item totals for prescriptions ($101.1/$92.1)

Roger Hertz, IT (see attached) There was discussion relating to the child support program (66% federal funding), SWAP's computer costs which are paid by the department, and the county role in paying technical costs with regard to CPI limits.

Chairman Delzer asked what changes would need to occur if SB 2246 passed and learned that the major changes would occur in the Department of Motor Vehicles.

There was discussion relating to SCHIP and fees paid to ITD, the Medicaid buy-in -current MMIS would have to change and would have to ITD to do it, and standard rates for maintenance from ITD ($150 - $200). **Hertz** said that he thinks the rate is competitive.

There was continued discussion regarding the MMIS project and the need to find a vendor to guide the department through the process. Rep. Kempenich wondered if there already was a system in use someplace else that would serve our purpose and save the state money. **Hertz** responded that there may be and that the department needs to research the possibilities in this area.

Hertz continued with page four of his written testimony which comprises the division's spend down.

Rep. Kempenich asked for the current status of HIPAA items and said that he wants to be kept updated on developments.

Hertz said that the department is very close on deadlines.

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There was discussion regarding the department's temporary staff use. He said that they are trying to get all of the processing done in anticipation of HIPAA kicking in.

Chairman Delzer asked for a list of IT Equipment under $5000.

Hertz said that the division has taken a 12-15% reduction in general funds already and is concerned that any further reductions will hamper efforts to maintain systems. He also stated that anything not absolutely required by the federal government has been deleted from the budget.

There was discussion regarding the age of the department's equipment, specifically the mainframe which may be costly to the department because the processing takes up so much mainframe time. There was additional conversation regarding the software systems the department uses

Yvonne Smith (see attached) provided the committee with a breakdown by division of programs provided and funding source.

Blaine Nordwall, Director, Economic Assistance (see attached) started his testimony with an explanation of his division's organizational chart. There was discussion regarding FTE's. Currently the department has no vacancies. In addition, there was conversation regarding the use of EBT cards for aid recipients and their utility in most states. There was discussion regarding the 340 administrative FTE at the county level. Nordwall said that at the county level, staff tend to be generalists and may not work solely with state or federal programs. There was further discussion regarding quality control and the policy of auditing county files for eligibility compliance.

Recess.

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Roger Hertz (see attached) provided answers to the questions posed by the committee earlier in the day. Specifically: 1) time needed for MMIS project - can't project, very rough estimates because the department has never embarked on anything like this before so they have nothing to compare to. 2) $21 million total for project - not sure; maybe the department could complete the project for that amount.

The discussion turned to object codes and the department's three year server lease with option to purchase, software licenses, service contracts, and ROAP. (object codes-page 2 - 4, 3014,3038)

There was conversation specific to the use of temporary employees provided by Kelly Services who are paid $8-$11 an hour. Basically it boils down to the equivalent of 4.5 FTE's at $10 an hour. In addition the committee questioned the use and need for docking stations for the department's laptops.

Chairman Delzer requested a list of the 54 employees who use the docking stations.

Allen Knudsen, LC said that during the 91-93 biennium, data processing comprised $9.2 million and telephone $1.1 million.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 11, 2003

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

Minutes:

Chairman Delzer called the committee to order with all members present except **Rep. Kempenich** who came in a few moments later.

Blaine Nordwall, Economic Assistance (see attached) began his testimony. There was discussion related to the child care pass through dollars and **Chairman Delzer** asked for a schedule of TANF dollars, where they are spent, and who is benefiting from them.

The discussion turned to the child care sliding fee schedule (**see attached**) and adjustments made in September 2002. The committee learned that the expenditure is budgeted to increase next biennium because of increased usage of the program and that the division is $250K short during this biennium.

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Chairman Delzer requested the numbers on which the budget is based, specifically with regard to funds and people served. In addition, he requested a schedule of emergency commission actions for the department.

The testimony turned to the TANF block grant - Rev/Estimated Expenditures **(see attached)** and was presented by **Brenda Weisz.** She said the IV E eligibility requirements have not been adjusted since the early 90's and that TANF usually covers individuals not covered by IV E. In addition, there was discussion relating to the SWAP dollars, their retention, similarity to CSCC, and general expenditures do count as MOE.

In response to a question from **Rep. Kempenich, Weisz** said that the $14 million are retained and that there is a $2 million carry over.

The discussion next turned to the TANF budget and policy proposal (see attached) and was presented by **Blaine Nordwall.** There was discussion relating to length of time an individual is allowed to use the service (sixty months) and an amendment requiring the department to get within the TANF limits by next biennium.

The discussion turned to work requirements for individuals receiving day care support and was mostly provided by **John Hougan, Child Support, DHS (see attached).** He said that families with children over six, are required to work 30 hours per week and that those with children under six are required to work 20 hours per week. However, the requirement has been increased to 40 hours per week for each category. In addition, he stated that voc-tech education counts as work for up to one year. He further testified that the grant award can be reduced by 5% - 20% if the work requirement is not met and that the reservations cause the biggest glitches because of high unemployment.

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Chairman Delzer asked whether or not the reservations are seeking their own TANF dollars and

Hougan responded that Turtle Mountain is currently looking into it.

There was discussion relating to SB 2155 specific to: conflicts that are cleared up for the department and latitude given to department to make adjustments in programing based on impending federal changes.

Blaine Nordwall, Economic Assistance (see attached) began testimony regarding childcare and its administration at the county level. There was additional discussion relating to $540K senate cut, its impact, and the fact that no federal funds are currently available to make up the slack. There was also testimony relating to a federal law change for food stamps: 1) increase in cost of living 2) deduction from income with regard to shelter 3) decrease in amount of benefits a family can receive. Nordwall said that the current case load is 17,551 participants and that there recently was 650 participant increase which is the largest in memory. He also said that there has been an increase in eligibles and that the economy may be the driver of this increase. There was also discussion relating to LIHEAP specific to number of users (13K average) and **Chairman Delzer** asked for a schedule of the funds that would be generated if the copay were increased to 10%.

The testimony changed to Program Overviews (**see attached**). Starting with food stamps, **Nordwall** outlined the following: the Citibank payment is a combination of state and county funds, shows up in operating fees and services, and is $10.3 million, comprised of $1.2 - Citibank; $8.2 - Jobs; $410K - TANF; $400K - Food stamp/training.

Recess.

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The testimony turned to Medicaid and Health Steps Benefit Determination **(see attached).** There was discussion specific to the 100 hour group and **Nordwall** explained that this comprises families with two adult members (one disabled) that have worked more than 100 hours in a month, and are ineligible for AFDC (30% of poverty).

There was general discussion relating to SCHIP and its status in the Century code, TANF determinations, and the division's spend down and operating line. There was conversation specific to data processing and microfiching of records and telephone expenses, specific to cell phone usage. The committee learned that traveling employees use cell phones, of which there are 16 in use. In addition, the department uses the state IT plan and allows for a $5.00 per day charge for a traveling employee's phone call home. There was additional discussion regarding travel expenses. **Chairman Delzer** asked whether or not this line item was expected to increase. **Nordwall** said not necessarily and that the department tries to balance out travel costs with overtime. The conversation shifted to the operating fees and services line item. There was discussion regarding the late Job Service billing and the Citibank fee which is based on caseloads.

Chairman Delzer asked for a schedule of bond payments.

The discussion turned to Budget Level: 200-01 Economic Assistance Policy/Grants **(see attached).** There was conversation relating to the county mill levy and the native trust land.

Regarding 3048, there was discussion regarding the increase which has occurred because of need and the shortfall because of changes that have occurred at the federal level.

Mike Schwindt, Director, Child Support (see attached) began testimony with an organizational chart for his division. He said that the eight regional centers are not included on

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the chart and that there are two employees eligible for retirement. He also spoke of TANF grants and foster care grants which comprise a little over $3 million. This figure is listed as "other" on grants schedule and that SWAP dollars are listed as "special."

There was discussion relating to direct withdrawal and deposit of child support payments, which will be implemented in the future, the $7K - $8K in collection, and the $50K expenditure for temporary staff.

Recessed.

FFY 2002 Rankings (see attached). North Dakota ranks fifth in the nation in child support stats. In addition, the committee learned that for every $1.00 the state spends on collection, we receive $4.52 in return. Tribal statistics are included in ND's statistics and collections are typically handled by the tribe, however, communication glitches exist between state and tribal authorities. Currently, 30% of collections are out of state.

Budget Line Item Review (see attached). Lake Region - $400K federal/$632,399 Total; IV D Unit Tribal Operations - Benson County - $275K (1.4), 66% federal, 34% required from the tribe; CSE - Lien Networks - insurance settlement - 66% federal, 34% state; Financial Institutions/Data Match - 66% federal, 34% state, Incentive money, first 1% for education; Supreme Court & States Attorney - 100% federal funds.

There was discussion regarding the lease/rent line item. The committee learned that in the upcoming biennium, the department will be spending $13/sq.foot for office space and $5/sq.foot for storage space. There was discussion regarding the travel line item and that expenditures are training related. In addition, there was conversation regarding the incentive money for training in the operating line-item ($256K SWAP dollars; $2.453 million - incentive dollars used to match.)

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Celeste Kubasta, OMB (see attached). There was discussion regarding the consequences of being out of compliance and Kubasta said that an audit finding would probably occur.

Dave Zenter, Medical Services, DHS (see attached) began testimony regarding the Service Summary for Biennium.

V-C Warnke requested a list of mandatory and optional services where there are limits that state can impose.

Trail of Bill 2012 **(see attached). Zentner** said that he had misinformed the committee previously by asserting that durable medical equipment is optional, but is instead a mandatory service. There was also discussion regarding the $200 - $250K paid for prosthetics over the biennium. He continued by providing an overview of his organizational chart and there was discussion regarding the additional FTE that represents Zentner's second in command.

Discussion turned to the **Summary by Division, Line Item and Budget Object Code (see attached).** There was discussion regarding overtime costs and use of temporary employees who are hired through Kelly Services and are paid $8 an hour with no benefits. **Zentner** stated that these employees are used to process the 16 - 18,000 claims the department receives and hopes that their use will be reduced in future.

There was also discussion regarding a $4 million that was not spread specifically to DD, nursing homes, or SPED, but was instead spread evenly across all other services.

Chairman Delzer asked about the capital payments line item and learned that the expenditure represents rent for an employee in Fargo, who has subsequently moved into another office.

Discussion shifted to the Health care trust fund and **Zentner** said that they have spent $8.9 million and that there may be a rollup of several thousand dollars. There was discussion

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regarding the funds for SPED and nursing homes; they are not spent till the tail end of the biennium and only when general funds are exhausted. Currently, the division is in the red and short on federal funds.

Recessed.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 12, 2003

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

Minutes:

Chairman Delzer called the meeting to order with all members present with the exception of V-C Warnke who walked in a few moments later.

Dave Zentner, DHS started testimony regarding mandatory Medicaid services, federal regulations regarding mandatory services and **Chairman Delzer** asked the department to contact the feds to discuss mandatory services, categories and exemptions.

VC Warnke reminded **Zentner** that she has previously requested a list of mandatory and non-mandatory Medicaid services that includes levels and limits. In addition, the committee asked what limits have been changed during the biennium.

This discussion turned to **Biennium Comparisons (see attached).** There was discussion relating to drugs - optional service, basic increase of 13-18% because of increased prices; department has increased 7%.

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Jeremy Fleckenstein, DHS, explained a formula used to extrapolate trends and establish spending levels based on historical usage. Discussion revolved around the shortfall vs. overspend, specific to Medicaid drug benefits. There was reference to an appropriation of $321 million=$317 million (99-01) which is skewed by IGT payments and represents $255.5 sans IGT payments.

There was discussion revolving around $94.7 million that was budgeted which is $105.5 million (pre-rebate) actual, which represents a 15-20% rebate. There was also conversation regarding partnering with Michigan and Vermont regarding group buying of prescription drugs.

There was discussion relating to the use of a BC/BS list for PERS program, the MAC list, and safeguards against doctors over-prescribing drugs. The committee asked about how the department could successfully take hold of the high cost of prescriptions. The department said that it was imperative to stay in close contact with doctors. The committee wondered if it would be effective to require drug reviews, concentrate on high cost consumers, limit to a 30-day supply, cut out a certain drug classes, or set up a preferred drug class that requires special approval. Currently, generic drug use is at 46%. **Zentner** said that higher generic use and step therapy would lower costs. In addition, **Zentner** said that proton pump inhibitors are expensive and supposed to be used for a short time, but instead are being used indefinitely.

There was discussion relating to the 1931 TANF group and the department's desire to get as many people on TANF eligible for Medicaid, the fact that those participating are not subject to the 60 month rule, and the $2.00 copay for office visits. The committee also learned that there is no copay for emergency services and this requirement is a federal regulation.

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V-C Warnke wondered what the definition of an emergency is and whether the government makes a distinction based on condition. **Zentner** said the definition was a lay person's definition.

Howard Anderson, Board of Pharmacy; Galen Jordhe, ND Pharmaceutical Association; Chip Thomas, ND Health Care Association

General discussion regarding pharmacists reviewing prescribed drug regimens, but receive no remuneration for it, placing caps on number of prescriptions, and using a waiver system. **Chip Thomas** said that he thinks cost could be decreased through case management and prior authorization.

Zentner referred to a lock in program the several hundred people are using that saves money, because it reduces the number of prescriptions written, and improves medical car.

Chairman Delzer requested a schedule of percentage of nursing home drug expenditures.

Chairman Delzer asked **Carol K. Olson, Executive Director, DHS** about multi-state pharmaceutical buying groups. She said that it was difficult because of ND's size and differing objectives among states.

Recess.

Allen Knudsen, LC (see attached) submitted material relating to multi-state pharmaceutical buying groups.

Dave Zentner, Director, Exhibit E-1 (see attached) continued his testimony.

Chairman Delzer asked how many are served.

Zentner said 7,892 in the first 12 months.

Chairman Delzer asked what the average payment was.

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Operator's Signature 10-14-03 Date

Zentner said $275.00 per discharge limit.

There was discussion regarding IGT funds and $50K associated with the Dunseith and McVille facilities respectively.

As of January, the division had expended $35.7 million in physician services.

Chairman Delzer asked how many claims are outstanding since the beginning of the biennium.

There was discussion regarding mandatory services and limits on such. The committee learned that limits cannot be applied to children or those over 65, and that limits could be imposed with regard to number of office visits allowed per year.

V-C Warnke asked what the maximum copay is for office visits and learned that $2.00 is the maximum for an office visit but that children or pregnant women are not charged.

Rep. Kerzman what percentage of participation exists among doctors across the state and learned that the current percentage is around 98 to 99%.

Testimony moved to Outpatient Hospital and **Zentner** said that the division has spent $27.8 million since January. There was discussion regarding mandatory services, waivers and visit limits, the number of people served (56,272) and units of service (471,173). There was discussion regarding emergency room use and the trend to treat it as a convenience clinic.

Zentner said that copays are prohibited at emergency rooms.

There was discussion regarding Indian Health Services (mandatory) and requirements for use.

Zentner said that the funds are all federal and pass-through.

There was discussion regarding dental services which aren't mandatory and the deletion of the service and how that would impact the budget.

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Testimony turned to the Healthy Steps program and discussion centered around numbers on which the budget was built and the changed asset test. (2,500-2,600/2,100-2,200) (2,563 children) The highest number served is 2,625. There was also discussion regarding copays and the department's ability to set limits based on Medicaid requirements. In addition, there was discussion regarding how SCHIP compares with Medicaid, tracking individuals who access the system more, and the Robert Wood Johnson Foundation. The committee learned that as of January, there are 1,400 medically needy.

Celeste Kubasta, OMB provided the committee with information specific to bonding issues.

1) 4% 2003 2.1%

2004 2.0%

2005 2.5%

2) Are any other bonds scheduled for refinancing?

According to Karlene Fine:

At this point I do not see any other bonds being refinanced. However, we are always looking for opportunities for refinancing. At this point I believe we have refinanced everything we can and captured any savings Opportunities.

3) What are the remnifications if the payments exceed the statutory limits?

According to Karlene Fine:

The determination on the statutory limitation is made when the bonds are issued. At that specific point in time I must be able to say that the debt service payments will be within the statutory limitation (and the statutory limitation is based on the final legislative forecast). Even if the forecast is lowered during the months following the legislative session I can still make the debt service payments and be in compliance with the law.

4) Do the updated schedules reflect the health department using

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bioterrorism funds to pay for their bond payments?

No. The exact amount is not able to be determined at this time so a conservative approach was used.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 13, 2003

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

Minutes:

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

Dave Zentner, DHS (see attached) began testimony. There was discussion regarding correspondence between the department and Diane Dunsten, DMS, Medicaid, Denver Regional office and her analysis of the code material. **(see attached)** The discussion turned to the division's expenditures to date **(see attached),** income levels **(see attached),** eligibility issues, the difference between categorically and medically needy, recipient liability, and protocols for figuring need. There was discussion regarding types of assets considered and the committee learned that automobiles (1) and houses are exempt.

The discussion shifted to the Report on Current and Potential Limits on Services **(see attached),** the 9-10% Blue Cross/Blue Shield administrative rate, and concerns that in CHIPS, families with

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more children cost more to insure through the program than they would through conventional insurance programs. **Zentner** said that the department will be looking at high-cost cases to see what is driving the costs.

Rep. Kerzman had specific concerns whether or not the use of pharmaceuticals to control behavior are tracked.

The discussion switched to Treatment Services for Children in Private Facilities **(see attached)**. There was discussion regarding the increased costs because of added beds, treatment costs paid through Medicaid, and the 5-6 month average length of stay.

The conversations shifted to Home Health Services, which is a mandatory service **(see attached)** and the categories of recipients.

The discussion moved to Social Security Premiums which are also mandated by Medicaid. Individuals who are SSI eligible automatically qualify for this program.

The discussion moved to durable medical equipment **(see attached).** There was specific discussion regarding limits, the list of items not covered and the department's policy of renting equipment if cheaper than buying.

Zentner provided an overview of Rural Health Clinics **(see attached)** such as location, the CHIP roll out, and HMO premiums. He also said that the service is mandatory.

The discussion shifted to Optometry Services **(see attached),** copays, hypothetical amount the copays would generate, and the fact that premiums are driven by the federal government.

The discussion shifted to Transportation Services, which were described as costs associated with transporting patients in rural areas to facilitate access to medical services.

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The discussion shifted to Hospice Services and use limits. The committee learned that the feds set the level at six months. **Chairman Delzer** wondered if the limit could be changed to four months.

Recess.

$103.12 Native -- changing to $129.49

$102.02 Health -- changing to $128.11

Vision rates are staying the same and dental is increasing $20.28.

The discussion shifted to Refugee Assistance which is a mandatory service, Family planning, which is also mandatory, Health Tracks, mandatory, Lab and Radiology, and Ambulance Services. The committee also discussed speech and hearing services, special ed, psychological services, breast and cervical cancer, chiropractic services, group health, children's health insurance program, pregnant women and children, physical therapy, premiums - AIDs insurance, occupational, private duty nursing, and family support services.

The discussion shifted to summary of ACC's **(see attached).** The funding is 57% federal and 43% general.

Chairman Delzer asked for a breakdown of the eight FTE's, which includes, function and people served; he also requested a breakdown of grants and recipients.

Medical Services - Operating Fees and Services **(see attached)**

Recess.

The discussion switched to Children's Special Health Services **(see attached)** and LTC.

Zentner provided an overview of the program. The program consists of $65.5 million in federal funds. And that currently, the department is $1.4 million short. There was discussion regarding

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the allotment and using general fund dollars before IGT. There was also discussion regarding the total number of beds (6,664). **Zentner** said that 3,700 on average were filled. There was discussion regarding basic care ($468K), total number of beds (497), and total costs and cost per day ($65,534/$21.72)

Chairman Delzer requested a schedule of Medicaid basic care and nursing home usage for last 18 months.

There was discussion regarding the 85th, 90th, 95th percentiles **(see attached).**

Linda Wright, DHS began testimony **(see attached).** There was discussion regarding eligibility issues, TBI (budget based on 36 participants), Medicaid match and the waiver program. There was also discussion regarding the aged and disable waiver in which there are 282 - 353 clients served. There was also discussion relating to the addition of personal home care (see opening testimony for full list) and Medicaid recipients (9 months average use time).

The following is a breakdown provided by the department regarding mandatory and optional services under the Medicaid Program:

MANDATORY:
Inpatient Hospital
Outpatient Hospital
Physician Services
Indian Health Services
Home Health Services
Premiums - Social Security
Durable Medical Equipment #
Rural Health Clinics
Premiums - Qualified Medicare Beneficiaries
Transportation Services *
Refugee Assistance
Family Planning Services
N.D. Health Tracks
Laboratory & Radiology Services

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Ambulance Services *
Federally Qualified Health Centers
Premiums-SLMB
Premiums Qualified Individual 1 & 2
Nursing Facility Services
Previously listed as an optional service. Federal Government states it is a mandatory service

* While not listed as a mandatory service, states must insure that transportation is available for recipients so they can assess services.

OPTIONAL: Due to federal regulations regarding services to children, all medically necessary services must be made available to individuals under 21 years of age

Prescription Drugs
Dental Services
Healthy Steps
Treatment Services for Children in Private Facilities
Premiums - Health Maintenance Organizations
Hospice Services
Speech & Hearing Services
Special Education Services
Psychological Services
Breast & Cervical Cancer
Chiropractic Services
Premiums - Group Health
Targeted Case Management Pregnant Women & Infants
Division of Juvenile Services - Intensive In-Home
Physical Therapy Services
Premiums - AIDS Insurance
Occupational Therapy Services
Private Duty Nursing Services
Foster Care Family Support Services
Healthy Senior RX
Seriously Emotionally Disturbed
Targeted Case Management Services DJS Alternative Care
Elderly and Disabled Medicaid Waiver
Traumatic Brain Injured Medicaid Waiver
Personal Care Services

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 14, 2003

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

Minutes:

Chairman Delzer called the meeting to order with all members present except V-C Warnke.

Linda Wright, Director, Aging Services, began testimony **(see attached).** There was discussion regarding services provided by counties and their responsibility to collect for those services. QSP's are responsible for collecting their own fees. In addition, **Wright** said that a yearly auditing function exists for checking income levels. **Wright** said that 456 individuals would be affected if the liquid asset test was changed to lower than $25K. In addition, she said that between $50 - $25K, 172 clients will be affected. She further stated that 174 clients are impacted between $20K - $25K. 346 clients between $50K - $20K are affected. At the time that SPED services were frozen, 1,748 clients were impacted.

Recess.

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Wright continued with Senate Eligibility Program Changes **(see attached). Jeremy Fleckenstein** provided additional fiscal information regarding number of individuals, provider rates (cap $1,200/mo) **Wright** said that currently, 76 individuals are in a waiting pool and 163 have requested services but have not yet been assessed. She also said that currently, the limit per month per client is $406.58.

Wright continued with SPED & Expanded SPED Cost Cutting Measures **(see attached).** There was discussion regarding local level matches (5%). She also said that the budget was based on 135. There were questions regarding the increase funding request and she responded that the complexity of services provided is increasing.

Next, **Wright** moved to the January 03 spend down **(see attached).**

Rep. Kempenich asked why costs per client are increasing.

Wright answered that many factors play into the increase but in this case, the period of time analyzed must be increased to get a more accurate figure and that billing factors also affect the rate.

Wright revisited Attachment A (from 03-13-03) **(see attached).**

Chairman Delzer asked whether or not the department plans to cut costs and freeze the executive budget.

Wright said that they have kept some of the measures in place, but are anticipating that the program will be reinstated.

Rep. Kerzman asked about the waiver and the lack of federal dollars, and wondered what mechanism exists to garner more federal dollars.

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Wright replied that targeted case management reflects the added funds but computer problems have prohibited the department from looking at those changes specifically.

Recess.

Alex Schweitzer, Superintendent, State Hospital (see attached).

Schweitzer began testimony with his organizational chart. There was discussion regarding FTE's and deleted FTE's. There was additional discussion regarding the institution's bench marking with other like facilities to ensure that the hospital is performing effectively.

The discussion moved to patient census, and categories of care.

Rep. Kempenich asked about Eight Rivers and learned that the program was no longer in place.

Ken Schulz, CFO, State Hospital provided information regarding daily room and board rates **(see attached),** a Revenue Comparison that is reflective of the situation before the Senate decreased by $2 million **(see attached),** and 2003 - 2005 Budgeted FTE's **(see attached).**

Schulz said that the $2 million reduction makes their situation a little more difficult, but thinks that they will be able to operate within that figure.

Rep. Metcalf asked about FTE evaluation and learned that every year, administration reviews and evaluates FTE's and classifications.

Recess.

Schweitzer continued with information pertaining to the Developmental Center **(see attached)** and the Summary by Division, Line Item & Budget Code **(see attached).** There were questions relating to how the Developmental Center ranks with like institutions.

Schweitzer said that he knows of no formal ranking system but that our outcome data compares well with other facilities and is over the national average.

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Chairman Delzer asked about part-time positions at the Developmental Center and learned that half-time employees do receive state health benefits and that the guidelines are as follows:

- work at least 17.5 hours per week

- work at least 5 months per year

The committee asked about the increase in operating fees and services.

Schweitzer explained that the perceived increase was a result of a providers assessment to the tax department and that actually, barring that, the budget had decreased.

Chairman Delzer requested a list of repairs and noted that the line item had decreased $85K. There were questions relating to Professional Services, which reflects contract medical staff such as nurse practitioners, but that the line item is reduced from lasts biennium. He also asked about printing costs and learned that this line item reflects all paper products for the facility, including supplies for residents.

Schweitzer continued a line by line overview of the budget. The committee specifically questioned food & clothing (based on 161 residents), medical, dental & optical (will be addressed in Human services budget), and other funds (page two).

Chairman Delzer requested a list of these funds, their source, how the use of such affects the budget, and any matching requirements that exist.

Schweitzer continued with DC-Revenue Comparison (see attached). There were general questions regarding the activity center (Colette) and the work activity center (Dakota).

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 17, 2003

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

Minutes:

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

Gene Hysjulien, Director, Disability Services (see attached) began testimony with his division's organizational chart. There was discussion regarding FTE's. The committee learned that VR's are all in the operating line item. There was also discussion relating to eligibility determinations which run at a 90% accuracy and number 5,800.

Hysjulien moved to his operating budget and provided an overview **(see attached).** There was discussion relating to corporate guardianship. The committee learned that it is contained not in grants, but in the operating line. In addition, there was discussion that in order to use the program, the client must be Medicaid eligible. The committee learned that currently, corporate guardianship costs $3.92 per day and is projected to rise to $3.97 per day. There was discussion regarding the increase in postage and the equipment loan library.

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Hysjulien submitted Part C - Marketing Plan (see attached). There was discussion regarding how clients are initially identified and the committee learned that typically it is a referral from a doctor, daycare providers, or parents. The criteria is that the infant be high risk.

Rep. Kempenich asked how many children are served and learned that currently there are 420 divided into eight different programs. The committee also learned that it is an ongoing program that is federally funded and requires no matching funds.

There was discussion regarding the IPAT library. **Chairman Delzer** asked how the department went about setting up the program, specifically whether or not a RFP was issue.

Hysjulien said that the department had discerned that the most effective way to administrate the program would be to keep it within the state umbrella.

Continuing with the line items, **Hysjulien** was questioned regarding professional services, printing, professional supplies and materials (90% federal, 10% state)

Chairman Delzer asked for a list of corporate guardianship clients who are not Medicaid eligible. He also made mention of an amendment that shifts Independent Living back to general funds.

Hysjulien next moved to his Explanation of Object Codes **(see attached).** He said that unspent funds revert to the federal government.

The discussion reverted to Independent Living and discussion of the 90%/10% federal/state split.

In addition, the committee learned that the program is comprised of four grants and serves 2,790 people.

Chairman Delzer asked for a breakdown by center.

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Hysjulien next moved to DD grants and said that only federal dollars are budgeted and provided an overview of programs. He also stated that at the end of the biennium, there will be $350K remaining in general funds. There was discussion relating to job coaching and hours spent (10-15 hours per week).

Chairman Delzer asked for justifications by department or employer.

Hysjulien said that currently there are quarterly assessments conducted, serves 323 clients, and is not a required service. He also noted that without these services, many of these individuals would be unable to work. There was additional discussion regarding the range of salaries earned by these clients and the types of work these clients pursue.

Chairman Delzer asked how these wages affect the client's recipient liability and

Hysjulien said that sometimes this is an issue.

Chairman Delzer asked about types and extent of services provided and learned that the program includes day support and residential support.

Chairman Delzer next asked about costs associated with the program and learned that currently there are two options, one HUD based and one not. Fees for HUD based living arrangements are calculated based on a percentage of income juxtaposed to fair market rental rates. The non-HUD option is roughly $500.00 per month.

The discussion moved to Family subsidies in which there are 438 families participating at a cost of $151.47 per month. The committee learned that eligibility requirements are addressed in administrative code.

Recess.

Hysjulien next provided the following materials:

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People Served at Each Independent Living Center **(see attached)**

IPAT Equipment Loan Library Payments **(see attached)**

Part C Funds in Salary Line for 03-05 Biennium **(see attached)** which is case management dollars spent and returns.

Randolph Sheppard Set Aside Balance **(see attached). Chairman Delzer** asked about the negative numbers and learned that $40K represents grant authority and $15K represents general authority.

Mark Kolling and **Colleen Stockert** provided some fiscal information relating to children and Medicaid eligibility.

There was discussion relating to Independent living arrangements (individual $74.00/day; SLA $6.55/day) and the cap of $100.00 on copays.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 18, 2003

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

Minutes:

Chairman Delzer called the meeting to order with all members present except Rep. Kempenich, who walked in around five minutes late.

Colleen Stockert began testimony with the DD Grants Budget **(see attached). Tom Walner, Director, DD Council**, also provided testimony. There was discussion related to performance outcome measures, a listing of grants, whether or not the director was appointed, and the makeup of the 20 members of the council who are appointed by the governor. In addition, there was discussion regarding the lack of an appeals process. **Walner** said that re-application is necessary.

Linda Wright, Director, Aging Services, provided additional information regarding Aging services. She began her testimony with her organizational chart **(see attached).** There was discussion regarding budget line items. The committee learned that Older American Act funds have been moved from the grants line to the operating fees and services line.

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Chairman Delzer asked for a list of grants with amounts.

There was discussion relating to standardized rates and the travel line item. Wright said that travel reflects QSP, SPED & Expanded SPED, Medicaid waver related travel and an ombudsman function.

Gerry Hegstad provided some information relating to the IT telephone line item. There were questions relating to ITD and the Tax dept. The committee learned that the line item is specific to ITD.

There was additional discussion regarding ombudsmen, 3.0 full-time FTE's, and funding sources.

There was discussion relating to Homemakers Services and services provided by either independent or agency providers. The committee learned that some counties use the block grant funds to provide services. There was discussion relating to volunteer and the difficulty in tracking volunteer time. The committee also learned that volunteer time can be used for match if properly documented and reported.

Paul Ronningen, Director, Children's and Family Services began his testimony with his division's organizational chart **(see attached).** There was discussion relating to two student positions that are currently eliminated from the budget. The two positions comprise $26K per biennium. In addition, the committee learned of a vacant FTE that will also be eliminated. Testimony changed to Budget Level 300-46 **(see attached).**

There was discussion regarding to the canceled foster care conference and recruitment efforts for foster care.

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V-C Warnke requested a list of operating fees and services and a breakout of how the department made the budget.

Rep. Kempenich asked about retention levels in the program and learned that overall it is a problem for the program.

Testimony shifted to Grants - level 300-46 **(see attached).**

Chairman Delzer asked for perimeters of the Bush Foundation grant.

The committee learned that there is a 20% match paid by the counties. In addition, there was discussion regarding the independent living program.

There was discussion regarding 4-E foster care and TANF block grant funds and the child support impact on the same.

The following is a breakdown of clients served:

4-E: 525

Regular Foster Care: 462

Foster Care Services: 245

Subsidized guardianship: 16

Therapeutic foster Care: 258

There was discussion relating to state wards who live out of state in facilities (34) and those who live with family out of state (10-11)

V-C Warnke asked the division to provide numbers for out of state children.

The discussion shifted to foster care training. There was discussion related to the 50/50 split with UND and the 92 RTC beds.

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Ronnigen said that currently the division is seeing growth in subsidized foster care. He also noted that as children are adopted, the state's costs decrease.

Chairman Delzer requested numbers for adoption and foster care in addition to court costs associated with the same.

Recessed.

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10-14-03 — Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 19, 2003

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

Minutes:

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

Tom Walner, DD Council, (see attached) provided answers to questions posed in an earlier hearing.

Roger Hertz, Director, IT, (see attached) provided information pertaining to docking stations for laptop computers, the department's computer equipment replacement schedule, and provided specifics regarding the department's use of temporary labor hired through Kelly Services.

Paul Ronningen (see attached) provided specifics regarding adoption assistance.

He also submitted the following materials:

Bush Foundation Funding for Early Childhood Services **(see attached)**

Attachment B: Licensed ND Residential Treatment Center **(see attached)**

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Maintenance/Service Daily Rates Group **(see attached)**

Foster Care and Adoption Trends **(see attached)**

Chairman Delzer asked about special needs and requested a list.

Out of State Placements - 2003 **(see attached)**

The committee learned that the budget was based on sixty children.

Paid Cases by Month for the 2001 - 2003 Biennium **(see attached)**

Paid Cases by Month for the 1999 - 2001 Biennium **(see attached)**

Terry Traynor (see attached) addressed 53 county indirect cost allocation plans for July 2001 - June 2002.

Roger Hertz, (see attached), provide a list of 2003 - 2005 hardware.

Blaine Nordwall, submitted 2001 - 2003 Budget **(see attached)** and 2003 - 2005 Biennium Food Stamps Program. He said that the department had changed some calculations which had increased benefits. There were questions regarding the 14K recipients for 01-03.

Child Care Assistance Savings **(see attached).** There was a $848K savings in November 2002 and a $923K in savings for October 2002.

Medical Eligibility Factors **(see attached)**

Dave Zentner, Director, Medical Assistance submitted information relating to Nursing Home and Basic Care Recipients and Expenditures to Date - January 2003 **(see attached)**

There was discussion regarding the moratorium, but **Zentner** said that it could be reversed at any time if a need is shown.

Chairman Delzer asked about assisted living beds and facilities. Facilities are located in Linton, Hettinger, and Fargo. There was also discussion regarding copays doubling if a non-emergency

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situation is treated in an emergency room. There was discussion about imposing stiffer copays to get recipients to think twice about using services.

Chairman Delzer said that his intent is to make sure that there is a safety net if someone really needs a service, but that we need to retract as much as possible.

Zentner provided Drug (Net) Units **(see attached).**

Chairman Delzer asked about the spikes shown on the chart and learned that paying time-frames have caused them.

Chairman Delzer asked if the department could require an increase in amount of rebate.

Zentner said that the pharmaceutical manufacturers would have to cooperate.

Median Plus 12.3% **(see attached).** Median is at 20/20/10.

Linda Wright submitted Aging Services Operating Fees and Services **(see attached)** and Aging Services Contracts in the 2001 - 2003 Biennium **(see attached).**

Chairman Delzer asked for a break out of title three funds.

Aging Services Schedule of Grants **(see attached)**

Aging Services QSP Training **(see attached)**

Chairman Delzer asked how much training materials the division currently has.

Wright said that they have 50 student packets and 50 teacher packets.

Adjourned.

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10-14-03
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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 20, 2003

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

Minutes:

Chairman Delzer called the committee to order with all members present except Rep. Kerzman who walked in five minutes later.

Karen Romig Larson, Director, Mental Health Substance Abuse Division, began testimony by providing an overview of her organizational chart **(see attached).** There was discussion regarding the $850K annual mental health block grant and maintenance of effort. The committee specifically questioned the travel line item and learned that expenditure are directly related to grants-related travel. In addition, there was discussion regarding payroll suspense which is related to a new grant for the Olmstead Act. The committee learned that currently, the division pays $10 - 11 per square foot for office space. **Romig Larson** provided a schedule of Professional development expenditures **(see attached breakdown).** She submitted Operating Fees and Services **(see attached).** There was also discussion regarding programs related to

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compulsive gambling. There was discussion about a $200K grant that had been increased to $400K. **Romig Larson** provided the committee with Mental Health Extended Services **(see attached).**

Chairman Delzer asked for the numbers served, whom served and amounts. In addition, he asked about CSCC money and where it is located within the budget.

Romig Larson replied that that do not have funding but have the authority.

She also provided the Prevention Contract Schedule **(see attached).** There was discussion regarding granting levels and how administered.

Recess.

Tim Sauter,. Director, West Central Human Service Center (see attached) began his testimony with the center's organizational chart. There was discussion regarding FTE's, deleted & added FTE's (-2.65 from Dual Diagnosis; -20 from Adolescent Treatment, +1 to Substance abuse) There was also discussion regarding 14 case workers in dual diagnosis who have a case load of 30 - 40, 9 case workers who have a caseload of 15 - 20 and serve 147 total children.

Chairman Delzer asked for a copy of the sliding fee schedule.

Sauter submitted the Summary by Division, Line Item & Object Code - 2003 - 2005 **(see attached).** The committee specifically questioned the temporary line item and learned that the expenditure was related to Manchester house. In addition, there was discussion regarding payroll suspense which was related to the director sharing. The committee learned that Sauter earned an extra $527.00 per month for taking on the extra responsibilities. The committee also had questions relating to IT-Telephone and learned that the center had received a reduction in rate, had reduced usage, uses 17 cell phones. The committee continued with travel and learned that

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the increase is partially related to the sharing of the director ($12K per biennium) and also includes the state fleet charges which have increased. There is also client related travel that is a result of the state hospital admitting less people which puts more pressure on the local human service centers thereby increasing the number of client visits. The committee also questioned Lease/Rent - Bldg/Land and learned that the decrease is a result of the privatization of Manchester House.

Chairman Delzer asked for a total amount that is paid to the Dakota Foundation in rent.

The committee learned that Manchester House will be purchasing psychiatric services from the center which will generate some revenue.

There was discussion regarding director remuneration, (03-05 Base: $5,257/mo.West Central = $161K biennium; $5,694/mo. Badlands)

Chairman Delzer asked for a schedule of savings that have resulted from sharing the director between two centers.

The committee questioned the decrease in Professional Development and learned that it relates to the changes at Manchester House specifically to dual diagnosis. There were also questions relating to repairs which are mainly for fixing office equipment and furniture.

In addition, the committee learned that the Medical, Dental & Optical line item is specific to prescriptions.

The testimony moved to Child Welfare - Respite care and the committee learned that the rate is negotiated. In addition, recipients must be disabled in some way to receive services.

Sauter submitted Experienced Parent Program **(see attached)** which is a peer program to help parents with DD children.

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Chairman Delzer asked for a schedule for grants with totals.

Sauter addressed Mental Health and Substance Abuse Services **(see attached).** There was discussion regarding the $100.00 per hour charge for psychiatric care, third party coverage, the Partnership Program which represents $296K in federal funds from Title 19, and the center's social club. There was also discussion regarding the ability to transfer funds with the client from one service base to another.

Chairman Delzer asked what the expected rollup and learned that it is expected to be $37K.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 21, 2003

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

Minutes:

Chairman Delzer called the meeting to order with all members present except Reps. Kerzman, Kempenich, and Metcalf. Both Reps. Kerzman and Metcalf joined a few minutes later.

Marilyn Rudolph, Regional Director, NW Human Service Center (see attached) started with her center's organizational chart. There was discussion regarding FTE's and reductions in administration/support (2.5 of 11.5 total) and mental health and substance abuse (4 of 34 total). There was also discussion regarding a 3-year $101K HUD grant written by the ND Association for the Disabled which started in 01/03. It's purpose is to fill the void created by the closing of Hillman House and provide for 2 - 3 crisis beds.

V-C Warnke asked why the Center had decided to close Hillman and learned that the decision was taken primarily for the benefit of clients, specifically because of difficulties melding two diverse populations in a care setting. **Warnke** also asked about the furniture issue regarding

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which she has been receiving emails and found out that the only furniture that is being taken is donated furniture. Anything that is state property stays.

There was discussion regarding nursing services. The committee learned that 350 clients are served, the numbers are unduplicated, and that all clients receive multiple services. The discussion turned to Disability Services which has 12 FTEs.

Chairman Delzer asked for a map of regions and a list of requirements for voc rehab.

The discussion moved to Infant Development and the committee had questions regarding what criteria are used to define an "at risk" infant. Next, the committee discussed Older Adult Services, Extended Care (1 vacant FTE, 2 FTE reduction), DD Services (1 FTE reduction), and temporary employment ($152K; reduced $60K; 79% federal; 21% general).

Rudolph provided a list of grants **(see attached).** She was specifically questioned because of overspending. She said that the overspend was a result more demand for services.

There was discussion relating to the Part C Grant ($1.8million/year). This grant runs on the federal fiscal year; the center is able to draw down funds as needed; use 2/3rds of the funds per year; no match required. The committee also learned that the infant development program is partially part c funds.

V-C Warnke asked if the federal government has expanded the definition of special needs or DD and learned that had not happened.

Chairman Delzer asked what percentage of clients have insurance.

Rudolph didn't know the exact percentage but stated that the center collected $379K in third party payments.

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There was discussion regarding rates (normal rate $340/day; center's rate=$240/day). There were questions relating to the numbers in the program. **Rudolph** said they had served 315 this biennium and encompasses 16 beds plus outpatient.

There was discussion regarding service centers sharing staff and the efficiencies created.

Rep. Kerzman asked whether there was a waiting list for services and Rudolph said no.

Recess.

David Snyder, Director, North Central Human Service Center (see attached) began testimony with his center's organizational chart. There was discussion regarding the Oppen Program, which encompasses 6.88 FTEs, 6 beds, and delivers services such as short-term foster care (60 days), short-term shelter, and a visitation program. They also provide shelter for pregnant women under 18, and have had 10 pregnancies in the last year. Most of the beds are used for short term foster care and shelter service and have a 80-90% occupancy rate.

There was discussion regarding extended care coordination and caseloads which are 27 clients per case manager and encompasses 9 FTEs. Nursing services have a case load of 67 cases per nurse, substance abuse-adult have case loads of 30 per manager, and DD are currently 62 per manager. In DD, the center is contemplating reducing by one FTE which will change the caseload to 70 per manager.

Discussion shifted to regional statistics. The committee learned that the center currently has 34 beds and has an 85-90% occupancy rate and encompasses 4 programs: New Hope, Recovery House, Crisis Residential, and Residential, located in Parshall.

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The discussion shifted to operating costs. The committee learned that the center is paying $9.35 per square foot for office space. There was discussion regarding the basic partnership between Bottineau and Mohall and the coordinated health arrangements for cases.

Chairman Delzer asked if anyone was currently interested in early retirement and requested a copy of the center's policy.

There was discussion regarding the tribal role in the service center ($6000 per month) and a gambling addiction programs and contracts with Lutheran Social Services.

There was conversation regarding the Harmony Center with Trinity and the daily attendance of 45.

Rudolph said there was an increase in short-term inpatient hospital care services provided.

Lynn Nelson, Director, Lake Region Human Service Center (see attached) began testimony with the center's organizational chart. There was discussion regarding the center's FTEs which will be reduced (1-administration; 1-mental health; 1-voc. Rehab.)

Brenda Weisz addressed the committee's questions regarding the director sharing issues and stated that the department evaluated salaries and additional duties and discerned that it was cost-effective. It allowed a decrease of 3 FTEs.

There was discussion regarding cell phone use (9 cell phones) and rent ($7.70 per square foot).

There was also discussion regarding alcohol treatment services and funds that are only used for treatment but cannot be used for prevention. Funding has increased and the center is using this increase to target under served population groups ($380K total).

Discussion shifted to Adolescent treatment and a transfer of $111,076 with $22,489 for the Rolla unit.

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There was discussion regarding the social club that has 50-60 full time members.

Rep. Kerzman asked whether or not the current budget adequately serves demand for services and whether or not there was a waiting list for services.

Nelson said yes, the budget serves adequately and that there is not a waiting list.

There were questions relating to 3rd party insurance regarding which Nelson did not have specific numbers, but told the committee that currently 71.9% of clients served receive a 100% discount on services and 18.45% pay the full fee. The committee also learned that 1 out of 4 in the region live in poverty, which is twice the regular rate.

There was discussion regarding SAPT block grant **(see attached)** and the increase.

Lynn Nelson, Director/Mark Anderson, Fiscal Manager, South Central Human Service Center (see attached). Nelson began testimony with the center's organizational chart. There was discussion regarding reductions in FTEs in administration (two). There was discussion regarding case loads (acute care-76; substance-60; extended care-30; children's services-35; voc.rehab.-100-140; DD-69).

There was discussion regarding the center's travel line item and its level in comparison with other centers. The committee learned that travel is higher because it is a larger region and also has 6 satellite clinics in Valley City, Oaks, Wishek, Cooperstown, Harvey, and Carrington.

Rep. Metcalf asked 1) How affected by changes at state hospital? 2) How often and how long at Lake region? 3) Hours per week on the road?

Nelson said that 1) Changes at state hospital won't affect the center that much. 2) Splits time evenly between centers. 3) 4 hours.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 24, 2003

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

Minutes:

Chairman Delzer called the meeting to order with all members present, except Rep. Kempenich who joined the committee a while later.

Nancy McKenzie, Regional Director, NE Human Service Center, began testimony with her center's organizational chart (see attached).

There was discussion regarding each service area at the center and specific information given with regard to numbers served, case loads, and FTE changes (Acute clinical-1,459 served, 25-30 avg. case load; Ex. Care Coordination-1,337 served, mid 30's case load; reduced on FTE; Psychiatric-1000 served; Substance abuse-900 served, case load varies, Ruth Meiers-reduced 13.5 FTEs; Partnership-reduced 3 FTEs, 60 avg. case load; DD-reduced 1 unfilled FTE; Infant Dev.-114 served, 13 avg. case load). Most FTEs within infant development are engaged in direct

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care, but fill a case management function as well. One FTE is the coordinator for the Healthy Family program in Grand Forks.

There was discussion regarding the federally funded Foster Grandparent program, the RSVP program, which is aligning with NDSU Extension Services, and the center's overall 20.8 FTE reduction. In addition, there was discussion relating to the Ruth Meiers program and the $1.5 million needed for restoration (1/2 are general funds). Continuing with line items, the committee specifically questioned travel, which are expenses associated with outreach for a four county area and the Grafton office which is staffed full-time. This also includes all costs of state motor pool vehicles.

Chairman Delzer asked for a schedule of regional unduplicated numbers broken down by type of service received.

There was discussion regarding software supplies, which are just expenses associated with printer toner and ink, postage, which is a meter that is paid quarterly, lease/rent, which has a reduction that is associated with the Ruth Meiers program. The committee also learned that currently the center is paying $11.72 per square foot for office space.

The committee questioned Professional Services and learned that expenses within this line item are associated with stipends paid through the Foster Grandparents program. In addition, there was discussion relating to the Other funds line, which is revenue generated by supplied service.

Chairman Delzer asked for a breakdown of insurance and private pay clients.

There was discussion regarding the grants line which is associated with 3 contract physicians who are paid between $125 - $140 per hour.

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McKenzie next provided an overview of services. There was discussion regarding SMI Case Management (8211), Social Clubs (8217), which average 33 clients per day, and is operated in partnership with the Mental Health Association, SMI Residential (8269) which is a residential program that provides support via direct care workers.

Rep. Metcalf asked about the relationship that exists between the center and the State Hospital and learned that currently, the center only refers 3-4 admission per month with all other needs being met at the community level.

McKenzie next provided an overview of the Southeast Human Service Center organizational chart. There was discussion regarding FTE reductions in Acute clinical, and clients (4-5 per month), caseloads (30-40), and total FTEs (19.5). There was also discussion regarding RIS partnership (90-100 caseload), medical services (.55 FTE reduction), and substance abused (1 FTE reduction).

Chairman Delzer asked about direct care versus administration time and learned that caregivers spend 70% of their time in billable activity.

There was discussion regarding psychiatric services supplied to law enforcement facilities.

The committee had questions regarding "Off Main" and learned that services are provided to about 100 per month with serious mental illness coupled with addiction issues. The program has a turnover of six per month. The committee learned that the services are intense, one-on-one, and usually daily and are provided by addiction counselors supplemented by case managers.

The committee next moved to Dakotah Pioneer program and learned that it is a 31 unit supported living complex with on-site staff. The facility is sometimes used as transitional care and many of

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the clients work. In addition, the program encompasses four crisis beds which the center hopes to increase to 8-10.

The committee moved to Children's Services and learned that 150-200 per month are served. In addition, **McKenzie** said that the program had been increased by two new federally funded FTEs in response to increased demand for services. There was discussion regarding DD (1 FTE decrease), Infant development (90-100 children served), and DWAC (50 clients).

Rep. Metcalf asked about cross over between programs and services and learned that some clients may be utilizing more than one service such as transitional housing and some sort of substance abuse treatment.

The center has a total of 194.75 FTE and will be decreasing by 8 (admin-3; acute care-1; ex.care coord-1; substance abuse-1; DD case mgt-1; RSVP-1; Medical services-.55)

The committee next moved to the center's operating budget **(see attached).** There was discussion regarding a bond payment (2008) and total population of the region (162K). There was discussion regarding outreach areas that include: Lisbon, Wahpeton, Hillsboro, Mayville.

The committee learned that services are provided to both children and adults, at a center or in private homes, and that the center is seeing an increased demand for services.

The committee moved to Lease/Rent-Blds/Land and learned that the line item encompasses rent for the Off Main and Dakotah Pioneer locations. Next, the committee moved to Professional Development.

Chairman Delzer asked why in the face of under spending had the requested appropriation remained level for the next biennium and learned that the center anticipated reductions in budget and had reacted by conserving expenditures in this line item.

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The committee next questioned the repairs line item and learned that this line item reflects all maintenance aspects of upkeep for the center. Next, the committee asked about Miscellaneous supplies and was told that this line item encompasses all miscellaneous expenditures for client programs, such as arts and crafts supplies, plus dishes and silverware.

Rep. Metcalf asked about the decrease and whether or not the center thinks their expenditures in this area will increase over the next biennium.

McKenzie said that no increase was expected.

The committee next moved to the grants and benefits section **(see attached).**

V-C Warnke asked about involvement in the Rainbow Bridge program and learned that the center is involved, but the expenditure, which is handled through child support, will be reduced.

The committee learned that disability services was primarily funded through part-c dollars.

Chairman Delzer asked about aging services administration and the increase and learned that it is a contract with Cass County Social Services and that the program has experienced increased demand.

There was discussion relating to the medical director and psychiatrists (unused contract dollars, now on staff), emergency medical (Merit Care contract, 70% of actual costs for indigent clients), and CD short-term residential ($8/day; $23/day; $38/day).

Recess.

Tim Sauter, Director, Badlands Human Service Center (see attached) began with an organizational chart for the center. There was discussion regarding FTEs (acute clinical-reduced 5 FTEs; Addiction services-reduced 1 FTE; Ex. Care coordinator-reduced 1 FTE, 37 average

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case load; Partnership-10 average case load; Long term residential-8 beds, close to 100% occupancy; DD services-reduced 2 FTEs).

Rep. Metcalf asked if the decrease was due to demand level or funding issues and learned that there has been a 7% increase in demand and that the center is streamlining services for efficiencies.

The committee next moved to operating expenses **(see attached)** and specifically questioned rent, which encompasses the residential program, main office, and outreach offices in Beach and Bowman. There has been a reduction which is a result of donated space in Bowman and Beach. Moving to the grants line, there was discussion regarding contract medical services which currently cost $105 an hour, but are increasing to $110 an hour.

There was discussion regarding short-term inpatient hospital care which is a contract with St. Joe's ($2000 admission) and the social club (24 clients per day, 159 membership).

Brenda Weisz, provided the committee with information relating to Retirement adjustments **(see attached)**, Vulnerable adult services **(see attached)**, Adjustment to move Ruth Meiers Funding **(see attached)**, Aging Grant funding **(see attached)**, Federal Funding Mental Health **(see attached)**, and Emergency Commission Actions **(see attached)**. In addition, she said that WSHSC pays $10.77 per square foot for office space, but pays $12.08 per square foot for some of it, in addition to $2.21 (escalator). Weisz also said that the center pays $777,415 per year to the Dakota Foundation.

Adjourned.

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10-14-03 — Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date March 27, 2003

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

Minutes:

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

Chairman Delzer and other members of the committee proposed some amendments for the bill as follows:

1) Within economic assistance, because TANF has not been reauthorized and the changes that will occur, expects the department to be able to live within its grants line by next biennium.

2) Requested a LTC study on rate structure, equalized rates. Look at LTC continuum and find a more efficient way to address LTC needs.

3) Set up committee to monitor and use mostly people from appropriations and with human service experience. Look at administration numbers at the HSCs and at county level to look for duplication of services. Look at SWAP legislation. **Rep. Bellew** asked to study the way LTC is delivered.

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4) Allow the department flexibility to move funds from one line to another without Emergency Commission approval, but reporting for transfers in excess of $50K, and feedback from department regarding the effectiveness of this flexibility **(language provided by department, see attached).**

5) V-C Warnke requested that the language be changed in section 2 of the bill **(language provided by Community Health Care Association, see attached).**

6) **Rep. Bellew** requested that section 5 of the bill be removed.

7) Move LTC direct care limit to $85.00 ($2,925,207 out of IGT), 95 percentile, $1.75 million to SPED. **Rep. Kerzman** requested that $4.6 million be returned to SPED and $300K to expanded SPED.

8) Medical Services (durable, optometric, chiropractic, psychiatric services): $100K of compulsive gambling funds and $1.1 million from operating, program and policy grants line to medical services. Reinstate durable medical, expect department to institute copays at maximum levels, including $6.00 for non-emergency, emergency room visits.

V-C Warnke asked for $3 million from IGT to DD providers and 30-33% to cover health care increases, remainder to salaries; prescription - $2.8 million; psychiatric - $150K; Durable medical - $984K, and $1.00 increase for DD salaries.

9) **Rep. Bellew** requested $100K for Independent living from IGT via general funds and lower time limit in voc. Rehab from 6 months to 3 months.

V-C Warnke requested the reinstatement of Ruth Meier funds.

Rep. Kerzman requested $1.5 million for admin/support; $100K for IT-contractual; $4 million for Program and policy; $2 million for state hospital; $1 million for Developmental centers.

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V-C Warnke requested $100K for QSP training costs.

10) **Chairman Delzer** requested $200K out of IGT for SLAs with stipulation that the funds be matched at the local level either by cities or counties.

Recessed.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date April 1, 2003

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

Minutes:

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

The committee began by reviewing suggesting amendments to the bill.

Rep. Kerzman suggested that funding in administrative support be restored and stated that this is vital to the department and that to cut in this area would be shooting the department in the foot.

Rep. Kerzman moved the amendment.

Rep. Metcalf seconded.

Voice vote

2 YES 4 NO 0 ABSENT

Motion failed.

Rep. Kerzman suggested that funding in IT be restored.

Rep. Kerzman moved the amendment.

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Rep. Metcalf seconded.

Voice vote

3 YES **3 NO** **0 ABSENT**

Motion failed.

V-C Warnke moved the amendment relating to a LC study of administrative costs of the DHS central office, human service centers, and county social services.

Rep. Kempenich seconded

Voice vote

5 YES **1 NO** **0 ABSENT**

Motion passed.

V-C Warnke moved the amendment relating to flexible spending within the department.

Rep. Kempenich seconded

Voice vote

6 YES **0 NO** **0 ABSENT**

Motion passed.

Rep. Bellew moved an amendment relating to the removal of section 5 of the bill.

V-C Warnke seconded.

Voice vote

4 YES **2 NO** **0 ABSENT**

Motion passed.

Rep. Kerzman moved the amendment relating to the increase of general fund support in program/policy management.

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Rep. Metcalf seconded.

Chairman Delzer stated that given the fiscal situation, the state doesn't have the funds to support this increase.

Rep. Kerzman said that this reduction hurts the whole program and thinks that if the committee really wanted to increase in this area, that they would find a way to do it.

Voice vote

2 YES 4 NO 0 ABSENT

Motion failed.

Rep. Bellew moved the amendment relating to the reduction of operating expenses.

Rep. Kempenich seconded.

Voice vote

4 YES 2 NO 0 ABSENT

Motion passed.

V-C Warnke moved the amendment relating to durable medical equipment.

Rep. Kempenich seconded.

Voice vote

6 YES 0 NO 0 ABSENT

Motion passed.

Rep. Kerzman moved an amendment relating to the restoration of funding for durable medical equipment for adults, psychological services, and prescription drugs.

Rep. Metcalf seconded.

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Rep. Kerzman said that he thinks that the committee has really shortchanged the programs over the last biennium and that these services are imperative to keep clients viable and living in their own homes.

Rep. Metcalf said that he is concerned that the reductions are really squeezing pharmacies.

Voice vote

2 YES 4 NO 0 ABSENT

Motion failed.

V-C Warnke moved the amendment relating to the Ruth Meiers Adolescent Treatment Center.

Rep. Kempenich seconded.

Voice vote

6 YES 0 NO 0 ABSENT

Motion passed.

Rep. Kerzman withdrew the amendment relating to the $1.00 increase per hour for employees of developmental disabilities service providers.

V-C Warnke moved the amendment relating to the increase to 33% percent of salary for employees of developmental disabilities service providers and the 37-cent per hour increase for the same.

Rep. Kempenich seconded.

Voice vote

6 YES 0 NO 0 ABSENT

Motion passed.

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V-C Warnke additionally moved to increase to 63-cents to bring the increase to a total of $1.50 per hour.

Rep. Kerzman seconded.

Allen Knudsen, Legislative Council, said that the total price tag for the increase is $3.3 million.

Chairman Delzer said that he couldn't support the increase.

V-C Warnke stated that over the last biennium, these workers had received only a 10-cent raise and that their health care benefits have not been completely covered. She cited these issues as reasons for high turnover and that care is negatively impacted. She also said that she thinks that a wage study needs to be conducted to get the workers to at least an average salary and thinks that $1.50 is needed.

Voice vote

3 YES 3 NO 0 ABSENT

Motion failed.

V-C Warnke moved the amendment relating to the nursing facility direct care limit.

Rep. Bellew seconded.

Rep. Kempenich stated that because the money is coming from other sources, it will be difficult to fund later on.

Chairman Delzer stated that a study should be conducted to discern whether or not the expenditure is viable, but will still support the amendment.

Rep. Metcalf said that he is concerned that because the expenditure is in brick and mortar it looks more expensive than it really is and that we can't regress.

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Rep. Kempenich asked why just a few facilities are driving up the costs and thinks that some changes need to be made, but will probably support the amendment.

Rep. Kerzman said that he will support the amendment, but thinks that the state currently has too many beds. He also questioned the use of a study to look at the issue, and stated that it seems as though whenever a study is conducted, if we don't agree with the results, we just can the study.

Chairman Delzer agreed, but noted that the studies conducted during the interim are very often made up of people who do not have the experience or expertise in the study area and asserted that we need individuals who work in the study area to be involved.

Voice vote

6 YES 0 NO 0 ABSENT

Motion passed.

Rep. Bellew left the meeting.

V-C Warnke moved the amendment relating to funding from IGT for SPED.

Rep. Kempenich seconded.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

Rep. Kerzman moved to hold the total expenditure at $4,382,049.

Rep. Metcalf seconded.

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Rep. Kerzman said that we need more emphasis in this area and stated that it is beneficial to the state to keep people out of institutional care, which increases client viability and is better for communities.

V-C Warnke agreed with these comments but said that SB2083 has yet to be addressed.

Rep. Kerzman stated his concerns that if this is taken off the table it will be forgotten in conference committee.

Chairman Delzer assured him that the issue would remain on the table.

Voice vote

2 YES 3 NO 1 ABSENT

Motion failed.

Rep. Kerzman moved the amendment relating to funding for Expanded SPED.

Rep. Metcalf seconded.

Voice vote

2 YES 3 NO 1 ABSENT

Motion failed.

V-C Warnke moved the amendment relating to funding from IGT relating to QSP training grants.

Rep. Kempenich seconded.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

V-C Warnke moved the amendment relating to CSCC's funding source.

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Rep. Kempenich seconded.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

Rep. Kempenich moved the amendment relating to the reduction in funding for gambling addiction services.

V-C Warnke seconded.

V-C Warnke stated her concerns that the program will need funds to run in the interim before the lottery gets up and running.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

V-C Warnke moved the amendment relating to the change in funding source for independent living centers.

Rep. Kempenich seconded.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

V-C Warnke moved the amendment relating to funding from the health care trust fund for supported living arrangements.

Rep. Kempenich seconded.

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V-C Warnke said that she thinks that a community should only be able to access the percentage of funds that they have people.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

V-C Warnke moved the amendment relating to eligibility for federal health center grants.

Rep. Kempenich seconded.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

V-C Warnke moved the amendment relating to the TANF block grant.

Rep. Kempenich seconded.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

V-C Warnke moved the amendment relating to an increase in copays.

Rep. Kempenich seconded.

Rep. Kerzman supports the idea, but stated his concern that the copay may be burdensome for some clients.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

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Rep. Kempenich moved the amendment relating to LC studies regarding: children with special health care needs, long-term care continuum of services, Medicaid advisory council, a three-month versus six-month vocational rehabilitation follow-up.

V-C Warnke seconded.

Voice vote

4 YES 1 NO 1 ABSENT

Motion passed.

Rep. Kerzman moved the amendment relating to the restoration of funding for the State Hospital.

Rep. Metcalf seconded.

Voice vote

2 YES 3 NO 1 ABSENT

Motion failed.

Rep. Kempenich moved the amendment relating to subdivision 3 of section 1 of the bill.

V-C Warnke seconded.

Voice vote

4 YES 1 NO 1 ABSENT

Motion passed.

Rep. Kerzman moved the amendment relating to the restoration of funding for developmental centers.

Rep. Metcalf seconded.

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Rep. Kerzman said that he thinks that they have submitted a reasonable budget and should be fully funded. He also stated that given the current patterns at the State Hospital, more clients may be leaving the facility and using the developmental centers, making this the wrong time to down-size.

Voice vote

2 YES 3 NO 1 ABSENT

Motion failed.

V-C Warnke moved the amendment relating to Lake Region Human Service Center.

Rep. Kempenich seconded.

Voice vote

5 YES 0 NO 1 ABSENT

Motion passed.

V-C Warnke moved back to the medical services line and requested and moved an amendment relating to taking $500K out of IGT into the Medicaid line, with funds prioritized for in and out patient hospital care.

Rep. Kempenich seconded.

Voice vote

4 YES 1 NO 1 ABSENT

Motion passed.

Rep. Metcalf questioned the motivation for the additional $500K and asked why it just couldn't go directly to durable medical.

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Chairman Delzer responded that given the department's line item flexibility in spending, it just may go there anyway.

Rep. Kempenich said that the intent is to augment medical services, so thinks it should be left there.

Chairman Delzer said that the issue can be discussed in full committee.

Rep. Kerzman asked Chairman Delzer about an additional amendment that he wants to propose that is policy related.

Chairman Delzer asked him to bring it to full committee.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 2012

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date April 3, 2003

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

Minutes:

Allen Knudsen, LC, began by providing an overview of the proposed amendments.

There was discussion regarding section 5 of the bill.

Chairman Delzer said that he thinks that the department should need budget section approval to transfer new money between line items.

V-C Warnke stated that she thinks this requirement would hamper the department's flexibility.

There was discussion regarding the length of time the section would be in force (only applies for the next biennium).

Rep. Kerzman had questions regarding the executive budget (page 5), specifically the $29 million swap from IGT to general funds.

Rep. Kempenich moved the amendment.

V-C Warnke seconded.

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Rep. Kerzman said that he opposes the amendments and will be offering a minority report. In addition, there was discussion regarding $14 million and he stated that he was not doing his job for the people if he keeps cutting.

Rep. Kempenich wondered if Rep. Kerzman had found a source for those funds.

Rep. Kerzman said that he was working on that.

Chairman Delzer reminded the committee that while the current funding was not at the level recommended by the governor, it does represent an increase over last biennium.

Rep. Metcalf noted the increase but also said that costs have increased substantially as well.

Chairman Delzer said that he thinks the funding level is appropriate and given the flexibility in spending that has been given to the department, they should be able to manage adequately. He also noted that ND is lucky in comparison to other states.

Rep. Metcalf was worried that flexibility may be offered as an excuse for underfunding and thinks that the fiscal situation is an opportunity to build ND and create a place that people will stay in and work.

Rep. Kerzman echoed Rep. Metcalf's remarks and stated his worry over the IT situation.

VOICE VOTE (38035.0211)

3 YES 2 NO 1 ABSENT

Motion passed.

Allen Knudsen, LC, provided and explanation of the amendment.

V-C Warnke moved the amendment with the understanding that $10 million of the total will be a general fund expenditure.

Rep. Kempenich seconded.

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Rep. Kerzman was concerned that the $20 million represents a shell game, but will support the amendment.

VOICE VOTE (38035.0211)

5 YES 0 NO 1 ABSENT

Motion passed.

Allen Knudsen, LC, provided and explanation of the amendment.

Rep. Kempenich moved the amendment.

V-C Warnke seconded.

VOICE VOTE (38035.0212)

3 YES 2 NO 1 ABSENT

Motion passed.

Allen Knudsen, LC, provided and explanation of the amendment.

Rep. Kempenich moved the amendment.

V-C Warnke seconded.

VOICE VOTE (38035.0214)

5 YES 0 NO 1 ABSENT

Motion passed.

Allen Knudsen, LC, provided and explanation of the amendment.

V-C Warnke moved the amendment.

Rep. Kempenich seconded.

VOICE VOTE (38035.0214)

5 YES 0 NO 1 ABSENT

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Motion passed.

V-C Warnke moved a do pass as amended.

Rep. Kempenich seconded.

ROLL CALL VOTE

3 YES **0 NO** **1 ABSENT**

Motion passed.

Chairman Delzer will carry the bill.

Adjourned.

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2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2012

House Appropriations Committee

❑ Conference Committee

Hearing Date 4/4/03

Tape Number	Side A	Side B	Meter #
2	xx		13.8-end
2		XX	0-9.4
Committee Clerk Signature	T. Penrose		

Minutes: Chairman Svedjan opened the meeting on SB 2012, Human Services budget.

Rep. Delzer: The amendments are coming around. I move the amendment .0216 to SB 2012.

Rep. Warnke: Seconded.

Rep. Delzer: I will try and go through these. If you look on the first page, of course, you have all the money changes, we'll go through them at the end; the bottom half of the first page and most of the second page has to do with a section that we put on, and it's not actually a section, but the way we see it in the amendment is the way the bills have always come before us; the last few years anyway, with total of all funds left in, estimated income for the Human Service Centers and the institutions, and the bill the way it was put in this year by OMB just had the one line, and down at the end it had less income and the committee decided they wanted to put that back out by centers, just so that we could see it, this year compared to last year, and again compare to next year. On page 3, we'll start going through the sections. Section 5 of the bill has to do with giving the Department the authority to transfer funds between line items for the upcoming

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biennium, what it would allow them to do is transfer anything without emergency commission approval, they would have to come with a report to the budget section, and then again to the Legislative Assembly again next year. One of the reasons we wanted to do this, is because the way the bill came over from the Senate, when the Senate made the reductions, the Department fed them out on certain percentages for each area and we thought that giving them this authority would allow them room to manage the budget a little bit better. We did ask Counsel, a number of times, to make sure that if there is any new federal money, or any new money that came in, would have to go through the emergency commission in the budget section the same as it is. Section 6 of the bill is we put language in that expects the Department, within the next two years, to come back to us when the next budget cycle with the TANF being spent within the amount of the block grant. And we were thinking about trying to figure a way to do it this time, because we are slightly overspending our block grant right now. But with the reauthorization not being completed in Congress, I think it was the request of everybody on the committee and the Department, that this kind of language be put in, that that can be handled after the reauthorization, so that they know what kinds of rules they have to live with, so we don't change something now, and then turn around and have to change it again, shortly thereafter. Section 7 is the section we put in expecting the Department to establish $6 co-pay for Medicaid recipients for non-emergency emergency room visits and to put other limits and co-pays where they can. If you read through there, it says that the Department of Human Services shall establish other service co-payments or to make program changes within the medical services program to operate the program within the funding levels approved by the 58th Legislative Assembly for the biennium beginning July 1, 2003 and June 30, 2005. Now, I think it is the thought and intent of the section

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that this means within the Human Service budget is appropriated. That's the reason we give them the funding transfer up on top. It covers everything so that they can handle all those situations to the best of their management ability. Section 8 of the bill, is nursing home aid. That's where we put in the $85 per day on direct care limit. We did put language in there that that couldn't be inflated subject to the Century Code section that puts an inflater in for nursing homes. Section 9 is the $200,000 for supportive living arrangements. That $200,000 is a 2 to 1 match, and it's going to be doled out by Human Service Center region, so that if there are some people in one region, they can only get their percentage of it, so that everybody should be able to have the opportunity to get some money and help with the services there. Section 10 is the intent that currently, when somebody goes off voc. rehab. they have a six month look at them. Section 11 is a study of the administrative costs, including county services, human service centers, administration and Human Service budget administration. Section 12 is the Council study for children with special health needs. Section 13 is a Medicaid advisory council study. Section 14, is the long term continuum study that Rep. Warnke referenced this morning. The LC shall consider setting during the 03 interim, long term care continuum, includes service delivery methods, and payment systems.

Rep. Timm: Where is the new language that precludes the Human Services from overspending $16 million dollars next biennium.

Rep. Delzer: Part of Section 7, was that they must live within their appropriated level. Then if we turn over to page 5 of the amendments, we'll start looking at House action under management in the middle of the page. You can see administrative support to House changes, that has to do with the health insurance costs going from $493 to $488.70. That section will be in all four or

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five of the different sections. Then we have an administrative support program, increased funding for the trust fund to accommodate any loans, prepayments by developmentally disability service providers during the 03-05 biennium, we are adding $1 million dollars to the spending authority there. Some of the loans may be prepaid, and this would give them authority to put the money into the common schools trust fund where it belongs, instead of sitting there and buying up the interest in future biennlums. Then we have the 20% reduction in the IT. That amounts to $1.780523, and then the two sections that we already went through. If we turn over to the next page, we are looking at program and policy. The first one there is we reduce operating expenses by $1 million dollars. When we looked through all the different sections with lines in them, we identified areas where we thought there was some movement and also from SB 2088, which was defeated in the Senate. We took this $1 million dollars from program and policy operating to the Medicaid line and this is to help cover medical services, etc. The second one there is your health insurance, we made no changes. Child support we made no changes. We increased funding for medical assistance grants with priority of use of the funding designated from increasing hospital reimbursement for inpatient/outpatient services. The next line, we removed in the budget the Department had put out the Ruth Meiers in Grand Forks taken over by a private entity and pay for the services by contracting. There was no takers on that. So ended up moving some money around and covering the same program through the same way it is covered right now, but we moved some money from the Medicaid line, out of children's and family services line and into the NE Human Service Center. The funds do match up. In the next line, we have the House, subsection added $3 million dollars out of the ITD fund for help increase the pay raise rate for disability providers. The first part of that we did was raise the benefits from 30% to 33%, that is

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$1.1. The Second part will increase the $.50 increase in salary that the Senate put in. We increased that another $.37. The sum of that is the $3 million dollars. The next one is long term care, we moved from nursing facility care and medical assistance program to health care to the general fund, what this amounts to is, we're trying to save $10 million dollars in ITD funds, this has to do with the amendment that we put on before and taking the $29.1 million and transferring it back to the Health care trust fund. This supersedes that amendment and would lose in essence, $10 million dollars in the health care trust fund. When you turn the page over, you have the amount of money it takes for the $85/day in the direct care, that $2.925, the next line is we restored $1.750 to the SPED program, that makes an overall increase in the SPED of about $2.5 million dollars from the current biennium and that was handled along with SB 2083 which was passed this morning. The next line under aging services, we reduced the amount of money for qualified service provider training grants. Under children and family services, that is the first adjustment there. The next one has to do with the Ruth Meiers House, we covered that. Under mental health and substance abuse, we reduced the funding for the gambling addiction services from $225,000 to $100,000. Under DB council, there is no changes. Under disability programs we changed the source code, living center grants from $100,000 from the health care trust fund to $100,000 in general fund money. There is no change. There is actually a $6,000 increase in the amount that these people are getting. But there is no change in the dollar, just the funding source switch. If we turn the page over, we start in with the human service centers, the state hospital; we did an adjustment there for the health benefits. The development center is about the same thing. If you look at the regions, we really made no changes with the exception of the health insurance changes. The Ruth Meiers changes, and one other change we did, we did take Section

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5 out of the bill as it sits before us. This was the piece of legislation that allowed transferring between the human service centers, the state hospital, and DB center in Grafton. We figured that is covered under the current section 5 of the bill which gives them the transfer authority. But when we removed this other section, they had the ability to hire FTE's without going through the emergency commission. We took that away. So we ended up adjusting four positions that were currently hired, but they were not in the budget when it came to us because of the time when they are hired, were also adjusted to $13.3 for the Ruth Meiers House. That pretty much is the changes all of the way through. We had one in West Central, we had one in Southeast and two at North Central for those FTE's, making everything right with the budget the way it is.

Rep. Wald: I'm looking at the bottom of page 8, top of page 9, NE Human Service Center got a bump of $537,000 and all the others have a minus. Then we move on to top of page 9 there is a $1.3 million increase and a $1.9 million increase. Why so much in that one, and all the rest have a reduction.

Rep. Delzer: That strictly has to do with the Ruth Meiers house. It was budgeted in the NE. They had moved it in the budget and were going to contract that out, and pay it as contracts, so that it went to children, and family services went to Medicaid. We ended up moving that money back in to the NE, because they could not find anybody else to take it privately, so they are continuing the service the way it is. That's just a change in funding. It matches up the same.

Chairman Svedjan: Further questions, hearing none, on the motion to adopt amendment...

Rep. Kerzman: I would like to further amend.

Chairman Svedjan: Let us adopt these first. On the motion to amend .0216 to SB 2012.

Voice vote: Carried.

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Rep. Kerzman: I move to amend .0217.

Rep. Aarsvold: Seconded.

Rep. Kerzman: Amendments .0217, basically what these amendments do is take it back to the Executive Recommendation, it replaces what the Senate cut out already. I'll try to go through it the best I can. Turn to page 5, we're adding in a $1.5 million for administrative support. I think the Department has done a tremendous job in, not only coming forth with a bare bones budget, but when you look at the track record, you can go to the green sheets and you can see that department-wide they have downsized by about 200 employees, the state hospital has about 100 employees that have been downsized. We've seen what the budget was the last biennium. I don't think with our graying society and our aging out there, I think the numbers are still there. We still need to provide the services, and the administrator's report is vital to those overall operation, they are not just basically a check writer or issuers of a program, they actually have to scrutinize the program through the people that are almost like your auditing department. I think they do a good job for us, and we need them in place. Without this $1.5 million, it would take about another 15 employees out of there. That would really be hurting the department, and in the end it would hurt child support and whatever have you with the program. We're asking to restore that. As far as IT does, we're adding in $100,000, instead of taking out 1.7 (20% reduction). We feel, in the Human Service Department, the Information Technology is about a lot of money, it is very vital, especially in the areas of child support, where they need all the back and forth transferring of data, and everything else. They needed another $100,000 just to buy the software. We put that back in. Turn over to page 6, program and policy, the Senate took out $4 million dollars and there was no funding source, and I don't believe there is a funding source, so

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we put that back in. That would be very detrimental to the overall programs that affect people. We very much need that back in there. We also put in $2.88 million to restore the drug programs that the Senate took out and didn't get put back in. That's a very vital area, that's one area where we see constant increases, 7% increase almost consistently. And that's one area where they were really short in the last biennium, so we tried to restore that. There isn't a lot of places or movement there to try to control the amount of drugs that are doled out and things like that, I think the pharmacists are going to run into problems down the road here, where they aren't going to want to participate in the program if they take too much of a reduction. Also, you go down there, and I applaud the committee for taking care of the BD providers. I think we did an excellent job, but they had asked $1.50 increase. They hadn't been increased very much in the last couple of bienniums. We put a dime in there and a little more. I think, we added another $.63 to bring them to what they asked for. Go over to the SPED program, and the Executive Recommendation, what the Governor wanted, and what some of us thought were needed, we need another $2.6 million to SPED, another $300,000 to expand SPED to bring that up to par. We have a number of people out there, right now, where the program has been frozen since the first of the year, there are about 80 of them on a waiting list, and a couple of hundred that have made inquiries, but haven't been able to get services, and I think this is going to continue if we don't put more into their budget. I think the committee has addressed the needs of a few hundred more clients, but I think we are still going to be short there. Then if we go over to page 8, the Senate took $2 million out of the state hospital's budget, they didn't give any reason why they took it out, and the administrator came in there and this is very much going to be affecting the State Hospital. This could affect their certification, etc. and I think the state hospital is doing a

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tremendous job. Some of the campus has been converted over to Corrections, and more possibly will be, and they are downsizing and moving staff, they are working with sharing services with Corrections, but to take another $2 million dollars out of there, we need the state hospital, it is statutory that we keep it in place. There is a certain population that I don't think we can put back out into the communities, and who may even have trouble if we move too many of them to the developmental center. Also, the Senate took $1 million out of the development center that we are trying to put back in, for basically the same reasons, they are running a bare bones budget up there, and I think we run the risk of running into a lot of trouble if we don't address some of these needs.

Rep. Carlisle: On .0216 amendment, what is the bottom line that you added back into the budget.

Rep. Delzer: It was right at $8 million dollars in general funds, plus the match on Medicaid side, match on the FMAT rate, and the match on the long term care FMAT rate, be the match on the DD at the FMAT rate, but on the SPED there is no FMAT rate. The total is around $15 million.

Rep. Carlisle: Okay, but $8 million.

Rep. Delzer: $8 million general funds.

Chairman Svedjan: The total is around $15 million.

Rep. Delzer: I would hope that we would resist these amendments offered by Rep. Kerzman. I respect his desire to do this, but if we take a look on page 5, for the amendments, when you look at .0216 compared to .0217, it's adding another $26 million dollars. In the majority report, however you want to put it, .0216 moves us up over $1.5 billion dollars and that's the first time

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any particular budget in the state of North Dakota is going up over $1.5 billion dollars. The population hasn't increased any. There are increases even with this, it's an increase of a $100 million dollars over last biennium's appropriation The second offering of amendments would add $26 million dollars that, with $19 million in general funds. And if you look at our bottom dollar, I don't know how we have this. In response to some of the things said, that's why we had the transfer authority in there. In the past, we had always underfunded the salary line items and I appreciate what the Department has done to reduce the number of staff personnel, but they are still over 2000 FTE's. In the past, we have underfunded this salary line, in the neighborhood of $3.5 million dollars. We feel with that, and what we've done on the transfer authority would give them opportunities to serve the people that need to be served, and with the changes that we've made in requiring the limits and co-payments, and taking things that way, I think there is still some questions about what is going to happen with the ITD. I don't think that one is finished yet. There was some concern on some of the committee members about that. But I think we're okay. I think we should move forward with .0216 to the conference committee and see what comes out of there.

Rep. Kerzman: Just a little bit of response. I realize there aren't a lot of dollars in here, but I think it is about time that we do that. We're looking at our population. Our population has been stagnant for the last number of years. We have an aging population also that we have to take care of. I think one of the things we have to do as a society, is to take care of our less fortunate and our elderly. We have to be creative here. If we want people to come, live and invest and work in North Dakota, and spend out their years, I think it behooves us to take care of what we've got.

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Chairman Svedjan: Further discussion, hearing none, I will try this on a voice vote on the motion to adopt amendment .0217.

Voice vote: Failed.

Rep. Kerzman: I guess I would like that in a minority report.

Chairman Svedjan: Okay.

Rep. Delzer: I have one more amendment that I would like to offer. I would move amendment .0218.

Rep. Warnke: Seconded.

Rep. Delzer: What this is, we have throughout this legislative session been trying to get a real hold on what our general fund expenditures are and are going to be in the future. The health care trust fund has been a very good situation for us and we're hoping to retain $10 million dollars to be used next biennium to help with the continued costs of some of the enhancements we did for long term care last year. What this amendment would do, it would move the IGT money that is being saved in the upcoming biennium to the general fund and then it would show as expenditures in the Dept. of Human Services as general fund expenditures. There is no more money going in anywhere, it's just the fact that these are being transferred from the health care trust fund to the general fund, and then it would be used out of the general fund in the Dept. of Human Services.

Chairman Svedjan: Does everyone understand that, we've done this with other transfers as well. Any discussion on the motion to adopt .0218.

Rep. Kerzman: I won't necessarily oppose this, I think we may need to do it, but to just be on record the way we want to say it, when we did make the transfers into the prior amendments that

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we adopted, there was IGT money. Now we're going to call it general fund money. We never did put that much general fund money into it. We just changed the title of it really.

Rep. Delzer: I apologize to the committee, because I should have been doing that all the way through when we had our amendments drafted, because it has been mentioned to me, we've done it in a number of others, and it just totally slipped my mind until last night, I was thinking about it and I requested these to be drawn up today. I was not trying to do anything under the table or anything.

Chairman Svedjan: Further discussion, hearing none, on the motion to adopt .0218 to SB 2012. Voice vote: Carried.

Rep. Timm: I asked Rep. Delzer, and he told me in private, but I thought the committee should probably know the amendment we adopted February 26, Rep. Delzer, how is that amendment handled now, or what effect does it have on what we've already adopted.

Rep. Delzer: On page 6 of .0216, under long term care, changes in funding source to nursing facilities, that $9 million is in leui of the $29 million that we took for that, it makes it work out to $10 million Indian Fund balance in the health care trust fund. These are in leui of that amendment at that time, and it encompasses that in .0216.

Rep. Kroeber: My amendment is that we would restore the $2 million dollars to the state hospital and the $1 million dollars to Grafton.

Rep. Gulleson: Seconded.

Rep. Kroeber: The state hospital, as you are all aware, support services are not just for Jamestown, but for the entire state. These are all services that cannot safely be handled at the area human service centers. The only way to get into the state hospital is to be screened at one of

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these service centers, and then services that they cannot provide, are then provided at the state hospital. The state hospital has worked for over two years now, trying to reduce their budget down, and they have reduced it down by 90 FTE's, down from 507 to 416. They have reduced their budget by over $6 million dollars at this time, from over $33 million to under $28 million. The count at the state hospital has remained totally stable. Now we have people that cannot be safely handled at the human service centers. Now the additional $2 million decrease, was the number picked out of the air by the Senate, and in our subdivision we worked on budgets and they picked out $1500 out of labor and $1000 out of the Treasurer's office, and we rather thought that was not only wrong, but that was very irresponsible for them to just pick out a number and say find it where you can. This is exactly what the Senate has done and this is exactly now what we are choosing to do to the state hospital and also to Grafton. Now the programs in critical areas that will be reduced or eliminated, we have no ideas what those are going to have to be. I have to inform the committee that there will be a recent additional 30 FTE's that would have to be eliminated and, of course, they would have to be in the clinical area, because they have already reduced about 73 full time support people at the state hospital. These reductions would more than likely put their certification in jeopardy and would very likely take an increased chance of losing additional matching fund dollars, special fund dollars, plus the services, where are we going to get these services. Are we going to ship more people out of state. These are people we are going to serve. It is just the idea of where we are going to take and serve them at. The same with Grafton. They are handling services for the entire state also, not just for Grafton, obviously. They have about 150 clients and their 150 clients will probably be about the same 148 clients next year. There is absolutely nothing that is showing that there is going to be a decrease at

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Grafton and in all likelihood there will actually be an increase. This is an hour that needs 24 hour clinical care, and they said they would have to reduce at least 10 FTE's and unless you truly believe they've got 10-12 people doing nothing there, how are you going to take and do these services. I ask that you take and either get a good idea of where these cuts are going to made at, and understand and know what they are, or to take and support my amendment.

Chairman Svedjan: You don't have a written amendment.

Rep. Kroeber: No, I don't, but I think we can figure it out.

Rep. Delzer: Again, I hope that we would resist these amendments. A couple of reasons, one is we haven't even heard what the Senate has to say. I think we should take this to conference committee and see what the Senate has to say about this. Mr. Fleischer has done a very good job, and we very much commend him, and again this is one of the reasons we put the transfer authority in here, so that the whole Department could be looked at. This is a $1.5 billion dollar budget that is set up for everybody. We know that there is going to be less patients at the state hospital. There is also going to be more money coming in from the DOCR than there was in the past, and I think we need to move this forward to conference committee. We will have to take a look at everything again in conference committee, certainly not in the detail we did in the House side, but all these issues will be on the table in the conference committee.

Rep. Kroeber: I think that we should do our own work, certainly we can work with the Senate because we have to, but we have the opportunity to hear and do our own work, and I would suggest that we do that, and I would ask for a recorded roll call vote.

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Chairman Svedjan: Further discussion, hearing none, we will take a recorded roll call vote on the amendments to restore the Senate reductions of $2 million to the state hospital and $1 million to the developmental center in Grafton.

MOTION FAILS.

Rep. Glassheim: Just a comment. He was provoked by Rep. Delzer's amendment on transferring $35 million into the general fund. I wish I were subtle so I understood so I understood why you all were doing this in a number of budgets. But it seems to me now, there is some $70 million dollars, more or less, that had been transferred from one time funds into the general funds and I really don't understand why we are doing that. It will make it appear that our general fund in appropriations has gone up this time, but next time we will have no money to equal that $70 million or more. I don't understand why they are in there. I don't think that the spending of the funds, I think that is appropriate, but I just don't understand why we have switched them to make them appear to be general fund appropriations when they aren't normal, regular annual repeated general funds sources.

Rep. Delzer: You hit the reasoning exactly on the head. It's because we're using these as one-time expenditures and we're going to have to come up with a general fund for them in two years from now, and we need to know that, we need to have that in front of everybody, that that is what we're going to have to come up with next time to continue those. That's one of the reasons to put it into the general fund, so that we can see that there are general funds, this is a huge budget, with a lot of federal funds, a lot of special funds, and it gives us more of a true feeling of what is actually general fund and what is actually special funds, and what is actually federal fund.

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Rep. Gulleson: Your last comment, Rep. Delzer, reminded me of a question I wanted to ask. Last time the underfunding of Medicaid and TANF, about 18 months into the biennium, those funds fell way short in terms of overall, and there were requests to the federal government for additional dollars to make up. Where are we at right now in terms of leveraging the full federal dollars that we could receive. I am assuming that we have underfunded, we are not leveraging them now. How much in terms of dollars are we leaving on the table in this budget?

Rep. Delzer: I think we are fully matching federal dollars. The department is pretty good about doing that wherever possible. Now granted if you increase your Medicaid spending and when out and did it however you wanted to do it, and make it 400% of poverty eligibility, whatever you wanted to do, what ever you increase that, you would get the federal match at that rate. So in that essence, you are never going to be able to say that you've reached it all.

Rep. Gulleson: Let me rephrase it then. In terms of 18 months down the road from now, are we going to have enough dollars to cover the needs of this fund, based on tne projected enrollments.

Rep. Delzer: I believe so, and I believe that is also the reason we put section 7 of the bill in. First off, I would like to commend the Human Resources section, the members of there worked very hard. I would like to commend the department on the information that they shared with us, and if there aren't any further amendments, I would move a Do Pass as Amended.

Rep. Carlson: Seconded.

15 YES 7 NO **DO PASS AS AMENDED** **CARRIER: Rep. Delzer**

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38035.0205
Title.

Prepared by the Legislative Council staff for
Representative Delzer
February 26, 2003

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 2, line 4, replace "978,141,758" with "949,004,458"

Page 2, line 5, replace "261,867,725" with "291,005,025"

Page 2, line 22, replace "362,336,976" with "391,474,276"

Page 2, line 23, replace "1,114,504,351" with "1,085,367,051"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 325 - Department of Human Services - House Action

This amendment changes the funding source of $29,137,300 in the long-term care program in the program/policy management subdivision from the health care trust fund to the general fund.

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10-14-03
Date

38035.0207
Title.

Prepared by the Legislative Council staff for
Representative Delzer
April 3, 2003

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 16, replace "2,261,556" with "3,261,556"

Page 1, line 17, replace "47,358,043" with "48,358,043"

Page 1, line 18, replace "33,134,565" with "34,134,565"

Page 2, line 23, replace "1,114,504,351" with "1,115,504,351"

Page 2, line 24, replace "1,476,841,327" with "1,477,841,327"

Page 3, line 6, replace "$2,261,556" with "$3,261,556"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 325 - Department of Human Services - House Action

This amendment increases the appropriation from the lands and minerals trust fund by $1,000,000, from $2,261,556 to $3,261,556 to accommodate any loan prepayments by developmental disabilities services providers during the 2003-05 biennium.

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Prepared by the Legislative Council staff for
House Appropriations - Human Resources
March 28, 2003

2003-05 BIENNIUM DEPARTMENT OF HUMAN SERVICES BUDGET - PROPOSED HOUSE CHANGES

The attached schedules include the proposed House changes to Engrossed Senate Bill No. 2012.

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Prepared by the Legislative Council staff for
House Appropriations - Human Resources
March 28, 2003

PROPOSED AMENDMENT SECTIONS

SECTION ____. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION. Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within each subdivision of section 1 of this Act, and between subdivisions within section 1 of this Act for the biennium beginning July 1, 2003, and ending June 30, 2005. The department shall notify the office of management and budget of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2004, of any transfers made in excess of $50,000 and to the appropriations committees of the fifty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION ____. FEDERAL TANF BLOCK GRANT PROGRAMS - EXPENDITURE LIMIT. The department of human services shall make the changes necessary to programs utilizing funding from the temporary assistance for needy families (TANF) block grant to provide that by the end of the 2003-05 biennium, the cumulative funding anticipated to be spent for these programs for each fiscal year does not exceed North Dakota's annual federal TANF block grant allocation, including any incentive or bonus grants awarded to North Dakota.

SECTION ____. MEDICAL SERVICES - COPAYMENTS AND SERVICE LIMITS. The department of human services shall establish a six dollar copayment for medical assistance recipients for each emergency room visit that is not designated an emergency service by the medical services provider. The department of human services shall establish other service copayments or limits and make other programmatic changes within the medical services program to operate the program within the funding levels approved by the fifty-eighth legislative assembly for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION ____. NURSING HOME RATES - EXCEPTION - DIRECT CARE LIMIT. Notwithstanding subsection 4 of section 50-24.4-10, the department of human services shall establish an eighty-five dollar per diem limit on allowable operating costs for direct care services of nursing facilities for purposes of determining nursing facility payment rates for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION ____. SUPPORTED LIVING ARRANGEMENTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES - LOCAL MATCHING FUNDS - FUNDING ALLOCATION. The grants-medical assistance line item in subdivision 2 of section 1 of this Act includes $200,000 from the health care trust fund for supported living arrangement services for individuals with developmental disabilities. This funding may be spent only if local or private funding of two dollars is provided for these services for each one dollar of general fund moneys provided for these services. The department shall allocate the funding appropriated for this purpose proportionately to each human service region of the state based on the number of individuals with developmental disabilities seeking supported living arrangement services in each region for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION ____. LEGISLATIVE INTENT - VOCATIONAL REHABILITATION - SURVEY TIME PERIOD. It is the intent of the legislative assembly that the department of human services only survey vocational rehabilitation clients who become employed regarding job retention and job satisfaction after three months of employment if allowed under federal regulations for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION ____. LEGISLATIVE COUNCIL STUDY - HUMAN SERVICES ADMINISTRATIVE COSTS. The legislative council shall consider studying, during the 2003-04 interim, administrative costs of human service programs, including costs incurred by the central office of the department of human services, human service centers, and county social services.

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If studied, the legislative council shall review the effects of the 1997 "swap" legislation on state and county human service program costs.

SECTION ____. LEGISLATIVE COUNCIL STUDY - CHILDREN WITH SPECIAL HEALTH NEEDS. The legislative council shall consider studying, during the 2003-04 interim, programs providing services to children with special health care needs in North Dakota and service needs of these children that are not available under current programs.

SECTION ____. LEGISLATIVE COUNCIL STUDY - MEDICAID ADVISORY COUNCIL. The legislative council shall consider studying, during the 2003-04 interim, the feasibility and desirability of establishing an advisory council for the medical assistance program of the department of human services. If studied, the legislative council shall consider including representatives of private health care providers on the advisory council.

SECTION ____. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE CONTINUUM. The legislative council shall consider studying, during the 2003-04 interim, North Dakota's long-term care continuum of services, including service delivery methods and payment systems. If studied, the legislative council shall consider the cost-effectiveness of the programs and the appropriateness of rate structures and the nursing home equalized rate policy.

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ADMINISTRATION - SUPPORT SUBDIVISION	FTE	General Fund	Estimated Income	Total
Senate version	113.80	$14,223,478	$33,134,565	$47,358,043
Administration Support - House changes:				
Increases general fund support and reduces special funds to reverse the funding source change made by the Senate		$1,500,000	($1,500,000)	$0
Administration Support Program				
No changes				
Information Technology Division Program				
Restores funding reduced by the Senate for information technology contractual services		100,000		100,000
Total House changes - Administration Support	0.00	$1,600,000	($1,500,000)	$100,000
House version - Administration Support Subdivision	113.80	$15,823,478	$31,634,565	$47,458,043

Other changes affecting Administration - Support programs or multiple programs of the department:

A section is added providing for a Legislative Council study of administrative costs of the Department of Human Services' central office, human service centers, and county social services.

A section is added authorizing the department to transfer funds between line items and between subdivisions without Emergency Commission or Budget Section approval. The department is to report any transfers to the Office of Management and Budget and to the Appropriations Committees of the 2005 Legislative Assembly, and any transfers over $50,000 to the Budget Section after June 30, 2004.

Section 5 of the engrossed bill is removed which would have authorized the department to transfer funds between the State Hospital, the Developmental Center and the human service centers and to increase the number of FTE positions at these institutions and centers.

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10-14-03
Date

PROGRAM/POLICY MANAGEMENT SUBDIVISION	FTE	General Fund	Estimated Income	Total
Senate version	234.80	$261,867,725	$978,141,758	$1,240,009,483
Program/Policy Management - House changes:				
Increases general fund support and reduces special funds to reverse the funding source change made by the Senate		$4,000,000	($4,000,000)	$0
(7) Reduces operating expenses. The department may determine the specific areas to reduce.		(1,000,000)		(1,000,000)
Economic Assistance Policy Program				
No changes				
Child Support Program				
No changes				
Medical Services Program				
(8) Restores a portion of the funding removed by the Senate for optional medical services for adults including durable medical equipment, optometric services, and psychological services.		1,100,000	2,337,500	3,437,500
(9) Restores funding removed by the Senate for durable medical equipment for adults		984,480	2,088,880	3,073,360
Restores funding removed by the Senate for psychological services for adults		149,381	316,955	466,336
Restores funding reduced by the Senate for prescription drugs in the medical assistance program. The funding level provided is the same as the executive budget.		2,880,000	6,120,000	9,000,000
(10) Reduces funding for rehabilitation services relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding reduced is being added to the Northeast Human Service Center.		(493,277)	(1,046,556)	(1,539,833)
(11) Increases funding to provide an additional $1 per hour salary increase to employees of developmental disabilities services providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour salary increase.		5,227,644	10,264,592	15,492,236
(12) Adds funding to increase the allowable fringe benefit percentage for employees of developmental disabilities service providers from 30 to 33 percent of salary. The state matching funds of $1,119,628 are from the health care trust fund.			3,498,839	3,498,839
Increases funding to provide an additional 37-cent per hour salary increase to employees of developmental disabilities services providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour salary increase. The state matching funds of $1,672,229 are from the health care trust fund.			5,850,715	5,850,715
Long Term Care Program				
Changes the funding source for nursing facility care in the medical assistance program from the health care trust fund to the general fund		29,137,300	(29,137,300)	0
(13) Provides for the nursing facility direct care limit to be set at $85 rather than the 85th percentile as included in the executive budget and the Senate version. The state matching funds of $2,925,207 are from the health care trust fund. A section is added authorizing the department to establish the limit at $85 for the 2003-05 biennium.		0	9,129,859	9,129,859
Adds funding to increase the nursing facility direct care limit to the 95th percentile		1,464,277	3,105,877	4,570,154

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rather than the 85th percentile as included in the executive budget and Senate version			
Restores $1,750,000 of the $4,382,049 general fund reduction made by the Senate to the SPED (service payments for the elderly and disabled) program with funding from the health care trust fund. Funding from the counties is increased by $92,105.		1,842,105	1,842,105
Restores funding reduced by the Senate for the SPED (service payments for the elderly and disabled) program. The funding level provided is the same as the executive budget.	4,382,049	230,635	4,612,684
Restores funding reduced by the Senate for the expanded SPED program. The funding level provided is the same as the executive budget.	300,000	0	300,000
Aging Services Program			
Reduces funding from the health care trust fund for qualified service provider training grants from $140,000 to $40,000		(100,000)	(100,000)
Children and Family Services Program			
Changes the source of funding to reflect additional federal funds anticipated to be available from "refinancing" activities of the Children's Services Coordinating Committee during the 2003-05 biennium	(43,331)	43,331	0
Reduces funding for foster care room and board costs relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding reduced is being added to the Northeast Human Service Center.	(51,739)	(353,861)	(405,600)
Mental Health and Substance Abuse Program			
Removes funding for the Native American youth alcohol and drug education program which is not anticipated to be available from the Children's Services Coordinating Committee during the 2003-05 biennium		(200,000)	(200,000)
Reduces funding for gambling addiction services from $225,000 to $100,000	(125,000)	0	(125,000)
Developmental Disabilities Council			
No changes			
Disabilities Program			
Changes the source of funding for independent living center grants from the health care trust fund to the general fund	100,000	(100,000)	0
Adds funding from the health care trust fund for supported living arrangement services. A section is added providing that these funds may be spent only if local or private matching funds of two to one are provided for the services. The section also directs the department to allocate the funds to each region based the each region's share of individuals with developmental disabilities who are seeking these services.		200,000	200,000
Total House changes - Program/Policy Management	0.00	$48,011,784	$10,091,571	$58,103,355
House version - Program/Policy Management Subdivision	234.80	$309,879,509	$988,233,329	$1,298,112,838

Other changes affecting Program/Policy Management programs:

Section 2, added by the Senate, which appropriates $50,000 from the general fund for health center grants, is amended to allow any community entity to be eligible to receive a grant from the department to assist it in applying for federal health center grants.

A section is added requiring the department to make the program changes necessary to operate programs utilizing funding from the federal TANF (temporary assistance for needy families) block grant within North Dakota's funding allocation by the end of the

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2003-05 biennium.

A section is added directing the department to establish a $6 copayment for Medicaid recipients for each emergency room visit that is not considered an emergency by hospital personnel and directing the department to make other programmatic changes or establish other copayments or service limits within the medical services program to operate the program within the funding level approved by the Legislative Assembly for the 2003-05 biennium.

A section is added providing for a Legislative Council study of programs providing services to children with special health care needs.

A section is added providing for a Legislative Council study of North Dakota's long-term care continuum of services, including service delivery methods and payment systems.

A section is added providing for a Legislative Council study of the feasibility and desirability of creating a Medicaid advisory council.

A section of legislative intent is added providing that the department conduct three-month rather than three-month and six-month "follow-up" reviews of vocational rehabilitation clients who begin working if allowed under federal regulations.

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MENTAL HEALTH COMMUNITY SERVICES CONTINGENCY	FTE	General Fund	Estimated Income	Total
Senate version	0.00	$250,000	$0	$250,000
Mental Health Community Services Contingency - House changes:				
No changes				
Total House changes - Mental Health Community Services Contingency	0.00	$0	$0	$0
House version - Mental Health Community Services Contingency	0.00	$250,000	$0	$250,000

Other changes affecting the Mental Health Community Services Contingency:

03/28/2003

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STATE HOSPITAL	FTE	General Fund	Estimated Income	Total
Senate version	416.90	$25,525,688	$16,405,360	$41,931,048
State Hospital - House changes:				
Restores funding relating to the undesignated general fund reduction made by the Senate		$2,000,000		$2,000,000
Total House changes - State Hospital	0.00	$2,000,000	$0	$2,000,000
House version - State Hospital	416.90	$27,525,688	$16,405,360	$43,931,048

Other changes affecting the State Hospital:

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

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DEVELOPMENTAL CENTER	FTE	General Fund	Estimated Income	Total
Senate version	458.04	$8,823,464	$31,984,652	$40,808,116
Developmental Center - House changes:				
Restores funding relating to the undesignated general fund reduction made by the Senate		$1,000,000		$1,000,000
Total House changes - Developmental Center	0.00	$1,000,000	$0	$1,000,000
House version - Developmental Center	458.04	$9,823,464	$31,984,652	$41,808,116

Other changes affecting the Developmental Center:

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

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NORTHWEST HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
Senate version	51.00	$3,635,144	$3,645,798	$7,280,942
Northwest Human Service Center - House changes:				
Total House changes - Northwest Human Service Center	0.00	$0	$0	$0
House version - Northwest Human Service Center	51.00	$3,635,144	$3,645,798	$7,280,942

03/28/2003

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NORTH CENTRAL HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
Senate version	112.78	$7,851,942	$6,725,002	$14,576,944
North Central Human Service Center - House changes:				
Total House changes - North Central Human Service Center	0.00	$0	$0	$0
House version - North Central Human Service Center	112.78	$7,851,942	$6,725,002	$14,576,944

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LAKE REGION HUMAN SERVICE CENTER

	FTE	General Fund	Estimated Income	Total
Senate version	64.00	$4,643,682	$3,783,753	$8,427,435
Lake Region Human Service Center - House changes:				
Removes 1 FTE vacant administrative position (no funding was included for the position)	(1.00)			
Total House changes - Lake Region Human Service Center	(1.00)	$0	$0	$0
House version - Lake Region Human Service Center	63.00	$4,643,682	$3,783,753	$8,427,435

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NORTHEAST HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
Senate version	123.60	$7,458,555	$10,050,301	$17,508,856
Northeast Human Service Center - House changes:				
Adds funding to continue operating the Ruth Meiers Adolescent Treatment Center. The executive budget and the Senate version anticipated the center would be operated by a private organization. The funding added is being reduced from medical services and children and family services programs.	13.30	$545,016	$1,400,417	$1,945,433
Total House changes - Northeast Human Service Center	13.30	$545,016	$1,400,417	$1,945,433
House version - Northeast Human Service Center	136.90	$8,003,571	$11,450,718	$19,454,289

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SOUTHEAST HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
Senate version	183.20	$9,526,131	$11,217,090	$20,743,221
Southeast Human Service Center - House changes:				
Total House changes - Southeast Human Service Center	0.00	$0	$0	$0
House version - Southeast Human Service Center	183.20	$9,526,131	$11,217,090	$20,743,221

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SOUTH CENTRAL HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
Senate version	86.00	$5,635,006	$5,732,844	$11,367,850
South Central Human Service Center - House changes:				
Total House changes - South Central Human Service Center	0.00	$0	$0	$0
House version - South Central Human Service Center	86.00	$5,635,006	$5,732,844	$11,367,850

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WEST CENTRAL HUMAN SERVICE CENTER

	FTE	General Fund	Estimated Income	Total
Senate version	119.00	$8,473,327	$9,123,282	$17,596,609
West Central Human Service Center - House changes:				
	0.00	$0	$0	$0
Total House changes - West Central Human Service Center				
House version - West Central Human Service Center	119.00	$8,473,327	$9,123,282	$17,596,609

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BADLANDS HUMAN SERVICE CENTER	FTE	General Fund	Estimated Income	Total
Senate version	78.00	$4,372,834	$4,559,946	$8,932,780
Badlands Human Service Center - House changes:				
Total House changes - Badlands Human Service Center	0.00	$0	$0	$0
House version - Badlands Human Service Center	78.00	$4,372,834	$4,559,946	$8,932,780

Other changes affecting the Human Service Centers:

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

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Date

38035.0210
Title.
Fiscal No. 3

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

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 3, after "institutions" insert "; to provide an exception; to provide for legislative council studies"

Page 1, line 23, replace "38,456,409" with "37,331,409"

Page 2, line 1, replace "288,492,803" with "287,987,203"

Page 2, line 2, replace "890,942,979" with "914,924,664"

Page 2, line 3, replace "1,240,009,483" with "1,262,360,568"

Page 2, line 4, replace "978,141,758" with "971,868,890"

Page 2, line 5, replace "261,867,725" with "290,491,678"

Page 2, replace lines 7 through 21 with:

"MENTAL HEALTH COMMUNITY SERVICES CONTINGENCY

Total general fund appropriation	$250,000

NORTHWEST HUMAN SERVICE CENTER

Total all funds	$7,280,942
Less estimated income	3,645,798
Total general fund appropriation	$3,635,144

NORTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$14,576,944
Less estimated income	6,725,002
Total general fund appropriation	$7,851,942

LAKE REGION HUMAN SERVICE CENTER

Total all funds	$8,427,435
Less estimated income	3,783,753
Total general fund appropriation	$4,643,682

NORTHEAST HUMAN SERVICE CENTER

Total all funds	$19,454,289
Less estimated income	11,450,718
Total general fund appropriation	$8,003,571

SOUTHEAST HUMAN SERVICE CENTER

Total all funds	$20,743,221
Less estimated income	11,217,090
Total general fund appropriation	$9,526,131

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SOUTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$11,367,850
Less estimated income	5,732,844
Total general fund appropriation	$5,635,006

WEST CENTRAL HUMAN SERVICE CENTER

Total all funds	$17,596,609
Less estimated income	9,123,282
Total general fund appropriation	$8,473,327

BADLANDS HUMAN SERVICE CENTER

Total all funds	$8,932,780
Less estimated income	4,559,946
Total general fund appropriation	$4,372,834

STATE HOSPITAL

Total all funds	$41,931,048
Less estimated income	16,405,360
Total general fund appropriation	$25,525,688

DEVELOPMENTAL CENTER

Total all funds	$40,808,116
Less estimated income	31,984,652
Total general fund appropriation	$8,823,464
Total all funds - Subdivision 3	$191,369,234
Total estimated income - Subdivision 3	$104,628,445
Total general fund appropriation - Subdivision 3	$86,740,789"

Page 2, line 22, replace "362,336,976" with "391,505,945"

Page 2, line 23, replace "1,114,504,351" with "1,109,631,900"

Page 2, line 24, replace "1,476,841,327" with "1,501,137,845"

Page 2, line 28, replace "health centers" with "entities"

Page 2, line 29, after "services" insert "for the purpose of health center grant application submission"

Page 3, replace lines 13 through 23 with:

"**SECTION 5. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION.** Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within each subdivision of section 1 of this Act, and between subdivisions within section 1 of this Act for the biennium beginning July 1, 2003, and ending June 30, 2005. The department shall notify the office of management and budget of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2004, any transfers made in excess of $50,000 and to the appropriations committees of the fifty-ninth legislative assembly regarding any transfers made pursuant to this section.

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SECTION 6. FEDERAL TANF BLOCK GRANT PROGRAMS - EXPENDITURE LIMIT. The department of human services shall make the changes necessary to programs utilizing funding from the temporary assistance for needy families (TANF) block grant to provide that by the end of the 2003-05 biennium, the cumulative funding anticipated to be spent for these programs for each fiscal year does not exceed North Dakota's annual federal TANF block grant allocation, including any incentive or bonus grants awarded to North Dakota.

SECTION 7. MEDICAL SERVICES - COPAYMENTS AND SERVICE LIMITS. The department of human services shall establish a six dollar copayment for medical assistance recipients for each emergency room visit that is not designated an emergency service by the medical services provider. The department of human services shall establish other service copayments or limits and make other programmatic changes within the medical services program to operate the program within the funding levels approved by the fifty-eighth legislative assembly for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 8. NURSING HOME RATES - EXCEPTION - DIRECT CARE LIMIT. Notwithstanding subsection 4 of section 50-24.4-10, the department of human services shall establish an eighty-five dollar per diem limit, adjusted for inflation under subsection 5 of section 50-24.4-10, on allowable operating costs for direct care services of nursing facilities for purposes of determining nursing facility payment rates for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 9. SUPPORTED LIVING ARRANGEMENTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES - LOCAL MATCHING FUNDS - FUNDING ALLOCATION. The grants - medical assistance line item in subdivision 2 of section 1 of this Act includes $200,000 from the health care trust fund for supported living arrangement services for individuals with developmental disabilities. This funding may be spent only if local or private funding of two dollars is provided for these services for each one dollar of general fund moneys provided for these services. The department shall allocate the funding appropriated for this purpose proportionately to each human service region of the state based on the number of individuals with developmental disabilities seeking supported living arrangement services in each region for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 10. LEGISLATIVE INTENT - VOCATIONAL REHABILITATION - SURVEY TIME PERIOD. It is the intent of the legislative assembly that the department of human services only survey vocational rehabilitation clients who become employed regarding job retention and job satisfaction after three months of employment if allowed under federal regulations for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 11. LEGISLATIVE COUNCIL STUDY - HUMAN SERVICES ADMINISTRATIVE COSTS. The legislative council shall consider studying, during the 2003-04 interim, administrative costs of human service programs, including costs incurred by the central office of the department of human services, human service centers, and county social services. If studied, the legislative council shall review the effects of the 1997 "swap" legislation on state and county human service program costs.

SECTION 12. LEGISLATIVE COUNCIL STUDY - CHILDREN WITH SPECIAL HEALTH NEEDS. The legislative council shall consider studying, during the 2003-04 interim, programs providing services to children with special health care needs in North Dakota and service needs of these children which are not available under current programs.

SECTION 13. LEGISLATIVE COUNCIL STUDY - MEDICAID ADVISORY COUNCIL. The legislative council shall consider studying, during the 2003-04 interim, the feasibility and desirability of establishing an advisory council for the medical

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assistance program of the department of human services. If studied, the legislative council shall consider including representatives of private health care providers on the advisory council.

SECTION 14. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE CONTINUUM. The legislative council shall consider studying, during the 2003-04 interim, North Dakota's long-term care continuum of services, including service delivery methods and payment systems. If studied, the legislative council shall consider the cost-effectiveness of the programs and the appropriateness of rate structures and the nursing home equalized rate policy."

Page 3, line 24, replace "state hospital" with "total all funds" and after "item" insert "for the state hospital"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES	HOUSE VERSION
DHS - Management				
Total all funds	$47,962,467	$47,358,043	$0	$47,358,043
Less estimated income	31,912,324	33,134,565		33,134,565
General fund	$16,050,143	$14,223,478	$0	$14,223,478
DHS - Program/Policy				
Total all funds	$1,247,161,224	$1,240,059,483	$22,351,085	$1,262,410,568
Less estimated income	974,966,069	978,141,758	(6,272,868)	971,868,890
General fund	$272,175,155	$261,917,725	$28,623,953	$290,541,678
DHS - State Hospital				
Total all funds	$44,312,699	$41,931,048	$0	$41,931,048
Less estimated income	16,405,360	16,405,360		16,405,360
General fund	$27,907,339	$25,525,688	$0	$25,525,688
DHS - Developmental Center				
Total all funds	$42,148,253	$40,808,116	$0	$40,808,116
Less estimated income	32,234,480	31,984,652		31,984,652
General fund	$9,913,773	$8,823,464	$0	$8,823,464
DHS - Mental health contingency				
Total all funds	$250,000	$250,000	$0	$250,000
Less estimated income				
General fund	$250,000	$250,000	$0	$250,000
DHS - Northwest HSC				
Total all funds	$7,331,947	$7,280,942	$0	$7,280,942
Less estimated income	3,647,636	3,645,798		3,645,798
General fund	$3,684,311	$3,635,144	$0	$3,635,144
DHS - North Central HSC				
Total all funds	$14,684,062	$14,576,944	$0	$14,576,944
Less estimated income	6,735,850	6,725,002		6,725,002
General fund	$7,948,212	$7,851,942	$0	$7,851,942
DHS - Lake Region HSC				
Total all funds	$8,490,227	$8,427,435	$0	$8,427,435
Less estimated income	3,790,662	3,783,753		3,783,753
General fund	$4,699,565	$4,643,682	$0	$4,643,682
DHS - Northeast HSC				
Total all funds	$17,628,299	$17,508,856	$1,945,433	$19,454,289
Less estimated income	10,099,083	10,050,301	1,400,417	11,450,718
General fund	$7,529,216	$7,458,555	$545,016	$8,003,571
DHS - Southeast HSC				
Total all funds	$20,924,037	$20,743,221	$0	$20,743,221
Less estimated income	11,233,890	11,217,090		11,217,090
General fund	$9,690,147	$9,526,131	$0	$9,526,131
DHS - South Central HSC				
Total all funds	$11,454,381	$11,367,850	$0	$11,367,850
Less estimated income	5,741,308	5,732,844		5,732,844
General fund	$5,713,073	$5,635,006	$0	$5,635,006
DHS - West Central HSC				
Total all funds	$17,713,897	$17,596,609	$0	$17,596,609
Less estimated income	9,137,950	9,123,282		9,123,282
General fund	$8,575,947	$8,473,327	$0	$8,473,327

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DHS - Badlands HSC				
Total all funds	$9,004,972	$8,932,780	$0	$8,932,780
Less estimated income	4,569,807	4,559,946		4,559,946
General fund	$4,435,165	$4,372,834	$0	$4,372,834
Bill Total				
Total all funds	$1,480,066,465	$1,476,841,327	$24,296,518	$1,501,137,845
Less estimated income	1,110,494,419	1,114,504,361	(4,872,451)	1,109,631,900
General fund	$378,572,046	$362,336,976	$29,168,969	$391,505,945

Senate Bill No. 2012 - Department of Human Services - Administration - Support - House Action

A section is added providing for a Legislative Council study of administrative costs of the Department of Human Services central office, human service centers, and county social services.

A section is added authorizing the department to transfer funds between line items and between subdivisions without Emergency Commission or Budget Section approval. The department is to report any transfers to the Office of Management and Budget and to the Appropriations Committees of the 2005 Legislative Assembly and any transfers over $50,000 to the Budget Section after June 30, 2004.

Section 5 of the engrossed bill is removed which would have authorized the department to transfer funds between the State Hospital, the Developmental Center, and the human service centers and to increase the number of FTE positions at these institutions and centers.

Senate Bill No. 2012 - Department of Human Services - Program/Policy - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
Salaries and wages	$22,311,231	$22,077,620		$22,077,620
Operating expenses	38,397,710	38,456,409	($1,125,000)	37,331,409
Capital assets	39,672	39,672		39,672
Grants	288,491,078	288,492,803	(505,600)	287,987,203
Grants - Medical assistance	897,921,533	890,942,979	23,981,685	914,924,664
Health center grants		50,000		50,000
Total all funds	$1,247,161,224	$1,240,059,483	$22,351,085	$1,262,410,568
Less estimated income	974,986,069	978,141,758	(6,272,868)	971,868,890
General fund	$272,175,155	$261,917,725	$28,623,953	$290,541,678
FTE	234.80	234.80	0.00	234.80

[1]

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Program/Policy Management - House Changes Reduces operating expenses. The department may determine the specific areas to reduce.		($1,000,000)		($1,000,000)
Economic Assistance Policy Program No changes				
Child Support Program No changes				
Medical Services Program Restores a portion of the funding removed by the Senate for optional medical services for adults, including durable medical equipment, optometric services, and psychological services		1,100,000	2,337,500	3,437,500
Increases funding for medical assistance grants with the priority for use of the funding designated for increasing hospital reimbursements for inpatient and outpatient services. The state matching funds of $500,000 are from the health care trust fund.			1,562,500	1,562,500
Removes funding for rehabilitation services relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center.	(493,277)	(1,046,656)		(1,539,933)

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Adds funding to increase the allowable fringe benefit percentage for employees of developmental disabilities service providers from 30 to 33 percent of salary. The state matching funds of $1,119,628 are from the health care trust fund.			3,498,839	3,498,839
Increases funding to provide an additional 37-cent per hour salary increase to employees of developmental disabilities service providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour increase. The state matching funds of $1,872,229 are from the health care trust fund.			5,850,715	5,850,715
Long-Term Care Program Changes the funding source for nursing facility care in the medical assistance program from the health care trust fund to the general fund		29,137,300	(29,137,300)	
Provides for the nursing facility direct care limit to be set at $85 rather than the 85th percentile as included in the executive budget and the Senate version. The state matching funds of $2,925,207 are from the health care trust fund. A section is added authorizing the department to establish the limit at $85 for the 2003-05 biennium.			9,129,859	9,129,859
Restores $1,750,000 of the $4,382,048 general fund reduction made by the Senate to the service payments for elderly and disabled (SPED) program with funding from the health care trust fund. Funding from the counties is increased by $92,105.			1,842,105	1,842,105
Aging Services Program Reduces funding from the health care trust fund for qualified service provider training grants from $140,000 to $40,000			(100,000)	(100,000)
Children and Family Services Program Changes the source of funding to reflect additional federal funds anticipated to be available from "refinancing" activities of the Children's Services Coordinating Committee during the 2003-05 biennium		(43,331)	43,331	
Removes funding for foster care room and board costs relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center.		(51,739)	(353,861)	(4 05,600)
Mental Health and Substance Abuse Program Reduces funding for gambling addiction services from $225,000 to $100,000		(125,000)		(125,000)
Developmental Disabilities Council No changes				
Disabilities Program Changes the source of funding for independent living center grants from the health care trust fund to the general fund		100,000	(100,000)	
Adds funding from the health care trust fund for supported living arrangement services. A section is added providing that these funds may be spent only if local or private matching funds of two to one are provided for the services. The section also directs the department to allocate the funds to each region based on each region's share of individuals with developmental disabilities who are seeking these services.			200,000	200,000
Total House Changes - Program/Policy Management	0.00	$28,623,953	($6,272,868)	$22,351,085

Other Changes Affecting Program/Policy Management Programs

Section 2, added by the Senate, which appropriates $50,000 from the general fund for health center grants, is amended to allow any community entity to be eligible to receive a grant from the department to assist it in applying for federal health center grants.

A section is added requiring the department to make the program changes necessary to operate programs utilizing funding from the federal TANF block grant within North Dakota's funding allocation by the end of the 2003-05 biennium.

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A section is added directing the department to establish a $6 copayment for Medicaid recipients for each emergency room visit that is not considered an emergency by hospital personnel and directing the department to make other programmatic changes or establish other copayments or service limits within the medical services program to operate the program within the funding level approved by the Legislative Assembly for the 2003-05 biennium.

A section is added providing for a Legislative Council study of programs providing services to children with special health care needs.

A section is added providing for a Legislative Council study of North Dakota's long-term care continuum of services, including service delivery methods and payment systems.

A section is added providing for a Legislative Council study of the feasibility and desirability of creating a Medicaid advisory council.

A section of legislative intent is added providing that the department conduct three-month rather than three-month and six-month "followup" reviews of vocational rehabilitation clients who begin working if allowed under federal regulations.

Senate Bill No. 2012 - Department of Human Services - State Hospital - House Action

Subdivision 3 of Section 1 of the engrossed bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

Senate Bill No. 2012 - Department of Human Services - Developmental Center - House Action

Subdivision 3 of Section 1 of the engrossed bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES 1	HOUSE VERSION
DHS - Mental health contingency	$250,000	$250,000		$250,000
DHS - Northwest HSC	3,684,311	3,635,144		3,635,144
DHS - North Central HSC	7,948,212	7,851,942		7,851,942
DHS - Lake Region HSC	4,699,565	4,643,682		4,643,682
DHS - Northeast HSC	7,529,216	7,458,555	$545,016	8,003,571
DHS - Southeast HSC	9,690,147	9,526,131		9,526,131
DHS - South Central HSC	5,713,073	5,635,006		5,635,006
DHS - West Central HSC	8,575,947	8,473,327		8,473,327
DHS - Badlands HSC	4,435,165	4,372,834		4,372,834
Total general fund	$52,525,636	$51,846,621	$545,016	$52,391,637

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES 1	HOUSE VERSION
DHS - Mental health contingency				
DHS - Northwest HSC	$3,647,636	$3,645,798		$3,645,798
DHS - North Central HSC	6,736,850	6,725,002		6,725,002
DHS - Lake Region HSC	3,790,662	3,783,753		3,783,753
DHS - Northeast HSC	10,099,083	10,050,301	$1,400,417	11,450,718
DHS - Southeast HSC	11,233,890	11,217,090		11,217,090
DHS - South Central HSC	5,741,308	5,732,844		5,732,844
DHS - West Central HSC	9,137,950	9,123,282		9,123,282
DHS - Badlands HSC	4,569,807	4,559,946		4,559,946
Total other funds	$54,956,186	$54,838,016	$1,400,417	$56,238,433

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES 1	HOUSE VERSION
DHS - Mental health contingency	$250,000	$250,000		$250,000
DHS - Northwest HSC	7,331,947	7,280,942		7,280,942
DHS - North Central HSC	14,684,062	14,576,944		14,576,944
DHS - Lake Region HSC	8,490,227	8,427,435		8,427,435

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DHS - Northeast HSC	17,028,299	17,608,866	$1,945,433	19,464,269
DHS - Southeast HSC	20,924,037	20,743,221		20,743,221
DHS - South Central HSC	11,454,381	11,367,850		11,367,850
DHS - West Central HSC	17,713,897	17,696,609		17,696,609
DHS - Badlands HSC	9,004,972	8,932,780		8,932,780
Total all funds	$107,481,822	$106,684,637	$1,945,433	$108,630,070
FTE	817.58	817.58	12.30	829.88

Lake Region Human Service Center - House Changes

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Removes 1 FTE vacant administrative position (no funding was included for the position)	(1.00)			
Total House changes - Lake Region Human Service Center	(1.00)	$0	$0	$0
Northeast Human Service Center - House Changes Adds funding to continue operating the Ruth Meiers Adolescent Treatment Center. The executive budget and the Senate version anticipated the center would be operated by a private organization. The funding added is being reduced from medical services and children and family services programs.	13.30	$545,016	$1,400,417	$1,945,433
Total House Changes - Northeast Human Service Center	13.30	$545,016	$1,400,417	$1,945,433

Other Changes - Human Service Centers

Subdivision 3 of Section 1 of the engrossed bill is changed to appropriate funds by funding source for the State Hospital, Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

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Operator's Signature Date

38035.0211
Title.

Prepared by the Legislative Council staff for
Representative Delzer
April 2, 2003

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 2, line 4, replace "978,141,758" with "958,141,758"

Page 2, line 5, replace "261,867,725" with "281,867,725"

Page 2, line 22, replace "362,336,976" with "382,336,976"

Page 2, line 23, replace "1,114,504,351" with "1,094,504,351"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 325 - Department of Human Services - House Action

This amendment changes the funding source of $20,000,000 in the long-term care program in the program/policy management subdivision from the health care trust fund to the general fund.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

38035.0212
Title.
Fiscal No. 5

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

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 13, replace "11,027,431" with "11,016,285"

Page 1, line 14, replace "34,066,362" with "32,285,839"

Page 1, line 17, replace "47,358,043" with "45,566,374"

Page 1, line 18, replace "33,134,565" with "33,130,107"

Page 1, line 19, replace "14,223,478" with "12,436,267"

Page 1, line 22, replace "22,077,620" with "22,053,781"

Page 2, line 3, replace "1,240,009,483" with "1,239,985,644"

Page 2, line 4, replace "978,141,758" with "978,125,006"

Page 2, line 5, replace "261,867,725" with "261,860,638"

Page 2, line 9, replace "7,280,942" with "7,275,679"

Page 2, line 10, replace "14,576,944" with "14,564,870"

Page 2, line 11, replace "8,427,435" with "8,420,933"

Page 2, line 12, replace "17,508,856" with "17,495,750"

Page 2, line 13, replace "20,743,221" with "20,724,542"

Page 2, line 14, replace "11,367,850" with "11,358,975"

Page 2, line 15, replace "17,596,609" with "17,584,844"

Page 2, line 16, replace "8,932,780" with "8,924,627"

Page 2, line 17, replace "41,931,048" with "41,889,561"

Page 2, line 18, replace "40,808,116" with "40,761,057"

Page 2, line 19, replace "189,423,801" with "189,250,838"

Page 2, line 20, replace "103,228,028" with "103,179,326"

Page 2, line 21, replace "86,195,773" with "86,071,512"

Page 2, line 22, replace "362,336,976" with "360,418,417"

Page 2, line 23, replace "1,114,504,351" with "1,114,434,439"

Page 2, line 24, replace "1,476,841,327" with "1,474,852,856"

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Operator's Signature Date

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 325 - Department of Human Services - House Action

The operating expenses line item in Subdivision 1 of Section 1 is reduced by $1,780,523 from the general fund. This reduction represents a reduction in information technology funding from the general fund of approximately 20 percent.

Funding for state employee health insurance premiums is reduced from $493 to $488.70 per month as follows:

	GENERAL FUND	OTHER FUNDS	TOTAL
Administration - Support	($6,688)	($4,458)	($11,146)
Program/Policy Management	(7,087)	(16,752)	(23,839)
State Hospital	(41,487)	0	(41,487)
Developmental Center	(12,235)	(34,824)	(47,059)
Northwest Human Service Center	(5,105)	(158)	(5,263)
North Central Human Service Center	(10,746)	(1,328)	(12,074)
Lake Region Human Service Center	(5,722)	(780)	(6,502)
Northeast Human Service Center	(7,208)	(5,898)	(13,106)
Southeast Human Service Center	(16,811)	(1,868)	(18,679)
South Central Human Service Center	(7,899)	(976)	(8,875)
West Central Human Service Center	(10,118)	(1,647)	(11,765)
Badlands Human Service Center	(6,930)	(1,223)	(8,153)
Total	($138,036)	($69,912)	($207,948)

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Operator's Signature

10-14-03
Date

38035.0214
Title.

Prepared by the Legislative Council staff for
Representative Delzer
April 3, 2003

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, remove "to provide for the transfer of appropriation authority between agencies and"

Page 1, line 3, remove "institutions;"

Page 3, remove lines 13 through 23

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 325 - Department of Human Services - House Action

This amendment removes Section 5 relating to appropriation transfers and additional FTE position authorization.

This amendment adds the following four FTE positions. Federal funding for the positions is included in the department's 2003-05 biennium budget, but the FTE positions were not authorized for the 2003-05 biennium.

North Central Human Service Center	1 FTE activity therapist II
North Central Human Service Center	1 FTE administrative assistant I
Southeast Human Service Center	1 FTE activity therapist I
West Central Human Service Center	1 FTE office assistant I

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10-14-03
Date

38035.0216
Title.
Fiscal No. 6

Prepared by the Legislative Council staff for
House Appropriations - Human Resources
April 3, 2003

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 3, after "institutions" insert "; to provide an exception; to provide for legislative council studies"

Page 1, line 13, replace "11,027,431" with "11,016,285"

Page 1, line 14, replace "34,066,362" with "32,285,639"

Page 1 line 16, replace "2,261,556" with "3,261,556"

Page 1, line 17, replace "47,358,043" with "46,566,374"

Page 1, line 18, replace "33,134,565" with "34,130,107"

Page 1, line 19, replace "14,223,478" with "12,436,267"

Page 1, line 22, replace "22,077,620" with "22,053,781"

Page 1, line 23, replace "38,456,409" with "37,331,409"

Page 2, line 1, replace "288,492,803" with "287,987,203"

Page 2, line 2, replace "890,942,979" with "914,924,664"

Page 2, line 3, replace "1,240,009,483" with "1,262,336,729"

Page 2, line 4, replace "978,141,758" with "991,397,531"

Page 2, line 5, replace "261,867,725" with "270,939,198"

Page 2, replace lines 7 through 21 with:

"MENTAL HEALTH COMMUNITY SERVICES CONTINGENCY

Total general fund appropriation	$250,000

NORTHWEST HUMAN SERVICE CENTER

Total all funds	$7,275,679
Less estimated income	3,645,640
Total general fund appropriation	$3,630,039

NORTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$14,564,870
Less estimated income	6,723,674
Total general fund appropriation	$7,841,196

LAKE REGION HUMAN SERVICE CENTER

Total all funds	$8,420,933

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Less estimated income	3,782,973
Total general fund appropriation	$4,637,960

NORTHEAST HUMAN SERVICE CENTER

Total all funds	$19,441,183
Less estimated income	11,444,820
Total general fund appropriation	$7,996,363

SOUTHEAST HUMAN SERVICE CENTER

Total all funds	$20,724,542
Less estimated income	11,215,222
Total general fund appropriation	$9,509,320

SOUTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$11,358,975
Less estimated income	5,731,868
Total general fund appropriation	$5,627,107

WEST CENTRAL HUMAN SERVICE CENTER

Total all funds	$17,584,844
Less estimated income	9,121,635
Total general fund appropriation	$8,463,209

BADLANDS HUMAN SERVICE CENTER

Total all funds	$8,924,627
Less estimated income	4,558,723
Total general fund appropriation	$4,365,904

STATE HOSPITAL

Total all funds	$41,889,561
Less estimated income	16,405,360
Total general fund appropriation	$25,484,201

DEVELOPMENTAL CENTER

Total all funds	$40,761,057
Less estimated income	31,949,828
Total general fund appropriation	$8,811,229
Total all funds - Subdivision 3	$191,196,271
Total estimated income - Subdivision 3	$104,579,743
Total general fund appropriation - Subdivision 3	$86,616,528"

Page 2, line 22, replace "362,336,976" with "370,041,993"

Page 2, line 23, replace "1,114,504,351" with "1,130,107,381"

Page 2, line 24, replace "1,476,841,327" with "1,500,149,374"

Page 2, line 28, replace "health centers" with "entities"

Page 2, line 29, after "services" insert "for the purpose of health center grant application submission"

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Page 3, line 6, replace "$2,261,556" with "$3,261,556"

Page 3, replace lines 13 through 23 with:

"**SECTION 5. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION.** Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within each subdivision of section 1 of this Act, and between subdivisions within section 1 of this Act for the biennium beginning July 1, 2003, and ending June 30, 2005. The department shall notify the office of management and budget of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2004, any transfers made in excess of $50,000 and to the appropriations committees of the fifty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 6. FEDERAL TANF BLOCK GRANT PROGRAMS - EXPENDITURE LIMIT. The department of human services shall make the changes necessary to programs utilizing funding from the temporary assistance for needy families (TANF) block grant to provide that by the end of the 2003-05 biennium, the cumulative funding anticipated to be spent for these programs for each fiscal year does not exceed North Dakota's annual federal TANF block grant allocation, including any incentive or bonus grants awarded to North Dakota.

SECTION 7. MEDICAL SERVICES - COPAYMENTS AND SERVICE LIMITS. The department of human services shall establish a six dollar copayment for medical assistance recipients for each emergency room visit that is not designated an emergency service by the medical services provider. The department of human services shall establish other service copayments or limits and make other programmatic changes within the medical services program to operate the program within the funding levels approved by the fifty-eighth legislative assembly for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 8. NURSING HOME RATES - EXCEPTION - DIRECT CARE LIMIT. Notwithstanding subsection 4 of section 50-24.4-10, the department of human services shall establish an eighty-five dollar per diem limit, adjusted for inflation under subsection 5 of section 50-24.4-10, on allowable operating costs for direct care services of nursing facilities for purposes of determining nursing facility payment rates for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 9. SUPPORTED LIVING ARRANGEMENTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES - LOCAL MATCHING FUNDS - FUNDING ALLOCATION. The grants - medical assistance line item in subdivision 2 of section 1 of this Act includes $200,000 from the health care trust fund for supported living arrangement services for individuals with developmental disabilities. This funding may be spent only if local or private funding of two dollars is provided for these services for each one dollar of general fund moneys provided for these services. The department shall allocate the funding appropriated for this purpose proportionately to each human service region of the state based on the number of individuals with developmental disabilities seeking supported living arrangement services in each region for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 10. LEGISLATIVE INTENT - VOCATIONAL REHABILITATION - SURVEY TIME PERIOD. It is the intent of the legislative assembly that the department of human services only survey vocational rehabilitation clients who become employed regarding job retention and job satisfaction after three months of employment if allowed under federal regulations for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 11. LEGISLATIVE COUNCIL STUDY - HUMAN SERVICES ADMINISTRATIVE COSTS. The legislative council shall consider studying, during the 2003-04 interim, administrative costs of human service programs, including costs

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incurred by the central office of the department of human services, human service centers, and county social services. If studied, the legislative council shall review the effects of the 1997 "swap" legislation on state and county human service program costs.

SECTION 12. LEGISLATIVE COUNCIL STUDY - CHILDREN WITH SPECIAL HEALTH NEEDS. The legislative council shall consider studying, during the 2003-04 interim, programs providing services to children with special health care needs in North Dakota and service needs of these children which are not available under current programs.

SECTION 13. LEGISLATIVE COUNCIL STUDY - MEDICAID ADVISORY COUNCIL. The legislative council shall consider studying, during the 2003-04 interim, the feasibility and desirability of establishing an advisory council for the medical assistance program of the department of human services. If studied, the legislative council shall consider including representatives of private health care providers on the advisory council.

SECTION 14. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE CONTINUUM. The legislative council shall consider studying, during the 2003-04 interim, North Dakota's long-term care continuum of services, including service delivery methods and payment systems. If studied, the legislative council shall consider the cost-effectiveness of the programs and the appropriateness of rate structures and the nursing home equalized rate policy."

Page 3, line 24, replace "state hospital" with "total all funds" and after "item" insert "for the state hospital"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES	HOUSE VERSION
DHS - Management				
Total all funds	$47,962,467	$47,358,043	($791,669)	$46,566,374
Less estimated income	31,912,324	33,134,565	995,542	34,130,107
General fund	$16,050,143	$14,223,478	($1,787,211)	$12,436,267
DHS - Program/Policy				
Total all funds	$1,247,161,224	$1,240,059,463	$22,327,246	$1,262,386,729
Less estimated income	974,986,069	978,141,758	13,255,773	991,397,531
General fund	$272,175,155	$261,917,725	$9,071,473	$270,989,198
DHS - State Hospital				
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561
Less estimated income	16,405,360	16,405,360		16,405,360
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201
DHS - Developmental Center				
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229
DHS - Mental health contingency				
Total all funds	$250,000	$250,000	$0	$250,000
Less estimated income				
General fund	$250,000	$250,000	$0	$250,000
DHS - Northwest HSC				
Total all funds	$7,331,947	$7,280,942	($5,263)	$7,275,679
Less estimated income	3,647,636	3,645,798	(158)	3,645,640
General fund	$3,684,311	$3,635,144	($5,105)	$3,630,039
DHS - North Central HSC				
Total all funds	$14,684,062	$14,576,944	($12,074)	$14,564,870
Less estimated income	6,735,850	6,725,002	(1,328)	6,723,674
General fund	$7,948,212	$7,851,942	($10,746)	$7,841,196

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DHS - Lake Region HSC				
Total all funds	$8,490,227	$8,427,435	($6,502)	$8,420,933
Less estimated income	3,790,662	3,783,753	(780)	3,782,973
General fund	$4,699,565	$4,643,682	($5,722)	$4,637,960
DHS - Northeast HSC				
Total all funds	$17,628,299	$17,508,856	$1,932,327	$19,441,183
Less estimated income	10,099,083	10,050,301	1,394,519	11,444,820
General fund	$7,529,216	$7,458,555	$537,808	$7,996,363
DHS - Southeast HSC				
Total all funds	$20,924,037	$20,743,221	($18,679)	$20,724,542
Less estimated income	11,233,890	11,217,090	(1,868)	11,215,222
General fund	$9,690,147	$9,526,131	($16,811)	$9,509,320
DHS - South Central HSC				
Total all funds	$11,464,381	$11,367,850	($8,876)	$11,358,976
Less estimated income	5,741,308	5,732,844	(976)	5,731,868
General fund	$5,713,073	$5,635,006	($7,899)	$5,627,107
DHS - West Central HSC				
Total all funds	$17,713,897	$17,696,609	($11,765)	$17,684,844
Less estimated income	9,137,950	9,123,282	(1,647)	9,121,635
General fund	$8,575,947	$8,473,327	($10,118)	$8,463,209
DHS - Badlands HSC				
Total all funds	$9,004,972	$8,932,780	($8,153)	$8,924,627
Less estimated income	4,569,807	4,559,946	(1,223)	4,558,723
General fund	$4,435,165	$4,372,834	($6,930)	$4,365,904
Bill Total				
Total all funds	$1,489,066,465	$1,476,841,327	$23,308,047	$1,500,149,374
Less estimated income	1,110,494,419	1,114,504,351	16,603,030	1,130,107,381
General fund	$378,572,046	$362,336,976	$7,705,017	$370,041,993

Senate Bill No. 2012 - Department of Human Services - Management - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
Salaries and wages	$11,147,734	$11,027,431	($11,146)	$11,016,285
Operating expenses	34,550,483	34,066,362	(1,780,523)	32,285,839
Capital assets	2,694	2,694		2,694
Developmentally disabled facility loan	2,261,556	2,261,556	1,000,000	3,261,556
Total all funds	$47,962,467	$47,358,043	($791,669)	$46,566,374
Less estimated income	31,912,324	33,134,566	995,542	34,130,107
General fund	$16,050,143	$14,223,478	($1,787,211)	$12,436,267
FTE	113.80	113.80	0.00	113.80

[1]

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - House Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,688)	($4,458)	($11,146)
Administration Support Program Increases funding from the lands and minerals trust fund to accommodate any loan prepayments by developmental disabilities services providers during the 2003-05 biennium			1,000,000	1,000,000
Information Technology Division Program Reduces funding to reflect a reduction in information technology funding from the general fund of approximately 20 percent		(1,780,523)		(1,780,523)
Total House Changes - Administration Support	0.00	($1,787,211)	$995,542	($791,669)

Other Changes Affecting Administration Support Programs or Multiple Programs of the Department

A section is added providing for a Legislative Council study of administrative costs of the Department of Human Services' central office, human service centers, and county social services.

A section is added authorizing the department to transfer funds between line items and between subdivisions without Emergency Commission or Budget Section approval. The department is to report any transfers to the Office of Management and Budget and to the Appropriations Committees of the 2005 Legislative Assembly and any transfers over $50,000 to the Budget Section after June 30, 2004.

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Section 5 of the bill is removed which would have authorized the department to transfer funds between the State Hospital, the Developmental Center, and the human service centers and to increase the number of FTE positions at these institutions and centers.

Senate Bill No. 2012 - Department of Human Services - Program/Policy - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
Salaries and wages	$22,311,231	$22,077,620	($23,839)	$22,053,781
Operating expenses	38,397,710	38,456,409	(1,125,000)	37,331,409
Capital assets	39,672	39,672		39,672
Grants	288,491,078	288,492,803	(605,600)	287,887,203
Grants - Medical assistance	897,921,533	890,942,979	23,981,685	914,924,664
Health center grants		60,000		60,000
Total all funds	$1,247,161,224	$1,240,059,483	$22,327,246	$1,262,386,729
Less estimated income	974,986,069	978,141,758	13,255,773	991,397,531
General fund	$272,175,155	$261,917,725	$9,071,473	$270,989,198
FTE	234.80	234.80	0.00	234.80

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Program/Policy Management - House Changes** Reduces operating expenses. The department may determine the specific areas to reduce.		($1,000,000)		($1,000,000)
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493, to $468.70 per month		(7,087)	($16,752)	(23,839)
Economic Assistance Policy Program No changes				
Child Support Program No changes				
Medical Services Program Restores a portion of the funding removed by the Senate for optional medical services for adults, including durable medical equipment, optometric services, and psychological services		1,100,000	2,337,500	3,437,500
Increases funding for medical assistance grants with the priority for use of the funding designated for increasing hospital reimbursements for inpatient and outpatient services. The state matching funds of $500,000 are from the health care trust fund.			1,562,500	1,562,500
Removes funding for rehabilitation services relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center.		(493,277)	(1,046,556)	(1,539,833)
Adds funding to increase the allowable fringe benefit percentage for employees of developmental disabilities services providers from 30 to 33 percent of salary. The state matching funds of $1,119,628 are from the health care trust fund.			3,498,839	3,498,839
Increases funding to provide an additional 37-cent per hour salary increase to employees of developmental disabilities services providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour increase. The state matching funds of $1,872,229 are from the health care trust fund.			5,850,715	5,850,715
Long-Term Care Program Changes the funding source for nursing facility care in the medical assistance program from the health care trust fund to the general fund. Funding recommended in the executive budget and Senate version for this purpose totaled $29,137,300 from the health care trust fund. The House version appropriates $19,545,393 from the health care trust fund.		9,591,907	(9,591,907)	

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Provides for the nursing facility direct care limit to be set at $85 rather than the 85th percentile as included in the executive budget and the Senate version. The state matching funds of $2,925,207 are from the health care trust fund. A section is added authorizing the department to establish the limit at $86 for the 2003-05 biennium.			9,129,859	9,129,859
Restores $1,750,000 of the $4,382,049 general fund reduction made by the Senate to the service payments for elderly and disabled (SPED) program with funding from the health care trust fund. Funding from the counties is increased by $92,105.			1,842,105	1,842,105
Aging Services Program Reduces funding from the health care trust fund for qualified service provider training grants from $140,000 to $40,000			(100,000)	(100,000)
Children and Family Services Program Changes the source of funding to reflect additional federal funds anticipated to be available from "refinancing" activities of the Children's Services Coordinating Committee during the 2003-05 biennium		(43,331)	43,331	
Removes funding for foster care room and board costs relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center.		(51,739)	(353,861)	(405,600)
Mental Health and Substance Abuse Program Reduces funding for gambling addiction services from $225,000 to $100,000		(125,000)		(125,000)
Developmental Disabilities Council No changes				
Disabilities Program Changes the source of funding for independent living center grants from the health care trust fund to the general fund		100,000	(100,000)	
Adds funding from the health care trust fund for supported living arrangement services. A section is added providing that these funds may be spent only if local or private matching funds of two to one are provided for the services. The section also directs the department to allocate the funds to each region based on each region's share of individuals with developmental disabilities who are seeking these services.			200,000	200,000
Total House Changes - Program/Policy Management	0.00	$9,071,473	$13,255,773	$22,327,246

Other Changes Affecting Program/Policy Management Programs

Section 2, added by the Senate, which appropriates $50,000 from the general fund for health center grants, is amended to allow any community entity to be eligible to receive a grant from the department to assist it in applying for federal health center grants.

A section is added requiring the department to make the program changes necessary to operate programs utilizing funding from the federal temporary assistance for needy families (TANF) block grant within North Dakota's funding allocation by the end of the 2003-05 biennium.

A section is added directing the department to establish a $6 copayment for Medicaid recipients for each emergency room visit that is not considered an emergency by hospital personnel and directing the department to make other programmatic changes or establish other copayments or service limits within the medical services program to operate the program within the funding level approved by the Legislative Assembly for the 2003-05 biennium.

A section is added providing for a Legislative Council study of programs providing services to children with special health care needs.

A section is added providing for a Legislative Council study of North Dakota's long-term care continuum of services, including service delivery methods and payment systems.

A section is added providing for a Legislative Council study of the feasibility and desirability of creating a Medicaid advisory council.

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A section of legislative intent is added providing that the department conduct three-month rather than three-month and six-month "followup" reviews of vocational rehabilitation clients who begin working if allowed under federal regulations.

Senate Bill No. 2012 - Department of Human Services - State Hospital - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
Human service centers/ institutions	$44,312,699	$41,931,048	($41,487)	$41,889,561
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561
Less estimated income	16,405,360	16,405,360		16,405,360
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201
FTE	416.90	416.90	0.00	416.90

[1] State Hospital - House Changes	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($41,487)		($41,487)
Total House Changes - State Hospital	0.00	($41,487)	$0	($41,487)

Other Changes Affecting the State Hospital

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

Senate Bill No. 2012 - Department of Human Services - Developmental Center - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
Human service centers/ institutions	$42,148,253	$40,808,116	($47,059)	$40,761,057
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229
FTE	458.04	458.04	0.00	458.04

[1] Developmental Center - House Changes	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($12,235)	($34,824)	($47,059)
Total House Changes - Developmental Center	0.00	($12,235)	($34,824)	($47,059)

Other Changes Affecting the Developmental Center

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
DHS - Mental health contingency	$250,000	$250,000		$250,000
DHS - Northwest HSC	3,684,311	3,635,144	($5,105)	3,630,039
DHS - North Central HSC	7,948,212	7,851,942	(10,746)	7,841,196
DHS - Lake Region HSC	4,699,565	4,643,682	(5,722)	4,637,960
DHS - Northeast HSC	7,529,216	7,458,555	537,808	7,996,363
DHS - Southeast HSC	9,690,147	9,526,131	(16,811)	9,509,320
DHS - South Central HSC	5,713,073	5,635,006	(7,899)	5,627,107
DHS - West Central HSC	8,575,947	8,473,327	(10,118)	8,463,209

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DHS - Badlands HSC	4,435,165	4,372,834	(6,930)	4,365,904
Total general fund	$52,525,636	$51,846,621	$474,477	$52,321,098

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
DHS - Mental health contingency				
DHS - Northwest HSC	$3,647,636	$3,645,798	($158)	$3,645,640
DHS - North Central HSC	6,735,850	6,725,002	(1,328)	6,723,674
DHS - Lake Region HSC	3,790,662	3,783,753	(780)	3,782,973
DHS - Northeast HSC	10,099,083	10,050,301	1,394,519	11,444,820
DHS - Southeast HSC	11,233,890	11,217,090	(1,868)	11,215,222
DHS - South Central HSC	5,741,308	5,732,844	(976)	5,731,868
DHS - West Central HSC	9,137,950	9,123,282	(1,647)	9,121,635
DHS - Badlands HSC	4,569,807	4,559,946	(1,223)	4,558,723
Total other funds	$54,956,186	$54,838,016	$1,386,539	$56,224,555

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
DHS - Mental health contingency	$250,000	$250,000		$250,000
DHS - Northwest HSC	7,331,947	7,280,942	($5,263)	7,275,679
DHS - North Central HSC	14,684,062	14,676,944	(12,074)	14,664,870
DHS - Lake Region HSC	8,490,227	8,427,435	(6,502)	8,420,933
DHS - Northeast HSC	17,626,299	17,508,856	1,932,327	19,441,183
DHS - Southeast HSC	20,924,037	20,743,221	(18,679)	20,724,542
DHS - South Central HSC	11,454,381	11,367,850	(8,875)	11,358,975
DHS - West Central HSC	17,713,897	17,596,609	(11,765)	17,584,844
DHS - Badlands HSC	9,004,972	8,932,780	(8,153)	8,924,627
Total all funds	$107,481,822	$106,684,637	$1,861,016	$108,545,653
FTE	817.58	817.58	16.30	833.88

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Northwest Human Service Center - House Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,105)	($158)	($5,263)
Total House Changes - Northwest Human Service Center	0.00	($5,105)	($158)	($5,263)
North Central Human Service Center - House Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,746)	($1,328)	($12,074)
Adds one activity therapist II and one administrative assistant I. Federal funding for the positions is included in the department's 2003-05 biennium budget.	2.00			
Total House changes - North Central Human Service Center	2.00	($10,746)	($1,328)	($12,074)
Lake Region Human Service Center - House Changes				
Removes one FTE vacant administrative position *(no funding was included for the position)*	(1.00)			
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,722)	($780)	($6,502)
Total House Changes - Lake Region Human Service Center	(1.00)	($5,722)	($780)	($6,502)
Northeast Human Service Center - House Changes				
Adds funding to continue operating the Ruth Meiers *Adolescent Treatment Center. The executive* budget and the Senate version anticipated the center would be operated by a private organization. The funding added is being reduced from medical services and children and family services programs.	13.30	$545,016	$1,400,417	$1,945,433
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,208)	(5,898)	(13,106)
Total House Changes - Northeast Human Service Center	13.30	$537,808	$1,394,519	$1,932,327

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Southeast Human Service Center - House Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($16,811)	($1,868)	($18,679)
Adds one activity therapist I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total House Changes - Southeast Human Service Center	1.00	($16,811)	($1,868)	($18,679)
South Central Human Service Center - House Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($7,899)	($976)	($8,875)
Total House Changes - South Central Human Service Center	0.00	($7,899)	($976)	($8,875)
West Central Human Service Center - House Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,118)	($1,647)	($11,765)
Adds one office assistant I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total House Changes - West Central Human Service Center	1.00	($10,118)	($1,647)	($11,765)
Badlands Human Service Center - House Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,930)	($1,223)	($8,153)
Total House Changes - Badlands Human Service Center	0.00	($6,930)	($1,223)	($8,153)

Other Changes Affecting the Human Service Centers

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

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

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2012

House Appropriations - Human Resources Division Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 38035.0207/0210/0211/0212/0214

Action Taken Do Pass As Amended

Motion Made By Rep. Warnke Seconded By Rep. Kempenich

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

Total (Yes) Three No Two

Absent Rep. Bellew

Floor Assignment Rep. Delzer

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

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Operator's Signature

10-14-03
Date

Date: 4-4
Roll Call Vote #: Last one

2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2012

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DPA1

Motion Made By Delzer Seconded By Carlson

Representatives	Yes	No	Representatives	Yes	No
Rep. Svedjan (Chairman) 1	✓		Rep. Glassheim		✓
Rep. Timm (Vice-Chairman) 2	✓		Rep. Kroeber (5)		✓
Rep. Martinson 3	✓		Rep. Warner (6)		✓
Rep. Brusegaard 4	✓		Rep. Delzer 13	✓	
Rep. Monson 5	✓		Rep. Warnke 14	✓	
Rep. Rennerfeldt 6	✓		Rep. Bellew	AB	AB
Rep. Wald 7	✓		Rep. Kempenich 15	✓	
Rep. Aarsvold (2)		✓	Rep. Kerzman 1) Carr.		✓
Rep. Gulleson (3)		✓	Rep. Metcalf (4)		✓
Rep. Carlisle 8	✓				
Rep. Carlson 9	✓				
Rep. Koppleman 10	✓				
Rep. Skarphol 11	✓				
Rep. Thoreson 12	✓				

Total (Yes) 15 No 7

Absent 1

Floor Assignment Delzer majority.

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

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10-14-03
Date

REPORT OF STANDING COMMITTEE-DIVIDED (430)
April 7, 2003 9:15 a.m.

Module No: HR-62-6903
Carrier: Delzer
Insert LC: 38035.0220 Title: .0400

REPORT OF STANDING COMMITTEE (MAJORITY)

SB 2012, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) A **MAJORITY** of your committee (Reps. Svedjan, Timm, Martinson, Brusegaard, Monson, Rennerfeldt, Wald, Carlisle, Carlson, Koppelman, Skarphol, Thoreson, Delzer, Warnke, Kempenich) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS.**

Page 1, line 3, after "institutions" insert "; to provide an exception; to provide for legislative council studies"

Page 1, line 13, replace "11,027,431" with "11,016,285"

Page 1, line 14, replace "34,066,362" with "32,285,839"

Page 1, line 16, replace "2,261,556" with "3,261,556"

Page 1, line 17, replace "47,358,043" with "46,566,374"

Page 1, line 18, replace "33,134,565" with "34,130,107"

Page 1, line 19, replace "14,223,478" with "12,436,267"

Page 1, line 22, replace "22,077,620" with "22,053,781"

Page 1, line 23, replace "38,456,409" with "37,331,409"

Page 2, line 1, replace "288,492,803" with "287,987,203"

Page 2, line 2, replace "890,942,979" with "914,924,664"

Page 2, line 3, replace "1,240,009,483" with "1,262,336,729"

Page 2, line 4, replace "978,141,758" with "955,486,496"

Page 2, line 5, replace "261,867,725" with "306,850,233"

Page 2, replace lines 7 through 21 with:

"MENTAL HEALTH COMMUNITY SERVICES CONTINGENCY

Total general fund appropriation	$250,000

NORTHWEST HUMAN SERVICE CENTER

Total all funds	$7,275,679
Less estimated income	3,645,640
Total general fund appropriation	$3,630,039

NORTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$14,564,870
Less estimated income	6,723,674
Total general fund appropriation	$7,841,196

LAKE REGION HUMAN SERVICE CENTER

Total all funds	$8,420,933

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Less estimated income	3,782,973
Total general fund appropriation	$4,637,960

NORTHEAST HUMAN SERVICE CENTER

Total all funds	$19,441,183
Less estimated income	11,444,820
Total general fund appropriation	$7,996,363

SOUTHEAST HUMAN SERVICE CENTER

Total all funds	$20,724,542
Less estimated income	11,215,222
Total general fund appropriation	$9,509,320

SOUTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$11,358,975
Less estimated income	5,731,868
Total general fund appropriation	$5,627,107

WEST CENTRAL HUMAN SERVICE CENTER

Total all funds	$17,584,844
Less estimated income	9,121,635
Total general fund appropriation	$8,463,209

BADLANDS HUMAN SERVICE CENTER

Total all funds	$8,924,627
Less estimated income	4,558,723
Total general fund appropriation	$4,365,904

STATE HOSPITAL

Total all funds	$41,889,561
Less estimated income	16,405,360
Total general fund appropriation	$25,484,201

DEVELOPMENTAL CENTER

Total all funds	$40,761,057
Less estimated income	31,949,828
Total general fund appropriation	$8,811,229
Total all funds - Subdivision 3	$191,196,271
Total estimated income - Subdivision 3	$104,579,743
Total general fund appropriation - Subdivision 3	$86,616,528"

Page 2, line 22, replace "362,336,976" with "405,953,028"

Page 2, line 23, replace "1,114,504,351" with "1,094,196,346"

Page 2, line 24, replace "1,476,841,327" with "1,500,149,374"

Page 2, line 28, replace "health centers" with "entities"

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Page 2, line 29, after "services" insert "for the purpose of health center grant application submission"

Page 3, line 6, replace "$2,261,556" with "$3,261,556"

Page 3, replace lines 13 through 23 with:

"**SECTION 5. HEALTH CARE TRUST FUND - TRANSFER TO GENERAL FUND.** The office of management and budget shall transfer $35,911,035 from the health care trust fund to the general fund during the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 6. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION. Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within each subdivision of section 1 of this Act, and between subdivisions within section 1 of this Act for the biennium beginning July 1, 2003, and ending June 30, 2005. The department shall notify the office of management and budget of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2004, any transfers made in excess of $50,000 and to the appropriations committees of the fifty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 7. FEDERAL TANF BLOCK GRANT PROGRAMS - EXPENDITURE LIMIT. The department of human services shall make the changes necessary to programs utilizing funding from the temporary assistance for needy families (TANF) block grant to provide that by the end of the 2003-05 biennium, the cumulative funding anticipated to be spent for these programs for each fiscal year does not exceed North Dakota's annual federal TANF block grant allocation, including any incentive or bonus grants awarded to North Dakota.

SECTION 8. MEDICAL SERVICES - COPAYMENTS AND SERVICE LIMITS. The department of human services shall establish a six dollar copayment for medical assistance recipients for each emergency room visit that is not designated an emergency service by the medical services provider. The department of human services shall establish other service copayments or limits and make other programmatic changes within the medical services program to operate the program within the funding levels approved by the fifty-eighth legislative assembly for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 9. NURSING HOME RATES - EXCEPTION - DIRECT CARE LIMIT. Notwithstanding subsection 4 of section 50-24.4-10, the department of human services shall establish an eighty-five dollar per diem limit, adjusted for inflation under subsection 5 of section 50-24.4-10, on allowable operating costs for direct care services of nursing facilities for purposes of determining nursing facility payment rates for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 10. SUPPORTED LIVING ARRANGEMENTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES - LOCAL MATCHING FUNDS - FUNDING ALLOCATION. The grants - medical assistance line item in subdivision 2 of section 1 of this Act includes $200,000 from the general fund for supported living arrangement services for individuals with developmental disabilities. This funding may be spent only if local or private funding of two dollars is provided for these services for each one dollar of general fund moneys provided for these services. The department shall allocate the funding appropriated for this purpose proportionately to each human service region of the state based on the number of individuals with developmental disabilities seeking supported living arrangement services in each region for the biennium beginning July 1, 2003, and ending June 30, 2005.

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SECTION 11. LEGISLATIVE INTENT - VOCATIONAL REHABILITATION - SURVEY TIME PERIOD. It is the intent of the legislative assembly that the department of human services only survey vocational rehabilitation clients who become employed regarding job retention and job satisfaction after three months of employment if allowed under federal regulations for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 12. LEGISLATIVE COUNCIL STUDY - HUMAN SERVICES ADMINISTRATIVE COSTS. The legislative council shall consider studying, during the 2003-04 interim, administrative costs of human service programs, including costs incurred by the central office of the department of human services, human service centers, and county social services. If studied, the legislative council shall review the effects of the 1997 "swap" legislation on state and county human service program costs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 13. LEGISLATIVE COUNCIL STUDY - CHILDREN WITH SPECIAL HEALTH NEEDS. The legislative council shall consider studying, during the 2003-04 interim, programs providing services to children with special health care needs in North Dakota and service needs of these children which are not available under current programs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 14. LEGISLATIVE COUNCIL STUDY - MEDICAID ADVISORY COUNCIL. The legislative council shall consider studying, during the 2003-04 interim, the feasibility and desirability of establishing an advisory council for the medical assistance program of the department of human services. If studied, the legislative council shall consider including representatives of private health care providers on the advisory council. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 15. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE CONTINUUM. The legislative council shall consider studying, during the 2003-04 interim, North Dakota's long-term care continuum of services, including service delivery methods and payment systems. If studied, the legislative council shall consider the cost-effectiveness of the programs and the appropriateness of rate structures and the nursing home equalized rate policy. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly."

Page 3, line 24, replace "state hospital" with "total all funds" and after "item" insert "for the state hospital"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES	HOUSE VERSION
DHS - Management				
(2) DESK, (2) COMM				

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Total all funds	$47,962,467	$47,358,043	($791,669)	$46,566,374
Less estimated income	31,912,324	33,134,565	995,542	34,130,107
General fund	$16,050,143	$14,223,478	($1,787,211)	$12,436,267
DHS - Program/Policy				
Total all funds	$1,247,161,224	$1,240,059,483	$22,327,246	$1,262,386,729
Less estimated income	974,986,069	978,141,758	22,655,262	955,486,496
General fund	$272,175,155	$261,917,725	$44,982,508	$306,900,233
DHS - State Hospital				
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561
Less estimated income	16,405,360	16,405,360		16,405,360
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201
DHS - Developmental Center				
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229
DHS - Mental health contingency				
Total all funds	$250,000	$250,000	$0	$250,000
Less estimated income				
General fund	$250,000	$250,000	$0	$250,000
DHS - Northwest HSC				
Total all funds	$7,331,947	$7,280,942	($5,263)	$7,275,679
Less estimated income	3,647,636	3,645,796	(156)	3,645,640
General fund	$3,684,311	$3,635,144	($5,105)	$3,630,039
DHS - North Central HSC				
Total all funds	$14,684,062	$14,576,944	($12,074)	$14,564,870
Less estimated income	6,735,650	6,725,002	(1,328)	6,723,674
General fund	$7,948,212	$7,851,942	($10,746)	$7,841,196
DHS - Lake Region HSC				
Total all funds	$8,490,227	$8,427,435	($6,502)	$8,420,933
Less estimated income	3,790,662	3,783,753	(780)	3,782,973
General fund	$4,699,565	$4,643,682	($5,722)	$4,637,960
DHS - Northeast HSC				
Total all funds	$17,628,299	$17,508,856	$1,932,327	$19,441,183
Less estimated income	10,099,083	10,050,301	1,394,519	11,444,820
General fund	$7,529,216	$7,458,555	$537,808	$7,996,363
DHS - Southeast HSC				
Total all funds	$20,924,037	$20,743,221	($18,679)	$20,724,542
Less estimated income	11,233,890	11,217,090	(1,868)	11,216,222
General fund	$9,690,147	$9,526,131	($16,811)	$9,509,320
DHS - South Central HSC				
Total all funds	$11,454,381	$11,367,650	($8,675)	$11,358,975
Less estimated income	5,741,308	5,732,844	(976)	5,731,868
General fund	$5,713,073	$5,635,006	($7,699)	$5,627,107
DHS - West Central HSC				
Total all funds	$17,713,897	$17,596,609	($11,765)	$17,584,844
Less estimated income	9,137,960	9,123,282	(1,647)	9,121,635
General fund	$8,575,947	$8,473,327	($10,118)	$8,463,209
DHS - Badlands HSC				
Total all funds	$9,004,972	$8,932,780	($8,153)	$8,924,627
Less estimated income	4,569,807	4,559,046	(1,223)	4,558,723
General fund	$4,435,165	$4,372,834	($6,930)	$4,365,904
Bill Total				
Total all funds	$1,480,066,465	$1,476,841,327	$23,308,047	$1,500,149,374
Less estimated income	1,110,494,419	1,114,504,351	(20,306,005)	1,094,196,346
General fund	$378,572,046	$362,336,976	$43,616,052	$405,953,028

Senate Bill No. 2012 - Department of Human Services - Management - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
Salaries and wages	$11,147,734	$11,027,431	($11,146)	$11,016,285
Operating expenses	34,550,483	34,066,362	(1,780,523)	32,285,839
Capital assets	2,694	2,694		2,694
Developmentally disabled facility loan	2,261,556	2,261,556	1,000,000	3,261,556
Total all funds	$47,962,467	$47,358,043	($791,669)	$46,566,374
Less estimated income	31,912,324	33,134,565	995,542	34,130,107
General fund	$16,050,143	$14,223,478	($1,787,211)	$12,436,267
FTE	113.80	113.80	0.00	113.80

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10-14-03
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1

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - House Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,688)	($4,458)	($11,146)
Administration Support Program Increases funding from the lands and minerals trust fund to accommodate any loan prepayments by developmental disabilities services providers during the 2003-05 biennium			1,000,000	1,000,000
Information Technology Division Program Reduces funding to reflect a reduction in information technology funding from the general fund of approximately 20 percent		(1,780,523)		(1,780,523)
Total House Changes - Administration Support	0.00	($1,787,211)	$995,542	($791,669)

Other Changes Affecting Administration Support Programs or Multiple Programs of the Department

A section is added providing for a Legislative Council study of administrative costs of the Department of Human Services' central office, human service centers, and county social services.

A section is added authorizing the department to transfer funds between line items and between subdivisions without Emergency Commission or Budget Section approval. The department is to report any transfers to the Office of Management and Budget and to the Appropriations Committees of the 2005 Legislative Assembly and any transfers over $50,000 to the Budget Section after June 30, 2004.

Section 5 of the bill is removed which would have authorized the department to transfer funds between the State Hospital, the Developmental Center, and the human service centers and to increase the number of FTE positions at these institutions and centers.

Senate Bill No. 2012 - Department of Human Services - Program/Policy - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
Salaries and wages	$22,311,231	$22,077,620	($23,839)	$22,053,781
Operating expenses	38,397,710	38,456,409	(1,125,000)	37,331,409
Capital assets	39,672	39,672		39,672
Grants	288,491,078	288,492,803	(505,600)	287,987,203
Grants - Medical assistance	697,921,533	690,942,979	23,981,685	914,924,664
Health center grants		50,000		50,000
Total all funds	$1,247,161,224	$1,240,059,483	$22,327,246	$1,262,386,729
Less estimated income	974,966,069	978,141,758	(22,655,262)	955,486,496
General fund	$272,176,155	$261,917,725	$44,982,508	$306,900,233
FTE	234.80	234.80	0.00	234.80

[1] **Program/Policy Management - House Changes**

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Reduces operating expenses. The department may determine the specific areas to reduce.		($1,000,000)		($1,000,000)
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493, to $488.70 per month		(7,087)	($16,752)	(23,839)
Economic Assistance Policy Program No changes				
Child Support Program No changes				

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Medical Services Program Restores a portion of the funding removed by the Senate for optional medical services for adults, including durable medical equipment, optometric services, and psychological services	1,100,000	2,337,500	3,437,500
Increases funding for medical assistance grants with the priority for use of the funding designated for increasing hospital reimbursements for inpatient and outpatient services. The state matching funds of $500,000 are from the health care trust fund. Note the funding source change to the general fund below.		1,562,500	1,562,500
Removes funding for rehabilitation services relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center.	(493,277)	(1,046,556)	(1,539,833)
Adds funding to increase the allowable fringe benefit percentage for employees of developmental disabilities services providers from 30 to 33 percent of salary. The state matching funds of $1,119,628 are from the health care trust fund. Note the funding source change to the general fund below.		3,496,839	3,496,839
Increases funding to provide an additional 37-cent per hour salary increase to employees of developmental disabilities services providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour increase. The state matching funds of $1,872,229 are from the health care trust fund. Note the funding source change to the general fund below.		5,850,715	5,850,715
Long-Term Care Program Changes the funding source for nursing facility care in the medical assistance program from the health care trust fund to the general fund. Funding recommended in the executive budget and Senate version for this purpose totaled $29,137,300 from the health care trust fund. The House version appropriates $19,545,393 from the health care trust fund. Note the additional funding source change to the general fund below.	9,591,907	(9,591,907)	
Provides for the nursing facility direct care limit to be set at $85 rather than the 85th percentile as included in the executive budget and the Senate version. The state matching funds of $2,925,207 are from the health care trust fund. Note the funding source change to the general fund below. A section is added authorizing the department to establish the limit at $85 for the 2003-05 biennium.		9,129,859	9,129,859
Restores $1,750,000 of the $4,382,049 general fund reduction made by the Senate to the service payments for elderly and disabled (SPED) program with funding from the health care trust fund. Note the funding source change to the general fund below. Funding from the counties is increased by $92,105.		1,842,105	1,842,105
Aging Services Program Reduces funding from the health care trust fund for qualified service provider training grants from $140,000 to $40,000. Note the funding source change below.		(100,000)	(100,000)
Children and Family Services Program Changes the source of funding to reflect additional federal funds anticipated to be available from "refinancing" activities of the Children's Services Coordinating Committee during the 2003-05 biennium	(43,331)	43,331	
Removes funding for foster care room and board costs relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed	(51,739)	(353,861)	(405,600)

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is being added to the Northeast Human Service Center.				
Mental Health and Substance Abuse Program Reduces funding for gambling addiction services from $225,000 to $100,000		(125,000)		(125,000)
Developmental Disabilities Council No changes				
Disabilities Program Changes the source of funding for independent living center grants from the health care trust fund to the general fund		100,000	(100,000)	
Adds funding from the health care trust fund for supported living arrangement services. Note the funding source change below. A section is added providing that these funds may be spent only if local or private matching funds of two to one are provided for the services. The section also directs the department to allocate the funds to each region based on each region's share of individuals with developmental disabilities who are seeking these services.			200,000	200,000
All Programs Changes the funding source from the health care trust fund to the general fund for all Department of Human Services programs that were to receive funding from the health care trust fund. A section is added transferring $35,911,035 from the health care trust fund to the general fund during the 2003-05 biennium.		35,911,035	(35,911,035)	
Total House Changes - Program/Policy Management	0.00	$44,962,508	($22,655,262)	$22,327,246

Other Changes Affecting Program/Policy Management Programs

Section 2, added by the Senate, which appropriates $50,000 from the general fund for health center grants, is amended to allow any community entity to be eligible to receive a grant from the department to assist it in applying for federal health center grants.

A section is added requiring the department to make the program changes necessary to operate programs utilizing funding from the federal temporary assistance for needy families (TANF) block grant within North Dakota's funding allocation by the end of the 2003-05 biennium.

A section is added directing the department to establish a $6 copayment for Medicaid recipients for each emergency room visit that is not considered an emergency by hospital personnel and directing the department to make other programmatic changes or establish other copayments or service limits within the medical services program to operate the program within the funding level approved by the Legislative Assembly for the 2003-05 biennium.

A section is added providing for a Legislative Council study of programs providing services to children with special health care needs.

A section is added providing for a Legislative Council study of North Dakota's long-term care continuum of services, including service delivery methods and payment systems.

A section is added providing for a Legislative Council study of the feasibility and desirability of creating a Medicaid advisory council.

A section of legislative intent is added providing that the department conduct three-month rather than three-month and six-month "followup" reviews of vocational rehabilitation clients who begin working if allowed under federal regulations.

Senate Bill No. 2012 - Department of Human Services - State Hospital - House Action

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	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES 1	HOUSE VERSION
Human service centers/ Institutions	$44,312,699	$41,931,048	($41,487)	$41,889,561
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561
Less estimated income	16,405,360	16,405,360		16,405,360
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201
FTE	416.90	416.90	0.00	416.90

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
1 **State Hospital - House Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($41,487)		($41,487)
Total House Changes - State Hospital	0.00	($41,487)	$0	($41,487)

Other Changes Affecting the State Hospital

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

Senate Bill No. 2012 - Department of Human Services - Developmental Center - House Action

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES 1	HOUSE VERSION
Human service centers/ Institutions	$42,148,253	$40,808,116	($47,059)	$40,761,057
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057
Less estimated income	32,234,480	31,964,652	(34,824)	31,949,828
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229
FTE	458.04	458.04	0.00	458.04

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
1 **Developmental Center - House Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($12,235)	($34,824)	($47,059)
Total House Changes - Developmental Center	0.00	($12,235)	($34,824)	($47,059)

Other Changes Affecting the Developmental Center

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES 1	HOUSE VERSION
DHS - Mental health contingency	$250,000	$250,000		$250,000
DHS - Northwest HSC	3,684,311	3,635,144	($5,105)	3,630,039
DHS - North Central HSC	7,948,212	7,861,942	(10,746)	7,841,196

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DHS - Lake Region HSC	4,699,565	4,643,682	(5,722)	4,637,960
DHS - Northeast HSC	7,529,216	7,458,555	537,808	7,996,363
DH - Southeast HSC	9,690,147	9,526,131	(16,811)	9,509,320
DHS - South Central HSC	5,713,073	5,635,006	(7,899)	5,627,107
DHS - West Central HSC	8,575,947	8,473,327	(10,118)	8,463,209
DHS - Badlands HSC	4,435,165	4,372,834	(6,930)	4,365,904
Total general fund	$52,525,636	$51,846,621	$474,477	$52,321,098

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
DHS - Mental health contingency				
DHS - Northwest HSC	$3,647,636	$3,645,796	($156)	$3,645,640
DHS - North Central HSC	6,735,850	6,725,002	(1,328)	6,723,674
DHS - Lake Region HSC	3,790,662	3,783,753	(780)	3,782,973
DHS - Northeast HSC	10,099,083	10,050,301	1,394,519	11,444,820
DHS - Southeast HSC	11,233,890	11,217,090	(1,868)	11,215,222
DHS - South Central HSC	5,741,308	5,732,844	(976)	5,731,868
DHS - West Central HSC	9,137,950	9,123,282	(1,647)	9,121,635
DHS - Badlands HSC	4,569,807	4,559,946	(1,223)	4,558,723
Total other funds	$54,956,186	$54,838,016	$1,386,539	$56,224,555

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	HOUSE CHANGES [1]	HOUSE VERSION
DHS - Mental health contingency	$250,000	$250,000		$250,000
DHS - Northwest HSC	7,331,947	7,280,942	($5,263)	7,275,679
DHS - North Central HSC	14,684,062	14,576,944	(12,074)	14,564,870
DHS - Lake Region HSC	8,490,227	8,427,435	(6,502)	8,420,933
DHS - Northeast HSC	17,628,299	17,508,856	1,932,327	19,441,183
DHS - Southeast HSC	20,924,037	20,743,221	(18,679)	20,724,542
DHS - South Central HSC	11,454,381	11,367,850	(8,875)	11,358,975
DHS - West Central HSC	17,713,897	17,596,609	(11,765)	17,584,844
DHS - Badlands HSC	9,004,972	8,932,780	(8,153)	8,924,627
Total all funds	$107,481,822	$106,684,637	$1,861,016	$108,545,653
FTE	817.58	817.58	16.30	833.88

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Northwest Human Service Center - House Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $486.70 per month		($5,105)	($158)	($5,263)
Total House Changes - Northwest Human Service Center	0.00	($5,105)	($158)	($5,263)
North Central Human Service Center - House Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $438.70 per month		($10,746)	($1,328)	($12,074)
Adds one activity therapist II and one administrative assistant I. Federal funding for the positions is included in the department's 2003-05 biennium budget.	2.00			
Total House changes - North Central Human Service Center	2.00	($10,746)	($1,328)	($12,074)
Lake Region Human Service Center - House Changes				
Removes one FTE vacant administrative position (no funding was included for the position)	(1.00)			
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $468.70 per month		($5,722)	($780)	($6,502)
Total House Changes - Lake Region Human Service Center	(1.00)	($5,722)	($780)	($6,502)
Northeast Human Service Center - House Changes				
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Adds funding to continue operating the Ruth Meiers Adolescent Treatment Center. The executive budget and the Senate version anticipated the center would be operated by a private organization. The funding added is being reduced from medical services and children and family services programs.	13.30	$545,016	$1,400,417	$1,945,433
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,208)	(5,898)	(13,106)
Total House Changes - Northeast Human Service Center	13.30	$537,808	$1,394,519	$1,932,327
Southeast Human Service Center - House Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($16,811)	($1,868)	($18,679)
Adds one activity therapist I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total House Changes - Southeast Human Service Center	1.00	($16,811)	($1,868)	($18,679)
South Central Human Service Center - House Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($7,899)	($976)	($8,875)
Total House Changes - South Central Human Service Center	0.00	($7,899)	($976)	($8,875)
West Central Human Service Center - House Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,118)	($1,647)	($11,765)
Adds one office assistant I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total House Changes - West Central Human Service Center	1.00	($10,118)	($1,647)	($11,765)
Badlands Human Service Center - House Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,930)	($1,223)	($8,153)
Total House Changes - Badlands Human Service Center	0.00	($6,930)	($1,223)	($8,153)

Other Changes Affecting the Human Service Centers

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities.

The reports of the majority and the minority were placed on the Seventh order of business on the calendar for the succeeding legislative day.

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2003 SENATE TRANSPORTATION

CONFERENCE COMMITTEE

SB 2012

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2012 conference committee

Senate Appropriations Committee

☒ Conference Committee

Hearing Date April 14, 2003

Tape Number	Side A	Side B	Meter #
2	X		0 - 4094

Committee Clerk Signature Sandra Dawson

Minutes

Chairman Bowman opened the Conference Committee on SB 2012. He stated the request from leadership indicated to save every d ›llar that we could. We looked at where we could make improvements to the budget. We will have our ears and eyes open as to what the house did, and see what we are going to do to the final product. Today we will go through the house version of changes. We will have the house representative take us through your changes.

Representative Delzer The amendments we will work off of is the Majority Report which was adopted by the full house, 38035.0220, the title is .0400. There is 10 or 11 pages of it. The first half of Page 1 is the numbered changes.

Chairman Bowman In our budget we did, we adjusted the savings in the health care. Did the house adjust that. How about the IT part of it, was there any adjustment on that.

Representative Delzer Yes, Later on when we go through it, we will see adjustments in the different sections. Overall IT adjustment under administrative support of 20% on page 5.

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Page 2 has to do with the Human Service Centers there are no monetary changes, it just lists the estimated income for each center. **Page 2 Line 28**, we replaced Health Centers with Industries. There were no changes in the dollar amount, the idea behind it so more entities could access it. **Page 3**, we did add a number of sections to the bill. We replaced line 13 through line 23. Of Section 5 of the original bill. We put in Section 5 we ended up with a $10 million ending balance. We are taking it out of the Health Care trust fund and putting it into the general fund, and use the general fund money to cover the cost in Human Services. The reason for doing that is because the Health Care trust fund going out of existence, that is going to be a general fund obligation. **Section 6,** because of changes the Senate made, we looked through and felt that they were manageable by the department, and gave managers the ability to manage. For 2 years, gives managers the authority to transfer between line items without emergency commission approval. It does require a report of what they do and how much good it does for them to have this type of authority. **Section 7,** currently we are spending a little bit more that what our block grant are, and we have some concerns about this. In 2 years, we expect the department to come in with a budget that put it at spending not any more than what our block grant amounts are for the 05 - 07n biennium **Section 8**, is a lot of what we did with Medicaid. We put in that we would like the department to manage within the amount appropriated, and we expect CO-pays and limits to be used wherever they can. **Section 9**, has to do with putting more money into long-term care. We set a $85 per day limit. **Section 10**, where some people that are not Medicaid eligible and there are some costs incurred. There is some concern that some of that should be taken care of. We put $200,000 , that later on will roll up into the general fund. We set this up with a 2 t0 1 match, the committee may want to discuss leaving this at a 2 to 1 match. **Section 11**, changed to

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3 months instead of 6 months. **Section 12**, is one of the first studies we put in, and has to do with administrative costs of the Human Services programs. Hope to have an interim committee set up of people who have served on Human Services policy and appropriations. **Section 13**, would be a Legislative Council Study on children with special health care needs. **Section 14**, would be a study on whether we should have a Medicaid advisory council. **Section 15**, would be a Legislative Council study on long term care continuum study.

Page 5, goes through the money changes. The first one is the health insurance for the administrative support. There are some DD loans that are pretty high interest rate and thought there may be some prepayments coming in. The IT deduction is 20%, I don't think this is finished out yet. **Page 6**, The administrative support, and there are three paragraphs that talk about what was done with the bill. The Program/Policy was reduced the operating by $1 million. We felt there was a little bit of room, we did not itemize those. We put $1.1 million back into the Medicaid services line. We found that durable medical equipment was a mandatory item on Medicaid. We expect the department to manage through the CO-pays and everything else what they have. We had the Ruth Meiers Treatment Facility, was mover over to contracting. We switched it and the personnel back to the Northeast Human Service center. The senate added 50 cents per hour D-day providers for wages. The desire from the committee and the whole house to add more money for wages. The D-day providers they wanted to have an increase in the benefits from 30% to 333%. There was an addition of 37 cents to the 50 cents the Senate put on for an 87 cents plus the money for the benefits. They requested $1.50 and they got $ .87. Under the long term care program, when it came over from the Senate, we removed the IGT money. We felt we could save $10 million to cover those costs in the next biennium. The next line is the

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cost of $85.00 a day which keeps a good share of the nursing homes at the level they are at now. If you can afford to pay for part of it, you should pay for part of it. The Aging Services program, we looked at the amount of money used for training grants over the last year, and we felt there was room to reduce that and still have them have ample training grants available. The Children & Family Services is what was needed to be done to adjust the Human Service budget.

The Mental Health & Substance Abuse Program. We reduced the funding for gambling addiction services in the Governors budget. The next line is the Disabilities Program, we did a funding shift from the IGT to the General Fund on Independent Living centers. We are using short term trust fund money to cover ongoing expenses. **Page 8,** talks about all the sections we have already gone through. We have the State Hospital that has the health care. Most of the Institutions goals have been decreased.

Chairman Bowman If we are going to get a handle on cost, how are we going to get it, if we reinstate everything we took out.

Representative Warnke When we are going back to 1999 numbers, that automatically is about a $11 million hole in long term care. That is also a part of our thought process, because we are not releasing this year, that would be a huge hit.

Representative Delzer Look at Section 15, we are trying to drive at the fact that we are going to have to make some changes in long term care. We want to look at the overall cost, how we are doing Nursing Home insurance bills, etc. We need to look at how our moratorium is working.

Representative Kerzman The changes the house made are not new general fund dollars. The overall budget is better than $14 million short of what they requested.

Chairman Bowman Did you do anything with the ???? Program. We went from $75 million to

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$89 million.

Representative Delzer We looked at it, and we did not add anymore.

Senator Krauter Page 5, I want to get an understanding on the bill total.

Representative Delzer We ended up saving $10 million. The total used out of the IGT for the upcoming biennium is $45 million.

Senator Krauter Someone explain to me the $43.6 million, how was it arrived at.

Representative Delzer The increase shows up because of using the $35 million of IGT money and the difference $ 6 million that we added. This makes the difference.

Senator Krauter $85.9 plus $9.5 .

Representative Delzer If we get all the income the department said we should get, there should be a $10 million ending fund balance, in the Health Care Trust fund at the start of the 05 -07 biennium

Senator Krauter By transferring the money from IGT to the general fund that says that in the budget process, we are going to be starting at a very higher number, than what we have during this biennium for a general fund.

Representative Delzer Essentially, it is no different than if we would have done that last time. We spent that much IGT funds last time.

Chairman Bowman closed the Conference Committee meeting on SB 2012.

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2012 Conference Committee

Senate Appropriations Committee

Conference Committee

Hearing Date 4-21-03

Tape Number	Side A	Side B	Meter #
1	X		0-2250
Committee Clerk Signature	Sandra Dawson		

Minutes: CHAIRMAN BOWMAN opened the conference committee to SB 2012. Roll was called all members were present. CHAIRMAN BOWMAN stated he wanted to speak about the balance of the budget as it came out of the House and where the shortfalls may be within the budget and if there is any extra money left and what it should be used on. If there has to be some freeing up of some money, how that needs to be done. He wants to look at the increases that were put back in there, the costs to do so and if that is the appropriate place to put it. He does not want to short change one area of this budget at the expense of someone else.

(Meter 124) REPRESENTATIVE DELZER stated he was not sure of how CHAIRMAN BOWMAN wants to do this, if he wants to go through the House's position in which they have already gone through it. The House is comfortable with the additions and where they were placed. They are comfortable with the reductions that came out of the Senate. The DD providers if you take a look at them, there isn't anywhere else for those people to go, there isn't any other place to generate any money- the average wage was around $8 with an $.87 an hour pay increase

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over a two year period without an inflater. The nursing homes still has a reduction from what the current language is, and he feels strongly it should state where it is at. The $500,000 that was put in the hospital could conceivably be added position or language because it is in one line item. There was the swap of $1.1 million back into the Medicaid from operating. The House would like to propose a set of amendment that was drawn up in REPRESENTATIVE WARNKE name that would change the language on the $200,00 on the SLA that is currently at a 2:1 match and would change that language to a 1:1 match. It doesn't change the amount of money, it is $200,000 and then the only other change would be the IT at 5% and it goes from 1.7 million dollars to $499 so it's an add back up of 1.2 million dollars.

(Meter 287) SENATOR KRAUTER asked how are the DD providers guaranteed that they will receive those dollars in light of what Section 8 does in the bill? If he reads that right, it says they will have to limit services or make other programmatic changes. How do we guarantee that they get those dollars?

(Meter 328) REPRESENTATIVE DELZER stated his take on that would be anytime something is placed in the bill on a direct spot like this, where you put the money in and said how much it is suppose to, for the most part, that takes it off the table on the other. That is the same with the 85, when you put that in there the way it is, to him it is off the table.

(Meter 361) REPRESENTATIVE WARNKE stated they specifically put it in that area and she believes the Department will do with that money what the intent is.

(Meter 384) SENATOR KRAUTER stated his reasoning for asking the question is because when he looks through the intent of the Section, he would like them to show him what Section that

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relates to - as far as the DD providers? (Meter 401) REPRESENTATIVE WARNKE stated on Page 7, under medical services. It falls under the medical services line item.

(Meter 412) SENATOR KRAUTER stated he feels this is the problem that they got into with the division in the Senate with the amendment when they got to relating to the corrections bill. Those never appear in the session laws. All that appears in the session laws are the actual sections here so, he feels supports giving the DD providers the money but he wants to be sure that they get it. Not that all of a sudden, in January 2005, the Department has to make some tough choices and have to eliminate that one. If he looks at the statue, all the nursing home issues are statutorily there. When he looks at the DD, those are not there and when he looks at a lot of the county issue, those aren't there. When they protected long term care by statue, and the others haven't been protected.

(Meter 485) REPRESENTATIVE WARNKE asked Allen Knudson, LC, when they put language in the budget like this, how does that work? (Meter 491) Allen Knudson, Legislative Council answered it is part of the legislative intent for how the money is suppose to be used for the next biennium but as SENATOR KRAUTER stated, it isn't in the session laws, it is part of the law.

(Meter 517) REPRESENTATIVE KERZMAN stated he appreciates the work that the House did on this budget, but if there are some things that need to be placed on the table, we need to do so. #1 The administration, there still is about $1 ½ million dollars short, that is a very important sector because there are people who are administrating those programs and there is more than just check cutters. They apply for the labor, the grants, and distribute the funds, just like auditors they check over things - he feels they are short there. #2. Another area he feels they are short is the home and community based, even with SB 2083, there is a million dollars short. The other

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major shortage is the state hospital. That concerns him very much since the Senate took $2 million out of there and it might effect their certification there. Depending on the move with corrections, he thinks it is vital that they put that back in there -and that million in Developmental centers. He feels these are the main issues that he is concerned with.

(Meter 643) SENATOR KRAUTER stated he agrees with REPRESENTATIVE KERZMAN and the issue of technology, when looking at the way this is put together, the IT component is pretty valuable when it goes from the state out to each individual county. If there are going to be a lot of reductions there, to him it is the whole system out there that puts it together. The second one is when looking at Page 7, some of the wording in relations to mental health and substance abuse programs, this is a reduction for the addiction counseling from $225,000 to $100,000 so it is a $125,000 reduction. When he goes and looks at what was adding in with the lottery, and the potential there, the potential is one thing all what was appropriated was $75,000. We are actually short $50,000 from the current biennium of what they are doing in addiction counseling by this reduction and adding in the $75,000 from the lottery we are anticipating.

(Meter 744) REPRESENTATIVE DELZER wanted a point of clarification. It is only if nothing came out of the lottery except the $75,000. That's what your saying?

(Meter 762) SENATOR KRAUTER stated the amendments say up to $400,000 could be generated. (Meter 740) REPRESENTATIVE DELZER stated SENATOR KRAUTER is stating bare bones minimum it would be $75,000 shorted. SENATOR KRAUTER stated that is what has been forecasted.

(Meter 786) SENATOR KRAUTER stated the last thing is when you look at the Developmental Center, the potential of federal dollars that are leaving on the table, it is not always fortunate that

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when you put up one dollar you get a federal match. It is unfortunate that we are going to leave that where it is. His biggest concern is with Section 8 of the bill. As currently known, the SPED program is frozen and the Department never received their deficiency this biennium. He stated we have an aging population in ND and with cases that are changing.

(Meter 855) SENATOR BOWMAN stated he hasn't been able to get someone to answer this question. A couple of years ago, there was talk of people passing on their estates, three years ahead of time so they could qualify for the programs to get into the nursing homes and such. There was a lot of talk of how to solve that problem when people have considerable amount of assets but they give their assets away so they become eligible. Did anyone ever get a handle on that problem?

(Meter 914) REPRESENTATIVE DELZER stated there was a bill that went through the system this year, and he believes it was passed by both sides. It would increase that look back 5 years, in other words, if they were going to pass them away, they would have be signed out in 5 years instead of 3 years. In conjunction with that was passed if you had long term care insurance, he is not sure of the level, but after you are in the nursing home more than three years, the state would pick up the Medicaid costs from there on. It is an incentive for people to buy long term care insurance. (Meter 980) SENATOR BOWMAN stated that was one of the things that a couple of years ago that there was a trend about increase the cost but part of the responsibility is allow these things to happen. If one can get around the law by giving all of our assets to somebody and then the government picks up the bill that just skyrockets your cost to everybody . He doesn't feel that is what these programs are designed to do. Part of the long term costs may be corrected by

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some of these equities that go on maybe that is part of the answer to slowing down some of our costs.

(Meter 1039) REPRESENTATIVE DELZER stated part of the study in the bill, the continuum of care in long term care has to part of that discussion is where do you go with that? Granted it went to the five years to get people convinced to buy long term care insurance. That also needs to be looked at to see where that is should be continued where it is or tried to be tightened up.

(Meter 1081) SENATOR KILZER asked if there are federal laws concerning that? The long term care insurance. He stated in today's world you would be a fool to buy long term care insurance. All your estate planners would tell you plan for 3 years ahead. Is there federal rules on that?

(Meter 1127) SENATOR BOWMAN asked if there is anything in the study that would include looking at that again? He stated the they have to get a way to slow down some of this increased cost, it is taking money away from every other program in the state. He feels if you have assets, you shouldn't invest your assets if you have need for care. Someone has to take care of you and may have to sacrifice those assets for your care.

(Meter 1209) REPRESENTATIVE DELZER stated all agree with him and that is why the idea of an interim committee that would be made up of policy members of the Human Services Department and members of the Human Services Appropriation committee get a little closer so that both could deal with that. He believes the federal law may be a limit of three years and we can go longer but we can't go shorter. With the administration open to waivers maybe somebody could move something along that line when you have a state that is into highly into that position as they are. (Meter 1324) SENATOR BOWMAN stated he plans on talking to the leadership about what was discussed, let them know some of the concerns that is with this budget.

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(Meter 1359) SENATOR KRAUTER asked about Page 6, where restored some of the funding for medical services to the tune of $2.1 million, the durable medical equipment, the optometric services and psychological services. The Senate reduced it by $1.53 and did not restore it all. If it is equated with all the federal dollars, it is $4.7 million dollars and he was wondering why all of that wasn't restored? (Meter 1414) REPRESENTATIVE WARNKE replied that if you read the next line if you read it goes into the general funds that $1.62 million goes into the medical services. (Meter 1459) SENATOR KRAUTER wanted to know why it isn't put into the general funds? (Meter 1465) REPRESENTATIVE WARNKE stated because it was taken out of the ITD trust fund and it is under estimated income with other funds and federal funds. They made the shift from ITD to general all in one.

(Meter 1484) REPRESENTATIVE DELZER stated that way the $2.9 for nursing homes, the $3 for the needy are all going to show up that way. He would like to add the proper procedure that the House recedes from the House amendments (38035.0223) and further amend so any of the stuff in this amendment is not approved, they can have other amendments changed.

They discussed where or not they (conference committee) should make a motion or not.

SENATOR BOWMAN stated his position where or not they should vote on the amendment.

(Meter 1684) ALLEN KNUDSON clarified for the committee that only one motion is needed at the end for the committee report.

(Meter 1728) SENATOR BOWMAN stated he would like to add whatever they discussed and a new draft of the amendments. He asked the committee to explain the amendment (38035.0223).

(Meter 1758) **REPRESENTATIVE WARNKE made a motion to adopt the amendment** and explained what the amendment does. And **REPRESENTATIVE DELZER seconded it.**

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(Meter 1776) REPRESENTATIVE WARNKE stated the only difference of what came out of the House and what these amendments are is the reconciliation of the technology dollars was put back in about $1.2 million into technology and a language change on the SLA. When it was passed out, there was a 2:1 match (local to state match) and it was heard from the providers the dollar amount did not change but they had asked for that to be a 1:1 match. Those were the only two difference between what the House passed out and what these amendments contain.

(Meter 1831) REPRESENTATIVE DELZER continued with explanation of the amendments, of page 5, the differences of totals.

(Meter 1935) SENATOR KILZER asked to clarify page 7, where it talks about the percentiles, could someone expand more on where it brings it up to?

(Meter 1953) REPRESENTATIVE DELZER asked if he means the amount of money? Or how much it increases? Currently it is at 87% and the problem is, it get in between the 98th and 99th and somewhere in the middle.

(Meter 1997) SENATOR KILZER stated that you start with a figure and take 85% of that, why not change the 85% to 97.5%? REPRESENTATIVE DELZER stated no, that is not the proper way to look at it. It is currently done on a certain percentile of what their costs are. And what we are doing is putting in an exact dollar amount up to that amount on the direct care limit.

SENATOR KILZER stated that they are changing the incentive a little and to maximize their cost. REPRESENTATIVE DELZER stated he doesn't believe that is true because this doesn't change the payment type at all, it just puts the top dollar figure that you could be at. Other words you add the 99 to the overall cost for all of the nursing homes went up to 105, you would be at

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104 with the 99. This way the top is 85 dollars. So essences he feels they are doing better, putting more incentives to keep it lower.

(Meter 2179) CHAIRMAN BOWMAN stated it was time to vote on the amendment and leave it open to further amend if needed.

(Meter 2190) **The roll call vote passed by 6 yeas.**

Conference committee hearing was closed. (Meter 2228)

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2012 Conference committee & vote

Senate Appropriations Committee

☑ Conference Committee

Hearing Date 4-23-03

Tape Number	Side A	Side B	Meter #
1	X		0 - 2400
Committee Clerk Signature	Sandra Dawson		

Minutes:

Senator Bowman opened the Conference Committee on SB 2012. All members of the committee were present including **Senators Bowman, Kilzer and Krauter** and **Representatives Delzer, Warnke and Kerzman.**

Senator Bowman stated that after the education bill was finished it allowed $2 million back into the general fund budget. Every dollar but back into the budget by the House was left in and not one dollar was moved around. He asked **Allen Knudson** to explain what was done and why it was done. He stated the overall changes included the general fund, medical services, prescription drugs, in/out patient services and physician services.

Senator Krauter (406) asked for clarification of the change of the percentage rates of the general funds and the IT. He also questioned the federal funds amount.

Rep. Delzer clarified that if matching federal funds are managed to be utilized it gives the authority to have and use the money.

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Senator Krauter also questioned funding for mental health problems due to gambling addictions and discussion was held as to when funds should be made available.

Discussion was held about co-pay and the problems with payments being satisfied in the real world. Also the misuse of emergency rooms and although the co- pay is not a money maker it might help deter some of the misuse.

Concerns were raised about funding for specific areas and discussion was held as to why there was enough flexibility built into the bill to allow departments to address the specific needs in each circumstance.

Representative Delzer (1412) made a motion to adopt amendment # 38035.0225.

Representative Warnke second the motion.

Roll call vote #1 was taken indicating 4 YEAS, 2 NAYS AND 0 ABSENT OR NOT VOTING.

Representative Kerzman made a motion to add $1 million into the budget from the general funds.

Senator Krauter second the motion.

Roll call vote #2 was taken indicating 2 YEAS, 4 NAYS AND 0 ABSENT OR NOT VOTING.

The motion failed.

Senator Krauter made a motion to add $2 million from the Community Health Care Trust Fund.

Representative Kerzman second the motion.

Roll call vote #3 was taken indicating 2 YEAS, 4 NAYS AND 0 ABSENT OR NOT VOTING.

The motion failed.

Senator Bowman closed the conference committee on SB 2012.

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2003 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2012

Senate Appropriations Committee

☐ XXXXX Conference Committee

Hearing Date April 25, 2003

Tape Number	Side A	Side B	Meter #
#1	X		20 - 915
Committee Clerk Signature	Jan Hendrickson		

Minutes:

Senator Bowman, Chairman, called the conference committee on SB 2012 to order. Roll was called by the clerk. **Members present: Senator's Bowman, Kilzer, Krauter and Representatives Delzer, Warnke, Kerzman.**

Senator Bowman and **Representative Delzer** presented amendment # 38035.0227. **Senator Bowman** stated that this amendment was drafted to reflect some of the concerns expressed by some of the people, some of the things that were affecting the property taxes for the counties, these amendments will bring $1,750,000 + more into this budget..

Alan Knudson from Legislative Council explained the amendments. (#111):

- *Page 5 Conference Committee Version Bill total $410,984,899*
- **Page 7 Programs/Policy Management --$850,000**
- *Page 8 $150,000 added for increasing home & community-based services case management fees.*

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- *Page 8 Children & family Services Program : $475,147 added to restore funding removed fin the executive budget for family preservation services to provide for a 90/10 state/county match rather than 80/20 as included in the executive budget.*
- *Page 8 adds $225,375 to the general fund to provide funding to maintain county reimbursement for child abuse and neglect assessments at $400 per assessment.*
- *Page 8 reduces funding for gambling addiction from $225,000 to $150,000 a reduction of $75,000. This refers to page 4, section 13 which states "Notwithstanding section 1 of House bill NO. 1243 , as approved by the fifty-eight legislative assembly, the department of human services may not spend in excess of $400,000 for compulsive gambling treatment services for the biennium beginning July 1, 2003, and ending June 30, 2005.*

Alan stated these were the new set of amendments. It adds $ 1,750,000 to the general fund.

Representative Delzer (#372): He wanted to know if the changes rollup to the Program and policy line item? **Alan** replied that it did. **Rep. Delzer** continued that the amendment previously adopted are still currently in this set. **Alan** replied that it was. **Rep. Delzer** then stated that the IT went from 20% to 5%.

Representative Delzer *moved for the House to recede from the House amendments and to. **adopt amendments 38035.0227*** **Seconded by Senator Kilzer.**

Discussion:

Senator Krauter: (#469) He just wanted to make sure that there no changes in the long term care; no changes in the increases for the DD providers and the benefits there, No changes?

Senator Bowman stated that there were no changes in those things. This is exactly the same bill as on the floor before but they have added $1,750,000 in those areas that we just discussed.

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Senator Krauter (#516) He wanted to know why in Section 13 on page 4 has to be in there?

Alan (#555) explained that it limited Department to $400,000 for treatment. If funding from the Lottery for compulsive gambling services would total $400,000 and then it you add in $150,000, it could be $550,000, but they would be limited to the $400,000.

Senator Krauter continued that the additions were positive to the counties and those types of issues but his concern is that it is under funded and when the numbers are looked at, he felt that it was still about $5 million under funded in general funds. He wondered if there was any option of amending this bill. **Senator Bowman** stated that he would rather not have any more amendments. He felt that the ending balance was stretched as far as it could go and he didn't want to stretch it anymore. He stated that they could go through the process of another amendment but he thought what they had done was to give as much dollars as they can. Senator Bowman stated that if **Senator Krauter** wanted to submit an amendment for the record he would honor that, but adding more money to the budget he would have to oppose it.

Senator Dezler stated that the felt good about this bill and the amendments and almost $5 million dollars has been added or even a little more.

Senator Kilzer wanted to know if the ending balance was being lowered by $1 million, or was there some other fund that would be affected.

Senator Bowman understood that it was from the ending balance and that he had the authority to add that much to the budget, which were of concern.

Representative Kerzman appreciated what has been done on this bill, still has some concerns because he thinks it is under funded also, but he will support it.

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Roll call vote: 5 yes 1 no Motion carried. With no other business, the conference committee on SB 2012 was closed by **Senator Bowman,** chair.. (#915)

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38035.0223
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for
Representative Warnke
April 21, 2003

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the House recede from its amendments as printed on pages 1192-1201 of the Senate Journal and pages 1323-1332 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 3, after "institutions" insert "; to provide an exception; to provide for legislative council studies"

Page 1, line 13, replace "11,027,431" with "11,016,285"

Page 1, line 14, replace "34,066,362" with "33,567,188"

Page 1, line 16, replace "2,261,556" with "3,261,556"

Page 1, line 17, replace "47,358,043" with "47,847,723"

Page 1, line 18, replace "33,134,565" with "34,130,107"

Page 1, line 19, replace "14,223,478" with "13,717,616"

Page 1, line 22, replace "22,077,620" with "22,053,781"

Page 1, line 23, replace "38,456,409" with "37,331,409"

Page 2, line 1, replace "288,492,803" with "287,987,203"

Page 2, line 2, replace "890,942,979" with "914,924,664"

Page 2, line 3, replace "1,240,009,483" with "1,262,336,729"

Page 2, line 4, replace "978,141,758" with "955,486,496"

Page 2, line 5, replace "261,867,725" with "306,850,233"

Page 2, replace lines 7 through 21 with:

"MENTAL HEALTH COMMUNITY SERVICES CONTINGENCY

Total general fund appropriation	$250,000

NORTHWEST HUMAN SERVICE CENTER

Total all funds	$7,275,679
Less estimated income	3,645,640
Total general fund appropriation	$3,630,039

NORTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$14,564,870
Less estimated income	6,723,674
Total general fund appropriation	$7,841,196

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LAKE REGION HUMAN SERVICE CENTER

Total all funds	$8,420,933
Less estimated income	3,782,973
Total general fund appropriation	$4,637,960

NORTHEAST HUMAN SERVICE CENTER

Total all funds	$19,441,183
Less estimated income	11,444,820
Total general fund appropriation	$7,996,363

SOUTHEAST HUMAN SERVICE CENTER

Total all funds	$20,724,542
Less estimated income	11,215,222
Total general fund appropriation	$9,509,320

SOUTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$11,358,975
Less estimated income	5,731,868
Total general fund appropriation	$5,627,107

WEST CENTRAL HUMAN SERVICE CENTER

Total all funds	$17,584,844
Less estimated income	9,121,635
Total general fund appropriation	$8,463,209

BADLANDS HUMAN SERVICE CENTER

Total all funds	$8,924,627
Less estimated income	4,558,723
Total general fund appropriation	$4,365,904

STATE HOSPITAL

Total all funds	$41,889,561
Less estimated income	16,405,360
Total general fund appropriation	$25,484,201

DEVELOPMENTAL CENTER

Total all funds	$40,761,057
Less estimated income	31,949,828
Total general fund appropriation	$8,811,229
Total all funds - Subdivision 3	$191,196,271
Total estimated income - Subdivision 3	$104,579,743
Total general fund appropriation - Subdivision 3	$86,616,528"

Page 2, line 22, replace "362,336,976" with "407,234,377"

Page 2, line 23, replace "1,114,504,351" with "1,094,196,346"

Page 2, line 24, replace "1,476,841,327" with "1,501,430,723"

Page 2, line 28, replace "health centers" with "entities"

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Page 2, line 29, after "services" insert "for the purpose of health center grant application submission"

Page 3, line 6, replace "$2,261,556" with "$3,261,556"

Page 3, replace lines 13 through 23 with:

"**SECTION 5. HEALTH CARE TRUST FUND - TRANSFER TO GENERAL FUND.** The office of management and budget shall transfer $35,911,035 from the health care trust fund to the general fund during the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 6. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION. Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within each subdivision of section 1 of this Act, and between subdivisions within section 1 of this Act for the biennium beginning July 1, 2003, and ending June 30, 2005. The department shall notify the office of management and budget of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2004, any transfers made in excess of $50,000 and to the appropriations committees of the fifty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 7. FEDERAL TANF BLOCK GRANT PROGRAMS - EXPENDITURE LIMIT. The department of human services shall make the changes necessary to programs utilizing funding from the temporary assistance for needy families (TANF) block grant to provide that by the end of the 2003-05 biennium, the cumulative funding anticipated to be spent for these programs for each fiscal year does not exceed North Dakota's annual federal TANF block grant allocation, including any incentive or bonus grants awarded to North Dakota.

SECTION 8. MEDICAL SERVICES - COPAYMENTS AND SERVICE LIMITS. The department of human services shall establish a six dollar copayment for medical assistance recipients for each emergency room visit that is not designated an emergency service by the medical services provider. The department of human services shall establish other service copayments or limits and make other programmatic changes within the medical services program to operate the program within the funding levels approved by the fifty-eighth legislative assembly for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 9. NURSING HOME RATES - EXCEPTION - DIRECT CARE LIMIT. Notwithstanding subsection 4 of section 50-24.4-10, the department of human services shall establish an eighty-five dollar per diem limit, adjusted for inflation under subsection 5 of section 50-24.4-10, on allowable operating costs for direct care services of nursing facilities for purposes of determining nursing facility payment rates for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 10. SUPPORTED LIVING ARRANGEMENTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES - LOCAL MATCHING FUNDS - FUNDING ALLOCATION. The grants - medical assistance line item in subdivision 2 of section 1 of this Act includes $200,000 from the general fund for supported living arrangement services for individuals with developmental disabilities. This funding may be spent only if local or private funding is provided for these services on a dollar-for-dollar matching fund basis. The department shall allocate the funding appropriated for this purpose proportionately to each human service region of the state based on the number of individuals with developmental disabilities seeking supported living arrangement services in each region for the biennium beginning July 1, 2003, and ending June 30, 2005.

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SECTION 11. LEGISLATIVE INTENT - VOCATIONAL REHABILITATION - SURVEY TIME PERIOD. It is the intent of the legislative assembly that the department of human services only survey vocational rehabilitation clients who become employed regarding job retention and job satisfaction after three months of employment if allowed under federal regulations for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 12. LEGISLATIVE COUNCIL STUDY - HUMAN SERVICES ADMINISTRATIVE COSTS. The legislative council shall consider studying, during the 2003-04 interim, administrative costs of human service programs, including costs incurred by the central office of the department of human services, human service centers, and county social services. If studied, the legislative council shall review the effects of the 1997 "swap" legislation on state and county human service program costs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 13. LEGISLATIVE COUNCIL STUDY - CHILDREN WITH SPECIAL HEALTH NEEDS. The legislative council shall consider studying, during the 2003-04 interim, programs providing services to children with special health care needs in North Dakota and service needs of these children which are not available under current programs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 14. LEGISLATIVE COUNCIL STUDY - MEDICAID ADVISORY COUNCIL. The legislative council shall consider studying, during the 2003-04 interim, the feasibility and desirability of establishing an advisory council for the medical assistance program of the department of human services. If studied, the legislative council shall consider including representatives of private health care providers on the advisory council. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 15. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE CONTINUUM. The legislative council shall consider studying, during the 2003-04 interim, North Dakota's long-term care continuum of services, including service delivery methods and payment systems. If studied, the legislative council shall consider the cost-effectiveness of the programs and the appropriateness of rate structures and the nursing home equalized rate policy. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly."

Page 3, line 24, replace "state hospital" with "total all funds" and after "item" insert "for the state hospital"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Management						
Total all funds	$47,962,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
DHS - Program/Policy						
Total all funds	$1,247,161,224	$1,240,059,483	$22,327,246	$1,262,386,729	$1,262,386,729	$0
Less estimated income	974,986,089	978,141,758	(22,655,262)	955,486,496	955,486,496	

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General fund	$272,175,155	$261,917,725	$44,982,508	$306,900,233	$306,900,233	$0
DHS - State Hospital						
Total all funds	$44,312,699	$41,931,046	($41,467)	$41,889,561	$41,889,561	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,686	($41,467)	$25,484,201	$25,484,201	$0
DHS - Developmental Center						
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
DHS - Mental health contingency						
Total all funds	$250,000	$250,000	$0	$250,000	$250,000	$0
Less estimated income						
General fund	$250,000	$250,000	$0	$250,000	$250,000	$0
DHS - Northwest HSC						
Total all funds	$7,331,947	$7,280,942	($5,263)	$7,275,679	$7,275,079	$0
Less estimated income	3,647,636	3,645,798	(158)	3,645,640	3,645,640	
General fund	$3,684,311	$3,635,144	($5,105)	$3,630,039	$3,630,039	$0
DHS - North Central HSC						
Total all funds	$14,684,062	$14,576,944	($12,074)	$14,564,870	$14,564,870	$0
Less estimated income	6,735,850	6,725,002	(1,328)	6,723,674	6,723,674	
General fund	$7,948,212	$7,851,942	($10,746)	$7,841,196	$7,841,196	$0
DHS - Lake Region HSC						
Total all funds	$8,490,227	$8,427,435	($6,502)	$8,420,933	$8,420,933	$0
Less estimated income	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
General fund	$4,699,565	$4,643,682	($5,722)	$4,637,960	$4,637,960	$0
DHS - Northeast HSC						
Total all funds	$17,628,299	$17,508,856	$1,932,327	$19,441,183	$19,441,183	$0
Less estimated income	10,099,083	10,050,301	1,394,519	11,444,820	11,444,820	
General fund	$7,529,216	$7,458,555	$537,808	$7,996,363	$7,996,363	$0
DHS - Southeast HSC						
Total all funds	$20,924,037	$20,743,221	($18,679)	$20,724,542	$20,724,542	$0
Less estimated income	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
General fund	$9,690,147	$9,526,131	($16,811)	$9,509,320	$9,509,320	$0
DHS - South Central HSC						
Total all funds	$11,454,361	$11,367,850	($8,875)	$11,358,975	$11,358,975	$0
Less estimated income	5,741,306	5,732,844	(976)	5,731,868	5,731,868	
General fund	$5,713,073	$5,635,006	($7,899)	$5,627,107	$5,627,107	$0
DHS - West Central HSC						
Total all funds	$17,713,897	$17,596,609	($11,765)	$17,584,844	$17,584,844	$0
Less estimated income	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
General fund	$8,576,947	$8,473,327	($10,118)	$8,463,209	$8,463,209	$0
DHS - Badlands HSC						
Total all funds	$9,004,972	$8,932,780	($8,153)	$8,924,627	$8,924,627	$0
Less estimated income	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
General fund	$4,435,165	$4,372,834	($6,930)	$4,365,904	$4,365,904	$0
Bill Total						
Total all funds	$1,469,066,465	$1,476,841,327	$24,589,396	$1,501,430,723	$1,500,149,374	$1,281,349
Less estimated income	1,110,494,419	1,114,504,351	(20,308,005)	1,094,196,346	1,094,196,346	
General fund	$378,572,046	$362,336,976	$44,897,401	$407,234,377	$405,953,028	$1,281,349

Senate Bill No. 2012 - Department of Human Services - Management - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$11,147,734	$11,027,431	($11,146)	$11,016,285	$11,016,285	
Operating expenses	34,550,483	34,066,362	(499,174)	33,567,188	32,285,839	$1,281,349
Capital assets	2,694	2,694		2,694	2,694	
Developmentally disabled facility loan	2,261,556	2,261,556	1,000,000	3,261,556	3,261,556	
Total all funds	$47,962,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
FTE	113.80	113.80	0.00	113.80	113.80	0.00

[1]

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,688)	($4,458)	($11,146)

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Administration Support Program Increases funding from the lands and minerals trust fund to accommodate any loan prepayments by developmental disabilities services providers during the 2003-05 biennium, the same as the House version			1,000,000	1,000,000
Information Technology Division Program Reduces funding to reflect a reduction in information technology funding from the general fund of approximately 6 percent		(499,174)		(499,174)
Total Conference Committee Changes - Administration Support	0.00	($505,862)	$995,642	$489,680

Other Changes Affecting Administration Support Programs or Multiple Programs of the Department

A section is added providing for a Legislative Council study of administrative costs of the Department of Human Services' central office, human service centers, and county social services. The House also added this section.

A section is added authorizing the department to transfer funds between line items and between subdivisions without Emergency Commission or Budget Section approval. The department is to report any transfers to the Office of Management and Budget and to the Appropriations Committees of the 2005 Legislative Assembly and any transfers over $50,000 to the Budget Section after June 30, 2004. The House also added this section.

Section 5 of the bill is removed which would have authorized the department to transfer funds between the State Hospital, the Developmental Center, and the human service centers and to increase the number of FTE positions at these institutions and centers. The House also removed this section.

Senate Bill No. 2012 - Department of Human Services - Program and Policy - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$22,311,231	$22,077,620	($23,839)	$22,053,781	$22,053,781	
Operating expenses	30,397,710	38,456,409	(1,125,000)	37,331,409	37,331,409	
Capital assets	39,672	39,672		39,672	39,672	
Grants	288,491,076	288,492,803	(505,600)	287,987,203	287,987,203	
Grants - Medical assistance	897,921,533	890,942,979	23,981,685	914,924,664	914,924,664	
Health center grants		50,000		50,000	50,000	
Total all funds	$1,247,161,224	$1,240,059,483	$22,327,246	$1,262,386,729	$1,262,386,729	$0
Less estimated income	974,986,069	978,141,758	(22,655,262)	955,486,496	955,486,496	
General fund	$272,175,155	$261,917,725	$44,982,508	$306,900,233	$306,900,233	$0
FTE	234.80	234.80	0.00	234.80	234.80	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Program/Policy Management - Conference Committee Changes** Reduces operating expenses. The department may determine the specific areas to reduce. The House also made this reduction.		($1,000,000)		($1,000,000)
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,087)	($16,752)	(23,839)
Economic Assistance Policy Program No changes				
Child Support Program No changes				
Medical Services Program Restores a portion of the funding removed by the Senate for optional medical services for adults, including durable medical equipment, optometric services, and psychological services, the same as the House version		1,100,000	2,337,500	3,437,500
Increases funding for medical assistance grants with the priority for use of the funding designated for increasing hospital reimbursements for inpatient and outpatient services, the same as the House version. The state			1,562,500	1,562,500

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matching funds of $500,000 are from the health care trust fund. Note the funding source change to the general fund below.			
Removes funding for rehabilitation services relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.	(493,277)	(1,046,556)	(1,539,833)
Adds funding to increase the allowable fringe benefit percentage for employees of developmental disabilities services providers from 30 to 33 percent of salary. The state matching funds of $1,119,628 are from the health care trust fund. Note the funding source change to the general fund below. The House also made these changes.		3,498,639	3,498,639
Increases funding to provide an additional 37-cent per hour salary increase to employees of developmental disabilities services providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour increase. The state matching funds of $1,872,229 are from the health care trust fund. Note the funding source change to the general fund below. The House also made these changes.		5,850,715	5,850,715
Long-Term Care Program Changes the funding source for nursing facility care in the medical assistance program from the health care trust fund to the general fund. Funding recommended in the executive budget and Senate version for this purpose totaled $29,137,300 from the health care trust fund. The Conference Committee and House version appropriate $19,545,393 from the health care trust fund. Note the additional funding source change to the general fund below.	9,591,907	(9,591,907)	
Provides for the nursing facility direct care limit to be set at $85 rather than the 85th percentile as included in the executive budget and the Senate version. The state matching funds of $2,925,207 are from the health care trust fund. Note the funding source change to the general fund below. A section is added authorizing the department to establish the limit at $85 for the 2003-05 biennium. The House also made these changes.		9,129,859	9,129,859
Restores $1,750,000 of the $4,382,049 general fund reduction made by the Senate to the service payments for elderly and disabled (SPED) program with funding from the health care trust fund. Note the funding source change to the general fund below. Funding from the counties is increased by $92,105. The House also made these changes.		1,842,105	1,842,105
Aging Services Program Reduces funding from the health care trust fund for qualified service provider training grants from $140,000 to $40,000. Note the funding source change below. The House also made these changes.		(100,000)	(100,000)
Children and Family Services Program Changes the source of funding to reflect additional federal funds anticipated to be available from "refinancing" activities of the Children's Services Coordinating Committee during the 2003-05 biennium, the same as the House version	(43,331)	43,331	
Removes funding for foster care room and board costs relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.	(51,739)	(353,861)	(405,600)
Mental Health and Substance Abuse Program Reduces funding for gambling addiction services from $225,000 to $100,000, the same as the House version	(125,000)		(125,000)
Developmental Disabilities Council No changes			

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Disabilities Program Changes the source of funding for independent living center grants from the health care trust fund to the general fund, the same as the House version		100,000	(100,000)		
Adds funding from the health care trust fund for supported living arrangement services, the same as the House version. Note the funding source change below. A section is added providing that these funds may be spent only if local or private matching funds of one to one are provided for the services. The section also directs the department to allocate the funds to each region based on each region's share of individuals with developmental disabilities who are seeking these services. The House version provided for matching funds of two to one.			200,000	200,000	
All Programs Changes the funding source from the health care trust fund to the general fund for all Department of Human Services programs that were to receive funding from the health care trust fund. A section is added transferring $35,911,035 from the health care trust fund to the general fund during the 2003-05 biennium.		35,911,035	(35,911,035)		
Total Conference Committee Changes - Program/Policy Management	0.00	$44,982,508	($22,655,262)	$22,327,246	

Other Changes Affecting Program/Policy Management Programs

Section 2, added by the Senate, which appropriates $50,000 from the general fund for health center grants, is amended to allow any community entity to be eligible to receive a grant from the department to assist it in applying for federal health center grants. The House also made this change.

A section is added requiring the department to make the program changes necessary to operate programs utilizing funding from the federal temporary assistance for needy families (TANF) block grant within North Dakota's funding allocation by the end of the 2003-05 biennium. The House also included this section.

A section is added directing the department to establish a $6 copayment for Medicaid recipients for each emergency room visit that is not considered an emergency by hospital personnel and directing the department to make other programmatic changes or establish other copayments or service limits within the medical services program to operate the program within the funding level approved by the Legislative Assembly for the 2003-05 biennium. The House also included this section.

A section is added providing for a Legislative Council study of programs providing services to children with special health care needs. The House also included this section.

A section is added providing for a Legislative Council study of North Dakota's long-term care continuum of services, including service delivery methods and payment systems. The House also included this section.

A section is added providing for a Legislative Council study of the feasibility and desirability of creating a Medicaid advisory council. The House also included this section.

A section of legislative intent is added providing that the department conduct three-month rather than three-month and six-month "followup" reviews of vocational rehabilitation clients who begin working if allowed under federal regulations. The house also included this section.

Senate Bill No. 2012 - Department of Human Services - State Hospital - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ institutions	$44,312,699	$41,931,048	($41,467)	$41,889,581	$41,889,581	
Total all funds	$44,312,699	$41,931,048	($41,467)	$41,889,581	$41,889,581	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,688	($41,467)	$25,484,201	$24,484,201	$0

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FTE	416.90	416.90	0.00	416.90	416.90	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
1 State Hospital - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($41,487)		($41,487)
Total Conference Committee Changes - State Hospital	0.00	($41,487)	$0	($41,487)

Other Changes Affecting the State Hospital

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Department of Human Services - Developmental Center - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ institutions	$42,148,263	$40,808,116	($47,059)	$40,761,057	$40,761,057	
Total all funds	$42,148,263	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,460	31,984,652	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
FTE	458.04	458.04	0.00	458.04	458.04	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
1 Developmental Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($12,235)	($34,824)	($47,059)
Total Conference Committee Changes - Developmental Center	0.00	($12,235)	($34,824)	($47,059)

Other Changes Affecting the Developmental Center

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	3,684,311	3,635,144	($5,105)	3,630,039	3,630,039	
DHS - North Central HSC	7,948,212	7,851,942	(10,746)	7,841,196	7,841,196	
DHS - Lake Region HSC	4,699,565	4,643,682	(5,722)	4,637,960	4,637,960	
DHS - Northeast HSC	7,529,216	7,458,555	537,808	7,996,363	7,996,363	
DHS - Southeast HSC	9,690,147	9,526,131	(16,811)	9,509,320	9,509,320	
DHS - South Central HSC	5,713,073	5,635,006	(7,899)	5,627,107	5,627,107	
DHS - West Central HSC	8,575,947	8,473,327	(10,118)	8,463,209	8,463,209	
DHS - Badlands HSC	4,435,165	4,372,834	(6,930)	4,365,904	4,365,904	
Total general fund	$52,525,636	$51,840,621	$474,477	$52,321,098	$52,321,098	

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency						
DHS - Northwest HSC	$3,647,636	$3,645,798	($158)	$3,645,640	$3,645,640	
DHS - North Central HSC	6,735,850	6,725,002	(1,328)	6,723,674	6,723,674	

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DHS - Lake Region HSC	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
DHS - Northeast HSC	10,099,083	10,060,301	1,394,519	11,444,820	11,444,820	
DHS - Southeast HSC	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
DHS - South Central HSC	5,741,308	5,732,844	(970)	5,731,868	5,731,868	
DHS - West Central HSC	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
DHS - Badlands HSC	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
Total other funds	$54,956,186	$54,838,016	$1,386,539	$56,224,555	$56,224,555	

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	7,331,947	7,280,942	($5,263)	7,275,679	7,275,679	
DHS - North Central HSC	14,664,082	14,576,944	(12,074)	14,564,870	14,564,870	
DHS - Lake Region HSC	8,490,227	8,427,435	(6,502)	8,420,933	8,420,933	
DHS - Northeast HSC	17,628,299	17,508,856	1,932,327	19,441,183	19,441,183	
DHS - Southeast HSC	20,924,037	20,743,221	(18,679)	20,724,542	20,724,542	
DHS - South Central HSC	11,454,381	11,367,850	(8,875)	11,358,975	11,358,975	
DHS - West Central HSC	17,713,897	17,596,609	(11,765)	17,584,844	17,584,844	
DHS - Badlands HSC	9,004,972	8,932,780	(8,153)	8,924,627	8,924,627	
Total all funds	$107,481,822	$106,684,637	$1,861,016	$108,545,653	$108,545,653	
FTE	817.58	817.58	16.30	833.88	833.88	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Northwest Human Service Center - Conference Committee Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,105)	($158)	($5,263)
Total Conference Committee Changes - Northwest Human Service Center	0.00	($5,105)	($158)	($5,263)
North Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,746)	($1,328)	($12,074)
Adds one activity therapist II and one administrative assistant I. Federal funding for the positions is included in the department's 2003-05 biennium budget.	2.00			
Total Conference Committee Changes - North Central Human Service Center	2.00	($10,746)	($1,328)	($12,074)
Lake Region Human Service Center - Conference Committee Changes				
Removes one FTE vacant administrative position (no funding was included for the position)	(1.00)			
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,722)	($780)	($6,502)
Total Conference Committee Changes - Lake Region Human Service Center	(1.00)	($5,722)	($780)	($6,502)
Northeast Human Service Center - Conference Committee Changes				
Adds funding to continue operating the Ruth Meiers Adolescent Treatment Center. The executive budget and the Senate version anticipated the center would be operated by a private organization. The funding added is being reduced from medical services and children and family services programs.	13.30	$545,016	$1,400,417	$1,945,433
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,208)	(5,898)	(13,106)
Total Conference Committee Changes - Northeast Human Service Center	13.30	$537,808	$1,394,519	$1,932,327
Southeast Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($16,811)	($1,868)	($18,679)

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Adds one activity therapist I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - Southeast Human Service Center	1.00	($16,811)	($1,868)	($18,679)
South Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($7,899)	($976)	($8,875)
Total Conference Committee Changes - South Central Human Service Center	0.00	($7,899)	($976)	($8,875)
West Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,118)	($1,647)	($11,765)
Adds one office assistant I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - West Central Human Service Center	1.00	($10,118)	($1,647)	($11,765)
Badlands Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,930)	($1,223)	($8,153)
Total Conference Committee Changes - Badlands Human Service Center	0.00	($6,930)	($1,223)	($8,153)

Other Changes Affecting the Human Service Centers

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

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Date

recd further amendments

Date 4-21-03
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2012

Senate **APPROPRIATIONS** Committee

[X] Check here for Conference Committee

Legislative Council Amendment Number 38035.0223
Action Taken House recedes House amendment + further amends

Motion Made By Warnke Seconded By Delzer

Senators	Yes	No	Representatives	Yes	No
Senator Bowman	✓		Representative Delzer	✓	
Senator Kilzer	✓		Representative Warnke	✓	
Senator Krauter	✓		Representative Kerzman	✓	

Total (Yes) 6 No

Absent

Floor Assignment

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

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Operator's Signature Date

38035.0225
Title.
Fiscal No. 3

Prepared by the Legislative Council staff for
Conference Committee
April 23, 2003

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the House recede from its amendments as printed on pages 1192-1201 of the Senate Journal and pages 1323-1332 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 3, after "institutions" insert "; to provide an exception; to provide for legislative council studies" and replace "a statement" with "statements"

Page 1, line 13, replace "11,027,431" with "11,016,285"

Page 1, line 14, replace "34,066,362" with "33,567,188"

Page 1, line 16, replace "2,261,556" with "3,261,556"

Page 1, line 17, replace "47,358,043" with "47,847,723"

Page 1, line 18, replace "33,134,565" with "34,130,107"

Page 1, line 19, replace "14,223,478" with "13,717,616"

Page 1, line 22, replace "22,077,620" with "22,053,781"

Page 1, line 23, replace "38,456,409" with "37,331,409"

Page 2, line 1, replace "288,492,803" with "287,987,203"

Page 2, line 2, replace "890,942,979" with "918,049,664"

Page 2, line 3, replace "1,240,009,483" with "1,265,461,729"

Page 2, line 4, replace "978,141,758" with "957,611,496"

Page 2, line 5, replace "261,867,725" with "307,850,233"

Page 2, replace lines 7 through 21 with:

"MENTAL HEALTH COMMUNITY SERVICES CONTINGENCY

Total general fund appropriation	$250,000

NORTHWEST HUMAN SERVICE CENTER

Total all funds	$7,275,679
Less estimated income	3,645,640
Total general fund appropriation	$3,630,039

NORTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$14,564,870
Less estimated income	6,723,674
Total general fund appropriation	$7,841,196

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LAKE REGION HUMAN SERVICE CENTER

Total all funds	$8,420,933
Less estimated income	3,782,973
Total general fund appropriation	$4,637,960

NORTHEAST HUMAN SERVICE CENTER

Total all funds	$19,441,183
Less estimated income	11,444,820
Total general fund appropriation	$7,996,363

SOUTHEAST HUMAN SERVICE CENTER

Total all funds	$20,724,542
Less estimated income	11,215,222
Total general fund appropriation	$9,509,320

SOUTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$11,358,975
Less estimated income	5,731,868
Total general fund appropriation	$5,627,107

WEST CENTRAL HUMAN SERVICE CENTER

Total all funds	$17,584,844
Less estimated income	9,121,635
Total general fund appropriation	$8,463,209

BADLANDS HUMAN SERVICE CENTER

Total all funds	$8,924,627
Less estimated income	4,558,723
Total general fund appropriation	$4,365,904

STATE HOSPITAL

Total all funds	$41,889,561
Less estimated income	16,405,360
Total general fund appropriation	$25,484,201

DEVELOPMENTAL CENTER

Total all funds	$40,761,057
Less estimated income	31,949,828
Total general fund appropriation	$8,811,229
Total all funds - Subdivision 3	$191,196,271
Total estimated income - Subdivision 3	$104,579,743
Total general fund appropriation - Subdivision 3	$86,616,528"

Page 2, line 22, replace "362,336,976" with "409,234,377"

Page 2, line 23, replace "1,114,504,351" with "1,098,446,346"

Page 2, line 24, replace "1,476,841,327" with "1,507,680,723"

Page 2, line 28, replace "health centers" with "entities"

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Page 2, line 29, after "services" insert "for the purpose of health center grant application submission"

Page 2, after line 30, insert:

"**SECTION 3. APPROPRIATION - LEGISLATIVE INTENT.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,000,000, or so much of the sum as may be necessary, and from federal funds, the sum of $2,125,000 to the department of human services for the purpose of supplementing other appropriations provided for the medical assistance program, the developmental center, the state hospital, and home and community-based services programs for the biennium beginning July 1, 2003, and ending June 30, 2005. It is the intent of the legislative assembly that whenever possible, the department use the general fund moneys appropriated under this section to maximize federal funding for these programs and functions."

Page 3, line 6, replace "$2,261,556" with "$3,261,556"

Page 3, replace lines 13 through 23 with:

"**SECTION 6. HEALTH CARE TRUST FUND - TRANSFER TO GENERAL FUND.** The office of management and budget shall transfer $35,911,035 from the health care trust fund to the general fund during the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 7. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION. Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within each subdivision of section 1 of this Act, and between subdivisions within section 1 of this Act for the biennium beginning July 1, 2003, and ending June 30, 2005. The department shall notify the office of management and budget of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2004, any transfers made in excess of $50,000 and to the appropriations committees of the fifty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 8. FEDERAL TANF BLOCK GRANT PROGRAMS - EXPENDITURE LIMIT. The department of human services shall make the changes necessary to programs utilizing funding from the temporary assistance for needy families (TANF) block grant to provide that by the end of the 2003-05 biennium, the cumulative funding anticipated to be spent for these programs for each fiscal year does not exceed North Dakota's annual federal TANF block grant allocation, including any incentive or bonus grants awarded to North Dakota.

SECTION 9. MEDICAL SERVICES - COPAYMENTS AND SERVICE LIMITS. The department of human services shall establish a six dollar copayment for medical assistance recipients for each emergency room visit that is not designated an emergency service by the medical services provider. The department of human services shall establish other service copayments or limits and make other programmatic changes within the medical services program to operate the program within the funding levels approved by the fifty-eighth legislative assembly for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 10. NURSING HOME RATES - EXCEPTION - DIRECT CARE LIMIT. Notwithstanding subsection 4 of section 50-24.4-10, the department of human services shall establish an eighty-five dollar per diem limit, adjusted for inflation under subsection 5 of section 50-24.4-10, on allowable operating costs for direct care services of nursing facilities for purposes of determining nursing facility payment rates for the biennium beginning July 1, 2003, and ending June 30, 2005.

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SECTION 11. SUPPORTED LIVING ARRANGEMENTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES - LOCAL MATCHING FUNDS - FUNDING ALLOCATION. The grants - medical assistance line item in subdivision 2 of section 1 of this Act includes $200,000 from the general fund for supported living arrangement services for individuals with developmental disabilities. This funding may be spent only if local or private funding is provided for these services on a dollar-for-dollar matching fund basis. The department shall allocate the funding appropriated for this purpose proportionately to each human service region of the state based on the number of individuals with developmental disabilities seeking supported living arrangement services in each region for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 12. LEGISLATIVE INTENT - VOCATIONAL REHABILITATION - SURVEY TIME PERIOD. It is the intent of the legislative assembly that the department of human services only survey vocational rehabilitation clients who become employed regarding job retention and job satisfaction after three months of employment if allowed under federal regulations for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 13. LEGISLATIVE COUNCIL STUDY - HUMAN SERVICES ADMINISTRATIVE COSTS. The legislative council shall consider studying, during the 2003-04 interim, administrative costs of human service programs, including costs incurred by the central office of the department of human services, human service centers, and county social services. If studied, the legislative council shall review the effects of the 1997 "swap" legislation on state and county human service program costs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 14. LEGISLATIVE COUNCIL STUDY - CHILDREN WITH SPECIAL HEALTH NEEDS. The legislative council shall consider studying, during the 2003-04 interim, programs providing services to children with special health care needs in North Dakota and service needs of these children which are not available under current programs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 15. LEGISLATIVE COUNCIL STUDY - MEDICAID ADVISORY COUNCIL. The legislative council shall consider studying, during the 2003-04 interim, the feasibility and desirability of establishing an advisory council for the medical assistance program of the department of human services. If studied, the legislative council shall consider including representatives of private health care providers on the advisory council. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 16. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE CONTINUUM. The legislative council shall consider studying, during the 2003-04 interim, North Dakota's long-term care continuum of services, including service delivery methods and payment systems. If studied, the legislative council shall consider the cost-effectiveness of the programs and the appropriateness of rate structures and the nursing home equalized rate policy. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly."

Page 3, line 24, replace "state hospital" with "total all funds" and after "item" insert "for the state hospital"

Renumber accordingly

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STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Management						
Total all funds	$47,962,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
DHS - Program/Policy						
Total all funds	$1,247,161,224	$1,240,059,483	$25,452,246	$1,265,511,729	$1,262,386,729	$3,125,000
Less estimated income	974,986,069	978,141,758	(20,530,262)	957,611,496	955,486,496	2,125,000
General fund	$272,175,155	$261,917,725	$46,982,508	$307,900,233	$306,900,233	$1,000,000
DHS - State Hospital						
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201	$25,484,201	$0
DHS - Developmental Center						
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
DHS - Mental health contingency						
Total all funds	$250,000	$250,000	$0	$250,000	$250,000	$0
Less estimated income						
General fund	$250,000	$250,000	$0	$250,000	$250,000	$0
DHS - Northwest HSC						
Total all funds	$7,331,947	$7,280,942	($5,263)	$7,275,679	$7,275,679	$0
Less estimated income	3,647,636	3,645,798	(158)	3,645,640	3,645,640	
General fund	$3,684,311	$3,635,144	($5,105)	$3,630,039	$3,630,039	$0
DHS - North Central HSC						
Total all funds	$14,684,062	$14,576,944	($12,074)	$14,564,870	$14,564,870	$0
Less estimated income	6,735,850	6,726,002	(1,328)	6,723,674	6,723,674	
General fund	$7,948,212	$7,851,942	($10,746)	$7,841,196	$7,841,196	$0
DHS - Lake Region HSC						
Total all funds	$8,490,227	$8,427,435	($6,502)	$8,420,933	$8,420,933	$0
Less estimated income	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
General fund	$4,699,565	$4,643,682	($5,722)	$4,637,960	$4,637,960	$0
DHS - Northeast HSC						
Total all funds	$17,628,299	$17,508,856	$1,932,327	$19,441,183	$19,441,183	$0
Less estimated income	10,099,083	10,050,301	1,394,519	11,444,820	11,444,820	
General fund	$7,529,216	$7,458,555	$537,808	$7,996,363	$7,996,363	$0
DHS - Southeast HSC						
Total all funds	$20,924,037	$20,743,221	($18,679)	$20,724,542	$20,724,542	$0
Less estimated income	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
General fund	$9,690,147	$9,526,131	($16,811)	$9,509,320	$9,509,320	$0
DHS - South Central HSC						
Total all funds	$11,454,381	$11,367,850	($8,875)	$11,358,975	$11,358,975	$0
Less estimated income	5,741,308	5,732,844	(976)	5,731,868	5,731,868	
General fund	$5,713,073	$5,635,006	($7,899)	$5,627,107	$5,627,107	$0
DHS - West Central HSC						
Total all funds	$17,713,897	$17,596,609	($11,765)	$17,584,844	$17,584,844	$0
Less estimated income	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
General fund	$8,575,947	$8,473,327	($10,118)	$8,463,209	$8,463,209	$0
DHS - Badlands HSC						
Total all funds	$9,004,972	$8,932,780	($8,153)	$8,924,627	$8,924,627	$0
Less estimated income	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
General fund	$4,435,165	$4,372,834	($6,930)	$4,365,904	$4,365,904	$0
DHS - Health and medical funding pool						
Total all funds	$0	$0	$3,125,000	$3,125,000	$0	$3,125,000
Less estimated income			2,125,000	2,125,000		2,125,000
General fund	$0	$0	$1,000,000	$1,000,000	$0	$1,000,000
Bill Total						
Total all funds	$1,469,066,465	$1,476,841,327	$30,839,396	$1,507,680,723	$1,500,149,374	$7,531,349
Less estimated income	1,110,494,419	1,114,504,351	(16,058,005)	1,098,446,346	1,094,196,346	4,250,000
General fund	$378,572,046	$362,336,976	$46,897,401	$409,234,377	$405,953,028	$3,281,349

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Operator's Signature Date

Senate Bill No. 2012 - Department of Human Services - Management - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$11,147,734	$11,027,431	($11,146)	$11,016,285	$11,016,285	
Operating expenses	34,550,463	34,066,362	(499,174)	33,567,188	32,205,839	$1,281,349
Capital assets	2,694	2,694		2,694	2,694	
Developmentally disabled facility loan	2,261,556	2,261,556	1,000,000	3,261,556	3,261,556	
Total all funds	$47,962,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
FTE	113.80	113.80	0.00	113.80	113.80	0.00

1

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,688)	($4,458)	($11,146)
Administration Support Program				
Increases funding from the lands and minerals trust fund to accommodate any loan prepayments by developmental disabilities services providers during the 2003-05 biennium, the same as the House version			1,000,000	1,000,000
Information Technology Division Program				
Reduces funding to reflect a reduction in information technology funding from the general fund of approximately 5 percent		(499,174)		(499,174)
Total Conference Committee Changes - Administration Support	0.00	($505,862)	$995,542	$489,680

Other Changes Affecting Administration Support Programs or Multiple Programs of the Department

A section is added providing for a Legislative Council study of administrative costs of the Department of Human Services' central office, human service centers, and county social services. The House also added this section.

A section is added authorizing the department to transfer funds between line items and between subdivisions without Emergency Commission or Budget Section approval. The department is to report any transfers to the Office of Management and Budget and to the Appropriations Committees of the 2005 Legislative Assembly and any transfers over $50,000 to the Budget Section after June 30, 2004. The House also added this section.

Section 5 of the bill is removed which would have authorized the department to transfer funds between the State Hospital, the Developmental Center, and the human service centers and to increase the number of FTE positions at these institutions and centers. The House also removed this section.

Senate Bill No. 2012 - Department of Human Services - Program and Policy - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$22,311,231	$22,077,620	($23,839)	$22,053,781	$22,053,781	
Operating expenses	38,397,710	38,456,409	(1,125,000)	37,331,409	37,331,409	
Capital assets	39,672	39,672		39,672	39,672	
Grants	288,491,078	288,492,803	(505,600)	287,987,203	287,987,203	
Grants - Medical assistance	897,921,533	890,942,979	27,106,685	918,049,664	914,924,664	$3,125,000
Health center grants		50,000		50,000	50,000	
Total all funds	$1,247,161,224	$1,240,059,483	$25,452,246	$1,265,511,729	$1,262,386,729	$3,125,000
Less estimated income	974,966,069	976,141,758	(20,530,262)	957,611,496	955,486,496	2,125,000
General fund	$272,175,155	$261,917,725	$45,982,508	$307,900,233	$306,900,233	$1,000,000
FTE	234.60	234.60	0.00	234.60	234.60	0.00

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	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
1 Program/Policy Management - Conference Committee Changes				
Reduces operating expenses. The department may determine the specific areas to reduce. The House also made this reduction.		($1,000,000)		($1,000,000)
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,087)	($16,752)	(23,839)
Economic Assistance Policy Program				
No changes				
Child Support Program				
No changes				
Medical Services Program				
Restores a portion of the funding removed by the Senate for optional medical services for adults, including durable medical equipment, optometric services, and psychological services, the same as the House version		1,100,000	2,337,500	3,437,500
Restores a portion of the funding reduced by the Senate for prescription drugs in the medical assistance program to provide funding for prescription drugs of $95.2 million. The Senate reduced prescription drug funding by $9 million, from $101.1 million recommended in the executive budget to $92.1 million. The House did not change the Senate version.		1,000,000	2,125,000	3,125,000
Increases funding for medical assistance grants with the priority for use of the funding designated for increasing payments for inpatient, outpatient, and physician services. The state matching funds of $500,000 are from the health care trust fund. Note the funding source change to the general fund below. The House included this additional funding but provided that it be used only for increasing payments for inpatient and outpatient hospital services.			1,562,500	1,562,500
Removes funding for rehabilitation services relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.		(493,277)	(1,046,556)	(1,539,833)
Adds funding to increase the allowable fringe benefit percentage for employees of developmental disabilities services providers from 30 to 33 percent of salary. The state matching funds of $1,119,628 are from the health care trust fund. Note the funding source change to the general fund below. The House also made these changes.			3,498,839	3,498,839
Increases funding to provide an additional 37-cent per hour salary increase to employees of developmental disabilities services providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour increase. The state matching funds of $1,872,229 are from the health care trust fund. Note the funding source change to the general fund below. The House also made these changes.			5,850,715	5,850,715
Long-Term Care Program				
Changes the funding source for nursing facility care in the medical assistance program from the health care trust fund to the general fund. Funding recommended in the executive budget and Senate version for this purpose totaled $29,137,300 from the health care trust fund. The Conference Committee and House version appropriate $19,545,393 from the health care trust fund. Note the additional funding source change to the general fund below.		9,591,907	(9,591,907)	
Provides for the nursing facility direct care limit to be set at $85 rather than the 85th percentile as included in the executive budget and the Senate			9,129,859	9,129,859

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version. The state matching funds of $2,925,207 are from the health care trust fund. Note the funding source change to the general fund below. A section is added authorizing the department to establish the limit at $85 for the 2003-05 biennium. The House also made these changes.				
Restores $1,750,000 of the $4,382,049 general fund reduction made by the Senate to the service payments for elderly and disabled (SPED) program with funding from the health care trust fund. Note the funding source change to the general fund below. Funding from the counties is increased by $92,105. The House also made these changes.			1,842,105	1,842,105
Aging Services Program Reduces funding from the health care trust fund for qualified service provider training grants from $140,000 to $40,000. Note the funding source change below. The House also made these changes.			(100,000)	(100,000)
Children and Family Services Program Changes the source of funding to reflect additional federal funds anticipated to be available from "refinancing" activities of the Children's Services Coordinating Committee during the 2003-05 biennium, the same as the House version	(43,331)		43,331	
Removes funding for foster care room and board costs relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.		(51,739)	(353,861)	(405,600)
Mental Health and Substance Abuse Program Reduces funding for gambling addiction services from $225,000 to $100,000, the same as the House version		(125,000)		(125,000)
Developmental Disabilities Council No changes				
Disabilities Program Changes the source of funding for independent living center grants from the health care trust fund to the general fund, the same as the House version		100,000	(100,000)	
Adds funding from the health care trust fund for supported living arrangement services, the same as the House version. Note the funding source change below. A section is added providing that these funds may be spent only if local or private matching funds of one to one are provided for the services. The section also directs the department to allocate the funds to each region based on each region's share of individuals with developmental disabilities who are seeking these services. The House version provided for matching funds of two to one.			200,000	200,000
All Programs Changes the funding source from the health care trust fund to the general fund for all Department of Human Services programs that were to receive funding from the health care trust fund. A section is added transferring $35,911,035 from the health care trust fund to the general fund during the 2003-05 biennium.		35,911,035	(35,911,035)	
Total Conference Committee Changes - Program/Policy Management	0.00	$45,982,508	($20,530,262)	$25,452,246

Other Changes Affecting Program/Policy Management Programs

Section 2, added by the Senate, which appropriates $50,000 from the general fund for health center grants, is amended to allow any community entity to be eligible to receive a grant from the department to assist it in applying for federal health center grants. The House also made this change.

A section is added requiring the department to make the program changes necessary to operate programs utilizing funding from the federal temporary assistance for needy families (TANF) block grant within North Dakota's funding allocation by the end of the 2003-05 biennium. The House also included this section.

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A section is added directing the department to establish a $6 copayment for Medicaid recipients for each emergency room visit that is not considered an emergency by hospital personnel and directing the department to make other programmatic changes or establish other copayments or service limits within the medical services program to operate the program within the funding level approved by the Legislative Assembly for the 2003-05 biennium. The House also included this section.

A section is added providing for a Legislative Council study of programs providing services to children with special health care needs. The House also included this section.

A section is added providing for a Legislative Council study of North Dakota's long-term care continuum of services, including service delivery methods and payment systems. The House also included this section.

A section is added providing for a Legislative Council study of the feasibility and desirability of creating a Medicaid advisory council. The House also included this section.

A section of legislative intent is added providing that the department conduct three-month rather than three-month and six-month "followup" reviews of vocational rehabilitation clients who begin working if allowed under federal regulations. The House also included this section.

Senate Bill No. 2012 - Department of Human Services - State Hospital - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ Institutions	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201	$24,484,201	$0
FTE	416.90	416.90	0.00	416.90	416.90	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
1 **State Hospital - Conference Committee Changes** Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($41,487)		($41,487)
Total Conference Committee Changes - State Hospital	0.00	($41,487)	$0	($41,487)

Other Changes Affecting the State Hospital

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Department of Human Services - Developmental Center - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ institutions	$42,148,263	$40,808,116	($47,059)	$40,761,057	$40,761,057	
Total all funds	$42,148,263	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
FTE	458.04	458.04	0.00	458.04	458.04	0.00

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	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
1 Developmental Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($12,235)	($34,824)	($47,059)
Total Conference Committee Changes - Developmental Center	0.00	($12,235)	($34,824)	($47,059)

Other Changes Affecting the Developmental Center

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	3,684,311	3,635,144	($5,105)	3,630,039	3,630,039	
DHS - North Central HSC	7,948,212	7,851,942	(10,746)	7,841,196	7,841,196	
DHS - Lake Region HSC	4,699,565	4,643,682	(5,722)	4,637,960	4,637,960	
DHS - Northeast HSC	7,529,216	7,458,555	537,808	7,996,363	7,996,363	
DHS - Southeast HSC	9,690,147	9,526,131	(16,811)	9,509,320	9,509,320	
DHS - South Central HSC	5,713,073	5,635,006	(7,899)	5,627,107	5,627,107	
DHS - West Central HSC	8,575,947	8,473,327	(10,118)	8,463,209	8,463,209	
DHS - Badlands HSC	4,435,165	4,372,834	(6,930)	4,365,904	4,365,904	
Total general fund	$52,525,636	$51,846,621	$474,477	$52,321,098	$52,321,098	

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency						
DHS - Northwest HSC	$3,647,636	$3,645,798	($158)	$3,645,640	$3,645,640	
DHS - North Central HSC	6,735,850	6,725,002	(1,328)	6,723,674	6,723,674	
DHS - Lake Region HSC	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
DHS - Northeast HSC	10,099,083	10,050,301	1,394,519	11,444,820	11,444,820	
DHS - Southeast HSC	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
DHS - South Central HSC	5,741,308	5,732,844	(976)	5,731,868	5,731,868	
DHS - West Central HSC	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
DHS - Badlands HSC	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
Total other funds	$54,956,186	$54,838,016	$1,386,539	$56,224,555	$56,224,555	

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	7,331,947	7,280,942	($5,263)	7,275,679	7,275,679	
DHS - North Central HSC	14,684,062	14,576,944	(12,074)	14,564,870	14,564,870	
DHS - Lake Region HSC	8,490,227	8,427,435	(6,502)	8,420,933	8,420,933	
DHS - Northeast HSC	17,628,299	17,508,856	1,932,327	19,441,183	19,441,183	
DHS - Southeast HSC	20,924,037	20,743,221	(18,679)	20,724,542	20,724,542	
DHS - South Central HSC	11,454,381	11,367,850	(8,875)	11,358,975	11,358,975	
DHS - West Central HSC	17,713,897	17,596,609	(11,765)	17,584,844	17,584,844	
DHS - Badlands HSC	9,004,972	8,932,780	(8,153)	8,924,627	8,924,627	
Total all funds	$107,481,822	$106,684,637	$1,861,016	$108,545,653	$108,545,653	
FTE	817.58	817.58	16.30	833.88	833.88	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
1 Northwest Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,105)	($158)	($5,263)

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Total Conference Committee Changes - Northwest Human Service Center	0.00	($5,105)	($158)	($5,263)
North Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,746)	($1,328)	($12,074)
Adds one activity therapist II and one administrative assistant I. Federal funding for the positions is included in the department's 2003-05 biennium budget.	2.00			
Total Conference Committee Changes - North Central Human Service Center	2.00	($10,746)	($1,328)	($12,074)
Lake Region Human Service Center - Conference Committee Changes				
Removes one FTE vacant administrative position (no funding was included for the position)	(1.00)			
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,722)	($780)	($6,502)
Total Conference Committee Changes - Lake Region Human Service Center	(1.00)	($5,722)	($780)	($6,502)
Northeast Human Service Center - Conference Committee Changes				
Adds funding to continue operating the Ruth Meiers Adolescent Treatment Center. The executive budget and the Senate version anticipated the center would be operated by a private organization. The funding added is being reduced from medical services and children and family services programs.	13.30	$545,016	$1,400,417	$1,945,433
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,208)	(5,898)	(13,106)
Total Conference Committee Changes - Northeast Human Service Center	13.30	$537,808	$1,394,519	$1,932,327
Southeast Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($16,811)	($1,868)	($18,679)
Adds one activity therapist I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - Southeast Human Service Center	1.00	($16,811)	($1,868)	($18,679)
South Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($7,899)	($976)	($8,875)
Total Conference Committee Changes - South Central Human Service Center	0.00	($7,899)	($976)	($8,875)
West Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,118)	($1,647)	($11,765)
Adds one office assistant I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - West Central Human Service Center	1.00	($10,118)	($1,647)	($11,765)
Badlands Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,930)	($1,223)	($8,153)
Total Conference Committee Changes - Badlands Human Service Center	0.00	($6,930)	($1,223)	($8,153)

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Other Changes Affecting the Human Service Centers

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Other Changes Affecting the Department of Human Services

A section is added appropriating $3,125,000, of which $1 million is from the general fund, for supplementing other funding provided for medical assistance, the Developmental Center, the State Hospital, and home and community-based services programs. The department is to use this additional general fund support for maximizing federal funding, when possible.

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Date: 4-23-03
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2012

Senate **Appropriations** Committee

☑ Check here for Conference Committee

Legislative Council Amendment Number 38035.0205

Action Taken Adopt Amendment

Motion Made By Delzer Seconded By Warnke

Senators	Yes	No	Representatives	Yes	No
Senator Bowman	✓		**Representative Delzer**	✓	
Senator Krauter		✓	**Representative Warnke**	✓	
Senator Kilzer	✓		**Representative Kerzman**		✓

Total (Yes) 4 No 2

Absent

Floor Assignment *Click here to type Floor Assignment*

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

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Theresa A. Lee 10-14-03
Operator's Signature Date

Date: 4-23-03
Roll Call Vote #: 2

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2012

Senate **Appropriations** Committee

☑ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken $1 million in to budget from general funds

Motion Made By Kempmann Seconded By Krauter

Senators	Yes	No	Representatives	Yes	No
Senator Bowman		✓	**Representative Delzer**		✓
Senator Krauter	✓		**Representative Warnke**		✓
Senator Kilzer		✓	**Representative Kerzman**	✓	

Total (Yes) 2 No 4

Absent

Floor Assignment *Click here to type Floor Assignment* failed

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

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Theresa A. Lee 10-14-03
Operator's Signature Date

Date: 4-23-03
Roll Call Vote #: 3

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2012

Senate **Appropriations** Committee

☑ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken #2 million from Community Health Care trust fund

Motion Made By Krauter Seconded By Kerzmann

Senators	Yes	No	Representatives	Yes	No
Senator Bowman		✓	**Representative Delzer**		✓
Senator Krauter	✓		**Representative Warnke**		✓
Senator Kilzer		✓	**Representative Kerzman**	✓	

Total (Yes) 2 No 4

Absent

Floor Assignment Carlson

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

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REPORT OF CONFERENCE COMMITTEE (420)
April 24, 2003 8:46 a.m.

Module No: HR-75-8283

Insert LC: 38035.0225

REPORT OF CONFERENCE COMMITTEE

SB 2012, as engrossed: Your conference committee (Sens. Bowman, Kilzer, Krauter and Reps. Delzer, Warnke, Kerzman) recommends that the **HOUSE RECEDE** from the House amendments on SJ pages 1193-1201, adopt amendments as follows, and place SB 2012 on the Seventh order:

That the House recede from its amendments as printed on pages 1193-1201 of the Senate Journal and pages 1323-1332 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 3, after "institutions" insert "; to provide an exception; to provide for legislative council studies" and replace "a statement" with "statements"

Page 1, line 13, replace "11,027,431" with "11,016,285"

Page 1, line 14, replace "34,066,362" with "33,567,188"

Page 1, line 16, replace "2,261,556" with "3,261,556"

Page 1, line 17, replace "47,358,043" with "47,847,723"

Page 1, line 18, replace "33,134,565" with "34,130,107"

Page 1, line 19, replace "14,223,478" with "13,717,616"

Page 1, line 22, replace "22,077,620" with "22,053,781"

Page 1, line 23, replace "38,456,409" with "37,331,409"

Page 2, line 1, replace "288,492,803" with "287,987,203"

Page 2, line 2, replace "890,942,979" with "918,049,664"

Page 2, line 3, replace "1,240,009,483" with "1,265,461,729"

Page 2, line 4, replace "978,141,758" with "957,611,496"

Page 2, line 5, replace "261,867,725" with "307,850,233"

Page 2, replace lines 7 through 21 with:

"MENTAL HEALTH COMMUNITY SERVICES CONTINGENCY

Total general fund appropriation	$250,000

NORTHWEST HUMAN SERVICE CENTER

Total all funds	$7,275,679
Less estimated income	3,645,640
Total general fund appropriation	$3,630,039

NORTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$14,564,870
Less estimated income	6,723,674
Total general fund appropriation	$7,841,196

LAKE REGION HUMAN SERVICE CENTER

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Total all funds	$8,420,933
Less estimated income	3,782,973
Total general fund appropriation	$4,637,960

NORTHEAST HUMAN SERVICE CENTER

Total all funds	$19,441,183
Less estimated income	11,444,820
Total general fund appropriation	$7,996,363

SOUTHEAST HUMAN SERVICE CENTER

Total all funds	$20,724,542
Less estimated income	11,215,222
Total general fund appropriation	$9,509,320

SOUTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$11,358,975
Less estimated income	5,731,868
Total general fund appropriation	$5,627,107

WEST CENTRAL HUMAN SERVICE CENTER

Total all funds	$17,584,844
Less estimated income	9,121,635
Total general fund appropriation	$8,463,209

BADLANDS HUMAN SERVICE CENTER

Total all funds	$8,924,627
Less estimated income	4,558,723
Total general fund appropriation	$4,365,904

STATE HOSPITAL

Total all funds	$41,889,561
Less estimated income	16,405,360
Total general fund appropriation	$25,484,201

DEVELOPMENTAL CENTER

Total all funds	$40,761,057
Less estimated income	31,949,828
Total general fund appropriation	$8,811,229
Total all funds - Subdivision 3	$191,196,271
Total estimated income - Subdivision 3	$104,579,743
Total general fund appropriation - Subdivision 3	$86,616,528"

Page 2, line 22, replace "362,336,976" with "409,234,377"

Page 2, line 23, replace "1,114,504,351" with "1,098,446,346"

Page 2, line 24, replace "1,476,841,327" with "1,507,680,723"

Page 2, line 28, replace "health centers" with "entities"

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Page 2, line 29, after "services" insert "for the purpose of health center grant application submission"

Page 2, after line 30, insert:

"**SECTION 3. APPROPRIATION - LEGISLATIVE INTENT.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,000,000, or so much of the sum as may be necessary, and from federal funds, the sum of $2,125,000 to the department of human services for the purpose of supplementing other appropriations provided for the medical assistance program, the developmental center, the state hospital, and home and community-based services programs for the biennium beginning July 1, 2003, and ending June 30, 2005. It is the intent of the legislative assembly that whenever possible, the department use the general fund moneys appropriated under this section to maximize federal funding for these programs and functions."

Page 3, line 6, replace "$2,261,556" with "$3,261,556"

Page 3, replace lines 13 through 23 with:

"**SECTION 6. HEALTH CARE TRUST FUND - TRANSFER TO GENERAL FUND.** The office of management and budget shall transfer $35,911,035 from the health care trust fund to the general fund during the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 7. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION. Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within each subdivision of section 1 of this Act, and between subdivisions within section 1 of this Act for the biennium beginning July 1, 2003, and ending June 30, 2005. The department shall notify the office of management and budget of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2004, any transfers made in excess of $50,000 and to the appropriations committees of the fifty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 8. FEDERAL TANF BLOCK GRANT PROGRAMS - EXPENDITURE LIMIT. The department of human services shall make the changes necessary to programs utilizing funding from the temporary assistance for needy families (TANF) block grant to provide that by the end of the 2003-05 biennium, the cumulative funding anticipated to be spent for these programs for each fiscal year does not exceed North Dakota's annual federal TANF block grant allocation, including any incentive or bonus grants awarded to North Dakota.

SECTION 9. MEDICAL SERVICES - COPAYMENTS AND SERVICE LIMITS. The department of human services shall establish a six dollar copayment for medical assistance recipients for each emergency room visit that is not designated an emergency service by the medical services provider. The department of human services shall establish other service copayments or limits and make other programmatic changes within the medical services program to operate the program within the funding levels approved by the fifty-eighth legislative assembly for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 10. NURSING HOME RATES - EXCEPTION - DIRECT CARE LIMIT. Notwithstanding subsection 4 of section 50-24.4-10, the department of human services shall establish an eighty-five dollar per diem limit, adjusted for inflation under subsection 5 of section 50-24.4-10, on allowable operating costs for direct care

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services of nursing facilities for purposes of determining nursing facility payment rates for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 11. SUPPORTED LIVING ARRANGEMENTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES - LOCAL MATCHING FUNDS - FUNDING ALLOCATION. The grants - medical assistance line item in subdivision 2 of section 1 of this Act includes $200,000 from the general fund for supported living arrangement services for individuals with developmental disabilities. This funding may be spent only if local or private funding is provided for these services on a dollar-for-dollar matching fund basis. The department shall allocate the funding appropriated for this purpose proportionately to each human service region of the state based on the number of individuals with developmental disabilities seeking supported living arrangement services in each region for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 12. LEGISLATIVE INTENT - VOCATIONAL REHABILITATION - SURVEY TIME PERIOD. It is the intent of the legislative assembly that the department of human services only survey vocational rehabilitation clients who become employed regarding job retention and job satisfaction after three months of employment if allowed under federal regulations for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 13. LEGISLATIVE COUNCIL STUDY - HUMAN SERVICES ADMINISTRATIVE COSTS. The legislative council shall consider studying, during the 2003-04 interim, administrative costs of human service programs, including costs incurred by the central office of the department of human services, human service centers, and county social services. If studied, the legislative council shall review the effects of the 1997 "swap" legislation on state and county human service program costs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 14. LEGISLATIVE COUNCIL STUDY - CHILDREN WITH SPECIAL HEALTH NEEDS. The legislative council shall consider studying, during the 2003-04 interim, programs providing services to children with special health care needs in North Dakota and service needs of these children which are not available under current programs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 15. LEGISLATIVE COUNCIL STUDY - MEDICAID ADVISORY COUNCIL. The legislative council shall consider studying, during the 2003-04 interim, the feasibility and desirability of establishing an advisory council for the medical assistance program of the department of human services. If studied, the legislative council shall consider including representatives of private health care providers on the advisory council. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 16. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE CONTINUUM. The legislative council shall consider studying, during the 2003-04 interim, North Dakota's long-term care continuum of services, including service delivery methods and payment systems. If studied, the legislative council shall consider the cost-effectiveness of the programs and the appropriateness of rate structures and the nursing home equalized rate policy. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly."

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Page 3, line 24, replace "state hospital" with "total all funds" and after "Item" insert "for the state hospital"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Management						
Total all funds	$47,982,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
DHS - Program/Policy						
Total all funds	$1,247,161,224	$1,240,059,483	$25,452,246	$1,265,511,729	$1,262,386,729	$3,125,000
Less estimated income	974,988,069	978,141,758	(20,530,262)	957,611,496	955,486,496	2,125,000
General fund	$272,176,155	$261,917,725	$45,982,508	$307,900,233	$306,900,233	$1,000,000
DHS - State Hospital						
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201	$25,484,201	$0
DHS - Developmental Center						
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
DHS - Mental health contingency						
Total all funds	$250,000	$250,000	$0	$250,000	$250,000	$0
Less estimated income						
General fund	$250,000	$250,000	$0	$250,000	$250,000	$0
DHS - Northwest HSC						
Total all funds	$7,331,947	$7,280,942	($5,263)	$7,275,679	$7,275,679	$0
Less estimated income	3,647,636	3,645,798	(158)	3,645,640	3,645,640	
General fund	$3,684,311	$3,635,144	($5,105)	$3,630,039	$3,630,039	$0
DHS - North Central HSC						
Total all funds	$14,684,062	$14,576,944	($12,074)	$14,564,870	$14,564,870	$0
Less estimated income	6,735,850	6,725,002	(1,328)	6,723,674	6,723,674	
General fund	$7,948,212	$7,851,942	($10,746)	$7,841,196	$7,841,196	$0
DHS - Lake Region HSC						
Total all funds	$8,490,227	$8,427,435	($6,502)	$8,420,933	$8,420,933	$0
Less estimated income	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
General fund	$4,699,565	$4,643,682	($5,722)	$4,637,960	$4,637,960	$0
DHS - Northeast HSC						
Total all funds	$17,628,299	$17,508,856	$1,932,327	$19,441,183	$19,441,183	$0
Less estimated income	10,099,083	10,050,301	1,394,519	11,444,820	11,444,820	
General fund	$7,529,216	$7,458,555	$537,808	$7,996,363	$7,996,363	$0
DHS - Southeast HSC						
Total all funds	$20,924,037	$20,743,221	($18,679)	$20,724,542	$20,724,542	$0
Less estimated income	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
General fund	$9,690,147	$9,526,131	($16,811)	$9,509,320	$9,509,320	$0
DHS - South Central HSC						
Total all funds	$11,454,381	$11,367,350	($8,875)	$11,358,975	$11,358,975	$0
Less estimated income	5,741,308	5,732,844	(976)	5,731,868	5,731,868	
General fund	$5,713,073	$5,635,006	($7,899)	$5,627,107	$5,627,107	$0
DHS - West Central HSC						
Total all funds	$17,713,897	$17,696,609	($11,765)	$17,684,844	$17,684,844	$0
Less estimated income	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
General fund	$8,575,947	$8,473,327	($10,118)	$8,463,209	$8,463,209	$0
DHS - Badlands HSC						
Total all funds	$9,004,972	$8,932,780	($8,153)	$8,924,627	$8,924,627	$0
Less estimated income	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
General fund	$4,435,165	$4,372,834	($8,930)	$4,365,904	$4,365,904	$0
DHS - Health and medical						

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funding pool						
Total all funds	$0	$0	$3,125,000	$3,125,000	$0	$3,125,000
Less estimated income			2,125,000	2,125,000		2,125,000
General fund	$0	$0	$1,000,000	$1,000,000	$0	$1,000,000
Bill Total						
Total all funds	$1,469,066,465	$1,476,841,327	$30,839,396	$1,507,680,723	$1,500,149,374	$7,531,349
Less estimated income	1,110,494,419	1,114,504,351	(16,058,005)	1,098,446,346	1,094,196,346	4,250,000
General fund	$376,572,046	$362,336,976	$46,897,401	$409,234,377	$405,953,028	$3,281,349

Senate Bill No. 2012 - Department of Human Services - Management - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$11,147,734	$11,027,431	($11,146)	$11,016,285	$11,016,285	
Operating expenses	34,650,483	34,066,362	(499,174)	33,567,188	32,285,839	$1,281,349
Capital assets	2,694	2,694		2,694	2,694	
Developmentally disabled facility loan	2,261,556	2,261,556	1,000,000	3,261,556	3,261,556	
Total all funds	$47,962,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
FTE	113.80	113.80	0.00	113.80	113.80	0.00

1

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - Conference Committee Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,688)	($4,458)	($11,146)
Administration Support Program Increases funding from the lands and minerals trust fund to accommodate any loan prepayments by developmental disabilities services providers during the 2003-05 biennium, the same as the House version			1,000,000	1,000,000
Information Technology Division Program Reduces funding to reflect a reduction in information technology funding from the general fund of approximately 5 percent		(499,174)		(499,174)
Total Conference Committee Changes - Administration Support	0.00	($505,862)	$995,542	$489,680

Other Changes Affecting Administration Support Programs or Multiple Programs of the Department

A section is added providing for a Legislative Council study of administrative costs of the Department of Human Services' central office, human service centers, and county social services. The House also added this section.

A section is added authorizing the department to transfer funds between line items and between subdivisions without Emergency Commission or Budget Section approval. The department is to report any transfers to the Office of Management and Budget and to the Appropriations Committees of the 2005 Legislative Assembly and any transfers over $50,000 to the Budget Section after June 30, 2004. The House also added this section.

Section 5 of the bill is removed which would have authorized the department to transfer funds between the State Hospital, the Developmental Center, and the human service centers and to increase the number of FTE positions at these institutions and centers. The House also removed this section.

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REPORT OF CONFERENCE COMMITTEE (420)
April 24, 2003 8:46 a.m.

Module No: HR-75-8283

Insert LC: 38035.0225

Senate Bill No. 2012 - Department of Human Services - Program and Policy - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$22,311,231	$22,077,620	($23,839)	$22,053,781	$22,053,781	
Operating expenses	38,397,710	38,456,409	(1,125,000)	37,331,409	37,331,409	
Capital assets	39,672	39,672		39,672	39,672	
Grants	288,491,078	288,492,803	(505,600)	287,987,203	287,987,203	
Grants - Medical assistance	897,921,633	890,942,979	27,106,685	918,049,664	914,924,664	$3,125,000
Health center grants		50,000		50,000	50,000	
Total all funds	$1,247,161,224	$1,240,059,483	$25,452,246	$1,265,511,729	$1,262,386,729	$3,125,000
Less estimated income	974,986,069	978,141,758	(20,630,262)	957,611,496	955,486,490	2,125,000
General fund	$272,175,155	$261,917,725	$45,982,508	$307,900,233	$306,900,233	$1,000,000
FTE	234.80	234.80	0.00	234.80	234.80	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Program/Policy Management - Conference Committee Changes**				
Reduces operating expenses. The department may determine the specific areas to reduce. The House also made this reduction.		($1,000,000)		($1,000,000)
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,087)	($16,752)	(23,839)
Economic Assistance Policy Program No changes				
Child Support Program No changes				
Medical Services Program Restores a portion of the funding removed by the Senate for optional medical services for adults, including durable medical equipment, optometric services, and psychological services, the same as the House version		1,100,000	2,337,500	3,437,500
Restores a portion of the funding reduced by the Senate for prescription drugs in the medical assistance program to provide funding for prescription drugs of $95.2 million. The Senate reduced prescription drug funding by $9 million, from $101.1 million recommended in the executive budget to $92.1 million. The House did not change the Senate version.		1,000,000	2,125,000	3,125,000
Increases funding for medical assistance grants with the priority for use of the funding designated for increasing payments for inpatient, outpatient, and physician services. The state matching funds of $500,000 are from the health care trust fund. Note the funding source change to the general fund below. The House included this additional funding but provided that it be used only for increasing payments for inpatient and outpatient hospital services.			1,562,500	1,562,500
Removes funding for rehabilitation services relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.		(493,277)	(1,046,556)	(1,539,833)
Adds funding to increase the allowable fringe benefit percentage for employees of developmental disabilities services providers from 30 to 33 percent of salary. The state matching funds of $1,119,628 are from the health care trust fund. Note the funding source change			3,498,839	3,498,839

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to the general fund below. The House also made these changes.			
Increases funding to provide an additional 37-cent per hour salary increase to employees of developmental disabilities services providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour increase. The state matching funds of $1,872,229 are from the health care trust fund. Note the funding source change to the general fund below. The House also made these changes.		5,850,715	5,850,715
Long-Term Care Program Changes the funding source for nursing facility care in the medical assistance program from the health care trust fund to the general fund. Funding recommended in the executive budget and Senate version for this purpose totaled $29,137,300 from the health care trust fund. The Conference Committee and House version appropriate $19,545,393 from the health care trust fund. Note the additional funding source change to the general fund below.	9,591,907	(9,591,907)	
Provides for the nursing facility direct care limit to be set at $85 rather than the 85th percentile as included in the executive budget and the Senate version. The state matching funds of $2,925,207 are from the health care trust fund. Note the funding source change to the general fund below. A section is added authorizing the department to establish the limit at $85 for the 2003-05 biennium. The House also made these changes.		9,129,859	9,129,859
Restores $1,760,000 of the $4,382,049 general fund reduction made by the Senate to the service payments for elderly and disabled (SPED) program with funding from the health care trust fund. Note the funding source change to the general fund below. Funding from the counties is increased by $92,105. The House also made these changes.		1,842,105	1,842,105
Aging Services Program Reduces funding from the health care trust fund for qualified service provider training grants from $140,000 to $40,000. Note the funding source change below. The House also made these changes.		(100,000)	(100,000)
Children and Family Services Program Changes the source of funding to reflect additional federal funds anticipated to be available from "refinancing" activities of the Children's Services Coordinating Committee during the 2003-05 biennium, the same as the House version	(43,331)	43,331	
Removes funding for foster care room and board costs relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.	(51,739)	(353,861)	(405,600)
Mental Health and Substance Abuse Program Reduces funding for gambling addiction services from $225,000 to $100,000, the same as the House version	(125,000)		(125,000)
Developmental Disabilities Council No changes			
Disabilities Program Changes the source of funding for independent living center grants from the health care trust fund to the general fund, the same as the House version	100,000	(100,000)	
Adds funding from the health care trust fund for supported living arrangement services, the same as the House version. Note the funding source change below. A section is added providing that these funds may be spent only if local or private matching funds of one to one are provided for the services. The section also directs the department to allocate the funds to each region based on each region's share of individuals with developmental disabilities		200,000	200,000

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who are seeking these services. The House version provided for matching funds of two to one.				
All Programs Changes the funding source from the health care trust fund to the general fund for all Department of Human Services programs that were to receive funding from the health care trust fund. A section is added transferring $35,911,035 from the health care trust fund to the general fund during the 2003-05 biennium.		35,911,035	(35,911,035)	
Total Conference Committee Changes - Program/Policy Management	0.00	$45,982,508	($20,530,262)	$25,452,246

Other Changes Affecting Program/Policy Management Programs

Section 2, added by the Senate, which appropriates $50,000 from the general fund for health center grants, is amended to allow any community entity to be eligible to receive a grant from the department to assist it in applying for federal health center grants. The House also made this change.

A section is added requiring the department to make the program changes necessary to operate programs utilizing funding from the federal temporary assistance for needy families (TANF) block grant within North Dakota's funding allocation by the end of the 2003-05 biennium. The House also included this section.

A section is added directing the department to establish a $6 copayment for Medicaid recipients for each emergency room visit that is not considered an emergency by hospital personnel and directing the department to make other programmatic changes or establish other copayments or service limits within the medical services program to operate the program within the funding level approved by the Legislative Assembly for the 2003-05 biennium. The House also included this section.

A section is added providing for a Legislative Council study of programs providing services to children with special health care needs. The House also included this section.

A section is added providing for a Legislative Council study of North Dakota's long-term care continuum of services, including service delivery methods and payment systems. The House also included this section.

A section is added providing for a Legislative Council study of the feasibility and desirability of creating a Medicaid advisory council. The House also included this section.

A section of legislative intent is added providing that the department conduct three-month rather than three-month and six-month "followup" reviews of vocational rehabilitation clients who begin working if allowed under federal regulations. The House also included this section.

Senate Bill No. 2012 - Department of Human Services - State Hospital - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES 1	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ institutions	$44,312,099	$41,931,048	($41,487)	$41,889,561	$41,889,561	
Total all funds	$44,312,099	$41,931,048	($41,487)	$41,889,561	$41,889,561	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201	$24,484,201	$0
FTE	416.90	416.90	0.00	416.90	416.90	0.00
			GENERAL	ESTIMATED		

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	FTE	FUND	INCOME	TOTAL
[1] State Hospital - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $466.70 per month		($41,487)		($41,487)
Total Conference Committee Changes - State Hospital	0.00	($41,487)	$0	($41,487)

Other Changes Affecting the State Hospital

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Department of Human Services - Developmental Center - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ institutions	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,490	31,984,662	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
FTE	458.04	458.04	0.00	458.04	458.04	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] Developmental Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $466.70 per month		($12,235)	($34,824)	($47,059)
Total Conference Committee Changes - Developmental Center	0.00	($12,235)	($34,824)	($47,059)

Other Changes Affecting the Developmental Center

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	3,684,311	3,635,144	($5,105)	3,630,039	3,630,039	
DHS - North Central HSC	7,948,212	7,851,942	(10,746)	7,841,196	7,841,196	
DHS - Lake Region HSC	4,699,565	4,643,682	(5,722)	4,637,960	4,637,960	
DHS - Northeast HSC	7,529,216	7,466,555	537,808	7,996,363	7,996,363	
DHS - Southeast HSC	9,690,147	9,526,131	(16,811)	9,509,320	9,509,320	
DHS - South Central HSC	5,713,073	5,635,006	(7,899)	5,627,107	5,627,107	
DHS - West Central HSC	8,575,947	8,473,327	(10,118)	8,463,209	8,463,209	
DHS - Badlands HSC	4,435,165	4,372,834	(6,930)	4,365,904	4,365,904	
Total general fund	$52,525,636	$51,846,621	$474,477	$52,321,098	$52,321,098	

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Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency						
DHS - Northwest HSC	$3,647,636	$3,645,798	($158)	$3,645,640	$3,645,640	
DHS - North Central HSC	6,735,850	6,725,002	(1,328)	6,723,674	6,723,674	
DHS - Lake Region HSC	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
DHS - Northeast HSC	10,099,083	10,050,301	1,394,519	11,444,820	11,444,820	
DHS - Southeast HSC	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
DHS - South Central HSC	5,741,308	5,732,844	(976)	5,731,868	5,731,868	
DHS - West Central HSC	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
DHS - Badlands HSC	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
Total other funds	$54,956,186	$54,838,016	$1,386,539	$56,224,555	$56,224,555	

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	7,331,947	7,280,942	($5,263)	7,275,679	7,275,679	
DHS - North Central HSC	14,684,062	14,676,944	(12,074)	14,564,870	14,564,870	
DHS - Lake Region HSC	8,490,227	8,427,435	(6,502)	8,420,933	8,420,933	
DHS - Northeast HSC	17,628,299	17,508,856	1,932,327	19,441,183	19,441,183	
DHS - Southeast HSC	20,924,037	20,743,221	(18,679)	20,724,542	20,724,542	
DHS - South Central HSC	11,454,361	11,367,850	(8,875)	11,358,975	11,358,975	
DHS - West Central HSC	17,713,897	17,596,609	(11,765)	17,584,844	17,584,844	
DHS - Badlands HSC	9,004,972	8,932,780	(8,153)	8,924,627	8,924,627	
Total all funds	$107,481,822	$106,684,637	$1,861,016	$108,545,653	$108,545,653	
FTE	817.58	817.58	16.30	833.88	833.88	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Northwest Human Service Center - Conference Committee Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,105)	($158)	($5,263)
Total Conference Committee Changes - Northwest Human Service Center	0.00	($5,105)	($158)	($5,263)
North Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,746)	($1,328)	($12,074)
Adds one activity therapist II and one administrative assistant I. Federal funding for the positions is included in the department's 2003-05 biennium budget.	2.00			
Total Conference Committee Changes - North Central Human Service Center	2.00	($10,746)	($1,328)	($12,074)
Lake Region Human Service Center - Conference Committee Changes				
Removes one FTE vacant administrative position (no funding was included for the position)	(1.00)			
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,722)	($780)	($6,502)
Total Conference Committee Changes - Lake Region Human Service Center	(1.00)	($5,722)	($780)	($6,502)
Northeast Human Service Center - Conference Committee Changes				
Adds funding to continue operating the Ruth Meiers Adolescent Treatment Center. The executive budget and the Senate version anticipated	13.30	$545,016	$1,400,417	$1,945,433

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the center would be operated by a private organization. The funding added is being reduced from medical services and children and family services programs.				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,208)	(5,898)	(13,106)
Total Conference Committee Changes - Northeast Human Service Center	13.30	$537,808	$1,394,519	$1,932,327
Southeast Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($16,811)	($1,868)	($18,679)
Adds one activity therapist I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - Southeast Human Service Center	1.00	($16,811)	($1,868)	($18,679)
South Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($7,899)	($976)	($8,875)
Total Conference Committee Changes - South Central Human Service Center	0.00	($7,899)	($976)	($8,875)
West Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,118)	($1,647)	($11,765)
Adds one office assistant I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - West Central Human Service Center	1.00	($10,118)	($1,647)	($11,765)
Badlands Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,930)	($1,223)	($8,153)
Total Conference Committee Changes - Badlands Human Service Center	0.00	($6,930)	($1,223)	($8,153)

Other Changes Affecting the Human Service Centers

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Other Changes Affecting the Department of Human Services

A section is added appropriating $3,125,000, of which $1 million is from the general fund, for supplementing other funding provided for medical assistance, the Developmental Center, the State Hospital, and home and community-based services programs. The department is to use this additional general fund support for maximizing federal funding, when possible.

Engrossed SB 2012 was placed on the Seventh order of business on the calendar.

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Fiscal No. 5

Prepared by the Legislative Council staff for
Senator Bowman and Representative Delzer
April 24, 2003

4-25-03
1 of 12

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

That the House recede from its amendments as printed on pages 1193-1201 of the Senate Journal and pages 1323-1332 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 3, after "institutions" insert "; to provide an exception; to provide for legislative council studies" and replace "a statement" with "statements"

Page 1, line 13, replace "11,027,431" with "11,016,285"

Page 1, line 14, replace "34,066,362" with "33,567,188"

Page 1, line 16, replace "2,261,556" with "3,261,556"

Page 1, line 17, replace "47,358,043" with "47,847,723"

Page 1, line 18, replace "33,134,565" with "34,130,107"

Page 1, line 19, replace "14,223,478" with "13,717,616"

Page 1, line 22, replace "22,077,620" with "22,053,781"

Page 1, line 23, replace "38,456,409" with "37,381,409"

Page 2, line 1, replace "288,492,803" with "288,837,725"

Page 2, line 2, replace "890,942,979" with "918,049,664"

Page 2, line 3, replace "1,240,009,483" with "1,266,362,251"

Page 2, line 4, replace "978,141,758" with "956,761,496"

Page 2, line 5, replace "261,867,725" with "309,600,755"

Page 2, replace lines 7 through 21 with:

"MENTAL HEALTH COMMUNITY SERVICES CONTINGENCY

Total general fund appropriation	$250,000

NORTHWEST HUMAN SERVICE CENTER

Total all funds	$7,275,679
Less estimated income	3,645,640
Total general fund appropriation	$3,630,039

NORTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$14,564,870
Less estimated income	6,723,674
Total general fund appropriation	$7,841,196

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LAKE REGION HUMAN SERVICE CENTER

Total all funds	$8,420,933
Less estimated income	3,782,973
Total general fund appropriation	$4,637,960

NORTHEAST HUMAN SERVICE CENTER

Total all funds	$19,441,183
Less estimated income	11,444,820
Total general fund appropriation	$7,996,363

SOUTHEAST HUMAN SERVICE CENTER

Total all funds	$20,724,542
Less estimated income	11,215,222
Total general fund appropriation	$9,509,320

SOUTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$11,358,975
Less estimated income	5,731,868
Total general fund appropriation	$5,627,107

WEST CENTRAL HUMAN SERVICE CENTER

Total all funds	$17,584,844
Less estimated income	9,121,635
Total general fund appropriation	$8,463,209

BADLANDS HUMAN SERVICE CENTER

Total all funds	$8,924,627
Less estimated income	4,558,723
Total general fund appropriation	$4,365,904

STATE HOSPITAL

Total all funds	$41,889,561
Less estimated income	16,405,360
Total general fund appropriation	$25,484,201

DEVELOPMENTAL CENTER

Total all funds	$40,761,057
Less estimated income	31,949,828
Total general fund appropriation	$8,811,229
Total all funds - Subdivision 3	$191,196,271
Total estimated income - Subdivision 3	$104,579,743
Total general fund appropriation - Subdivision 3	$86,616,528"

Page 2, line 22, replace "362,336,976" with "410,984,899"

Page 2, line 23, replace "1,114,504,351" with "1,097,596,346"

Page 2, line 24, replace "1,476,841,327" with "1,508,581,245"

Page 2, line 28, replace "health centers" with "entities"

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Page 2, line 29, after "services" insert "for the purpose of health center grant application submission"

Page 2, after line 30, insert:

"**SECTION 3. APPROPRIATION - LEGISLATIVE INTENT.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,000,000, or so much of the sum as may be necessary, and from federal funds, the sum of $2,125,000 to the department of human services for the purpose of supplementing other appropriations provided for the medical assistance program, the developmental center, the state hospital, and home and community-based services programs for the biennium beginning July 1, 2003, and ending June 30, 2005. It is the intent of the legislative assembly that whenever possible, the department use the general fund moneys appropriated under this section to maximize federal funding for these programs and functions."

Page 3, line 6, replace "$2,261,556" with "$3,261,556"

Page 3, replace lines 13 through 23 with:

"**SECTION 6. HEALTH CARE TRUST FUND - TRANSFER TO GENERAL FUND.** The office of management and budget shall transfer $35,911,035 from the health care trust fund to the general fund during the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 7. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION. Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within each subdivision of section 1 of this Act, and between subdivisions within section 1 of this Act for the biennium beginning July 1, 2003, and ending June 30, 2005. The department shall notify the office of management and budget of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2004, any transfers made in excess of $50,000 and to the appropriations committees of the fifty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 8. FEDERAL TANF BLOCK GRANT PROGRAMS - EXPENDITURE LIMIT. The department of human services shall make the changes necessary to programs utilizing funding from the temporary assistance for needy families (TANF) block grant to provide that by the end of the 2003-05 biennium, the cumulative funding anticipated to be spent for these programs for each fiscal year does not exceed North Dakota's annual federal TANF block grant allocation, including any incentive or bonus grants awarded to North Dakota.

SECTION 9. MEDICAL SERVICES - COPAYMENTS AND SERVICE LIMITS. The department of human services shall establish a six dollar copayment for medical assistance recipients for each emergency room visit that is not designated an emergency service by the medical services provider. The department of human services shall establish other service copayments or limits and make other programmatic changes within the medical services program to operate the program within the funding levels approved by the fifty-eighth legislative assembly for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 10. NURSING HOME RATES - EXCEPTION - DIRECT CARE LIMIT. Notwithstanding subsection 4 of section 50-24.4-10, the department of human services shall establish an eighty-five dollar per diem limit, adjusted for inflation under subsection 5 of section 50-24.4-10, on allowable operating costs for direct care services of nursing facilities for purposes of determining nursing facility payment rates for the biennium beginning July 1, 2003, and ending June 30, 2005.

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SECTION 11. SUPPORTED LIVING ARRANGEMENTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES - LOCAL MATCHING FUNDS - FUNDING ALLOCATION. The grants - medical assistance line item in subdivision 2 of section 1 of this Act includes $200,000 from the general fund for supported living arrangement services for individuals with developmental disabilities. This funding may be spent only if local or private funding is provided for these services on a dollar-for-dollar matching fund basis. The department shall allocate the funding appropriated for this purpose proportionately to each human service region of the state based on the number of individuals with developmental disabilities seeking supported living arrangement services in each region for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 12. LEGISLATIVE INTENT - VOCATIONAL REHABILITATION - SURVEY TIME PERIOD. It is the intent of the legislative assembly that the department of human services only survey vocational rehabilitation clients who become employed regarding job retention and job satisfaction after three months of employment if allowed under federal regulations for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 13. COMPULSIVE GAMBLING TREATMENT SERVICES - LIMITATION. Notwithstanding section 1 of House Bill No. 1243, as approved by the fifty-eighth legislative assembly, the department of human services may not spend in excess of $400,000 for compulsive gambling treatment services for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 14. LEGISLATIVE COUNCIL STUDY - HUMAN SERVICES ADMINISTRATIVE COSTS. The legislative council shall consider studying, during the 2003-04 interim, administrative costs of human service programs, including costs incurred by the central office of the department of human services, human service centers, and county social services. If studied, the legislative council shall review the effects of the 1997 "swap" legislation on state and county human service program costs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 15. LEGISLATIVE COUNCIL STUDY - CHILDREN WITH SPECIAL HEALTH NEEDS. The legislative council shall consider studying, during the 2003-04 interim, programs providing services to children with special health care needs in North Dakota and service needs of these children which are not available under current programs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 16. LEGISLATIVE COUNCIL STUDY - MEDICAID ADVISORY COUNCIL. The legislative council shall consider studying, during the 2003-04 interim, the feasibility and desirability of establishing an advisory council for the medical assistance program of the department of human services. If studied, the legislative council shall consider including representatives of private health care providers on the advisory council. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 17. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE CONTINUUM. The legislative council shall consider studying, during the 2003-04 interim, North Dakota's long-term care continuum of services, including service delivery methods and payment systems. If studied, the legislative council shall consider the cost-effectiveness of the programs and the appropriateness of rate structures and the nursing home equalized rate policy. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly."

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Page 3, line 24, replace "state hospital" with "total all funds" and after "item" insert "for the state hospital"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Management						
Total all funds	$47,962,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
DHS - Program/Policy						
Total all funds	$1,247,161,224	$1,240,059,483	$26,352,768	$1,266,412,251	$1,262,386,729	$4,025,522
Less estimated income	974,986,069	978,141,758	(21,380,262)	956,761,496	955,486,496	1,275,000
General fund	$272,175,155	$261,917,725	$47,733,030	$309,650,755	$306,900,233	$2,750,522
DHS - State Hospital						
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201	$25,484,201	$0
DHS - Developmental Center						
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
DHS - Mental health contingency						
Total all funds	$250,000	$250,000	$0	$250,000	$250,000	$0
Less estimated income						
General fund	$250,000	$250,000	$0	$250,000	$250,000	$0
DHS - Northwest HSC						
Total all funds	$7,331,947	$7,280,942	($5,283)	$7,275,679	$7,275,679	$0
Less estimated income	3,647,636	3,645,798	(158)	3,645,640	3,645,640	
General fund	$3,684,311	$3,635,144	($5,105)	$3,630,039	$3,630,039	$0
DHS - North Central HSC						
Total all funds	$14,684,062	$14,576,944	($12,074)	$14,564,870	$14,564,870	$0
Less estimated income	6,735,850	6,725,002	(1,328)	6,723,674	6,723,674	
General fund	$7,948,212	$7,851,942	($10,746)	$7,841,196	$7,841,196	$0
DHS - Lake Region HSC						
Total all funds	$8,490,227	$8,427,435	($6,502)	$8,420,933	$8,420,933	$0
Less estimated income	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
General fund	$4,699,565	$4,643,682	($5,722)	$4,637,960	$4,637,960	$0
DHS - Northeast HSC						
Total all funds	$17,628,299	$17,508,856	$1,932,327	$19,441,183	$19,441,183	$0
Less estimated income	10,099,083	10,050,301	1,394,519	11,444,820	11,444,820	
General fund	$7,529,216	$7,458,555	$537,808	$7,996,363	$7,996,363	$0
DHS - Southeast HSC						
Total all funds	$20,924,037	$20,743,221	($18,679)	$20,724,542	$20,724,542	$0
Less estimated income	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
General fund	$9,690,147	$9,526,131	($16,811)	$9,509,320	$9,509,320	$0
DHS - South Central HSC						
Total all funds	$11,464,381	$11,367,850	($8,875)	$11,358,975	$11,358,975	$0
Less estimated income	5,741,308	5,732,844	(976)	5,731,868	5,731,868	
General fund	$5,713,073	$5,635,006	($7,899)	$5,627,107	$5,627,107	$0
DHS - West Central HSC						
Total all funds	$17,713,897	$17,596,609	($11,765)	$17,584,844	$17,584,844	$0
Less estimated income	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
General fund	$8,575,947	$8,473,327	($10,118)	$8,463,209	$8,463,209	$0
DHS - Badlands HSC						
Total all funds	$9,004,972	$8,932,780	($8,153)	$8,924,627	$8,924,627	$0
Less estimated income	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
General fund	$4,435,165	$4,372,834	($8,930)	$4,365,904	$4,365,904	$0
DHS - Health and medical funding pool						
Total all funds	$0	$0	$3,125,000	$3,125,000	$0	$3,125,000
Less estimated income			2,125,000	2,125,000		2,125,000
General fund	$0	$0	$1,000,000	$1,000,000	$0	$1,000,000
Bill Total						
Total all funds	$1,489,066,465	$1,476,841,327	$31,739,918	$1,508,581,245	$1,500,149,374	$8,431,871
Less estimated income	1,110,494,419	1,114,504,361	(16,908,005)	1,097,596,346	1,094,196,346	3,400,000
General fund	$378,572,046	$362,336,976	$48,647,923	$410,984,899	$405,953,028	$5,031,871

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Senate Bill No. 2012 - Department of Human Services - Management - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$11,147,734	$11,027,431	($11,146)	$11,016,285	$11,016,285	
Operating expenses	34,550,483	34,066,362	(499,174)	33,567,188	32,285,839	$1,281,349
Capital assets	2,694	2,694		2,694	2,694	
Developmentally disabled facility loan	2,261,556	2,261,556	1,000,000	3,261,556	3,261,556	
Total all funds	$47,962,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
FTE	113.80	113.80	0.00	113.80	113.80	0.00

[1]

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - Conference Committee Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,688)	($4,458)	($11,146)
Administration Support Program Increases funding from the lands and minerals trust fund to accommodate any loan prepayments by developmental disabilities services providers during the 2003-05 biennium, the same as the House version			1,000,000	1,000,000
Information Technology Division Program Reduces funding to reflect a reduction in information technology funding from the general fund of approximately 5 percent		(499,174)		(499,174)
Total Conference Committee Changes - Administration Support	0.00	($505,862)	$995,542	$489,680

Other Changes Affecting Administration Support Programs or Multiple Programs of the Department

A section is added providing for a Legislative Council study of administrative costs of the Department of Human Services' central office, human service centers, and county social services. The House also added this section.

A section is added authorizing the department to transfer funds between line items and between subdivisions without Emergency Commission or Budget Section approval. The department is to report any transfers to the Office of Management and Budget and to the Appropriations Committees of the 2005 Legislative Assembly and any transfers over $50,000 to the Budget Section after June 30, 2004. The House also added this section.

Section 5 of the bill is removed which would have authorized the department to transfer funds between the State Hospital, the Developmental Center, and the human service centers and to increase the number of FTE positions at these institutions and centers. The House also removed this section.

Senate Bill No. 2012 - Department of Human Services - Program/Policy - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$22,311,231	$22,077,620	($23,839)	$22,053,781	$22,053,781	
Operating expenses	38,397,710	38,456,409	(1,075,000)	37,381,409	37,331,409	$50,000
Capital assets	39,672	39,672		39,672	39,672	
Grants	288,491,078	288,492,803	344,922	288,837,725	287,987,203	850,522
Grants - Medical assistance	897,921,533	890,942,979	27,106,685	918,049,664	914,924,664	3,125,000
Health center grants		50,000		50,000	50,000	
Total all funds	$1,247,161,224	$1,240,059,483	$26,352,768	$1,266,412,251	$1,262,386,729	$4,025,522
Less estimated income	974,986,069	976,141,758	(21,360,262)	956,781,496	955,486,496	1,275,000
General fund	$272,175,155	$261,917,725	$47,733,030	$309,650,755	$306,900,233	$2,750,522
FTE	234.80	234.80	0.00	234.80	234.80	0.00

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	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Program/Policy Management - Conference Committee Changes Reverses a portion of the $4 million funding source change made by the Senate		$850,000	($850,000)	
Reduces operating expenses. The department may determine the specific areas to reduce. The House also made this reduction.		(1,000,000)		($1,000,000)
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,087)	($16,752)	(23,839)
Economic Assistance Policy Program No changes				
Child Support Program No changes				
Medical Services Program Restores a portion of the funding removed by the Senate for optional medical services for adults, including durable medical equipment, optometric services, and psychological services, the same as the House version		1,100,000	2,337,500	3,437,500
Restores a portion of the funding reduced by the Senate for prescription drugs in the medical assistance program to provide funding for prescription drugs of $95.2 million. The Senate reduced prescription drug funding by $9 million, from $101.1 million recommended in the executive budget to $92.1 million. The House did not change the Senate version.		1,000,000	2,125,000	3,125,000
Increases funding for medical assistance grants with the priority for use of the funding designated for increasing payments for inpatient, outpatient, and physician services. The state matching funds of $500,000 are from the health care trust fund. Note the funding source change to the general fund below. The House included this additional funding but provided that it be used only for increasing payments for inpatient and outpatient hospital services.			1,562,500	1,562,500
Removes funding for rehabilitation services relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.		(493,277)	(1,046,556)	(1,539,833)
Adds funding to increase the allowable fringe benefit percentage for employees of developmental disabilities services providers from 30 to 33 percent of salary. The state matching funds of $1,119,628 are from the health care trust fund. Note the funding source change to the general fund below. The House also made these changes.			3,498,839	3,498,839
Increases funding to provide an additional 37-cent per hour salary increase to employees of developmental disabilities services providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour increase. The state matching funds of $1,872,229 are from the health care trust fund. Note the funding source change to the general fund below. The House also made these changes.			5,850,715	5,850,715
Long-Term Care Program Changes the funding source for nursing facility care in the medical assistance program from the health care trust fund to the general fund. Funding recommended in the executive budget and Senate version for this purpose totaled $29,137,300 from the health care trust fund. The Conference Committee and House version appropriate $19,545,393 from the health care trust fund. Note the additional funding source change to the general fund below.		9,591,907	(9,591,907)	

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Provides for the nursing facility direct care limit to be set at $85 rather than the 85th percentile as included in the executive budget and the Senate version. The state matching funds of $2,925,207 are from the health care trust fund. Note the funding source change to the general fund below. A section is added authorizing the department to establish the limit at $85 for the 2003-05 biennium. The House also made these changes.		9,129,859	9,129,859
Restores $1,750,000 of the $4,382,049 general fund reduction made by the Senate to the service payments for elderly and disabled (SPED) program with funding from the health care trust fund. Note the funding source change to the general fund below. Funding from the counties is increased by $92,105. The House also made these changes.		1,842,105	1,842,105
Adds funding for increasing home and community-based services case management fees	150,000		150,000
Aging Services Program Reduces funding from the health care trust fund for qualified service provider training grants from $140,000 to $40,000. Note the funding source change below. The House also made these changes.		(100,000)	(100,000)
Children and Family Services Program Changes the source of funding to reflect additional federal funds anticipated to be available from "refinancing" activities of the Children's Services Coordinating Committee during the 2003-05 biennium, the same as the House version	(43,331)	43,331	
Removes funding for foster care room and board costs relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.	(51,739)	(353,861)	(405,600)
Restores funding removed in the executive budget for family preservation services to provide for a 90/10 state/county match rather than 80/20 as included in the executive budget	475,147		475,147
Provides funding to maintain county reimbursements for child abuse and neglect assessments at $400 per assessment	225,375		225,375
Mental Health and Substance Abuse Program Reduces funding for gambling addiction services from $225,000 to $150,000. The House version reduced this funding to $100,000.	(75,000)		(75,000)
Developmental Disabilities Council No changes			
Disabilities Program Changes the source of funding for independent living center grants from the health care trust fund to the general fund, the same as the House version	100,000	(100,000)	
Adds funding from the health care trust fund for supported living arrangement services, the same as the House version. Note the funding source change below. A section is added providing that these funds may be spent only if local or private matching funds of one to one are provided for the services. The section also directs the department to allocate the funds to each region based on each region's share of individuals with developmental disabilities who are seeking these services. The House version provided for matching funds of two to one.		200,000	200,000
All Programs Changes the funding source from the health care trust fund to the general fund for all Department of Human Services programs that were to receive funding from the health care trust fund. A section is added transferring $35,911,035 from the health care trust fund to the general fund during the 2003-05 biennium.		35,911,035	(35,911,035)
Total Conference Committee Changes - Program/Policy Management	0.00	$47,733,030	($21,380,262)	$26,352,768

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Other Changes Affecting Program/Policy Management Programs

Section 2, added by the Senate, which appropriates $50,000 from the general fund for health center grants, is amended to allow any community entity to be eligible to receive a grant from the department to assist it in applying for federal health center grants. The House also made this change.

A section is added requiring the department to make the program changes necessary to operate programs utilizing funding from the federal temporary assistance for needy families (TANF) block grant within North Dakota's funding allocation by the end of the 2003-05 biennium. The House also included this section.

A section is added directing the department to establish a $6 copayment for Medicaid recipients for each emergency room visit that is not considered an emergency by hospital personnel and directing the department to make other programmatic changes or establish other copayments or service limits within the medical services program to operate the program within the funding level approved by the Legislative Assembly for the 2003-05 biennium. The House also included this section.

A section is added limiting department expenditures for compulsive gambling treatment services to $400,000 for the 2003-05 biennium.

A section is added providing for a Legislative Council study of programs providing services to children with special health care needs. The House also included this section.

A section is added providing for a Legislative Council study of North Dakota's long-term care continuum of services, including service delivery methods and payment systems. The House also included this section.

A section is added providing for a Legislative Council study of the feasibility and desirability of creating a Medicaid advisory council. The House also included this section.

A section of legislative intent is added providing that the department conduct three-month rather than three-month and six-month "followup" reviews of vocational rehabilitation clients who begin working if allowed under federal regulations. The House also included this section.

Senate Bill No. 2012 - Department of Human Services - State Hospital - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ Institutions	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201	$24,484,201	$0
FTE	416.90	416.90	0.00	416.90	416.90	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] State Hospital - Conference Committee Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($41,487)		($41,487)
Total Conference Committee Changes - State Hospital	0.00	($41,487)	$0	($41,487)

Other Changes Affecting the State Hospital

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Department of Human Services - Developmental Center - Conference Committee Action

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	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ Institutions	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
FTE	458.04	458.04	0.00	458.04	458.04	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Developmental Center - Conference Committee Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($12,235)	($34,824)	($47,059)
Total Conference Committee Changes - Developmental Center	0.00	($12,235)	($34,824)	($47,059)

Other Changes Affecting the Developmental Center

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	3,684,311	3,635,144	($5,105)	3,630,039	3,630,039	
DHS - North Central HSC	7,948,212	7,851,942	(10,746)	7,841,196	7,841,196	
DHS - Lake Region HSC	4,699,565	4,643,682	(5,722)	4,637,960	4,637,960	
DHS - Northeast HSC	7,529,216	7,458,555	537,808	7,996,363	7,996,363	
DHS - Southeast HSC	9,690,147	9,526,131	(16,811)	9,509,320	9,509,320	
DHS - South Central HSC	5,713,073	5,635,006	(7,899)	5,627,107	5,627,107	
DHS - West Central HSC	8,575,947	8,473,327	(10,118)	8,463,209	8,463,209	
DHS - Badlands HSC	4,435,165	4,372,834	(6,930)	4,365,904	4,365,904	
Total general fund	$52,525,636	$51,846,621	$474,477	$52,321,098	$52,321,098	

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency						
DHS - Northwest HSC	$3,647,636	$3,645,798	($158)	$3,645,640	$3,645,640	
DHS - North Central HSC	6,735,850	6,725,002	(1,328)	6,723,674	6,723,674	
DHS - Lake Region HSC	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
DHS - Northeast HSC	10,099,083	10,050,301	1,394,519	11,444,820	11,444,820	
DHS - Southeast HSC	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
DHS - South Central HSC	5,741,308	5,732,844	(976)	5,731,868	5,731,868	
DHS - West Central HSC	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
DHS - Badlands HSC	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
Total other funds	$54,956,186	$54,838,016	$1,386,539	$56,224,555	$56,224,555	

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	7,331,947	7,280,942	($5,263)	7,275,679	7,275,679	
DHS - North Central HSC	14,684,062	14,576,944	(12,074)	14,564,870	14,564,870	
DHS - Lake Region HSC	8,490,227	8,427,435	(6,502)	8,420,933	8,420,933	
DHS - Northeast HSC	17,628,299	17,508,856	1,932,327	19,441,183	19,441,183	
DHS - Southeast HSC	20,924,037	20,743,221	(18,679)	20,724,542	20,724,542	
DHS - South Central HSC	11,454,381	11,367,850	(8,875)	11,358,975	11,358,975	
DHS - West Central HSC	17,713,897	17,596,609	(11,765)	17,584,844	17,584,844	
DHS - Badlands HSC	9,004,972	8,932,780	(8,153)	8,924,627	8,924,627	

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Total all funds	$107,461,822	$106,684,637	$1,861,016	$108,545,653	$108,545,653	
FTE	817.68	817.68	16.30	833.88	833.88	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Northwest Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,105)	($158)	($5,263)
Total Conference Committee Changes - Northwest Human Service Center	0.00	($5,105)	($158)	($5,263)
North Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,746)	($1,328)	($12,074)
Adds one activity therapist II and one administrative assistant I. Federal funding for the positions is included in the department's 2003-05 biennium budget.	2.00			
Total Conference Committee Changes - North Central Human Service Center	2.00	($10,746)	($1,328)	($12,074)
Lake Region Human Service Center - Conference Committee Changes				
Removes one FTE vacant administrative position (no funding was included for the position)	(1.00)			
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,722)	($780)	($6,502)
Total Conference Committee Changes - Lake Region Human Service Center	(1.00)	($5,722)	($780)	($6,502)
Northeast Human Service Center - Conference Committee Changes				
Adds funding to continue operating the Ruth Meiers Adolescent Treatment Center. The executive budget and the Senate version anticipated the center would be operated by a private organization. The funding added is being reduced from medical services and children and family services programs.	13.30	$545,016	$1,400,417	$1,945,433
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,208)	(5,898)	(13,106)
Total Conference Committee Changes - Northeast Human Service Center	13.30	$537,808	$1,394,519	$1,932,327
Southeast Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($16,811)	($1,868)	($18,679)
Adds one activity therapist I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - Southeast Human Service Center	1.00	($16,811)	($1,868)	($18,679)
South Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($7,899)	($976)	($8,875)
Total Conference Committee Changes - South Central Human Service Center	0.00	($7,899)	($976)	($8,875)
West Central Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,118)	($1,647)	($11,765)
Adds one office assistant I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - West Central Human Service Center	1.00	($10,118)	($1,647)	($11,765)

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10-14-03
Date

Badlands Human Service Center - Conference Committee Changes				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,930)	($1,223)	($8,153)
Total Conference Committee Changes - Badlands Human Service Center	0.00	($6,930)	($1,223)	($8,153)

Other Changes Affecting the Human Service Centers

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Other Changes Affecting the Department of Human Services

A section is added appropriating $3,125,000, of which $1 million is from the general fund, for supplementing other funding provided for medical assistance, the Developmental Center, the State Hospital, and home and community-based services programs. The department is to use this additional general fund support for maximizing federal funding, when possible.

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Date: 4/25/03
Click here to type Date
Roll Call Vote #: 1

2003 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2012

Senate Sen. App. Conference Committee Committee

☒ Check here for Conference Committee

Legislative Council Amendment Number 38035.0227
Action Taken House recede Amendments - Sen Bill amended

Motion Made By Rep. Delzer Seconded By Sen Kilzer

Senators	Yes	No	Representatives	Yes	No
Sen. Bowman	✓		Rep. Delzer	✓	
Sen. Kilzer	✓		Rep. Warner	✓	
Sen. Krauter		✓	Rep. Kingsman	✓	

Total (Yes) 5 No 1

Absent 0

Floor Assignment Bowman, Delzer

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

motion passed

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REPORT OF CONFERENCE COMMITTEE

SB 2012, as engrossed: Your conference committee (Sens. Bowman, Kilzer, Krauter and Reps. Delzer, Warnke, Kerzman) recommends that the **HOUSE RECEDE** from the House amendments on SJ pages 1193-1201, adopt amendments as follows, and place SB 2012 on the Seventh order:

That the House recede from its amendments as printed on pages 1193-1201 of the Senate Journal and pages 1323-1332 of the House Journal and that Engrossed Senate Bill No. 2012 be amended as follows:

Page 1, line 3, after "institutions" insert "; to provide an exception; to provide for legislative council studies" and replace "a statement" with "statements"

Page 1, line 13, replace "11,027,431" with "11,016,285"

Page 1, line 14, replace "34,066,362" with "33,567,188"

Page 1, line 16, replace "2,261,556" with "3,261,556"

Page 1, line 17, replace "47,358,043" with "47,847,723"

Page 1, line 18, replace "33,134,565" with "34,130,107"

Page 1, line 19, replace "14,223,478" with "13,717,616"

Page 1, line 22, replace "22,077,620" with "22,053,781"

Page 1, line 23, replace "38,456,409" with "37,381,409"

Page 2, line 1, replace "288,492,803" with "288,837,725"

Page 2, line 2, replace "890,942,979" with "918,049,664"

Page 2, line 3, replace "1,240,009,483" with "1,266,362,251"

Page 2, line 4, replace "978,141,758" with "956,761,496"

Page 2, line 5, replace "261,867,725" with "309,600,755"

Page 2, replace lines 7 through 21 with:

"MENTAL HEALTH COMMUNITY SERVICES CONTINGENCY

Total general fund appropriation	$250,000

NORTHWEST HUMAN SERVICE CENTER

Total all funds	$7,275,679
Less estimated income	3,645,640
Total general fund appropriation	$3,630,039

NORTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$14,564,870
Less estimated income	6,723,674
Total general fund appropriation	$7,841,196

LAKE REGION HUMAN SERVICE CENTER

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Total all funds	$8,420,933
Less estimated income	3,782,973
Total general fund appropriation	$4,637,960

NORTHEAST HUMAN SERVICE CENTER

Total all funds	$19,441,183
Less estimated income	11,444,820
Total general fund appropriation	$7,996,363

SOUTHEAST HUMAN SERVICE CENTER

Total all funds	$20,724,542
Less estimated income	11,215,222
Total general fund appropriation	$9,509,320

SOUTH CENTRAL HUMAN SERVICE CENTER

Total all funds	$11,358,975
Less estimated income	5,731,868
Total general fund appropriation	$5,627,107

WEST CENTRAL HUMAN SERVICE CENTER

Total all funds	$17,584,844
Less estimated income	9,121,635
Total general fund appropriation	$8,463,209

BADLANDS HUMAN SERVICE CENTER

Total all funds	$8,924,627
Less estimated income	4,558,723
Total general fund appropriation	$4,365,904

STATE HOSPITAL

Total all funds	$41,889,561
Less estimated income	16,405,360
Total general fund appropriation	$25,484,201

DEVELOPMENTAL CENTER

Total all funds	$40,761,057
Less estimated income	31,949,828
Total general fund appropriation	$8,811,229
Total all funds - Subdivision 3	$191,196,271
Total estimated income - Subdivision 3	$104,579,743
Total general fund appropriation - Subdivision 3	$86,616,528"

Page 2, line 22, replace "362,336,976" with "410,984,899"

Page 2, line 23, replace "1,114,504,351" with "1,097,596,346"

Page 2, line 24, replace "1,476,841,327" with "1,508,581,245"

Page 2, line 28, replace "health centers" with "entities"

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Page 2, line 29, after "services" insert "for the purpose of health center grant application submission"

Page 2, after line 30, insert:

"**SECTION 3. APPROPRIATION - LEGISLATIVE INTENT.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,000,000, or so much of the sum as may be necessary, and from federal funds, the sum of $2,125,000 to the department of human services for the purpose of supplementing other appropriations provided for the medical assistance program, the developmental center, the state hospital, and home and community-based services programs for the biennium beginning July 1, 2003, and ending June 30, 2005. It is the intent of the legislative assembly that whenever possible, the department use the general fund moneys appropriated under this section to maximize federal funding for these programs and functions."

Page 3, line 6, replace "$2,261,556" with "$3,261,556"

Page 3, replace lines 13 through 23 with:

"**SECTION 6. HEALTH CARE TRUST FUND - TRANSFER TO GENERAL FUND.** The office of management and budget shall transfer $35,911,035 from the health care trust fund to the general fund during the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 7. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION. Notwithstanding section 54-16-04, the department of human services may transfer appropriation authority between line items within each subdivision of section 1 of this Act, and between subdivisions within section 1 of this Act for the biennium beginning July 1, 2003, and ending June 30, 2005. The department shall notify the office of management and budget of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2004, any transfers made in excess of $50,000 and to the appropriations committees of the fifty-ninth legislative assembly regarding any transfers made pursuant to this section.

SECTION 8. FEDERAL TANF BLOCK GRANT PROGRAMS - EXPENDITURE LIMIT. The department of human services shall make the changes necessary to programs utilizing funding from the temporary assistance for needy families (TANF) block grant to provide that by the end of the 2003-05 biennium, the cumulative funding anticipated to be spent for these programs for each fiscal year does not exceed North Dakota's annual federal TANF block grant allocation, including any incentive or bonus grants awarded to North Dakota.

SECTION 9. MEDICAL SERVICES - COPAYMENTS AND SERVICE LIMITS. The department of human services shall establish a six dollar copayment for medical assistance recipients for each emergency room visit that is not designated an emergency service by the medical services provider. The department of human services shall establish other service copayments or limits and make other programmatic changes within the medical services program to operate the program within the funding levels approved by the fifty-eighth legislative assembly for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 10. NURSING HOME RATES - EXCEPTION - DIRECT CARE LIMIT. Notwithstanding subsection 4 of section 50-24.4-10, the department of human services shall establish an eighty-five dollar per diem limit, adjusted for inflation under subsection 5 of section 50-24.4-10, on allowable operating costs for direct care

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services of nursing facilities for purposes of determining nursing facility payment rates for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 11. SUPPORTED LIVING ARRANGEMENTS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES - LOCAL MATCHING FUNDS - FUNDING ALLOCATION. The grants - medical assistance line item in subdivision 2 of section 1 of this Act includes $200,000 from the general fund for supported living arrangement services for individuals with developmental disabilities. This funding may be spent only if local or private funding is provided for these services on a dollar-for-dollar matching fund basis. The department shall allocate the funding appropriated for this purpose proportionately to each human service region of the state based on the number of individuals with developmental disabilities seeking supported living arrangement services in each region for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 12. LEGISLATIVE INTENT - VOCATIONAL REHABILITATION - SURVEY TIME PERIOD. It is the intent of the legislative assembly that the department of human services only survey vocational rehabilitation clients who become employed regarding job retention and job satisfaction after three months of employment if allowed under federal regulations for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 13. COMPULSIVE GAMBLING TREATMENT SERVICES - LIMITATION. Notwithstanding section 1 of House Bill No. 1243, as approved by the fifty-eighth legislative assembly, the department of human services may not spend in excess of $400,000 for compulsive gambling treatment services for the biennium beginning July 1, 2003, and ending June 30, 2005.

SECTION 14. LEGISLATIVE COUNCIL STUDY - HUMAN SERVICES ADMINISTRATIVE COSTS. The legislative council shall consider studying, during the 2003-04 interim, administrative costs of human service programs, including costs incurred by the central office of the department of human services, human service centers, and county social services. If studied, the legislative council shall review the effects of the 1997 "swap" legislation on state and county human service program costs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 15. LEGISLATIVE COUNCIL STUDY - CHILDREN WITH SPECIAL HEALTH NEEDS. The legislative council shall consider studying, during the 2003-04 interim, programs providing services to children with special health care needs in North Dakota and service needs of these children which are not available under current programs. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 16. LEGISLATIVE COUNCIL STUDY - MEDICAID ADVISORY COUNCIL. The legislative council shall consider studying, during the 2003-04 interim, the feasibility and desirability of establishing an advisory council for the medical assistance program of the department of human services. If studied, the legislative council shall consider including representatives of private health care providers on the advisory council. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly.

SECTION 17. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE CONTINUUM. The legislative council shall consider studying, during the 2003-04

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interim, North Dakota's long-term care continuum of services, including service delivery methods and payment systems. If studied, the legislative council shall consider the cost-effectiveness of the programs and the appropriateness of rate structures and the nursing home equalized rate policy. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the fifty-ninth legislative assembly."

Page 3, line 24, replace "state hospital" with "total all funds" and after "item" insert "for the state hospital"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Summary of Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Management						
Total all funds	$47,962,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
DHS - Program/Policy						
Total all funds	$1,247,161,224	$1,240,059,483	$26,352,768	$1,266,412,251	$1,262,386,729	$4,025,522
Less estimated income	974,986,069	978,141,758	(21,380,262)	956,761,496	955,486,496	1,275,000
General fund	$272,175,155	$261,917,725	$47,733,030	$309,650,755	$306,900,233	$2,750,522
DHS - State Hospital						
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201	$25,484,201	$0
DHS - Developmental Center						
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
DHS - Mental health contingency						
Total all funds	$250,000	$250,000	$0	$250,000	$250,000	$0
Less estimated income						
General fund	$250,000	$250,000	$0	$250,000	$250,000	$0
DHS - Northwest HSC						
Total all funds	$7,331,947	$7,280,942	($5,263)	$7,275,679	$7,275,679	$0
Less estimated income	3,647,636	3,645,798	(158)	3,645,640	3,645,640	
General fund	$3,684,311	$3,635,144	($5,105)	$3,630,039	$3,630,039	$0
DHS - North Central HSC						
Total all funds	$14,684,062	$14,576,944	($12,074)	$14,564,870	$14,564,870	$0
Less estimated income	6,735,850	6,725,002	(1,328)	6,723,674	6,723,674	
General fund	$7,948,212	$7,851,942	($10,746)	$7,841,196	$7,841,196	$0
DHS - Lake Region HSC						
Total all funds	$8,490,227	$8,427,435	($6,502)	$8,420,933	$8,420,933	$0
Less estimated income	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
General fund	$4,699,565	$4,643,682	($5,722)	$4,637,960	$4,637,960	$0
DHS - Northeast HSC						
Total all funds	$17,628,299	$17,508,858	$1,932,327	$19,441,183	$19,441,183	$0
Less estimated income	10,099,083	10,060,301	1,384,519	11,444,820	11,444,820	
General fund	$7,529,216	$7,468,555	$537,808	$7,996,363	$7,996,363	$0
DHS - Southeast HSC						
Total all funds	$20,924,037	$20,743,221	($18,679)	$20,724,542	$20,724,542	$0
Less estimated income	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
General fund	$9,690,147	$9,526,131	($16,811)	$9,509,320	$9,509,320	$0
DHS - South Central HSC						
Total all funds	$11,464,381	$11,367,850	($8,875)	$11,358,975	$11,358,975	$0
Less estimated income	5,741,308	5,732,844	(976)	5,731,868	5,731,868	
General fund	$5,713,073	$5,635,006	($7,899)	$5,627,107	$5,627,107	$0
DHS - West Central HSC						
Total all funds	$17,713,697	$17,596,609	($11,765)	$17,584,844	$17,584,844	$0

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Less estimated income	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
General fund	$8,575,947	$8,473,327	($10,118)	$8,463,209	$8,463,209	$0
DHS - Badlands HSC						
Total all funds	$9,004,972	$8,932,780	($8,153)	$8,924,627	$8,924,627	$0
Less estimated income	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
General fund	$4,435,165	$4,372,834	($6,930)	$4,365,904	$4,365,904	$0
DHS - Health and medical funding pool						
Total all funds	$0	$0	$3,125,000	$3,125,000	$0	$3,125,000
Less estimated income			2,125,000	2,125,000		2,125,000
General fund	$0	$0	$1,000,000	$1,000,000	$0	$1,000,000
Bill Total						
Total all funds	$1,489,066,465	$1,476,841,327	$31,739,918	$1,508,581,245	$1,500,149,374	$8,431,871
Less estimated income	1,110,494,419	1,114,504,351	(16,908,005)	1,097,596,346	1,094,196,346	3,400,000
General fund	$378,572,046	$362,336,976	$48,647,923	$410,984,899	$405,953,028	$5,031,871

Senate Bill No. 2012 - Department of Human Services - Management - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$11,147,734	$11,027,431	($11,146)	$11,016,285	$11,016,285	
Operating expenses	34,550,483	34,066,362	(499,174)	33,567,188	32,285,839	$1,281,349
Capital assets	2,694	2,694		2,694	2,694	
Developmentally disabled facility loan	2,261,556	2,261,556	1,000,000	3,261,556	3,261,556	
Total all funds	$47,962,467	$47,358,043	$489,680	$47,847,723	$46,566,374	$1,281,349
Less estimated income	31,912,324	33,134,565	995,542	34,130,107	34,130,107	
General fund	$16,050,143	$14,223,478	($505,862)	$13,717,616	$12,436,267	$1,281,349
FTE	113.80	113.80	0.00	113.80	113.80	0.00

[1]

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
Administration Support - Conference Committee Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,688)	($4,458)	($11,146)
Administration Support Program Increases funding from the lands and minerals trust fund to accommodate any loan prepayments by developmental disabilities services providers during the 2003-05 biennium, the same as the House version			1,000,000	1,000,000
Information Technology Division Program Reduces funding to reflect a reduction in information technology funding from the general fund of approximately 5 percent		(499,174)		(499,174)
Total Conference Committee Changes - Administration Support	0.00	($505,862)	$995,542	$489,680

Other Changes Affecting Administration Support Programs or Multiple Programs of the Department

A section is added providing for a Legislative Council study of administrative costs of the Department of Human Services' central office, human service centers, and county social services. The House also added this section.

A section is added authorizing the department to transfer funds between line items and between subdivisions without Emergency Commission or Budget Section approval. The department is to report any transfers to the Office of Management and Budget and to the Appropriations Committees of the 2005 Legislative Assembly and any transfers over $50,000 to the Budget Section after June 30, 2004. The House also added this section.

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Section 5 of the bill is removed which would have authorized the department to transfer funds between the State Hospital, the Developmental Center, and the human service centers and to increase the number of FTE positions at these institutions and centers. The House also removed this section.

Senate Bill No. 2012 - Department of Human Services - Program/Policy - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Salaries and wages	$22,311,231	$22,077,620	($23,839)	$22,053,781	$22,053,781	
Operating expenses	38,397,710	38,456,409	(1,075,000)	37,381,409	37,331,409	$50,000
Capital assets	39,672	39,672		39,672	39,672	
Grants	288,491,076	288,492,803	344,922	288,837,725	287,987,203	850,522
Grants - Medical assistance	897,921,533	890,942,979	27,106,685	918,049,664	914,924,664	3,125,000
Health center grants		50,000		50,000	50,000	
Total all funds	$1,247,161,224	$1,240,059,483	$26,352,768	$1,266,412,251	$1,262,386,729	$4,025,522
Less estimated income	974,986,069	978,141,758	(21,380,262)	956,761,496	955,486,496	1,275,000
General fund	$272,175,155	$261,917,725	$47,733,030	$309,650,755	$306,900,233	$2,750,522
FTE	234.80	234.80	0.00	234.80	234.80	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Program/Policy Management - Conference Committee Changes**				
Reverses a portion of the $4 million funding source change made by the Senate		$850,000	($850,000)	
Reduces operating expenses. The department may determine the specific areas to reduce. The House also made this reduction.		(1,000,000)		($1,000,000)
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,087)	($16,752)	(23,839)
Economic Assistance Policy Program No changes				
Child Support Program No changes				
Medical Services Program Restores a portion of the funding removed by the Senate for optional medical services for adults, including durable medical equipment, optometric services, and psychological services, the same as the House version		1,100,000	2,337,500	3,437,500
Restores a portion of the funding reduced by the Senate for prescription drugs in the medical assistance program to provide funding for prescription drugs of $95.2 million. The Senate reduced prescription drug funding by $9 million, from $101.1 million recommended in the executive budget to $92.1 million. The House did not change the Senate version.		1,000,000	2,125,000	3,125,000
Increases funding for medical assistance grants with the priority for use of the funding designated for increasing payments for inpatient, outpatient, and physician services. The state matching funds of $500,000 are from the health care trust fund. Note the funding source change to the general fund below. The House included this additional funding but provided that it be used only for increasing payments for inpatient and outpatient hospital services.			1,562,500	1,562,500
Removes funding for rehabilitation services relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and		(493,277)	(1,046,556)	(1,539,833)

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Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.			
Adds funding to increase the allowable fringe benefit percentage for employees of developmental disabilities services providers from 30 to 33 percent of salary. The state matching funds of $1,119,628 are from the health care trust fund. Note the funding source change to the general fund below. The House also made these changes.		3,498,839	3,498,839
Increases funding to provide an additional 37-cent per hour salary increase to employees of developmental disabilities services providers. This amount is in addition to the funding added by the Senate to provide for a 50-cent per hour increase. The state matching funds of $1,872,229 are from the health care trust fund. Note the funding source change to the general fund below. The House also made these changes.		5,850,715	5,850,715
Long-Term Care Program Changes the funding source for nursing facility care in the medical assistance program from the health care trust fund to the general fund. Funding recommended in the executive budget and Senate version for this purpose totaled $29,137,300 from the health care trust fund. The Conference Committee and House version appropriate $19,545,393 from the health care trust fund. Note the additional funding source change to the general fund below.	9,591,907	(9,591,907)	
Provides for the nursing facility direct care limit to be set at $85 rather than the 85th percentile as included in the executive budget and the Senate version. The state matching funds of $2,925,207 are from the health care trust fund. Note the funding source change to the general fund below. A section is added authorizing the department to establish the limit at $85 for the 2003-05 biennium. The House also made these changes.		9,129,859	9,129,859
Restores $1,750,000 of the $4,382,049 general fund reduction made by the Senate to the service payments for elderly and disabled (SPED) program with funding from the health care trust fund. Note the funding source change to the general fund below. Funding from the counties is increased by $92,105. The House also made these changes.		1,842,105	1,842,105
Adds funding for increasing home and community-based services case management fees	150,000		150,000
Aging Services Program Reduces funding from the health care trust fund for qualified service provider training grants from $140,000 to $40,000. Note the funding source change below. The House also made these changes.		(100,000)	(100,000)
Children and Family Services Program Changes the source of funding to reflect additional federal funds anticipated to be available from "refinancing" activities of the Children's Services Coordinating Committee during the 2003-05 biennium, the same as the House version	(43,331)	43,331	
Removes funding for foster care room and board costs relating to the Ruth Meiers Adolescent Treatment Center because the center will continue to be operated by the Northeast Human Service Center rather than by a private organization as anticipated in the executive budget and Senate version. The funding removed is being added to the Northeast Human Service Center. The House also made these changes.	(51,739)	(353,861)	(405,600)
Restores funding removed in the executive budget for family preservation services to provide for a 90/10 state/county match rather than 80/20 as included in the executive budget	475,147		475,147
Provides funding to maintain county reimbursements for child abuse and neglect assessments at $400 per assessment	225,375		225,375
Mental Health and Substance Abuse Program			

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Reduces funding for gambling addiction services from $225,000 to $150,000. The House version reduced this funding to $100,000.	(75,000)			(75,000)
Developmental Disabilities Council No changes				
Disabilities Program Changes the source of funding for independent living center grants from the health care trust fund to the general fund, the same as the House version	100,000	(100,000)		
Adds funding from the health care trust fund for supported living arrangement services, the same as the House version. Note the funding source change below. A section is added providing that these funds may be spent only if local or private matching funds of one to one are provided for the services. The section also directs the department to allocate the funds to each region based on each region's share of individuals with developmental disabilities who are seeking these services. The House version provided for matching funds of two to one.		200,000		200,000
All Programs Changes the funding source from the health care trust fund to the general fund for all Department of Human Services programs that were to receive funding from the health care trust fund. A section is added transferring $35,911,035 from the health care trust fund to the general fund during the 2003-05 biennium.		35,911,035	(35,911,035)	
Total Conference Committee Changes - Program/Policy Management	0.00	$47,733,030	($21,380,262)	$26,352,768

Other Changes Affecting Program/Policy Management Programs

Section 2, added by the Senate, which appropriates $50,000 from the general fund for health center grants, is amended to allow any community entity to be eligible to receive a grant from the department to assist it in applying for federal health center grants. The House also made this change.

A section is added requiring the department to make the program changes necessary to operate programs utilizing funding from the federal temporary assistance for needy families (TANF) block grant within North Dakota's funding allocation by the end of the 2003-05 biennium. The House also included this section.

A section is added directing the department to establish a $6 copayment for Medicaid recipients for each emergency room visit that is not considered an emergency by hospital personnel and directing the department to make other programmatic changes or establish other copayments or service limits within the medical services program to operate the program within the funding level approved by the Legislative Assembly for the 2003-05 biennium. The House also included this section.

A section is added limiting department expenditures for compulsive gambling treatment services to $400,000 for the 2003-05 biennium.

A section is added providing for a Legislative Council study of programs providing services to children with special health care needs. The House also included this section.

A section is added providing for a Legislative Council study of North Dakota's long-term care continuum of services, including service delivery methods and payment systems. The House also included this section.

A section is added providing for a Legislative Council study of the feasibility and desirability of creating a Medicaid advisory council. The House also included this section.

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A section of legislative intent is added providing that the department conduct three-month rather than three-month and six-month "followup" reviews of vocational rehabilitation clients who begin working if allowed under federal regulations. The House also included this section.

Senate Bill No. 2012 - Department of Human Services - State Hospital - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ institutions	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	
Total all funds	$44,312,699	$41,931,048	($41,487)	$41,889,561	$41,889,561	$0
Less estimated income	16,405,360	16,405,360		16,405,360	16,405,360	
General fund	$27,907,339	$25,525,688	($41,487)	$25,484,201	$24,484,201	$0
FTE	416.90	416.90	0.00	416.90	416.90	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **State Hospital - Conference Committee Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($41,487)		($41,487)
Total Conference Committee Changes - State Hospital	0.00	($41,487)	$0	($41,487)

Other Changes Affecting the State Hospital

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Department of Human Services - Developmental Center - Conference Committee Action

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
Human service centers/ institutions	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	
Total all funds	$42,148,253	$40,808,116	($47,059)	$40,761,057	$40,761,057	$0
Less estimated income	32,234,480	31,984,652	(34,824)	31,949,828	31,949,828	
General fund	$9,913,773	$8,823,464	($12,235)	$8,811,229	$8,811,229	$0
FTE	458.04	458.04	0.00	458.04	458.04	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Developmental Center - Conference Committee Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($12,235)	($34,824)	($47,059)
Total Conference Committee Changes - Developmental Center	0.00	($12,235)	($34,824)	($47,059)

Other Changes Affecting the Developmental Center

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Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Senate Bill No. 2012 - Human Service Centers - General Fund Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	3,684,311	3,635,144	($5,105)	3,630,039	3,630,039	
DHS - North Central HSC	7,948,212	7,851,942	(10,746)	7,841,196	7,841,196	
DHS - Lake Region HSC	4,699,565	4,643,682	(5,722)	4,637,960	4,637,960	
DHS - Northeast HSC	7,529,216	7,466,555	537,808	7,996,363	7,996,363	
DHS - Southeast HSC	9,690,147	9,526,131	(16,811)	9,509,320	9,509,320	
DHS - South Central HSC	5,713,073	5,635,006	(7,899)	5,627,107	5,627,107	
DHS - West Central HSC	8,575,947	8,473,327	(10,118)	8,463,209	8,463,209	
DHS - Badlands HSC	4,435,165	4,372,834	(6,930)	4,365,904	4,365,904	
Total general fund	$52,525,636	$51,846,621	$474,477	$52,321,098	$52,321,098	

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency						
DHS - Northwest HSC	$3,647,636	$3,645,798	($158)	$3,645,640	$3,645,640	
DHS - North Central HSC	6,735,850	6,725,002	(1,328)	6,723,674	6,723,674	
DHS - Lake Region HSC	3,790,662	3,783,753	(780)	3,782,973	3,782,973	
DHS - Northeast HSC	10,099,083	10,050,301	1,394,519	11,444,820	11,444,820	
DHS - Southeast HSC	11,233,890	11,217,090	(1,868)	11,215,222	11,215,222	
DHS - South Central HSC	5,741,308	5,732,844	(976)	5,731,868	5,731,868	
DHS - West Central HSC	9,137,950	9,123,282	(1,647)	9,121,635	9,121,635	
DHS - Badlands HSC	4,569,807	4,559,946	(1,223)	4,558,723	4,558,723	
Total other funds	$54,956,186	$54,838,016	$1,386,539	$56,224,555	$56,224,555	

Senate Bill No. 2012 - Human Service Centers - All Funds Summary

	EXECUTIVE BUDGET	SENATE VERSION	CONFERENCE COMMITTEE CHANGES [1]	CONFERENCE COMMITTEE VERSION	HOUSE VERSION	COMPARISON TO HOUSE
DHS - Mental health contingency	$250,000	$250,000		$250,000	$250,000	
DHS - Northwest HSC	7,331,947	7,280,942	($5,263)	7,275,679	7,275,679	
DHS - North Central HSC	14,684,062	14,576,944	(12,074)	14,564,870	14,564,870	
DHS - Lake Region HSC	8,490,227	8,427,435	(6,502)	8,420,933	8,420,933	
DHS - Northeast HSC	17,628,299	17,508,856	1,932,327	19,441,183	19,441,183	
DHS - Southeast HSC	20,924,037	20,743,221	(18,679)	20,724,542	20,724,542	
DHS - South Central HSC	11,454,381	11,367,850	(8,875)	11,358,975	11,358,975	
DHS - West Central HSC	17,713,897	17,596,609	(11,765)	17,584,844	17,584,844	
DHS - Badlands HSC	9,004,972	8,932,780	(8,153)	8,924,627	8,924,627	
Total all funds	$107,481,822	$106,684,637	$1,861,016	$108,545,653	$108,545,653	
FTE	817.58	817.58	16.30	833.88	833.88	0.00

	FTE	GENERAL FUND	ESTIMATED INCOME	TOTAL
[1] **Northwest Human Service Center - Conference Committee Changes**				
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,105)	($158)	($5,263)
Total Conference Committee Changes - Northwest Human Service Center	0.00	($5,105)	($158)	($5,263)
North Central Human Service Center -				

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Conference Committee Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,746)	($1,328)	($12,074)
Adds one activity therapist II and one administrative assistant I. Federal funding for the positions is included in the department's 2003-05 biennium budget.	2.00			
Total Conference Committee Changes - North Central Human Service Center	2.00	($10,746)	($1,328)	($12,074)
Lake Region Human Service Center - Conference Committee Changes Removes one FTE vacant administrative position (no funding was included for the position)	(1.00)			
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($5,722)	($780)	($6,502)
Total Conference Committee Changes - Lake Region Human Service Center	(1.00)	($5,722)	($780)	($6,502)
Northeast Human Service Center - Conference Committee Changes Adds funding to continue operating the Ruth Meiers Adolescent Treatment Center. The executive budget and the Senate version anticipated the center would be operated by a private organization. The funding added is being reduced from medical services and children and family services programs.	13.30	$545,016	$1,400,417	$1,945,433
Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		(7,208)	(5,898)	(13,106)
Total Conference Committee Changes - Northeast Human Service Center	13.30	$537,808	$1,394,519	$1,932,327
Southeast Human Service Center - Conference Committee Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($16,811)	($1,868)	($18,679)
Adds one activity therapist I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - Southeast Human Service Center	1.00	($16,811)	($1,868)	($18,679)
South Central Human Service Center - Conference Committee Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($7,899)	($976)	($8,875)
Total Conference Committee Changes - South Central Human Service Center	0.00	($7,899)	($976)	($8,875)
West Central Human Service Center - Conference Committee Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($10,118)	($1,647)	($11,765)
Adds one office assistant I. Federal funding for the position is included in the department's 2003-05 biennium budget.	1.00			
Total Conference Committee Changes - West Central Human Service Center	1.00	($10,118)	($1,647)	($11,765)
Badlands Human Service Center - Conference Committee Changes Reduces funding for salaries and wages to reflect a reduction in state employee health insurance premiums from $493 to $488.70 per month		($6,930)	($1,223)	($8,153)
Total Conference Committee Changes - Badlands Human Service Center	0.00	($6,930)	($1,223)	($8,153)

Other Changes Affecting the Human Service Centers

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REPORT OF CONFERENCE COMMITTEE (420)
April 25, 2003 11:38 a.m.

Module No: SR-76-8417

Insert LC: 38035.0227

Subdivision 3 of Section 1 of the bill is changed to appropriate funds by funding source for the State Hospital, the Developmental Center, and each of the human service centers rather than appropriating the funds by funding source only in total for all entities. The House also made this change.

Other Changes Affecting the Department of Human Services

A section is added appropriating $3,125,000, of which $1 million is from the general fund, for supplementing other funding provided for medical assistance, the Developmental Center, the State Hospital, and home and community-based services programs. The department is to use this additional general fund support for maximizing federal funding, when possible.

Engrossed SB 2012 was placed on the Seventh order of business on the calendar.

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2003 TESTIMONY

SB 2012

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Date

Prepared by the North Dakota Legislative Council
staff for House Appropriations
February 26, 2003

Department 325 - Department of Human Services
Senate Bill No. 2012

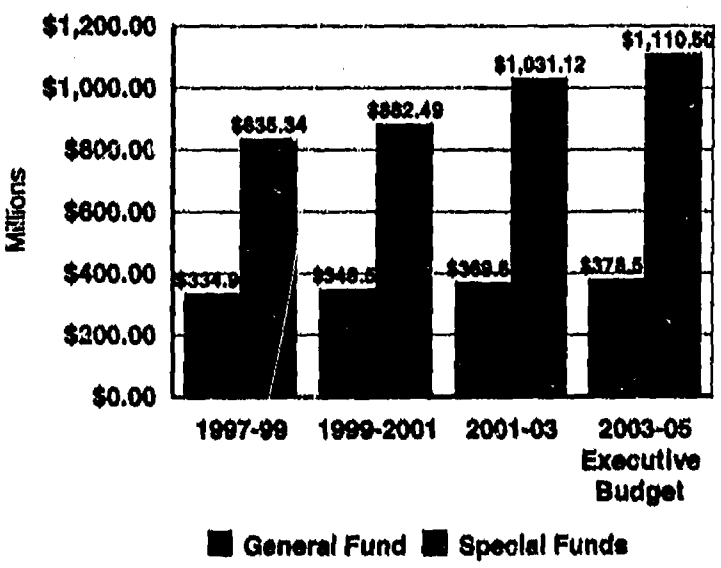
	FTE Positions	General Fund	Other Funds	Total
2003-05 Executive Budget	2,041.12	$378,572,046	$1,110,494,419	$1,489,066,465
2001-03 Legislative Appropriations	2,243.57[1]	369,683,875[2]	1,031,121,972	1,400,805,847[3]
Increase (Decrease)	(202.45)	$8,888,171	$79,372,447	$88,260,618

[1] The 2001-03 FTE positions have been adjusted to reflect the addition of 5 FTE positions at the human service centers during the 2001-03 biennium.

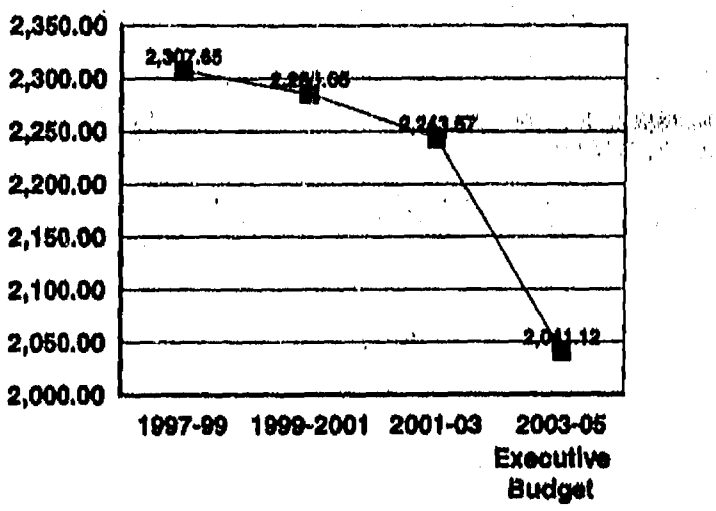
[2] The 2001-03 general fund appropriation is the amount appropriated by the 2001 Legislative Assembly and does not include a reduction of $3,881,681 relating to the 1.05 percent budget allotment ordered by Governor Hoeven in July 2002.

[3] The 2001-03 appropriation amounts include $1,643,726, $1,232,515 of which is from the general fund, for the agency's share of the $5 million funding pool appropriated to the Office of Management and Budget for special market equity adjustments for classified employees. The 2001-03 appropriation amounts do not include $21,042,585 of additional special funds authority resulting from Emergency Commission action during the 2001-03 biennium.

Agency Funding



FTE Positions



First House Action

Attached is a summary of the first house changes.

Executive Budget Highlights
(With First House Changes Noted)

	General Fund	Other Funds	Total
Management			
1. Deletes:			
1 FTE auditor V	($73,286)	($67,122)	($140,408)
1 FTE accounting manager I	($77,917)	($57,638)	($135,555)
1 FTE personnel officer II	($36,727)	($47,581)	($84,308)
1 FTE research analyst III	($43,471)	($58,572)	($102,043)
1 FTE programmer analyst II	($31,221)	($93,977)	($125,198)
1 FTE senior programmer analyst	($11,716)	($103,408)	($115,124)
1 FTE senior programmer analyst	($45,143)	($87,632)	($132,775)
2. Changes the funding source to the general fund for operating costs of the administration support program due to the sale of the developmental disability loan fund loans to the Bank of North Dakota	$871,765	($871,765)	$0

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during the 2001-03 biennium as authorized by the 2001 Legislative Assembly			
3. Increases funding for postage to $1,332,956 in the administration support program. The Senate reduced this amount by $401,773.	$106,470	$295,303	$401,773
Increases funding for building rent to $494,671 in the administration support program	$34,850	$96,659	$131,509
5. Removes funding provided for the Health Insurance Portability and Accountability Act (HIPAA) computer system project for the 2001-03 biennium in the information technology division ($3 million of this amount is from the health care trust fund and $5,055,347 is from federal funds)		($8,055,347)	($8,055,347)
6. Reduces funding for data processing to $23,890,861 in the Information Technology Division	($299,642)	($928,401)	($1,228,043)
7. Adds funding for computer system changes relating to implementation of a prescription drug assistance program for senior citizens in the Information Technology Division. The Senate removed funding for this program.	$116,174	$116,174	$232,348
8. Reduces funding for information technology equipment under $5,000 to $623,650 in the Information Technology Division	($135,414)	($419,562)	($554,976)
Economic Assistance			
1. Deletes 1 FTE human service program administrator VI in the economic assistance policy program		($140,011)	($140,011)
2. Increases funding for temporary assistance for needy families (TANF) benefits from $25,626,056 appropriated for the 2001-03 biennium to $29,507,940 for the 2003-05 biennium		$3,881,884	$3,881,884
3. Increases federal funding for food stamps from $58,326,932 in 2001-03 to $82,877,890 for the 2003-05 biennium		$24,550,958	$24,550,958
4. Increases federal funding for low-income home energy assistance from $14,532,199 in 2001-03 to $18,565,377 for the 2003-05 biennium		$4,033,178	$4,033,178
5. Provides $2,614,166, of which $649,559 is from the general fund and $1,964,607 is from "retained" funds, for the Indian county allocation. The grants are provided at 90 percent of the excess costs calculated pursuant to NDCC Section 50-01.2-03.2(3), the same as the 2001-03 biennium.	$192,566	($103,400)	$89,166
6. Increases operating fees and services to $4,702,910 in the medical services program. The Senate removed $431,700 of this increase, of which $117,925 is from the general fund relating to the removal of funding for the prescription drug assistance program for senior citizens.	$566,457	$1,928,949	$2,495,406
7. Eliminates the following optional medical assistance services for adults: Chiropractic ($267,607) Dental ($7,305,319) Hospice ($1,291,600) Private duty nursing ($1,459) The Senate restored funding for these optional services but removed funding for other optional services for adults (durable medical equipment, optometry, and psychology).	($2,812,905)	($6,053,080)	($8,865,985)
8. Increases funding for prescription drugs in the medical assistance program to $101.1 million, of which $32.4 million is state matching funds. These amounts reflect an anticipated reduction in costs of $9,563,923, of which $2,705,081 is from the general fund due to the development of a prescription drug cost-containment program for the 2003-05 biennium. The Senate defeated the Governor's recommended prescription drug cost-containment program in Senate Bill No. 2088 and reduced funding for prescription drugs by $9 million, $2,880,000 of which is from the general fund.	$9,059,251	$12,910,266	$21,969,517
9. Continues the medical assistance policy change implemented during the 2001-03 biennium relating to the allowable provider charges that will be paid by medical assistance when the medical assistance program is the secondary payer to the federal Medicare program. Previously, the	($1,927,038)	($4,146,785)	($6,073,823)

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medical assistance program accepted the Medicare allowable cost for the service and paid the eligible individual's deductible and coinsurance for the service. Under the new policy, the medical assistance program will pay only the difference between the charge allowed by Medicaid and the amount paid by Medicare. This is consistent with the medical assistance policy involving private insurance companies.			
9. Adds funding for medical assistance grants relating to the creation of a prescription drug assistance program for low-income senior citizens with gross incomes of up to 210 percent of the federal poverty level. Eligibility would be determined by the counties, and assets are not considered when determining eligibility. Funding for this program is also added in Management and in Program and Policy. The Senate removed funding for this program.	$2,981,136	$6,323,285	$9,304,421
11. Provides additional funding to increase developmental disability provider rates to allow for payment of a provider tax on intermediate care facilities for the mentally retarded (ICF/MR), including the Developmental Center	$1,850,326	$3,982,922	$5,833,248
12. Continues medical assistance coverage for breast and cervical cancer treatment. The 2001 Legislative Assembly statutory provisions provided coverage only for the 2001-03 biennium. Total funds provided are $544,120. The state matching funds of $114,755 are provided from the community health trust fund, the same as the 2001-03 biennium.			
13. Changes medical assistance eligibility requirements for the families coverage group. The change makes adults in the family ineligible for medical assistance if the primary wage earner works more than 100 hours per month.	($4,100,000)	($8,800,000)	($12,900,000)
14. Changes the medical assistance policy that allows individuals with a recipient liability to apply medical charges incurred prior to qualifying for medical assistance toward their recipient liability. The change allows previous medical charges to be applied toward the individual's recipient liability only up to $15 per month.	($720,000)	($1,527,191)	($2,247,191)
15. Continues the medical assistance policy change implemented during the 2001-03 biennium to limit capital costs for hospitals to no more than $275 per discharge. Previously, these property cost charges were not subject to limits. Other charges are based on diagnostic-related group (DRG) limits.	($600,000)	($1,200,000)	($1,800,000)
16. Combines funding for nursing facility care, basic care assistance, service payments for elderly and disabled (SPED), expanded SPED, and the waiver for traumatic brain-injured and aged and disabled services into one line item and funding program; therefore, the department would be able to transfer funding among these assistance programs as needed			
17. Increases funding for SPED from $13,415,595 to $18,839,037, a 40 percent increase. Of the total, $6,898,302 is from the health care trust fund, the same as the 2001-03 biennium, and $10,773,063 is from the general fund. The Senate reduced this funding by $4,612,684, of which $4,382,049 is from the general fund to reflect the effect of provisions of Senate Bill No. 2083.	$4,937,921	$485,521	$5,423,442
18. Increases funding for expanded SPED from $1,203,280 to $1,780,594, a 48 percent increase. The Senate reduced this funding by $300,000 from the general fund.	$577,314		$577,314
19. Provides funding of $8,395,725 for basic care assistance, of which $365,777 is from the general fund, $382,080 is from the health care trust fund, $2,284,362 is from "retained" funds, and $5,363,506 is from federal funds	$365,777	($834,310)	($468,533)
20. Provides $306.6 million for nursing facility care, of which $69.1 million is from the general fund and $29.1 million from the health care trust fund. For the 2001-03 biennium, $9.1 million was provided from the health care trust fund.	($10,546,807)	$22,055,021	$11,508,214
21. Reduces the number of nursing facility beds that are anticipated to be occupied by a Medicaid-eligible individual by 36 beds, from 3,700 to	($1,003,343)	($2,158,426)	($3,161,769)

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3,664, during the 2003-05 biennium. The number of filled beds for September through November 2002 averaged 3,696 per month.			
22. Provides a 3.66 percent inflationary increase for nursing facilities for each year of the biennium	$1,526,924	$3,242,287	$4,769,211
Decreases nursing facility payment limits for direct care costs from 99 to 85 percent	($2,693,139)	($5,784,973)	($8,478,112)
24. Eliminates funding for the 3 percent nursing facility operating margin. The Senate restored this funding.	($1,932,211)	($4,156,667)	($6,088,878)
25. Eliminates nursing facility incentives, which were up to $2.60 per day of additional revenues for nursing facilities. The Senate restored this funding.	($432,302)	($931,245)	($1,363,547)
26. Reflects the reduction in North Dakota's federal medical assistance percentage (FMAP) from 69.87 percent in federal fiscal year 2002 to 68.36 percent in federal fiscal year 2003, to 68.31 percent in federal fiscal year 2004, to an estimated 67.47 percent in federal fiscal year 2005. The reduction shown is an estimate based on 2003-05 executive budget adjustments.	$17,200,000	($17,200,000)	
27. Removes funding for developmental disability services for individuals who are not Medicaid-eligible. The budget increases federal funds for services for these individuals in the medical assistance program.	($1,980,659)	$2,067,035	$86,376
28. Allows individuals with developmental disabilities receiving either family support services or individual supportive living arrangement (ISLA) services to use a qualified service provider (QSP) rather than using a traditional licensed provider	($483,322)	($460,133)	($943,455)
Program and Policy			
1. Deletes:			
1 FTE human service program administrator II	($56,634)	($33,620)	($90,254)
.50 FTE human service program administrator V	($66,516)		($66,516)
.50 FTE transportation service aide	($8,495)	($31,386)	($39,881)
.50 FTE disability hearings officer		($53,888)	($53,888)
.50 FTE appointed position	($68,927)		($68,927)
1 FTE human service program administrator III	($25,029)	($92,479)	($117,508)
.50 FTE administrative assistant II	($29,306)	($20,789)	($50,095)
.50 FTE administrative assistant I	($13,796)	($50,976)	($64,772)
2. Removes funding in Aging Services for the Governor's Committee on Aging	($20,000)		($20,000)
3. Removes funding in Aging Services for the telecommunications equipment distribution program	($200,000)		($200,000)
4. Provides $1,662,945 in Aging Services for the senior citizen mill levy matching grant program, $1,412,945 of which is from the general fund and $250,000 from the health care trust fund, the same as the 2001-03 biennium			
5. Removes federal funding in Aging Services for adult protective services		($189,907)	($189,907)
6. Adds funding in Children and Family Services for reimbursing counties for eligibility determination costs associated with the prescription drug assistance program for senior citizens (counties would be reimbursed $20 per enrollee). The Senate removed funding for this program.	$158,500	$158,500	$317,000
7. Adds funding in Children and Family Services for foster care services due to the privatization of the Ruth Meiers Adolescent Treatment Center in Grand Forks and the Manchester House Adolescent Treatment Center in Bismarck (33.3 FTE positions were removed relating to these centers)	$921,672	$2,424,785	$3,346,457
8. Increases funding in Children and Family Services for subsidized adoption	$1,457,319	$1,856,159	$3,313,478
9. Provides funding of $200,000 from the Children's Services Coordinating Committee in Mental Health Services for the Native American youth alcohol and drug education program, the same as the 2001-03 biennium. Due to the reduction in "refinancing" funds available through			

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the Children's Services Coordinating Committee, these funds are not anticipated to be available during the 2003-05 biennium.			
10. Provides funding of $1,094,539, of which $192,345 is from the general fund, $802,194 is from federal funds, and $100,000 is from the health care trust fund in Disability Services for independent living center grants	($226,647)	$224,487	($2,160)
State Hospital			
1. Deletes:			
11.10 FTE business administration positions	($974,583)		($974,583)
9 FTE housekeeping positions	($516,644)		($516,644)
6 FTE plant services positions	($520,790)		($520,790)
5 FTE other support positions	($365,622)		($365,622)
3 FTE adolescent unit positions	($156,856)		($156,856)
3 FTE psychiatrists	($1,310,384)		($1,310,384)
1 FTE education director	($104,999)		($104,999)
15 FTE adult psychiatric inpatient treatment service positions	($1,149,789)		($1,149,789)
3 FTE chemical dependency inpatient treatment service positions	($199,164)		($199,164)
2. Transfers the State Hospital laundry to the Department of Corrections and Rehabilitation, including 4 FTE positions	($253,565)		($253,565)
3. Transfers the State Hospital food service program to the Department of Corrections and Rehabilitation. Thirty FTE positions are removed from the State Hospital budget.	($2,185,862)		($2,185,862)
4. Increases anticipated income from the Department of Corrections and Rehabilitation for providing treatment services to inmates to $2,595,848. Although $2,139,284 of income from the Department of Corrections and Rehabilitation was appropriated to the State Hospital for the 2001-03 biennium because of legislative reductions made to the 2001-03 Department of Corrections and Rehabilitation's budget, the State Hospital anticipates receiving only $1.6 million during the 2001-03 biennium.		$456,564	$456,564
5. Discontinues contracting for dental services at the State Hospital. The Developmental Center dentist will provide dental services at the State Hospital.	($129,526)		($129,526)
6. Increases funding at the State Hospital for medical, dental, and optical supplies in the ancillary services program to $1,597,913 primarily due to the increasing cost of medications	$113,829		$113,829
7. Removes funding for extraordinary repairs at the State Hospital	($403,676)		($403,676)
8. Provides funding from proceeds of the sale of the LaHaug Building to the Department of Corrections and Rehabilitation for remodeling State Hospital buildings to house State Hospital programs and services previously located in the LaHaug Building		$400,000	$400,000
Developmental Center			
1. Deletes:			
.30 FTE dentist		($67,759)	($67,759)
.50 FTE administrative assistant I		($41,263)	($41,263)
1 FTE administrative assistant I	($73,813)		($73,813)
1 FTE landscaping and grounds supervisor		($88,086)	($88,086)
1 FTE direct training technician I	($49,288)		($49,288)
1 FTE security officer I	($66,038)		($66,038)
1 FTE administrative assistant I	($53,785)	($1,782)	($55,567)
1 FTE storekeeper I	($55,567)		($55,567)
.50 FTE office assistant II	($55,399)		($55,399)
1 FTE security officer I	($63,229)		($63,229)
1 FTE unit program coordinator		($101,310)	($101,310)
.50 FTE registered nurse II		($60,476)	($60,476)
.10 FTE licensed practical nurse I		($7,074)	($7,074)
.20 FTE direct training technician I		($7,896)	($7,896)
1 FTE assistant residential supervisor		($59,852)	($59,852)
1 FTE direct training technician I		($51,626)	($51,626)
1 FTE direct training technician II		($59,852)	($59,852)
1 FTE direct training technician II		($59,852)	($59,852)
1 FTE vocational training technician		($70,607)	($70,607)

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2. Provides $1,665,810, of which $528,062 is from the general fund for the Developmental Center to pay the Governor's recommended provider tax on intermediate care facilities for the mentally retarded	$528,062	$113,774	$1,665,810
3. Removes funding for extraordinary repairs at the Developmental Center	($215,129)		($215,129)
Human Service Centers			
1. Provides a $250,000 funding pool to be distributed to human service centers for mental health and substance abuse services based on the needs of the regions	$250,000		$250,000
2. Replaces one-time funding appropriated for the 2001-03 biennium from human service center collections with funding from the general fund. The department's 2001-03 biennium budget included human service center income generated prior to the 2001-03 biennium and not spent as additional one-time special funds income which is not available for the 2003-05 biennium.	$2,600,000	($2,600,000)	
3. Removes funding from the Children's Services Coordinating Committee for mental health partnership programs at the human service centers		($600,000)	($600,000)
4. Deletes:			
2.5 FTE administrative positions - NWHSC	($138,064)	($27,056)	($165,120)
1 FTE developmental disabilities case manager - NWHSC	($76,182)		($76,182)
6 FTE mental health and substance abuse treatment positions - NWHSC	($409,128)	($27,623)	($436,751)
5. Removes funding for the Northwest Human Service Center's mental health transitional living facility	($327,507)	($51,079)	($378,586)
6. Removes funding for the Northwest Human Service Center's mental health partial care program	($137,631)	($9,265)	($146,896)
7. Adds 1.5 FTE youth addiction treatment positions - NCHSC	$1,734	$98,432	$130,166
8. Deletes:			
1.75 FTE administrative positions - NCHSC	($92,265)	($10,940)	($103,205)
1 FTE developmental disabilities case manager - NCHSC	($78,736)		($78,736)
1.5 FTE retired senior volunteer program positions - NCHSC		($108,510)	($108,510)
3 FTE mental health and substance abuse treatment positions - NCHSC	($226,062)	($28,024)	($254,086)
9. Reduces funding for the Oppen program at the North Central Human Service Center to $485,000, of which $345,000 is from the general fund	($161,099)		($161,099)
10. Eliminates the seriously mentally ill community support grant at the North Central Human Service Center	($33,869)		($33,869)
11. Deletes:			
1 FTE human service center director - LRHSC	($155,285)	($19,193)	($174,478)
.50 FTE administrative position - LRHSC	($22,416)	($2,770)	($25,186)
1 FTE vocational rehabilitation counselor - LRHSC	($20,319)	($75,074)	($95,393)
1.5 FTE mental health and substance abuse treatment positions - LRHSC	($36,269)	($73,555)	($109,824)
12. Deletes:			
1 FTE human service center director - NEHSC	($152,991)	($13,702)	($166,693)
1 FTE developmental disabilities case manager - NEHSC	($53,870)	($26,540)	($80,410)
1.5 FTE retired senior volunteer program positions - NEHSC		($119,667)	($119,667)
4 FTE mental health and substance abuse treatment positions - NEHSC	($230,444)	($119,489)	($349,933)
13. Removes funding and 13.3 FTE positions at the Northeast Human Service Center for the Ruth Meiers Adolescent Treatment Center. The department plans to privatize the center.	($749,789)	($774,624)	($1,524,413)
14. Removes funding at the Northeast Human Service Center for the seriously mentally ill day treatment program	($121,220)	($69,850)	($191,070)
15. Removes funding at the Northeast Human Service Center for mental health program work activity and supervision	($37,107)	($70,893)	($108,000)
16. Adds 2 FTE youth addiction treatment positions - SEHSC		$153,850	$153,850

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17. Deletes:			
2 FTE administrative positions - SEHSC	($121,453)	($10,878)	($132,331)
2 FTE disability services positions - SEHSC	($108,972)	($39,552)	($148,524)
2 FTE retired senior volunteer program positions - SEHSC		($146,377)	($146,377)
4.55 FTE mental health and substance abuse treatment positions - SEHSC	($410,143)	($12,326)	($422,469)
18. Removes funding at the Southeast Human Service Center for emergency foster care ($77,065) and access and visitation ($23,111)	($79,916)	($20,800)	($100,716)
19. Reduces funding at the Southeast Human Service Center for mental health intensive in-home services and psychiatric services	($256,271)		($256,271)
20. Increases funding at the Southeast Human Service Center for a staff physician	$127,977		$127,977
21. Deletes:			
2 FTE administrative positions - SCHSC	($103,493)	($11,499)	($114,992)
1 FTE developmental disabilities case manager - SCHSC	($56,750)	($26,526)	($83,276)
22. Removes funding at the South Central Human Service Center for the SMI specialized partial care program	($140,615)	($110,907)	($251,522)
23. Adds 1 FTE youth addiction treatment position - WCHSC		$70,564	$70,564
24. Removes funding and 20 FTE positions at the West Central Human Service Center for the Manchester House Adolescent Treatment Center. The department plans to privatize the center.	($604,337)	($1,415,014)	($2,019,351)
25. Reduces funding at the West Central Human Service Center for case-aide services for children with serious emotional disorders	($128,639)	($111,807)	($240,446)
26. Increases federal funding at the West Central Human Service Center for long-term residential services for individuals needing substance abuse treatment		$915,173	$915,173
27. Removes funding and 2.65 FTE positions at the West Central Human Service Center for the dual diagnosis program	($85,977)	($119,965)	($205,942)
28. Adds 1 FTE youth addiction treatment position - BLHSC		$87,760	$87,760
29. Deletes:			
1 FTE human service center director - BLHSC	($156,837)	($17,017)	($173,854)
1 FTE administrative position - BLHSC	($47,888)	($5,196)	($53,084)
.50 FTE child welfare position - BLHSC	($27,727)	($14,309)	($42,036)
2 FTE disability services positions - BLHSC	($72,509)	($92,171)	($164,680)
7 FTE mental health and substance abuse treatment positions - BLHSC	($314,970)	($245,660)	($560,630)
30. Reduces funding at the Badlands Human Service Center for medical director and psychiatric services to $431,166, of which $257,076 is from the general fund	($84,622)		($84,622)
31. Reduces funding at the Badlands Human Service Center for short-term residential services for individuals needing substance abuse treatment to $188,400 from the general fund	($81,600)		($81,600)
Other			
1. Changes the department's appropriations bill structure by reducing the number of subdivisions in the bill from four to three and appropriating one line item for the State Hospital, one line item for the Developmental Center and one line item for each human service center rather than an operations and a capital improvements/capital assets line item for each entity			
2. Adds funding for paying accumulated annual leave and sick leave for eight employees anticipated to retire during the 2003-05 biennium	$45,157	$53,750	$98,907

Major Related Legislation

House Bill No. 1243 provides a continuing appropriation from a portion of the funds generated by the North Dakota lottery for the Department of Human Services to provide compulsive gambling services.

House Bill No. 1268 changes the property cost basis used for calculating nursing home rates effective July 1, 2005.

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House Bill No. 1399 appropriates $100,000 from the general fund to the Insurance Department for implementing a pharmaceutical manufacturers drug access program.

House Bill No. 1430 creates a drug utilization review program and drug prior authorization program for the medical assistance program.

Senate Bill No. 2074 continues allowing children and family coverage groups and pregnant women to be eligible for medical assistance without considering assets. This change was made by the 2001 Legislative Assembly only for the 2001-03 biennium.

Senate Bill No. 2083 reduces the SPED program asset limit from $50,000 to $20,000 and provides that the asset limit applies to all assets, excluding the individual's primary home.

Senate Bill No. 2085 continues targeted case management and assessment services for eligible elderly and disabled individuals who are at risk of requiring long-term care services. These services were authorized by the 2001 Legislative Assembly only for the 2001-03 biennium.

Senate Bill No. 2086 appropriates $42,000, of which $21,000 is from the general fund for hiring a facilitator relating to the new fee-for-service payment system for developmental disabilities services providers that will become effective July 1, 2005.

Senate Bill No. 2089 continues medical assistance coverage for breast and cervical cancer treatment. This coverage was added by the 2001 Legislative Assembly only for the 2001-03 biennium.

Senate Bill No. 2153 assesses ICF/MR a quarterly fee equal to 1.5 percent of all facilities' gross revenues for the previous year based on each facility's licensed beds.

Senate Bill No. 2194 establishes a medical assistance buy-in program for individuals with disabilities.

Senate Bill No. 2246 allows the suspension of certain licenses or registrations for failure to pay child support.

Senate Bill No. 2364 requires the Department of Human Services to provide prenatal care for unborn children of eligible mothers under the children's health insurance program.

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STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2012 - Funding Summary

	Executive Budget	Senate Changes	Senate Version
DHS - Management			
Salaries and wages	$11,147,734	($120,303)	$11,027,431
Operating expenses	34,550,483	(484,121)	34,066,362
Capital assets	2,694		2,694
Developmentally disabled facility loan	2,261,556		2,261,556
Total all funds	$47,962,467	($604,424)	$47,358,043
Less estimated income	31,912,324	1,222,241	33,134,565
General fund	$16,050,143	($1,826,665)	$14,223,478
FTE	113.80	0.00	113.80
DHS - Program and Policy			
Salaries and wages	$22,311,231	($233,611)	$22,077,620
Operating expenses	38,397,710	58,699	38,456,409
Capital assets	39,672		39,672
Grants	288,491,078	1,725	288,492,803
Grants - Medical assistance	897,921,533	(6,978,554)	890,942,979
Health center grants		50,000	50,000
Total all funds	$1,247,161,224	($7,101,741)	$1,240,059,483
Less estimated income	974,986,069	3,155,689	978,141,758
General fund	$272,175,155	($10,257,430)	$261,917,725
FTE	234.80	0.00	234.80
DHS - State Hospital			
Human service centers/institutions	$44,312,699	($2,381,651)	$41,931,048
Total all funds	$44,312,699	($2,381,651)	$41,931,048
Less estimated income	16,405,360	0	16,405,360
General fund	$27,907,339	($2,381,651)	$25,525,688
FTE	416.90	0.00	416.90
DHS - Developmental Center			
Human service centers/institutions	$42,148,253	($1,340,137)	$40,808,116
Total all funds	$42,148,253	($1,340,137)	$40,808,116
Less estimated income	32,234,480	(249,828)	31,984,652
General fund	$9,913,773	($1,090,309)	$8,823,464
FTE	458.04	0.00	458.04
DHS - Mental Health Contingency			
Mental health community serv contingency	$250,000		$250,000
Total all funds	$250,000	$0	$250,000
Less estimated income	0	0	0
General fund	$250,000	$0	$250,000
FTE	0.00	0.00	0.00
DHS - Northwest HSC			
Human service centers/institutions	$7,331,947	($51,005)	$7,280,942
Total all funds	$7,331,947	($51,005)	$7,280,942

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Less estimated income	3,647,636	(1,838)	3,645,798
General fund	$3,684,311	($49,167)	$3,635,144
FTE	51.00	0.00	51.00
DHS - North Central HSC			
Human service centers/institutions	$14,684,062	($107,118)	$14,576,944
Total all funds	$14,684,062	($107,118)	$14,576,944
Less estimated income	6,735,850	(10,848)	6,725,002
General fund	$7,948,212	($96,270)	$7,851,942
FTE	112.78	0.00	112.78
DHS - Lake Region HSC			
Human service centers/institutions	$8,490,227	($62,792)	$8,427,435
Total all funds	$8,490,227	($62,792)	$8,427,435
Less estimated income	3,790,662	(6,909)	3,783,753
General fund	$4,699,565	($55,883)	$4,643,682
FTE	64.00	0.00	64.00
DHS - Northeast HSC			
Human service centers/institutions	$17,628,299	($119,443)	$17,508,856
Total all funds	$17,628,299	($119,443)	$17,508,856
Less estimated income	10,099,083	(48,782)	10,050,301
General fund	$7,529,216	($70,661)	$7,458,555
FTE	123.60	0.00	123.60
DHS - Southeast HSC			
Human service centers/institutions	$20,924,037	($180,816)	$20,743,221
Total all funds	$20,924,037	($180,816)	$20,743,221
Less estimated income	11,233,890	(16,800)	11,217,090
General fund	$9,690,147	($164,016)	$9,526,131
FTE	183.20	0.00	183.20
DHS - South Central HSC			
Human service centers/institutions	$11,454,381	($86,531)	$11,367,850
Total all funds	$11,454,381	($86,531)	$11,367,850
Less estimated income	5,741,308	(8,464)	5,732,844
General fund	$5,713,073	($78,067)	$5,635,006
FTE	86.00	0.00	86.00
DHS - West Central HSC			
Human service centers/institutions	$17,713,897	($117,288)	$17,596,609
Total all funds	$17,713,897	($117,288)	$17,596,609
Less estimated income	9,137,950	(14,668)	9,123,282
General fund	$8,575,947	($102,620)	$8,473,327
FTE	119.00	0.00	119.00
DHS - Badlands HSC			
Human service centers/institutions	$9,004,972	($72,192)	$8,932,780

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Total all funds	$9,004,972	($72,192)	$8,932,780
Less estimated income	4,569,807	(9,861)	4,559,946
General fund	$4,435,165	($62,331)	$4,372,834
FTE	78.00	0.00	78.00
1111 Total			
Total all funds	$1,489,066,465	($12,225,138)	$1,476,841,327
Less estimated income	1,110,494,419	4,009,932	1,114,504,351
General fund	$378,572,046	($16,235,070)	$362,336,976
FTE	2041.12	0.00	2041.12

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

	Executive Budget	Senate Changes[1]	Senate Version
Salaries and wages	$11,147,734	($120,303)	$11,027,431
Operating expenses	34,550,483	(484,121)	34,066,362
Capital assets	2,694		2,694
Developmentally disabled facility loan	2,261,556		2,261,556
Total all funds	$47,962,467	($604,424)	$47,358,043
Less estimated income	31,912,324	1,222,241	33,134,565
General fund	$16,050,143	($1,826,665)	$14,223,478
FTE	113.80	0.00	113.80

[1]

	FTE	General Fund	Estimated Income	Total
Administration Support - Senate changes:				
Removes the Governor's recommendation for state employee salary increases		($74,782)	($45,521)	($120,303)
Replaces general fund support with special or federal funds, if available		(1,500,000)	1,500,000	0
Administration Support Program				
Reduces funding for postage to $1,208,184		(160,709)	(241,064)	(401,773)
Information Technology Division Program				
Reduces funding for information technology contractual services		(100,000)		(100,000)
Removes funding for the computer system changes relating to the prescription drug assistance program for senior citizens		(116,174)	(116,174)	(232,348)
Adds funding for computer system changes relating to the medical assistance buyin program authorized in Senate Bill No. 2194		125,000	125,000	250,000
Total Senate changes - Administration Support	0.00	($1,826,665)	$1,222,241	($604,424)

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Senate Bill No. 2012 - DHS - Program and Policy - Senate Action

	Executive Budget	Senate Changes[1]	Senate Version
Salaries and wages	$22,311,231	($233,611)	$22,077,620
Operating expenses	38,397,710	58,699	38,456,409
Capital assets	39,672		39,672
Grants	288,491,078	1,725	288,492,803
Grants - Medical assistance	897,921,533	(6,978,554)	890,942,979
Health center grants		50,000	50,000
Total all funds	$1,247,161,224	($7,101,741)	$1,240,059,483
Less estimated income	974,986,069	3,155,689	978,141,758
General fund	$272,175,155	($10,257,430)	$261,917,725
FTE	234.80	0.00	234.80

	FTE	General Fund	Estimated Income	Total
Program/Policy - Senate changes:				
Removes the Governor's recommendation for state employee salary increases		($68,008)	($165,603)	($233,611)
Replaces general fund support with special or federal funds, if available		(4,000,000)	4,000,000	0
Economic Assistance Policy Program				
No changes				
Child Support Program				
Restores funding for the Devils Lake child support enforcement unit reservation project		215,016		215,016
Medical Services Program				
Removes funding for a prescription drug assistance program for senior citizens		(3,099,061)	(6,637,060)	(9,736,121)
Adds funding for the medical assistance buyin program authorized in Senate Bill No. 2194		(767,229)	2,720,524	1,953,295
Restores funding for the following optional medical assistance services:				
Chiropractic		84,905	182,702	267,607
Dental		2,317,751	4,987,568	7,305,319
Hospice		409,784	881,816	1,291,600
Private duty nursing		465	994	1,459
Removes funding for the following optional medical assistance services for adults:				
Durable medical equipment		(984,480)	(2,088,880)	(3,073,360)
Optometric		(397,067)	(842,509)	(1,239,576)
Psychological		(149,381)	(316,955)	(466,336)
Reduces funding for prescription drugs in the medical assistance program		(2,880,000)	(6,120,000)	(9,000,000)
Adds funding to provide a 50-cent per hour salary increase to employees of developmental disabilities services providers		2,613,822	5,132,296	7,746,118
Long-Term Care Program				
Reduces funding as a result of the department's December 2002 reprojection of anticipated nursing facility costs for the 2003-05 biennium		(1,600,000)	(3,400,000)	(5,000,000)
Restores funding for the 3 percent nursing facility operating margin		1,932,211	4,156,667	6,088,878
Restores funding for nursing facility incentives		432,302	931,245	1,363,547
Reduces funding for service payments for elderly and disabled (SPED) relating to the reduction in allowable assets from $25,000 to $20,000 as provided for in Senate Bill No. 2083		(1,674,549)	(88,135)	(1,762,684)
Reduces funding for SPED relating to the inclusion of all assets, except the individual's primary home, rather than only liquid assets when determining SPED eligibility as provided for in Senate Bill No. 2083		(2,707,500)	(142,500)	(2,850,000)
Reduces funding for the expanded SPED program		(300,000)	0	(300,000)
Aging Services Program				
No changes				
Children and Family Services Program				
Removes funding for eligibility determination costs relating to a prescription drug assistance program for senior citizens		(158,500)	(158,500)	(317,000)
Restores funding for special needs adoption contract workers		200,000	118,725	318,725
Mental Health and Substance Abuse Program				
No changes				

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	FTE	General Fund	Estimated Income	Total
Developmental Disabilities Council				
Changes the source of funding for operating costs from the general fund to federal funds		(3,294)	3,294	0
Disabilities Program				
Adds funding for corporate guardianship services relating to an anticipated increase in caseload and to increase the rate paid from $3.20 per day to $3.92 per day		275,383		275,383
Total Senate changes - Program/Policy	0.00	($10,307,430)	$3,155,689	($7,151,741)

Other changes affecting Program/Policy programs:
A section is added appropriating $50,000 from the general fund for health center grants to support community development and grant writing services.

A section of legislative intent is added providing that the 2005 Legislative Assembly consider removing general fund support from the Devils Lake child support enforcement unit reservation project if performance results do not improve.

Senate Bill No. 2012 - DHS - State Hospital - Senate Action

	Executive Budget	Senate Changes[1]	Senate Version
Human service centers/institutions	$44,312,699	($2,381,651)	$41,931,048
Total all funds	$44,312,699	($2,381,651)	$41,931,048
Less estimated income	16,405,360	0	16,405,360
General fund	$27,907,339	($2,381,651)	$25,525,688
FTE	416.90	0.00	416.90

	FTE	General Fund	Estimated Income	Total
State Hospital - Senate changes:				
Removes the Governor's recommendation for state employee salary increases		($381,651)		($381,651)
Reduces funding from the general fund. The department may determine the specific areas to reduce.		(2,000,000)		(2,000,000)
Total Senate changes - State Hospital	0.00	($2,381,651)	$0	($2,381,651)

Senate Bill No. 2012 - DHS - Developmental Center - Senate Action

	Executive Budget	Senate Changes[1]	Senate Version
Human service centers/institutions	$42,148,253	($1,340,137)	$40,808,116
Total all funds	$42,148,253	($1,340,137)	$40,808,116
Less estimated income	32,234,480	(249,828)	31,984,652
General fund	$9,913,773	($1,090,309)	$8,823,464
FTE	458.04	0.00	458.04

	FTE	General Fund	Estimated Income	Total
Developmental Center - Senate changes:				
Removes the Governor's recommendation for state employee salary increases		($90,309)	($249,828)	($340,137)
Reduces funding from the general fund. The department may determine the specific areas to reduce.		(1,000,000)		(1,000,000)
Total Senate changes - Developmental Center	0.00	($1,090,309)	($249,828)	($1,340,137)

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Senate Bill No. 2012 - Human Service Centers - General Fund Summary of Senate Action

	Executive Budget	Senate Changes[1]	Senate Version
DHS - Mental Health Contingency	$250,000		$250,000
DHS - Northwest HSC	3,684,311	(49,167)	3,635,144
DHS - North Central HSC	7,948,212	(96,270)	7,851,942
DHS - Lake Region HSC	4,699,565	(55,883)	4,643,682
DHS - Northeast HSC	7,529,216	(70,661)	7,458,555
DHS - Southeast HSC	9,690,147	(164,016)	9,526,131
DHS - South Central HSC	5,713,073	(78,067)	5,635,006
DHS - West Central HSC	8,575,947	(102,620)	8,473,327
DHS - Badlands HSC	4,435,165	(62,331)	4,372,834
Total general fund	$52,525,636	($679,015)	$51,846,621

Senate Bill No. 2012 - Human Service Centers - Other Funds Summary of Senate Action

	Executive Budget	Senate Changes[1]	Senate Version
DHS - Mental Health Contingency			
DHS - Northwest HSC	3,647,636	(1,838)	3,645,798
DHS - North Central HSC	6,735,850	(10,848)	6,725,002
DHS - Lake Region HSC	3,790,662	(6,909)	3,783,753
DHS - Northeast HSC	10,099,083	(48,782)	10,050,301
DHS - Southeast HSC	11,233,890	(16,800)	11,217,090
DHS - South Central HSC	5,741,308	(8,464)	5,732,844
DHS - West Central HSC	9,137,950	(14,668)	9,123,282
DHS - Badlands HSC	4,569,807	(9,861)	4,559,946
Total other funds	$54,956,186	($118,170)	$54,838,016

Senate Bill No. 2012 - Human Service Centers - All Funds Summary of Senate Action

	Executive Budget	Senate Changes[1]	Senate Version
DHS - Mental Health Contingency	$250,000		$250,000
DHS - Northwest HSC	7,331,947	(51,005)	7,280,942
DHS - North Central HSC	14,684,062	(107,118)	14,576,944
DHS - Lake Region HSC	8,490,227	(62,792)	8,427,435
DHS - Northeast HSC	17,628,299	(119,443)	17,508,856
DHS - Southeast HSC	20,924,037	(180,816)	20,743,221
DHS - South Central HSC	11,454,381	(86,531)	11,367,850
DHS - West Central HSC	17,713,897	(117,288)	17,596,609
DHS - Badlands HSC	9,004,972	(72,192)	8,932,780
Total all funds	$107,481,822	($797,185)	$106,684,637
FTE	817.58	0.00	817.58

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	FTE	General Fund	Estimated Income	Total
Mental Health Community Services Contingency				
No changes				
Northwest Human Service Center				
Removes the Governor's recommendation for state employee salary increases		(49,167)	(1,838)	(51,005)
North Central Human Service Center				
Removes the Governor's recommendation for state employee salary increases		($96,270)	($10,848)	($107,118)
Lake Region Human Service Center				
Removes the Governor's recommendation for state employee salary increases		($55,883)	($6,909)	($62,792)
Northeast Human Service Center				
Removes the Governor's recommendation for state employee salary increases		($70,661)	($48,782)	($119,443)
Southeast Human Service Center				
Removes the Governor's recommendation for state employee salary increases		($164,016)	($16,800)	($180,816)
South Central Human Service Center				
Removes the Governor's recommendation for state employee salary increases		($78,067)	($8,464)	($86,531)
West Central Human Service Center				
Removes the Governor's recommendation for state employee salary increases		($102,620)	($14,668)	($117,288)
Badlands Human Service Center				
Removes the Governor's recommendation for state employee salary increases		($62,331)	($9,861)	($72,192)

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
100-15 ADMINISTRATION / SUPPORT	10 Salaries and Wages	$ 7,608,318	($ 290,671)	$ 7,317,647	($ 79,271)	$ 7,238,376
100-15 ADMINISTRATION / SUPPORT	30 Operating Expenses	$ 4,099,173	$ 509,188	$ 4,608,361	($ 401,773)	$ 4,206,588
100-15 ADMINISTRATION / SUPPORT	71 DD Loan Fund	$ 2,261,556	$ 0	$ 2,261,556	$ 0	$ 2,261,556
	B Total	**$ 13,969,047**	**$ 218,517**	**$ 14,187,564**	**($ 481,044)**	**$ 13,706,520**
100-15 ADMINISTRATION / SUPPORT	91 General Funds	$ 5,626,148	$ 358,642	$ 5,984,790	($ 1,705,633)	$ 4,279,157
100-15 ADMINISTRATION / SUPPORT	92 Federal Funds	$ 5,208,691	$ 732,527	$ 5,941,218	($ 275,411)	$ 5,665,807
100-15 ADMINISTRATION / SUPPORT	93 Other Funds	$ 3,134,208	($ 872,652)	$ 2,261,556	$ 1,500,000	$ 3,761,556
	F Total	**$ 13,969,047**	**$ 218,517**	**$ 14,187,564**	**($ 481,044)**	**$ 13,706,520**
100-20 DIVISION OF INFORMATION TECHNOLOGY	10 Salaries and Wages	$ 4,282,084	($ 451,997)	$ 3,830,087	($ 41,032)	$ 3,789,055
100-20 DIVISION OF INFORMATION TECHNOLOGY	30 Operating Expenses	$ 30,358,358	($ 416,236)	$ 29,942,122	($ 82,348)	$ 29,859,774
100-20 DIVISION OF INFORMATION TECHNOLOGY	50 Capital Improvements	$ 1,308	$ 1,386	$ 2,694	$ 0	$ 2,694
100-20 DIVISION OF INFORMATION TECHNOLOGY	79 HIPAA / Computer Tech (97-99	$ 8,055,347	($ 8,055,347)	$ 0	$ 0	$ 0
	B Total	**$ 42,697,097**	**($ 8,922,194)**	**$ 33,774,903**	**($ 123,380)**	**$ 33,651,523**
100-20 DIVISION OF INFORMATION TECHNOLOGY	91 General Funds	$ 11,510,772	($ 1,445,419)	$ 10,065,353	($ 121,032)	$ 9,944,321
100-20 DIVISION OF INFORMATION TECHNOLOGY	92 Federal Funds	$ 22,591,707	($ 4,455,684)	$ 18,136,023	($ 2,348)	$ 18,133,675
100-20 DIVISION OF INFORMATION TECHNOLOGY	93 Other Funds	$ 3,000,000	($ 2,890,802)	$ 109,198	$ 0	$ 109,198
100-20 DIVISION OF INFORMATION TECHNOLOGY	94 Retained Funds	$ 4,396,101	($ 219,805)	$ 4,176,296	$ 0	$ 4,176,296
100-20 DIVISION OF INFORMATION TECHNOLOGY	95 County Funds	$ 1,198,517	$ 89,516	$ 1,288,033	$ 0	$ 1,288,033
	F Total	**$ 42,697,097**	**($ 8,922,194)**	**$ 33,774,903**	**($ 123,380)**	**$ 33,651,523**

Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
100-99 MANAGEMENT TOTALS	10 Salaries and Wages	$ 11,890,402	($ 742,668)	$ 11,147,734	($ 120,303)	$ 11,027,431
100-99 MANAGEMENT TOTALS	30 Operating Expenses	$ 34,457,531	$ 92,952	$ 34,550,483	($ 484,121)	$ 34,066,362
100-99 MANAGEMENT TOTALS	50 Capital Improvements	$ 1,308	$ 1,386	$ 2,694	$ 0	$ 2,694
100-99 MANAGEMENT TOTALS	71 DD Loan Fund	$ 2,261,556	$ 0	$ 2,261,556	$ 0	$ 2,261,556
100-99 MANAGEMENT TOTALS	79 HIPAA / Computer Tech (97-99	$ 8,055,347	($ 8,055,347)	$ 0	$ 0	$ 0
	B Total	**$ 56,666,144**	**($ 8,703,677)**	**$ 47,962,467**	**($ 604,424)**	**$ 47,358,043**
100-99 MANAGEMENT TOTALS	91 General Funds	$ 17,136,920	($ 1,086,777)	$ 16,050,143	($ 1,826,665)	$ 14,223,478
100-99 MANAGEMENT TOTALS	92 Federal Funds	$ 27,800,398	($ 3,723,157)	$ 24,077,241	($ 277,759)	$ 23,799,482
100-99 MANAGEMENT TOTALS	93 Other Funds	$ 6,134,208	($ 3,763,454)	$ 2,370,754	$ 1,500,000	$ 3,870,754
100-99 MANAGEMENT TOTALS	94 Retained Funds	$ 4,396,101	($ 219,805)	$ 4,176,296	$ 0	$ 4,176,296
100-99 MANAGEMENT TOTALS	95 County Funds	$ 1,198,517	$ 89,516	$ 1,288,033	$ 0	$ 1,288,033
	F Total	**$ 56,666,144**	**($ 8,703,677)**	**$ 47,962,467**	**($ 604,424)**	**$ 47,358,043**

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	10 Salaries and Wages	$ 4,470,067	($ 41,585)	$ 4,428,482	($ 47,978)	$ 4,380,504
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30 Operating Expenses	$ 11,154,028	($ 171,345)	$ 10,982,683	$ 0	$ 10,982,683
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	50 Capital Improvements	$ 1,724	$ 2,148	$ 3,872	$ 0	$ 3,872
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	72 Grants-Assistance Payments	$ 125,529,400	$ 40,021,959	$ 165,551,359	$ 0	$ 165,551,359
	B Total	**$ 141,155,219**	**$ 39,811,177**	**$ 180,966,396**	**($ 47,978)**	**$ 180,918,418**
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	91 General Funds	$ 4,530,366	$ 116,989	$ 4,647,355	($ 16,796)	$ 4,630,559
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	92 Federal Funds	$ 117,345,454	$ 36,670,960	$ 154,016,414	($ 571,544)	$ 153,444,870
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	93 Other Funds	$ 2,225,000	$ 3,108,470	$ 5,333,470	$ 540,362	$ 5,873,832
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	94 Retained Funds	$ 16,521,641	($ 81,113)	$ 16,440,528	$ 0	$ 16,440,528
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	95 County Funds	$ 532,758	($ 4,129)	$ 528,629	$ 0	$ 528,629
	F Total	**$ 141,155,219**	**$ 39,811,177**	**$ 180,966,396**	**($ 47,978)**	**$ 180,918,418**
200-02 CHILD SUPPORT ENFORCEMENT	10 Salaries and Wages	$ 2,952,215	$ 335,662	$ 3,287,877	($ 32,924)	$ 3,254,953
200-02 CHILD SUPPORT ENFORCEMENT	30 Operating Expenses	$ 3,484,286	($ 200,019)	$ 3,284,267	$ 215,016	$ 3,499,283
200-02 CHILD SUPPORT ENFORCEMENT	72 Grants-Assistance Payments	$ 989,206	$ 801,647	$ 1,790,853	$ 0	$ 1,790,853
	B Total	**$ 7,425,707**	**$ 937,290**	**$ 8,362,997**	**$ 182,092**	**$ 8,545,089**
200-02 CHILD SUPPORT ENFORCEMENT	91 General Funds	$ 222,439	$ 35,302	$ 257,741	$ 165,622	$ 423,363
200-02 CHILD SUPPORT ENFORCEMENT	92 Federal Funds	$ 4,814,059	$ 271,934	$ 5,085,993	($ 20,889)	$ 5,065,104
200-02 CHILD SUPPORT ENFORCEMENT	93 Other Funds	$ 1,702,101	$ 713,938	$ 2,416,039	$ 37,359	$ 2,453,398
200-02 CHILD SUPPORT ENFORCEMENT	94 Retained Funds	$ 687,108	($ 83,884)	$ 603,224	$ 0	$ 603,224
	F Total	**$ 7,425,707**	**$ 937,290**	**$ 8,362,997**	**$ 182,092**	**$ 8,545,089**

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
200-03 MEDICAL SERVICES	10 Salaries and Wages	$ 4,378,295	$ 376,575	$ 4,754,870	($ 49,301)	$ 4,705,569
200-03 MEDICAL SERVICES	30 Operating Expenses	$ 2,676,776	$ 2,405,647	$ 5,082,423	($ 431,700)	$ 4,650,723
200-03 MEDICAL SERVICES	50 Capital Improvements	$ 819	($ 819)	$ 0	$ 0	$ 0
200-03 MEDICAL SERVICES	73 Grants-Medical Assistance	$ 488,453,214	$ 61,033,202	$ 549,486,416	($ 5,107,255)	$ 544,379,161
200-03 MEDICAL SERVICES	75 Health Care Trust Fund	$ 16,412,390	($ 16,412,390)	$ 0	$ 0	$ 0
	B Total	**$ 511,921,494**	**$ 47,402,215**	**$ 559,323,709**	**($ 5,588,256)**	**$ 553,735,453**
200-03 MEDICAL SERVICES	91 General Funds	$ 135,776,265	$ 21,755,431	$ 157,531,696	($ 4,415,003)	$ 153,116,693
200-03 MEDICAL SERVICES	92 Federal Funds	$ 346,819,349	$ 39,716,992	$ 386,536,341	($ 3,958,792)	$ 382,577,549
200-03 MEDICAL SERVICES	93 Other Funds	$ 21,414,819	($ 13,643,656)	$ 7,771,163	$ 2,785,539	$ 10,556,702
200-03 MEDICAL SERVICES	94 Retained Funds	$ 7,812,704	($ 417,861)	$ 7,394,843	$ 0	$ 7,394,843
200-03 MEDICAL SERVICES	96 IGT Funds	$ 98,357	($ 8,691)	$ 89,666	$ 0	$ 89,666
	F Total	**$ 511,921,494**	**$ 47,402,215**	**$ 559,323,709**	**($ 5,588,256)**	**$ 553,735,453**
200-10 LONG TERM CARE	73 Grants-Medical Assistance	$ 334,168,737	$ 14,266,380	$ 348,435,117	($ 1,821,299)	$ 346,613,818
	B Total	**$ 334,168,737**	**$ 14,266,380**	**$ 348,435,117**	**($ 1,821,299)**	**$ 346,613,818**
200-10 LONG TERM CARE	91 General Funds	$ 91,109,949	($ 5,260,258)	$ 85,849,691	($ 5,105,878)	$ 80,743,813
200-10 LONG TERM CARE	92 Federal Funds	$ 223,219,433	($ 616,533)	$ 222,602,900	$ 3,590,977	$ 226,193,877
200-10 LONG TERM CARE	93 Other Funds	$ 382,080	($ 382,080)	$ 0	$ 0	$ 0
200-10 LONG TERM CARE	94 Retained Funds	$ 2,400,992	($ 116,630)	$ 2,284,362	$ 0	$ 2,284,362
200-10 LONG TERM CARE	95 County Funds	$ 682,151	$ 259,801	$ 941,952	($ 306,398)	$ 635,554
200-10 LONG TERM CARE	96 IGT Funds	$ 16,374,132	$ 20,382,080	$ 36,756,212	$ 0	$ 36,756,212
	F Total	**$ 334,168,737**	**$ 14,266,380**	**$ 348,435,117**	**($ 1,821,299)**	**$ 346,613,818**

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Date 10-14-03

Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
200-99 ECONOMIC ASSISTANCE TOTALS	10 Salaries and Wages	$ 11,800,577	$ 670,652	$ 12,471,229	($ 130,203)	$ 12,341,026
200-99 ECONOMIC ASSISTANCE TOTALS	30 Operating Expenses	$ 17,315,090	$ 2,034,283	$ 19,349,373	($ 216,684)	$ 19,132,689
200-99 ECONOMIC ASSISTANCE TOTALS	50 Capital Improvements	$ 2,543	$ 1,329	$ 3,872	$ 0	$ 3,872
200-99 ECONOMIC ASSISTANCE TOTALS	72 Grants-Assistance Payments	$ 126,518,606	$ 40,823,606	$ 167,342,212	$ 0	$ 167,342,212
200-99 ECONOMIC ASSISTANCE TOTALS	73 Grants-Medical Assistance	$ 822,621,951	$ 75,299,582	$ 897,921,533	($ 6,928,554)	$ 890,992,979
200-99 ECONOMIC ASSISTANCE TOTALS	75 Health Care Trust Fund	$ 16,412,390	($ 16,412,390)	$ 0	$ 0	$ 0
	B Total	**$ 994,671,157**	**$ 102,417,062**	**$ 1,097,088,219**	**($ 7,275,441)**	**$ 1,089,812,778**
200-99 ECONOMIC ASSISTANCE TOTALS	91 General Funds	$ 231,639,019	$ 16,647,464	$ 248,286,483	($ 9,372,055)	$ 238,914,428
200-99 ECONOMIC ASSISTANCE TOTALS	92 Federal Funds	$ 692,198,295	$ 76,043,353	$ 768,241,648	($ 960,248)	$ 767,281,400
200-99 ECONOMIC ASSISTANCE TOTALS	93 Other Funds	$ 25,724,000	($ 10,203,328)	$ 15,520,672	$ 3,363,260	$ 18,883,932
200-99 ECONOMIC ASSISTANCE TOTALS	94 Retained Funds	$ 27,422,445	($ 699,488)	$ 26,722,957	$ 0	$ 26,722,957
200-99 ECONOMIC ASSISTANCE TOTALS	95 County Funds	$ 1,214,909	$ 255,672	$ 1,470,581	($ 306,398)	$ 1,164,183
200-99 ECONOMIC ASSISTANCE TOTALS	96 IGT Funds	$ 16,472,489	$ 20,373,389	$ 36,845,878	$ 0	$ 36,845,878
	F Total	**$ 994,671,157**	**$ 102,417,062**	**$ 1,097,088,219**	**($ 7,275,441)**	**$ 1,089,812,778**

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
300-42 DD COUNCIL	10 Salaries and Wages	$ 131,053	$ 7,667	$ 138,720	($ 1,565)	$ 137,155
300-42 DD COUNCIL	30 Operating Expenses	$ 55,787	($ 3,100)	$ 52,687	$ 0	$ 52,687
300-42 DD COUNCIL	60 Grants	$ 686,617	$ 71,867	$ 758,484	$ 0	$ 758,484
	B Total	**$ 873,457**	**$ 76,434**	**$ 949,891**	**($ 1,565)**	**$ 948,326**
300-42 DD COUNCIL	91 General Funds	$ 0	$ 3,294	$ 3,294	($ 4,574)	($ 1,280)
300-42 DD COUNCIL	92 Federal Funds	$ 873,457	$ 73,140	$ 946,597	$ 3,009	$ 949,606
	F Total	**$ 873,457**	**$ 76,434**	**$ 949,891**	**($ 1,565)**	**$ 948,326**
300-43 AGING SERVICES	10 Salaries and Wages	$ 1,458,462	$ 77,766	$ 1,536,228	($ 16,443)	$ 1,519,785
300-43 AGING SERVICES	30 Operating Expenses	$ 1,169,254	$ 8,799,135	$ 9,968,389	$ 0	$ 9,968,389
300-43 AGING SERVICES	50 Capital Improvements	$ 789	($ 189)	$ 600	$ 0	$ 600
300-43 AGING SERVICES	60 Grants	$ 11,745,595	($ 8,356,122)	$ 3,389,473	$ 0	$ 3,389,473
	B Total	**$ 14,374,100**	**$ 520,590**	**$ 14,894,690**	**($ 16,443)**	**$ 14,878,247**
300-43 AGING SERVICES	91 General Funds	$ 3,316,114	($ 504,266)	$ 2,811,848	($ 7,265)	$ 2,804,583
300-43 AGING SERVICES	92 Federal Funds	$ 10,590,987	$ 1,033,455	$ 11,624,442	($ 9,178)	$ 11,615,264
300-43 AGING SERVICES	93 Other Funds	$ 76,999	($ 8,599)	$ 68,400	$ 0	$ 68,400
300-43 AGING SERVICES	96 tGT Funds	$ 390,000	$ 0	$ 390,000	$ 0	$ 390,000
	F Total	**$ 14,374,100**	**$ 520,590**	**$ 14,894,690**	**($ 16,443)**	**$ 14,878,247**
300-46 CHILDREN & FAMILY SERVICES	10 Salaries and Wages	$ 1,841,677	($ 18,895)	$ 1,822,782	($ 19,423)	$ 1,803,359
300-46 CHILDREN & FAMILY SERVICES	30 Operating Expenses	$ 1,903,607	($ 221,634)	$ 1,681,973	$ 0	$ 1,681,973
300-46 CHILDREN & FAMILY SERVICES	60 Grants	$ 93,870,279	$ 3,211,980	$ 97,082,259	$ 1,725	$ 97,083,984
	B Total	**$ 97,615,563**	**$ 2,971,451**	**$ 100,587,014**	**($ 17,698)**	**$ 100,569,316**
300-46 CHILDREN & FAMILY SERVICES	91 General Funds	$ 13,395,714	$ 1,487,184	$ 14,882,898	($ 910,581)	$ 13,972,317
300-46 CHILDREN & FAMILY SERVICES	92 Federal Funds	$ 74,361,789	($ 572,191)	$ 73,789,598	$ 487,548	$ 74,277,146
300-46 CHILDREN & FAMILY SERVICES	93 Other Funds	$ 3,588,101	$ 987,392	$ 4,575,493	$ 405,335	$ 4,980,828
300-46 CHILDREN & FAMILY SERVICES	94 Retained Funds	$ 153,060	$ 20,966	$ 174,026	$ 0	$ 174,026
300-46 CHILDREN & FAMILY SERVICES	95 County Funds	$ 6,116,899	$ 1,048,100	$ 7,164,999	$ 0	$ 7,164,999
	F Total	**$ 97,615,563**	**$ 2,971,451**	**$ 100,587,014**	**($ 17,698)**	**$ 100,569,316**

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
300-47 MENTAL HEALTH & SUBSTANCE ABUSE	10 Salaries and Wages	$ 1,308,303	$ 154,903	$ 1,463,206	($ 14,282)	$ 1,448,924
300-47 MENTAL HEALTH & SUBSTANCE ABUSE	30 Operating Expenses	$ 3,792,013	($ 596,706)	$ 3,195,307	$ 0	$ 3,195,307
300-47 MENTAL HEALTH & SUBSTANCE ABUSE	60 Grants	$ 3,386,559	$ 200,251	$ 3,586,810	$ 0	$ 3,586,810
	B Total	**$ 8,486,875**	**($ 241,552)**	**$ 8,245,323**	**($ 14,282)**	**$ 8,231,041**
300-47 MENTAL HEALTH & SUBSTANCE ABUSE	91 General Funds	$ 1,604,102	($ 127,705)	$ 1,476,397	($ 37,832)	$ 1,438,565
300-47 MENTAL HEALTH & SUBSTANCE ABUSE	92 Federal Funds	$ 6,676,909	($ 107,983)	$ 6,568,926	($ 14,282)	$ 6,554,644
300-47 MENTAL HEALTH & SUBSTANCE ABUSE	93 Other Funds	$ 205,864	($ 5,864)	$ 200,000	$ 37,832	$ 237,832
	F Total	**$ 8,486,875**	**($ 241,552)**	**$ 8,245,323**	**($ 14,282)**	**$ 8,231,041**
300-51 DISABILITY SERVICES	10 Salaries and Wages	$ 4,980,856	($ 101,790)	$ 4,879,066	($ 51,695)	$ 4,827,371
300-51 DISABILITY SERVICES	30 Operating Expenses	$ 4,135,297	$ 14,684	$ 4,149,981	$ 275,383	$ 4,425,364
300-51 DISABILITY SERVICES	50 Capital Improvements	$ 5,186	$ 30,014	$ 35,200	$ 0	$ 35,200
300-51 DISABILITY SERVICES	60 Grants	$ 17,264,822	($ 932,982)	$ 16,331,840	$ 0	$ 16,331,840
	B Total	**$ 26,386,161**	**($ 990,074)**	**$ 25,396,087**	**$ 223,688**	**$ 25,619,775**
300-51 DISABILITY SERVICES	91 General Funds	$ 4,876,102	($ 161,867)	$ 4,714,235	$ 74,877	$ 4,789,112
300-51 DISABILITY SERVICES	92 Federal Funds	$ 21,319,510	($ 822,658)	$ 20,496,852	$ 148,811	$ 20,645,663
300-51 DISABILITY SERVICES	93 Other Funds	$ 90,549	($ 5,549)	$ 85,000	$ 0	$ 85,000
300-51 DISABILITY SERVICES	96 IGT Funds	$ 100,000	$ 0	$ 100,000	$ 0	$ 100,000
	F Total	**$ 26,386,161**	**($ 990,074)**	**$ 25,396,087**	**$ 223,688**	**$ 25,619,775**

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
300-99 PROGRAM & POLICY TOTALS	10 Salaries and Wages	$ 9,720,351	$ 119,651	$ 9,840,002	($ 103,408)	$ 9,736,594
300-99 PROGRAM & POLICY TOTALS	30 Operating Expenses	$ 11,055,958	$ 7,992,379	$ 19,048,337	$ 275,383	$ 19,323,720
300-99 PROGRAM & POLICY TOTALS	50 Capital Improvements	$ 5,975	$ 29,825	$ 35,800	$ 0	$ 35,800
300-99 PROGRAM & POLICY TOTALS	60 Grants	$ 126,953,872	($ 5,805,006)	$ 121,148,866	$ 1,725	$ 121,150,591
	B Total	**$ 147,736,156**	**$ 2,336,849**	**$ 150,073,005**	**$ 173,700**	**$ 150,246,705**
300-99 PROGRAM & POLICY TOTALS	91 General Funds	$ 23,192,032	$ 696,640	$ 23,888,672	($ 885,375)	$ 23,003,297
300-99 PROGRAM & POLICY TOTALS	92 Federal Funds	$ 113,822,652	($ 396,237)	$ 113,426,415	$ 615,908	$ 114,042,323
300-99 PROGRAM & POLICY TOTALS	93 Other Funds	$ 3,961,513	$ 967,380	$ 4,928,893	$ 443,167	$ 5,372,060
300-99 PROGRAM & POLICY TOTALS	94 Retained Funds	$ 153,060	$ 20,966	$ 174,026	$ 0	$ 174,026
300-99 PROGRAM & POLICY TOTALS	95 County Funds	$ 6,116,899	$ 1,048,100	$ 7,164,999	$ 0	$ 7,164,999
300-99 PROGRAM & POLICY TOTALS	96 IGT Funds	$ 490,000	$ 0	$ 490,000	$ 0	$ 490,000
	F Total	**$ 147,736,156**	**$ 2,336,849**	**$ 150,073,005**	**$ 173,700**	**$ 150,246,705**

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
410-00 MENTAL HEALTH COMMUNITY SERVICES	70 HSCs and Institutions	$ 0	$ 250,000	$ 250,000	$ 0	$ 250,000
	B Total	**$ 0**	**$ 250,000**	**$ 250,000**	**$ 0**	**$ 250,000**
410-00 MENTAL HEALTH COMMUNITY SERVICES	91 General Funds	$ 0	$ 250,000	$ 250,000	$ 0	$ 250,000
	F Total	**$ 0**	**$ 250,000**	**$ 250,000**	**$ 0**	**$ 250,000**
410-01 NORTHWEST HSC	70 HSCs and Institutions	$ 8,296,554	($ 964,607)	$ 7,331,947	($ 51,005)	$ 7,280,942
	B Total	**$ 8,296,554**	**($ 964,607)**	**$ 7,331,947**	**($ 51,005)**	**$ 7,280,942**
410-01 NORTHWEST HSC	91 General Funds	$ 4,190,444	($ 506,133)	$ 3,684,311	($ 49,167)	$ 3,635,144
410-01 NORTHWEST HSC	92 Federal Funds	$ 3,502,501	($ 206,006)	$ 3,296,495	($ 1,838)	$ 3,294,657
410-01 NORTHWEST HSC	93 Other Funds	$ 603,609	($ 252,468)	$ 351,141	$ 0	$ 351,141
	F Total	**$ 8,296,554**	**($ 964,607)**	**$ 7,331,947**	**($ 51,005)**	**$ 7,280,942**
410-02 NORTH CENTRAL HSC	70 HSCs and Institutions	$ 14,434,143	$ 249,919	$ 14,684,062	($ 107,118)	$ 14,576,944
	B Total	**$ 14,434,143**	**$ 249,919**	**$ 14,684,062**	**($ 107,118)**	**$ 14,576,944**
410-02 NORTH CENTRAL HSC	91 General Funds	$ 8,605,543	($ 657,331)	$ 7,948,212	($ 96,270)	$ 7,851,942
410-02 NORTH CENTRAL HSC	92 Federal Funds	$ 5,103,085	$ 988,062	$ 6,091,147	($ 10,848)	$ 6,080,299
410-02 NORTH CENTRAL HSC	93 Other Funds	$ 725,515	($ 80,812)	$ 644,703	$ 0	$ 644,703
	F Total	**$ 14,434,143**	**$ 249,919**	**$ 14,684,062**	**($ 107,118)**	**$ 14,576,944**
410-03 LAKE REGION HSC	70 HSCs and Institutions	$ 8,268,866	$ 221,361	$ 8,490,227	($ 62,792)	$ 8,427,435
	B Total	**$ 8,268,866**	**$ 221,361**	**$ 8,490,227**	**($ 62,792)**	**$ 8,427,435**
410-03 LAKE REGION HSC	91 General Funds	$ 4,644,288	$ 55,277	$ 4,699,565	($ 55,883)	$ 4,643,682
410-03 LAKE REGION HSC	92 Federal Funds	$ 3,002,421	$ 274,659	$ 3,277,080	($ 6,909)	$ 3,270,171
410-03 LAKE REGION HSC	93 Other Funds	$ 622,157	($ 108,575)	$ 513,582	$ 0	$ 513,582
	F Total	**$ 8,268,866**	**$ 221,361**	**$ 8,490,227**	**($ 62,792)**	**$ 8,427,435**

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
410-04 NORTHEAST HSC	70 HSCs and Institutions	$ 19,070,257	($ 1,4[illegible])	$ 17,628,299	($ 119,443)	$ 17,508,856
	B Total	**$ 19,070,257**	**($ 1,441,958)**	**$ 17,628,299**	**($ 119,443)**	**$ 17,508,856**
410-04 NORTHEAST HSC	91 General Funds	$ 7,813,477	($ 2[illegible])	$ 7,529,216	($ 70,661)	$ 7,458,555
410-04 NORTHEAST HSC	92 Federal Funds	$ 9,957,804	($ [illegible])	$ 9,337,762	($ 46,219)	$ 9,291,543
410-04 NORTHEAST HSC	93 Other Funds	$ 1,298,976	($ 537,655)	$ 761,321	($ 2,563)	$ 758,758
	F Total	**$ 19,070,257**	**($ 1,441,958)**	**$ 17,628,299**	**($ 119,443)**	**$ 17,508,856**
410-05 SOUTHEAST HSC	50 Capital Improvements	$ 573,124	($ 8,796)	$ 564,328	$ 0	$ 564,328
410-05 SOUTHEAST HSC	70 HSCs and Institutions	$ 19,976,814	$ 382,895	$ 20,359,709	($ 180,816)	$ 20,178,893
	B Total	**$ 20,549,938**	**$ 374,099**	**$ 20,924,037**	**($ 180,816)**	**$ 20,743,221**
410-05 SOUTHEAST HSC	91 General Funds	$ 9,376,757	$ 313,390	$ 9,690,147	($ 164,016)	$ 9,526,131
410-05 SOUTHEAST HSC	92 Federal Funds	$ 9,808,614	$ 366,919	$ 10,175,533	($ 16,800)	$ 10,158,733
410-05 SOUTHEAST HSC	93 Other Funds	$ 1,364,567	($ 306,210)	$ 1,058,357	$ 0	$ 1,058,357
	F Total	**$ 20,549,938**	**$ 374,099**	**$ 20,924,037**	**($ 180,816)**	**$ 20,743,221**
410-06 SOUTH CENTRAL HSC	70 HSCs and Institutions	$ 11,375,119	$ 79,262	$ 11,454,381	($ 86,531)	$ 11,367,850
	B Total	**$ 11,375,119**	**$ 79,262**	**$ 11,454,381**	**($ 86,531)**	**$ 11,367,850**
410-06 SOUTH CENTRAL HSC	91 General Funds	$ 5,869,478	($ 156,405)	$ 5,713,073	($ 78,067)	$ 5,635,006
410-06 SOUTH CENTRAL HSC	92 Federal Funds	$ 4,479,604	$ 415,534	$ 4,895,138	($ 8,464)	$ 4,886,674
410-06 SOUTH CENTRAL HSC	93 Other Funds	$ 1,026,037	($ 179,867)	$ 846,170	$ 0	$ 846,170
	F Total	**$ 11,375,119**	**$ 79,262**	**$ 11,454,381**	**($ 86,531)**	**$ 11,367,850**
410-07 WEST CENTRAL HSC	70 HSCs and Institutions	$ 18,953,938	($ 1,240,041)	$ 17,713,897	($ 117,288)	$ 17,596,609
	B Total	**$ 18,953,938**	**($ 1,240,041)**	**$ 17,713,897**	**($ 117,288)**	**$ 17,596,609**
410-07 WEST CENTRAL HSC	91 General Funds	$ 8,445,628	$ 130,319	$ 8,575,947	($ 102,620)	$ 8,473,327
410-07 WEST CENTRAL HSC	92 Federal Funds	$ 9,264,494	($ 887,674)	$ 8,376,820	($ 14,668)	$ 8,362,152
410-07 WEST CENTRAL HSC	93 Other Funds	$ 1,228,816	($ 467,686)	$ 761,130	$ 0	$ 761,130
410-07 WEST CENTRAL HSC	95 County Funds	$ 15,000	($ [illegible])	$ 0	$ 0	$ 0
	F Total	**$ 18,953,938**	**($ 1,240,041)**	**$ 17,713,897**	**($ 117,288)**	**$ 17,596,609**

Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
410-08 BADLANDS HSC	70 HSCs and Institutions	$ 9,741,258	($ 736,286)	$ 9,004,972	($ 72,192)	$ 8,932,780
	B Total	**$ 9,741,258**	**($ 736,286)**	**$ 9,004,972**	**($ 72,192)**	**$ 8,932,780**
410-08 BADLANDS HSC	91 General Funds	$ 4,583,467	($ 148,302)	$ 4,435,165	($ 62,331)	$ 4,372,834
410-08 BADLANDS HSC	92 Federal Funds	$ 3,717,352	$ 35,951	$ 3,753,303	($ 9,861)	$ 3,743,442
410-08 BADLANDS HSC	93 Other Funds	$ 1,440,439	($ 623,935)	$ 816,504	$ 0	$ 816,504
	F Total	**$ 9,741,258**	**($ 736,286)**	**$ 9,004,972**	**($ 72,192)**	**$ 8,932,780**
410-99 HUMAN SERVICE CENTERS TOTALS	50 Capital Improvements	$ 573,124	($ 8,796)	$ 564,328	$ 0	$ 564,328
410-99 HUMAN SERVICE CENTERS TOTALS	70 HSCs and Institutions	$ 110,116,949	($ 3,199,455)	$ 106,917,494	($ 797,185)	$ 106,120,309
	B Total	**$ 110,690,073**	**($ 3,208,251)**	**$ 107,481,822**	**($ 797,185)**	**$ 106,684,637**
410-99 HUMAN SERVICE CENTERS TOTALS	91 General Funds	$ 53,529,082	($ 1,003,446)	$ 52,525,636	($ 679,015)	$ 51,846,621
410-99 HUMAN SERVICE CENTERS TOTALS	92 Federal Funds	$ 48,835,875	$ 367,403	$ 49,203,278	($ 115,607)	$ 49,087,671
410-99 HUMAN SERVICE CENTERS TOTALS	93 Other Funds	$ 8,310,116	($ 2,557,208)	$ 5,752,908	($ 2,563)	$ 5,750,345
410-99 HUMAN SERVICE CENTERS TOTALS	95 County Funds	$ 15,000	($ 15,000)	$ 0	$ 0	$ 0
	F Total	**$ 110,690,073**	**($ 3,208,251)**	**$ 107,481,822**	**($ 797,185)**	**$ 106,684,637**

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
420-01 STATE HOSPITAL	50 Capital Improvements	$ 1,258,778	($ 303,238)	$ 955,540	$ 0	$ 955,540
420-01 STATE HOSPITAL	70 HSCs and Institutions	$ 50,375,253	($ 7,018,094)	$ 43,357,159	($ 2,381,651)	$ 40,975,508
	B Total	**$ 51,634,031**	**($ 7,321,332)**	**$ 44,312,699**	**($ 2,381,651)**	**$ 41,931,048**
420-01 STATE HOSPITAL	91 General Funds	$ 33,672,888	($ 5,765,549)	$ 27,907,339	($ 2,381,651)	$ 25,525,688
420-01 STATE HOSPITAL	92 Federal Funds	$ 4,818,217	($ 764,052)	$ 4,054,165	$ 0	$ 4,054,165
420-01 STATE HOSPITAL	93 Other Funds	$ 13,142,926	($ 791,731)	$ 12,351,195	$ 0	$ 12,351,195
	F Total	**$ 51,634,031**	**($ 7,321,332)**	**$ 44,312,699**	**($ 2,381,651)**	**$ 41,931,048**
430-01 DEVELOPMENTAL CENTER	50 Capital Improvements	$ 951,993	($ 314,790)	$ 637,203	$ 0	$ 637,203
430-01 DEVELOPMENTAL CENTER	70 HSCs and Institutions	$ 40,165,023	$ 1,346,027	$ 41,511,050	($ 1,340,137)	$ 40,170,913
	B Total	**$ 41,117,016**	**$ 1,031,237**	**$ 42,148,253**	**($ 1,340,137)**	**$ 40,808,116**
430-01 DEVELOPMENTAL CENTER	91 General Funds	$ 10,849,718	($ 935,945)	$ 9,913,773	($ 1,090,309)	$ 8,823,464
430-01 DEVELOPMENTAL CENTER	92 Federal Funds	$ 27,981,002	$ 1,571,378	$ 29,552,380	($ 239,692)	$ 29,312,688
430-01 DEVELOPMENTAL CENTER	93 Other Funds	$ 2,286,296	$ 395,804	$ 2,682,100	($ 10,136)	$ 2,671,964
	F Total	**$ 41,117,016**	**$ 1,031,237**	**$ 42,148,253**	**($ 1,340,137)**	**$ 40,808,116**

4xx-99 INSTITUTIONS TOTALS	50 Capital Improvements	$ 2,210,771	($ 618,028)	$ 1,592,743	$ 0	$ 1,592,743
4xx-99 INSTITUTIONS TOTALS	70 HSCs and Institutions	$ 90,540,276	($ 5,672,067)	$ 84,868,209	($ 3,721,788)	$ 81,146,421
	B Total	**$ 92,751,047**	**($ 6,290,095)**	**$ 86,460,952**	**($ 3,721,788)**	**$ 82,739,164**
4xx-99 INSTITUTIONS TOTALS	91 General Funds	$ 44,522,606	($ 6,701,494)	$ 37,821,112	($ 3,471,960)	$ 34,349,152
4xx-99 INSTITUTIONS TOTALS	92 Federal Funds	$ 32,799,219	$ 807,326	$ 33,606,545	($ 239,692)	$ 33,366,853
4xx-99 INSTITUTIONS TOTALS	93 Other Funds	$ 15,429,222	($ 395,927)	$ 15,033,295	($ 10,136)	$ 15,023,159
	F Total	**$ 92,751,047**	**($ 6,290,095)**	**$ 86,460,952**	**($ 3,721,788)**	**$ 82,739,164**

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Department of Human Services * Funding by Subdivision * To the House (CHM2)
2003 - 2005 Budget

Subdivision	Line Item	Current 2001 - 2003 Budget	Changes	To the Senate 2003 - 2005	Senate Adjustments	To the House 2003 - 2005
999-99 DEPARTMENT TOTALS	10 Salaries and Wages	$ 33,411,330	$ 47,635	$ 33,458,965	($ 353,914)	$ 33,105,051
999-99 DEPARTMENT TOTALS	30 Operating Expenses	$ 62,828,579	$ 10,119,614	$ 72,948,193	($ 425,422)	$ 72,522,771
999-99 DEPARTMENT TOTALS	50 Capital Improvements	$ 2,793,721	($ 594,284)	$ 2,199,437	$ 0	$ 2,199,437
999-99 DEPARTMENT TOTALS	60 Grants	$ 126,953,872	($ 5,805,006)	$ 121,148,866	$ 1,725	$ 121,150,591
999-99 DEPARTMENT TOTALS	70 HSCs and Institutions	$ 200,657,225	($ 8,871,522)	$ 191,785,703	($ 4,518,973)	$ 187,266,730
999-99 DEPARTMENT TOTALS	71 DD Loan Fund	$ 2,261,556	$ 0	$ 2,261,556	$ 0	$ 2,261,556
999-99 DEPARTMENT TOTALS	72 Grants-Assistance Payments	$ 126,518,606	$ 40,823,606	$ 167,342,212	$ 0	$ 167,342,212
999-99 DEPARTMENT TOTALS	73 Grants-Medical Assistance	$ 822,621,951	$ 75,299,582	$ 897,921,533	($ 6,928,554)	$ 890,992,979
999-99 DEPARTMENT TOTALS	75 Health Care Trust Fund	$ 16,412,390	($ 16,412,390)	$ 0	$ 0	$ 0
999-99 DEPARTMENT TOTALS	79 HIPAA / Computer Tech (07-99	$ 8,055,347	($ 8,055,347)	$ 0	$ 0	$ 0
	B Total	**$ 1,402,514,577**	**$ 86,551,888**	**$ 1,489,066,465**	**($ 12,225,138)**	**$ 1,476,841,327**
999-99 DEPARTMENT TOTALS	91 General Funds	$ 370,019,659	$ 8,552,387	$ 378,572,046	($ 16,235,070)	$ 362,336,976
999-99 DEPARTMENT TOTALS	92 Federal Funds	$ 915,456,439	$ 73,098,688	$ 988,555,127	($ 977,398)	$ 987,577,729
999-99 DEPARTMENT TOTALS	93 Other Funds	$ 59,559,059	($ 15,952,537)	$ 43,606,522	$ 5,293,723	$ 48,900,250
999-99 DEPARTMENT TOTALS	94 Retained Funds	$ 31,971,606	($ 898,327)	$ 31,073,279	$ 0	$ 31,073,279
999-99 DEPARTMENT TOTALS	95 County Funds	$ 8,545,325	$ 1,378,288	$ 9,923,613	($ 306,398)	$ 9,617,215
999-99 DEPARTMENT TOTALS	96 IGT Funds	$ 16,962,489	$ 20,373,389	$ 37,335,878	$ 0	$ 37,335,878
	F Total	**$ 1,402,514,577**	**$ 86,551,888**	**$ 1,483,066,465**	**($ 12,225,138)**	**$ 1,476,841,327**

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Department of Human Services - Funding by Subdivision to the House

2003 - 2005

Subdivision	FTEs	To the House 2003 - 2005	General	Federal	Other	SWAP	County	IGT
100-15 ADMINISTRATION / SUPPORT	74.800	13,706,520	4,279,157	5,665,807	3,761,556			
100-20 DIVISION OF INFORMATION TECHNOLOGY	39.000	33,651,523	9,944,321	18,133,675	109,198	4,176,296	1,288,033	
100 MANAGEMENT Total	**113.800**	**47,358,043**	**14,223,478**	**23,799,482**	**3,870,754**	**4,176,296**	**1,288,033**	
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	46.800	180,918,418	4,630,559	153,444,870	5,873,832	16,440,528	528,629	
200-02 CHILD SUPPORT ENFORCEMENT	38.000	8,545,089	423,363	5,065,104	2,453,398	603,224		
200-03 MEDICAL SERVICES	53.000	553,735,453	153,116,693	382,577,549	10,556,702	7,394,843		89,666
200-10 LONG TERM CARE		346,613,818	80,743,813	226,193,877		2,284,362	635,554	36,756,212
200 ECONOMIC ASSISTANCE Total	**137.800**	**1,089,812,778**	**238,914,428**	**767,281,400**	**18,883,932**	**26,722,957**	**1,164,183**	**36,845,878**
300-42 DD COUNCIL	1.400	948,326	(1,280)	949,606				
300-43 AGING SERVICES	15.500	14,878,247	2,804,583	11,615,264	68,400			390,000
300-46 CHILDREN & FAMILY SERVICES	17.000	100,569,316	13,972,317	74,277,146	4,980,828	174,026	7,164,999	
300-47 MENTAL HEALTH & SUBSTANCE ABUSE	12.000	8,231,041	1,438,565	6,554,644	237,832			
300-51 DISABILITY SERVICES	51.100	25,619,775	4,789,112	20,645,663	85,000			100,000
300 PROGRAM & POLICY Total	**97.000**	**150,246,705**	**23,003,297**	**114,042,323**	**5,372,060**	**174,026**	**7,164,999**	**490,000**
410-00 UNALLOCATED - HSC'S		250,000	250,000					
410-01 NORTHWEST HSC	51.000	7,280,942	3,635,144	3,294,657	351,141			
410-02 NORTH CENTRAL HSC	112.780	14,576,944	7,851,942	6,080,299	644,703			
410-03 LAKE REGION HSC	64.000	8,427,435	4,643,682	3,270,171	513,582			
410-04 NORTHEAST HSC	123.600	17,508,856	7,458,555	9,291,543	758,758			
410-05 SOUTHEAST HSC	183.200	20,743,221	9,526,131	10,158,733	1,058,357			
410-06 SOUTH CENTRAL HSC	86.000	11,367,850	5,635,006	4,886,674	846,170			
410-07 WEST CENTRAL HSC	119.000	17,596,609	8,473,327	8,362,152	761,130			
410-08 BADLANDS HSC	78.000	8,932,780	4,372,834	3,743,442	816,504			
410 HUMAN SERVICE CENTERS Total	**817.580**	**106,684,637**	**51,846,621**	**49,087,671**	**5,750,345**			
420-01 STATE HOSPITAL	416.900	41,931,048	25,525,688	4,054,165	12,351,195			
430-01 DEVELOPMENTAL CENTER	458.040	40,808,116	8,823,464	29,312,688	2,671,964			
4xx INSTITUTIONS Total	**874.940**	**82,739,164**	**34,349,152**	**33,366,853**	**15,023,159**			
Grand Total	**2,041.120**	**1,476,841,327**	**362,336,976**	**987,577,729**	**48,900,250**	**31,073,279**	**9,617,215**	**37,335,878**

Department of Human Services
Summary by Division, Line Item and Budget Object Code as Submitted to the House
2003 - 2005 Budget

BOC	Budget Object Code Description	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
1000	FULL TIME EQUIVALENTS (FTES)	42.000	(3.000)	39.000	-	39.000
	100-20 DIVISION OF INFORMATION TECHNOLOGY FTE TOTALS	**42.000**	**(3.000)**	**39.000**	**-**	**39.000**
1001	SALARIES	3,119,739	(284,275)	2,835,464	(35,144)	2,800,320
1002	TEMPORARY, OVERTIME & SHIFT DIFF.	233,865	(163,977)	69,888	-	69,888
1008	BENEFITS	928,480	(3,745)	924,735	(5,888)	918,847
	SALARIES AND WAGES BUDGET	**4,282,084**	**(451,997)**	**3,830,087**	**(41,032)**	**3,789,055**
1991	SALARY - GENERAL FUNDS	2,679,836	83,201	2,763,037	(29,858)	2,733,179
1992	SALARY - FEDERAL FUNDS	1,602,248	(535,198)	1,067,050	(11,174)	1,055,876
	SALARIES AND WAGES FUNDING	**4,282,084**	**(451,997)**	**3,830,087**	**(41,032)**	**3,789,055**
3002	IT-DATA PROCESSING	24,886,556	(995,695)	23,890,861	17,652	23,908,513
3003	IT-TELEPHONE	34,770	(12,570)	22,200	-	22,200
3004	TRAVEL	209,665	(86,469)	123,196	-	123,196
3005	IT - SOFTWARE/SUPPLIES	887,991	(73,159)	814,832	-	814,832
3008	IT CONTRACTUAL SERVICES & REPAIRS	1,007,616	313,900	1,321,516	(100,000)	1,221,516
3012	LEASE/RENT - BLDG/LAND	125,477	2,232	127,709	-	127,709
3013	PROFESSIONAL DEVELOPMENT	152,408	(65,150)	87,258	-	87,258
3014	OPERATING FEES & SERVICES	1,795,313	1,104,231	2,899,544	-	2,899,544
3016	REPAIRS	11,000	(3,776)	7,224	-	7,224
3018	PROFESSIONAL SERVICES	800	(500)	300	-	300
3021	OFFICE SUPPLIES	25,680	(10,512)	15,168	-	15,168
3024	PRINTING	4,372	(3,748)	624	-	624
3025	PROFESSIONAL SUPPLIES & MATERIALS	33,684	(26,484)	7,200	-	7,200
3034	OFFICE EQUIP & FURN - UNDER $5000	4,400	(3,560)	840	-	840
3038	IT-EQUIPMENT - UNDER $5000	1,178,626	(554,976)	623,650	-	623,650
	OPERATING EXPENSES BUDGET	**30,358,358**	**(416,236)**	**29,942,122**	**(82,348)**	**29,859,774**
3991	OPERATING - GENERAL FUNDS	8,830,936	(1,530,606)	7,300,330	(91,174)	7,209,156
3992	OPERATING - FEDERAL FUNDS	15,932,804	1,135,461	17,068,265	8,826	17,077,091
3993	OPERATING - OTHER FUNDS	-	109,198	109,198	-	109,198
3994	OPERATING - RETAINED FUNDS	4 396,101	(219,805)	4,176,296	-	4,176,296
3996	OPERATING - COUNTY FUNDS	1,198,517	89,516	1,288,033	-	1,288,033
	OPERATING EXPENSES FUNDING	**30,358,358**	**(416,236)**	**29,942,122**	**(82,348)**	**29,859,774**
5020	OTHER CAPITAL PAYMENTS	1,308	1,386	2,694	-	2,694
	CAPITAL IMPROVEMENTS BUDGET	**1,308**	**1,386**	**2,694**	**-**	**2,694**
5991	LAND & CPTL IMPRV - GENERAL FUNDS	-	1,986	1,986	-	1,986
5992	LAND & CPTL IMPRV - FEDERAL FUNDS	1,308	(600)	708	-	708
	CAPITAL IMPROVEMENTS FUNDING	**1,308**	**1,386**	**2,694**	**-**	**2,694**
1002	TEMPORARY, OVERTIME & SHIFT DIFF.	135,000	(135,000)	-	-	-
3002	IT-DATA PROCESSING	3,364,433	(3,364,433)	-	-	-
3004	TRAVEL	1,200	(1,200)	-	-	-
3005	IT - SOFTWARE/SUPPLIES	2,000	(2,000)	-	-	-
3008	IT CONTRACTUAL SERVICES & REPAIRS	4,267,164	(4,267,164)	-	-	-
3012	LEASE/RENT - BLDG/LAND	82,800	(82,800)	-	-	-
3013	PROFESSIONAL DEVELOPMENT	2,300	(2,300)	-	-	-
3021	OFFICE SUPPLIES	10,000	(10,000)	-	-	-
3025	PROFESSIONAL SUPPLIES & MATERIALS	300	(300)	-	-	-
3038	IT-EQUIPMENT - UNDER $5000	200,150	(200,150)	-	-	-
	HIPAA / COMPUTER TECH (97-99 BUDGET	**8,055,347**	**(8,055,347)**	**-**	**-**	**-**
7992	HIPAA - FEDERAL FUNDS	5,055,347	(5,055,347)	-	-	-
7993	HIPAA - OTHER FUNDS	3,000,000	(3,000,000)	-	-	-

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Department of Human Services
Summary by Division, Line Item and Budget Object Code as Submitted to the House
2003 - 2005 Budget

BOC	Budget Object Code Description	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
	HIPAA / COMPUTER TECH (97-99 FUNDING	8,055,347	(8,055,347)	-	-	-

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Department of Human Services
Summary by Division, Line Item and Budget Object Code as Submitted to the House
2003 - 2005 Budget

BOC	Budget Object Code Description	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
xx91	GENERAL FUNDS	11,510,772	(1,445,419)	10,065,353	(121,032)	9,944,321
xx92	FEDERAL FUNDS	22,591,707	(4,455,684)	18,136,023	(2,348)	18,133,675
xx93	OTHER FUNDS	3,000,000	(2,890,802)	109,198	-	109,198
xx94	RETAINED FUNDS	4,396,101	(219,805)	4,176,296	-	4,176,296
xx95	COUNTY FUNDS	1,198,517	89,516	1,288,033	-	1,288,033
	100-20 DIVISION OF INFORMATION TECHNOLOGY TOTALS	**42,697,097**	**(8,922,194)**	**33,774,903**	**(123,380)**	**33,651,523**

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Department of Human Services
Summary by Division, Line Item and Budget Object Code as Submitted to the House
2003 - 2005 Budget

BOC	Budget Object Code Description	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
1000	FULL TIME EQUIVALENTS (FTES)	79.800	(5.000)	74.800	-	74.800
	100-15 ADMINISTRATION / SUPPORT FTE TOTALS	**79.800**	**(5.000)**	**74.800**	**-**	**74.800**
1001	SALARIES	5,791,320	(294,761)	5,496,559	(67,990)	5,428,569
1002	TEMPORARY, OVERTIME & SHIFT DIFF.	41,040	(22,128)	18,912	-	18,912
1008	BENEFITS	1,775,958	26,218	1,802,176	(11,281)	1,790,895
	SALARIES AND WAGES BUDGET	**7,608,318**	**(290,671)**	**7,317,647**	**(79,271)**	**7,238,376**
1991	SALARY - GENERAL FUNDS	4,632,294	(503,617)	4,128,677	(1,544,924)	2,583,753
1992	SALARY - FEDERAL FUNDS	2,976,024	212,946	3,188,970	(34,347)	3,154,623
1993	SALARY - OTHER FUNDS	-	-	-	1,500,000	1,500,000
	SALARIES AND WAGES FUNDING	**7,608,318**	**(290,671)**	**7,317,647**	**(79,271)**	**7,238,376**
3002	IT-DATA PROCESSING	6,079	2,421	8,500	-	8,500
3003	IT-TELEPHONE	639,051	9,531	648,582	-	648,582
3004	TRAVEL	349,831	17,127	366,958	-	366,958
3005	IT - SOFTWARE/SUPPLIES	10,550	394	10,944	-	10,944
3007	POSTAGE	1,208,184	401,773	1,609,957	(401,773)	1,208,184
3008	IT CONTRACTUAL SERVICES & REPAIRS	-	6,000	6,000	-	6,000
3011	LEASE/RENT - EQUIPMENT	137,967	21,104	159,071	-	159,071
3012	LEASE/RENT - BLDG/LAND	273,392	131,509	404,901	-	404,901
3013	PROFESSIONAL DEVELOPMENT	64,381	(278)	64,103	-	64,103
3014	OPERATING FEES & SERVICES	222,736	18,605	241,341	-	241,341
3016	REPAIRS	71,613	(47,102)	24,511	-	24,511
3018	PROFESSIONAL SERVICES	714,943	75,698	790,641	-	790,641
3019	INSURANCE	183,800	(94,936)	88,864	-	88,864
3021	OFFICE SUPPLIES	36,109	(13,979)	22,130	-	22,130
3024	PRINTING	151,858	(21,006)	130,852	-	130,852
3025	PROFESSIONAL SUPPLIES & MATERIALS	21,002	2,425	23,427	-	23,427
3034	OFFICE EQUIP & FURN - UNDER $5000	7,677	(98)	7,579	-	7,579
	OPERATING EXPENSES BUDGET	**4,099,173**	**509,188**	**4,608,361**	**(401,773)**	**4,206,588**
3991	OPERATING - GENERAL FUNDS	993,854	862,259	1,856,113	(160,709)	1,695,404
3992	OPERATING - FEDERAL FUNDS	2,232,667	519,581	2,752,248	(241,064)	2,511,184
3993	OPERATING - OTHER FUNDS	872,652	(872,652)	-	-	-
	OPERATING EXPENSES FUNDING	**4,099,173**	**509,188**	**4,608,361**	**(401,773)**	**4,206,588**
3014	OPERATING FEES & SERVICES	2,261,556	-	2,261,556	-	2,261,556
	DD LOAN FUND BUDGET	**2,261,556**	**-**	**2,261,556**	**-**	**2,261,556**
7193	LOAN FUND - OTHER FUNDS	2,261,556	-	2,261,556	-	2,261,556
	DD LOAN FUND FUNDING	**2,261,556**	**-**	**2,261,556**	**-**	**2,261,556**
xx91	GENERAL FUNDS	5,626,148	358,642	5,984,790	(1,705,633)	4,279,157
xx92	FEDERAL FUNDS	5,208,691	732,527	5,941,218	(275,411)	5,665,807
xx93	OTHER FUNDS	3,134,208	(872,652)	2,261,556	1,500,000	3,761,556
	100-15 ADMINISTRATION / SUPPORT TOTALS	**13,969,047**	**218,517**	**14,187,564**	**(481,044)**	**13,706,520**

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12-14-03
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OPTIONAL ADJUSTMENTS SUMMARY

325 DEPARTMENT OF HUMAN SERVICES

Version: 2003-0325-3-01

Opt Adj: Optional adjustment package

Priority	Optional Adjustment	Reporting Level	FTE Change	Federal Fund	Special Fund	General Fund	Total Adjustment
1	DD-Grants Restore Family Subsidy	00-325-200-03-00-00-00	0.00	0	0	263,040	263,040
2	DS Restore funding for Extended Svcs.	00-325-300-51-00-00-00	0.00	0	0	112,000	112,000
3	DD-Grants Provider $1.50 hr Pay Increase	00-325-200-03-00-00-00	0.00	15,396,888	0	7,841,466	23,238,354
4	DS Corporate Guardianship	00-325-300-51-00-00-00	0.00	0	0	275,383	275,383
5	MS Restore Services	00-325-200-03-00-00-00	0.00	6,053,080	0	2,812,905	8,865,985
6	DD-Grants Eliminate Mandatory MA	00-325-200-03-00-00-00	0.00	(2,067,035)	0	1,980,659	(86,376)
7	DD-Grants Remove QSP option for FSS ISLA	00-325-200-03-00-00-00	0.00	460,133	0	483,322	943,455
8	MS Restore Reimbursement Rates & Units	00-325-200-03-00-00-00	0.00	4,146,785	0	1,927,038	6,073,823
9	DS Contingency funding for Asst. Tech.	00-325-300-51-00-00-00	0.00	320,109	49,322	617,035	986,466
10	DS Reverse IL funding shift	00-325-300-51-00-00-00	0.00	0	0	240,283	240,283
11	SE Restore Emergency Foster Care	00-325-410-75-20-00-00	0.00	0	0	77,605	77,605
12	CFS 3 AASK workers	00-325-300-46-00-00-00	0.00	118,725	0	200,000	318,725
13	DoIT HIPAA 2 - Identifiers and Trans	00-325-100-20-00-00-00	0.00	740,127	0	246,709	986,836
14	DoIT Child Support federal changes	00-325-100-20-00-00-00	0.00	1,500,255	0	772,859	2,273,114
15	BL DD Case Manager	00-325-410-78-30-00-00	1.00	0	0	79,037	79,037
16	SC Restore DD Case Manager position	00-325-410-76-30-00-00	1.00	0	0	80,383	80,383
17	SE Restore DD Case manager	00-325-410-75-30-00-00	1.00	0	0	64,023	64,023
18	NE DD Case Manager position	00-325-410-74-30-00-00	1.00	26,151	0	51,401	77,552
19	NC Restore DD Case Manager Position	00-325-410-72-30-00-00	1.00	0	0	75,899	75,899
20	NW Restore DD Case Manager Position	00-325-410-71-30-00-00	1.00	0	0	73,376	73,376
21	CS Nonfederal Funds - Devils Lake RCSEU	00-325-200-02-00-00-00	0.00	0	0	215,016	215,016
22	DoIT Restore equipment	00-325-100-20-00-00-00	0.00	107,042	0	350,137	457,179
23	LTC Restore Reimbursement Rates & Units	00-325-200-10-00-00-00	0.00	5,784,973	0	2,693,139	8,478,112
24	LTC Restore Nursing Home Oper. Margin	00-325-200-10-00-00-00	0.00	4,156,667	0	1,932,211	6,088,878
25	LTC Restore Nursing Home Incentive	00-325-200-10-00-00-00	0.00	931,245	0	432,302	1,363,547
26	LTC Restore Nursing Home Beds by 36	00-325-200-10-00-00-00	0.00	2,158,426	0	1,003,343	3,161,769
27	CFS EnhanceSubsidized Guardianship Prg	00-325-300-46-00-00-00	0.00	0	0	142,100	142,100
28	SH Roof Repairs	00-325-420-10-00-00-00	0.00	0	0	100,000	100,000

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OPTIONAL ADJUSTMENTS SUMMARY

325 DEPARTMENT OF HUMAN SERVICES

Version: 2003-0325-B-01

Opt Adj: Optional adjustment package

Priority	Optional Adjustment	Reporting Level	FTE Change	Federal Fund	Special Fund	General Fund	Total Adjustment
29	SH Heating, Electrical and Water Systems	00-325-420-10-00-00-00	0.00	0	0	268,400	268,400
30	SH Road Replacement	00-325-420-10-00-00-00	0.00	0	0	200,000	200,000
31	DC Major Improvements	00-325-430-04-00-00-00	0.00	0	0	305,700	305,700
32	MS Restore Inflation	00-325-200-03-00-00-00	0.00	4,538,481	0	2,054,868	6,593,349
33	DD-Grants 2.3% Inflationary Increase	00-325-200-03-00-00-00	0.00	3,886,846	0	1,909,703	5,796,549
34	LTC Restore Inflation	00-325-200-10-00-00-00	0.00	279,034	42,072	1,007,886	1,328,992
35	CFS Inflationary Increase	00-325-300-46-00-00-00	0.00	965,157	196,148	195,453	1,356,758
36	MS DOH - Survey & Certification	00-325-200-03-00-00-00	0.00	270,820	0	91,556	362,376
37	DS Restore Gov Committee Funding	00-325-300-51-00-00-00	0.50	0	0	112,784	112,784
38	AS Committee on Aging	00-325-300-43-00-00-00	0.00	0	0	20,000	20,000
	TOTAL ADJUSTMENTS		**5.50**	**49,773,909**	**287,542**	**31,309,021**	**81,370,472**

Department of Human Services * OARs * 2003 - 2005 Biennium

Priority	BL	OARD	Line	FTEs	Total	General	Federal	Other	
Optional Adjustment Requests									
		The base budget includes $983,705 of Family Subsidy payments for individuals between the ages of 3 and 21. However, the projected need for this service is $1,246,745. This OAR restores the difference between the amount needed for the service and the amount included in the base budget - $263,040.							
		Category: 3 Restoration of a Program / Service							
1	200-03	DD-Grants Restore Family Subsidy	73		263,040	263,040	0	0	Fully funded EX. bdg
		Restore Extended Service general funds cut in the base budget. This would allow the Department to continue extended services for people with physical disabilities provided by the program as of June 1, 2002. It does not include provision for growth in the program.							
		Category: 3 Restoration of a Program / Service							
2	300-51	DS Restore funding for Extended Svcs.	60		112,000	112,000	0	0	Fully funded Ex. bud
		Providers are requesting a $1.50 per hour pay increase for all staff. This would allow providers to recruit and retain qualified staff.							
		Category: 5 Needs Based Enhancement							
3	200-03	DD-Grants Provider $1.50 hr Pay Increase	73		23,238,354	7,841,466	15,396,888	0	Partially funded
		To increase the rate paid per day for Corporate Guardianship services from $3.20 per day to $3.92 per day. This the actual cost to provide the service per the provider's records. The program has not increased the rate since July 1995. Also accounts for an increase in the number of consumers from 300 to 341 based on waiting lists and projected need in the regions.							
		Category: 5 Needs Based Enhancement							
4	300-51	DS Corporate Guardianship	30		275,383	275,383	0	0	Fully funded by Senate
		This optional adjustment request will allow adult recipients to obtain services as they were provided during the 2001-03 biennium. Optional services affected are - Chiropractic, Dental, , Hospice Services, and Private Duty Nursing.							but some services deleted
		Category: 3 Restoration of a Program / Service							
5	200-03	MS Restore Services	73		8,865,985	2,812,905	6,053,080	0	Fully funded by Senate
		The base budget requires all individuals receiving DD services to be MA eligible. Eliminating this requirement allows payment for services with general funds for clients who do not need traditional Medicaid coverage or face a financial hardship caused by a Medicaid Recipient Liability. Some clients will opt to go without services if MA participation is required, leaving them vulnerable. Requiring MA participation may cause some clients receiving Supported Living (a low cost service) to move to a higher cost service. It may also take away some incentives for individuals to be employed due to the Recipient Liability.							
		Category: 3 Restoration of a Program / Service							
6	200-03	DD-Grants Eliminate Mandatory MA	73		-86,376	1,980,659	-2,067,035	0	Not funded
		The base budget includes the option of allowing individuals receiving either Family Support Services, or ISLA services to use a Qualified Service Provider (QSP) rather than using a traditional licensed provider of DD Services was considered. It was estimated 1/3 of the Family Support consumers and 1/10 of the ISLA consumers would choose this option. QSP services are less costly than the traditional services. However, the Department cannot require a consumer to use a QSP. Therefore, the projected savings may not be realized.							Not funded
		Category: 3 Restoration of a Program / Service							

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*Department of Human Services * OARs * 2003 - 2005 Biennium*

Priority	BL	OARD	Line	FTEs	Total	General	Federal	Other	
7	200-03	DD-Grants Remove QSP option for FSS ISLA	73		943,455	483,322	460,133	0	
		This optional adjustment requests restores reimbursement rates to the providers.							
		Category: 3 Restoration of a Program / Service							
8	200-03	MS Restore Reimbursement Rates & Units	73		6,073,823	1,927,038	4,146,785	0	Not funded
		The Assistive Technology federal grant is scheduled to end on September 30, 2003. There is the possibility of ongoing federal funds due to action being taken on a national level and the base budget was built assuming continuing federal funding at a level of $500,000 per year. However, if the federal funds are not available, the Department would need the funding in this OAR to continue to provide Assistive Technology services. Users of these services include VR, Aging, Mental Health, Education, ITD, Worker's Comp, the State Institutions and DD. If the federal funds are available, the funding under this OAR would not be used.							
		Category: 3 Restoration of a Program / Service							
9	300-51	DS Contingency funding for Asst. Tech.	10		601,320	376,126	195,129	30,065	
			30		330,146	206,506	107,132	16,508	
			50		30,000	18,765	9,735	1,500	
			60		25,000	15,638	8,113	1,249	Not funded
		Restore additional general funds in the Independent Living (IL) program that were shifted to federal funds. The source of the federal funds is Social Security Reimbursement, which is usually used for Basic Support Case Services. Currently, there are proposed changes in federal regulations that govern SSA Reimbursement that would severely limit future collections. If these proposed changes occur, it would result in a reduction of IL services in addition to the reduction in Case Services. Also restore the federal funds in the SSA Reimbursement cost center to be used for Case Services.							
		Category: 3 Restoration of a Program / Service							
10	300-51	DS Reverse IL funding shift	60		240,283	240,283	0	0	Not funded
		This contract was underfunded in the amount of $77,605 to meet the general fund target. If funding is not restored, thirty four children will not receive services through the Center, inpatient care may increase and waiting lists will develop at the county level.							
		Category: 3 Restoration of a Program / Service							
11	410-75-20	SE Restore Emergency Foster Care	70		77,605	77,605	0	0	Not funded
		Restore the funding to maintain the number of workers contracted to provide assistance for special needs children to gain adoption status. These cuts were done because of the decrease in general funds available to CFS.							
		Category: 3 Restoration of a Program / Service							
12	300-46	CFS 3 AASK workers	60		318,725	200,000	118,725	0	Funded by Senate

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Department of Human Services * OARs * 2003 - 2005 Biennium

Priority	BL	OARD	Line	FTEs	Total	General	Federal	Other	
		The Health Insurance Portability and Accountability Act (HIPAA) was signed into law in 1996, and The North Dakota Department of Human Services launched a HIPAA compliance program for the 2001-03 biennium to meet compliance with three of the HIPAA standards. As of February 2002, several other standards are to be proposed and/or finalized by Health and Human Services (HHS) during the remainder of this biennium and the 2003-05 biennium. If these standards are finalized, DHS will be required to comply within 2 years and 60 days. Benefits are Avoidance of monetary fines that are imposed for non-compliance. Increased standardization and administrative simplification.							
		Category: 1 Federally Required							
13	100-20	DoIT HIPAA 2 - Identifiers and Trans	79		986,836	246,709	740,127	0	Not funded
		There is a federal legislation pending to rewrite the way the Child Support system distributes money. This is supposed to simply the distribution process. Accommodate federal requirements that are passed. The FACSES system will be able to accommodate the Federal requirements. Process to distribute Child Support money received will be simplified. There are Federal proposals pending that would change some of the methods ND uses to address out of state child Support cases. When these (IRI) become final, we will have to conform to the new regulations. Better service to interstate cases and increased uniformity in processing of out of state cases across the U.S. The FACSES computer system needs to electronically interface with the CCWIPS computer system. This is a Federal requirement. No Federal sanctions or penalties on either system.							
		Category: 1 Federally Required							
14	100-20	DoIT Child Support federal changes	30		2,273,114	772,859	1,500,255	0	Not funded
		This is a currently filled position. Elimination of this position will lead to a higher ratio of consumers to case managers.							
		Category: 3 Restoration of a Program / Service							
15	410-78-30	BL DD Case Manager	70	1.000	79,037	79,037	0	0	Not funded
		The restoration of this position will allow us to maintain the 1 to 60 staff-to-client ratio as required by the current department's administrative rules. The impact of not restoring this position will be an increased case load among the remaining case managers in this program.							
		Category: 3 Restoration of a Program / Service							
16	410-76-30	SC Restore DD Case Manager position	70	1.000	80,383	80,383	0	0	Not funded
		This position is critical to the provision of services for the developmentally disabled population. The work of this position has a direct impact on our ability to reduce in-patient days at the Developmental Center and help meet our strategic plan. this is very much a critical position for this vulnerable population and the impact of not funding will be felt by the clients we serve and the group homes we contract with.							
		Category: 3 Restoration of a Program / Service							
17	410-75-30	SE Restore DD Case manager	70	1.000	64,023	64,023	0	0	Not funded
		Northeast HSC unfunded a DD case manager position to meet its general fund target for budget submission. The loss of this case manager will mean increased caseloads on the remaining DD case managers serving adultsand result in less services to each client. Some clients will require intensive crisis intervention on a regular basis. The unfunded position has a current caseload of 55 clients, the majority of which are adults. On this caseload are about 15 clients who are not involved with a DD provider. They receive their direct support from the DD case manager to remain independent and successful in the community.							
		Category: 3 Restoration of a Program / Service							

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*Department of Human Services * OARs * 2003 - 2005 Biennium*

Priority	BL	OARD	Line	FTEs	Total	General	Federal	Other	
18	410-74-30	NE DD Case Manager position	70	1.000	77,552	51,401	26,151	0	Not funded

If this DD Case Management position was removed, the case manager:client ratio would increase from 60:1 to 70:1. An increase in the ratio would result in a less efficient and effective DD Case Management system. Currently the DD case managers are over the ratio of 1:60 and if this position was removed, the ratio may be over seventy cases per case manager. The quality of services for the DD population in Region II would be at risk.

Category: 3 Restoration of a Program / Service

19	410-72-30	NC Restore DD Case Manager Position	70	1.000	75,899	75,899	0	0	Not funded

The case management position for Developmental Disabilities provides individualized service coordination to a caseload of 60 individuals working with private providers and other agencies to assure quality care. Maintaining this position would allow the caseload of 160 - 180 to be equally shared by three case managers with supervision and guidance from the Developmental Disabilities Administrator instead of sharing between two case managers and the supervisor.

Category: 3 Restoration of a Program / Service

20	410-71-30	NW Restore DD Case Manager Position	70	1.000	73,376	73,376	0	0	Not funded

This request would reinstate the nonfederal funding for the Devils Lake Regional Child Support Enforcement Unit Reservation project. The 01-03 budget includes $215,016 in nonfederal funds.

Category: 3 Restoration of a Program / Service

added intent Lang.

21	200-02	CS Nonfederal Funds - Devils Lake RCSEU	30		215,016	215,016	0	0	funded by Senate

This OAR would restore equipment to the budget. This would allow the department to replace equipment based upon the recommended state cycle.

Category: 3 Restoration of a Program / Service

22	100-20	DoIT Restore equipment	30		457,179	350,137	107,042	0	Not funded

This optional adjustment request restores reimbursement rates to the nursing based on the method used to establish limits during the 01-03 biennium.

Category: 3 Restoration of a Program / Service

23	200-10	LTC Restore Reimbursement Rates & Units	73		8,478,112	2,693,139	5,784,973	0	Not funded

This optional adjustment request will provide nursing facilities with an operation margin as identified by law.

Category: 3 Restoration of a Program / Service

24	200-10	LTC Restore Nursing Home Oper. Margin	73		6,088,878	1,932,211	4,156,667	0	fully funded by Senate

This optional adjustment request will provide nursing facilities with an incentive as identified by law.

Category: 3 Restoration of a Program / Service

25	200-10	LTC Restore Nursing Home Incentive	73		1,363,547	432,302	931,245	0	fully funded by Senate

This optional adjustment request will restore nursing home beds to the level determined necessary during the 2003-2005 biennium.

Category: 3 Restoration of a Program / Service

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Department of Human Services * OARs * 2003 - 2005 Biennium

Priority	BL	OARD	Line	FTEs	Total	General	Federal	Other	
26	200-10	LTC Restore Nursing Home Beds by 36	73		3,161,769	1,003,343	2,158,426	0	Not funded

Current trends anticipate more than 50 children becoming eligible for this program in the next biennium. CFS is requesting a funding level of 50 for the next biennium. These cuts were done because of the decrease in general funds available to CFS.

Category: 5 Needs Based Enhancement

27	300-46	CFS EnhanceSubsidized Guardianship Prg	60		142,100	142,100	0	0	Not funded

Most of the State Hospital buildings are old and need regular maintenance to continue to be usable. One of the most costly, but also most needed, maintenance items is regular repair and replacement of roofs. Each biennium, $100,000 is requested to allow a regular schedule of roof repairs.

Category: 5 Needs Based Enhancement

28	420-10	SH Roof Repairs	50		100,000	100,000	0	0	Not funded

The following improvements and repairs need to be made to the heating, electrical and water distribution systems at the State Hospital.
1. Replace #2 coal boiler pneumatic controls. The controls are obsolete, malfunction frequently and are increasingly harder to replace and repair. A technician must be brought from San Diego, CA to work on the controls. Cost: $129,000
2. Replace #1 boiler controls that are obsolete and are hard to replace or repair. This boiler can use either natural gas or fuel oil. Cost: $30,000
3. Replace make-up water feed tank. This is part of the boiler system operation. The State Hospital uses steam heat and the make-up water tank is vital to the operation. The current tank is old and staff must frequently repair leaks in the tank. Cost: $30,000
4. Heating system repairs for the Lahaug building. This building houses the majority of State Hospital patients. The hot water heater for the building needs to be replaced and additional heating units need to be installed in the basement to provide better heating in the winter and reduced humidity in the summer. Cost: $34,400
5. Upgrade electrical service in several buildings. The electrical systems in some of the older buildings need to be upgraded to replace old equipment and increase electrical capacity. Cost: $20,000
6. Upgrade the water distribution system. Several sections of the main water line need to be replaced due to the age of the system. Three fire hydrants also need to be replaced. Cost: $25,000

Category: 5 Needs Based Enhancement

29	420-10	SH Heating, Electrical and Water Systems	50		268,400	268,400	0	0	Not funded

One of the main roads into the State Hospital campus is South Circle Drive. This road is the primary road for James River Correctional Center(JRCC) traffic, delivery trucks for the State Hospital and JRCC, admissions to the State Hospital, and staff and visitors to the Lahaug building, Learning Resource Center and the dietary department. This road has been in need of replacement for several years. During the present biennium, the Department of Corrections, in conjunction with the State Hospital, will be replacing the center section of this road to eliminate the worst problems with the road and set proper drainage for the roadway. The amount requested in this OAR would replace the remainder of the road. When completed, the new road will better handle the amount of traffic, especially truck traffic, from the county road to the JRCC. Cost: $200,000

Category: 5 Needs Based Enhancement

30	420-10	SH Road Replacement	50		200,000	200,000	0	0	Not funded

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*Department of Human Services * OARs * 2003 - 2005 Biennium*

Priority	BL	OARD	Line	FTEs	Total	General	Federal	Other	
		Capital Improvements at the Developmental Center. Projects are as follows: Roof Repair Central Receiving – this is a rubber roof that is starting to shrink and there is a good potential for failure. This roof was last done in 1985. Power House -- there are two roof sections that are over 20 years old. These areas cover some of the electrical distribution and boiler systems. Vehicle Maintenance/Carpenter Shop – this roof is the original roof for this building. It was installed in 1984; there have been a couple of leaks in the garage area. Door Replacements - There is an ongoing need to replace doors on campus that get damaged or are required to be replaced due to code changes. There are some of the automatic door mechanisms that are getting old and are in constant of need of repairs. Our clients and staff use these doors on a daily basis. Bathroom Replacements - New Horizons and Maplewood Bathrooms. New Horizons – due to change in the clients living in the area there is a need to modify the bathroom. Maplewood – separate bathroom is requested for a Hepatitis C client. Sidewalks - There is an ongoing need to replace damaged sidewalks on campus. Fire Alarm - Current fire alarm system is in need of updating. Collette Pool Filter - The Collette pool filter system is in need of repair. The underground tanks are leaking. A temporary patch was done on the tanks 8 years ago.							
		Category: 5 Needs Based Enhancement							
31	430-04	DC Major Improvements	50		305,700	305,700	0	0	Not Funded
		This optional adjustment request will provide an inflation factor of 2.3% each year of the biennium to services that the Department can control the rate of reimbursement. This increase will help the providers keep pace with inflation and or allow for increased salaries and fringe benefit costs.							
		Category: 4 Inflation							
32	200-03	MS Restore Inflation	73		6,593,349	2,054,868	4,538,481	0	Not Funded
		2.3% inflationary increase to the providers each year of the biennium. To be used by the providers to cover pay increases and cost of living increases in other areas.							
		Category: 4 Inflation							
33	200-03	DD-Grants 2.3% Inflationary Increase	73		5,796,549	1,909,703	3,886,846	0	Not Funded
		This optional adjustment request will provide an inflation factor of 2.3% each year of the biennium to services that the Department can control the rate of reimbursement. This increase will help the providers keep pace with inflation and or allow for increased salaries and fringe benefit costs.							
		Category: 4 Inflation							
34	200-10	LTC Restore Inflation	73		1,328,992	1,007,886	279,034	42,072	Not Funded
		Provides for an inflationary increase for Foster Care and Adoption providers.							
		Category: 4 Inflation							
35	300-46	CFS Inflationary Increase	60		1,356,758	195,453	965,157	196,148	Not Funded
		This optional adjustment request restores funding used to pay the Department of Health for nursing home surveys and Nurse Aide regisry at the level they are requesting in their budget.							
		Category: 5 Needs Based Enhancement							
36	200-03	MS DOH - Survey & Certification	73		362,376	91,556	270,820	0	Not Funded

Priority	BL	OARD	Line	FTEs	Total	General	Federal	Other
		Restore general funds for the Governor's Committee on Employment of People with Disabilities. The Governor's Committee supports 12 Mayor's Committees in ND, the Employment Initiative, the President's Task Force on Employment of People with Disabilities, and several other programs. Without the requested funding, the GCEPD will not be able to support these programs.						
		Category: 3 Restoration of a Program / Service						
37	300-51	DS Restore Gov Committee Funding	10	0.500	66,212	66,212	0	0
			30		46,572	46,572	0	0
		Restores the $20,000 general funds for the Committee on Aging. The Older Americans Act requires that the State/Area Agency establish an advisory council to further the mission of developing and coordinating community-based systems of services for all older individuals in the planning and service area. The designated advisory committee for Aging Services has been the Governor's Committee on Aging. Members of the committee are appointed by the Governor to serve a three year term. The committee co-sponsors the Graying of North Dakota (GoND) Coalition and conducts biennial Statehouse Conferences on Aging. These provide forums to address major issues affecting North Dakota's older individuals.						
		Category: 3 Restoration of a Program / Service						
38	300-43	AS Committee on Aging	30		20,000	20,000	0	0
		Grand Total		6.500	81,370,472	31,309,021	49,773,909	287,542

Not funded

Not funded.

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Operator's Signature

10-14-03
Date

Department of Human Services - Federal Grant Programs and Match Rates

CFDA		Non-Federal Share *	Federal Share	MOE
10.551	Food Stamps	0.00%	100.00%	
10.561	Administrative Matching Grant for Food Stamp Program			
	Administrative Costs	50.00%	50.00%	
	Employment & Training	0.00%	100.00%	
	E&T Dependent Care	50.00%	50.00%	
10.570	Nutrition Services Incentive	0.00%	100.00%	
16.727	Enforcing Underage Drinking Laws Program	0.00%	100.00%	
84.126	Vocational Rehabilitation (VR) Grants to States	21.30%	78.70%	4,506,683
84.133	National Institute on Disability and Rehabilitation Research	0.00%	100.00%	
84.161	VR Client Assistance Program	0.00%	100.00%	
84.169	VR Independent Living Grants	10.00%	90.00%	
84.177	VR Independent Living Services for the Older Blind	10.00%	90.00%	
84.181	Grants for Infants and Families with Disabilities	0.00%	100.00%	
84.186	Safe and Drug-Free Schools and Communities	0.00%	100.00%	
84.224	VR Assistive Technology	0.00%	100.00%	
84.265	VR Unit In-Service Training	10.00%	90.00%	
93.041	Aging Title VII, Chapter 3: Prevention of Elder Abuse & Neglect	0.00%	100.00%	
93.042	Aging Title VII, Chapter 2: Long Term Care Ombudsman Services	0.00%	100.00%	
93.043	Aging Title III, Part D: Preventive Health	0.00%	100.00%	
93.044	Aging Title III, Part B: Supportive Services	25.00%	75.00%	2,853,726
93.045	Aging Title III, Part C: Nutrition Services	25.00%	75.00%	
93.052	National Family Caregiver Support	0.00%	100.00%	
93.110	Maternal and Child Health Federal Consolidated Programs	0.00%	100.00%	
93.150	Projects for Assist in Transition from Homelessness (PATH)	25.00%	75.00%	
93.230	Consolidated Knowledge Development & Application Program	0.00%	100.00%	
93.556	Promoting Safe and Stable Families	25.00%	75.00%	
93.558	Temporary Assistance for Needy Families (TANF)	0.00%	100.00%	18,138,720
93.563	Child Support Enforcement	34.00%	66.00%	
93.566	Refugee and Entrant Assistance	0.00%	100.00%	
93.568	Low-Income Home Energy Assistance (LIHEAP)	0.00%	100.00%	
93.575	Child Care and Development Block Grant (CCDF)	0.00%	100.00%	
93.576	Refugee and Entrant Assistance: Discretionary Grants	0.00%	100.00%	
93.583	Refugee and Entrant Assistance: Wilson/Fish Programs	0.00%	100.00%	
93.584	Refugee and Entrant Assistance: Targeted Assistance	0.00%	100.00%	
93.590	Community-Based Family Resource and Support Grants	0.00%	100.00%	
93.596	Child Care Mandatory and Matching Funds			2,034,072
	Mandatory	0.00%	100.00%	
	Matching	100% - FMAP	FMAP	
93.597	Grants to States for Access and Visitation Programs	10.00%	90.00%	
93.600	Head Start	0.00%	100.00%	
93.603	Adoption Incentive Payments	0.00%	100.00%	
93.630	Developmental Disabilities Basic Support and Advocacy Grants	0.00%	100.00%	
93.643	Children's Justice Grants to States	0.00%	100.00%	
93.645	Child Welfare Services: State Grants	25.00%	75.00%	
93.658	Foster Care Title IV-E			
	Grants to Individuals	100% - FMAP	FMAP	
	Training	25.00%	75.00%	
	Administrative Costs	50.00%	50.00%	
93.659	Adoption Assistance			
	Grants to Individuals	100% - FMAP	FMAP	
	Training	25.00%	75.00%	
	Administrative Costs	50.00%	50.00%	
93.667	Social Services Block Grant (SSBG)	0.00%	100.00%	
93.669	Child Abuse and Neglect State Grants	0.00%	100.00%	
93.674	Chafee Foster Care Independent Living (CFCIP)	20.00%	80.00%	
93.767	Children's Insurance Program (CHIP)	100% - Enhanced FMAP	Enhanced FMAP	
93.777	State Survey and Certification of Health Care Providers			
	Skilled Medical Personnel	25.00%	75.00%	
	Administrative Costs	50.00%	50.00%	

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Operator's Signature

10-14-03
Date

Department of Human Services - Federal Grant Programs and Match Rates				
CFDA		Non-Federal Share *	Federal Share	MOE
93.778	Medical Assistance Program (Medicaid)			
	Medical Services	100% - FMAP	FMAP	
	MMIS Costs	25.00%	75.00%	
	Skilled Medical Personnel	25.00%	75.00%	
	Administrative Costs	50.00%	50.00%	
93.940	HIV Prevention Activities	0.00%	100.00%	
93.958	Block Grants for Community Mental Health Services	0.00%	100.00%	90,814,839
93.959	Block Grants for Prevention and Treatment of Substance Abuse	0.00%	100.00%	14,059,204
93.994	Maternal and Child Health Services Block Grant to States	43.00%	57.00%	
94.002	Retired and Senior Volunteer Program	0.00%	100.00%	
94.011	Foster Grandparent Program	0.00%	100.00%	
96.001	Social Security: Disability Insurance	0.00%	100.00%	

* Note: The nonfederal share includes general funds, collections, IGT funds, and any other general fund equivalents that can be matched toward federal dollars.

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10-14-03
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Department of Human Services
Emergency Commission Actions
2001 - 2003 Budget

	Subdivision	10 Salary	30 Operating	60 Grants	72 Grants_EA	Totals	92 Federal	93 Other
1	Emergency Commission / Budget Section October 2001 Aging Services Family Caregiver Grant Award	-	497,784	630,816	-	1,128,600	1,128,600	-
2	Emergency Commission / Budget Section April 2002 CFS Addn'l Bush Foundation Grant	-	54,520	189,826	-	244,346	-	244,346
3	Emergency Commission / Budget Section June 2002 Econ Asst - Addn'l Auth for Nutrition Educ Prgm	-	-	-	457,000	457,000	457,000	-
4	Emergency Commission September 9, 2002 CFS Early Childhood Resource & Referral Grant	-	-	325,000	-	325,000	325,000	-
5	Emergency Commission / Budget Section October 2002 ECONOMIC ASSISTANCE POLICY / GRANTS	-	-	-	18,839,639	18,839,639	18,172,779	666,860
6	Emergency Commission November 2002 department Mental Health/ Substance Abuse - Olmstead grant	35,000	13,000	-	-	48,000	48,000	-

NOTE: Only the first two emergency commission actions are reflected in the respective budget levels in the "Current Budget" column on "SIBR-like" worksheets.

Detail of October 2002 Emergency Commission:	
TEEM Benefit	3,130,404
Child Care	1,053,433
Food Stamps - EBR Issuance	7,574,604
Low Income Home Energy Asst. Program	7,081,198
Total	**18,839,639**

Brenda Uhlig 03.24.03

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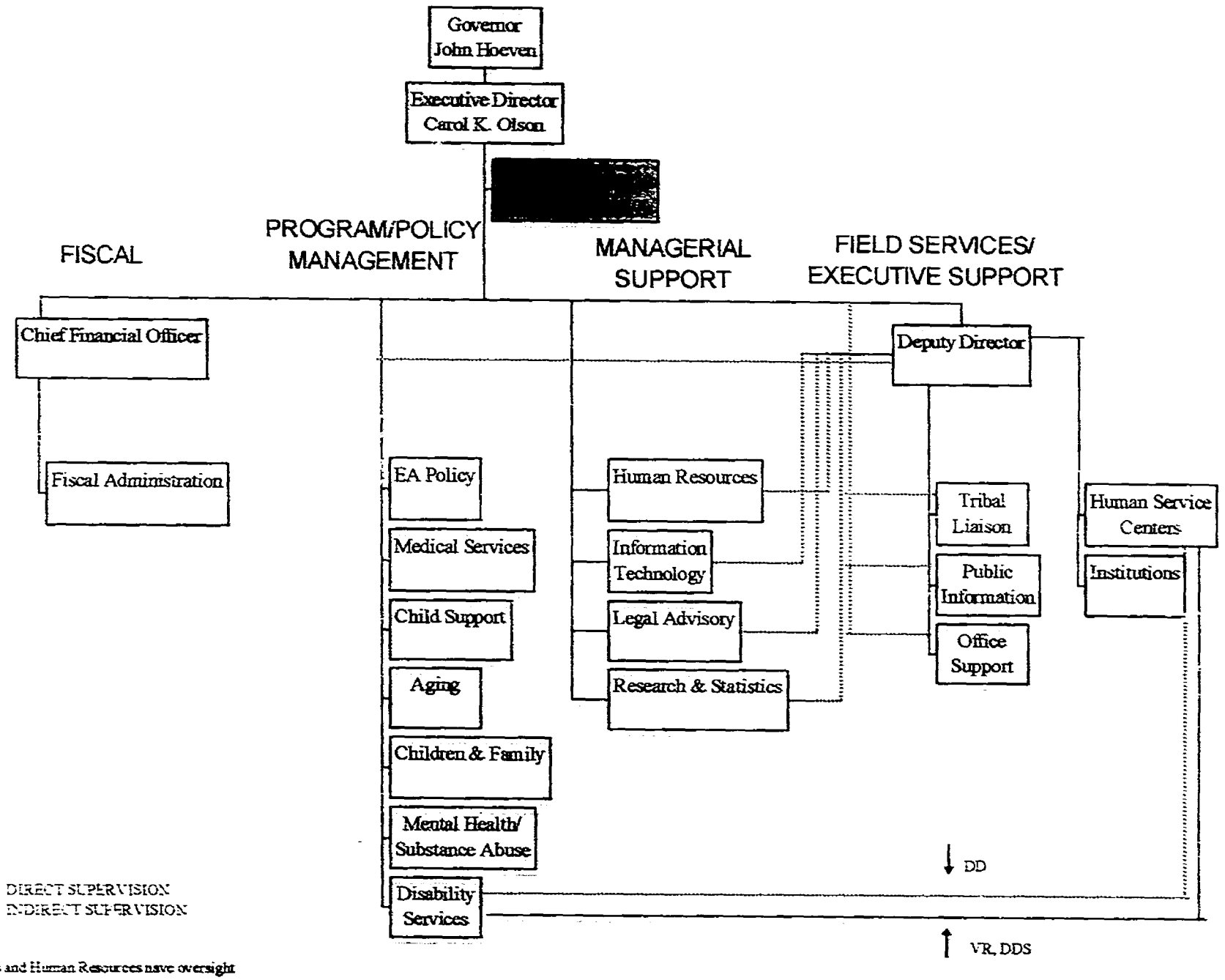
NORTH DAKOTA
DEPARTMENT OF HUMAN SERVICES

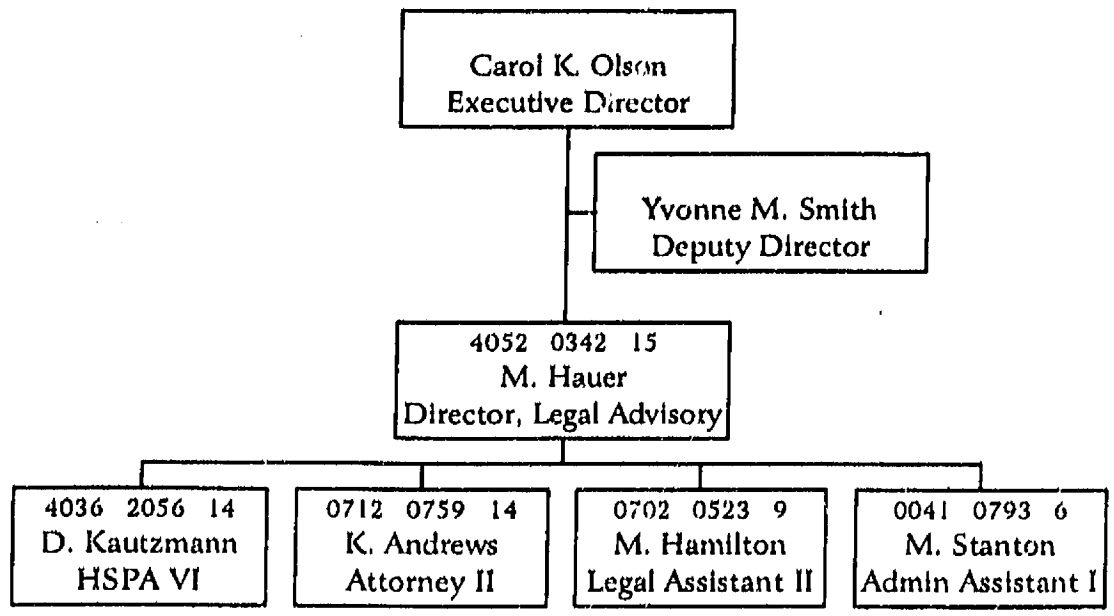


DIRECT SUPERVISION
INDIRECT SUPERVISION

*DHS Program Divisions and Human Resources have oversight responsibility for County Social Services

Revised 5/15/02

North Dakota Department of Human Services
Legal Advisory Division



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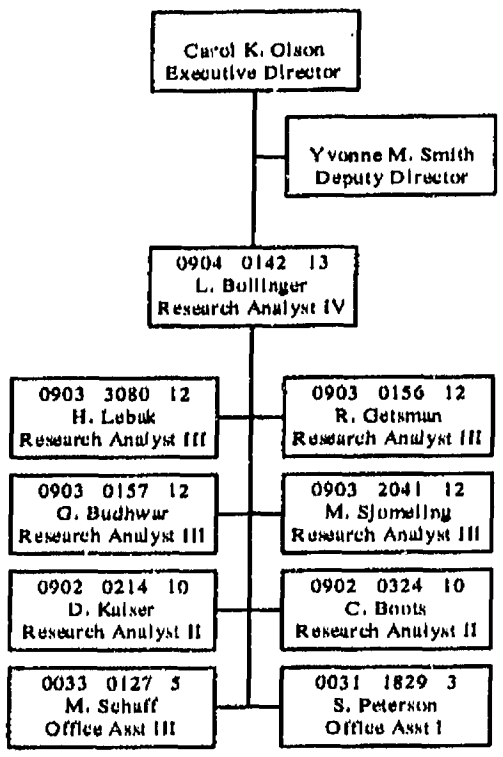
Theresa A. Lee — 10-14-03

Operator's Signature — Date

North Dakota Department of Human Services
Research & Statistics



Revised 1/30/03

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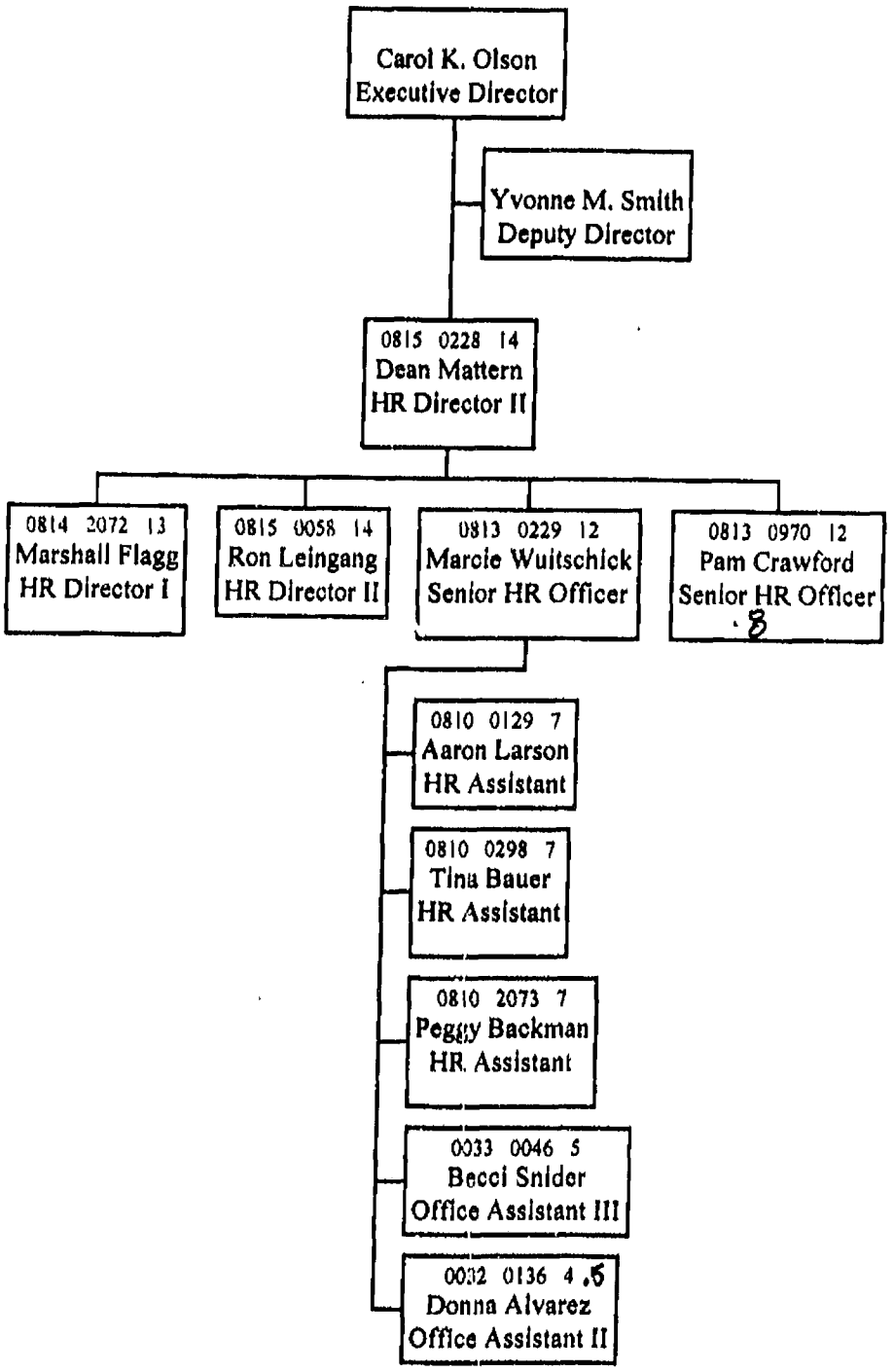
Theresa A. Lee — 10-14-03

Operator's Signature — Date

Department of Human Services
Human Resource Division



Effective 11/25/02

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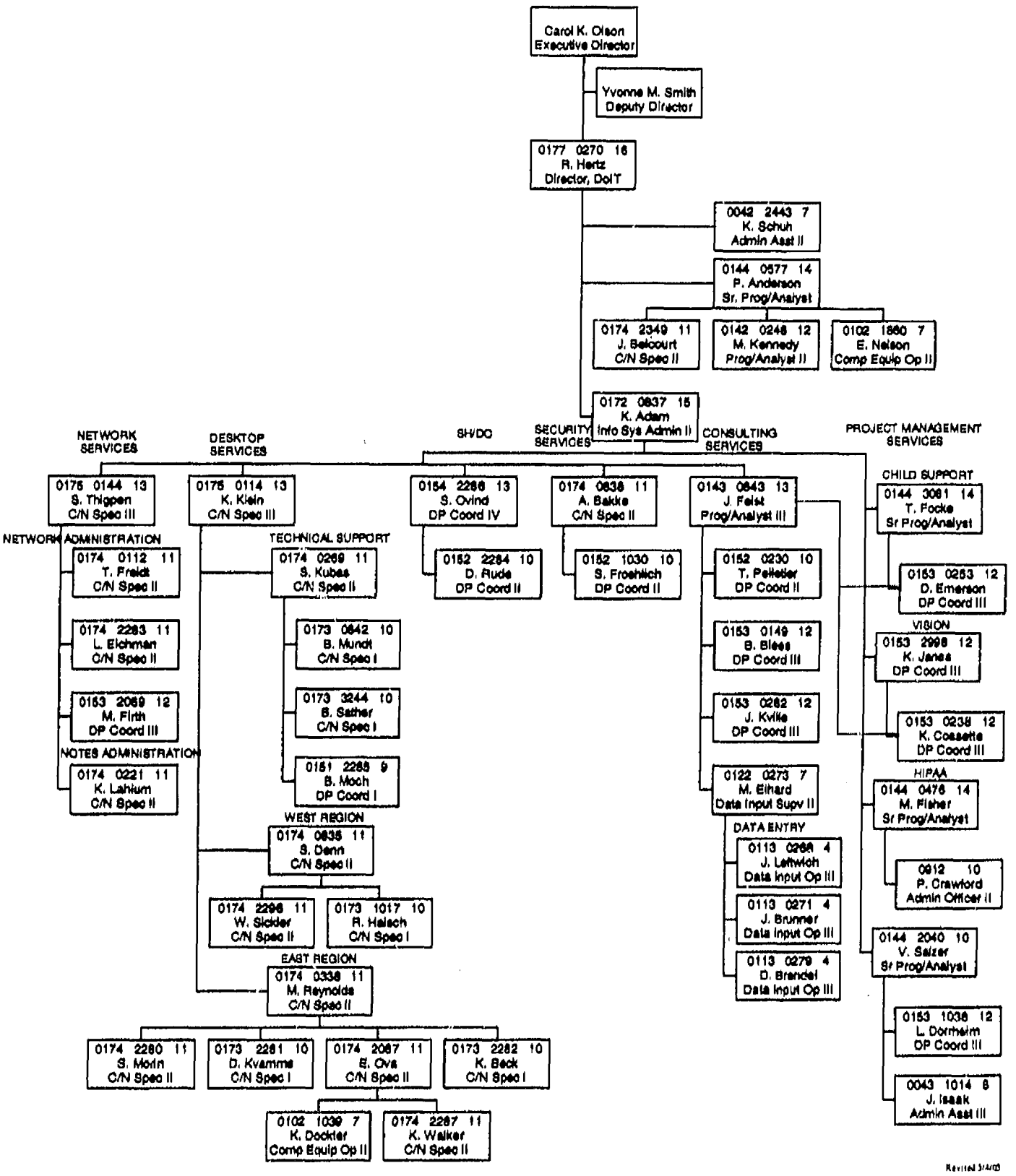
Theresa A. Bell
Operator's Signature

10-14-03
Date

North Dakota Department of Human Services
Division of Information Technology



Revised 3/4/03

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10-14-03 — Date

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10-14-03
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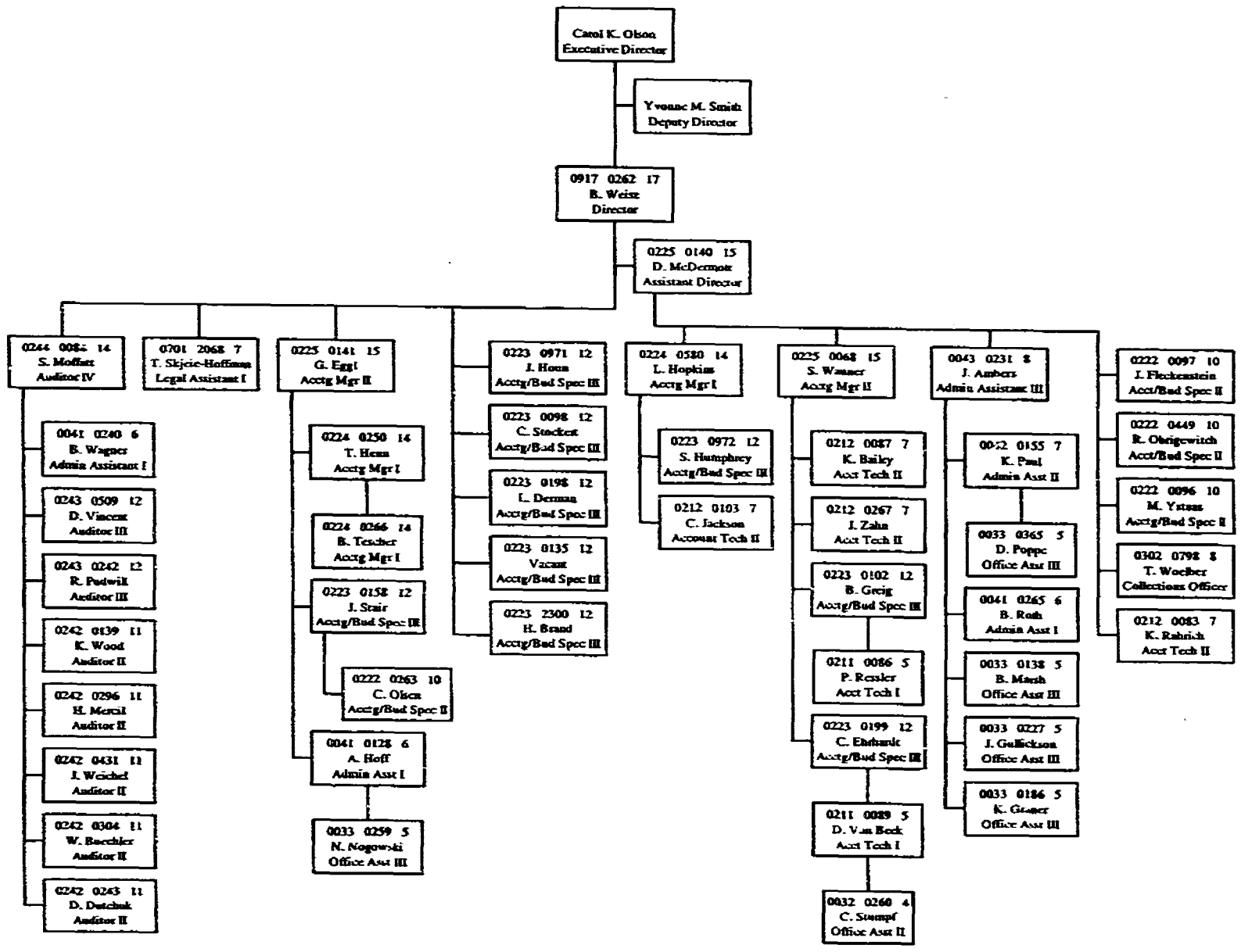
North Dakota Department of Human Services
Fiscal Administration Division



Revised 3/4/03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

John Hoeven, Governor
Carol K. Olson, Executive Director

Executive Office

(701) 328-1814
Fax (701) 328-1545
Toll Free 1-800-472-2622
TTY (701) 328-3480

To: Representative Jeff Delzer
House Appropriations Human Resources Division Chairman

From: Carol K. Olson, Executive Director

Date: March 4, 2003

Re: Department of Human Services' Strategic Plan Highlights

The Department's strategic plan serves as a basis for evaluating our achievements. The research and statistic division works with program divisions to develop measures and then use technology tools to determine results. This allows the Department to assess the effectiveness, efficiency and quality of our programs and mission. Our strategic planning is a work in progress, which we continue to refine to ensure it best meets our needs.

Attached are the result measurements highlights from seven selected examples of the Department's strategic planning process.

Our mission is to provide quality, efficient and effective human services, which improve the lives of people.

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

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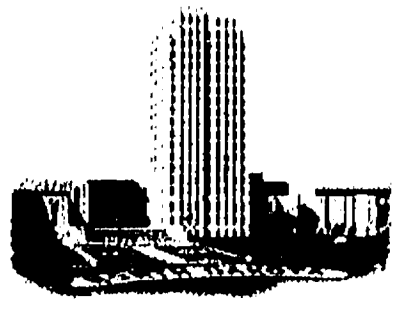
State of North Dakota



Department of Human Services

Our mission is to provide quality, efficient, and effective human services which improve the lives of people.

Strategic Plan

Updated February 21, 2003

North Dakota Department of Human Services
Carol K. Olson, Executive Director

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Theresa A. Lee — 10-14-03

Operator's Signature — Date

Background Information

The Department of Human Service's strategic plan serves as a basis for evaluating our achievements and includes measures to ascertain the quality, efficiency, and effectiveness of our programs. By utilizing outcome measures in our strategic plan, we set targets and track our progress towards those targets. Our plan provides a new direction of using information to help guide decision-making.

Our strategic plan contains two basic types of information: 1) program output/demand information, and 2) program outcome/efficiency information. Program output/demand information typically consists of case and/or client counts. It is a measure of "how much" we are doing, such as how many clients we served in a program. This type of information can be used as a gauge of program demand in the future, based on the trend. The second type of information, the outcome/efficiency information, is a measure of how well our programs are delivering the service. That is, are the programs doing what they intend to do in an efficient manner? Our decision-making is improved by utilizing both types of information.

Although we have made considerable progress on the department's strategic plan, we continue to refine and improve the plan. In order to simplify our plan, we have selected measures that we feel best capture the nature of the programs. We have also reformatted our plan into graphical charts that represent the trends and goals for our measures. In order to ensure consistency for the data that we report, the trend data coincides with the reporting time periods that a program typically uses. The data was reported up to the most recent time period available for that program.

Although this plan is reported for the Department of Human Services, it is not the department's alone. The department works towards its goals in collaboration with its many partners. In fact, many of the programs reported here (i.e. Economic Assistance Programs and Children and Family Services Programs) are county-administered programs. We thank everyone involved, especially our department's staff and the staff of our many partners, for helping move our strategic plan forward.

North Dakota Department of Human Services
Carol K. Olson, Executive Director

For more information, please contact:
Tove Mandigo
Executive Office
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250
701-328-2355
somant@state.nd.us

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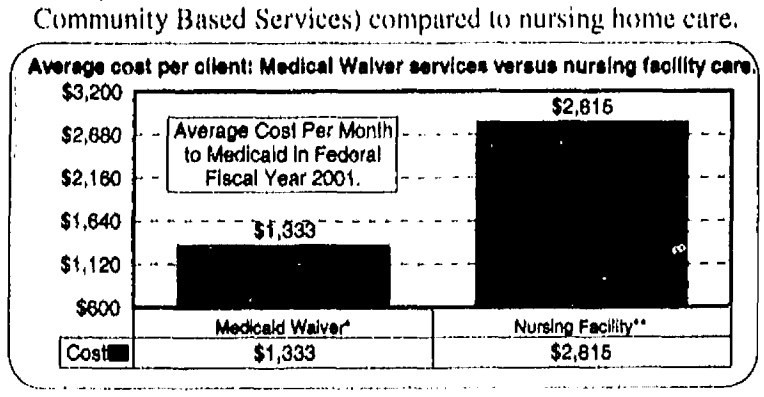
10-14-03
Date

Strategic Plan Highlights

One Selected Example From Each of the Department's Program and Policy Divisions

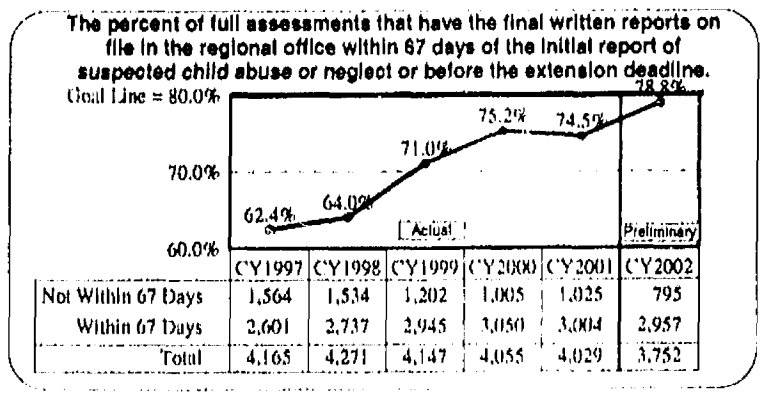
Aging Services

The average cost per client per month to Medicaid in federal fiscal year 2001 was less for the Medicaid Waiver (Home and Community Based Services) compared to nursing home care.



Children and Family Services

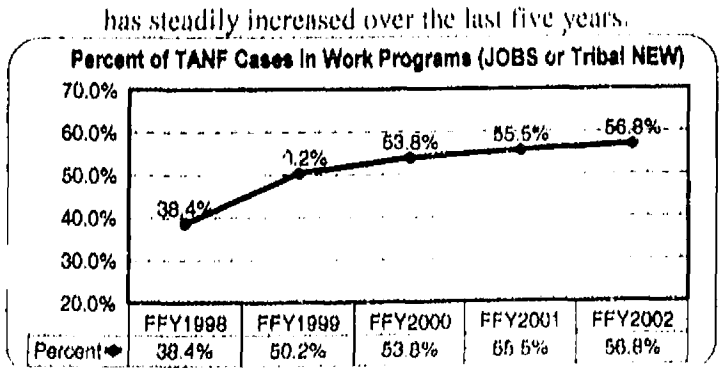
In calendar year 1998, 64% of our child abuse and neglect assessments were meeting our measure of timeliness. However, after setting a target of 80% in our strategic plan, preliminary data suggests that we are meeting our measure of timeliness in 87% of our assessments in November 2002.



	CY1997	CY1998	CY1999	CY2000	CY2001	CY2002
Not Within 67 Days	1,564	1,534	1,202	1,005	1,025	795
Within 67 Days	2,601	2,737	2,945	3,050	3,004	2,957
Total	4,165	4,271	4,147	4,055	4,029	3,752

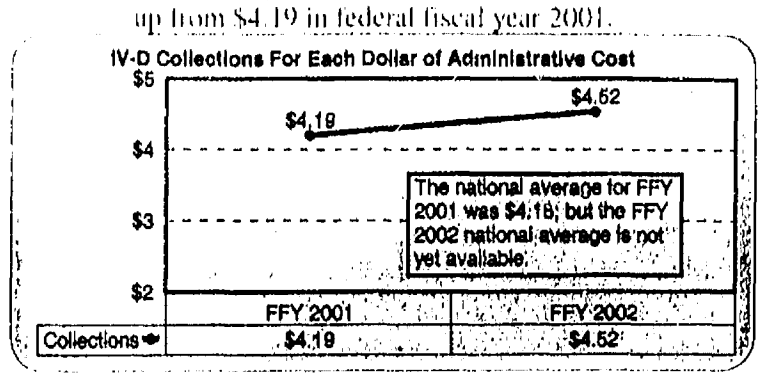
Economic Assistance Policy

The percentage of Temporary Assistance to Needy Families (TANF) cases involved in work programs has steadily increased over the last five years.



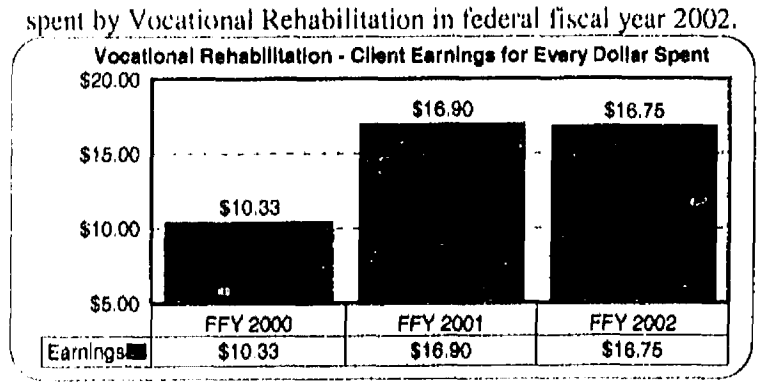
Child Support Enforcement

We collected $4.52 for each dollar of administrative cost in the IV-D program in federal fiscal year 2002, up from $4.19 in federal fiscal year 2001.



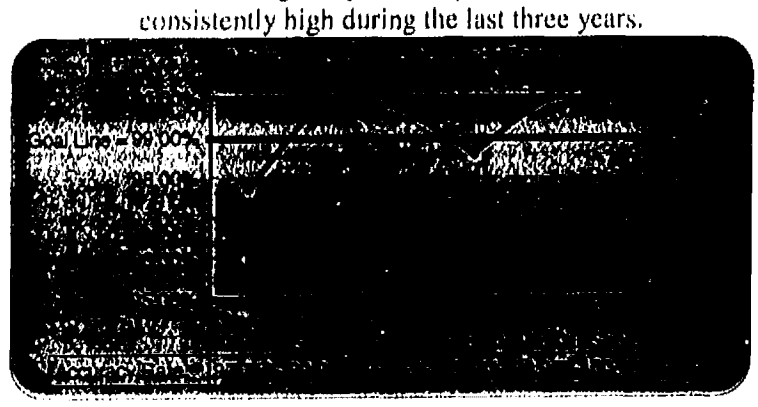
Disability Services

Vocational Rehabilitation clients earned $16.75 for each dollar spent by Vocational Rehabilitation in federal fiscal year 2002.



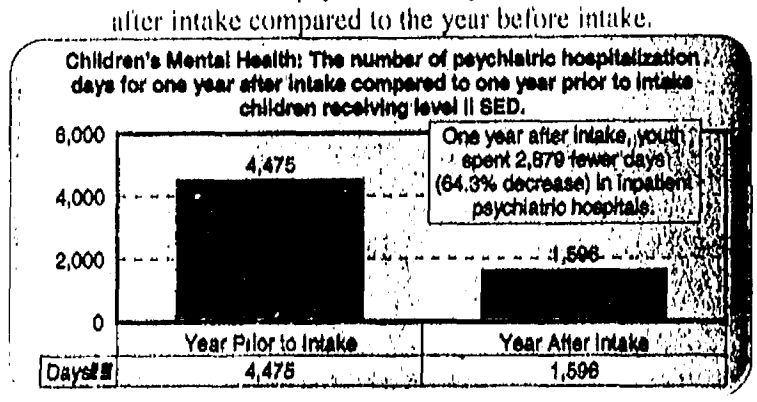
Medical Services

Medicaid eligibility accuracy rates have been consistently high during the last three years.



Mental Health and Substance Abuse

The 1,342 youth enrolled in partnerships from September 1995 to October 2002 spent 2,879 fewer days (64.3% decrease) in psychiatric hospitalizations the year after intake compared to the year before intake.



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10-14-03
Date

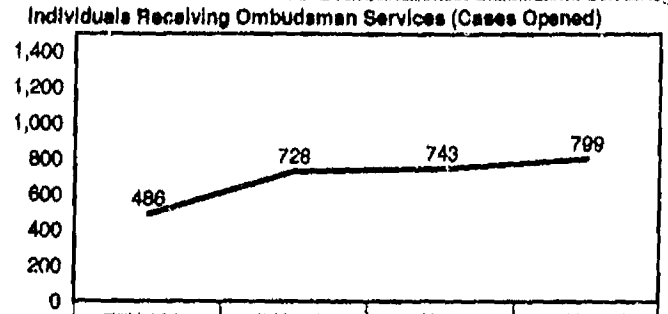
Aging Services

North Dakota Department of Human Services Strategic Plan

Program	Purpose
Individual Rights	Provide information, education and intervention to vulnerable adults so they can exercise their rights.
Home & Community Based Services	Provide support services to older adults and persons with physical disabilities so they can remain in their own homes.

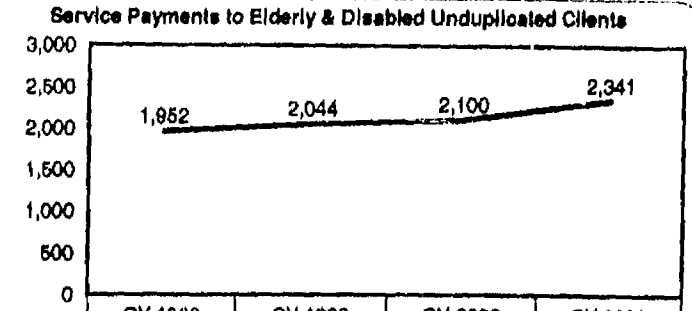
Output/Demand

Individuals Receiving Ombudsman Services (Cases Opened)



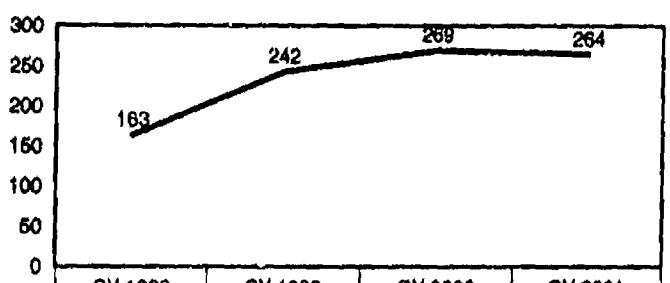
	FFY 1998	FFY 1999	FFY 2000	FFY 2001
Receiving	486	728	743	799

Service Payments to Elderly & Disabled Unduplicated Clients



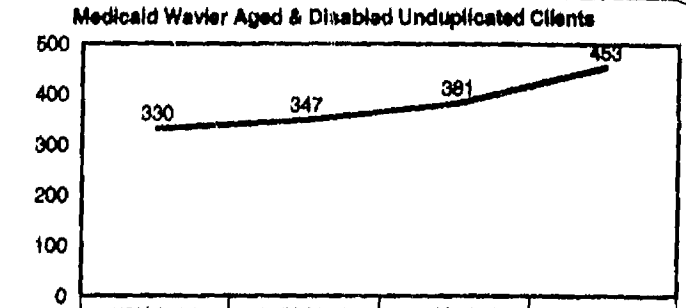
	CY 1998	CY 1999	CY 2000	CY 2001
Clients	1,952	2,044	2,100	2,341

Expanded Service Payments to Elderly & Disabled Unduplicated Clients



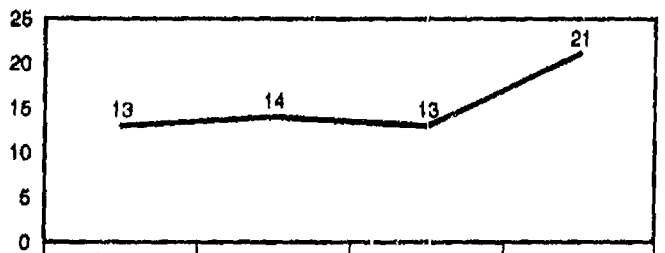
	CY 1998	CY 1999	CY 2000	CY 2001
Clients	163	242	269	264

Medicaid Wavier Aged & Disabled Unduplicated Clients



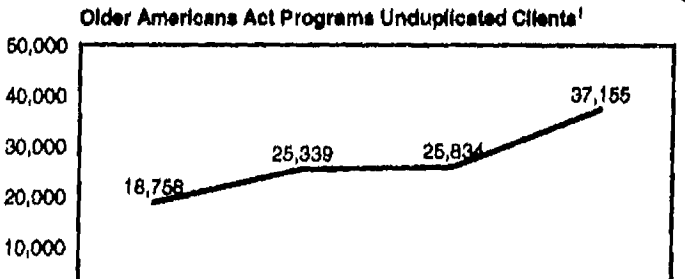
	FFY 1998	FFY 1999	FFY 2000	FFY 2001
Clients	330	347	381	453

Traumatic Brain Injury Waiver Unduplicated Clients



	Waiver Year 1998	Waiver Year 1999	Waiver Year 2000	Waiver Year 2001
Clients	13	14	13	21

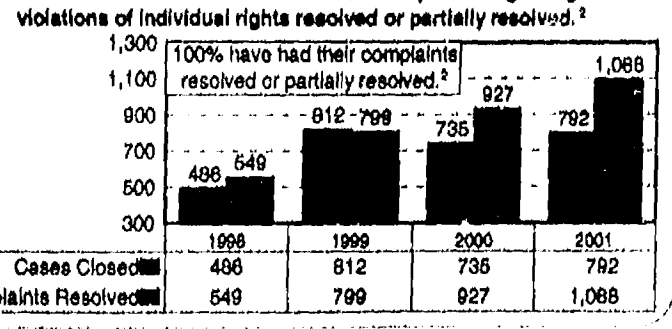
Older Americans Act Programs Unduplicated Clients[1]



	FFY 1998	FFY 1999	FFY 2000	FFY 2001
Clients	18,758	25,339	25,834	37,155

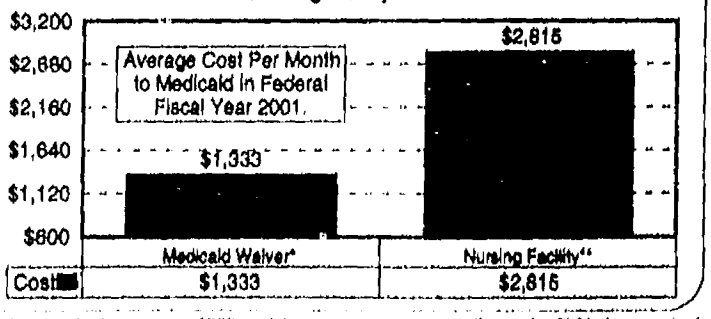
Results/Efficiency

Percent of residents in long-term care facilities receiving ombudsman services that have their complaints regarding violations of individual rights resolved or partially resolved.[2]



	1998	1999	2000	2001
Cases Closed	486	812	735	792
Complaints Resolved	549	799	927	1,088

Average cost per client: Medical Waiver services versus nursing facility care.



	Medicaid Waiver[4]	Nursing Facility[4a]
Cost	$1,333	$2,815

[1] Beginning in 1997, a new federal reporting system was implemented to track unduplicated clients. Counts show marked increase in 1999 as data input was completed. Counts for 2001 show marked increase due to a conversion of databases (number may decrease as programming is corrected), and inclusion of Vulnerable Adult Protective Services clients and Vision Services clients.

[2] Partially resolved: the problem was partially addressed to the satisfaction of the resident, his or her representative, or the complainant.

[4] The Medicaid Waiver pays for services only; the client pays their own living expenses. Client retains up to $402 per month to pay for living expenses.

[4a] Nursing home rates reflect payment for services and room and board. Resident retains $50 of income for Personal Needs Allowance. Expenditure data comes from department spend down reports.

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Theresa A. Lee
Operator's Signature

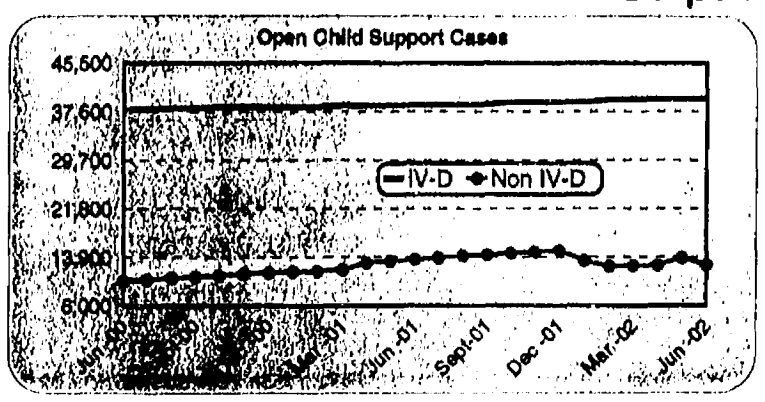
10-14-03
Date

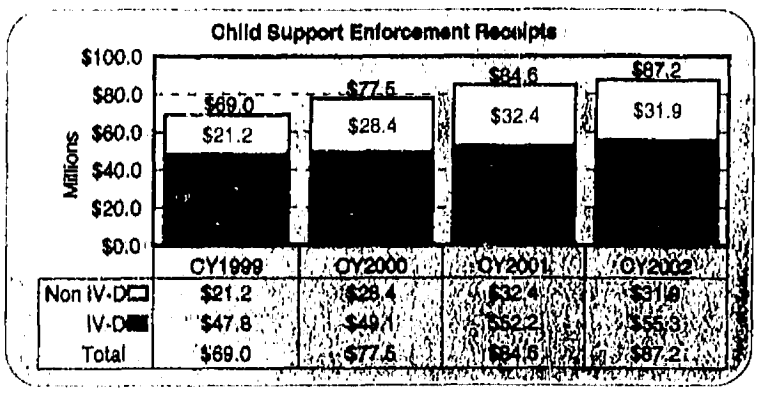
Child Support Enforcement

North Dakota Department of Human Services Strategic Plan

Program	Purpose
Child Support Enforcement	Secure financial support from legally responsible parents so that families and children receive that support, and so that the demand on public treasuries is reduced.

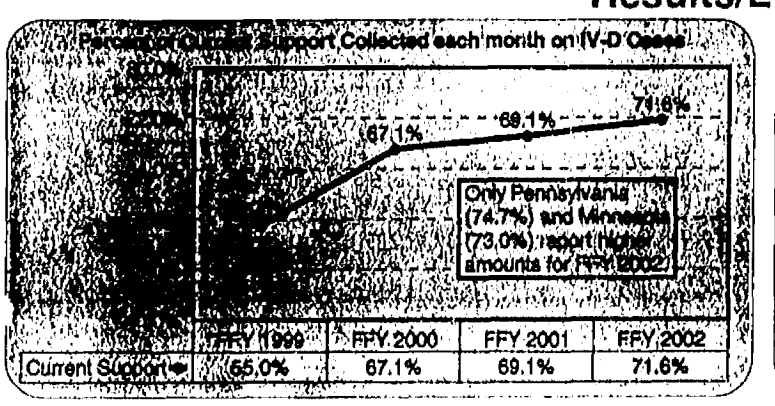
Output/Demand



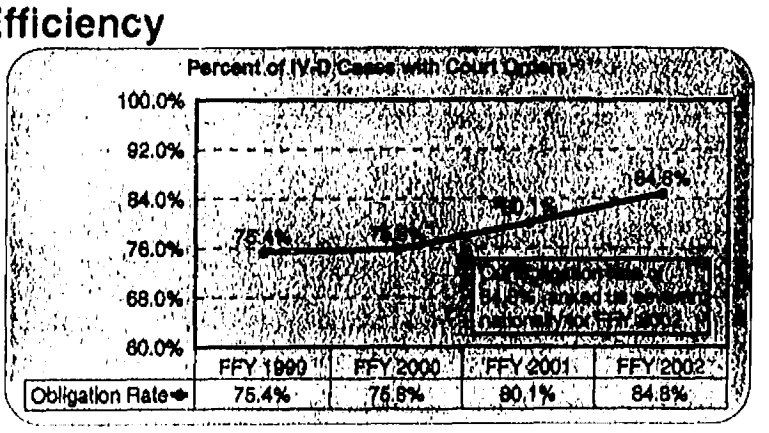


	CY1999	CY2000	CY2001	CY2002
Non IV-D	$21.2	$28.4	$32.4	$31.9
IV-D	$47.8	$49.1	$52.2	$55.3
Total	$69.0	$77.5	$84.6	$87.2

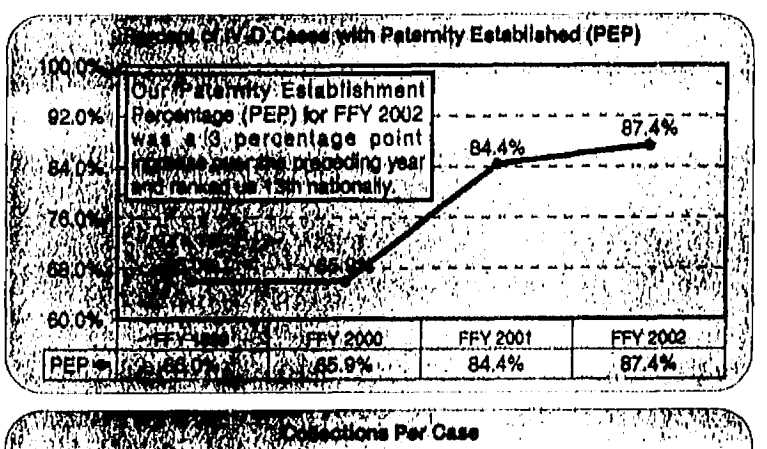
Results/Efficiency



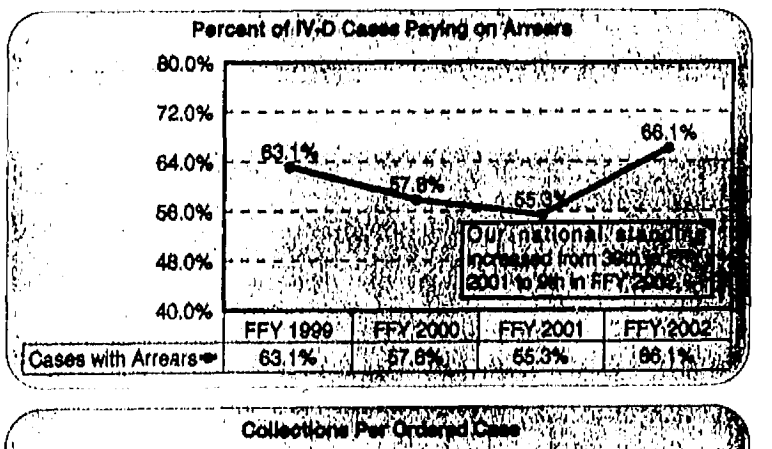
	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Current Support	65.0%	67.1%	69.1%	71.6%



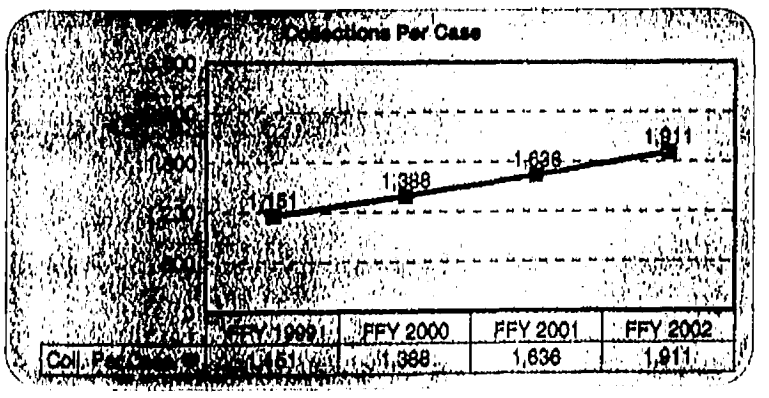
	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Obligation Rate	75.4%	75.8%	80.1%	84.8%



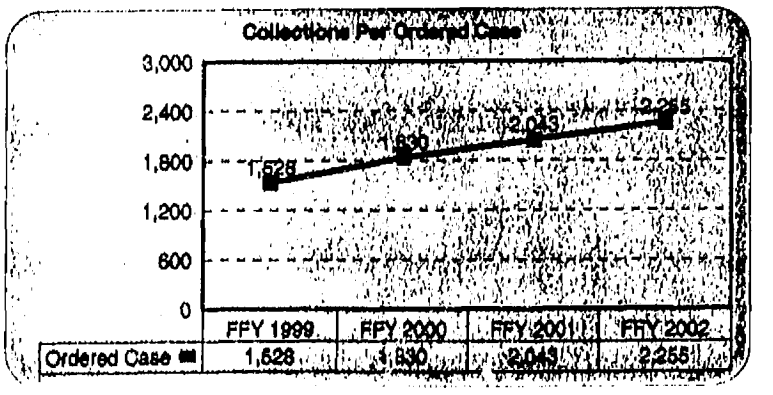
	FFY 1999	FFY 2000	FFY 2001	FFY 2002
PEP	66.0%	65.9%	84.4%	87.4%



	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Cases with Arrears	63.1%	57.6%	55.3%	66.1%



	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Coll. Per Case	1,151	1,388	1,636	1,911



	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Ordered Case	1,528	1,830	2,049	2,255

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Operator's Signature

10-14-03
Date

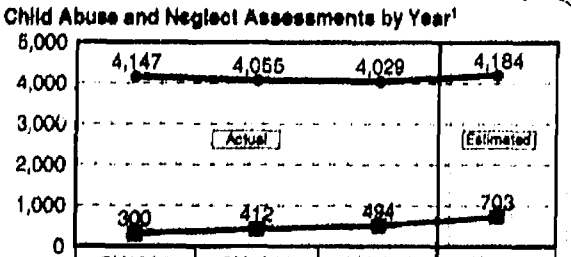
Children and Family Services

North Dakota Department of Human Services Strategic Plan

Program	Purpose
Child Protection Services	Provide protection for children who have been or are at risk of being neglected and/or abused so they can be free of neglect and/or abuse.
Foster Care Services	Provide substitute temporary living environments for children who cannot remain with their family so they can be safe in an alternative living environment.
Adoption Services	Recruit, approve and support families for children in need of adoption so they can have a permanent home.
Family Preservation Services	Provide therapeutic intervention to families whose children have been or are at risk of abuse, neglect, and out of home placement so children can be safe in their environment.
Early Childhood Services	Coordinates activities, establishes standards and provides training to providers of early care and education for children so that they can meet their goals as agreed upon with the department.

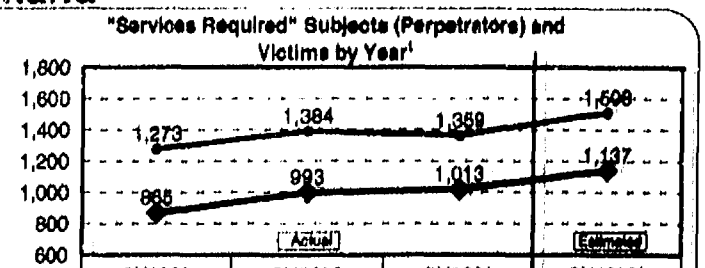
Output/Demand

Child Abuse and Neglect Assessments by Year[1]



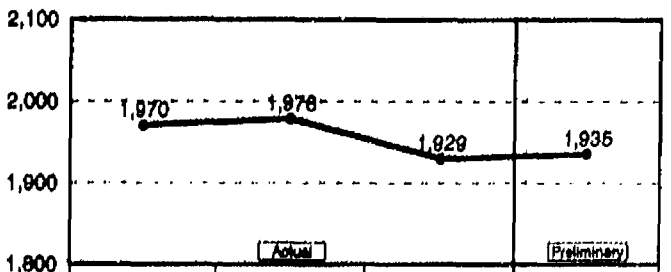
	CY1999	CY2000	CY2001	CY2002*
Relmb Admin Asmnts	300	412	494	703
Full Assessments	4,147	4,055	4,029	4,184

"Services Required" Subjects (Perpetrators) and Victims by Year[1]



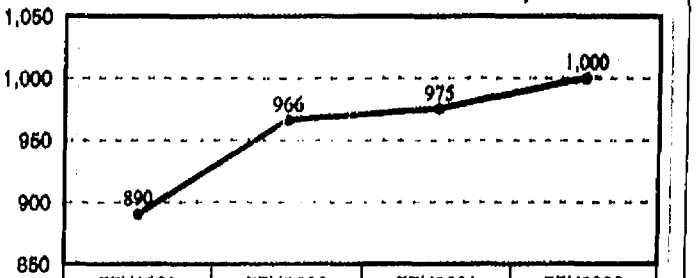
	CY1999	CY2000	CY2001	CY2002*
Subjects	865	993	1,013	1,137
Victims	1,273	1,384	1,359	1,506

Children in Foster Care by Year



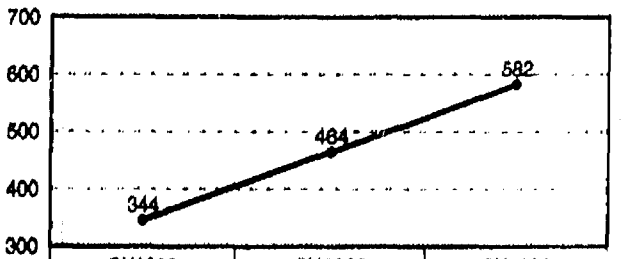
	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Children	1,970	1,978	1,929	1,935

Number of Children Who Entered Foster Care by Year



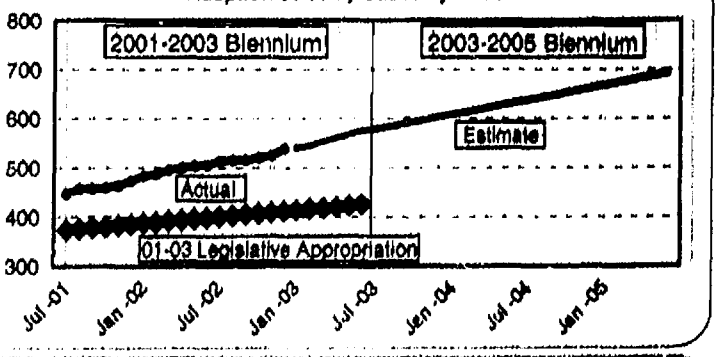
	FFY1999	FFY2000	FFY2001	FFY2002
Entered	890	966	975	1,000

Adopt: n Subsidy Cases by Year

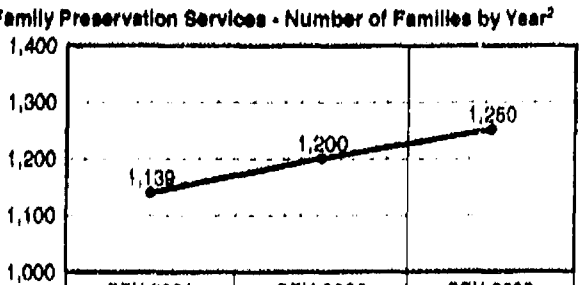


	CY1999	CY2000	CY2001
Active Cases	344	464	582

Adoption Subsidy Cases by Month

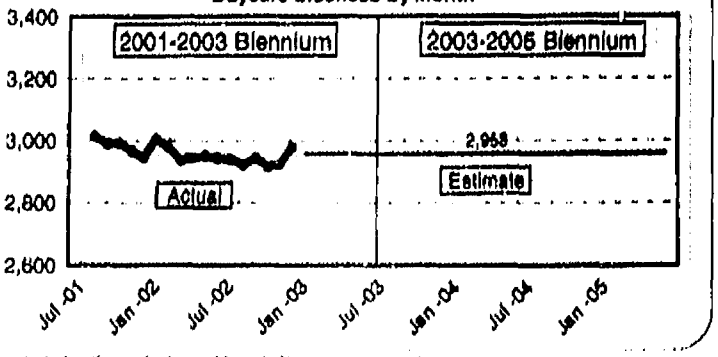


Family Preservation Services - Number of Families by Year[2]



	SFY 2001 Actual	SFY 2002 Actual	SFY 2003 Estimate
Unduplicated	1,139	1,200	1,250

Daycare Licenses by Month



[1] Estimated based on nine months (January 2002 - September 2002) of data. [2] Safety/Prevention is not included in the unduplicated Family Preservation numbers.

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Theresa A. Lee — Operator's Signature

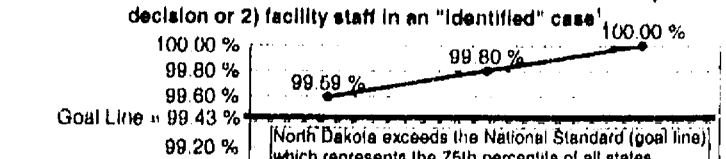
10-14-03 — Date

Children and Family Services

North Dakota Department of Human Services Strategic Plan

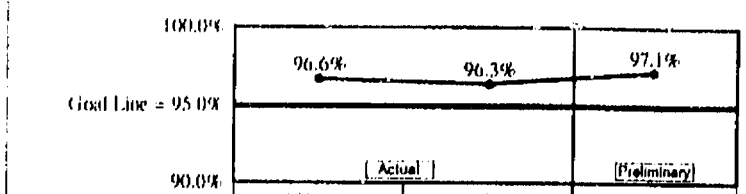
Results/Efficiency

Of children living in Foster Care in the reporting period, 99.43% or more will not be an alleged victim of maltreatment by 1) a foster parent in a child abuse and neglect assessment that results in a "services required" decision or 2) facility staff in an "identified" case[1]



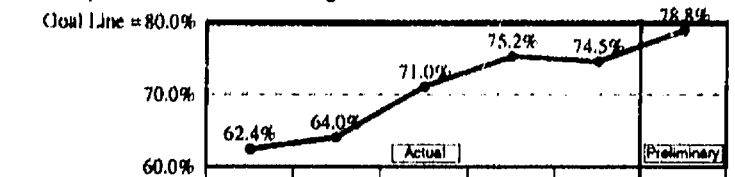
	FFY 1999	FFY 2000	FFY 2001
Previous Decision	8	4	0*
No Previous Decision	1,962	1,974	1,929
Total	1,970	1,978	1,929

A minimum of 95% of CPS full assessments will be initiated within 72 hours.



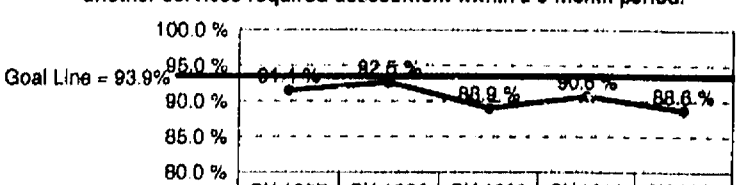
	CY2000	CY2001	CY2002
Not Within 72 Hours	124	148	106
Within 72 Hours	3,587	3,874	3,646
Total	3,711	4,022	3,752

The percent of full assessments that have the final written reports on file in the regional office within 67 days of the initial report of suspected child abuse or neglect or before the extension deadline.



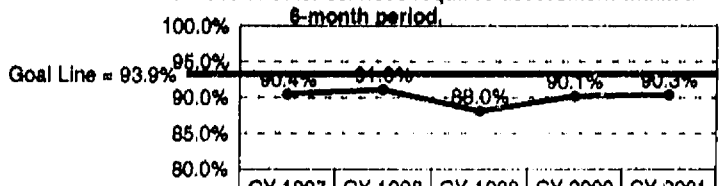
	CY1997	CY1998	CY1999	CY2000	CY2001	CY2002
Not Within 67 Days	1,564	1,534	1,202	1,005	1,025	795
Within 67 Days	2,601	2,737	2,945	3,050	3,004	2,957
Total	4,165	4,271	4,147	4,055	4,029	3,752

Of all subjects of child abuse and/or neglect (services required) during the first 6 months of the year, 93.9 percent or more subjects did not have another services required assessment within a 6-month period.



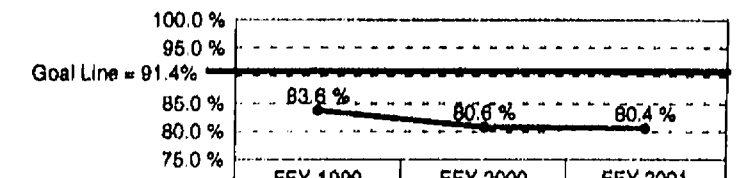
	CY 1997	CY 1998	CY 1999	CY 2000	CY 2001
Previous Decision	29	29	45	46	55
No Previous Decision	310	356	362	445	426
Total	339	385	407	491	481

Of all children who were victims of child abuse and/or neglect (services required) during the first 6 months of the year, 93.9 percent or more children did not have another services required assessment within a 6-month period.



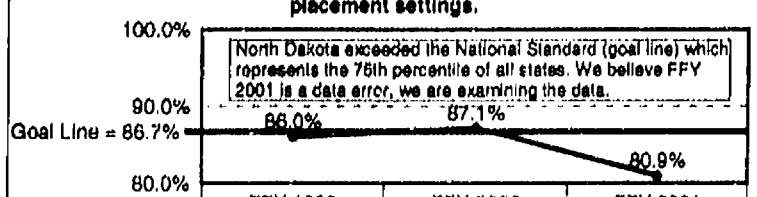
	CY 1997	CY 1998	CY 1999	CY 2000	CY 2001
Previous Decision	46	48	69	66	62
No Previous Decision	431	485	504	600	578
Total	477	533	573	666	640

Of all children who entered foster care during the year, 91.4% or more of those children did not re-enter foster care within 12 months of a prior foster care episode.



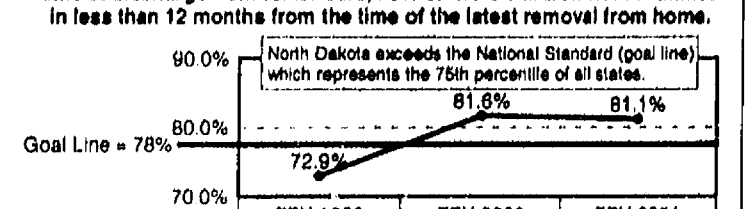
	FFY 1999	FFY 2000	FFY 2001
Re-Entered	158	195	187
Did Not Re-Enter	807	810	768
Total	965	1,005	955

Of all children who have been in foster care less than 12 months from the time of the latest removal, 86.7% or more had no more than two placement settings.



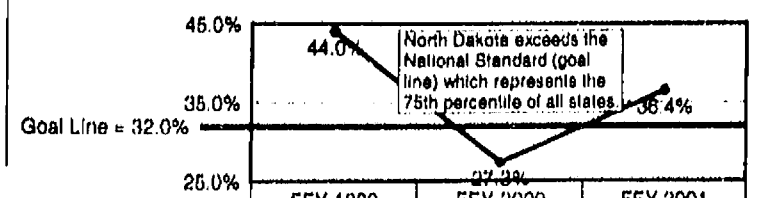
	FFY 1999	FFY 2000	FFY 2001
2 or Less	989	1,053	934
More than 2	161	156	221
Total	1,150	1,209	1,155

Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, 78% or more children were reunified in less than 12 months from the time of the latest removal from home.



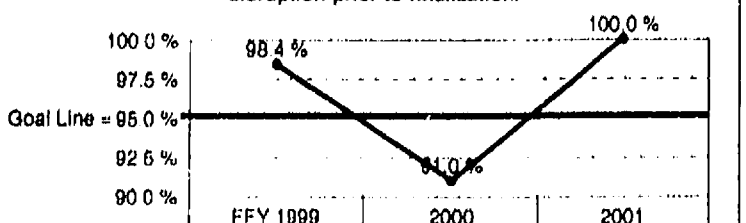
	FFY 1999	FFY 2000	FFY 2001
Less than 12 Months	412	491	385
More than 12 Months	153	111	90
Total	565	602	475

Of all children who exited foster care to a finalized adoption, 32.0% or more children exited care in less than 24 months from the time of the latest removal from home.



	FFY 1999	FFY 2000	FFY 2001
Less than 24 Months	22	12	32
More than 24 Months	28	32	56
Total	50	44	88

At minimum, 95% of children placed for adoption will not have a disruption prior to finalization.



	FFY 1999	2000	2001
Disruption	1	7	0
No Disruption	61	71	99
Total	62	78	99

[1] Preliminary - excludes institutional cases

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Theresa A. Lee — 10-14-03

Operator's Signature — Date

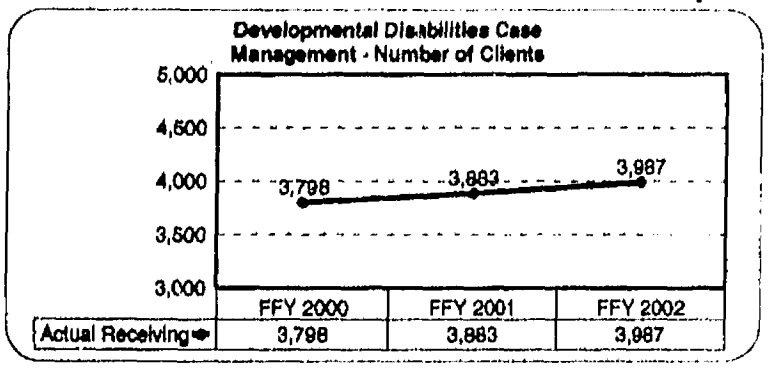
Disability Services

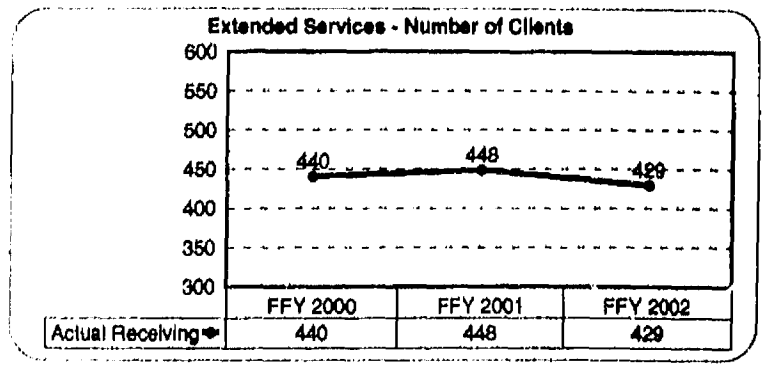
North Dakota Department of Human Services Strategic Plan

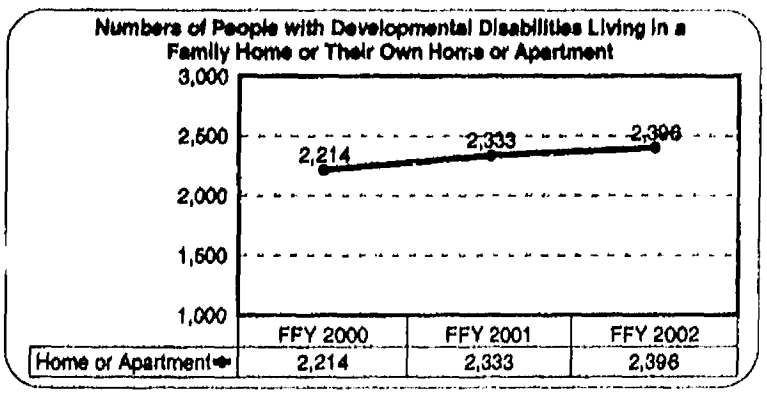
Developmental Disabilities Services

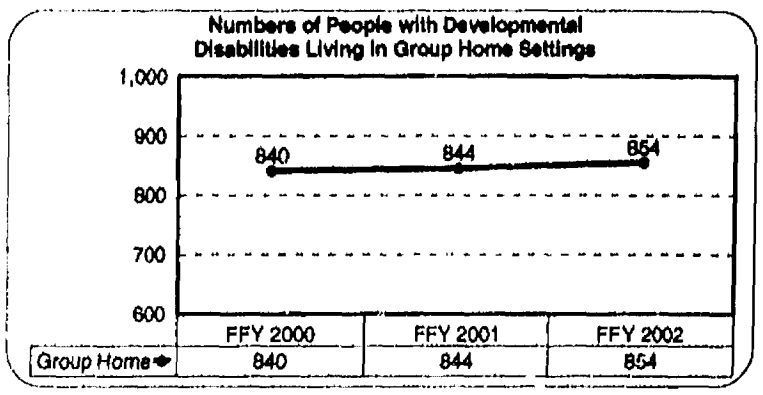
Developmental Disabilities Case Management	Assist individuals with developmental disabilities and their families to access the services they need and assure that services meet standards of quality and lead to outcomes for individuals.
Extended Services	Provide assistance to individuals with developmental disabilities to learn and maintain a job.
Day and Residential Services and Family Support	Provide training and support to individuals with developmental disabilities so they can live the least restrictive environment and setting of their choice.

Output/Demand

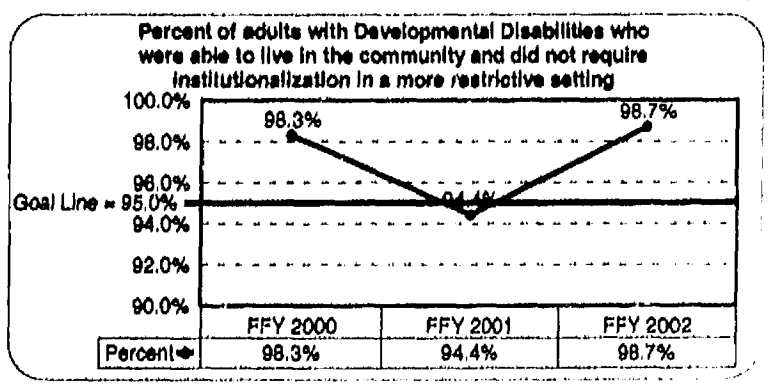


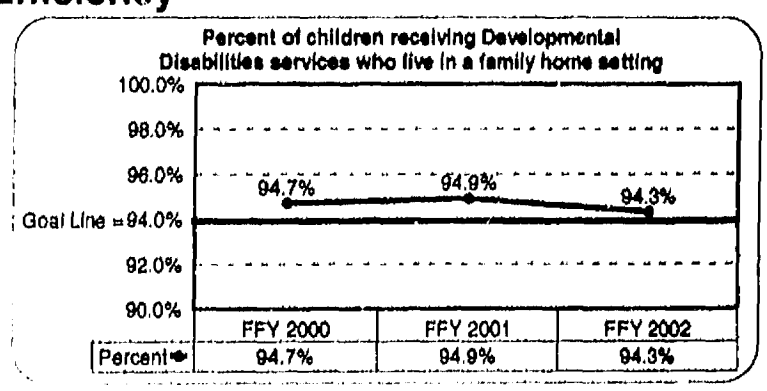






Results/Efficiency





2002[1]

- 70% of people who received extended services or were competitively employed were satisfied with their earnings.
- 90% of adults receiving DD Case management Services like where they live.
- 83% of families state that DD supports are available when they want and need them.
- 93% of families state that the support they receive from DD services reflect the needs of the entire family as well as their child with a delay or disability.

[1] We just started to collect this information on an annual basis for each client. Majority of interviews were completed in 2002

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Operator's Signature

10-14-03
Date

Disability Services

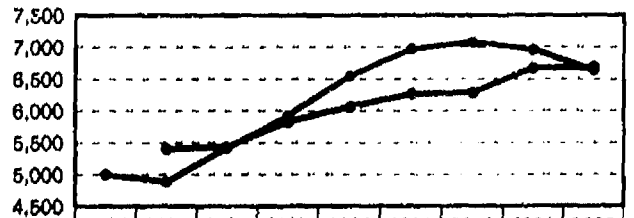
North Dakota Department of Human Services Strategic Plan

Vocational Rehabilitation Services

Employment Program	Provide training and employment services to individuals with disabilities so they can become and remain employed.
Business Services	Provide consultation, technical assistance and information to businesses so they can have an available source of qualified employees and receive solutions to disability related issues.
Independent Living Services	Eliminate barriers and provide assistance to individuals with disabilities so they can live and work more independently in their homes and communities.
Older Blind Services	Provide training, accommodations and support in daily living activities to individuals with visual impairments so they can maintain independence in their home environment.
Assistive Technology Program	Provide education, consultation and referral to people with disabilities so they can access Assistive Technology (AT) devices and services.
Disability Determination Services	Make eligibility decisions for Social Security Disability Insurance and Supplemental Security Income so that eligible individuals can receive disability benefits.

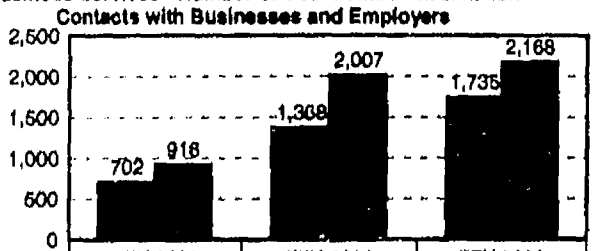
Output/Demand

Number of Individuals with Disabilities who Received Training and Other Employment Services



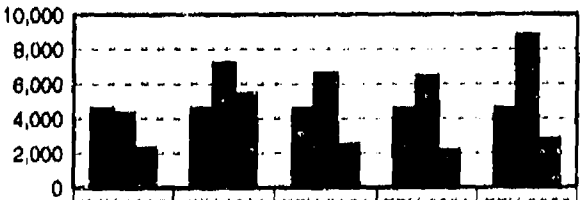
FFY	1994	1995	1996	1997	1998	1999	2000	2001	2002
Served Goal	N/A	5,406	5,440	5,826	6,064	6,266	6,288	6,673	6,687
Actual Served	4,997	4,887	5,412	5,915	6,543	6,969	7,078	6,958	6,636

Business Services - Number of Vocational Rehabilitation Contacts with Businesses and Employers



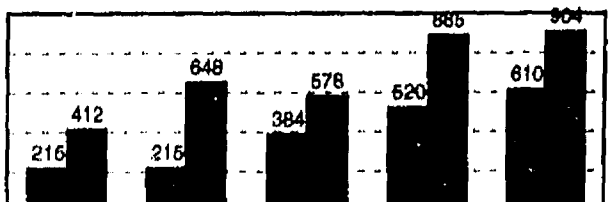
	FFY 2000	FFY 2001	FFY 2002
Contacts Goal	702	1,368	1,735
Actual Contacts	916	2,007	2,168

Independent Living Services - Number of Clients Who Received Services



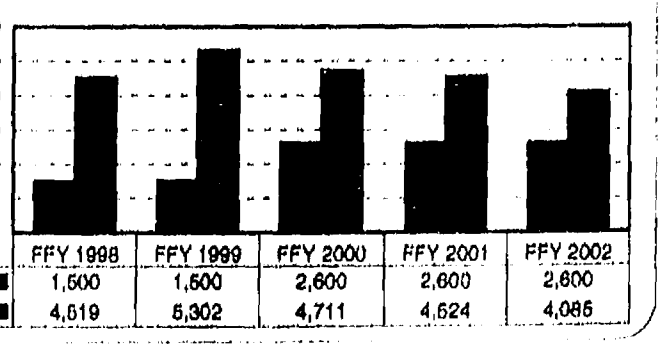
	FFY 1998	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Goal	4,560	4,560	4,560	4,560	4,560
All Services[1]	4,300	7,177	6,600	6,436	8,778
Core IL Services[2]	2,300	5,414	2,500	2,164	2,796

Number of Individuals 55 and Older who Received Older Blind Services



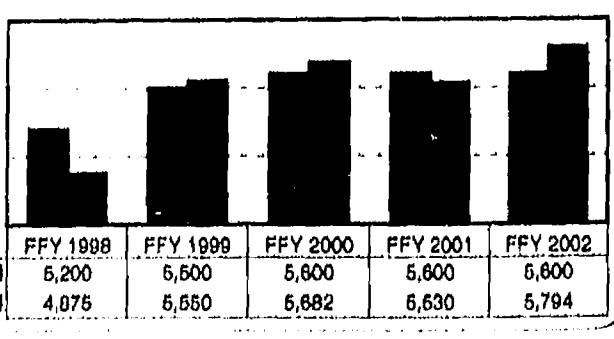
	FFY 1998	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Goal	215	215	384	520	610
Actual	412	648	578	885	904

Assistive Technology Services - Number of Individuals Served



	FFY 1998	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Goal	1,500	1,500	2,600	2,600	2,600
Actual	4,519	5,302	4,711	4,624	4,086

Disability Determination - Number of Eligibility Determinations



	FFY 1998	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Goal	5,200	5,500	5,600	5,600	5,600
Actual	4,975	5,550	5,682	5,630	5,794

[1] All independent living (IL) services [2] 1 or more core independent Living services: Independent Living skills training, peer counseling, self-advocacy and information & referral

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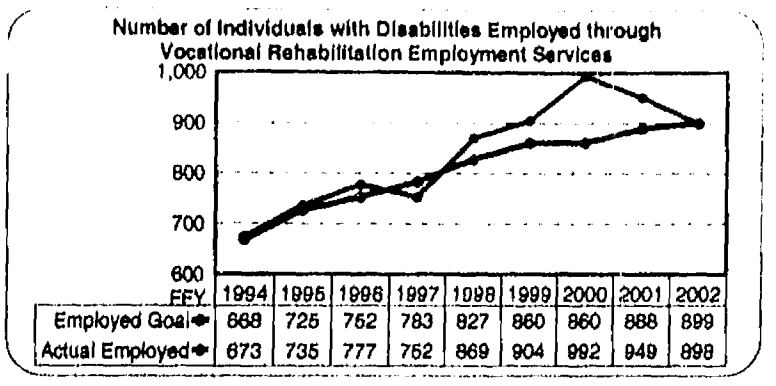
Theresa A. Lee
Operator's Signature

10-14-03
Date

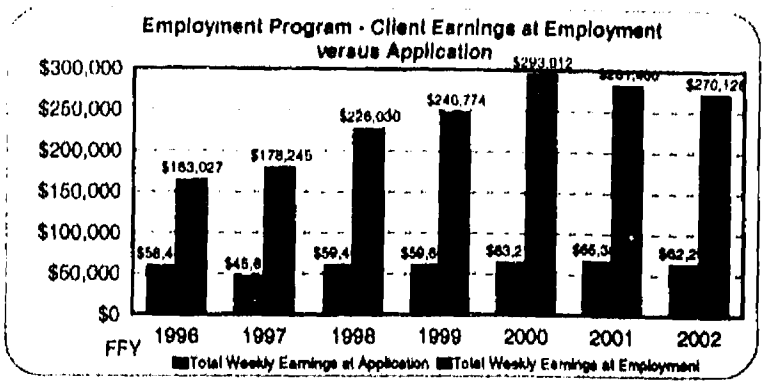
Disability Services

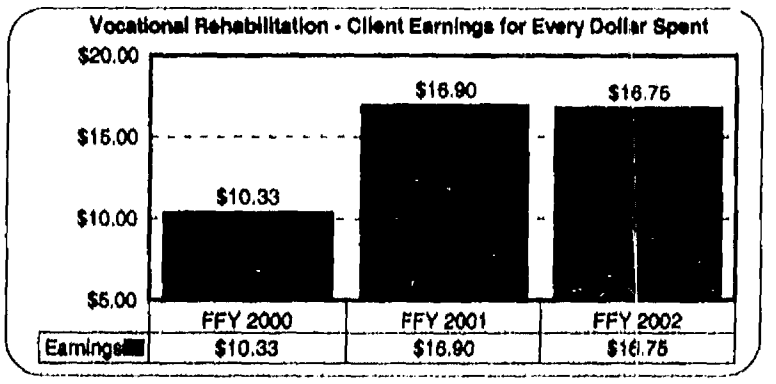
North Dakota Department of Human Services Strategic Plan

Results/Efficiency

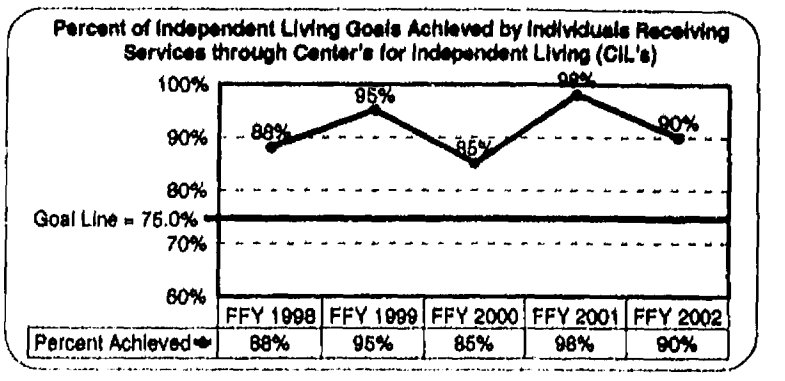


FFY	1994	1995	1996	1997	1998	1999	2000	2001	2002
Employed Goal	668	725	752	783	827	860	860	888	899
Actual Employed	673	735	777	752	869	904	992	949	898

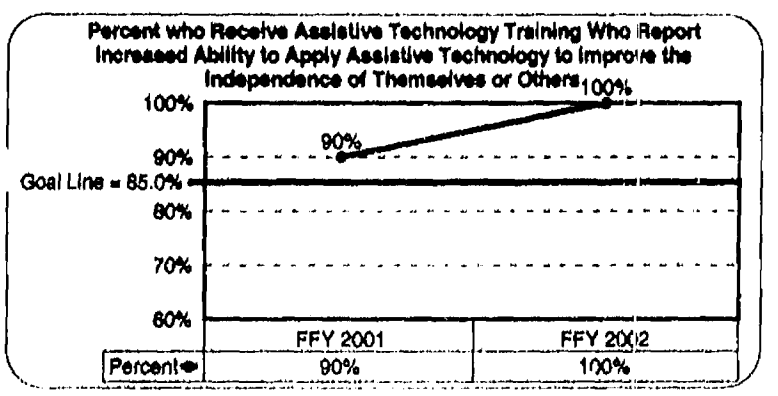




	FFY 2000	FFY 2001	FFY 2002
Earnings	$10.33	$16.90	$16.75



	FFY 1998	FFY 1999	FFY 2000	FFY 2001	FFY 2002
Percent Achieved	88%	95%	85%	98%	90%



	FFY 2001	FFY 2002
Percent	90%	100%

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10-14-03
Date

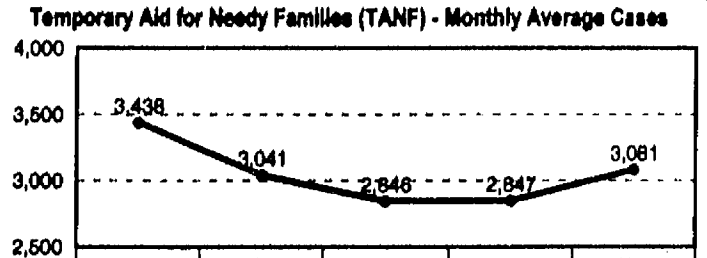
Economic Assistance Policy

North Dakota Department of Human Services Strategic Plan

Program	Purpose
Temporary Aid for Needy Families (TANF)	TANF provides temporary cash assistance and employment training services to eligible families so adult family members can achieve self-sufficiency.
Medical Assistance	Ensures the delivery of medical services in the most efficient and economical manner so that recipients can improve or maintain their health. Note: Statistical information on this program is in the Medical Services Strategic Plan section.
Food Stamps	Provides purchasing power to eligible individuals and families so they can buy additional food and to raise nutrition levels in their household.
Child Care	Provides financial assistance for child care costs to eligible parents and guardians to the provider of their choice so they can remain employed or in training.
Low Income Heating Energy Assistance Program (LIHEAP)	LIHEAP helps low income individuals and families pay for heating and housing conservation costs.

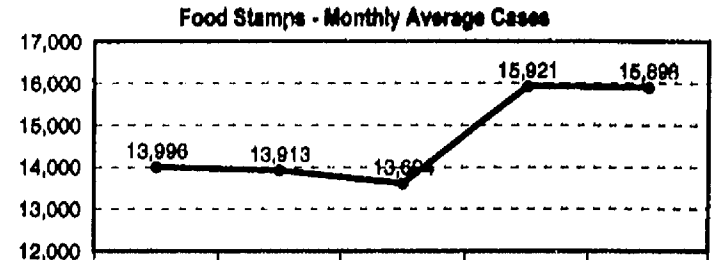
Output/Demand

Temporary Aid for Needy Families (TANF) - Monthly Average Cases



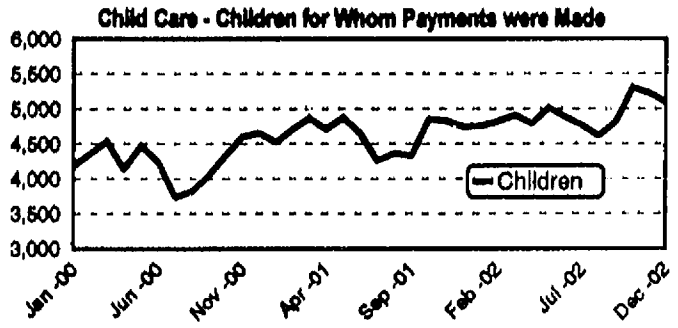
	SFY1998	SFY1999	SFY2000	SFY2001	SFY2002
Cases	3,438	3,041	2,846	2,847	3,081

Food Stamps - Monthly Average Cases

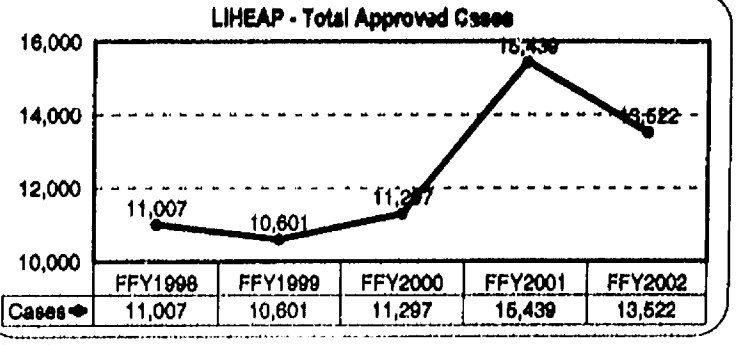


	SFY1998	SFY1999	SFY2000	SFY2001	SFY2002
Cases	13,996	13,913	13,604	15,921	15,898

Child Care - Children for Whom Payments were Made



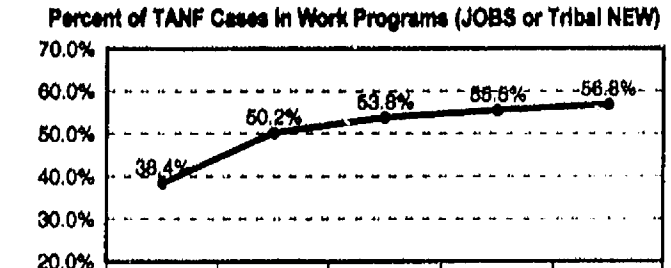
LIHEAP - Total Approved Cases



	FFY1998	FFY1999	FFY2000	FFY2001	FFY2002
Cases	11,007	10,601	11,297	15,439	13,522

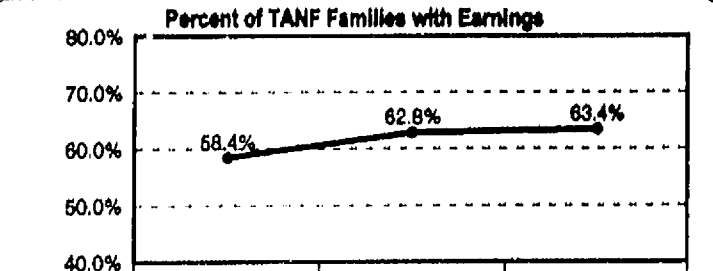
Results/Efficiency

Percent of TANF Cases in Work Programs (JOBS or Tribal NEW)



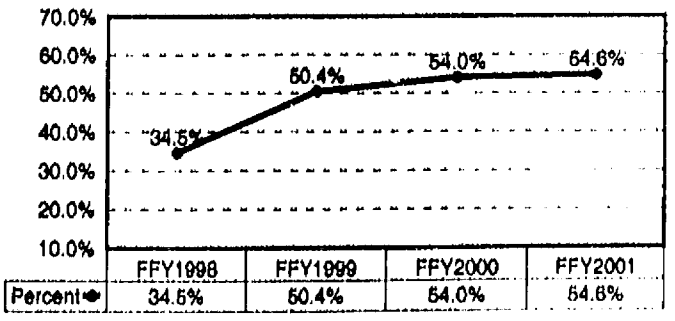
	FFY1998	FFY1999	FFY2000	FFY2001	FFY2002
Percent	38.4%	50.2%	53.8%	55.5%	56.8%

Percent of TANF Families with Earnings



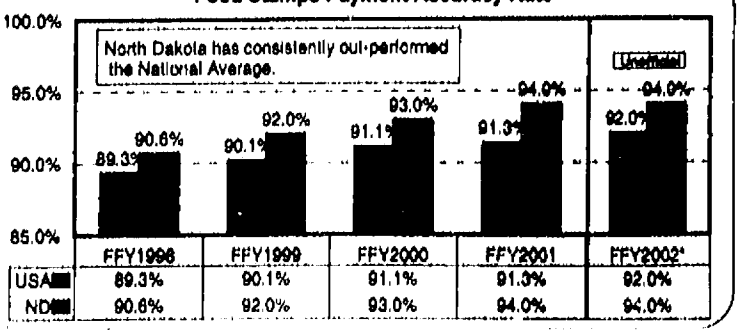
	FFY1997	FFY1999	FFY2000
Percent	58.4%	62.8%	63.4%

Percent of Children in TANF Receiving Health Tracks Screenings



	FFY1998	FFY1999	FFY2000	FFY2001
Percent	34.5%	50.4%	54.0%	54.6%

Food Stamps Payment Accuracy Rate



	FFY1998	FFY1999	FFY2000	FFY2001	FFY2002*
USA	89.3%	90.1%	91.1%	91.3%	92.0%
ND	90.6%	92.0%	93.0%	94.0%	94.0%

*The final payment accuracy rate for Federal Fiscal Year 2002 will not be announced until June 30, 2003

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Theresa A. Lee — 10-14-03

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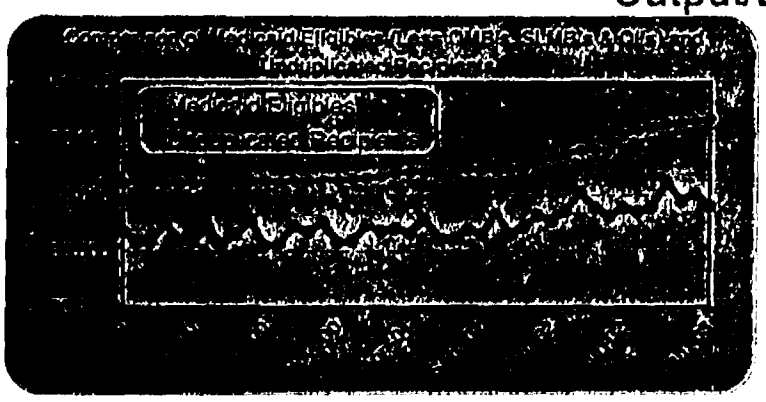
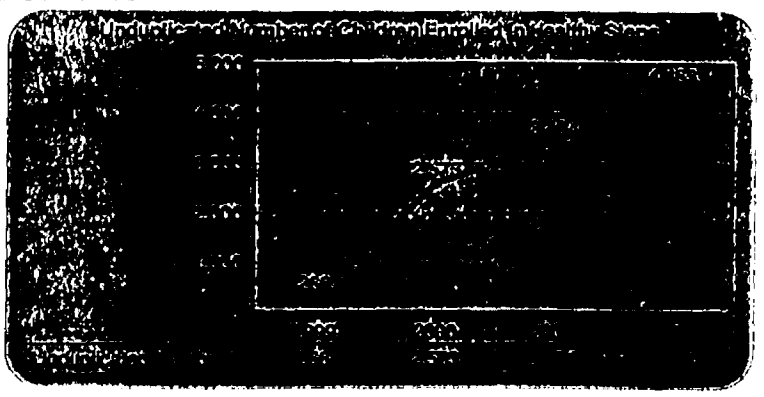
Medical Services

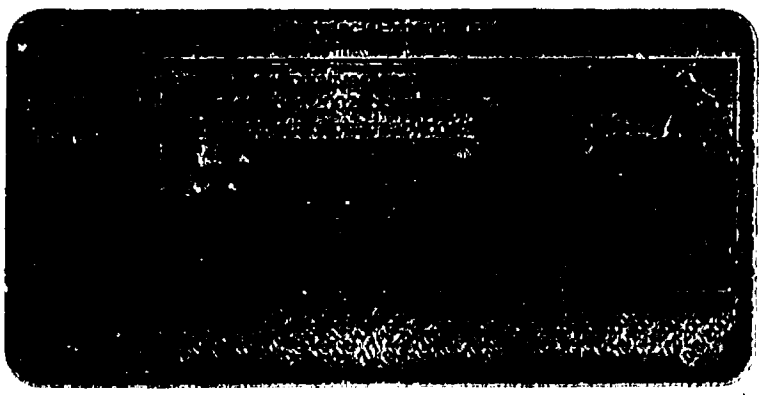
North Dakota Department of Human Services Strategic Plan

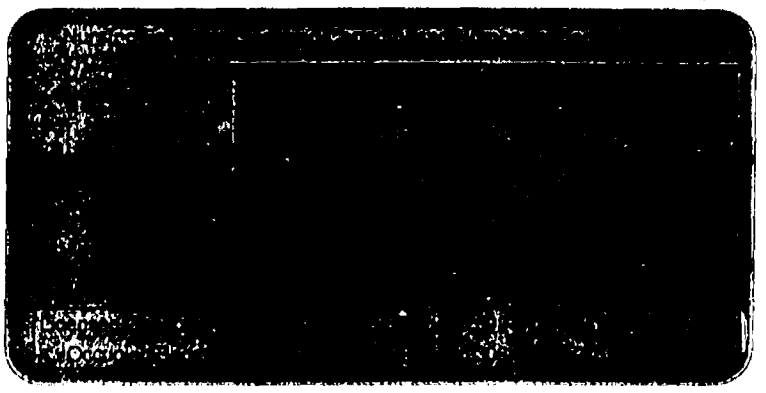
Program	Purpose
Medical Assistance	To ensure the delivery of medical services in the most efficient and economical manner so that recipients can improve or maintain their health
Healthy Steps	To provide health insurance coverage to eligible low income, uninsured children so they can obtain necessary medical services to improve and maintain their health

Output/Demand

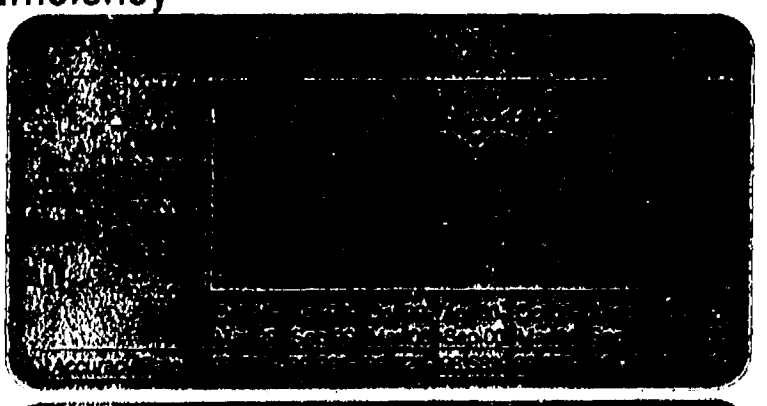


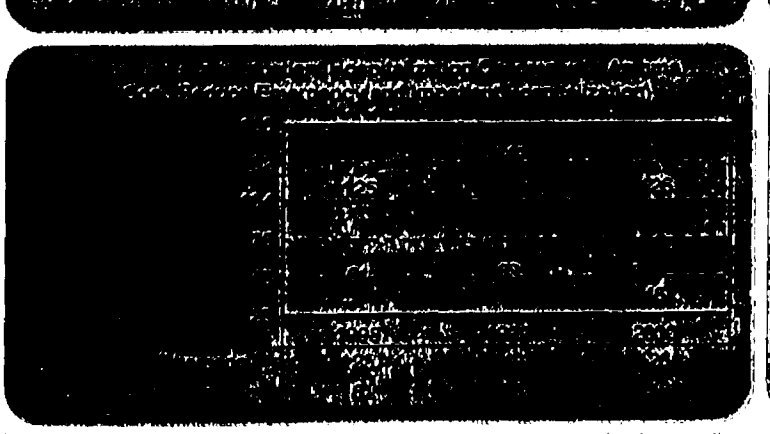


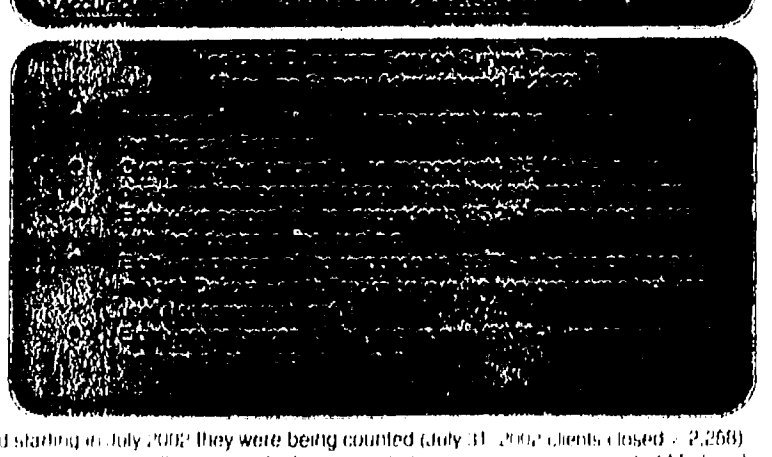




Results/Efficiency







[1] Clients that closed at the end of the month were not being counted for that month and starting in July 2002 they were being counted (July 31, 2002 clients closed = 2,268) This does not represent an increase in Medicaid individuals or expenditures because such expenses for these individuals were included in our previously reported Medicaid expenditure totals

[2] Information excludes swing bed Medicare Acute data Also the information is based on snapshot data as of 6/30/02

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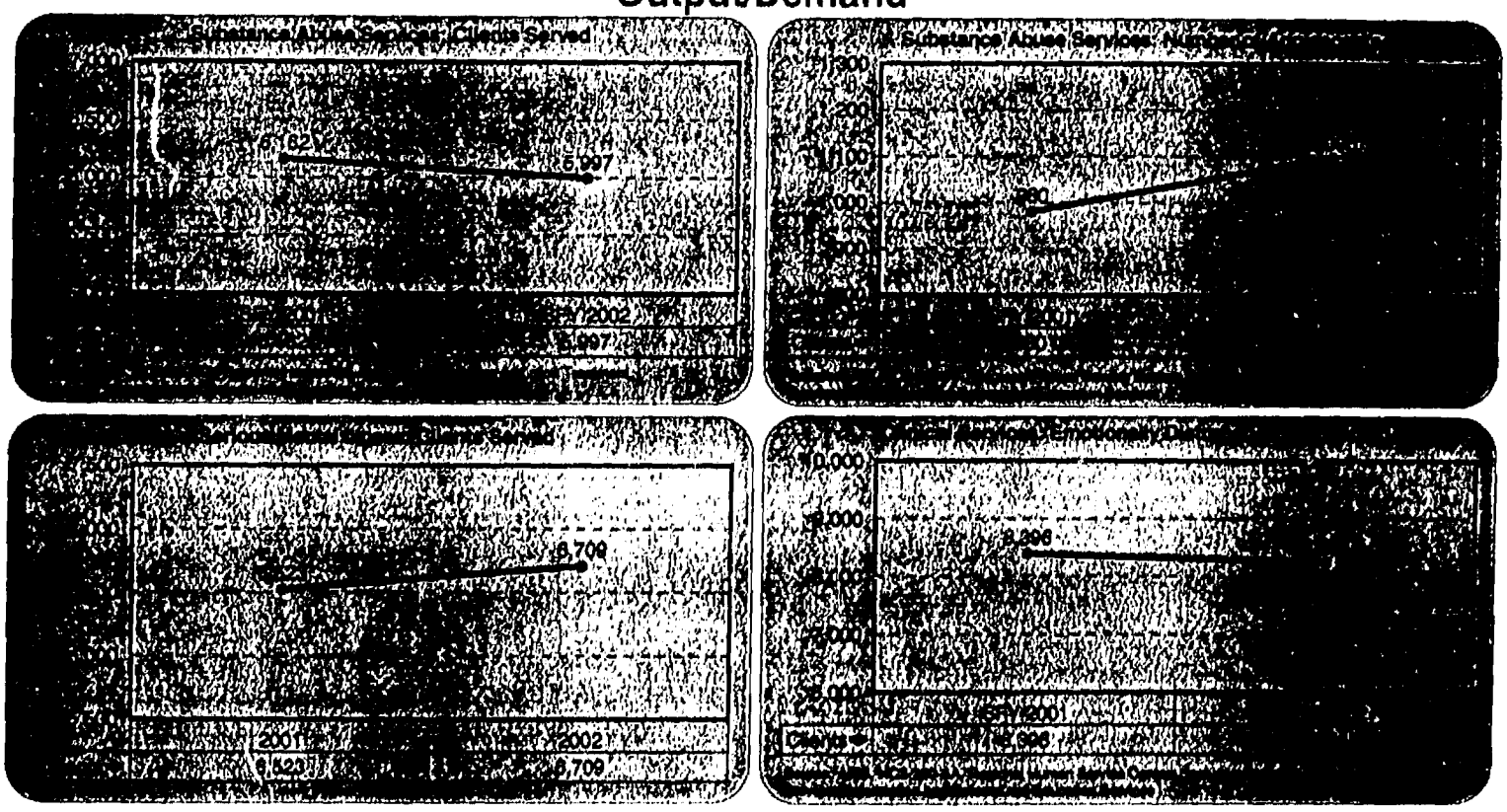
Date

Mental Health and Substance Abuse

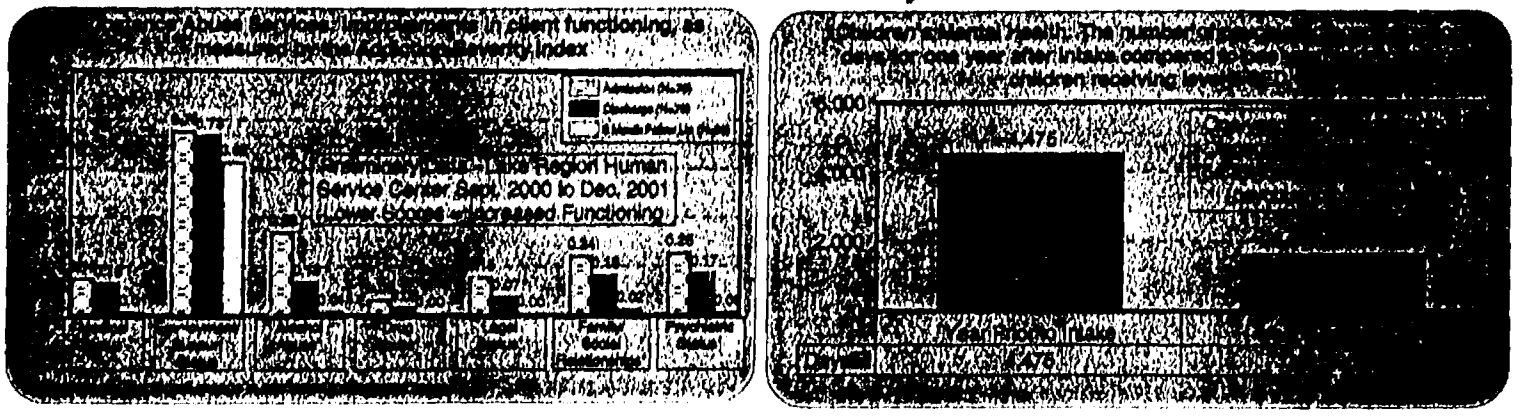
North Dakota Department of Human Services Strategic Plan

Program	Purpose
Substance Abuse System of Care	Provide therapeutic and supportive services to individuals who abuse or are dependent upon alcohol or other drugs so they can manage their illness and live in the community in the least restrictive setting.
Children's Mental Health System of Care	Provide therapeutic and supportive services to children with a serious emotional disorder (SED) and their families so they can manage their disorder and live in the community in the least restrictive setting.
Serious Mental Illness System of Care	Provide therapeutic and supportive services to adults with a serious mental illness so they can manage their illness and productively live in the community in the least restrictive setting.
Clinical Services	Provide evaluation and treatment to people with emotional or relationship problems so they can reduce or eliminate the impact of the problem.

Output/Demand



Results/Efficiency



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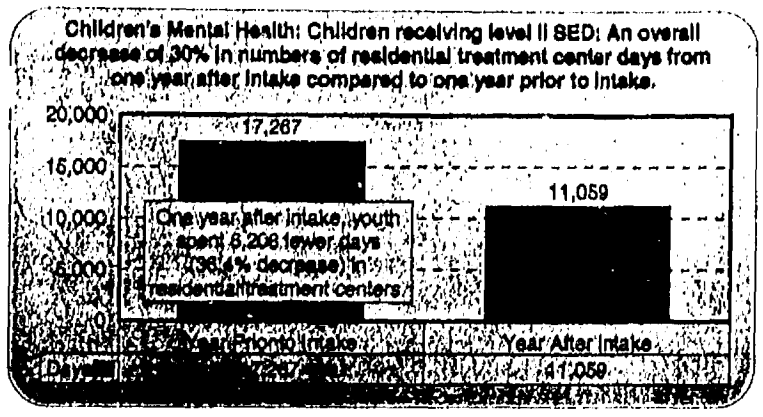
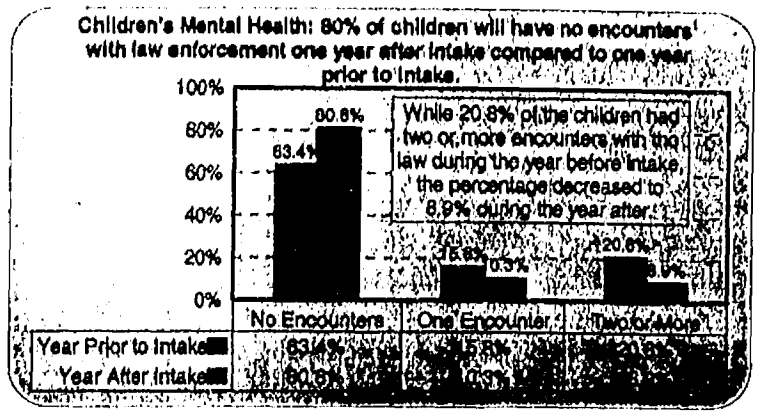
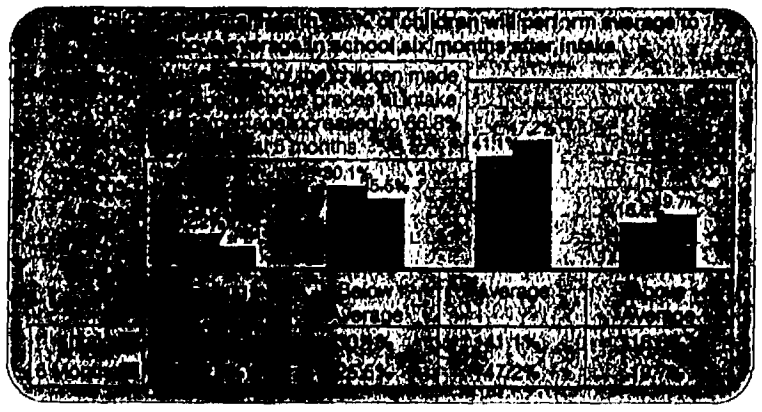
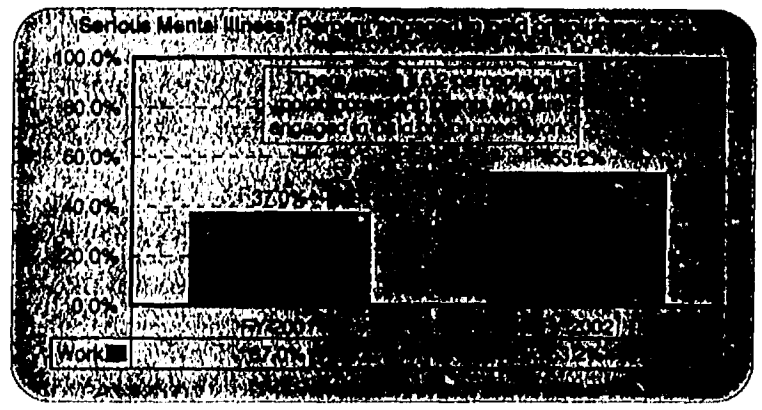
Mental Health and Substance Abuse

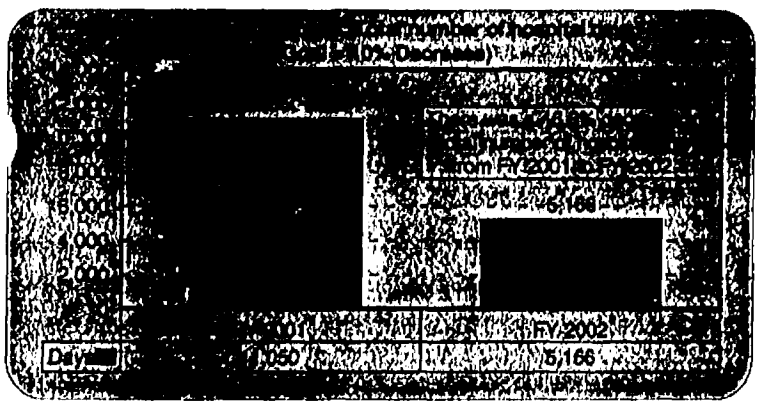
North Dakota Department of Human Services Strategic Plan

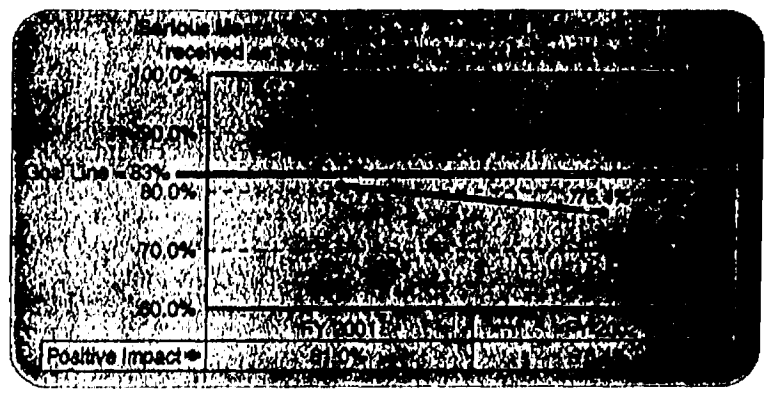


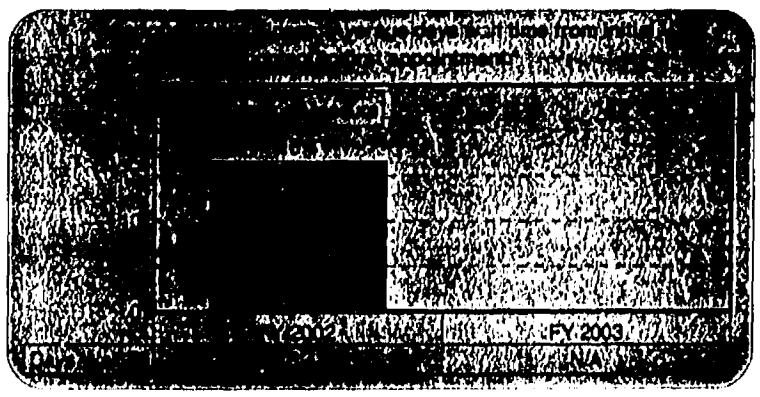


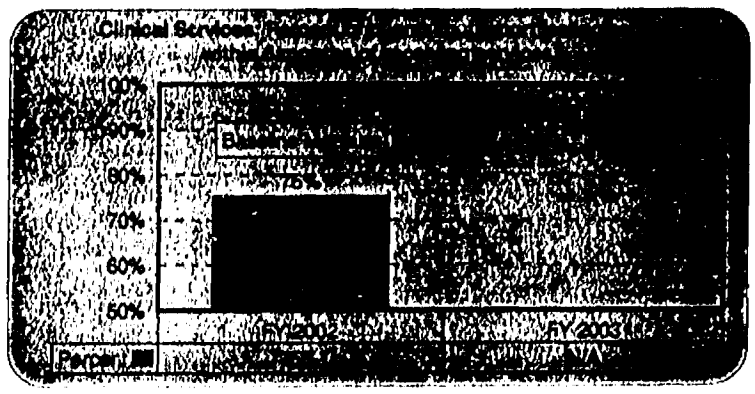












[1] An encounter is defined as a contact with police or other law enforcement personnel as a result of a violation of law
[2] Old Extended Care Reporting System (Data was not available from Region 8 because of the conversion to MHSIP)
[3] New MHSIP Data System
[4] Wait time was calculated using FY 2002 Ans data, subtracting initial contact date from admission date

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10/12/03
Date

Exhibit #2
Carol Olson

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS COMMITTEE
RAY HOLMBERG, CHAIRMAN
January 14, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, I am Carol Olson, Executive Director of the Department of Human Services. We appreciate the opportunity to appear before you today to present our budget request for the 2003-2005 biennium. First, let me assure you that we understand and appreciate the difficult task that lies before you.

In preparing the budget, our senior managers agreed on basic core services and underlying principles, by which we were able to establish funding priorities. We take our responsibility as the safety net for our state's most vulnerable people very seriously. We believe this budget responsibly addresses the most critical needs.

The 2003-05 budget request that is before you is 2.3% above the 2001-03 general fund budget. The factors that create this increase will be discussed in detail by the department as we provide information to you over the course of the next three days. Basically, the increase is a result of several service-related issues including:

- **Increasing caseloads in mandatory services, including Medicaid, Foster Care, and Subsidized Adoption**
- **Increasing utilization of Medical Services by eligible recipients**
- **Decreasing federal reimbursement, because of a decreased Federal Medical Assistance Percentage (FMAP)**
- **Growing demand for home and community-based services (SPED and Expanded SPED)**

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10-14-03
Date

- Inflation that cannot be controlled by the Department, including statutorily governed inflation factors in the nursing home and basic care area and market driven inflation in the prescription drug program.

In addition, the budget includes increases for the employee compensation package and funding for Healthy SeniorsRx.

Despite the 2.3% general fund increase, this budget represents a reduction of 202 FTEs, limits services to clients, tightens eligibility in some programs, and restricts reimbursement to providers.

During the current biennium, we have been successful at consolidating functions to minimize our administrative overhead. Senior managers have examined each vacancy to determine if the position's duties could be allocated to existing staff. In the central office, this has resulted in the elimination of three administrative positions during this biennium. In addition, the Department offered an early retirement incentive program to encourage further efficiency measures in staffing patterns. There were a total of 36.6 staff positions approved for early retirement. Among those were three regional human service center directors whose positions were not filled. Six centers now share directors. (Northeast and Southeast HSCs, South Central and Lake Region HSCs, and West Central and Badlands HSCs).

Where does the money go?

- 26 cents on every dollar goes to pay medical services.
- 21 cents on every dollar goes to pay nursing homes.
- 21 cents on every dollar pays for services and benefits for clients of such programs as TANF, Food Stamps, and Fuel Assistance, and for services purchased on behalf of Vocational Rehabilitation clients, children in the child welfare system, and non-Medicaid services for people with developmental disabilities.

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10-14-03
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- 12 cents on every dollar pays providers of services for people with developmental disabilities that are funded through Medicaid.
- 7 cents on every dollar funds the entire operation of the eight regional human service centers.
- 6 cents on every dollar funds the two institutions – the State Hospital, the Developmental Center, and
- 3 cents on every dollar funds all long-term care outside of nursing homes, to include SPED, Expanded SPED, the Medicaid Waivered Services, and Basic Care.
- This leaves 4 cents, which is divided among:
  - technology costs for all of the department's programs (2 cents),
  - program management (1 cent), and
  - administration (1 cent).

We respect your role as the policymaking branch of government. Be assured that the Department staff will work diligently to provide you with the correct and current information necessary for you to make decisions. We start that process today with an overview of our budget by Brenda Weisz, Chief Financial Officer, followed by more detailed budget information by the senior managers of the Department.

Again, I appreciate this opportunity, and I look forward to working with you over the course of the next several weeks.

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Theresa A. Bell — 10-14-03

Operator's Signature — Date

TESTIMONY

SB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS COMMITTEE

KEN SVEDJAN, CHAIRMAN

FEBRUARY 26, 2003

Chairman Svedjan and members of the House Appropriations Committee, I am Carol Olson, Executive Director of the Department of Human Services. We appear before you today to present our budget for the 2003-2005 biennium including the Senate amendments.

In preparing the Governor's budget, our senior managers agreed on basic core services by which we were able to establish funding priorities. We take our responsibility as the safety net for our state's most vulnerable people very seriously. We believe the Governor's budget is responsible and addresses their most critical needs.

The 2003-2005 Governor's budget request that was presented to the Senate included an increase of 6.2% over the 2001-2003 budget. During the previous legislative session, the Department's budget had increased 11.4% from the 1999-2001 biennium. The 2003-2005 Governor's budget slowed that growth by 46%, in spite of increased demands on our programs. When considering the amendments adopted by the Senate, the budget will show an increase of 5.3% overall with an actual general fund decrease of 2.1% or $7.7 million. The factors that create this overall increase will be discussed in detail by the Department as we provide information to you over the course of the day. Basically, the increase is a result of several service-related issues:

- **Increasing caseloads in mandatory services, including Medicaid, Foster Care, and Subsidized Adoption**
- **Increasing utilization of Medical Services by eligible recipients**

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Operator's Signature Date

- Decreasing federal reimbursement, because of a decreased Federal Medical Assistance Percentage (FMAP)
- Growing demand for home and community-based services (SPED and Expanded SPED)
- Inflation that cannot be controlled by the Department, including statutorily governed inflation factors in the nursing home and market driven inflation in the prescription drug program.

The decrease in the overall general funds is a result of the Senate amendments that will also be discussed by the Department.

The Governor's budget represents a reduction of 202 FTEs, limits services to clients, tightens eligibility in some programs, and restricts reimbursement to providers. The Senate amendments will further affect FTEs, services and program eligibility.

Early in the current biennium, the Department began a process of identifying efficiencies. We have been successful at consolidating functions to minimize our administrative overhead. Senior managers have examined each vacancy to determine if the position's duties could be allocated to existing staff. In the central office, this has resulted in the elimination of three administrative positions during this biennium. In addition, the Department offered an early retirement incentive program to encourage further efficiency measures in staffing patterns. There were a total of 36.6 staff positions approved for early retirement. Among those were three regional human service center directors whose positions were not filled. Six centers now share directors (Northeast and Southeast HSCs, South Central and Lake Region HSCs, and West Central and Badlands HSCs).

At this time I would like to highlight the significant Senate reductions that were made to the Governor's budget:

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- A $1.5 million elimination of general funds in Administration / Support. The funding was switched to special funds (no funding source available).
- A $4.0 million elimination of general funds in the Program / Policy Management area. The funding was switched to special funds (no funding source available).
- The decrease to the Medicaid prescription drug budget of $9 million total funds and $2.9 million in general funds.
- Combined amendments reducing the SPED program by $4.6 million.
- A reduction in the Expanded SPED program of $300,000.
- The $2.0 million general fund reduction at the State Hospital and the $1.0 million general fund reduction at the Developmental Center.
- The elimination of the following optional services for adults under the Medicaid program: Durable Medical Equipment, Optometry Services and Psychological Services.

Where does the money go?

- 25 cents on every dollar goes to pay medical services.
- 22 cents on every dollar pays for services and benefits for clients of such programs as TANF, Food Stamps, and Fuel Assistance, and for services purchased on behalf of Vocational Rehabilitation clients, children in the child welfare system, and non-Medicaid services for people with developmental disabilities.
- 21 cents on every dollar goes to pay nursing homes.
- 12 cents on every dollar pays providers of services for people with developmental disabilities that are funded through Medicaid.
- 7 cents on every dollar funds the entire operation of the eight regional human service centers.
- 6 cents on every dollar funds the two institutions – the State Hospital, the Developmental Center, and

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- 3 cents on every dollar funds all long-term care outside of nursing homes, to include SPED, Expanded SPED, the Medicaid Waivered Services, and Basic Care.
- This leaves 4 cents, which is divided among:
  - technology costs for all of the Department's programs (2 cents),
  - program management (1 cent), and
  - administration (1 cent).

We respect your role as the policymaking branch of government. The Department staff will provide you with any requested information necessary for you to make decisions. We start that process with an overview of our budget by Brenda Weisz, Chief Financial Officer, followed by more detailed budget information by the senior managers of the Department.

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Prepared by the North Dakota
Department of Human Services
03/27/03

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 12, replace "ADMINISTRATION – SUPPORT" with "MANAGEMENT-PROGRAM/POLICY MANAGEMENT-FIELD SERVICES"

Page 1, remove lines 13-24

Page 2, remove lines 1-21

Renumber accordingly

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Exhibit 3

SENATE APPROPRIATIONS COMMITTEE

SB 2012

SENATOR RAY HOLMBERG, CHAIRMAN

JANUARY 14, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Brenda Welsz with Department of Human Services. I appear before you today to provide you with an overview of the Department's budget. Additional details regarding the various areas of the Department's budget will be presented over the next few days.

Underlying Concepts in Budget Development

Applied the following Guiding Principles:

- The department of human services has the responsibility to serve our State's most vulnerable people.
- Planning, evaluation, budgeting and best practices regarding service delivery and allocation of resources are data-driven, evidence-based, and results oriented.
- Essential Core services are based on individual needs with full consumer involvement and aimed at optimizing self-sufficiency and independence.
- Local and natural support systems will be fully engaged and partnerships generated to maximize resources and efficiency.
- Services will be designed to accommodate specific region needs, with resources allocated in a cost-effective manner to create alternative solutions to reach rural and urban populations.

Inflationary increases the Department could control **are not** included in the budget. Statute requires the inclusion of inflation for the following providers:

- Nursing Homes - 3.66% each year of the biennium

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- Basic Care facilities -1.2% each year of the biennium

Included in the budget as well as a bill to be introduced by OMB is a provider assessment or federal funding reimbursement option affecting those providing services in an ICF/MR. Essentially what this involves is each quarter the ICF/MRs are charged a fee for each licensed bed as allowed by the federal government. This fee is then incorporated into the rates paid by the Department to the providers. For the DD private providers an additional $4.1 million total funds - $1.3 million in general funds was included in the budget and $1.7 million total funds - $.5 general funds for the Developmental Center. Federal regulations require that these fees paid by the ICF/MRs be used by the State with general applicability rather than appropriated to directly benefit the provider group making the payment. For this reason the reimbursement from this funding option is being deposited in a special designated fund and used as a general fund equivalent in funding the Medicaid program. The reimbursement option will provide for an additional $4.0 million of funding after considering the general fund cost upfront.

Federal Medical Assistance Percentage (FMAP) continues to decline:
Recall in the current biennium the FMAP has gone from 69.87% in FFY 2002 down to **68.36%** for FFY 2003. Beginning October 1, 2003 the FMAP will decrease again to **68.31%** and is estimated to decrease to **67.47%** on October 1, 2004. The continuous decrease in the share that the federal government will contribute increases the share the State needs to contribute in order to maintain the same level of service.

This biennium we have reflected the continuum of care for the elderly in a budget level entitled **Long Term Care**. This area of the budget reflects services for the elderly starting at the community level with Home and Community Based Services including funding under Service Payments for the Elderly and Disabled (SPED) Expanded SPED, the Medicaid waiver services, moving to services

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provided by Basic Care facilities and finishing with the needs met by Nursing Homes.

Overview of Overall budget changes

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease	% Change
Total	**1,402,514,577**	**1,489,066,465**	**86,551,888**	**6.2%**
General	370,019,659	378,572,046	8,552,387	2.3%
Federal	915,456,439	988,555,127	73,098,688	8.0%
Other	117,038,479	121,939,292	4,900,813	4.2%

	Total Funds	General Funds
Analysis of General Fund Increase	86,551,888	8,552,387
Less: Compensation Package	(5,930,774)	(3,988,826)
Healthy Seniors Rx	(10,285,469)	(3,373,735)
Fees for Provider Assessment	(5,833,248)	(1,863,128)
Net Increase (decrease) in General Fund	64,502,397	(673,302)

FTE

The FTEs included in the Department's budget total 2041.12, which is down 202.45 from the current biennium. - See Attachment A

Overview of significant budget areas

I would like to identify for you "Where the money goes" in the DHS budget – See Attachment B

Long Term Care Continuum - $348.4 million

$.21 of every $1 is budgeted for Nursing Homes ($306.5 million), while $.03 of every $1 is budgeted for the other Long Term Care services in the DHS budget. ($41.9 million)

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In building the budget for the Long Term Care Continuum, we began by fully funding the Home and Community Based Care Services.

Next, the Basic Care anticipated costs were fully funded.

Finally, with Nursing Homes we developed the budget in early summer using the most current estimates available to us. At that time Nursing Homes were funded at the following limits:

- 85% – direct costs; 85% - other direct costs; 75% - indirect costs
- Currently for 2001 – 2003 biennium limits are as follows:
  99% – direct costs; 85% - other direct costs; 75% - indirect costs

Additionally, incentives and operating margins paid to Nursing Homes were not included in the budget submitted to OMB. The amount of funding necessary to include these items and restore the direct service limit would require the following amounts:

	Total funds	General Funds
Restore limits (OAR 23)	8,478,112	2,693,139
Restore Operating Margin (OAR 24)	6,088,878	1,932,211
Restore Incentive Payments (OAR 25)	1,363,547	432,302
	$ 15,930,537	$ 5,057,652

Ratesetting for 2003 was just completed the week of December 10, 2002. These numbers form a basis for the rates into the 2003 - 2005 biennium. When the budget was prepared for Nursing Homes early last summer, the inflation and anticipated salaries were estimated to be higher than the actual computed rate. Additionally, the acuity of the clients was not as high as anticipated. These factors have then resulted in the ability to cover more expenditures than

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anticipated in the Governor's Budget. The Governor's Office and the Long Term Care Association have had discussions relating to the possible use of this money, which amounts to approximately $5 million in total and approximately $1.6 million in general funds.

The entire continuum of care in terms of where the dollars are expended can be seen on Attachment C.

David Zentner and Linda Wright will be providing additional information in this area when the Long Term Budget level is discussed in further detail.

Medical Services - $385.9 million

$.26 of every $1 is budgeted for this area of the DHS budget.

Services included in this category are the traditional Medicaid services such as inpatient / outpatient hospitalization, physician services, etc.

The budget includes anticipated caseloads and provides funding for the following optional services: Prescription Drugs, Durable Medical Equipment, Physical Therapy, Occupational Therapy, Speech and Hearing, Optometry, Psychological services.

Excluded are the following optional services: Dental Services for Adults, Chiropractic, Hospice Services and Private Duty Nursing. Although Hospice under the Medicaid program is not funded, this does not eliminate Hospice services provided by Medicare.

Includes the Healthy SeniorsRx program totaling $10.3 million in total dollars $3.4 in general funds.

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Fully funds the Children's Health Insurance Program (CHIP) or otherwise known as Healthy Steps. – estimated to cover 2,563 children a month.

David Zentner will go into further detail regarding the Medicaid program.

DD Grants - $173.5 million

$.12 of every $1 is budgeted for this area of the DHS budget.

Services in this category include the payments to the private DD providers.

Fully funded the anticipated caseload in all services.
Rates paid to the providers are maintained at the current funding level.
Have required those utilizing the program to be Medicaid eligible.

Institutions – State Hospital and Developmental Center - $86.5 million

$.06 of every $1 is budgeted for this area of the DHS budget.

State Hospital:

- Budget is based on population of 127 individuals with chronic mental illness and/or substance abuse issues along with 90 patients entering through DOCR programs for a total population of 217.
- Budget includes shifting of the laundry and dietary services to DOCR.
- Reorganization of the nurses' residence to provide services to DOCR
- Total general fund reduction - $7.2 million.

Developmental Center:

- Budget is based on a population of 161 individuals.
- Total general fund reduction – $935,945.

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Human Services Centers - $107.5 million

$.07 of every $1 is budgeted for this area of the DHS budget.

In preparing the budget for this area, consideration was given to the percentage of the population along with the percentage of the Department's caseload in the region.

We defined core services along with core populations in order to provide services to the most vulnerable. See Attachment D.

In order to focus the dollars on direct services a decision was made to share administration of the following HSCs due to the retirement of three Regional Directors. Southeast and Northeast; Lake Region and South Central; and West Central and Badlands. Net general fund savings of $294,919.

With the changes proposed at the State Hospital keeping clients in the community will be even more important. We have proposed funding to assist in that effort by including within the budget a special line item known as the Mental Health Community Services Contingency in the amount of $250,000. These funds will be available to each Human Service Center if it is determined that resources are necessary in a particular region to reduce or further prevent admissions to the State Hospital from that region.

Other Highlights of the Budget

$.21 of every $1 in the DHS budget ($317.5 million) is proposed to fund Direct Client Services. This includes the many welfare programs along with Vocational Rehabilitation grants and others as indicated in the footnote on Attachment B.

Food Stamp, LIHEAP, Child Care and TANF caseloads continue to grow. Sufficient federal funds exist to cover caseloads. Based on the increases we do not anticipate any TANF carry forward at the end of the 2003 – 2005 biennium.

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We have increased the match requirement from the counties to a 20% match for Family Preservation services - an increase from 10% in the past.

Projected need for the Adoption program (AASK) amounting to the salary of 3 contracted individuals through collaboration project **was not** included in the base budget.

Mill Levy is funded in the budget at the same level as 2001 – 2003 biennium - $1.7 million.

Indian County Allocation is funded at the statutory requirement of 90% of need - $2.6 million.

We continue to monitor the Maintenance of Effort requirements (MOE) of the grants received by the Department. Of particular concern this biennium is the MOE requirement for the Mental Health Block grant.

$.02 of every $1 of the DHS budget ($33.8 million) is proposed for Technology needs covering the entire Department.

Equipment replacement is on a 6 year cycle. ITD recommends a replacement cycle of every 4 years for desktops and every 3 years for laptops.

Technology budget **includes** Phase 1 of the MMIS rewrite. $1.6 million total funds; $160,000 general funds.

Base budget for technology **does not** include HIPAA – Phase 2 project or Child Support federal system changes.

This concludes my testimony.

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12-11-02

Date

ND Department of Human Services
Summary of Full Time Equivalents (FTEs)
2003 - 2005 Biennium Budget

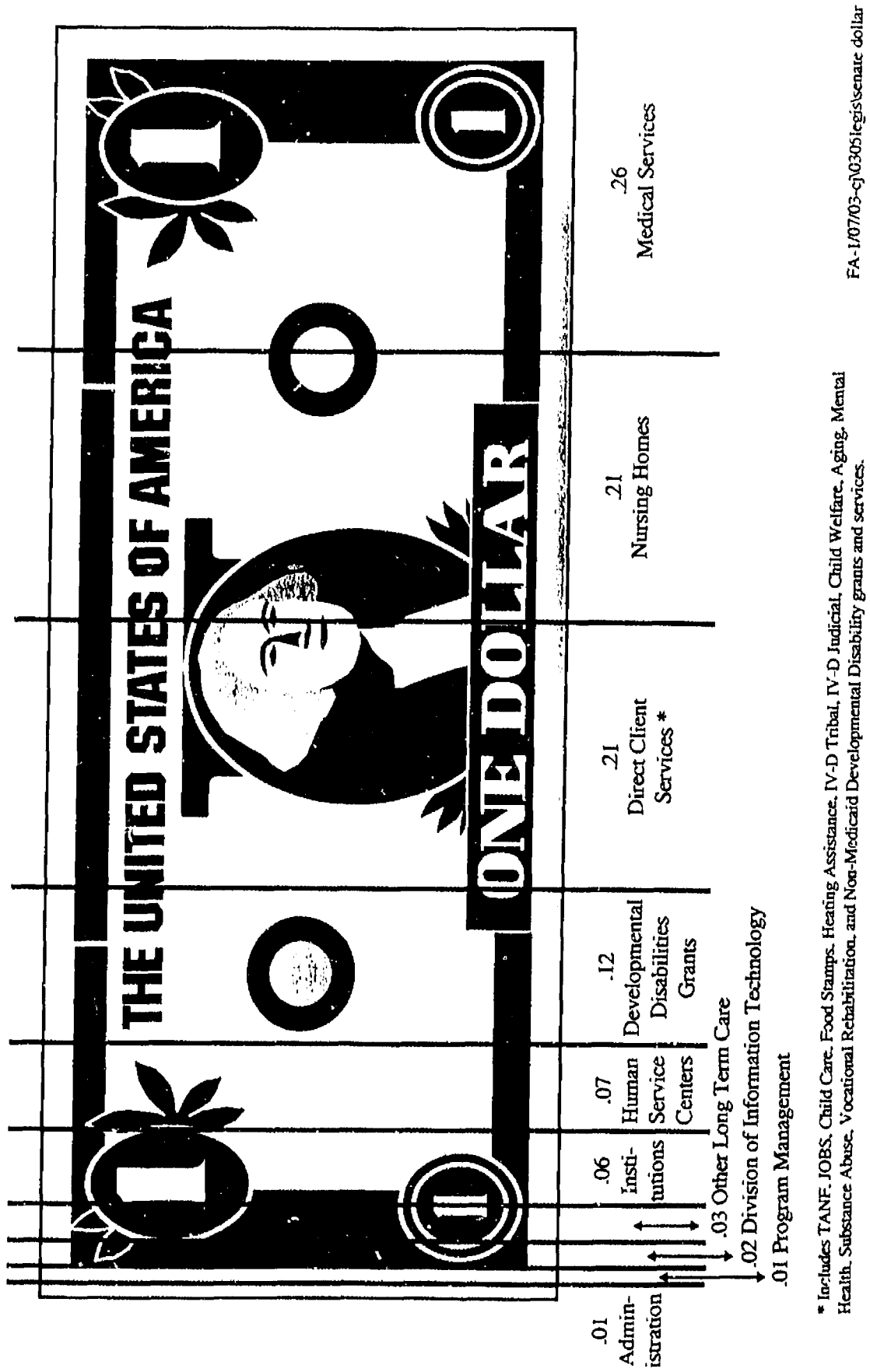
SubDivison	Prior Biennium 1999 - 2001	Current Biennium 2001 - 2003	Changes	To the Senate 2003 - 2005	Senate/Current Percent of Change
100-15 ADMINISTRATION / SUPPORT	81.800	79.800	(5.000)	74.800	-6%
100-20 DIVISION OF INFORMATION TECHNOLOGY	49.000	42.000	(3.000)	39.000	-7%
100 MANAGEMENT Total	**130.800**	**121.800**	**(8.000)**	**113.800**	**-7%**
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	39.800	47.800	(1.000)	46.800	-2%
200-02 CHILD SUPPORT ENFORCEMENT	32.000	38.000	0.000	38.000	0%
200-03 MEDICAL SERVICES	54.000	52.000	1.000	53.000	2%
200 ECONOMIC ASSISTANCE Total	**125.800**	**137.800**	**0.000**	**137.800**	**0%**
300-42 DD COUNCIL	1.000	1.400	0.000	1.400	0%
300-43 AGING SERVICES	15.500	15.500	0.000	15.500	0%
300-46 CHILDREN & FAMILY SERVICES	17.500	18.000	(1.000)	17.000	-6%
300-47 MENTAL HEALTH & SUBSTANCE ABUSE	12.500	12.500	(0.500)	12.000	-4%
300-51 DISABILITY SERVICES	62.500	55.100	(4.000)	51.100	-7%
300 PROGRAM & POLICY Total	**109.000**	**102.500**	**(5.500)**	**97.000**	**-5%**
410-01 NORTHWEST HSC	67.000	60.500	(9.500)	51.000	-16%
410-02 NORTH CENTRAL HSC	117.000	118.530	(5.750)	112.780	-5%
410-03 LAKE REGION HSC	68.000	68.000	(4.000)	64.000	-6%
410-04 NORTHEAST HSC	160.150	144.400	(20.800)	123.600	-14%
410-05 SOUTHEAST HSC	189.750	191.750	(8.550)	183.200	-4%
410-06 SOUTH CENTRAL HSC	89.000	89.000	(3.000)	86.000	-3%
410-07 WEST CENTRAL HSC	137.150	140.650	(21.650)	119.000	-15%
410-08 BADLANDS HSC	91.500	88.500	(10.500)	78.000	-12%
410 HUMAN SERVICE CENTERS Total	**919.550**	**901.330**	**(83.750)**	**817.580**	**-9%**
420-01 STATE HOSPITAL	522.100	507.000	(90.100)	416.900	-18%
430-01 DEVELOPMENTAL CENTER	482.300	473.140	(15.100)	458.040	-3%
4xx INSTITUTIONS Total	**1,004.400**	**980.140**	**(105.200)**	**874.940**	**-11%**
Grand Total	**2,289.550**	**2,243.570**	**(202.450)**	**2,041.120**	**-9%**

Robert Tescher, CPA
D:\Bdgt0305\2_EBRs\To CHMI Analysis.xls - FTEs to CHMi

10:58 AM 12/02/2002
Page: 1 of 1

Attachment A

Attachment B



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Department of Human Services
2003 - 2005 Budget to Senate
Where Does the Money Go?
Long Term Care Continuum
Total Funds $348,435,117

	.02 Basic Care	.10 Home & Community Based Care	.88 Nursing Homes
Average Monthly Recipients	497	2,428	3,664

FA-1/07/03-cj\0305legis\senate dollar

Attachment C

A Nachman D

SUMMARY OF CORE SERVICES
DEPARTMENT OF HUMAN SERVICES
REGIONAL HUMAN SERVICE CENTERS

Aging Services:

- Aging Services Administration
- Vulnerable Adult Protective Services
- Long-Term Care Ombudsman Program
- Adult Family Foster Care Licensure

Developmental Disabilities

- Case Management
- Day Supports (Southeast)
- Extended Services (Northwest and Badlands)
- Infant Development (Northwest, Northeast, Southeast, South Central)

Vocational Rehabilitation

- Assessment for eligibility and rehabilitation needs
- Counseling and Guidance
- Information and Referral
- Job related services
- Vision Services
- Supported Employment Services (Badlands and Northwest)
- Rehabilitation Technology Services (Badlands and West Central)
- Business Services including ADA Consultation and Assessment

Child Welfare Services

- Program Supervision – Regional Reps and Child Care Licensing Specialists
- Parental Capacity Evaluation
- Foster Parent Support Services
- Acute/Clinical Services as deemed clinically appropriate

Children's Mental Health

- Level I Criteria
  - Care Coordination
  - Acute/Clinical Services as deemed appropriate
- Level II Criteria
  - Care Coordination
  - Case Aide Services
  - Crisis Residential/Safe beds
  - Flexible funding
  - Acute Clinical Services as deemed appropriate

Serious Mental Illness (Extended Care Coordination)

- Care Coordination
  Case Aide Services
- Needs-based array of residential services
- Community Support Services
- Medical Management
- Acute/Clinical Services as deemed clinically appropriate

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Acute Clinical Services

- Core Populations:
  - Self Harm/Suicide
  - Child Abuse and Neglect
  - Foster Care/ Subsidized Adoption
  - Acute Psychiatric
- Services
  - Psychological evaluation and testing
  - Psychiatric evaluation
  - Clinical evaluation
  - Individual Therapy
  - Group Therapy
  - Family Therapy
  - Clinical Case Management
  - Medication Management
  - Crisis Residential
  - Short Term Hospital
  - Lab and Clinical Screening

Substance Abuse Services

- Care Coordination/Case Aide
- Evaluation
- Social and Medical Detoxification Services
- Needs based array of primary treatment services
  - Low intensity outpatient
  - Intensive outpatient
  - Day treatment
- Needs validated residential services
- Medication/Medical monitoring/Management

Crisis/Emergency Response Services

- 24-hour a day/7-days a week crisis call response from a designated, trained Center employee
- Regional Intervention Services
  - Screening
  - Gatekeeping/referral

Note: Funding varies depending upon the service and the financial status of the client for a combination of federal funding sources, general funds, and third party collections including private pay and insurance.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

HOUSE APPROPRIATIONS COMMITTEE

SB 2012

REPRESENTATIVE KEN SVEDJAN, CHAIRMAN

FEBRUARY 26, 2003

Chairman Svedjan, members of the House Appropriations Committee, I am Brenda Welsz with Department of Human Services. I appear before you today to provide you with an overview of the Department's budget. Additional details regarding the various areas of the Department's budget will be presented by the Division Directors themselves.

Underlying Concepts in Budget Development

Applied the following Guiding Principles:

- The department of human services has the responsibility to serve our State's most vulnerable people.
- Planning, evaluation, budgeting and best practices regarding service delivery and allocation of resources are data-driven, evidence-based, and results oriented.
- Essential core services are based on individual needs with full consumer involvement and aimed at optimizing self-sufficiency and independence.
- Local and natural support systems will be fully engaged and partnerships generated to maximize resources and efficiency.
- Services will be designed to accommodate specific region needs, with resources allocated in a cost-effective manner to create alternative solutions to reach rural and urban populations.

Inflationary increases the Department could control **are not** included in the budget. Statute requires the inclusion of inflation for the following providers:

- Nursing Homes - 3.66% each year of the biennium
- Basic Care facilities -1.2% each year of the biennium

Some attachments with exception of those included here were same to Senate as to House

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Included in the budget as well as in SB2153 introduced by OMB, is a provider assessment affecting those providing services in an ICF/MR. Essentially what this involves is each quarter the ICF/MRs are charged a fee for each licensed bed as allowed by the federal government. This fee is then incorporated into the rates paid by the Department to the providers. For the DD private providers an additional $4.1 million total funds - $1.3 million in general funds was included in the budget and $1.7 million total funds - $.5 million in general funds for the Developmental Center. Federal regulations require that these fees paid by the ICF/MRs be used by the State with general applicability rather than appropriated to directly benefit the provider group making the payment. For this reason the funds derived from the provider assessment is being deposited in a special designated fund and used as a general fund equivalent in funding the Medicaid program. The reimbursement option will provide for an additional $4.0 million of matching funds after considering the general fund cost upfront. This allows the state to access approximately an additional $12.3 million in Medicaid dollars.

Federal Medical Assistance Percentage (FMAP) continues to decline:
Recall in the current biennium the FMAP has gone from 69.87% in FFY 2002 down to **68.36%** for FFY 2003. Beginning October 1, 2003 the FMAP will decrease again to **68.31%** and is estimated to decrease to **67.47%** on October 1, 2004. The continuous decrease in the share that the federal government will contribute increases the share the State needs to contribute in order to maintain the same level of service.

This biennium we have reflected the continuum of care for the elderly in a budget level entitled **Long Term Care**. This area of the budget reflects services for the elderly starting at the community level with Home and Community Based Services including funding under Service Payments for the Elderly and Disabled (SPED) Expanded SPED, the Medicaid waiver services, moving to services provided by Basic Care facilities and finishing with the needs met by Nursing Homes.

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Overview of Overall budget changes

	2001 - 2003 Budget	2003 - 2005 Governor's Budget	Increase / Decrease	% Change
Total	**1,402,514,577**	**1,489,066,465**	**86,551,888**	**6.2%**
General	370,019,659	378,572,046	8,552,387	2.3%
Federal	915,456,439	988,555,127	73,098,688	8.0%
Other	117,038,479	121,939,292	4,900,813	4.2%

	2003 - 2005 Governor's Budget	2003 - 2005 To House	Senate Increase / Decrease
Total	**1,489,066,465**	**1,476,841,327**	**(12,225,138)**
General	378,572,046	362,336,976	**(16,235,070)**
Federal	988,555,127	987,577,729	**(977,398)**
Other	121,939,292	126,926,622	**4,987,330**

FTE

The FTEs included in the Department's budget total 2041.12, which is down 202.45 from the current biennium. - See Attachment A

Overview of Senate Adjustments

The Senate eliminated $1.5 million of general funds in Administration / Support. The funding was switched to special funds where there is no funding source available. This $1.5 million elimination is a 25% reduction of the general funds included in the Governor's budget for this budget level. When taking into consideration the matching funds, the reduction is approximately $3 million in total. In order to accommodate this type of elimination we will need to reduce at least approximately 12 – 15 FTEs in this area in addition to the 5 already reduced in the Governor's budget, totaling a possible reduction of 20 employees. The change will affect the following:

- Handling of recipient program appeals and other such legal matters.

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- Assisting programs with performance measures, accountability, and tracking results.
- Building and monitoring the budget.
- Drawing down federal funding and filing of federal fiscal reports.
- Assisting in managing personnel and personnel policies.
- Processing payments and mailing the resulting checks to providers such as Nursing Homes, DD providers, Foster Care families, vendors and individuals receiving direct assistance.
- Determination of rates and auditing of Nursing Homes, Foster Care, and DD providers.

The Senate eliminated $4.0 million of general funds in the Program / Policy Management area. The funding was switched to special funds where there is no funding source available. Since this elimination was an overall elimination and not directed to one program, the Department allocated the $4 million across the divisions using the same percentage in which the divisions were funded with general funds. Prior to applying the formula, Nursing Homes, DD providers and the Home and Community Based Care Services were taken off the table due to what appeared to be legislative intent or in the case of home and community based services, severe reductions already made. This elimination of general funds will primarily affect Child Welfare services, Medicaid services, Vocational Rehabilitation services, and Child Care Assistance payments. The impact will be discussed by the appropriate program administrators.

The Senate decreased the Medicaid optional service of prescription drugs by $9 million in total, $2.9 in general funds. HB 1399 was passed and the Senate felt the bill would make it easier for individuals to receive free and reduced drugs directly from the manufacturers. However, these individuals often times are not Medicaid recipients. Additionally, the Department is not aware of any of these companies that will allow Medicaid eligible individuals to participate in their programs.

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The Senate reprioritized the Optional services provided under the Medicaid program. The Governor's budget did not include the following optional services for adults: Dental, Hospice, Chiropractic, and Private duty nursing. The Senate provided funding for these in the budget while eliminating Durable Medical Equipment (wheelchairs, oxygen, etc), Optometry services, and Psychological services for adults.

The Senate reduced the SPED program $1.8 million by decreasing the liquid assets from $25,000, which was in the Governor's budget down to $20,000. The program was further reduced by $2.8 million along with a $300,000 reduction in Expanded SPED. Eligibility for the SPED program will now consider all available assets, excluding the home, no longer just liquid assets.

Senate amendments also removed $2 million in general funds at the State Hospital and $1 million in general funds at the Developmental Center. When applying the FMAP at the Developmental Center, the elimination of general funds could equate to as much as a $3.1 million decrease.

Overview of significant budget areas

I would like to identify for you "Where the money goes" in the DHS budget after Senate Amendments – See Attachment B

Long Term Care Continuum - $346.6 million

$.21 of every $1 is budgeted for Nursing Homes ($309 million), while $.03 of every $1 is budgeted for the other Long Term Care services in the DHS budget. ($37.6 million)

In building the budget for the Long Term Care Continuum, we began by fully funding the anticipated needs for Home and Community Based Care Services. Before considering the effects of SB2194, the Senate reduced funding for SPED by $4.6 million. This will affect the number of individuals allowed on the program

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July 1, 2003. The Governor's budget would have started with 1,750 clients. This number will need to be reduced by 456 individuals, bringing the number of clients served at July 1, 2003 to 1,294 individuals. The January caseload for SPED is 1,386 with 79 on a waiting list due to current program freeze.

The Senate reduced Expanded SPED by $300,000. The number of individuals eligible for the program on July 1, 2003 will need to be reduced from the 210 included in the Governor's budget to 173. This is a reduction of 37. As of January, there are 159 individuals on the program with 16 on a waiting list.

SB2194 was amended into the Department's appropriation bill and adds Personal Care as an optional service to Medicaid for this population. We are still analyzing the affects of this bill coupled with the affects of SB2083, which changes the eligibility requirements for SPED.

Next, the Basic Care anticipated costs were fully funded.

Finally, Nursing Homes were funded in the Governor's budget at the following limits:

- 85% – direct costs; 85% - other direct costs; 75% - indirect costs
- Currently for 2001 – 2003 biennium limits are as follows:
  99% – direct costs; 85% - other direct costs; 75% - indirect costs

Additionally, incentives and operating margins paid to Nursing Homes were not included in the budget submitted to OMB. The Senate added the funding necessary to include both the incentives and operating margins ($7.5 million in total; $2.4 million in general funds.)

The entire continuum of care in terms of where the dollars are expended can be seen on Attachment C.

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David Zentner and Linda Wright will be providing additional information in this area when the Long Term Budget level is discussed in further detail.

Medical Services - $372.5 million

$.25 of every $1 is budgeted for this area of the DHS budget.

Services included in this category are the traditional Medicaid services such as inpatient / outpatient hospitalization, physician services, etc.

The Governor's budget excluded the following optional services for adults: Dental Services, Chiropractic, Hospice Services and Private Duty Nursing ($8.9 million in total; $2.8 million in general funds. As mentioned previously, the Senate reprioritized and funded the above services while instead, eliminated funding for the following adult services: Durable Medical Equipment, Optometry Services and Psychological services ($4.8 million in total; $1.5 in general funds.)

The Governor's budget also included the Healthy SeniorsRx program totaling $10.3 million; $3.4 in general funds. Senate amendments removed this program.

The budget includes fully funding the Children's Health Insurance Program (CHIP) or otherwise known as Healthy Steps – estimated to cover 2,563 children a month.

David Zentner will go into further detail regarding the Medicaid program.

DD Grants - $181.2 million

$.12 of every $1 is budgeted for this area of the DHS budget.

Services in this category include the payments to the private DD providers.

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10-12-03 — Date

- Fully funded the anticipated caseload in all services.
- Rates paid to the providers are maintained at the current funding level.
- Have required those utilizing the program to be Medicaid eligible.
- Additionally, the Senate allowed for a $.50 per hour increase to employees of DD providers ($7.7 million total and $2.6 million in general funds.)

Institutions – State Hospital and Developmental Center - $82.7 million

$.06 of every $1 is budgeted for this area of the DHS budget.

State Hospital:

- Budget is based on population of 127 individuals with chronic mental illness and/or substance abuse issues along with 90 patients entering through DOCR programs for a total population of 217.
- Budget includes shifting of the laundry and dietary services to DOCR.
- Reorganization of the nurses' residence to provide services to DOCR
- Total general fund reduction - $5.8 million.
- Senate further reduced the budget by $2 million in general funds.

Developmental Center:

- Budget is based on a population of 161 individuals.
- Total general fund reduction – $935,945.
- Senate further reduced the budget by $1 million in general funds.

A large part of the Institutions' budgets are comprised of salaries and these reductions will affect staff among other areas. Alex Schweitzer will go into further detail in his testimony.

Human Services Centers - $106.7 million

$.07 of every $1 is budgeted for this area of the DHS budget.

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In preparing the budget for this area, consideration was given to the percentage of the population along with the percentage of the Department's caseload in each region.

We defined core services along with core populations in order to provide services to the most vulnerable. See Attachment D.

In order to focus the dollars on direct services, a decision was made to share administration of the following HSCs due to the retirement of three Regional Directors. (Southeast and Northeast; Lake Region and South Central; and West Central and Badlands.) Net general fund savings of $294,919.

With the changes proposed at the State Hospital keeping clients in the community will be even more important. We have proposed funding to assist in that effort by including within the budget a special line item known as the Mental Health Community Services Line Item in the amount of $250,000. These funds will be available to each Human Service Center if it is determined that resources are necessary in a particular region to reduce or further prevent admissions to the State Hospital from that region.

Other Highlights of the Budget

$.22 of every $1 in the DHS budget ($318 million) is proposed to fund Direct Client Services. This includes the many welfare programs along with Vocational Rehabilitation grants, Child Welfare grants and contracts and others as indicated in the footnote on Attachment B.

Food Stamp, LIHEAP, Child Care and TANF caseloads continue to grow. Sufficient federal funds exist to cover caseloads. Based on the increases, minimal TANF carry forward is anticipated at the end of the 2003 – 2005 biennium.

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We have increased the match requirement from the counties to a 20% match for Family Preservation services - an increase from 10% in the past.

Mill Levy is funded in the budget at the same level as 2001 – 2003 biennium - $1.7 million.

Indian County Allocation is funded at the statutory requirement of 90% of need - $2.6 million.

We continue to monitor the Maintenance of Effort requirements (MOE) of the grants received by the Department. Of particular concern this biennium is the MOE requirement for the Mental Health Block grant.

$.02 of every $1 of the DHS budget ($33.7 million) is proposed for Technology needs covering the entire Department. Technology is much more than personal computers in the Department. The Department's technology budget is centralized and provides services to:

- 53 county social service boards
- 8 regional child support units
- 8 regional human service centers
- State Hospital
- Developmental Center
- DHS Central Office
- Federal government in reporting fiscal / program data

The technology budget also accommodates 20+ major technology systems to support and run the Department's business including the following:

- Calculates payment amounts and generate checks to Medicaid providers such as Hospitals, Nursing homes, DD Providers, etc.
- Pass through the collected child support payments.
- Provide monthly payments to recipients of TANF, Energy Assistance, Food Stamps.
- Determine eligibility for Economic Assistance Programs at the County level.

This concludes my testimony.

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10-14-03
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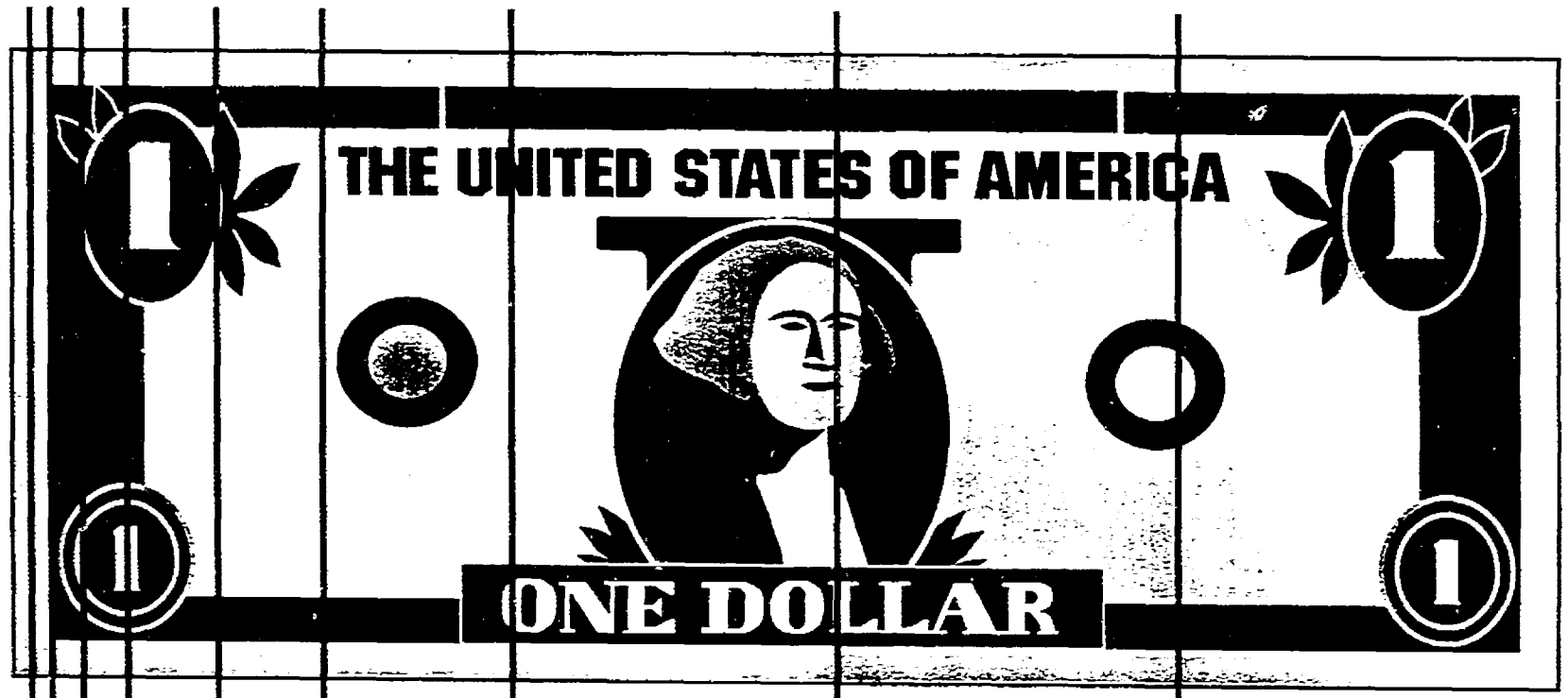
Department of Human Services
2003 - 2005 Budget to House
Where Does the Money Go?
Department-Wide
Total Funds $1,476,841,327



.01 Administration

.06 Institutions

.07 Human Service Centers

.12 Developmental Disabilities Grants

.21 Nursing Homes

.22 Direct Client Services *

.25 Medical Services

.03 Other Long Term Care

.02 Division of Information Technology

.01 Program Management

* Includes TANF, JOBS, Child Care, Food Stamps, Heating Assistance, IV-D Tribal, IV-D Judicial, Child Welfare, Aging, Mental Health, Substance Abuse, Vocational Rehabilitation, and Non-Medicaid Developmental Disability grants and services.

FA-2/24/03-cj\0305legis\house dollar

Attachment B

Department of Human Services
2003 - 2005 Budget to House
Where Does the Money Go?
Long Term Care Continuum
Total Funds $346,613,818

	.03 Basic Care	.08 Home & Community Based Care	.89 Nursing Homes
Average Monthly Recipients	497	1,946	3,664

FA-2/24/03-cj\0305legis\house dollar

Attachment C

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Exhibit 45

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
SENATOR HOLMBERG, CHAIRMAN
JANUARY 15, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Brenda Weisz, CFO of the Department of Human Services. I am here today to provide you an overview of the budget area ADMINISTRATION / SUPPORT.

- Includes: Executive Office, Legal Advisory Unit, Human Resources, Research and Statistics and Fiscal Administration. This area of the budget provides for the support needed for the divisions to carry out their programs.

- Overview of budget changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salaries	7,608,318	7,317,647	(290,671)
Operating	4,099,173	4,608,361	509,188
DD Loan Fund	2,261,556	2,261,556	-
Total	13,969,047	14,187,564	218,517
General	5,626,148	5,984,790	358,642
Federal	5,208,691	5,941,218	732,527
Other	3,134,208	2,261,556	(872,652)
FTEs	79.80	74.80	(5.00)

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- Reduced FTEs by 5 – including 3 directors/management positions. Duties will be covered through realignment of staff and others taking on additional duties.

- Reduction of salaries - initially - $456,666 offset by the employee salary package - $165,995 bringing to net decrease of $290,671.

- Increase in operating costs are due to the following:
  - Postal increase
  - Increase in Judicial Wing occupancy – this biennium portion of expense waived.
  - Increase in amount billed by Office of Administrative Hearings and the AG's Office - 5% increase each year

- Decrease in the Other funds is a result of the DD Loan fund #1 being sold by OMB by June 2003. The interest proceeds from this fund in past biennia were used to fund the operational costs of this area of the budget. This loss of revenue results in a general fund increase.

- Prior to the inclusion of the compensation package and the loss of revenue from the DD Loan fund as mentioned above, the area of Administration / Support showed a decrease of approximately $584,000 in General Funds. However, with these changes the increase amounts to approximately $358,000.

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10-14-03 — Date

Brenda Weisz · 3.10.03

North Dakota Department of Human Services
Summary of Actual Expenditures by Subdivision, Line Item and Budget Object Code
For the 2001 - 2003 Biennium through January 31, 2003

Subdivision	Line	FB	BOC	BOCD	Rounded
100-15 ADMINISTRATION / SUPPORT	10	B	1001	SALARIES	4,312,519
100-15 ADMINISTRATION / SUPPORT	10	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	39,371
100-15 ADMINISTRATION / SUPPORT	10	B	1008	BENEFITS	1,319,706
	10 Total			**SALARIES AND WAGES TOTALS**	**5,671,596**
100-15 ADMINISTRATION / SUPPORT	30	B	3002	IT-DATA PROCESSING	5,674
100-15 ADMINISTRATION / SUPPORT	30	B	3003	IT-TELEPHONE	473,125
100-15 ADMINISTRATION / SUPPORT	30	B	3004	TRAVEL	213,485
100-15 ADMINISTRATION / SUPPORT	30	B	3005	IT - SOFTWARE/SUPPLIES	9,430
100-15 ADMINISTRATION / SUPPORT	30	B	3007	POSTAGE	1,070,490
100-15 ADMINISTRATION / SUPPORT	30	B	3011	LEASE/RENT - EQUIPMENT	108,220
100-15 ADMINISTRATION / SUPPORT	30	B	3012	LEASE/RENT - BLDG/LAND	261,459
100-15 ADMINISTRATION / SUPPORT	30	B	3013	PROFESSIONAL DEVELOPMENT	31,947
100-15 ADMINISTRATION / SUPPORT	30	B	3014	OPERATING FEES & SERVICES	83,192
100-15 ADMINISTRATION / SUPPORT	30	B	3016	REPAIRS	19,163
100-15 ADMINISTRATION / SUPPORT	30	B	3018	PROFESSIONAL SERVICES	459,338
100-15 ADMINISTRATION / SUPPORT	30	B	3019	INSURANCE	91,456
100-15 ADMINISTRATION / SUPPORT	30	B	3021	OFFICE SUPPLIES	16,397
100-15 ADMINISTRATION / SUPPORT	30	B	3024	PRINTING	91,465
100-15 ADMINISTRATION / SUPPORT	30	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	13,275
100-15 ADMINISTRATION / SUPPORT	30	B	3034	OFFICE EQUIP & FURN - UNDER $5000	1,448
	30 Total			**OPERATING EXPENSES TOTALS**	**2,949,564**
100-15 ADMINISTRATION / SUPPORT	71	B	3014	OPERATING FEES & SERVICES	2,077,969
	71 Total			**DD LOAN FUND TOTALS**	**2,077,969**
100-15 ADMINISTRATION / SUPPORT	90	F	9991	GENERAL FUNDS	3,640,650
100-15 ADMINISTRATION / SUPPORT	90	F	9992	FEDERAL FUNDS	4,006,123
100-15 ADMINISTRATION / SUPPORT	90	F	9993	OTHER FUNDS	3,052,356
	90 Total			**SUBDIVISION TOTALS**	**10,699,129**

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10-14-03
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Postage Budget in Administration/Support

Responsible for mailing all client notices and checks for the Child Support, Medicaid, TANF, Child Care, Heating Assistance, Food Stamps, Foster Care, and Adoption programs. It also includes other mailings for Aging, Vocational Rehabilitation, Assisted Technology, Developmental Disabilities and Mental Health and Substance Abuse Divisions.

01-03 Biennium

Spent thru the end of January 2003	1,069,356
Projection for the rest of Biennium (using the average monthly expenditures since July 2002 postal increase or $61,119)	305,590
Total Projected Expenditures 01-03	1,374,946

Justification of the 03-05 Biennium Budget using most current Data

Current Average Monthly Cost $61,119

First 12 months of the biennium ($61,119*12)	733,428
Second 12 months with Postal Increase equivalent to the increase in July 2002	801,637
Increase in Child Support Notices sent to the obligor & obligee due to NDCC 14-09-25	71,703
	1,606,768
Postage Budget included in the Executive Budget Recommendation for Administration & Support	1,609,957
Difference	3,189

postal budget support 3/4/2003 dm

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Theresa A. Lee 10-14-03

Operator's Signature Date

Exhibit 14

Senate Appropriations Committee
SB 2012
Ray Holmberg, Chairman
January 15, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, I am Roger Hertz, Director of Information Technology for the Department of Human Services. I am here today to provide you with an overview of the technology budget needed to support the Department's mission.

The Department's division of information technology provides technology services to the central office divisions, the eight Human Service Centers, the State Hospital and the Developmental Center, and to the County Social Service Boards across North Dakota.

The following is an overview of our budget with the changes from the 2001 – 2003 biennium.

	2001 - 2003 Budget	2003 - 2005 Request	Increase/ (Decrease)
Total Budget	$42,697,097	$33,774,903	($8,922,194)
• Salaries and Wages	$4,282,084	$3,830,087	($451,997)
• Operating Expenses	$30,358,358	$29,942,122	($416,236)
• Capital Assets	$1,308	$2,694	$1,386
• HIPAA	$8,055,347	$0	($8,055,347)
General	$11,510,772	$10,065,353	($1,445,419)
Federal	$22,591,707	$18,136,023	($4,455,684)
Special	$8,594,618	$5,573,527	($3,021,091)
FTEs	42	39	(3)

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Significant items to consider in this budget are:

- Information technology accounts for two cents of every dollar spent in the Department.

- 93% of this budget is needed to operate the existing information technology the Department uses in providing core services. This budget includes only the minimum amounts needed to maintain our existing computer systems.

- 7% of this budget is for projects that will improve our ability to deliver services. They are:

  - Medicaid Management Information System (MMIS) replacement feasibility study, total project cost of $1,600,000. MMIS pays medical bills received from nursing homes and other health care providers equaling 41% of the Department's budget.

    Other facts about MMIS:

    - Paid 4,713,000 medical claims in 2002.
    - Paid $430 million in Medicaid claims in 2002.
    - Paid $12 million in non-Medicaid claims in 2002.
      - Includes claims for other state agencies.
      - Includes claims for other DHS non-Medicaid programs.
    - The MMIS is 24 years old.

    The MMIS project would be funded with 90% federal funds.

  - Special Children's Health Insurance Program (SCHIP), total project cost of $519,741. This project would build the SCHIP eligibility functions into the Department's existing computer system that determines eligibility for other programs. When this project is completed, at the same time

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the County Social Service Boards process eligibility for other financial programs they will be able to process SCHIP eligibility. This project would be funded with federal and grant funds and would not require any general funds.

- ND Health Senior Rx, total project cost of $232,348. This project would provide the computer system changes necessary in the Medicaid program to pay these benefits. This project would be funded with 50% federal funds and 50% general funds.

- 71% of the Department's budget for information technology will be paid to the Information Technology Department (ITD) for:
  - Processing our information.
  - Programming.
  - Access to the network.
  - Communication costs.
  - Data storage costs.

- The Department's hardware will be on a six-year replacement cycle. The state standard for hardware replacement is four years on a desktop computer and three years on a laptop computer.

- This budget does not contain any funding for purchasing new software, only for maintaining existing software.

- This budget includes the elimination of three FTEs and four full-time temporary employees.

Thank you. If you have any questions I would be happy to answer them now.

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TESTIMONY

SB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS COMMITTEE

REPRESENTATIVE SVEDJAN, CHAIRMAN

February 26, 2003

Chairman Svedjan and members of the House Appropriations Committee, I am Roger Hertz, Director of the Division of Information Technology for the Department of Human Services. I am here today to provide you with an overview of the technology budget needed to support the Department's mission. The entire Department's budget for technology is centralized within the budget of the Division of Information Technology.

The Department's division of information technology provides services to support the business needs of the central office divisions, the eight human service centers, the State Hospital and the Developmental Center, and the county social service boards across North Dakota, including regional child support enforcement offices.

The Department's core technology needs presented in this budget support a variety of complex to routine business needs that have been outlined in other Department testimony. These include such areas as pricing Medicaid claims for drugs, locating absent parents to ensure they pay for their family obligations, calculating food stamp benefits, paying providers for services to developmentally disabled individuals, tracking those who would harm children, paying for foster care services, providing information to physicians about a patients medications during a hospital stay, creating treatment and case plans at our human service centers, and providing information to the federal government to ensure continued funding for needed programs. It also includes costs for personal desktop computers that are used by the Department's staff in their everyday duties, and

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the network that allows the staff to share information. This technology is a vital part of how we work and is essential to the effective operation of the programs we administer.

The following is an overview of the technology budget with the changes from the 2001 – 2003 biennium, as presented to the Senate.

	2001 - 2003 Budget	2003 - 2005 Request	Increase/ (Decrease)
Total Budget	$42,697,097	$33,774,903	($8,922,194)
• Salaries and Wages	$4,282,084	$3,830,087	($451,997)
• Operating Expenses	$30,358,358	$29,942,122	($416,236)
• Capital Assets	$1,308	$2,694	$1,386
• HIPAA	$8,055,347	$0	($8,055,347)
General	$11,510,772	$10,065,353	($1,445,419)
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Special	$8,594,618	$5,573,527	($3,021,091)
FTEs	42	39	(3)

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The following is a summary of the technology budget after Senate adjustments.

	2003 - 2005 Requested	2003 - 2005 "To House"	Increase/ (Decrease)
Total Budget	**$33,774,903**	**$33,651,523**	**($123,380)**
• Salaries and Wages	$3,830,087	$3,789,055	($41,032)
• Operating Expenses	$29,942,122	$29,859,774	($82,348)
• Capital Assets	$2,694	$2,694	-
General	**$10,065,353**	**$9,944,321**	**($121,032)**
Federal	**$18,136,023**	**$18,133,675**	**($2,348)**
Special	**$5,573,527**	**$5,573,527**	**-**
FTEs	**39**	**39**	**-**

The Senate adjustments include the following changes:

- **Removed $232,348 of which $116,174 was general funds for the computer system changes for the ND Healthy Senior Rx program.**

- **Reduced general funds by $100,000 from the information technology contractual services. This area of the budget is needed to pay for core hardware and software for functions that span the entire Department's operation. Examples include the hardware leases on servers (a computer that shares software with other computers) for decision support in the Medicaid program, the processing of child support checks that are received, and for e-mail, word processing, and other office automation used in the daily work of the staff. It also includes software for patient care at the State Hospital and the Developmental Center and to create treatment and case plans for our clients at the human services centers.**

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- Added $250,000 of which $125,000 was general funds for computer system changes related to the medical assistance buy in program authorized in Senate Bill No. 2194.

Significant items to consider in this budget are:

- Information technology accounts for two cents of every dollar spent in the Department, while the national average reported by two research groups is four to five cents.

- The Department's hardware will be on a six-year replacement cycle. The state standard for hardware replacement is four years on a desktop computer and three years on a laptop computer.

- This budget does not contain any funding for purchasing new software, only for maintaining existing software.

- This budget includes the elimination of three FTEs and four full-time temporary employees.

- Of the Department's total technology budget, 94% of this budget is needed to operate the existing information technology the Department uses in providing core business services. This budget includes only the minimum amounts needed to maintain our existing computer systems. The remaining 6% of this budget is for projects that will improve our ability to deliver services. Of the total technology budget of $33,651,523, $23,908,513 (almost three quarters) will be paid to the Information Technology Department (ITD) for services to support the Department's business needs. These ITD services are:
    - processing our information,
    - programming for our system,
    - access to the network,

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- communication costs, and
- data storage costs.

- We are planning the following technology projects that will improve our business and the ability to deliver services:
  - Medicaid Management Information System (MMIS) replacement, total project cost of $1,600,000. Federal match is 90% requiring $160,000 in general funds. MMIS pays medical bills received from nursing homes and other health care providers equaling 41% of the Department's budget. This system is 24 years old. This project would begin the replacement of MMIS, with the bulk of it replaced in the 2005-2007 biennium.

  - Special Children's Health Insurance Program (SCHIP), total project cost of $519,741. Federal match of 50%, with balance paid by a grant, requires no general funds. This project would build the SCHIP eligibility functions into the Department's existing computer system that determines eligibility for other programs. When this project is completed, at the same time the county social service boards process eligibility for other financial programs they will be able to process SCHIP eligibility.

This technology budget is well below the national average at only 2%, yet each dollar is tied to the Department's strategic business plan. This ties each of the technology dollars back to a program with a defined strategic result in our business plan and ultimately back to the most vulnerable people we serve.

Thank you. If you have any questions I would be happy to answer them now.

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North Dakota Department of Human Services
Summary of Actual Expenditures by Subdivsion, Line Item and Budget Object Code
For the 2001 - 2003 Biennium through January 31, 2003

Subdivision	Line	FB	BOC	BOCD	Rounded
100-20 DIVISION OF INFORMATION TECHNOLOGY	10	B	1001	SALARIES	2,303,214
100-20 DIVISION OF INFORMATION TECHNOLOGY	10	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	215,953
100-20 DIVISION OF INFORMATION TECHNOLOGY	10	B	1008	BENEFITS	692,430
	10 Total			**SALARIES AND WAGES TOTALS**	**3,211,597**
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3002	IT-DATA PROCESSING	16,700,983
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3003	IT-TELEPHONE	18,468
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3004	TRAVEL	52,934
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3005	IT - SOFTWARE/SUPPLIES	512,769
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3006	UTILITIES	429
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3007	POSTAGE	55
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3008	IT CONTRACTUAL SERVICES & REPAIRS	652,957
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3011	LEASE/RENT - EQUIPMENT	154
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3012	LEASE/RENT - BLDG/LAND	99,712
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3013	PROFESSIONAL DEVELOPMENT	31,410
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3014	OPERATING FEES & SERVICES	1,521,277
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3016	REPAIRS	9,894
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3018	PROFESSIONAL SERVICES	973
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3021	OFFICE SUPPLIES	5,608
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3024	PRINTING	1,493
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	4,453
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3034	OFFICE EQUIP & FURN - UNDER $5000	2,143
100-20 DIVISION OF INFORMATION TECHNOLOGY	30	B	3038	IT-EQUIPMENT - UNDER $5000	549,845
	30 Total			**OPERATING EXPENSES TOTALS**	**20,165,557**
100-20 DIVISION OF INFORMATION TECHNOLOGY	50	B	5020	OTHER CAPITAL PAYMENTS	1,308
	50 Total			**CAPITAL IMPROVEMENTS TOTALS**	**1,308**
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	1001	SALARIES	37,192
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	99,417
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	1008	BENEFITS	18,445
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3002	IT-DATA PROCESSING	2,460,441
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3004	TRAVEL	2,330
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3005	IT - SOFTWARE/SUPPLIES	887
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3008	IT CONTRACTUAL SERVICES & REPAIRS	1,713,293
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3013	PROFESSIONAL DEVELOPMENT	1,861
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3018	PROFESSIONAL SERVICES	5,997
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3021	OFFICE SUPPLIES	110
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3024	PRINTING	1,025
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	5,952
100-20 DIVISION OF INFORMATION TECHNOLOGY	79	B	3038	IT-EQUIPMENT - UNDER $5000	43,719
	79 Total			**HIPAA**	**4,390,669**
100-20 DIVISION OF INFORMATION TECHNOLOGY	90	F	9991	GENERAL FUNDS	5,941,211
100-20 DIVISION OF INFORMATION TECHNOLOGY	90	F	9992	FEDERAL FUNDS	14,675,414
100-20 DIVISION OF INFORMATION TECHNOLOGY	90	F	9993	OTHER FUNDS	7,152,506
	90 Total			**SUBDIVISION TOTALS**	**27,769,131**

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SB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS COMMITTEE

INFORMATION TECHNOLOGY PROPOSED PLAN

March 10, 2003

BIENNIUM	PRIORITY	PROJECT		ESTIMATED COST
2001-2003	1	HIPAA	Implementation of the Health Insurance Portability and Accountability Act (HIPAA). This includes electronic health care transactions, privacy and security standards.	$8 million total
2001-2003	1	Child Support	Federally mandated changes and web enabling the application for use by businesses and customers.	$1.6 million total
2001-2003	1	PMIS	Move Human Resource functions into Connect ND.	$0 – Part of Connect ND
2003-2005	1	MMIS	Seek federal approvals; find systems compatible with ND's needs; prepare RFP; hire vendor to assist with planning; prepare for implementation; begin implementation.	$1.6 million total $160,000 general funds
2003-2005	2	SCHIP	Build eligibility functions into the VISION computer system.	$519,741 total No general funds
2003-2005		Medicaid Buy-In Changes – SB 2194	Complete the technology changes needed to implement Medicaid buy-in resulting from SB 2194.	$250,000 total $125,000 general funds

2003-2005		ND Healthy Senior Rx	Computer changes to implement the ND Healthy Senior Rx program. Removed by the Senate.	$232,348 total $116,174 general funds
2005-2007	1	MMIS	Complete implementation of MMIS replacement system.	Estimated at $20 million
2005-2007		Food Stamp / Medicaid	Build food stamp and Medicaid eligibility into the Vision system.	Estimated at $2.3 million
2005-2007		Child Care	Build child care needs into the Vision system.	Estimated at $1.3 million
2005-2007		Integration of Older Systems	We have many older systems that need to be integrated into a single system to improve overall functioning and reduce costs.	Estimated at $500,000 to $1 million
2005-2007		HIPPA II	Implement additional federally mandated changes in health care as a result of HIPAA.	Unknown
2005-2007		Child Support	Implement additionally mandated federal changes and improve overall functioning of the child support system.	Estimated at $1.5 million
2005-2007		Microsoft Office Suite Upgrade	Upgrade the current word processing, spreadsheet, and database software. The current office suite will be [redacted] years old. 5-7	Estimated at $750,000

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SB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS COMMITTEE

DHS/ITD Network Responsibilities Comparison

March 10, 2003

Manages Wide Area Network (WAN)- The network **"to"** a facility, for example Bismarck to Jamestown.	Manages the Local Area Network (LAN)- The network **"within"** a facility, for example the network inside the Human Service Center in Jamestown.
Wiring between sites	Wiring in DHS sites
Switches and routers to connect sites	Network servers in DHS sites
Manage security to state network	Manage security to DHS servers
Manage state network servers	Manage application servers for DHS services

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ROGER HERTZ · 03·10·03

North Dakota Department of Human Services
Information Technology
MMIS Replacement Estimate Costs
March 10, 2003

Activity	Estimated Budget
Hire Vendor to assist with: - Write advanced planning document - Assist with Federal approvals for enhanced funding - Assist in defining system features and functions - Identify potential systems to transfer - Assist in writing RFP - Assist in selecting winning proposal	$700,000
ITD Costs - 2- Programmers to assist in finding new system - Begin the knowledge transfer to be able to maintain the new system - Assist with preparation of MMIS for new system	$200,000
Travel Costs and other costs to evaluate potential systems to transfer	$ 10,000
System clean up/preparation/conversion to prepare for implementation	$100,000
Basic Implementation Costs - License fees if any - Vendor fees	$590,000
Total	**$1,600,000** **90% Federal** **10% General Fund or $160,000**

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10-14-03 — Date

North Dakota Department of Human Services
Information Technology
Object Code 3008- IT Contractual Services
March 10, 2003

Category	Amount	Federal Match Rate
Server Leases	$586,518	Varies by area
Software Licenses	$450,918	Varies by area
Service Contracts	$161,480	Varies by area
Disability Determination Costs	$122,600	100% Federal
Total	**$1,321,516**	
Senate Action	**Reduced General Funds by $100,000**	

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North Dakota Department of Human Services
Information Technology
Object Code 3014- Operating Fees and Service
March 10, 2003

Category	Amount	Federal Match Rate
MMIS Replacement Project	$1.6 million	90% Federal
MMIS Decision Support State Health Department	$1,085,000	75% Federal
Kelly Services Contract for Data Entry	$181,848	75% Federal for MMIS 66% Federal for Child Support
Miscellaneous: - Advertising for turnover - Freight - Other	$32,696	Varies depending on the area.
Total	**$2,899,544**	

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North Dakota Department of Human Services
Information Technology
Object Code 3038- IT Equipment Under $5000
March 10, 2003

Category	Amount	Number	Federal Match Rate
Desktop Computers without monitors	$398,000	398	Varies by area
Desktop Computers with monitors	$ 6,000	5	Varies by area
Laptop Computers	$169,650	55	Varies by area
Network Printers	$ 50,000	25	Varies by area
Total	**$623,650**		

4

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North Dakota Department of Human Services
Information Technology
Budget Object Code 3038 - IT Equipment Under $5,000
March 11, 2003

ACC	ACCD	Total	General	Federal	Other
0801	DoIT Admin	23,500	17,328	6,172	0
0701	Medical Service	17,000	6,161	8,500	2,339
0705	Child Support	30,200	0	19,932	10,268
0711	VRIS	10,300	2,194	8,106	0
0713	LIHEAP	3,100	0	3,100	0
0816	Research & Statistics	6,100	2,599	3,501	0
0817	Provider Audit	18,500	9,656	8,844	0
0818	Human Resources	2,000	871	1,129	0
0819	Legal Assistance	1,000	494	506	0
0820	Executive Director	2,000	1,738	262	0
0821	Fiscal Admin	13,300	6,732	6,568	0
0824	Food Stamps	6,000	0	3,000	3,000
0828	CSHS	5,000	2,150	2,850	0
0829	Aging Program & Policy	9,200	3,008	6,192	0
0830	CFS Admin	19,500	9,670	9,830	0
0834	MH Admin	2,000	100	1,900	0
0837	DD Admin	10,000	5,844	4,156	0
0838	Substance Abuse Prgm & Pol	2,000	0	2,000	0
0841	Disability Determination	20,000	0	20,000	0
0842	Econ. Asst. Administation	25,550	0	16,628	8,922
0843	Northwest HSC	9,200	7,638	1,562	0
0844	North Central HSC	16,300	14,560	1,740	0
0845	Lake Region HSC	16,300	14,536	1,764	0
0846	Northeast HSC	20,300	18,630	1,670	0
0847	Southeast HSC	51,300	47,008	4,292	0
0848	South Central HSC	38,300	34,509	3,791	0
0849	West Central HSC	17,200	15,619	1,581	0
0850	Badlands HSC	21,200	19,124	2,076	0
0851	Quality Control Econ. Asst	3,000	0	1,506	1,494
0852	State Hospital	107,200	107,200	0	0
0860	Developmental Center	97,100	97,100	0	0
	Total of Object Code 3038	**623,650**	**444,469**	**153,158**	**26,023**

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North Dakota Department of Human Services
Information Technology Budget
Laptop Computer Usage by Job Classification
March 11, 2003

[illegible]	[illegible]	[illegible]	[illegible]
1	Human Service Program Spec. I	Aging	Work with clients out of the office
1	HSPA VI	HSC Administration	Work from home, travel
3	HSPA V	CFS EA VR	Work from home, travel, educational presentations to clients off site
4	HSPA IV	VR Aging CFS	Educational presentations to clients off site, work with clients out of the office, work from home
3	HSPA III	State Hospital CFS EA	Has office at hospital and Stutsman County, work from home
1	Assistant Superintendent at Developmental Center	Developmental Center	Work from home and travel
1	Director of Child Support	Child Support	Work from home and travel
5	DD Case Manager	DD Infant Development	Work with clients out of the office
3	Regional DD Administrator	DD	Work from home, travel
4	Activities Therapist	Infant Development	Work with clients out of the office
2	Occupational Therapist	Infant Development Extended Care	Work with clients out of the office

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1	Audiologist/ Speech /Language pathologist	Infant Development	Work with clients out of the office
1	Supervisor/ Clinician	Outpatient	Work from home, travel
1	HSC-Fiscal Manager	Business office	Work from home, travel
1	Office Assistant III	Adult Therapy	Work from home, travel
1	Not Classified	State Hospital-Physician	Work from home, on call, travel
1	Human Service Aide II	Hazen Outreach	Work from home
1	Administrative Assistant III	Child Support	Work from home
1	Sr Programmer Analyst	Information Technology	Tech. Support, on call
2	Computer/Network Specialists	Information Technology	Tech. Support, on call
1	Information Systems Administrator II	Information Technology	On call, work from home, travel
1	Director of IT	Information Technology	On call, work from home, travel
1	Data Processing Coord. III	Economic Assistance	Work from home, travel, work with counties.
1	Accounting Manager I	Fiscal Administration	On site review of providers
2	Accounting/Budget Spec. III	Fiscal Administration	On site review of providers, work from home
5	Auditor	Fiscal Administration/Provider Audit	On site review of providers
1	Research Analyst III	Research and Statistics	Work from home, travel

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2	VR Counselor II	VR	Educational presentations to clients off site, work with clients out of the office, work from home
1	Loaner	DD	Work from home, travel
1	Loaner	Economic Assistance	Work from home, travel

TOTAL: 54

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Hours for Kelly Services in Object Code 3014
Operating Fees and Services

Question:
How many hours are we anticipating purchasing from Kelly Services?

Answer:
The budget anticipates $181,848 for temporary services for data entry. Based on the current Kelly Services fees the budget would accommodate the purchase of 16,608 hours of temporary services. Kelly Services are used for data entry when we experience peaks in demand for this service. The data entry function supports mainly the paper medical claims received for payment through the Medicaid program and for Child Support – new hire information (addresses on new employees which get matched in the Child Support system for support owed). Both of these items must be processed within certain federally established timeframes. Kelly Services gives us the ability to staff up and down very quickly to meet the demand for data entry services.

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ROGER HERTZ. 03.19.03

North Dakota Department of Human Services
Object Code 3038- IT Equipment Under $5000
Funding For Equipment
March 11, 2003

Funding for IT Equipment is Dependent Upon Where the Equipment Will Be Located

- State Hospital and Developmental Center Have No Federal Match Only General Funds
- Human Service Centers are Mostly General Funds With Only a Small Federal Match
- Other Programs Have Many Different Federal Matching Rates
- Some Programs Have 100% Federal Match Rate

Equipment Set For Replacement is Selected By Age

- DHS is at a 6 Year Replacement Cycle

See attached sheet for funding details.

(ANSI) for archival microfilm. NOTICE: If the filmed image above is less legible than this Notice, it is due to the quality of the document being filmed.

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Department of Human Services 2003-2005 Hardware

Hardware	Price	Total $	Total #	MD	SH	DC	BLHSC	NCHSC	NEHSC	NWHSC	LRHSC	SCHSC	WCHSC	SEHSC	FISC	LEGAL	E&N
Desktops																	
Compaq D500 Ultraslim 1.3Ghz/ No monitor	$1,000	$398,000	398		97	90	11	3	7	1	5	25	7	38	2	1	6
Compaq D500 MiniTower 1.7Ghz / 17" Monitor	$1,200	$6,000	5	5													
Laptops																	
Compaq Armada N600C	$2,250	$2,250	1														
Compaq Armada N600C /W Docking Station	$3,100	$167,400	54	5	2	1	2	3	3	2	3	3	2	3	3		1
Network Printer																	
HP LJ4100 - Duplex, Network, Envelopes	$2,000	$50,000	25		2	2	2	2	2	1	1	2	2	2	1		
HP LJ 4550 - Color, Duplex, Network, Env	$3,500	$0	0														
Desktop Printers																	
HP 960C	$200	$0	0														
HP 2200	$850	$0	0														
Monitors																	
Compaq 17"	$209	$0	0														
Compaq 19"	$411	$0	0														
Compaq 21"	$733	$0	0														
Compaq TFT8030 flat panel	$1,048	$0	0														
Digital Video Camera																	
JVC GR-DVL805	$1,000	$0	0														
Compaq Palmtops																	
Compaq ipaq H3830	$450	$0	0														
CD Writer																	
HP 9200e CD Writer (8x4x32)	$200	$0	0														
Scanner																	
HP Scanjet 7490c	$800	$0	0														
Barcode scanner	$325	$0	0														
Child Support scanner project	$13,000	$0	0														
PC Screen Projector																	
Compaq MP2810	$3,200	$0	0														
Alpha Keyboards																	
AlphaSmart 3000	$250	$0	0														

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Department of Human Services 2003-2005 Hardware

Hardware	Price	Total $	Total #	MID	SH	DC	BLHSC	NCHSC	NEHSC	NWHSC	LRHSC	SCHSC	WCHSC	SEHSC	FISC	LEGAL	E&N
Soundcards																	
Soundcard & Headphone	$150	$0	0														
Network Equipment																	
Servers	$10,000	$0	0														
TOTAL		$623,650		$23,500	$107,200	$97,100	$21,200	$16,300	$20,300	$9,200	$16,300	$38,300	$17,200	$51,300	$13,300	$1,000	$9,100

500Mhz and below & 1/8 printers

Central Office	$229,250
Regions	$190,100
Institutions	$204,300

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Department of Human S[illegible]ces 2003-2005 Hardware

Hardware	Price	Total $	Total #	R & S	EXEC	CFS	PROV	CSHS	PUB INFO	HR	EA	AGING	MEDICAL	VR	MH	QC	CHILD	DDS
Desktops																		
Compaq D500 Ultraslim 1.3Ghzf No monitor	$1,000	$398,000	398	1	2	4	3	5		2	12	3	17	9	4	3	22	18
Compaq D500 MiniTower 1.7Ghz / 17" Monitor	$1,200	$6,000	5															
Laptops																		
Compaq Armada N600C	$2,250	$2,250	1								1							
Compaq Armada N600C /W Docking Station	$3,100	$167,400	54	1		5	5				3	2		5			2	
Network Printer																		
HP LJ4100 - Duplex, Network, Envelopes	$2,000	$50,000	25	1							1			1			1	1
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Soundcards																		
Soundcard & Headphone	$150	$0	0															
Network Equipment																		
Servers	$10,000	$0	0															
TOTAL		$823,850		$6,100	$2,000	$19,500	$18,500	$5,000	$0	$2,000	$25,550	$9,200	$17,000	$20,300	$4,000	$3,000	$30,200	$20,000

500Mhz and below & 1/8 printers

Central Office	$229,250
Regions	$190,100
Institutions	$204,300

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North Dakota Department of Human Services
Summary of HIPAA for 2001-2003 Biennium
House Appropriations- Human Resources
March 10, 2003

Total HIPAA Budget		$8,055,347
Electronic Transactions	October 16, 2003	$6,803,925 estimate
Privacy	April 14, 2003	$ 98,979 estimate
Security	April 2005	$ 779,864 estimate
Contingency		$ 372,579 estimate

<u>What remains in HIPAA to be completed?</u>

- National Provider Number- a unique health identifier for providers.
  - Status- Waiting for Regulations
- National Employer Identifier- a unique health identifier for employers.
  - Status- Waiting for Regulations
- National Health Plan Identifier- a unique health identifier for health plans.
  - Status- Waiting for Regulations
- National Individual Identifier- a unique health identifier for individuals.
  - Status- Waiting for Regulations

4

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HIPAA Primer

WHAT IS HIPAA?
The Health Insurance Portability & Accountability Act of 1996 is comprised of two legislative actions, Health Insurance Reform and Administrative Simplification.

Health Insurance Reform:

- Requires implementation of practices by health plans and insurers regarding portability and continuity of health insurance coverage.

Administrative Simplification, requiring:

- Electronic Health Transactions. Improved efficiency in healthcare delivery by standardizing electronic data interchange.
- Privacy. Protection of confidentiality of protected health information(PHI).
- Security. Securing health data through setting and enforcing standards.

THE BOTTOM LINE:

- Sweeping changes in most healthcare transaction and administrative information systems.

WHO IS AFFECTED?

- All healthcare organizations. This includes all health care providers, even 1-physician offices, health plans, employers, public health authorities, life insurers, clearinghouses, billing agencies, information systems vendors, service organizations, and universities.

ARE THERE PENALTIES?

- HIPAA calls for severe civil and criminal penalties for noncompliance, including: -- fines up to $25K for multiple violations of the same standard in a calendar year -- fines up to $250K and/or imprisonment up to 10 years for knowing misuse of individually identifiable health information

REGULATIONS

Regulation	Description	Status
Standards for **Electronic Transactions**	The final rule adopted the initial standards for transactions and code sets.	Published 08/17/2000. Compliance date 10/16/2002 (or 10/16/2003 if compliance extension plan submitted.
Standards for **Privacy**	The final rule adopted standards for the privacy of personal health information.	Published 12/28/2000. Final rule publication date 08/14/02. Compliance date 04/14/2003 (small health plans 04/14/04).
Standards for **Unique Identifier for Employers**	The regulation adopts the Employer Identification Number (EIN) as the standard for electronic transactions.	Final rule published 05/31/02.
Proposed **Security** Standards	This rule will adopt standards for the security of certain electronic identifiable health information.	Final rule estimated publication 12/02.

WANT ADDITIONAL INFORMATION?

- A compliance calendar is available at: http://www.hipaadvisory.com/regs/compliancecal.htm
- Additional information is available at: http://www.wedi.org, http://www.hhs.gov

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Standards for **Electronic Transactions**

FROM MANY STANDARDS TO ONE

- Today, health providers and plans use over 400 different electronic formats.
- Implementing a national standard will mean everyone will use one format, thereby "simplifying" and improving transaction efficiency nationwide.
- As part of the Healthcare Insurance Portability and Accountability Act, DHHS was directed to issue standards for electronic data transactions used in the administration of health care data and claims.
- The result will be operational efficiencies with long-term savings.

IMPROVING CARE QUALITY AND REDUCING COSTS

The outcome potential:

- Reduction in handling and process time
- More efficient handling of paper documents
- Improvement of overall data quality
- Decreased administrative costs

UNDERSTANDING THE HIPAA EDI TRANSACTION STANDARD

The Transactions & Code Sets Standards applies to any health plan, any health care clearinghouse, and any health care provider that transmits any health information in electronic form in connection with the defined transactions. The scope of the Transaction Standard includes:

- Electronic transmissions using all media, even when the transmission is physically moved from one location to another using magnetic tape, disk, or CD media.
- Transmissions over the Internet (public network), extranet (private network using Internet technology to link a business collaborating parties), leased lines, dial-up lines, and private networks are all included.
- Telephone voice response and "faxback" systems would not be included.

ACHIEVING ONE STANDARD

Implementation Guides for HIPAA Standard Transactions are defined and numbered as follows:

- Health claims, Coordination of Benefits or similar encounter information (837)
- Health care payment & remittance advice (835)
- Health claim status (276/277)
- Enrollment & dis-enrollment in a health plan (834)
- Eligibility for a health plan (270/271)
- Health plan premium payments (820)
- Referral certification & authorization (278)
- First report of injury (will not be included in Final Rule)
- Health claims attachments (will not be included in Final Rule)

COMPLIANCE DATE

- October 16, 2002 or October 16, 2003 if compliance extension plan is submitted.

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Standards for **Privacy**

PURPOSE

- To protect and enhance the rights of individuals with respect to their individually identifiable health information.
- To improve the quality of health care by restoring trust in the health care system among consumers.
- To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy protection.

UNDERSTANDING THE PRIVACY RULE

- Identifies who has access to health information.
- Clarifies patients' rights of control over their health information.
- Provides for permitted uses and disclosures of health information.
- Establishes accountability for protecting patient privacy.

AREAS COVERED INCLUDE

- Authorization for disclosure of health information.
- The right of a patient to review his/her medical record and request amendments to it.
- Privacy notice to be given to patients regarding how their information is used.
- Audit requirements to account for disclosures of health information.
- Minimum necessary standard for health information uses and disclosures.
- Process for patient complaints regarding the use and disclosure of health information.

RELATIONSHIP TO STATE LAW

- HIPAA preempts state law except when state law is more stringent than HIPAA requirements.

COMPLIANCE DATE

- April 14, 2003

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Proposed **Security** Standards

THE NEED FOR SECURITY STANDARDS

- The standard is being created to ensure confidentiality and integrity of health information of individuals.
- Provide consistent protection of individual health information.

MAIN REQUIREMENTS OF THE PROPOSED SECURITY STANDARDS

- The Rule is intended to set a minimum level or "floor" of security.
- Covered entities are required to:
  - Assess potential risks and vulnerabilities.
  - Protect against threats to information security or integrity, and against unauthorized use or disclosure.
  - Implement and maintain security measures that are appropriate to their needs, capabilities and circumstances.
  - Ensure compliance with these safeguards by all staff.
- The safeguards that comprise HIPAA-mandated security focus on:
  - Administrative Procedures - documented, formal practices to manage the selection and execution of security measures.
  - Physical Safeguards - protection of computer systems and related buildings and equipment from hazards and intrusion.
  - Technical Security Services - processes that protect and monitor information access.
  - Technical Security Mechanisms - processes that prevent unauthorized access to data that is transmitted over a network.

SECURITY VS. PRIVACY VS. CONFIDENTIALITY

- The word "security" should not be confused either with "privacy" or "confidentiality."
- Privacy refers to the right of an individual to control his personal information and to not have it divulged or used by others against his wishes.
- "Confidentiality" only becomes an issue once an individual's personal information has been received by another entity. Confidentiality is a means of protecting that information, usually by safeguarding it from unauthorized disclosure.
- Security applies to the spectrum of physical, technical and administrative safeguards that are put in place to protect the integrity, availability and confidentiality of information.

CURRENT STATUS OF PROPOSED SECURITY RULE

- According to DHHS, the final Security Rule will be published December 2002.
- Compliance with the rule will be required 24 months from its effective date.

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HIPAA Facts & Myths

MYTH: HIPAA WILL GO AWAY

Fact: Many people think that the extension of the HIPAA Transactions and Code Sets compliance date, along with the recent proposed changes to the Privacy Rule, are signs that HIPAA compliance will never actually be required. This is simply not true. The Bush administration has announced its commitment to strong patient privacy protections, and continues to take steps to protect health information while maintaining access to quality health care. The compliance deadline for Privacy is April 14th, 2003, and October 16th, 2002 for Transactions and Codes Sets (October 16th, 2003 if you file an extension). Changes to the HIPAA regulations can only be made by a Notice of Proposed Rule Making (NPRM), which must go through an exhaustive review process before being finalized.

MYTH: HIPAA IS A TECHNOLOGY ISSUE

Fact: HIPAA will impact all areas within and employees of health care organizations, including clinical and medical, admitting staff, billing staff, receptionists, housekeeping staff and more. HIPAA Privacy provisions will require most organizations to review their current policies and procedures relating to patient confidentiality, patient rights, disclosures of health care information and workforce training. It has been estimated that 70% of the impact HIPAA will have on health care organizations will be related to behavioral and procedural changes.

MYTH: MY ORGANIZATION CAN RELY ON OUR VENDOR OR CLEARINGHOUSE FOR HIPAA TRANSACTIONS AND CODE SETS COMPLIANCE

Fact: HIPAA transactions involve new data, new codes for existing data and new identifiers being communicated between providers and payers. Clearinghouses can't create this data; it has to be collected by people at provider sites who are using modified registration, order entry and billing systems. Vendors can provide the modified systems, but they can't train your workforce, modify paper forms, and do other implementation activities that are necessary to comply with HIPAA regulations.

MYTH: HIPAA WILL DECREASE THE QUALITY AND EFFICIENCY OF PATIENT CARE

Fact: HIPAA Regulations are actually intended to improve the quality of care. Concerns about lack of privacy now drive a wedge between patients and their providers and impede the provision of quality care because patients withhold information, avoid asking certain questions or fail to seek care altogether. Among other benefits, HIPAA creates the opportunity for patients and their health care providers to engage in a dialogue about how their information will be used and gives patients more control over uses and disclosures.

MYTH: HIPAA IS ANOTHER Y2K

Fact: HIPAA regulations are often compared to Y2K. However, unlike Y2K, HIPAA is not solely an IT systems issue. HIPAA involves many legal, procedural, administrative, behavioral and technological facets that must be carefully evaluated before a health care organization can begin the implementation process. Y2K was strictly a systems issue with a defined ending and a limited and identifiable scope, whereas compliance with HIPAA will be a constantly evolving process with no defined end.

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10-14-03 — Date

The Impacts of HIPAA on ND State Government

Presented to the House Appropriations Committee
January 7, 2003

Jennifer Kouba, State Government HIPAA Coordinator

The Health Insurance Portability and Accountability Act

- Title II – Administrative Simplification
  - Standardizes the electronic exchange of health care information, and
  - Includes provisions for the protection of the privacy of personal health information

Who must Comply?

- All health plans, health care providers who submit electronic transactions, and health care clearinghouses
- Non-compliance will result in significant civil and/or criminal penalties

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Importance of HIPAA

- HIPAA requires the adoption of solid privacy and security practices in the health care industry
  - Examples of recent privacy breaches
- HIPAA requires the adoption of standardized electronic data interchange

Impact on ND State Government

- HIPAA Impact Summary Report
  - Covered Entities
  - Business Associates
  - Minor Impact
  - No Impact
- Changes to ND State Laws
- Challenges of implementation

Benefits of the State Government HIPAA Coordination Project

- The HIPAA impacts on ND State Government agencies were analyzed and compliance is being monitored
- Assistance and guidance for agency compliance efforts is provided
- A communications network for the impacted agencies was established
- Coordination with local government and private health care organizations is occurring

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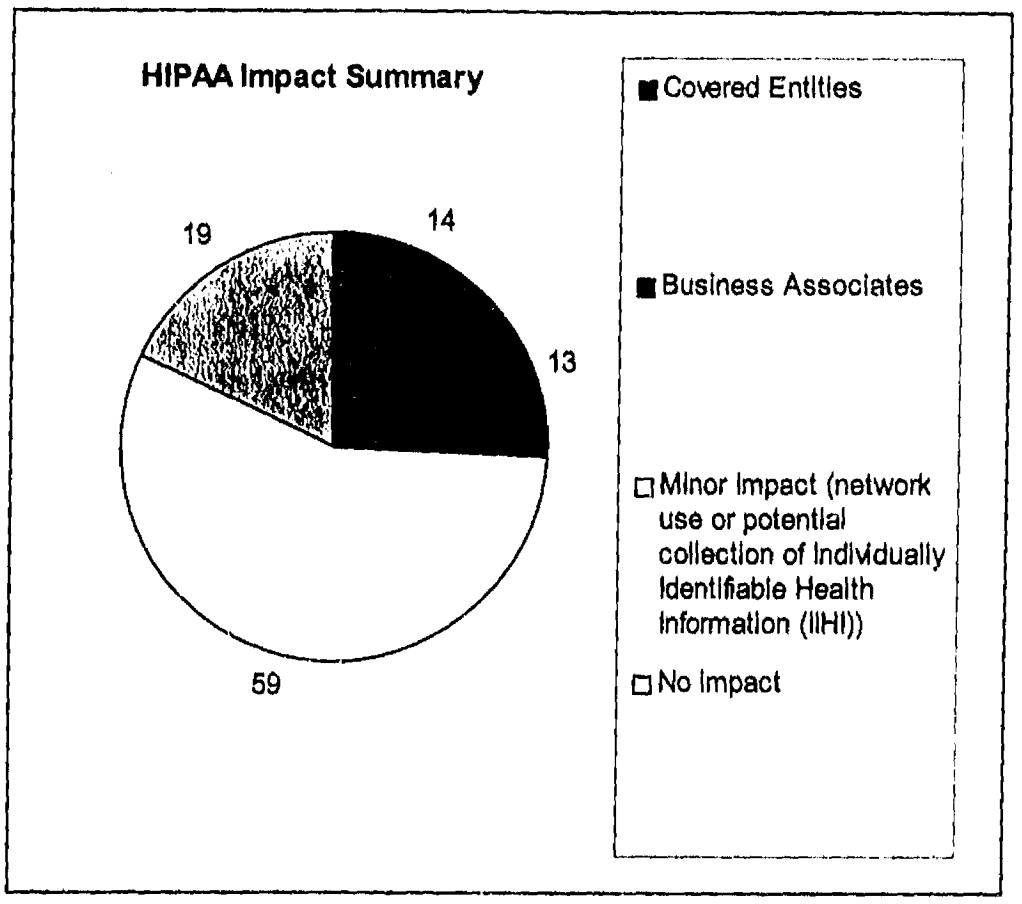
HIPAA Impact Summary Report
ND State Government HIPAA Coordination Project
December 31, 2002

105 North Dakota state agencies (departments, institutions, boards, and commissions) were assessed for potential HIPAA impact during the period of June through December 2002. The findings of this assessment are shown below.



Covered Entities

- A 'HIPAA Covered Entity' is a covered health plan, a covered health care provider, or a health care clearinghouse.

- What is the impact?
  - An agency with a HIPAA covered entity must comply with all standards and requirements of the regulations or face civil and criminal penalties.
  - The covered entity must be able to perform the standard transactions by October 16, 2003, and strengthen their privacy policies and procedures by April 14, 2003.
  - The agency should perform a formal analysis that documents the covered functions, plan their HIPAA project, perform a detailed assessment of where their compliance 'gaps' are, and then implement solutions.

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- ND State Government Covered Entities

	AGENCY	EXPLANATION OF IMPACT	STATUS OF COMPLIANCE EFFORTS (As of Dec. 2002)
1.	Bismarck State College (BSC)	BSC administers a flexible benefits plan for over 50 of its employees, making it a Covered Entity.	In 2003, BSC will transition its flexible benefits plan to the ND University System, and the plan will be administered by a third party, AFLAC. BSC will no longer be a Covered Entity.
2.	Department of Corrections and Rehabilitation (DOC)	The DOC provides various health care services, but only its Division of Juvenile Services (DJS) is using electronic transactions to bill for targeted case management services to juveniles. DJS is a Covered Entity.	The DJS is in the awareness and planning phase of its project.
3.	Department of Health (DOH)	The DOH is using electronic transactions to bill for the health care services performed in its Division of Medical Services Microbiology Lab, making it a Covered Entity.	The DOH has almost completed the awareness and planning phase of its project, and is working on a detailed assessment to determine compliance gaps. PERS has also begun implementing solutions.
4.	Department of Human Services (DHS)	DHS has multiple Covered Entities, including Medicaid, Children's Special Health Services, the Developmental Disability program, Aging Services, the Basic Care program, the State Hospital, the Developmental Center, and all 8 regional human service centers.	DHS has completed its awareness and planning phase, its detailed assessment phase, and is working on implementing the solutions.
5.	Dickinson State University (DSU)	DSU administers a flexible benefits plan for over 50 of its employees, making it a Covered Entity.	In 2003, DSU will transition its flexible benefits plan to the ND University System, and the plan will be administered by a third party, AFLAC. DSU will no longer be a Covered Entity.
6.	Mayville State University	Mayville State administers a flexible benefits plan for over 50 of its employees, making it a Covered Entity.	In 2003, Mayville State will transition its flexible benefits plan to the ND University System, and the plan will be administered by a third party, AFLAC. Mayville State will no longer be a Covered Entity.
7.	Minot State University (MSU) and Minot State University - Bottineau	MSU administers a flexible benefits plan for over 50 of its employees, making it a Covered Entity.	In 2003, MSU will transition its flexible benefits plan to the ND University System, and the plan will be administered by a third party, AFLAC. MSU will no longer be a Covered Entity.
8.	ND State College of Science (NDSCS)	NDSCS administers a flexible benefits plan for over 50 of its employees, making it a Covered Entity.	In 2003, NDSCS will transition its flexible benefits plan to the ND University System, and the plan will be administered by a third party, AFLAC.

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AGENCY	EXPLANATION OF IMPACT	STATUS OF COMPLIANCE EFFORTS (As of Dec. 2002)
		NDSCS will no longer be a Covered Entity.
9. ND State University (NDSU)	NDSU owns and manages a pharmacy using electronic transactions, and also administers a flexible benefits plan for over 50 of its employees. This makes it a Covered Entity.	NDSU has almost completed its awareness and planning phase, and is working on a detailed assessment to determine compliance gaps.
10. Public Employees Retirement System (PERS)	PERS has several health plans, making it a Covered Entity.	PERS has completed its awareness and planning phase, and is working on a detailed assessment to determine compliance gaps. PERS has also begun implementing solutions.
11. UND Medical Center	The UND Medical Center performs various health care services using electronic transactions, making it a Covered Entity.	The UND Medical Center is working on its awareness and planning phase, and its detailed assessment to determine compliance gaps. The UND Medical Center has also begun implementing solutions.
12. University of North Dakota (UND)	UND's Student Health Services performs health services and uses electronic transactions, making it a Covered Entity. UND also administers a flexible benefits plan for over 50 of its employees.	UND has almost completed the awareness and planning phase of its project, and is working on a detailed assessment to determine compliance gaps.
13. Valley City State University (VSCU)	VCSU administers a flexible benefits plan for over 50 of its employees, making it a Covered Entity.	In 2003, VCSU will transition its flexible benefits plan to the ND University System, and the plan will be administered by a third party, AFLAC. VCSU will no longer be a Covered Entity.
14. Veterans Home	The ND Veterans Home provides various health care services and uses electronic transactions, making it a Covered Entity.	The Veterans Home has completed its awareness and planning phase, and is working on a detailed assessment to determine compliance gaps. The Veterans has also begun implementing solutions.

Business Associates

- A 'HIPAA Business Associate' performs a function or activity for, or on behalf of, a HIPAA Covered Entity that involves the use or disclosure of individually identifiable health information (IIHI).
- What is the impact?

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- A Business Associate must take appropriate measures to protect the individually identifiable health information it uses or has access to, but is not held to the civil or criminal penalties that a covered entity is.
- Through a contract agreement, the business associate must use the health information only for the purposes for which they are engaged by the covered entity and agree that they will safeguard the information from misuse.
- The agency should perform a detailed assessment of where their compliance 'gaps' are, work closely with the covered entities, and then implement solutions.

o ND State Government Business Associates (to State Government Covered Entities)

AGENCY	EXPLANATION OF IMPACT
1. Administrative Hearings Office	Impact is under review
2. Department of Public Instruction	The Division of Special Education within the Department of Public Instruction could be a business associate because of its relationship with the local Special Education Units. Each Special Education Unit that uses electronic transactions to bill a health plan such as Medicaid, is a covered entity.
3. Information Technology Department (ITD)	ITD performs data processing services for DHS and DOH, involving the use of IIHI.
4. Job Service North Dakota	Job Service has a relationship with the Department of Human Services (and the counties) that involves the use/disclosure of IIHI.
5. North Dakota University System	Impact is under review
6. Office of Management and Budget	Impact is under review
7. Office of the Attorney General	The Office of the Attorney General receives and uses IIHI for multiple state government covered entities when performing legal services for them.
8. Office of the State Auditor	The Office of the State Auditor receives and uses IIHI for multiple state government covered entities when performing auditing services for them.
9. Office of the State Treasurer	The Office of the State Treasurer receives and uses IIHI for multiple state government covered entities when performing payment/check-processing services for them.
10. Protection and Advocacy Project	
11. Bank of North Dakota	Impact is under review
12. Indian Affairs Commission	Impact is under review
13. NDSU Extension Service	Impact is under review

Minor Impact (use of network or collection of IIHI for regulatory purposes)

Many state agencies may have a minor impact from the HIPAA regulations, because they use the state's network or shared applications. These agencies may need to review their

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security policies and procedures to ensure that they do not pose a risk to the state's HIPAA covered entities and business associates. Any necessary compliance steps will be provided in early 2003.

Other state agencies, such as many health care-related boards and commissions, collect IIHI for regulatory purposes. This collection is allowable under HIPAA, but some of the agencies may need formal guidance for awareness and understanding.

Agencies with Minor Impact:

Aeronautics Commission
Board of Addiction Counseling Examiners
Board of Athletic Trainers
Board of Clinical Laboratory Practice
Board of Dental Examiners
Board of Examiners on Audiology and Speech-Language Pathology
Board of Hearing Instrument Specialists
Board of Occupational Therapy Practice
Board of Podiatric Medicine
Board of Social Work Examiners
Council on the Arts
Department of Commerce
Department of Parks and Recreation
Department of Veterans Affairs
Dept. of Financial Institutions
Dietetic Practice Board
Division of Emergency Management
Highway Patrol
Industrial Commission
Judicial Branch
Judicial Conduct Commission
Lake Region State College
Land Department
Legislative Council
ND Department of Agriculture
ND Forest Service
ND State Fair
North Dakota Housing Finance Agency
North Dakota Mill and Elevator Association
Office of the Adjutant General
Office of the Governor*
Office of the Insurance Commissioner
Office of the Labor Commissioner
Office of the Secretary of State
Office of the Securities Commissioner
Office of the State Tax Commissioner
Respiratory Care Examining Board
Retirement and Investment Office
School for the Blind
School for the Deaf
State Board of Chiropractic Examiners
State Board of Counselor Examiners
State Board of Examiners for Nursing Home Administrators
State Board of Medical Examiners
State Board of Nursing
State Board of Optometry
State Board of Pharmacy
State Board of Psychologist Examiners
State Board of Reflexology
State Examining Committee for Physical Therapists
State Historical Society
State Library
State Seed Department
Vocational & Tech Education
Water Commission
Williston State College
Workers Compensation Bureau

No Impact (No covered entities, business associates, network impact, or collection of IIHI)

The following state agencies should not be impacted by the HIPAA regulations:

Americans with Disabilities Act Consortium
Board of Cosmetology
Center Advisory Council
Children's Services Coordinating Committee
Governors Committee on Aging
Governors Committee on Employment of People with Disabilities
Independent Living Council
Mental Health Planning Council
North Dakota Commission on Drug and Alcohol Abuse
Olmstead Commission
Pardon Advisory Board
Public Service Commission
State Board of Massage
State Council on Developmental Disabilities
State Health Council
State Parole Board
State Personnel Board
State Rehabilitation Council
Stop Violence Against Women Advisory Committee

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TESTIMONY
SB 2012 DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS
REPRESENTATIVE KEN SVEDJAN, CHAIRMAN
FEBRUARY 26, 2003

Chairman Svedjan and members of the House Appropriations Committee, I am Yvonne Smith, Deputy Director of the Department of Human Services. I appear before you today to provide an overview of the budget request for the eight regional human service centers.

In preparing the budgets for the regional human service centers, we took into account the changing demographics of our state and concentrated on assuring that the basic core services were funded in each center. The following table provides an overview of the center budgets as included in the Governor's budget.

	2001-2003 Budget	2003-2005 Executive Budget	Increase/Decrease
Mental Health Service Contingency	-------	$ 250,000	$ 250,000
Northwest	$ 8,296,554	7,331,947	(964,607)
North Central	14,434,143	14,684,062	249,919
Lake Region	8,268,866	8,490,227	221,361
Northeast	19,070,257	17,628,299	(1,441,958))
Southeast	20,549,938	20,924,037	374,099
South Central	11,375,119	11,454,381	79,262
West Central	18,953,938	17,713,897	(1,240,041)
Badlands	9,741,258	9,004,972	(736,286)
TOTAL	$110,690,073	$107,481,822	$ (3,208,251)

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The Mental Health Services Contingency provides general funds to be deployed based upon demonstrated need, to assist community services in meeting the demands that emerge during the biennium. Since the human service centers serve as a safety net for the most vulnerable people, the Mental Health Services Contingency provides for a safeguard through which we can address unanticipated needs.

Of the total budget request for the eight centers, $52.5 million are general funds, $49.2 million are federal funds, and $5.7 million are other funds. The Executive Budget represents a $3.2 million decrease for the human service centers, of which $1 million is a general fund decrease.

In total, the eight centers reduced their number of FTEs by 83.75 from the 2001-03 budget to the 2003-05 request. The largest reductions were due to the intended privatization of the Manchester House (20 FTEs) and Ruth Meiers Adolescent Center (13.3 FTEs), residential treatment centers operated by West Central and Northeast respectively. We were successful in finding a private provider to take over the operation of Manchester House. As of March 1, 2003, Pride Inc. of Bismarck will assume the Manchester House operation. However, we were unable to attract a provider for Ruth Meiers Adolescent Center. Therefore, we need to request that you restore 13.3 FTEs into the Northeast Human Service Center budget. We will also request that you transfer into Northeast's budget the funds budgeted in the Medicaid and Foster Care grants line items for payment to a private provider.

The remaining 50 reductions in FTEs at the human service centers include the following:

- 3 regional director positions, as a result of combining the directorships of Lake Region/South Central; Northeast/Southeast; and West Central/Badlands in our efforts to downsize administration.

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- 5 Retired Senior Volunteer Program (RSVP) staff, as a result of determining that this program is not a core service; the centers are working with community partners to identify new sponsors for these programs.

- 6 Developmental Disabilities Case Managers, as a result of determining that, based upon the acuity of client needs, some case managers will be able to carry more than the usual limit of 60 cases.

- 10.25 support positions, most as a result of the efficiencies anticipated with the rollout of updated technology with the Regional Office Automation Project (ROAP).

- 26.2 other direct service positions, as a result of transitioning center-based partial care services into a community-based model; closing Hillman House in Williston in favor of providing more individualized residential supports, discontinuing the intensive in-home program operated by three human service centers, and streamlining the delivery of other clinical services. With the determination of core services and populations, we reduced staff when services were eliminated.

With the exception of the changes noted above, the human service center services will remain quite stable into the next biennium. The primary additions are due to the increase of federal Substance Abuse Treatment Block Grant funds, a portion of which were previously budgeted in the Division of Mental Health and Substance Abuse. The increased federal funds are dedicated to help meet the growing demand for services among underserved targeted populations such as adolescents, Native Americans, and women.

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The Senate action in regard to the human service center budgets consisted of removing the funding for the salary increases. The total reduction was $797,185, including $679,015 in general funds, as follows:

	2003-2005 Request	2003-2005 To House	Senate Increase/Decrease
Mental Health Services Contingency	$ 250,000	$ 250,000	$ 0
Northwest	7,331,947	7,280,942	(51,005)
North Central	14,684,062	14,576,944	(107,118)
Lake Region	8,490,227	8,427,435	(62,792)
Northeast	17,628,299	17,508,856	(119,443)
Southeast	20,924,037	20,743,221	(180,816)
South Central	11,454,381	11,367,850	(86,531)
West Central	17,713,897	17,596,609	(117,288)
Badlands	9,004,972	8,932,780	(72,192)
TOTAL	$107,481,822	$106,684,637	($797,185)

Technology: During the current biennium, a new automated information system has been developed for the human service centers. This system, referred to as ROAP, provides for automated business processes, such as client scheduling and billing, and electronic clinical records. The ROAP system replaces the 20-year-old ARIS system. It will meet HIPAA requirements for the electronic exchange of confidential health related information, and will enable the centers to manage client-related data, generate information required for federal reporting, and track client progress and outcomes more efficiently. In addition, as mentioned previously, we are able to reduce the number of support staff required by the centers. We are currently in the process of statewide rollout of this system. The costs for the maintenance of this system are contained within the Division of Information Technology budget.

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The role of the human service centers continues to be to provide a safety net for individuals who are vulnerable or at risk due to mental illness, substance abuse, or disabilities, or who are in need of protection from abuse or neglect. As the focus of service continues to shift from institutions to community, it is critical that the human service centers, in cooperation with other public and private partners, maintain a strong, reliable presence statewide. This budget request meets that challenge through careful assignment of resources.

Thank you for the opportunity to present this request to you. I'll be glad to answer questions.

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Comparison of 01-03 and 03-05 Mental Health Biennium Budgets at the Human Service Centers and State Hospital

Program/Service	01-03 Biennium	03-05 Biennium	Inc/(Dec) from 01-03 to 03-05
Human Service Centers:			
Medical Director	6,471,597	6,389,795	(81,802)
Clinical Population	16,496,164	16,292,418	(203,746)
Adolescent Residential	527,811	721,385	193,574
Partnership Program	5,804,394	5,236,136	(568,258)
Extended Care	10,473,826	12,023,666	1,549,840
Homeless (PATH) Grant	840,415	825,724	(14,691)
Psycho-Social Clubs	1,282,684	1,320,930	38,246
Short-term In-patient Hospital	807,563	1,006,811	199,248
Residential Services	8,455,434	8,278,238	(177,196)
Subtotal - HSCs	51,159,888	52,095,103	935,215
State Hospital	43,213,213	36,004,330	(7,208,883)
Central Office	2,311,363	2,964,111	652,748
Total - HSCs & SH	96,684,464	91,063,544	(5,620,920)

SB 2012
Request from Senator Krauter
From Yvonne
Subcommittee hearing 2-3-03

HSC MH - SH comparison

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SB 2012
Request from Senator Krauter
Senator Thane
Subcommittee hearing 2-3-03

Department of Human Services
Psychiatrists / Psychiatric Contracts
2003 - 2005 Budget

HSC	FTE / Contract Services	Total	General	Federal	Other
Northwest	Temporary Salary	64,590	21,005	28,213	15,372
	Contracted Services	130,000	42,276	56,784	30,940
	Total	194,590	63,281	84,997	46,312
North Central	1.0 FTE	431,980	261,391	86,223	84,366
	Contracted Services	440,376	266,472	87,899	86,005
	Total	872,356	527,863	174,122	170,371
Lake Region	1.0 FTE	378,348	189,139	66,463	122,746
	Contracted Services	80,000	39,993	14,053	25,954
	Total	458,348	229,132	80,516	148,700
Northeast	1.75 FTE	632,615	345,081	185,450	102,084
	Contracted Services	320,320	174,729	93,901	51,690
	Total	952,935	519,810	279,351	153,774
Southeast	4.0 FTE	1,431,899	820,956	451,460	159,483
	Contracted Services	50,000	28,291	16,042	5,667
	Total	1,481,899	849,247	467,502	165,150
South Central	2.0 FTE	736,159	404,888	139,870	191,401
	Contracted Services	-	-	-	-
	Total	736,159	404,888	139,870	191,401
West Central	1.0 FTE	367,842	228,283	83,880	55,679
	Contracted Services	225,400	138,395	52,293	34,712
	Total	593,242	366,678	136,173	90,391
Badlands	FTE	-	-	-	-
	Contracted Services	422,400	248,310	68,980	105,110
	Total	422,400	248,310	68,980	105,110
Overall	FTE	4,043,433	2,270,743	1,041,559	731,131
	Contracted Services	1,668,496	938,466	389,952	340,078
	Total	5,711,929	3,209,209	1,431,511	1,071,209

Psychatric costs 03 - 05 xls budget 2/3/2003 bmw

Department of Human Services

HSC	Unduplicated Clients Served July 2001 - June 2002
Northwest	1875
North Central	3933
Lake Region	2490
Northeast	3954
Southeast	5305
South Central	3545
West Central	5260
Badlands	2670
Total	29032

South Central Rental Costs	Per Year	Per Biennium
$10.37 per square foot for 27,577 square feet of office space	$ 285,973	$ 571,946
$ 5.00 per square foot for 2,340 of garage space	11,700	23,400
	$ 297,673	$ 595,346

Psychiatric costs 03 - 05.xls Clients 2/3/2003 bmw

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Colleen Stockert. 03.21.03

North Dakota Department of Human Services
Part C Experienced Parent Funding
2003-2005 Human Service Center Budgets

Region	Amount
81	20,000
82	40,000
83	40,000
84	40,000
85	40,000
86	20,000
87	40,000
88	20,000
Total	260,000

NOTES:
The Experienced Parent program is not mandated in the Part C grant, however, the Office of Special Education has asked states to emphasize these types of services. The funding is not new funding. It is included in the total funds received from Part C of the Individuals with Disabilities Education Act.

Part C funding is not intended to be temporary funding to states, therefore, it is expected to be available for the foreseeable future.

The amount allocated to each region is based on the caseload of children under the age of three, and the presence of reservations. The reservation in the Devils Lake area is the reason Lake Region Human Service Center was allocated $40,000.

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KAREN ROMIG CARSON - 03.21.03

Proposed Target Population Revenue for HSCs
SAPT Block Grant for 2003 - 2005 Biennium

Program	1)	NWHSC	NCHSC	LRHSC	NEHSC	SEHSC	SCHSC	WCHSC	BLHSC	Total
Adolescent Treatment		110,000	203,760	111,076	143,320	170,000	243,326	109,000	121,450	1,211,932
Additional Adolescent Residential component	2)					250,000		250,000		500,000
Native American Treatment Access	3)		100,000	200,000				100,000		400,000
Women's Treatment Access					145,000					145,000
Long Term Residential								524,000		524,000
Grand Total		$110,000	$303,760	$311,076	$288,320	$420,000	$243,326	$983,000	$121,450	$2,780,932

1) These funds are subject to close monitoring for use only as designated.
2) Residential component if developed.
3) Each reservation is allocated $100,000. North Central has one reservation, Lake Region has two reservations and West Central has one reservation.

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12-14-03
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Brenda Weiss 03.24.03

Department of Human Services

Retirement Adjustments

Unfund Following 3 Positions

Reporting Level	Position #		BOC	Line	Total	General	Federal	Other
410-73	00288	Duane Bourcy - Lake Region HSC		70	(170,454)	(151,704)	(18,750)	
410-74	02536	Robert Sanderson - Northeast HSC		70	(164,633)	(151,100)	(13,533)	
410-78	00875	Laverne J. Fry - Badlands HSC		70	(169,838)	(153,214)	(16,624)	
					(504,925)	(456,018)	(48,907)	0
Adjustments Made to Salary								
410-73-10	N/A	Lake Regions HSC		70	9,600	7,200	2,400	
410-74-10	N/A	Northeast HSC		70	9,600	7,200	2,400	
410-75-10	N/A	Southeast HSC		70	33,253	28,909	4,344	
410-76-10	N/A	South Central HSC		70	49,899	44,187	5,712	
410-77-10	N/A	West Central HSC		70	46,648	41,203	5,445	
410-78-10	N/A	Badland HSC		70	7,200	5,400	1,800	
					156,200	134,099	22,101	0
Adjustments Made for Travel								
410-75-10	N/A	Southeast HSC	3004	70	12,000	9,000	3,000	
410-76-10	N/A	South Central HSC	3004	70	12,000	9,000	3,000	
410-77-10	N/A	West Central HSC	3004	70	12,000	9,000	3,000	
					36,000	27,000	9,000	0
Total Net Adjustment for Retirements					(312,725)	(294,919)	(17,806)	0

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Operator's Signature Date

Brenda Weisz. 03.24.03

Human Service Centers
Vulnerable Adult Services

Northeast	40,700
Southeast	53,300
South Central	37,500
West Central	58,100
Badlands	20,400
	210,000

All funding is federal funds - Title III Older American Act dollars

During 2001 - 2003 the majority of the Vulnerable Adult Services were budgeted in the central office - Aging Services Division.

NC and LR have had a budget at their Center for Ombudsman activities since 1993.

SE had $27,500 budgeted in federal funds in 2001 - 2003 for Vulnerable Adult Services which continues along with the amount noted above for a total of $80,800.

VPS.xls 3/24/2003 bmw

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Theresa A. Lee 10-14-03
Operator's Signature Date

Exhibit 5-6

TESTIMONY
SB 2012 DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
January 6, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Marilyn Rudolph, Regional Director of the Northwest Human Service Center. I am here today to provide you with an overview of the 2003-2005 budget for our human service area.

Northwest Human Service Center provides services to Divide, McKenzie, and Williams counties. We have satellite offices in Crosby, Tioga, and Watford City. We serve 2000 individuals on an ongoing basis, about 25 percent of the population seek our services. Considering the increase in the need for services to the elderly, we have our psychiatric nurse practitioner and case managers conducting outreach clinics in Crosby and Watford City.

Overview of 2003-2005 budget changes:

	2001-2003 Request	2003-2005 Request	Increase/ Decrease
Expenditures	8,296,554	7,331,947	(964,607)
General	4,190,444	3,684,311	(506,133)
Federal	3,502,501	3,296,495	(206,006)
Other	603,609	351,141	(252,468)
FTEs	60.5	51	(9.50)

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Administration:

- The budget includes a reduction of 2.5 support staff. With the changes in the computer system we are expecting a decrease in demand in this area due to automated scheduling and billing functions.

Disability Services:

- Reduction of one Developmental Disabilities case manager. Utilizing two case managers with a case load of 60 each would serve 120 individuals. The DD Administrator would carry a case load of 30. this would cover our region's case load and maintain recommended case loads.

Mental Health and Substance Abuse:

- The partial care program has been eliminated. This change affects approximately 10 individuals. Case managers and social workers will maintain therapy and skills building groups and bill according to the sliding fee schedule. Most clients are eligible for Medicaid reimbursement. The Psychosocial Rehabilitation Center (The Club) will conduct social and recreations activities. Western Sunrise, the private non-profit consumer run corporation will continue to provide work contracts for interested clients. Our emphasis will be to empower individuals to choose activities that maintain well being. Currently our Supported Employment/Extended Services program is finding work opportunities for many of these individuals. This change resulted in a reduction of two FTE's. Both of these individuals have relocated to new jobs.
- Hillman House, a residential facility that has served six to ten individuals with dual diagnosis will be closed.

  The format of housing individuals with a primary diagnosis of mental illness and individuals with a primary diagnosis of chemical dependence does not serve clients well. The plan for the 2003-05 biennium includes a Supportive Housing Grant for $101,418.00 contracted with North Dakota Association for the Disabled to serve four individuals with dual diagnosis or chemical dependency issues in supervised apartments. The 2003-05 Northwest Human Service Center budget includes $100,000.00 to serve four individuals with serious mental illness diagnosis in supervised apartments or crisis beds. We have been meeting with

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Community Action and NDAD to discuss contracting this service. Client needs have changed in the last four to five years and we now find that we can stabilize individuals in 30-60 days with the use of the new psychotropic medications and do not need long term supervised housing. We utilize contracted services for medication monitoring in the client homes and independent living skills and this works very well. In the years 2000, 2001, and currently we admit less than two individuals a month to the North Dakota State Hospital, thus community-based services are working well. This change will result in the loss of four FTE's.

This concludes my testimony. I will be happy to answer any questions. Thank you!

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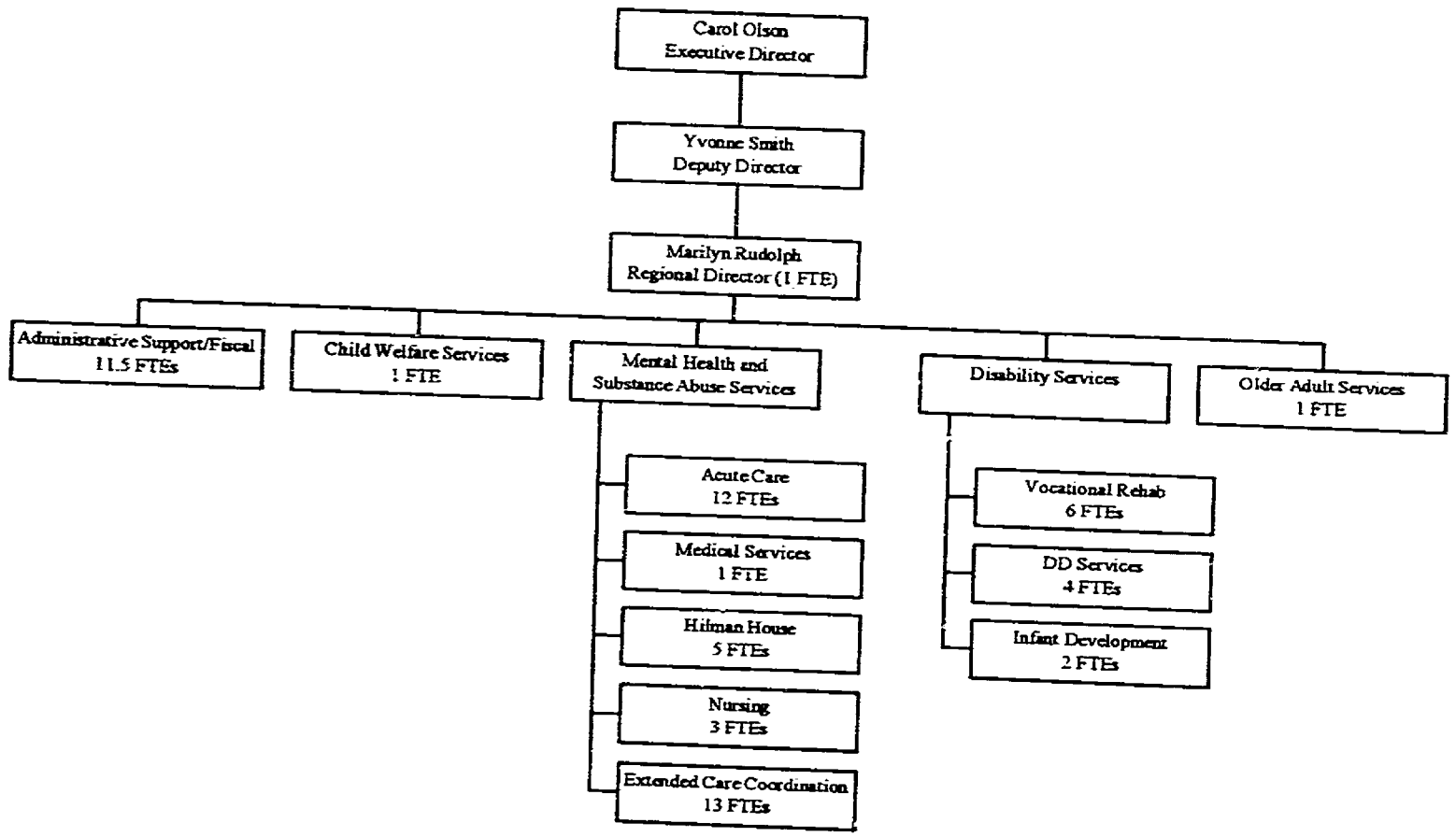
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
NORTHWEST HUMAN SERVICE CENTER



2001-2003 Budget:
60.5 FTEs

Effective 3/03

MARILYN RUDOLPH. 03.21.03

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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		60.500	(9.500)	51.000	0.000	51.000
410-01 NORTHWEST HSC				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**60.500**	**(9.500)**	**51.000**	**0.000**	**51.000**
70	HSCs and Institutions	B	1001	SALARIES	3,031,642	4,051,391	(518,231)	3,533,160	(43,686)	3,489,474
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	313,636	356,460	(60,900)	295,560	0	295,560
70	HSCs and Institutions	B	1008	BENEFITS	998,817	1,384,267	(143,529)	1,240,738	(7,319)	1,233,419
70	HSCs and Institutions	B	3003	IT-TELEPHONE	57,799	85,292	(8,812)	76,480	0	76,480
70	HSCs and Institutions	B	3004	TRAVEL	126,378	159,665	(3,869)	155,796	0	155,796
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	3,608	2,000	0	2,000	0	2,000
70	HSCs and Institutions	B	3006	UTILITIES	6,982	9,650	(9,650)	0	0	0
70	HSCs and Institutions	B	3007	POSTAGE	10,959	15,120	2,288	17,408	0	17,408
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	14,309	21,184	(2,084)	19,100	0	19,100
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	406,446	468,941	(56,543)	412,398	0	412,398
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	10,057	40,838	(32,362)	8,476	0	8,476
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	57,258	195,024	(148,424)	46,600	0	46,600
70	HSCs and Institutions	B	3016	REPAIRS	43,202	47,048	3,632	50,680	0	50,680
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES		3,000	0	3,000	0	3,000
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	5,487	10,700	(1,950)	8,750	0	8,750
70	HSCs and Institutions	B	3024	PRINTING	2,451	11,172	(4,672)	6,500	0	6,500
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	21,866	25,492	(5,617)	19,875	0	19,875
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	26,467	27,129	(24,004)	3,125	0	3,125
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	2,133	5,330	(330)	5,000	0	5,000
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	37,836	55,595	(29,845)	25,750	0	25,750
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000	5,735					
70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	1,058,817	1,321,256	80,295	1,401,551	0	1,401,551
410-01 NORTHWEST HSC				**HSCs and Institutions TOTALS**	**6,241,885**	**8,296,554**	**(964,607)**	**7,331,947**	**(51,005)**	**7,280,942**
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		4,190,444	(506,133)	3,684,311	(49,167)	3,635,144
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		3,502,501	(206,006)	3,296,495	(1,838)	3,294,657
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		603,609	(252,468)	351,141	0	351,141
410-01 NORTHWEST HSC				**HSCs and Institutions TOTALS**	**0**	**8,296,554**	**(964,607)**	**7,331,947**	**(51,005)**	**7,280,942**
90	Funding Totals	F	9991	GENERAL FUNDS	2,947,396	4,190,444	(506,133)	3,684,311	(49,167)	3,635,144
90	Funding Totals	F	9992	FEDERAL FUNDS	2,836,739	3,502,501	(206,006)	3,296,495	(1,838)	3,294,657
90	Funding Totals	F	9993	OTHER FUNDS	457,750	603,609	(252,468)	351,141	0	351,141
				410-01 NORTHWEST HSC TOTALS	**6,241,885**	**8,296,554**	**(964,607)**	**7,331,947**	**(51,005)**	**7,280,942**

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10-14-03
Date

MARILYN RUDOLPH

ND Department of Human Services * Human Service Centers

Funding for Grant Budget Object Codes in Line Item 70 (6006 - Grants, Benefits & Claims)

2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To House 2003 - 2005	General	Federal	Other
410-71-30	DISABILITY SERVICES	6702	DD Infants & Toddlers - Part C General	23,465	35,000	360	35,360	6,286	29,074	-
410-71-30	DISABILITY SERVICES	6709	DD Tracker Services	67,146	40,424	(40,424)	-	-	-	-
410-71-30	DISABILITY SERVICES	6739	DD Infant Development	10,261	37,096	(8,440)	28,656	12,850	15,806	-
	DISABILITY SERVICES Total			**100,872**	**112,520**	**(48,504)**	**64,016**	**19,136**	**44,880**	**-**
410-71-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6540	Medical Director & Psychiatrists	184,943	130,487	7,513	138,000	44,874	60,277	32,849
410-71-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6628	CD Alcohol & Drug Services	389,988	641,658	(11,658)	630,000	404,918	225,082	-
410-71-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6649	MH Partnership Program	10,000	-	-	-	-	-	-
410-71-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6711	SMI Case Management	240,654	282,524	21,464	303,988	85,091	211,097	7,800
410-71-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6717	SMI Psych - Social Clubs	110,960	140,000	-	140,000	140,000	-	-
410-71-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6767	SMI Residential Room & Board/Semi Indep.	-	-	100,000	100,000	100,000	-	-
410-71-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6779	SMI Services for the Homeless (MHSH)	21,400	14,067	11,480	25,547	7,914	17,633	-
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total			**957,945**	**1,208,736**	**128,799**	**1,337,535**	**782,797**	**514,089**	**40,649**
01 NORTHWEST HSC Total				**1,058,817**	**1,321,256**	**80,295**	**1,401,551**	**801,933**	**558,969**	**40,649**

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Date

Exhibit ~~64~~ 63

TESTIMONY

SB 2012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS

RAY HOLMBERG, CHAIRMAN

January 16, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Tim Sauter, Regional Director of the Badlands Human Service Center. I am here today to provide you an overview of our budget.

The Badlands Human Service Center provides human services to the following North Dakota counties: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark. We staff satellite clinics at least one day per week in Adams County (Hettinger N.D.), Billings County (Beach N.D.), Bowman County (Bowman N.D.), Hettinger County (Mott N.D.) and Dunn County (Killdeer N.D.). Case managers from the Human Service Center travel to all areas of our Region to assist individuals with physical and developmental disabilities, severe mental illness, and children with serious emotional problems. We have one nurse who provides outreach service to residents of six nursing homes. During any given twelve-month period of time, we serve approximately 2500 individuals in our various programs and although our regions' population has decreased by 7% over the past 10 year period, our admissions have increased by 39% during this same period of time.

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Theresa A. Lee 10-14-03

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Overview of the budget changes:

The table below provides a quick overview of our current 2001-2003 budget, the 2003-2005 budget request, and the difference between the two.

	2001 - 2003 Budget	2003 - 2005 Request	Increase (Decrease)
BLHSC	**$9,741,258**	**$9,004,972**	**($736,286)**
General	**$4,583,467**	**$4,435,165**	**($148,302)**
Federal	**$3,717,352**	**$3,753,303**	**$ 35,951**
Other	**$1,440,439**	**$ 816,504**	**($623,935)**
FTEs	**88.50**	**78.00**	**(10.50)**

- **Part of the Center's budget is funded through "Other Funds". Other funds include collections from third party payers and from the individuals we see for our services . As indicated in the table above, our current budget includes $1,440,439, of these other funds. The requested amount included in the Governor's budget for 2003-2005 is $816,504, a net reduction of ($623,935). This significant reduction is due to the fact that we will not collect as much revenue from third party payers, from individuals or from other miscellaneous sources. The $816,504 is an accurate reflection of what we anticipate collecting during the current and proposed budget period. To meet the budget target and recognize the reduction in "Other Funds", it was necessary to reduce our budget by a total of ($736,286), which includes 10.5 Full Time Equivalents.**

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- **Badlands Human Service Center budget includes contracts with other private and public agencies for a number of services, totaling $1,046,640, or approximately 12% of our budget.**
- **Our budget reflects an increase of $231,286 for the salary package included in the Governors' budget.**

The following is an overview of our other budget changes:

Administration:

- **Badlands Human Service Center and West Central Human Service Center are now sharing a regional director. The budget for Badlands Human Service Center has been reduced by ($162,638) to reflect this change. West Centrals' budget reflects an increase to accommodate this change.**
- **Eliminate one Office Assistant III position ($50,563). A new computer software system should accommodate this reduction as we are expecting a decrease in demand as a result of automated scheduling and billing functions and for our clinicians to directly record their documentation online.**
- **Reduce our temporary salaries by 50% ($6,000), again due in part to the new software system and also to avoid further reductions in our direct services.**
- **We will reduce Dues and Professional Development by ($13,400). These funds pay for training of our professional staff. This reduction will mean that professional staff will have fewer training opportunities.**
- **We will eliminate Contract Fees used to purchase consultation for our sexual abuse program, a reduction of ($5,000).**

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10-14-03
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Child Welfare:

- **We will eliminate a .5 Full Time Equivalent (FTE) in the Community Services program, a reduction of ($41,520). This .5 FTE is currently vacant and will not affect any current staff member.**
- **We will eliminate "wrap around" funding, ($7,700). Wrap around monies are used to purchase either goods or services to maintain or re-unite families at risk.**
- **We will eliminate our Respite Care contract, ($15,000). This has been discussed with the agency we are currently contracting with, emphasizing their need to seek other funding sources or to discontinue this after school program for Serious Emotionally Disturbed (SED) children.**

Disability Services:

- **Reduction of one Development Disabilities (DD) case manager, ($79,037). This will require the remaining four DD Case Managers to increase the 1 to 60 staff to client ratio to approximately 1 to 65. Based on the level of services required by this population group, this should be manageable.**
- **We will eliminate one Activity Therapist position ($79,878). This position works with the DD population in organizing and supervising social and other community activities. We are in the process of working with other community DD providers to lessen the impact of not providing this service. Approximately 150 developmentally disabled individuals participate in this program.**
- **We will reduce our contract for job coaches that work in our Supported Employment Program, a reduction of ($18,000). At the current level of service, we should be able to manage this reduction.**
- **We are requesting a $25,000 increase in Part-C funding; all of this increase is federal funds. The majority of this increase is for the Experienced Parent Program. Experienced Parent is a program that**

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Theresa A. Bell 10-14-03

Operator's Signature Date

provides assistance for parents during enrollment and participation in infant development services.

Older Adult Services:

- We are including an increase of $5,400 for vulnerable adult services. These are 100% federal funds and have been made available to maintain our current program.

Mental Health and Substance Abuse Services:

- Three Clinical Social Work positions in our Acute Care Program have been unfunded, totaling ($287,220). Two of these positions will take early retirement prior to June 30, 2003. The individual caseload of each of our Acute Care staff averages 38. The caseload of these three staff will need to be picked up by the remaining seven Acute Care therapy staff. Losing three full time therapy staff will obviously have a negative affect on wait time and caseload numbers. We will do our best to manage this by prioritizing whom we see according to the guidelines set forth in the Department's Core Service document.
- Our budget reflects a net increase of $74,276 in our addiction program. This increase is the result of receiving federal Substance Abuse Block Grant monies to fund one Addiction Counselor. This position provides services specifically targeted at adolescent chemical dependency treatment. In addition to the funded position, this increase also includes funding for addiction related residential services for adolescents. The Substance Abuse Block Grant funds will assist in meeting the needs identified in cooperation with other community partners, i.e., area schools, the juvenile court, Sunrise Youth Bureau and the Department of Juvenile Services (DJS). It was also necessary to unfund one of our addiction counselor positions to meet our general fund target. The unfunded position is vacant and will not be filled.

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Theresa A. Pyle 10-14-03

Operator's Signature Date

- **We will reduce one Community Home Counselor position, ($57,290). This position assists individuals, who have a serious mental illness, with daily living skills. Duties also include assisting individuals with chronic alcohol addiction in completing the Alcohol Severity Index (ASI) and with transportation to and from treatment programs.**
- **We will eliminate two Parent Aid positions that work in the Intensive In-home Program, ($116,318). Eliminating the two parent aids will reduce our ability to assist parental efforts to improve their parenting skills and potentially place the child at risk in out-of-home placement.**
- **We will eliminate funds used for "wrap around" funding in our Partnership Program, ($50,000). Efforts with other community agencies will be strengthened to lessen the effects of this reduction.**
- **We will eliminate outreach rental payments, a reduction of ($7,920). This may eliminate outreach services if in-kind space cannot be located. Clients from outlying cities will still be seen, but they will need to drive to Dickinson for services.**
- **We will eliminate the purchase of psychotropic medications for the seriously mentally ill, a reduction of ($3,911). We will be able to provide some free or reduced cost medications through a program supported by individual pharmaceutical companies called "patient assistance". We are currently providing approximately $70,000 worth of free medications through this program, per year.**
- **We are requesting a $19,071 increase in funds for our psychiatric/medical director contract. This increase will allow us to increase the hourly contract rate from $105 per hour to $110 per hour.**
- **We will reduce a significant amount of contract funds used for our Regional Intervention Service (RIS). This reduction will include a reduction of ($81,600) for short-term alcohol and drug residential services, and a ($59,788) reduction for short-term psychiatric**

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10-14-03
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Inpatient services. At the current level of short-term residential and short-term psychiatric inpatient service, we should be able to manage these two reductions. If we experience an increased demand for these community-based services, we may see an increase in state hospital admissions. We strongly support the $250,000 line item included in the Department of Human Services budget to assist with increased demands in our local community mental health services.

- **We will reduce our contract for the Seriously Mentally Ill (SMI) Psycho-Social Club by ($25,000). This program will continue, but not at the current level.**
- **We will eliminate Representative Payee services, a reduction of ($35,100). The agency we contract for these services will either find new funding sources or bill the SMI client directly.**

The budget as submitted does not include any room for increased demand on our services, and in fact includes significant reductions to our community based mental health services. Badlands Human Service Center has always been a good steward of the resources provided by our legislature. Our services provide a safety net to our most vulnerable citizens and this will continue to be our mission.

Mr. Chairman, this concludes my testimony. I would be willing to answer any questions you may have.

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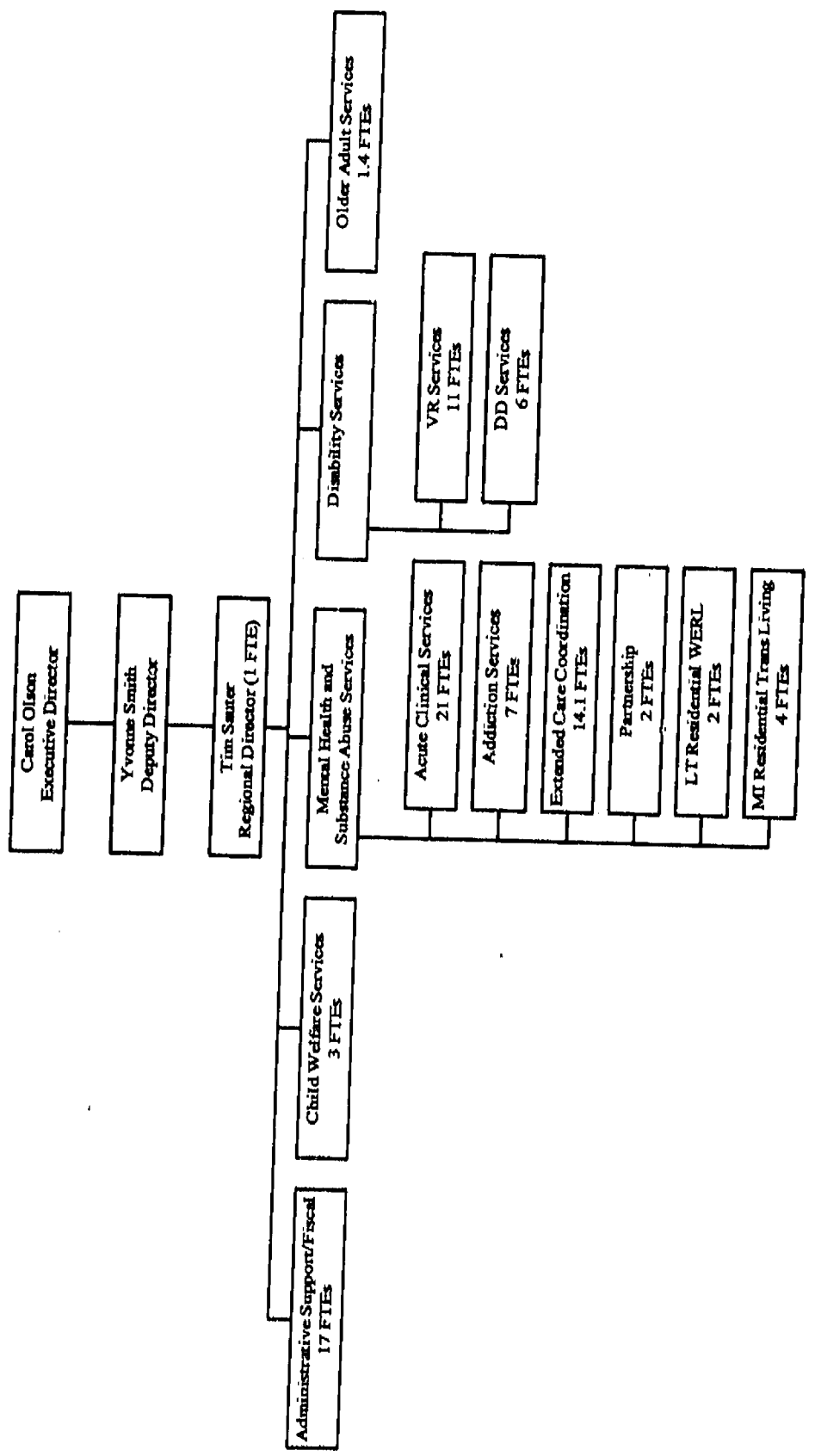
TIM SAUTER. 03.24.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BADLANDS HUMAN SERVICE CENTER



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10-14-03
Date

TIM SAUTER. 03.24.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Subdivision	Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
410-08 BADLANDS HSC	01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		88.500	(10.500)	78.000	0.000	78.000
	410-08 BADLANDS HSC				FTEs(Full Time Equivalents) TOTALS	0.000	88.500	(10.500)	78.000	0.000	78.000
410-08 BADLANDS HSC	70	HSCs and Institutions	B	1001	SALARIES	4,301,070	5,512,369	(514,015)	4,998,354	(61,830)	4,936,524
410-08 BADLANDS HSC	70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	147,514	160,200	1,800	162,000	0	162,000
410-08 BADLANDS HSC	70	HSCs and Institutions	B	1006	BENEFITS	1,415,589	1,821,162	(120)	1,821,042	(10,362)	1,810,680
410-08 BADLANDS HSC	70	HSCs and Institutions	B	1900	PAYROLL SUSPENSE		0	7,200	7,200	0	7,200
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3003	IT-TELEPHONE	68,041	97,118	(83)	97,035	0	97,035
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3004	TRAVEL	160,995	215,126	0	215,126	0	215,126
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	4,712	5,000	0	5,000	0	5,000
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3006	UTILITIES	9,061	14,320	0	14,320	0	14,320
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3007	POSTAGE	21,031	26,100	1,497	27,597	0	27,597
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	20	1,154	0	1,154	0	1,154
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	317,692	396,557	(5,520)	391,037	0	391,037
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	21,614	24,575	(13,400)	11,175	0	11,175
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	22,566	93,633	(32,700)	60,933	0	60,933
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3016	REPAIRS	10,765	9,634	648	10,282	0	10,282
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	10,796	29,160	849	30,009	0	30,009
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3024	PRINTING	9,351	14,793	0	14,793	0	14,793
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	22,163	24,998	(154)	24,844	0	24,844
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3027	FOOD & CLOTHING	8,467	15,669	0	15,669	0	15,669
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL		3,911	(3,911)	0	0	0
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	16					
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	16,563	31,012	0	31,012	0	31,012
410-08 BADLANDS HSC	70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000	16,756	19,750	0	19,750	0	19,750
410-08 BADLANDS HSC	70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	783,755	1,225,017	(178,377)	1,046,640	0	1,046,640
	410-08 BADLANDS HSC				HSCs and Institutions TOTALS	7,368,537	9,741,258	(736,286)	9,004,972	(72,192)	8,932,780
410-08 BADLANDS HSC	70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		4,583,467	(148,302)	4,435,165	(62,331)	4,372,834
410-08 BADLANDS HSC	70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		3,717,352	35,951	3,753,303	(9,861)	3,743,442
410-08 BADLANDS HSC	70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		1,440,439	(623,935)	816,504	0	816,504
	410-08 BADLANDS HSC				HSCs and Institutions TOTALS	0	9,741,258	(736,286)	9,004,972	(72,192)	8,932,780
410-08 BADLANDS HSC TOTALS	90	Funding Totals	F	9991	GENERAL FUNDS	2,927,081	4,583,467	(148,302)	4,435,165	(62,331)	4,372,834
410-08 BADLANDS HSC TOTALS	90	Funding Totals	F	9992	FEDERAL FUNDS	3,440,113	3,717,352	35,951	3,753,303	(9,861)	3,743,442
410-08 BADLANDS HSC TOTALS	90	Funding Totals	F	9993	OTHER FUNDS	1,001,343	1,440,439	(623,935)	816,504	0	816,504
					410-08 BADLANDS HSC TOTALS	7,368,537	9,741,258	(736,286)	9,004,972	(72,192)	8,932,780

ND Department of Human Services * Human Service Centers

Funding for Grant Budget Object Codes in Line Item 70 (6006 - Grants, Benefits & Claims)

2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To House 2003 - 2005	General	Federal	Other
410-78-10	ADMINISTRATION	6002	Support Services	5,887	5,000	(5,000)	-	-	-	-
	ADMINISTRATION Total			**5,887**	**5,000**	**(5,000)**	**-**	**-**	**-**	**-**
410-78-20	CHILD WELFARE	6058	Respite Care	15,000	15,000	(15,000)	-	-	-	-
	CHILD WELFARE Total			**15,000**	**15,000**	**(15,000)**	**-**	**-**	**-**	**-**
410-78-30	DISABILITY SERVICES	6030	Rehabilitation Employment Services	5,000	5,000	-	5,000	1,075	3,925	-
410-78-30	DISABILITY SERVICES	6033	Supported Employment Program	44,793	90,000	(18,000)	72,000	7,200	64,800	-
	DISABILITY SERVICES Total			**49,793**	**95,000**	**(18,000)**	**77,000**	**8,275**	**68,725**	**-**
410-78-40	OLDER ADULT SERVICES	6112	Aging Services Administration	-	15,000	5,400	20,400	-	20,400	-
	OLDER ADULT SERVICES Total			**-**	**15,000**	**5,400**	**20,400**	**-**	**20,400**	**-**
410-78-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6040	Medical Director & Psychiatrists	284,220	403,329	19,071	422,400	251,849	67,578	102,973
410-78-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6126	CD Short Term Residential Services	171,664	270,000	(81,600)	188,400	188,400	-	-
410-78-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6128	CD Alcohol & Drug Services	-	-	36,640	36,640	-	36,640	-
410-78-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6149	MH Partnership Program	15,901	47,800	-	47,800	6,854	40,946	-
410-78-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6217	SMI Psych - Social Clubs	155,750	195,000	(25,000)	170,000	170,000	-	-
410-78-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6279	SMI Services for the Homeless (MHSH)	25,950	35,100	(35,100)	-	-	-	-
410-78-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	6282	SMI Short Term Inpatient Hospital	59,590	143,788	(59,788)	84,000	84,000	-	-
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total			**713,075**	**1,095,017**	**(145,777)**	**949,240**	**701,103**	**145,164**	**102,973**
08 BADLANDS HSC Total				**783,755**	**1,225,017**	**(178,377)**	**1,046,640**	**709,378**	**234,289**	**102,973**

TIM SAUTER 03.24.03

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Operator's Signature

10-14-03
Date

Exhibit 6z

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
January 16, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Tim Sauter, Regional Director for the West Central Human Service Center. I am here today to provide you an overview of the West Central Human Service Center budget area.

The West Central Human Service Center (WCHSC) serves a ten (10) county catchment area including the counties of Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan and Sioux. The main office is in Bismarck. We have a satellite office in Hazen, and a staff person stationed in Linton. Staff provide a variety of services throughout the region. The Center served 5262 clients in fiscal year 2002.

The West Central Human Service Center has over forty (40) contracts with twenty (20) providers. This makes up 26.4% of the Center's budget request.

	2001-2003 Budget	2003-2005 Request	Increase/ Decrease
WCHSC	18,953,938	17,713,897	(1,240,041)
General	8,445,628	8,575,947	130,319
Federal	9,264,494	8,376,820	(887,674)
Other	1,228,816	761,130	(467,686)
County	15,000	0	(15,000)
FTEs	140.65	119.00	(21.65)

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10-14-03 — Date

The Governor's budget includes changes in services based on what was defined as core service for each population group we serve. To address the challenges we are facing, the West Central Human Service Center is carefully analyzing service requests and needs to ensure that people are receiving the appropriate level of care. We are working with our partners to address service needs, and we are constantly looking at best practice models to improve the quality, effectiveness, and efficiency of the services we provide.

The major areas affected by Budget Level are as follows:

Administration:

- Eliminated ($70,317) for temporary salaries and overtime/benefits in Support Services. Implementation of the Regional Office Automation Project and unfunding of other programs should decrease overall need for Support Services.

- Increased $119,610 in salaries/benefits – includes employee salary package and adjustments for assuming Regional Director duties at Badlands Human Service Center.

- Operating increases for travel $72,357 – result of projected motor pool rates/usage and assuming Regional Director duties at Badlands Human Service Center.

- Operating decrease of ($10,703) for telephone as the result of projected rates/usage and ($24,370) reduction of travel/registration fees used for staff training.

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Child Welfare:

- **Eliminated ($28,000) in operating fees for Foster Care Recruitment and Retention Services.**

- **Reduced contracted Respite Care services by ($60,000) – 50% reduction from current budget and eliminated funding of ($10,283) for Access and Visitation Service.**

Disability Services:

- **Net increase in salaries/benefits of $119,585 – result of employee salary package.**

- **Increase in operating fees of $8,000 – result of an increase in federal funding for Infants and Toddlers – Part C.**

- **Increase in grants of $40,000 – result of an increase in federal funding for Infants and Toddlers Experienced Parent Program.**

Older Adult Services:

- **Increase in grants of $58,100 – result of transfer in federal funding for Adult Protective Services from DHS Aging Services Division to the Human Service Center.**

Mental Health and Substance Abuse:

- **Unfunded 2.65 FTE's and ($205,942) in salaries and operating costs for the Dual Diagnosis Program. This change will affect approximately 25 clients. The clients will be served in a group therapy setting, but at a reduced level of service.**

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Date

- Unfunded 20 FTEs and ($2,019,351) in salaries and operating costs for the Adolescent Treatment Center (Manchester House). This program is being privatized with a change in operations projected to occur March 1, 2003.

- Reduced temporary salaries and associated benefits of ($42,680) for Parent Aide Services, ($14,826) for Nursing Services, ($7,333) for Case Aide Services, and ($37,895) for Substance Abuse Services.

- Reduce contracted Case Aide Services to adolescent/youth by ($240,446) and Case Aide Services to SMI adults by ($36,000)

- Eliminate contracted services to domestic violence clients. ($26,500)

- Eliminate contracted Representative Payee Services to approximately 100 SMI clients ($38,896)

- Reduce contracted CD Short-Term Residential Services by ($9,125)

- Reduce funds for client medications by ($10,000) – affects approximately 30 clients.

- Reduce funds for SMI Supportive Living Assistance by ($10,000) – affects approximately 25 clients.

- Reduced contracted Intensive In-Home Services by ($50,000) – this was unfunded other funds authority in the current budget – no impact on current services.

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- Increase in Substance Abuse, Prevention and Treatment Block Grant funds of $999,153. Funds to provide services to targeted populations. CD Long-Term Residential, CD Adolescent Residential, one FTE for Adolescent Addiction Treatment, and Native American Treatment Access.

- Increase in Federal Funds were offset by the loss of Federal Medicaid Funding tied to the unfunding of the Adolescent Treatment Center (Manchester) and Dual Diagnosis Programs, decrease in Social Service Block Grant, and decrease in the Federal Medical Assistance Percentage (FMAP). – Net decrease ($887,674).

- Decrease in Other Funds due to loss of CSCC Special Funds, over projection of current biennium client fees and current budget unfunded Legislative Authority – Net decrease ($467,686).

The mission of the West Central Human Service Center is to provide quality services that help improve the lives of people in Region VII, and to do this in an efficient and effective manner. We are committed to this mission. While there are many challenges ahead, we will put forth every effort to minimize any impact on our service recipients and to continue to provide quality services.

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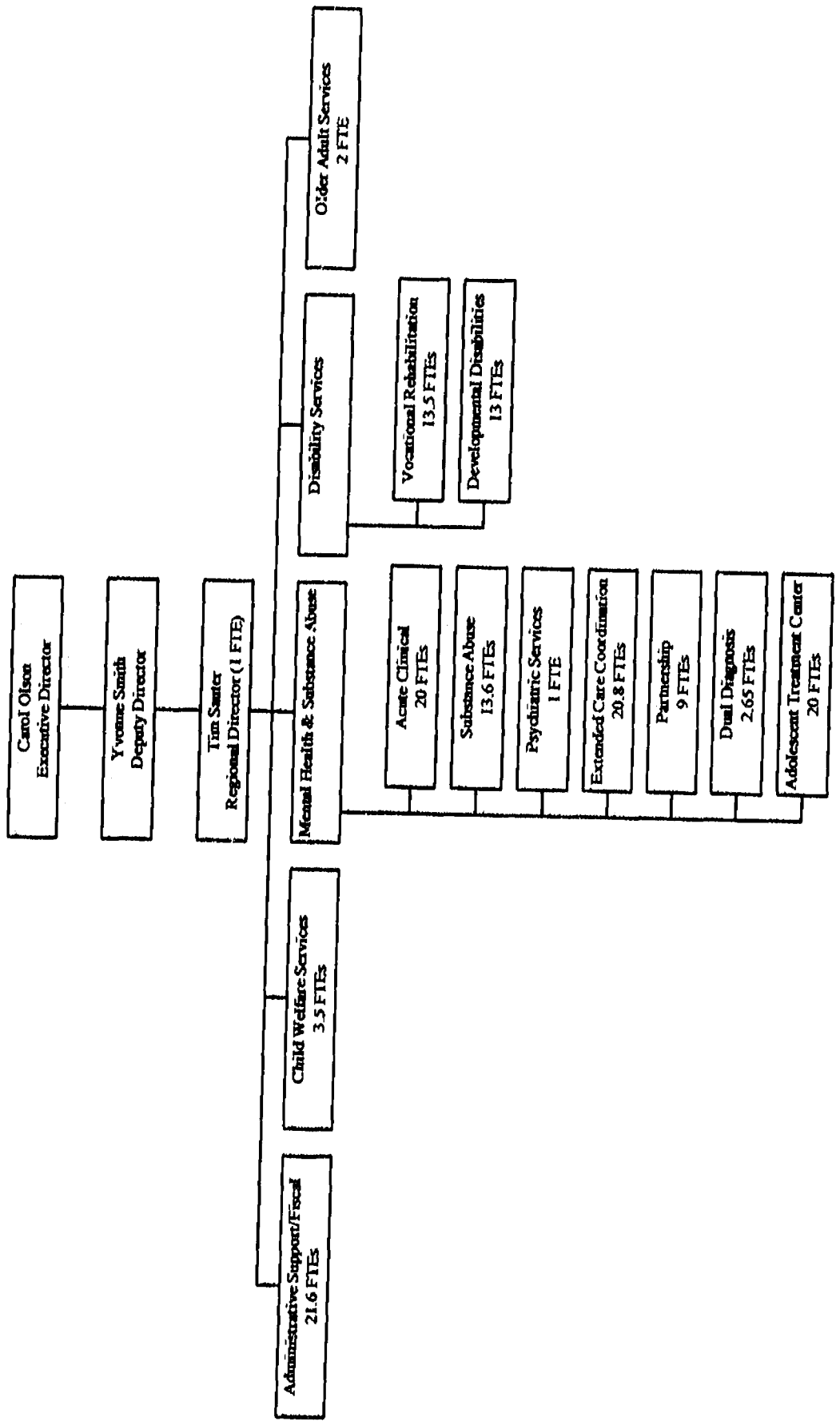
Theresa A. Lee 10-14-03

Operator's Signature Date

TIM SAUTER. 03.20.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
WEST CENTRAL HUMAN SERVICE CENTER



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10-14-03
Date

TIM SAUTER • 03.20.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		140.650	(21.650)	119.000	0.000	119.000
410-07 WEST CENTRAL HSC				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**140.650**	**(21.650)**	**119.000**	**0.000**	**119.000**
70	HSCs and Institutions	B	1001	SALARIES	6,964,858	9,021,768	(890,860)	8,130,908	(100,664)	8,030,244
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	438,352	491,793	(342,681)	149,112	0	149,112
70	HSCs and Institutions	B	1008	BENEFITS	2,248,435	2,934,145	(165,759)	2,768,386	(16,624)	2,751,762
70	HSCs and Institutions	B	1900	PAYROLL SUSPENSE		0	46,648	46,648	0	46,648
70	HSCs and Institutions	B	3003	IT-TELEPHONE	99,546	151,502	(28,125)	123,377	0	123,377
70	HSCs and Institutions	B	3004	TRAVEL	263,003	302,039	61,483	363,522	0	363,522
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	10,805	20,000	0	20,000	0	20,000
70	HSCs and Institutions	B	3007	POSTAGE	29,727	42,740	0	42,740	0	42,740
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	4,092	6,506	(650)	5,856	0	5,856
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	1,101,286	1,440,541	(331,463)	1,109,078	0	1,109,078
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	18,809	30,600	(19,086)	11,514	0	11,514
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	61,415	98,495	(44,147)	54,348	0	54,348
70	HSCs and Institutions	B	3016	REPAIRS	16,104	36,558	(1,000)	35,558	0	35,558
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES	3,168	5,000	(4,000)	1,000	0	1,000
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	16,407	35,000	0	35,000	0	35,000
70	HSCs and Institutions	B	3024	PRINTING	20,110	30,000	0	30,000	0	30,000
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	23,573	37,199	(4,364)	32,835	0	32,835
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	33,133	44,300	(41,500)	2,800	0	2,800
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	20,429	40,000	(10,000)	30,000	0	30,000
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	1,703	4,990	(540)	4,450	0	4,450
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	10,759	23,357	(16,400)	6,957	0	6,957
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000	3,405	0	5,380	5,380	0	5,380
70	HSCs and Institutions	B	5030	EQUIPMENT OVER $5000		35,000	0	35,000	0	35,000
70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	2,367,433	4,122,405	547,023	4,669,428	0	4,669,428
410-07 WEST CENTRAL HSC				**HSCs and Institutions TOTALS**	**13,756,552**	**18,953,938**	**(1,240,041)**	**17,713,897**	**(117,288)**	**17,596,609**
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		8,445,628	130,319	8,575,947	(102,620)	8,473,327
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		9,264,494	(887,674)	8,376,820	(14,668)	8,362,152
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		1,228,816	(467,686)	761,130	0	761,130
70	HSCs and Institutions	F	7095	HSCS & INSTITUTIONS - COUNTY FUNDS		15,000	(15,000)	0	0	0
410-07 WEST CENTRAL HSC				**HSCs and Institutions TOTALS**	**0**	**18,953,938**	**(1,240,041)**	**17,713,897**	**(117,288)**	**17,596,609**
90	Funding Totals	F	9991	GENERAL FUNDS	5,448,349	8,445,628	130,319	8,575,947	(102,620)	8,473,327
90	Funding Totals	F	9992	FEDERAL FUNDS	7,290,276	9,264,494	(887,674)	8,376,820	(14,668)	8,362,152
90	Funding Totals	F	9993	OTHER FUNDS	1,017,927	1,228,816	(467,686)	761,130	0	761,130
90	Funding Totals	F	9995	COUNTY FUNDS		15,000	(15,000)	0	0	0
				410-07 WEST CENTRAL HSC TOTALS	**13,756,552**	**18,953,938**	**(1,240,041)**	**17,713,897**	**(117,288)**	**17,596,609**

ND Department of Human Services * Human Service Centers

Funding for Grant Budget Object Codes in Line Item 70

2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	BOC	Budget Object Code Description	To House 2003 - 2005	General	Federal	Other
410-77-20	CHILD WELFARE	5558	Respite Care	6006	GRANTS, BENEFITS & CLAIMS	60,000	60,000	-	-
	CHILD WELFARE Total					**60,000**	**60,000**	-	-
410-77-30	DISABILITY SERVICES	5530	Rehabilitation Employment Services	6006	GRANTS, BENEFITS & CLAIMS	4,000	852	3,148	-
410-77-30	DISABILITY SERVICES	5716	DD Infants & Toddlers - Pt C Exp Parent	6006	GRANTS, BENEFITS & CLAIMS	40,000	-	40,000	-
	DISABILITY SERVICES Total					**44,000**	**852**	**43,148**	-
410-77-40	OLDER ADULT SERVICES	5612	Aging Services Administration	6006	GRANTS, BENEFITS & CLAIMS	58,100	-	58,100	-
	OLDER ADULT SERVICES Total					**58,100**	-	**58,100**	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5540	Medical Director & Psychiatrists	6006	GRANTS, BENEFITS & CLAIMS	379,920	218,475	111,925	49,520
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5624	CD Social DeTox	6006	GRANTS, BENEFITS & CLAIMS	49,397	49,397	-	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5626	CD Short Term Residential Services	6006	GRANTS, BENEFITS & CLAIMS	9,125	9,125	-	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5628	CD Alcohol & Drug Services	6006	GRANTS, BENEFITS & CLAIMS	1,053,147	137,974	915,173	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5649	MH Partnership Program	6006	GRANTS, BENEFITS & CLAIMS	828,350	532,260	296,090	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5717	SMI Psych - Social Clubs	6006	GRANTS, BENEFITS & CLAIMS	180,976	180,976	-	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5762	SMI Crisis Residential - Room & Board	6006	GRANTS, BENEFITS & CLAIMS	27,547	27,547	-	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5763	SMI Residential Room & Board/Group	6006	GRANTS, BENEFITS & CLAIMS	55,974	32,994	-	22,980
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5764	SMI Crisis Residential - Therapeutic	6006	GRANTS, BENEFITS & CLAIMS	423,000	353,582	69,418	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5769	SMI Residential Therapeutic Srv /Semi Ind	6006	GRANTS, BENEFITS & CLAIMS	1,033,420	515,383	518,037	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5782	SMI Short Term Inpatient Hospital	6006	GRANTS, BENEFITS & CLAIMS	51,000	51,000	-	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5785	SMI Long Term Residential - Therapeutic	6006	GRANTS, BENEFITS & CLAIMS	390,972	131,609	259,363	-
410-77-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	5786	SMI Long Term Residential - Room & Board	6006	GRANTS, BENEFITS & CLAIMS	24,500	10,758	-	13,742
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total					**4,507,328**	**2,251,080**	**2,170,006**	**86,242**
07 WEST CENTRAL HSC Total						**4,669,428**	**2,311,932**	**2,271,254**	**86,242**

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Exhibit 57

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
JANUARY 16, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am David Snyder, Director of North Central Human Service Center. I am here today to provide you an overview of the Center's 2003-2005 budget.

- **North Central Human Service Center serves seven counties in Region II, which are Burke, Renville, Bottineau, Mountrail, Ward, McHenry, and Pierce. The population in Region II is 88,089.**
- **The Center served 3936 individuals in the year 2001. In 1999 and 2000, the Center provided services to approximately 3700 individuals. The increase of clients has been observed in the Adult, Children and Family and Addiction services.**
- **The increase in referrals corresponds with our outcome/satisfaction results that reveal North Central Human Service Center provides quality services to the community. Despite the increase in demand for services and staff shortages, we will continue to provide quality services by prioritizing client and community needs.**
- **Outreach counseling and case management services are offered through satellite offices in Bottineau, Rugby, Stanley, Bowbells, and Newtown.**
- **North Central Human Service Center contracts with 12 private providers for a number of services. The budget for the contracted services is approximately $ 3 million and represents nearly 20% of North Central Human Service Center's budget.**

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The table below is an overview of the budget changes.

North Central Human Service	2001-2003 Request	2003-2005 Request	Increase/ Decrease
Expenditures	14,434,143	14,684,062	249,919
General	8,605,543	7,948,212	(657,331)
Federal	5,103,085	6,091,147	988,062
Other	725,515	644,703	(80,812)
FTEs	118.53	112.78	(5.75)

- There is a reduction for the Oppen Home's budget. Efforts will be made to look for funding or other sources of income, along with reducing expenditures so Oppen continue to operate throughout the 2003 – 2005 biennium.
- The budget includes a reduction of 1.00 FTE in Clinical Services. Losing a full-time clinician will create a longer wait for services. We will prioritize the clients according to the severity of their problems and use a waiting list if necessary.
- There is a reduction of 1 FTE in the Mental Health Partnership Program. This reduction will decrease service availability and create a larger waiting list for families. Other community resources will be needed to cover shortfalls. An accepted service alternative may be county social services or juvenile court.
- This budget includes a reduction of one addiction counselor in the Alcohol and Drug Unit. This reduction will cause clients to wait longer for services and outreach addiction treatment to be discontinued. The Center will prioritize client's needs according to the Human Service Center Admission Criteria. Other staff will increase their caseload to accommodate clients.

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- SMI Community Support contract has been removed from the 2003-2005 budget. This affects SMI clients that have been receiving 200 hours of direct services needed to achieve independent living in the community. The Center's Transitional Living Home staff will increase their job duties by providing some of these services to the severely disabled clients.
- There is a reduction of 1.75 FTEs support staff in this budget. It is anticipated with the implementation of the automated records, scheduling and billing system the demand for support services will decrease.
- There is a reduction of 1 DD Case Manager. The loss of this position will increase the ratio from 1 to 60 staff to client to 1 to 75. The other DD Case Managers will need to increase their workload.
- There has been an addition of 1.5 FTEs for Children and Family Services for adolescent addiction treatment. The funds for these positions are from Substance Abuse Block Grant monies specifically targeted to provide adolescent chemical dependency treatment. With those Federal monies, a specialized adolescent addiction treatment program is now operating.

This concludes my testimony.

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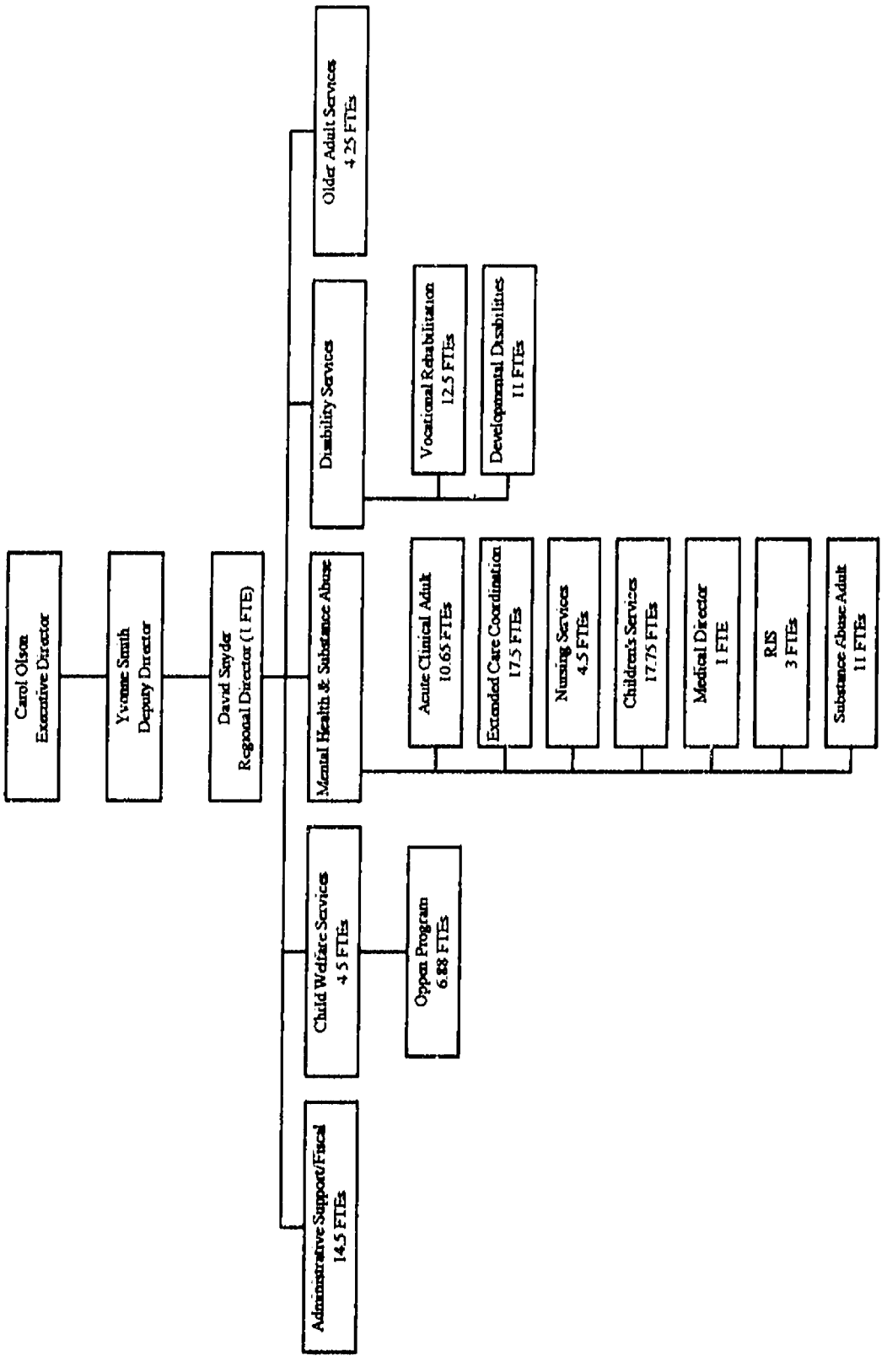
DAVID SNYDER. 03.21.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
NORTH CENTRAL HUMAN SERVICE CENTER



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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		118.530	(5.750)	112.780	0.000	112.780
410-02 NORTH CENTRAL HSC				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**118.530**	**(5.750)**	**112.780**	**0.000**	**112.780**
70	HSCs and Institutions	B	1001	SALARIES	5,822,621	7,258,548	174,140	7,432,688	(91,969)	7,340,719
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	89,211	168,132	(130,932)	37,200	0	37,200
70	HSCs and Institutions	B	1008	BENEFITS	1,924,928	2,497,926	177,331	2,675,257	(15,149)	2,660,108
70	HSCs and Institutions	B	3003	IT-TELEPHONE	102,777	137,495	(1,114)	136,381	0	136,381
70	HSCs and Institutions	B	3004	TRAVEL	207,707	258,297	(13,032)	245,265	0	245,265
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	1,833	5,325	0	5,325	0	5,325
70	HSCs and Institutions	B	3006	UTILITIES	7,505	0	10,080	10,080	0	10,080
70	HSCs and Institutions	B	3007	POSTAGE	25,701	27,265	5,575	32,840	0	32,840
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	12,536	14,880	1,734	16,614	0	16,614
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	715,384	917,221	18,579	935,800	0	935,800
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	9,355	37,827	(32,004)	5,823	0	5,823
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	42,977	77,515	34,785	112,300	0	112,300
70	HSCs and Institutions	B	3016	REPAIRS	27,876	16,542	1,876	18,418	0	18,418
70	HSCs and Institutions	B	3019	INSURANCE	645	860	(860)	0	0	0
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	7,593	10,177	(502)	9,675	0	9,675
70	HSCs and Institutions	B	3024	PRINTING	10,955	17,800	(3,860)	13,940	0	13,940
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	8,627	17,420	2,480	19,900	0	19,900
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	35,655	36,310	(16,185)	20,125	0	20,125
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	25,530	27,803	(1,303)	26,500	0	26,500
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	2,925	2,910	(2,160)	750	0	750
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	35,400	41,129	(5,469)	35,660	0	35,660
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000	925					
70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	1,993,624	2,862,761	30,760	2,893,521	0	2,893,521
70	HSCs and Institutions	B	7004	TRANSFERS	16					
410-02 NORTH CENTRAL HSC				**HSCs and Institutions TOTALS**	**11,112,306**	**14,434,143**	**249,919**	**14,684,062**	**(107,118)**	**14,576,944**
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		8,605,543	(657,331)	7,948,212	(96,270)	7,851,942
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		5,103,085	988,062	6,091,147	(10,848)	6,080,299
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		725,515	(80,812)	644,703	0	644,703
410-02 NORTH CENTRAL HSC				**HSCs and Institutions TOTALS**	**0**	**14,434,143**	**249,919**	**14,684,062**	**(107,118)**	**14,576,944**
90	Funding Totals	F	9991	GENERAL FUNDS	5,677,160	8,605,543	(657,331)	7,948,212	(96,270)	7,851,942
90	Funding Totals	F	9992	FEDERAL FUNDS	4,717,192	5,103,085	988,062	6,091,147	(10,848)	6,080,299
90	Funding Totals	F	9993	OTHER FUNDS	717,954	725,515	(80,812)	644,703	0	644,703
				410-02 NORTH CENTRAL HSC TOTALS	**11,112,306**	**14,434,143**	**249,919**	**14,684,062**	**(107,118)**	**14,576,944**

ND Department of Human [illegible] Human Service Centers

Funding for Grant Budget Object Codes in Line Item 70 (6006 - Grants, Benefits & Claims)

2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To House 2003 - 2005	General	Federal	Other
410-72-30	DISABILITY SERVICES	7030	Rehabilitation Employment Services	1,960	8,400	(8,400)	-	-	-	-
	DISABILITY SERVICES Total			**1,960**	**8,400**	**(8,400)**	**-**	**-**	**-**	**-**
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7040	Medical Director & Psychiatrists	248,428	392,053	48,323	440,376	265,519	88,364	86,493
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7050	Clinical Population Services	12,615	25,000	-	25,000	6,472	16,262	2,266
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7126	CD Short Term Residential Services	228,032	420,993	13,283	434,276	434,276	-	-
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7128	CD Alcohol & Drug Services	548,627	914,209	(127,969)	786,240	438,459	334,620	13,161
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7131	CD Women's / Children's Program	325,683	457,698	(26,029)	431,669	12,573	419,096	-
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7149	MH Partnership Program	140,431	89,582	115,418	205,000	130,219	74,445	336
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7150	Intensive In-Home	393	-	-	-	-	-	-
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7215	SMI Community Support	46,951	33,839	(33,839)	-	-	-	-
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7217	SMI Psych - Social Clubs	106,903	150,000	-	150,000	150,000	-	-
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7267	SMI Residential Room & Board/Semi Indep.	46,456	66,000	(66,000)	-	-	-	-
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7279	SMI Services for the Homeless (MHSH)	5,400	7,200	-	7,200	1,641	5,559	-
410-72-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7282	SMI Short Term Inpatient Hospital	281,745	297,757	115,973	413,760	306,679	100,076	7,005
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total			**1,991,664**	**2,854,361**	**39,160**	**2,893,521**	**1,745,838**	**1,038,422**	**109,261**
02 NORTH CENTRAL HSC Total				**1,993,624**	**2,862,761**	**30,760**	**2,893,521**	**1,745,838**	**1,038,422**	**109,261**

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Exhibit 5B

Senate Appropriations Committee
Chairman Roy Holmberg
January 16, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Lynn Nelson, Regional Director of the Lake Region Human Service Center in Devils Lake. I am here today to provide you with an overview of the Lake Region Human Service Center Budget.

The Center provides human services to the following North Dakota counties: Ramsey, Rolette, Benson, Cavalier, Eddy, and Towner, including the Spirit Lake Nation and Turtle Mountain Band of Chippewa Reservations. Currently three satellite clinics offer a variety of services to rural counties, and we have a full time satellite office and crisis residential unit in Rolla, serving Rolette County and the Turtle Mountain Reservation. Case managers from the Human Service Center travel to all areas of our Region to assist individuals with physical and developmental disabilities, severe mental illness, and children with serious emotional problems. Our psychiatrist and two case managers provide outreach services to residents of six nursing homes.

This past year (July 2001 – June 2002) Lake Region Human Service Center served 2,490 individuals. The average number of clients served yearly for the past three years was 2,503, suggesting a stable demand for services. To better meet the school and work needs of our consumers, and in support of multi-agency efforts to reduce TANF caseloads with back to work/JOBS programs, the Center has expanded evening hours and evening treatment programs.

The Lake Region Human Service Center budget was built, taking into consideration the following significant data trends:

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10-14-03
Date

- Department of Human Services serves one out of every six North Dakotans, but serves one out of every three Lake Region residents.
- Flood Impact: 11 Presidential Disaster Declarations since 1992.
- Foster Care: Year 2001 – Region III has 8.1% of "under 18" youth in the State, but has 15.4% of State's youth in Foster Care.
- Racial Diversity: 45% of all Indian people in the State, a gain of 2,122 Native Americans since the 1990 census.
- Unemployment: Three of our counties (Rolette, Benson, and Cavalier) have the highest unemployment rates in ND; the regional unemployment rate, at 5.2% is double the State's average (Winter, 2001).
- Poverty: One in every four Lake Region residents live in poverty, which is twice the poverty rate of any other Region.
- Temporary Assistance to Needy Families: Lake Region has 1058 of the 3158 TANF cases in the State; or 34% of all TANF cases (July, 2002).
- Suicide Rates: Regional III suicide deaths per 100,000 exceeds the rate of any other Region; suicide deaths on Turtle Mountain are even higher, and on Spirit Lake Nation, the rate is 3.5 times higher than any other geographical area in ND (September, 2000).
- Elderly: Although the elderly population declined overall in the Region, the age 85+ group grew by 19.6% since the 1990 census.
- Substance Abuse: Although overall clinical service demands have remained stable, there has been marked growth in presentations to our Center in the substance abuse area. Adult Alcohol and Drug evaluations went from 310 in 1999 to 413 in 2002, and adolescent evaluations, from 64 to 130 over the same time frame. Alcohol and Drug Residential Services went from 236 in year 2000, to 267 in year 2002.

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Theresa A. Bell 10-14-03
Operator's Signature Date

The following is an overview of the budget changes for the next biennium:

	2001-2003 Budget	2003-2005 Request	Increase/ Decrease
HSC's/Institutions	8,268,866	8,490,227	221,361
Capital Improvements	0	0	0
Total	8,268,866	8,490,227	221,361
General	4,644,288	4,699,565	55,277
Federal	3,002,421	3,277,080	274,659
Other	622,157	513,582	(108,575)
FTE's	68.00	64.00	(4.00)

The Governor's budget includes changes in services based on what was defined as core service for each population group we serve. The areas affected are as follows:

- The Lake Region Human Service Center will show a reduction as a result of sharing the Regional Director's position with the South Central Human Service Center. The budget for this shared position is fully reflected in the South Central budget.
- While the budget reduces psychiatric consultation services, it does allow for the continuation at the current level. The amount being reduced in this area has not been used in the past due to the unavailability of locally contracted psychiatric consultation time.
- The budget will show the reduction of one Licensed Addiction Counselor. While addiction services are in high demand in the Lake Region, there are other factors that will result in stronger regional Alcohol and Drug services into the next biennium. These include block grant awards of $100,000.00 to each Reservation, and Lake Region Human Service Center's collaboration of providing psychiatric and psychological services to the newly established, 12 bed addiction program at Towner County Medical Center. Also, Lake

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Date

Region Human Service Center has had another addiction position (1FTE) that was underutilized half time due to health challenges of the incumbent. We have had a resignation effective 4/03 with this person, and a full time addiction counselor will be recruited thereafter.

- The Center reduced one Vocational Rehabilitation counselor. Upon review of the statewide caseload ratio and our Center's demand for services, we have determined this reduction will not adversely affect our ability to provide services.
- The budget contains a reduction of one Office Assistant III position. With new changes in our computer system, we are expecting a decrease in demand in this area due to increased automation, including automated scheduling and billing functions and the ability for clinicians to directly record their documentation online.
- The Center has had only minimal use of its temporary salaries budget in past years. Due to the low usage of these funds, the Center reduced this budget in the Support Services area. These reductions were made to avoid the need for further direct service staff reductions.
- The budget reduces expenditures in the areas of telephone, building and equipment rent, building and grounds supplies, staff licenses, and miscellaneous supplies. These reductions were made in an effort to avoid the need for further direct service staff reductions.

The budget allows for some increases, mainly due to Federal Grants:

- Included in the 2003-2005 budget is $200,000.00 to assist the two reservations with their alcohol and drug program efforts. Currently, the Spirit Lake Tribe is receiving $100,000.00 of these funds. This funding currently is in the Central Office Division of Mental Health and Substance Abuse. For the 2003-2005 biennium, these Federal Block Grant funds are being included in the Center's budget. This

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10-14-03
Date

will allow the Human Service Center to work directly with the two tribes in their alcohol and drug efforts.

- There is an increase in the Lake Region Human Service budget to further develop the Experienced Parent program in Region III. These are Federal Part C funds that are currently in the Cental Office Developmental Disabilities budget that are being transferred to the Human Service Center.
- The Human Service Center recently received on-going Substance Abuse Block Grant monies specifically targeted to provide adolescent chemical dependency treatment. These Federal funds allowed the Center to expand the contracted residential services offered by Progress Enterprises to include an adolescent component in addition to its adult residential services.

Mr. Chairman, this concludes my testimony. I would be willing to answer any questions you may have.

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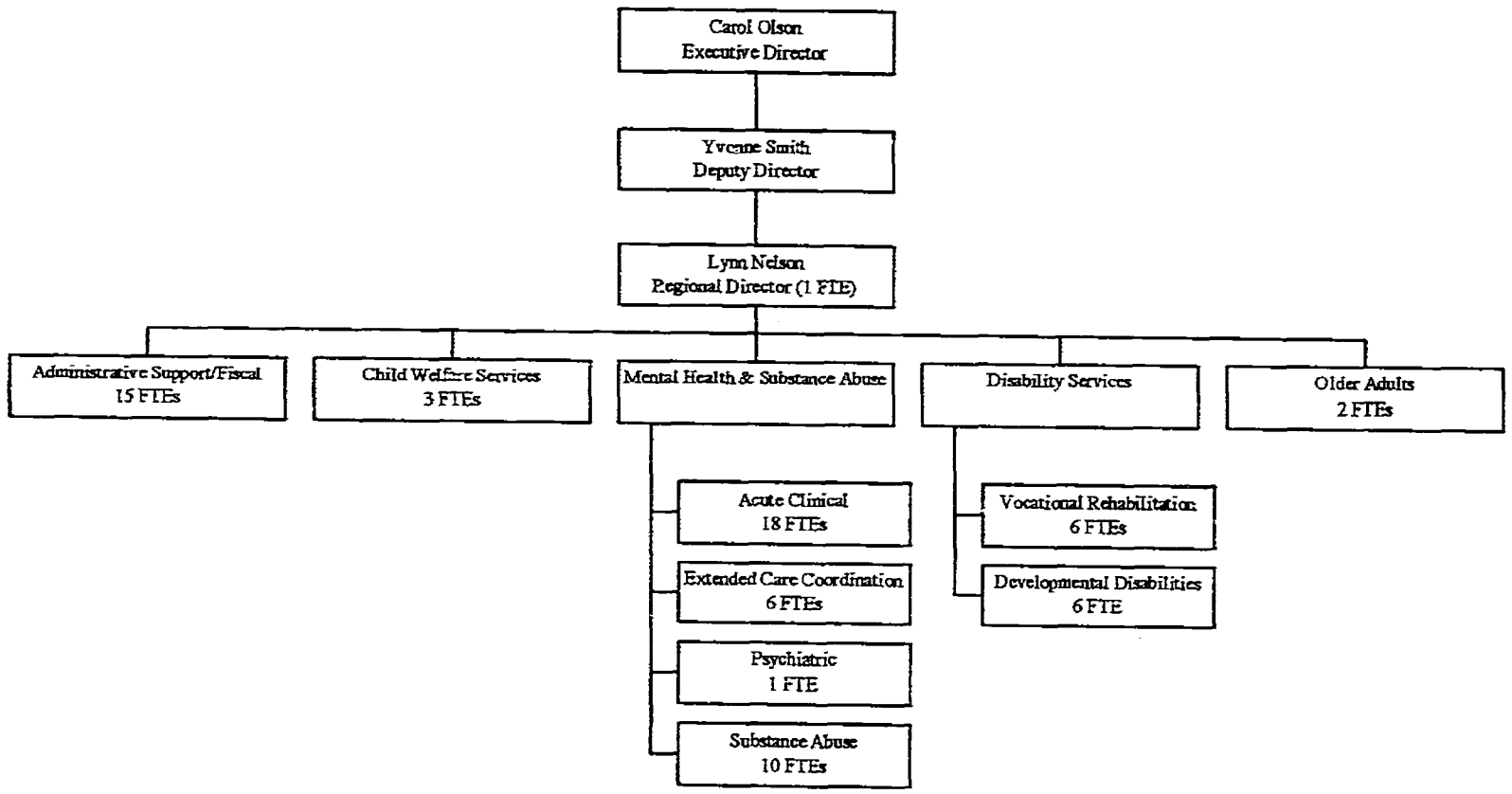
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LAKE REGION HUMAN SERVICE CENTER



2001-2003 Budget:
68 FTEs

Effective 3/03

LYNN NELSON. 03.21.03

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10-14-03
Date

LYNN NELSON 03.1.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		68.000	(4.000)	64.000	0.000	64.000
410-03 LAKE REGION HSC				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**68.000**	**(4.000)**	**64.000**	**0.000**	**64.000**
70	HSCs and Institutions	B	1001	SALARIES	3,342,009	4,523,160	(161,030)	4,362,130	(53,995)	4,308,135
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	14,216	81,852	(28,692)	53,160	0	53,160
70	HSCs and Institutions	B	1008	BENEFITS	1,012,061	1,468,455	31,223	1,499,678	(8,797)	1,490,881
70	HSCs and Institutions	B	1900	PAYROLL SUSPENSE		0	9,600	9,600	0	9,600
70	HSCs and Institutions	B	3003	IT-TELEPHONE	56,246	109,615	(15,296)	94,319	0	94,319
70	HSCs and Institutions	B	3004	TRAVEL	117,714	195,282	12,052	207,334	0	207,334
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	4,128	3,800	0	3,800	0	3,800
70	HSCs and Institutions	B	3006	UTILITIES	4					
70	HSCs and Institutions	B	3007	POSTAGE	20,207	25,452	0	25,452	0	25,452
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT		750	(750)	0	0	0
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	247,482	368,640	(17,890)	350,750	0	350,750
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	8,958	9,539	0	9,539	0	9,539
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	24,622	79,918	15,580	95,498	0	95,498
70	HSCs and Institutions	B	3016	REPAIRS	14,506	16,800	3,300	20,100	0	20,100
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES	1,232	1,845	1,000	2,845	0	2,845
70	HSCs and Institutions	B	3019	INSURANCE	1,871	3,700	0	3,700	0	3,700
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	14,995	28,850	1,485	30,335	0	30,335
70	HSCs and Institutions	B	3024	PRINTING	8,357	15,804	(304)	15,500	0	15,500
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	18,944	22,957	8,610	31,567	0	31,567
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	29	6,700	(2,500)	4,200	0	4,200
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES		2,100	(2,100)	0	0	0
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	4,684	20,585	(9,778)	10,807	0	10,807
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000	7,005	20,000	(15,000)	5,000	0	5,000
70	HSCs and Institutions	B	5030	EQUIPMENT OVER $5000		0	15,000	15,000	0	15,000
70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	949,906	1,263,062	376,851	1,639,913	0	1,639,913
70	HSCs and Institutions	B	7004	TRANSFERS	180					
410-03 LAKE REGION HSC				**HSCs and Institutions TOTALS**	**5,869,356**	**8,268,866**	**221,361**	**8,490,227**	**(62,792)**	**8,427,435**
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		4,644,288	55,277	4,699,565	(55,883)	4,643,682
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		3,002,421	274,659	3,277,080	(6,909)	3,270,171
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		622,157	(108,575)	513,582	0	513,582
410-03 LAKE REGION HSC				**HSCs and Institutions TOTALS**	**0**	**8,268,866**	**221,361**	**8,490,227**	**(62,792)**	**8,427,435**
90	Funding Totals	F	9991	GENERAL FUNDS	2,825,289	4,644,288	55,277	4,699,565	(55,883)	4,643,682
90	Funding Totals	F	9992	FEDERAL FUNDS	2,475,412	3,002,421	274,659	3,277,080	(6,909)	3,270,171
90	Funding Totals	F	9993	OTHER FUNDS	568,655	622,157	(108,575)	513,582	0	513,582
				410-03 LAKE REGION HSC TOTALS	**5,869,356**	**8,268,866**	**221,361**	**8,490,227**	**(62,792)**	**8,427,435**

ND Department of Human [illegible] * Human Service Centers

Funding for Grant Budget Object Codes in Line Item 70 (6006 - Grants, Benefits & Claims)

2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To House 2003 - 2005	General	Federal	Other
410-73-20	CHILD WELFARE	7558	Respite Care	22,368	40,000	-	40,000	20,000	20,000	-
	CHILD WELFARE Total			**22,368**	**40,000**	**-**	**40,000**	**20,000**	**20,000**	**-**
410-73-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7540	Medical Director & Psychiatrists	60,451	106,000	(26,000)	80,000	39,200	14,400	26,400
410-73-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7550	Clinical Population Services	1,780	-	-	-	-	-	-
410-73-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7626	CD Short Term Residential Services	372,483	498,307	380,362	878,669	487,400	381,269	10,000
410-73-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7629	CD Alcohol & Drug Services - Rolette	288,464	365,904	22,489	388,393	388,393	-	-
410-73-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7717	SMI Psych - Social Clubs	114,992	140,000	-	140,000	140,000	-	-
410-73-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	7781	SMI Community Residential	89,338	112,851	-	112,851	49,635	63,216	-
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total			**927,538**	**1,223,062**	**376,851**	**1,599,913**	**1,104,628**	**458,885**	**36,400**
03 LAKE REGION HSC Total				**949,906**	**1,263,062**	**376,851**	**1,639,913**	**1,124,628**	**478,885**	**36,400**

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10-14-03
Date

Exhibit 61

Senate Appropriations Committee
Chairman Ray Holmberg
January 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Lynn Nelson, Regional Director of the South Central Human Service Center in Jamestown. I am here today to provide you with an overview of the South Central Human Service Center Budget.

The South Central Human Service Center provides human services to the following North Dakota Counties: Foster, Wells, Griggs, Barnes, Stutsman, LaMoure, Dickey, McIntosh and Logan.

South Central Human Service Center continues to provide outreach services throughout our Region. Currently, five satellite clinics offer a variety of services to rural counties. Case managers from the Human Service Center travel to all areas of our Region to assist individuals with physical and developmental disabilities, severe mental illness, and children with serious emotional problems.

During the past ten years the number of individuals receiving services at the South Central Human Service Center has increased. In a recent one-year time frame our staff provided services to 3,545 individuals. The overall rate of growth for new cases seems to have stabilized. The average number of new cases opened each year has shown a small decrease during the past five years. We currently are, however, experiencing continued growth in the demand for services to children and to adolescents experiencing problems with chemical dependency.

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To better meet the needs of the clients, the Human Service Center recently expanded our evening coverage as we found many working individuals experienced difficulty in accessing services.

When we began the budget process for the 2003-2005 biennium, the instructions were to prepare a 95% budget with the intention of becoming as efficient as possible. This budget was submitted to achieve the 95% level.

The following is an overview of the budget changes for next biennium:

	2001-2003 Budget	2003-2005 Request	Increase/ Decrease
HSC's/Institutions	11,375,119	11,454,381	79,262
Capital Improvements	0	0	0
Total	11,375,119	11,454,381	79,262
General	5,869,478	5,713,073	(156,405)
Federal	4,479,604	4,895,138	415,534
Other	1,026,037	846,170	(179,867)
FTE's	89.00	86.00	(3.00)

The Governor's budget includes changes in services based on what was defined as core service for each population group we serve. The areas affected are as follows:

- Reduction of one Developmental Disabilities case manager. This will require the other case managers to increase the 1 to 60 staff to client ratio to approximately 1 to 69. Based on the level of services required by this population group, this should be manageable.
- The budget contains a reduction of two Office Assistant III positions. With new changes in our computer system, we are expecting a decrease in demand in this area due to increased automation,

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including automated scheduling and billing functions and the ability for clinicians to directly record their documentation online.

- As a result of administrative restructuring the budget reduces a Human Service Program Administrator V position whose responsibilities included serving as assistant director of the Human Service Center.
- The budget eliminates six temporary positions. This includes a full time Human Relations Counselor, a part time Case Manager working with seriously mentally ill adults, and four part time positions providing case aide services to children. We have restructured workloads among existing staff, and partnered with other organizations to cover these areas.
- The Specialized Partial Care program has been eliminated. This change will affect approximately 17 individuals working at Progress Enterprises in Jamestown and five individuals working with Open Door Inc. in Valley City. Currently we are working with local providers, and the Division of Mental Health and Substance Abuse to determine what other resources exist to accommodate these individuals.
- The budget reduced expenditures in the areas of: Office supplies, printing costs, professional supplies, educational and testing materials, professional services, miscellaneous supplies, operating fees and services, staff license fees, and office equipment. These reductions were made in an effort to avoid the need for further direct service staff reductions.

The budget allows for some increases, mainly due to Federal Grants and administrative changes:

- The budget allows for an increase in the South Central Human Service Center budget due to sharing a Regional Director at Lake Region Human Service Center and South Central Human Service

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Center. The Lake Region Human Service Center budget will show a reduction as a result of sharing the Regional Director position.

- The Human Service Center recently received on-going Substance Abuse Block Grant monies specifically targeted to provide adolescent chemical dependency treatment. With those Federal monies, a specialized adolescent addiction treatment program is now operating. The adolescent program includes a residential component contracted to Progress Enterprises in Jamestown. The Block Grant monies also allowed for an additional Licensed Addiction Counselor who specializes in providing treatment to adolescents.

Mr. Chairman, this concludes my testimony. I would be willing to answer questions you may have.

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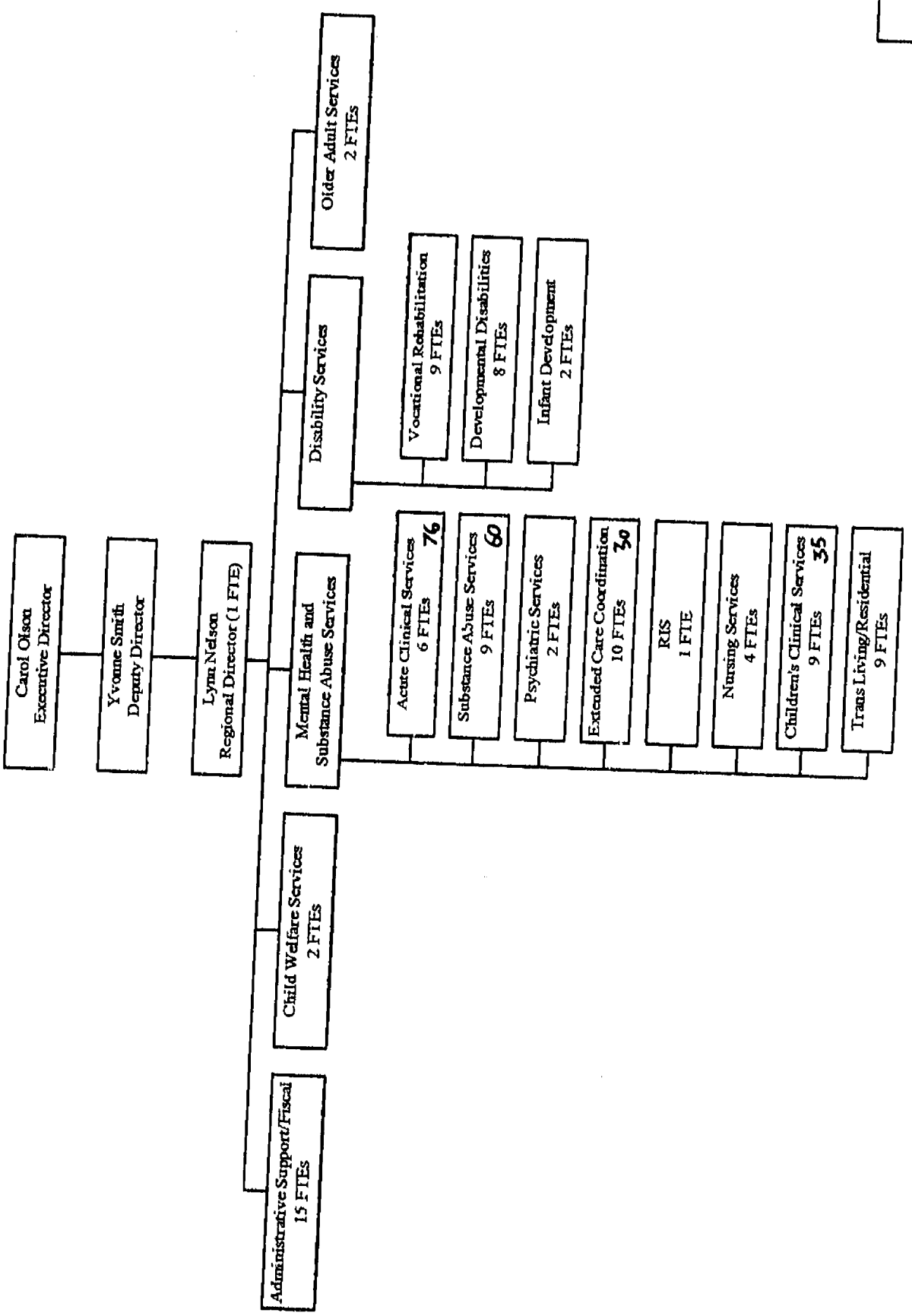
Theresa A. Lee 10-14-03

Operator's Signature Date

LYNN NELSON. 03.21.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SOUTH CENTRAL HUMAN SERVICE CENTER



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LYNN NELSON. 03.21.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
410-06 SOUTH CENTRAL HSC				FTEs(Full Time Equivalents) TOTALS	0.000	89.000	(3.000)	86.000	0.000	86.000
70	HSCs and Institutions	B	1001	SALARIES	4,681,468	6,072,207	(57,240)	6,014,967	(74,524)	5,940,443
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	180,350	222,280	(47,008)	175,272	0	175,272
70	HSCs and Institutions	B	1008	BENEFITS	1,467,608	1,942,944	119,277	2,062,221	(12,007)	2,050,214
70	HSCs and Institutions	B	1900	PAYROLL SUSPENSE		0	49,899	49,899	0	49,899
70	HSCs and Institutions	B	3003	IT-TELEPHONE	82,515	133,251	2,357	135,608	0	135,608
70	HSCs and Institutions	B	3004	TRAVEL	224,993	309,445	39,307	348,752	0	348,752
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	5,198	7,000	0	7,000	0	7,000
70	HSCs and Institutions	B	3007	POSTAGE	23,117	35,494	(100)	35,394	0	35,394
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	12,848	17,400	0	17,400	0	17,400
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	502,798	527,961	973	528,934	0	528,934
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	15,535	36,075	(17,575)	18,500	0	18,500
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	31,906	94,617	(45,602)	49,015	0	49,015
70	HSCs and Institutions	B	3016	REPAIRS	8,043	11,475	(575)	10,900	0	10,900
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES	722	4,800	(2,400)	2,400	0	2,400
70	HSCs and Institutions	B	3019	INSURANCE	50	125	(125)	0	0	0
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	15,928	27,550	(5,550)	22,000	0	22,000
70	HSCs and Institutions	B	3024	PRINTING	7,345	12,275	(3,525)	8,750	0	8,750
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	19,092	42,307	(15,893)	26,414	0	26,414
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	13,375	27,627	5,169	32,796	0	32,796
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	7,821	6,328	2,422	8,750	0	8,750
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	6,063	14,375	(2,840)	11,535	0	11,535
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	8,701	15,700	(4,230)	11,470	0	11,470
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000		12,225	(12,225)	0	0	0
70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	1,330,049	1,701,658	74,746	1,776,404	0	1,776,404
410-06 SOUTH CENTRAL HSC				HSCs and Institutions TOTALS	8,645,525	11,375,119	79,262	11,454,381	(86,531)	11,367,850
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		5,869,478	(156,405)	5,713,073	(78,067)	5,635,006
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		4,479,604	415,534	4,895,138	(8,464)	4,886,674
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		1,026,037	(179,867)	846,170	0	846,170
410-06 SOUTH CENTRAL HSC				HSCs and Institutions TOTALS	0	11,375,119	79,262	11,454,381	(86,531)	11,367,850
90	Funding Totals	F	9991	GENERAL FUNDS	3,462,951	5,869,478	(156,405)	5,713,073	(78,067)	5,635,006
90	Funding Totals	F	9992	FEDERAL FUNDS	4,218,870	4,479,604	415,534	4,895,138	(8,464)	4,886,674
90	Funding Totals	F	9993	OTHER FUNDS	963,704	1,026,037	(179,867)	846,170	0	846,170
				410-06 SOUTH CENTRAL HSC TOTALS	8,645,525	11,375,119	79,262	11,454,381	(86,531)	11,367,850

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ND Department of Human Services * Human Service Centers

Funding for Grant Budget Object Codes in Line Item 70 (6006 - Grants, Benefits & Claims)

2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To House 2003 - 2005	General	Federal	Other
410-76-20	CHILD WELFARE	9028	Foster Care Recruitment & Retention	4,379	11,333	(11,333)	-	-	-	-
410-76-20	CHILD WELFARE	9058	Respite Care	7,910	20,011	-	20,011	20,011	-	-
	CHILD WELFARE Total			**12,289**	**31,344**	**(11,333)**	**20,011**	**20,011**	**-**	**-**
410-76-30	DISABILITY SERVICES	9202	DD Infants & Toddlers - Part C General	10,458	975	115,525	116,500	-	116,500	-
410-76-30	DISABILITY SERVICES	9209	DD Tracker Services	8,556	75,000	(75,000)	-	-	-	-
410-76-30	DISABILITY SERVICES	9239	DD Infant Development	1,712	3,600	(1,200)	2,400	1,544	856	-
	DISABILITY SERVICES Total			**20,726**	**79,575**	**39,325**	**118,900**	**1,544**	**117,356**	**-**
410-76-40	OLDER ADULT SERVICES	9112	Aging Services Administration	-	-	37,500	37,500	-	37,500	-
	OLDER ADULT SERVICES Total			**-**	**-**	**37,500**	**37,500**	**-**	**37,500**	**-**
410-76-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	9124	CD Social DeTox	82,351	110,520	-	110,520	110,520	-	-
410-76-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	9126	CD Short Term Residential Services	117,251	117,251	-	117,251	117,251	-	-
410-76-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	9128	CD Alcohol & Drug Services	49,514	11,750	152,376	164,126	11,750	152,376	-
410-76-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	9211	SMI Case Management	337,534	390,853	62,400	453,253	244,629	208,624	-
410-76-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	9213	SMI Transitional Living - Board & Room	26,600	22,400	16,000	38,400	-	-	38,400
410-76-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	9217	SMI Psych - Social Clubs	131,276	173,288	10,000	183,288	183,288	-	-
410-76-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	9268	SMI Semi Structured Living	371,000	513,155	20,000	533,155	181,699	351,456	-
410-76-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	9271	SMI Work Activity	189,418	251,522	(251,522)	-	-	-	-
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total			**1,304,944**	**1,590,739**	**9,254**	**1,599,993**	**849,137**	**712,456**	**38,400**
06 SOUTH CENTRAL HSC Total				**1,337,959**	**1,701,658**	**74,746**	**1,776,404**	**870,692**	**867,312**	**38,400**

Exhibit 5g

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
JANUARY 16TH, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Nancy McKenzie, Regional Director of the Northeast Human Service Center in Grand Forks. I am here today to provide you an overview of the Northeast Human Service Center budget.

The Northeast Human Service Center provides human services to the residents of Grand Forks, Nelson, Pembina, and Walsh Counties. Due to some specialized services, approximately 4% of Northeast's clients have come from 19 different counties outside of our region during the past fiscal year. This past year (July 2001-June 2002) Northeast Human Service Center served 3954 clients, which was a steady caseload from the previous two years.

Northeast staff provide services from the Grand Forks main office, the Grafton Outreach Office located on the State Developmental Center Campus, and the Cavalier Outreach Office. The Center also manages the Ruth Meiers Adolescent Treatment Center, Duane R. Dornheim Transitional Living facility, and a Residential Treatment program for chemically dependent adolescents.

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Northeast contracts with 19 private providers for a number of services. The budget for these contracted services is approximately $ 3.5 million and represents nearly 20% of Northeast's budget.

The Northeast Human Service Center budget for the upcoming biennium was built taking into consideration the following data trends:

- Population: Region IV comprises 14.1% of the state's population, which according to the 2000 census data was a 7.5% decrease from 1990.
- Racial Diversity: The 2000 census showed an increase of 19.5% in the Region IV Native American population, and in increase of 28% in "other" race categories.

- Summary of the budget changes:

Northeast Human Service Center	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
HSCs/Institutions	19,070,257	17,628,299	(1,441,958)
Capital Improvements	-	-	-
Total	19,070,257	17,628,299	(1,441,958)
General	7,813,477	7,529,216	(284,261)
Federal	9,957,804	9,337,762	(620,042)
Other	1,298,976	761,321	(537,655)
FTEs	144.40	123.60	(20.80)[1]

[1]Attempts to privatize the Ruth Meiers Adolescent Treatment Center were unsuccessful this past fall. In anticipation of the privatization of this facility, the budget was transferred out of Northeast's budget and 13.3 FTE's were unfunded. As Northeast will continue to operate the facility for the foreseeable future, that action needs to be reversed during the legislative session.

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Vanessa L. Fell 10-14-03
Operator's Signature Date

The Governor's budget includes changes in services based on what was defined as core service for each population group we serve. The areas affected are as follows:

- The budget will show a reduction of 40 hours per week of a contracted support staff, and duties will need to be reallocated. The implementation of a new computer accounts receivable and clinical documentation system scheduled for April, 2002 will also have an impact on support service duties, increasing tasks in some areas, decreasing tasks in other areas.
- One DD case manager position is reduced in this budget. This will require remaining case managers to increase the 1 to 60 staff to client ratio to approximately 1 to 69.
- The budget will show the reduction of 1.5 positions from the Retired Senior Volunteer Program. We are currently in the process of turning the program over to another sponsor.
- Northeast has received federal funds to purchase Access and Visitation services. This service provides a safe and supervised environment for family members to visit their children, spouses, or partners. The budget for this service was unfunded for the 03-05 biennium. Another unit of the Department will be receiving the grant funding, providing the match, and contracting for the services.
- The budget will show a reduction of funds to conduct recruitment and retention activities to maintain or increase the number of foster care homes, as it was determined that this service was not core and should not be funded at the Human Service Centers.
- The Northeast Human Service Center budget shows a reduction of three positions for provision of intensive in-home services for children, as these were determined to not be a core service. This program serves approximately 32 families per year. The 3.0 staff positions are currently vacant and will be left unfilled. We are

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working to see if other of our clinical services can be adapted to provide some in-home services where possible.

- The budget will show a reduction in contract funding for school social workers and attendant care services. Northeast contracts currently with the Grand Forks School District to pay 20% of the costs of each of 6 social workers stationed in elementary schools in Grand Forks. The original expectation was that this program could generate sufficient Medical Assistance revenues that general funds would not be needed to fund it. So far in the present fiscal year, the revenue generated by the school social workers covers approximately 60% of the cost of the contract. Even though no general funds were indicated as being cut by this reduction, we would save the general funds that we are re-allocating from other programs to cover the difference. We are studying the possibility that we may be able to increase revenues by doing better training and monitoring of the school social workers to come closer to the cost of the contract. If that is possible, we may be able to continue this service.
- The budget will show a reduction of partial care day treatment as it is not considered a core service. As a result, Northeast unfunded one position and 40 hours of contracted staff time. Northeast is working to identify an alternative and acceptable method of serving the 10 to 13 clients per day who are currently participating in this program. The Department is proposing to set up a $ 250,000 mental health contingency fund. To lessen the impact of the loss of the partial care programs on clients, Northeast may be able to tap some of the contingency fund to fund alternative services.
- The budget will show the reduction of specialized partial care or SMI Work Activity programs, as this was determined to not be a core service. As a result, Northeast currently is contracting with the Mental Health Association of ND to provide supervision, training, and

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job coaching for work activity clients, and with Prairie Harvest Human Service Foundation to serve as the employer of the work activity clients and manage their payroll. Northeast replaced $ 50,000 of the $ 60,000 funding cut to the Mental Health Association with revenue carryover for the 03-05 biennium and will be working with the Association to determine what service will be delivered with this funding. For some clients, this is the key component in their continued independence in the community. Northeast along with the providers will be working to find alternatives to continue this service. Potentially, a mental health contingency fund, if available, might be a resource.

- The Northeast budget will show a reduction of funds to contract with a provider to provide representative payee services to clients with serious mental illness. Clients who wish to have representative payee services will pay for the service themselves. The federal PATH funding that is freed up as a result of this change will be used for other allowable expenses for the serious mentally ill homeless population.
- The budget will show the reduction of one HSC Director position. The Regional Director of the Southeast Human Service Center has been appointed to also be the Director of the Northeast Human Service Center. The Regional Director position at Northeast has been unfunded.
- The budget will show reduction of 13.3 positions, and 6 temporary staff assigned to the Ruth Meiers Adolescent Treatment Center. This decision was made in anticipation of contracting this program to a private provider, and funding for the facility was transferred to Economic Assistance within the Department's budget. The Department did not receive any proposals in response to the Request for Proposals for the privatization of the Ruth Meiers facility. It is anticipated that Northeast will continue to operate the facility for

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the foreseeable future. To continue the operation of the facility July 1st, 2003, the budget would need to be restored to Northeast and the 13.3 unfunded positions funded.

The budget allows for some increases, as follows:

- Northeast has included new federal funding of $ 143,320 in its 03-05 biennium budget request for chemical dependency adolescent therapeutic services.
- Northeast has included new federal funding of $ 245,000 in its 03-05 biennium budget request for chemical dependency women and children residential/ therapeutic services.
- Northeast has included federal funding through the Older Americans Act for Vulnerable Adults Protective Services.
- $ 119,249 of additional general funds was made available to Northeast and added to our 03-05 budget request to supplement contract funding for psychiatric hospitalization.

Mr. Chairman, this concludes my testimony. I would be happy to answer any questions you may have.

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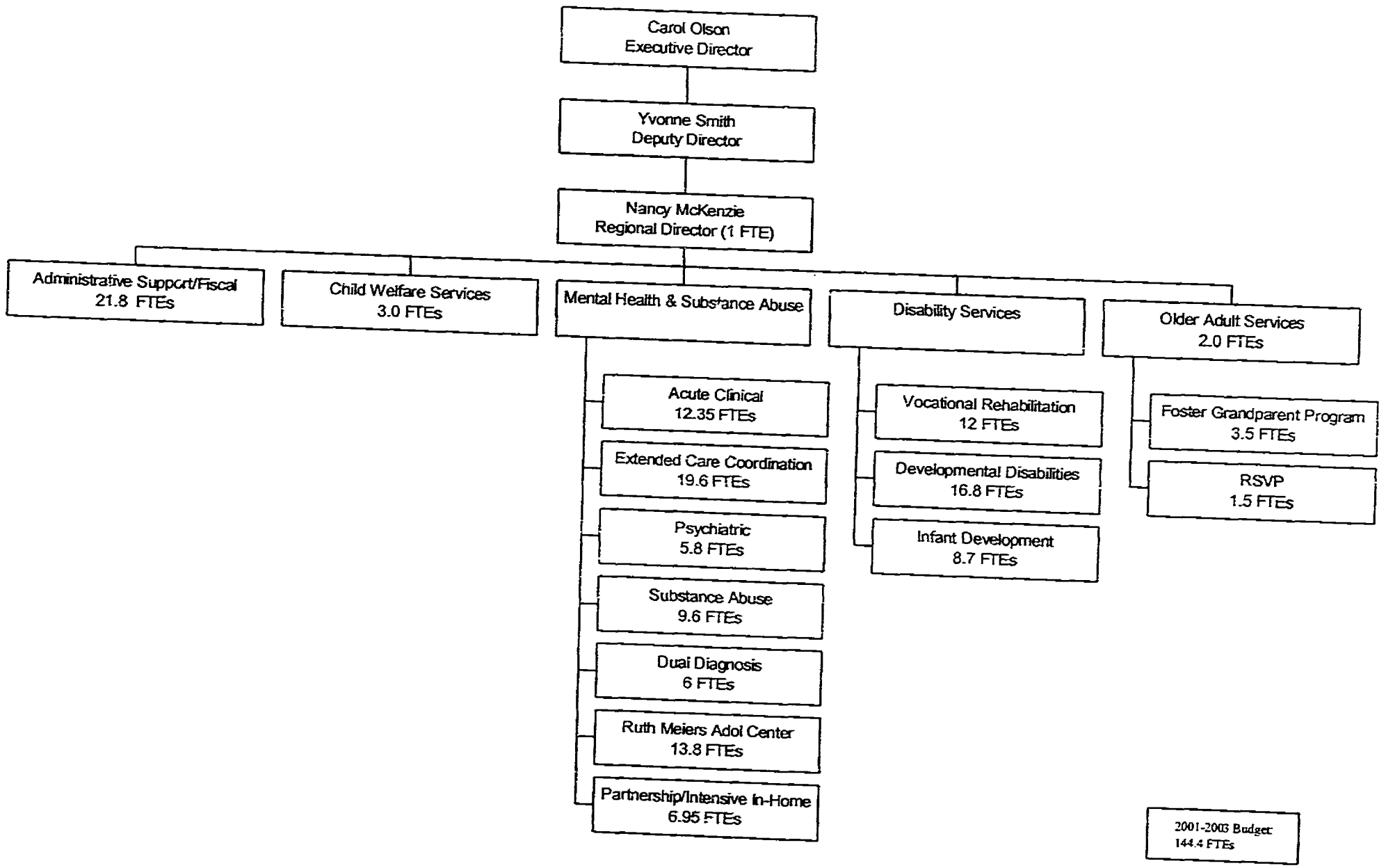
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
NORTHEAST HUMAN SERVICE CENTER



Effective 3/03

NANCY McKENZIE, 03.24.03

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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		144.400	(20.800)	123.600	0.000	123.600
410-04 NORTHEAST HSC				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**144.400**	**(20.800)**	**123.600**	**0.000**	**123.600**
70	HSCs and Institutions	B	1001	SALARIES	6,713,241	9,011,170	(738,258)	8,272,912	(102,472)	8,170,440
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	281,886	364,352	(218,672)	145,680	0	145,680
70	HSCs and Institutions	B	1008	BENEFITS	2,263,327	3,131,697	(176,850)	2,954,847	(16,971)	2,937,876
70	HSCs and Institutions	B	1900	PAYROLL SUSPENSE		0	9,600	9,600	0	9,600
70	HSCs and Institutions	B	3003	IT-TELEPHONE	141,820	188,574	(23,746)	164,928	0	164,928
70	HSCs and Institutions	B	3004	TRAVEL	303,745	388,955	(10,010)	378,945	0	378,945
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	14,330	0	12,000	12,000	0	12,000
70	HSCs and Institutions	B	3006	UTILITIES	22,935	29,350	(16,750)	12,600	0	12,600
70	HSCs and Institutions	B	3007	POSTAGE	30,436	51,807	(2,722)	49,085	0	49,085
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	1,224	6,868	(804)	6,064	0	6,064
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	899,400	1,115,232	(176,040)	939,192	0	939,192
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	14,720	29,748	(11,425)	18,323	0	18,323
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	301,547	474,268	(123,969)	350,299	0	350,299
70	HSCs and Institutions	B	3016	REPAIRS	79,374	107,275	(9,325)	97,950	0	97,950
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES	263,494	530,511	(500)	530,011	0	530,011
70	HSCs and Institutions	B	3019	INSURANCE	1,888	3,498	(1,720)	1,778	0	1,778
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	37,865	56,213	(6,894)	49,319	0	49,319
70	HSCs and Institutions	B	3024	PRINTING	14,655	28,354	(9,320)	19,034	0	19,034
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	37,067	31,630	9,518	41,148	0	41,148
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	75,250	96,860	(53,776)	43,084	0	43,084
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	12,424	17,617	(660)	16,957	0	16,957
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	9,752	16,092	(8,900)	7,192	0	7,192
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	13,104	36,961	(17,966)	18,995	0	18,995
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000		4,261	(4,261)	0	0	0
70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	2,326,983	3,348,864	139,492	3,488,356	0	3,488,356
410-04 NORTHEAST HSC				**HSCs and Institutions TOTALS**	**13,865,467**	**19,070,257**	**(1,441,958)**	**17,628,299**	**(119,443)**	**17,508,856**
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		7,813,477	(284,261)	7,529,216	(70,661)	7,458,555
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		9,957,804	(620,042)	9,337,762	(46,219)	9,291,543
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		1,298,976	(537,655)	761,321	(2,563)	758,758
410-04 NORTHEAST HSC				**HSCs and Institutions TOTALS**	**0**	**19,070,257**	**(1,441,958)**	**17,628,299**	**(119,443)**	**17,508,856**
90	Funding Totals	F	9991	GENERAL FUNDS	5,093,008	7,813,477	(284,261)	7,529,216	(70,661)	7,458,555
90	Funding Totals	F	9992	FEDERAL FUNDS	7,575,603	9,957,804	(620,042)	9,337,762	(46,219)	9,291,543
90	Funding Totals	F	9993	OTHER FUNDS	1,196,856	1,298,976	(537,655)	761,321	(2,563)	758,758
				410-04 NORTHEAST HSC TOTALS	**13,865,467**	**19,070,257**	**(1,441,958)**	**17,628,299**	**(119,443)**	**17,508,856**

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ND Department of Human Services * Human Service Centers
Funding for Grant Budget Object Codes in Line Item 70
2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	BOC	Budget Object Code Description	To House 2003 - 2005	General	Federal	Other
410-74-30	DISABILITY SERVICES	8030	Rehabilitation Employment Services	6006	GRANTS, BENEFITS & CLAIMS	10,000	2,130	7,870	-
	DISABILITY SERVICES Total					**10,000**	**2,130**	**7,870**	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8040	Medical Director & Psychiatrists	6006	GRANTS, BENEFITS & CLAIMS	295,320	161,797	86,118	47,405
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8124	CD Social DeTox	6006	GRANTS, BENEFITS & CLAIMS	19,870	19,870	-	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8126	CD Short Term Residential Services	6006	GRANTS, BENEFITS & CLAIMS	333,621	332,721	-	900
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8127	CD ATC - Room & Board	6006	GRANTS, BENEFITS & CLAIMS	300,000	298,976	-	1,024
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8128	CD Alcohol & Drug Services	6006	GRANTS, BENEFITS & CLAIMS	245,000	48,515	172,421	24,064
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8129	CD ATC - Therapeutic	6006	GRANTS, BENEFITS & CLAIMS	235,599	66,664	167,175	1,760
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8149	MH Partnership Program	6006	GRANTS, BENEFITS & CLAIMS	35,000	2,839	30,191	1,970
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8211	SMI Case Management	6006	GRANTS, BENEFITS & CLAIMS	77,000	26,816	46,744	1,440
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8217	SMI Psych - Social Clubs	6006	GRANTS, BENEFITS & CLAIMS	175,000	175,000	-	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8262	SMI Crisis Residential - Room & Board	6006	GRANTS, BENEFITS & CLAIMS	84,737	84,737	-	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8264	SMI Crisis Residential - Therapeutic	6006	GRANTS, BENEFITS & CLAIMS	382,393	288,096	91,639	2,658
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8269	SMI Residential Therapeutic Srv/Semi Ind	6006	GRANTS, BENEFITS & CLAIMS	1,082,456	310,156	771,540	760
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8279	SMI Services for the Homeless (MHSH)	6006	GRANTS, BENEFITS & CLAIMS	12,360	3,788	8,572	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8282	SMI Short Term Inpatient Hospital	6006	GRANTS, BENEFITS & CLAIMS	200,000	200,000	-	-
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total					**3,478,356**	**2,021,975**	**1,374,400**	**81,981**
04 NORTHEAST HSC Total			-			**3,488,356**	**2,024,105**	**1,382,270**	**81,981**

Exhibit 60

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
January 16, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Nancy McKenzie, Regional Director of the Southeast Human Service Center in Fargo. I am here today to provide you an overview of the Southeast Human Service Center budget.

The Center provides human services to the 6-county region that includes Steele, Traill, Cass, Ransom, Sargent, and Richland counties. Staff of the Center provide services to rural areas via a regular outreach schedule. In addition, Southeast manages a residential program for adults with serious mental illness.

This past year (July 2001-June 2002) Southeast Human Service Center served 5305 individuals. The average number served yearly for the past three years was 5457. Service trends show some decrease in numbers of adult clients, and increase in the numbers of children served.

Southeast contracts with 23 private providers for a variety of services, totaling 2 million, or 10% of the Center budget.

The Southeast Human Service Center budget for the upcoming biennium was built taking into consideration the following significant data trends:

- Population: Region V comprises 25.3% of the state's population, which according to the 2000 census data was a 13.6% increase.
- Increase of children: While the number of children in North Dakota decreased, the Region V under 18 population increased by 6.6%.

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- Increase of young adults: The number of adults age 18-34 in Region V also increased by nearly 35% during the last decade.
- Racial Diversity: The 2000 census showed an increase of 23% in the Region V Native American population, and an increase of 206% in "other" race categories.
- Demand for Childen's Services: The number of children's services provided by Southeast Human Service Center has shown significant growth, due primarily to increases in DD case management and parental capacity evaluation referrals.

- Summary of the budget changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
HSCs/Institutions	19,976,814	20,359,709	382,895
Capital Improvements	573,124	564,328	(8,796)
Total	20,549,938	20,924,037	374,099
General	9,376,757	9,690,147	313,390
Federal	9,808,614	10,175,533	366,919
Other	1,364,567	1,058,357	(306,210)
FTEs	191.75	183.20	(8.55)

The Governor's budget includes changes in services based on what was defined as core service for each population group we serve. The areas affected are as follows:

- The budget will show the reduction of one (1) management position from the Dakotah Pioneer residential program. This has no direct effect on client services. This is part of the ongoing plan at SEHSC to streamline administrative/managerial functions and prioritize direct services.

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- The budget will show the reduction of two positions from the Retired Senior Volunteer Program. That program is currently arranging for new agency sponsorship.
- The budget reduces one Activity Therapist position from Adult Services: Services are being transitioned to community locations, and clients will receive individual and group services from both SEHSC staff and other providers.
- Two support positions are reduced in the budget in anticipation of decreased demand when the ROAP computer system is implemented, allowing for more automated scheduling and billing functions.
- The budget will show reduction of one position in the sexual abuse treatment program. This was initially a shared position with a community coalition that has been unable to maintain their funding responsibility. This potentially reduces services available to sexual offenders as part of the community coalition.
- The budget will show the reduction of one adult addiction case management position. This position had been filled a very short time prior to becoming vacant. The client caseload has been assumed by other staff, though this puts some limit on the number of clients who can receive this service.
- One DD Case Manager position is reduced in this budget. This requires that staff assume additional workload and increase caseloads beyond the current limit of 60 clients.
- The budget will show reduction of one Behavior Analyst position. This position provides behavior analysis services to DD providers, which includes special evaluation and treatment plans. Current staff will provide these services as resources allow; providers may need to purchase some of these services from private providers.
- The Southeast Human Service Center budget shows a reduction of the funding for contracted intensive in-home services for children.

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This contract has served approximately 23 families in the past year. This will reduce the level of service intensity available to families of children with serious emotional disorders. Where possible, Center staff will provide some in-home services.

- The budget will show reduction of contracted emergency shelter care services. These funds were used as retainer for three emergency short-term crisis/respite homes and partial social work services. Other facilities will need to be utilized as capacity allows.
- The budget will show reduction of funding to assist in support of community Access & Visitation program (supervised exchange and visitation program for divorced parents).

The budget allows for some increases, funded by Federal Grants:

- Included in the 2003-2005 budget is $420,000 to enhance services to adolescents with substance abuse problems. This funds one additional addiction counselor, one case manager, and additional crisis bed capacity.

Mr. Chairman, this concludes my testimony. I would be happy to answer any questions you might have.

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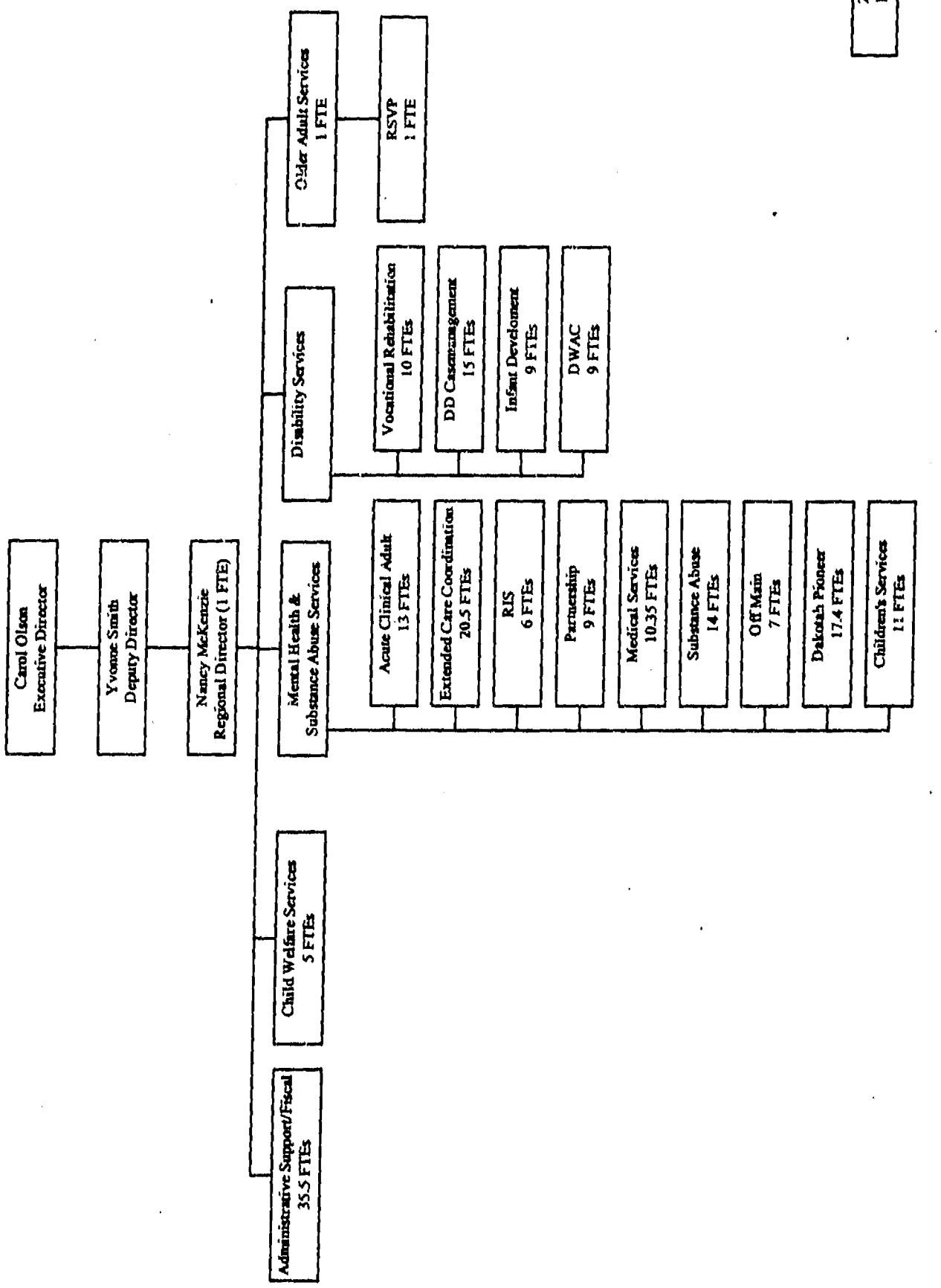
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SOUTHEAST HUMAN SERVICE CENTER



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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		191.750	(8.550)	183.200	0.000	183.200
410-05 SOUTHEAST HSC				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**191.750**	**(8.550)**	**183.200**	**0.000**	**183.200**
50	Capital Improvements	B	5020	OTHER CAPITAL PAYMENTS	541,368	573,124	(8,796)	564,328	0	564,328
410-05 SOUTHEAST HSC				**Capital Improvements TOTALS**	**541,368**	**573,124**	**(8,796)**	**564,328**	**0**	**564,328**
50	Capital Improvements	F	5991	LAND & CPTL IMPRV - GENERAL FUNDS		444,125	11,695	455,820	0	455,820
50	Capital Improvements	F	5992	LAND & CPTL IMPRV - FEDERAL FUNDS		111,092	(2,584)	108,508	0	108,508
50	Capital Improvements	F	5993	LAND & CPTL IMPRV - OTHER FUNDS		17,907	(17,907)	0	0	0
410-05 SOUTHEAST HSC				**Capital Improvements TOTALS**	**0**	**573,124**	**(8,796)**	**564,328**	**0**	**564,328**
70	HSCs and Institutions	B	1001	SALARIES	9,534,093	12,373,336	184,594	12,557,930	(155,619)	12,402,311
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	241,584	202,307	(111,107)	91,200	0	91,200
70	HSCs and Institutions	B	1008	BENEFITS	3,048,922	3,968,213	332,215	4,300,428	(25,197)	4,275,231
70	HSCs and Institutions	B	1900	PAYROLL SUSPENSE		0	33,253	33,253	0	33,253
70	HSCs and Institutions	B	3002	IT-DATA PROCESSING		120	0	120	0	120
70	HSCs and Institutions	B	3003	IT-TELEPHONE	147,819	197,519	1,728	199,247	0	199,247
70	HSCs and Institutions	B	3004	TRAVEL	235,712	312,770	13,420	326,190	0	326,190
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	13,648	15,919	0	15,919	0	15,919
70	HSCs and Institutions	B	3006	UTILITIES	89,388	110,936	1,500	112,436	0	112,436
70	HSCs and Institutions	B	3007	POSTAGE	44,635	59,915	(28)	59,887	0	59,887
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	3,671	3,883	0	3,883	0	3,883
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	77,521	94,071	0	94,071	0	94,071
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	24,047	55,934	(210)	55,724	0	55,724
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	59,258	65,669	3,401	69,070	0	69,070
70	HSCs and Institutions	B	3016	REPAIRS	127,422	181,818	3,500	185,318	0	185,318
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES	355	1,113	0	1,113	0	1,113
70	HSCs and Institutions	B	3019	INSURANCE	1,864	600	0	600	0	600
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	29,228	47,159	(1,338)	45,821	0	45,821
70	HSCs and Institutions	B	3024	PRINTING	31,124	46,178	0	46,178	0	46,178
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	19,348	35,574	15	35,589	0	35,589
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	15,981	24,437	0	24,437	0	24,437
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	12,055	10,526	3,002	13,528	0	13,528
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	16,170	23,277	999	24,276	0	24,276
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	43,067	57,417	1,200	58,617	0	58,617
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000	5,601	5,255	(2,755)	2,500	0	2,500
70	HSCs and Institutions	B	3036	OTHER EQUIPMENT - UNDER $5000		5,400	0	5,400	0	5,400
70	HSCs and Institutions	B	5030	EQUIPMENT OVER $5000		26,800	0	26,800	0	26,800
70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	1,545,847	2,050,668	(80,494)	1,970,174	0	1,970,174

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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
410-05 SOUTHEAST HSC				HSCs and Institutions TOTALS	15,368,340	19,976,814	382,895	20,359,709	(180,816)	20,178,893
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		8,932,632	301,695	9,234,327	(164,016)	9,070,311
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		9,697,522	369,503	10,067,025	(16,800)	10,050,225
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		1,346,660	(288,303)	1,058,357	0	1,058,357
410-05 SOUTHEAST HSC				HSCs and Institutions TOTALS	0	19,976,814	382,895	20,359,709	(180,816)	20,178,893
90	Funding Totals	F	9991	GENERAL FUNDS	6,105,870	9,376,757	313,390	9,690,147	(164,016)	9,526,131
90	Funding Totals	F	9992	FEDERAL FUNDS	8,751,945	9,808,614	366,919	10,175,533	(16,800)	10,158,733
90	Funding Totals	F	9993	OTHER FUNDS	1,051,893	1,364,567	(306,210)	1,058,357	0	1,058,357
				410-05 SOUTHEAST HSC TOTALS	15,909,708	20,549,938	374,099	20,924,037	(180,816)	20,743,221

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NANCY MCKENZIE 03.24.03

ND Department of Human Services * Human Service Centers

Funding for Grant Budget Object Codes In Line Item 70 (6006 - Grants, Benefits & Claims)

2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To House 2003 - 2005	General	Federal	Other
410-75-10	ADMINISTRATION	8501	Center Director Administration	60	120	-	120	109	11	-
	ADMINISTRATION Total			**60**	**120**	**-**	**120**	**109**	**11**	**-**
410-75-20	CHILD WELFARE	8527	Shelter Care	62,708	77,605	(77,605)	-	-	-	-
410-75-20	CHILD WELFARE	8559	Access & Visitation Program	36,036	23,111	(23,111)	-	-	-	-
410-75-20	CHILD WELFARE	8610	WRAP Around Services	11,819	17,702	-	17,702	-	17,702	-
	CHILD WELFARE Total			**110,563**	**118,418**	**(100,716)**	**17,702**	**-**	**17,702**	**-**
410-75-30	DISABILITY SERVICES	8530	Rehabilitation Employment Services	729	500	-	500	106	394	-
410-75-30	DISABILITY SERVICES	8702	DD Infants & Toddlers - Part C General	80	79,885	(77,885)	2,000	43	1,957	-
410-75-30	DISABILITY SERVICES	8703	DD Case Management	1,694	1,918	-	1,918	1,117	801	-
410-75-30	DISABILITY SERVICES	8707	DD Behavioral Analyst	12,263	12,400	(12,400)	-	-	-	-
410-75-30	DISABILITY SERVICES	8709	DD Tracker Services	36	131	-	131	-	131	-
410-75-30	DISABILITY SERVICES	8714	DD Infnts & Toddlrs - Pt C for DD Parnts	11,643	40,000	-	40,000	-	40,000	-
410-75-30	DISABILITY SERVICES	8733	DD Work Activity	512	166	-	166	16	122	28
410-75-30	DISABILITY SERVICES	8739	DD Infant Development	1,294	1,328	-	1,328	704	624	-
	DISABILITY SERVICES Total			**28,251**	**136,328**	**(90,285)**	**46,043**	**1,986**	**44,029**	**28**
410-75-40	OLDER ADULT SERVICES	8612	Aging Services Administration	27,500	27,500	53,300	80,800	-	80,800	-
	OLDER ADULT SERVICES Total			**27,500**	**27,500**	**53,300**	**80,800**	**-**	**80,800**	**-**
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8540	Medical Director & Psychiatrists	79,435	106,271	(56,271)	50,000	28,408	15,956	5,636
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8550	Clinical Population Services	24,031	30,798	-	30,798	15,611	14,064	1,123
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8551	Clinical Population Services - Youth	110	200	-	200	110	72	18
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8624	CD Social DeTox	7,386	5,480	4,432	9,912	6,692	3,220	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8625	CD Emergency Medical	259,071	264,307	(42,748)	221,559	155,836	65,723	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8626	CD Short Term Residential Services	121,903	206,464	57,800	264,264	175,099	89,165	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8628	CD Alcohol & Drug Services	135	270	-	270	120	128	22
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8635	CD Alcohol & Drug Services - Youth	-	6,147	243,853	250,000	49,744	194,723	5,533
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8649	MH Partnership Program	397,265	567,645	(200,000)	367,645	113,903	143,320	110,422
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8650	Intensive In-Home	26,148	-	-	-	-	-	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8711	SMI Case Management	45,317	48,000	12,000	60,000	4,824	52,027	3,149
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8717	SMI Psych - Social Clubs	141,674	178,420	3,246	181,666	181,666	-	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8765	SMI Residential Therapeutic Serv./Group	210	260	-	260	11	246	3
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8767	SMI Residential Room & Board/Semi Indep.	124,040	177,067	31,560	208,627	203,406	-	5,221
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8779	SMI Services for the Homeless (MHSH)	11,409	18,116	-	18,116	6,089	12,027	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8782	SMI Short Term Inpatient Hospital	141,339	158,857	3,335	162,192	162,192	-	-
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total			**1,379,473**	**1,768,302**	**57,207**	**1,825,509**	**1,103,711**	**590,671**	**131,127**
05 SOUTHEAST HSC Total				**1,545,847**	**2,050,668**	**(80,494)**	**1,970,174**	**1,105,806**	**733,213**	**131,155**

Exhibit 4B

Testimony SB 2012
January 15. 2003

Senator Holmberg, members of the committee, my name is Kathy Hogan, I am the Director of Cass County Social Services and I am representing the ND County Social Service Director's Association today.

As most of you are aware, many of the funding issues related to the Department of Human Services budget directly impacts county social service agencies, therefore we will be closely following the many difficult decisions this committee and the legislature will make over the coming months.

The County Director's Association are very concerns about the impact of the budget decisions will have on the low-income, elderly and children in our community and we are equally concerned about impact of budget decisions will have on the county property taxpayer. Often times, the county is expected to address local unmet needs and many counties have very limited financial resources.

We have identified three major funding concerns in SB 2012. First we are very concerned about the needs of "Indian Counties", particularly in the area of child support enforcement. Historically, state funds have been available to supplement local child support funding. Because of the budget problems, those funds were not included in the Governor's budget. Region 3 counties do not have financial resources to make up these costs and it is anticipated that there will be major reduction in services required which could result in non-compliance with federal regulations.

The second area of concern is in funding of Home and Community Based Services for elderly and disabled. Changes in the asset limits, the current SPED freeze all directly impact funding and services at the counties. As the demands of the growing elderly population increase, the impact on counties grows. Full funding of HCBS services is essential.

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The third area of concern is in the funding of child welfare services through the Children's and Family Services Division. As you heard this morning, counties have experienced a number of funding reduction in the current biennium at a time when the standards and requirements for services have grown putting us in a very serious dilemma. Our choices are again to raise property taxes to meet core service requirements or to not comply with state/federal laws. Many of these reductions are $100,000 here or $25,000 there but those all add up. With the increased costs of subsidized adoption and foster care, the counties are being squeezed both financially and programmatically.

We recognize that the state of North Dakota and the Department are facing a serious challenge. We urge that you remember the impact on counties as you make decisions regarding program changes.

Thank you for your time, I would be more than willing to answer any questions.

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TESTIMONY

N. D. HOUSE APPROPRIATIONS
SUB-COMMITTEE ON HUMAN SERVICES
March 6, 2003

Chairman Delzer, Members of the Committee, my name is Michon Sax. I am the County Director for the County Social Service Boards of McKenzie and Williams Counties. Today I am representing the North Dakota County Social Service Directors Association. Thank you for the opportunity to address the concerns of the County Social Service Directors relative to the Department of Human Services' budget.

The programs that are administered by the county agencies are, with a few exceptions, directly linked to the North Dakota Department of Human Services. We are concerned about potential fiscal impacts to some of the programs that we administer with the Department, based on the status of the Department's budget at Crossover.

Of particular concern is the SPED Program, Service Payments to the Elderly and Disabled. This is the third biennium the monies for services provided under Home and Community Based Services, particularly SPED, has been underfunded and not kept pace with the need for in-home care for the eligible elderly and disabled in our state. There are now over two hundred (200) individuals waiting for in-home services. Some of those people were not given an opportunity to apply, but were told, "you can only inquire" because of the need for applicants to be placed in a "pool". While waiting in

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the pool, some individuals have died or had to enter a nursing home before they wanted. By taking away an individual's choice, we have taken away their dignity and respect.

SB 2083 and the amendments to SB 2012 further restrict eligibility for SPED by reducing the allowable asset level to $20,000. The countable assets are all inclusive with the exception of the primary residence. This is more restrictive than eligibility for Medical Assistance. Spousal impoverishment allows the spouse of a nursing home resident to retain the primary residence, a vehicle, $2,260 per month in income and $90,660 in assets. Eligibility for services funded by SPED is much more restrictive than Medical Assistance. The average monthly cost of SPED is $420.89 as compared with the monthly average cost for nursing home care at $3,700.

In Mr. Zentner's testimony of 2-26-03, he indicated the Department of Human Services is proposing a consideration of lowering the community spouse levels for eligibility to be consistent with the minimum allowed by federal regulations. Doing this would bring the eligibility levels for SPED and Medical Assistance for nursing home clients closer to each other based on the proposed asset reduction for SPED. This may result in many more disabled and elderly in the state becoming vulnerable adults and in need of Adult Protective Services.

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County social service agencies are responsible for the administration of the economic assistance programs for the state of North Dakota. As counties administer the economic assistance programs, they are dependent on the

state designed computer systems. Without this technology we would be unable to adequately serve and meet the needs of the eligible clients in our state. Economic assistance programs administered through the County Social Service Board are enhanced by technology. We are able to access and utilize data, build reports, provide timely benefits to clients, utilize e-mail for communication, and customize information for the needs of the agency; to name a few. In order to maintain the integrity of the economic assistance programs for the state of North Dakota, it is imperative that maintenance dollars are available within the Technology Budget to keep these programs viable.

Relative to the cuts in Medical Assistance of Durable Medical Equipment, Optometry, and Psychological Services, we are concerned about the loss of the safety net for truly low income individuals in need of these services. Having nowhere else to turn, if these individuals look to counties to cover these costs, this, again, could be an example of state responsibility being shifted to county government.

We're very concerned about the cuts to Child Welfare Services in the Department's budget. If these cuts come to pass, it will mean counties may not be able to procure expert witnesses in legal proceedings in Juvenile

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Court. It will mean that parents will not be able to visit their children in foster care as often. It will mean that fewer children and families will receive Family Focused and Parent Aide services. It will mean that parents of medically fragile children will not receive desperately needed Respite Care so that they can continue to provide care for these delicate children. It will mean that fewer families will receive needed Intensive In-Home Services. It will mean that a larger share of the cost of doing Child Abuse and Neglect assessments will be transferred from state responsibility to county responsibility.

While we appreciate the fiscal dilemma facing the State, we also appreciate the obligation we all have to ensure that programs and services are available for the most vulnerable people in our state.

I would attempt to answer any questions you may have.

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North Dakota Department of Human Services
Information to the House
2003-2005 Biennium

Employee Turnover Rate

	Average of Last Two Years
Central Office	8.3%
Human Service Centers	10.3%
State Hospital	10.3%
Developmental Center	11.8%

Estimated Effects of SWAP Legislation

	Avoided County Costs & Corresponding Additional Cost to the State
1999-2001	4.4 million
2001-2003	9.7 million
2003-2005 (Budget to OMB)	12.1 million

House_turnover_Swap 3/3/2003 dm

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Terry Traynor, 03.19.03

53 County Indirect Cost Allocation Plans
July 2001 - June 2002

Reimbursements Generated by 53 County Plans

a. State (DHS) retains for SWAP programs	1,248,874
b. Counties receive for non-SWAP	992,798
Total Reimbursements	2,241,672

Consultant Fee

c. Federal reimbursement for fee on SWAP Programs	71,828
d. Federal reimbursement for fee on non-SWAP	57,100
e. Balance of Fee paid by counties	165,972
Total Consultant's Fee	294,900

Net Recoveries

f. County net recoveries (Line b less line e)	826,826
g. State (DHS) Net recoveries (same as gross-no costs)	1,248,874
Total Net Recoveries	2,075,700

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Exhibit 5I

SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATONS
SENATOR RAY HOLMBERG, CHAIRMAN
JANUARY 16, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Alex C. Schweitzer of the Department of Human Services. I am here today to provide you an overview of the North Dakota Developmental Center budget area.

- **The North Dakota Developmental Center provides the following services for Developmentally Disabled Individuals:**

  - **Residential and Day Services for Developmentally Disabled individuals with psychiatric diagnoses and significant challenging behaviors.**

  - **Residential, Day and Treatment Services for Developmentally Disabled males dealing with sexual offending behaviors.**

  - **Traumatic Brain Injury Services for four individuals.**

  - **Medical, Residential and Day Services for Developmentally Disabled individuals who are totally dependent on staff to complete daily cares and have medical concerns that require nursing staff accessibility 24 hours per day.**

  - **Dual Sensory Unit for individuals diagnosed with profound retardation and vision and hearing disabilities, who also have severe medical conditions and require complicated care.**

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- Facility space is used by over 15 other agencies and businesses (e.g. Migrant Health, Veterans Administration, NEHSC satellite, Kinder Prep, Domestic Violence, Sharpies Floral and Congregate Housing).

- The changes in the Governor's budget from the 2001 – 2003 budget to the 2003 – 2005 budget request reflect the 95% budget as recommended by the Governor. The 95% budget level will not negatively impact the operations of the Developmental Center. The total population increases from the current count of 151 individuals to 161 individuals because of the transfer of Developmentally Disabled patients from the State Hospital. (See Attachment A.) The Developmental Center will attempt to place 15 individuals to community based services during the 2003-2005 biennial period.

(See Attachment B for admission and discharge trends for the Developmental Center.)

Significant Changes:

- Unfund 15.10 positions to a total of 458.04 full time equivalents

- Reduce Overtime costs

- Reduce temporary salary costs

- Reduce operating expenses

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Page Three: North Dakota Developmental Center Testimony

- **The addition of $1,665,810 in a Federal Funding Reimbursement Option that enhances total revenue for the State of North Dakota.**

- **Change the method for selling products from Dakota East and lease the gift shop to a private business**

- **OVERVIEW OF BUDGET CHANGES:**

DESCRIPTION	2001-2003 BUDGET	2003-2005 REQUEST	INCREASE/ DECREASE
FTEs	**473.14**	**458.04**	**(15.10)**
EXPENSES			
Operating Expenses	40,165,023	41,511,050	**1,346,027**
Capital Improvements	951,993	637,203	**(314,790)**
TOTAL EXPENSES	**$41,117,016**	**$42,148,253**	**$1,031,237**
REVENUE			
GENERAL FUNDS	10,849,718	9,913,773	**(935,945)**
FEDERAL FUNDS	27,981,002	29,552,380	**1,571,378**
OTHER FUNDS	2,286,296	2,682,100	**395,804**
TOTAL REVENUE	**$41,117,016**	**$42,148,253**	**$1,031,237**

This concludes my testimony. I would be glad to answer any questions on the Developmental Center budget.

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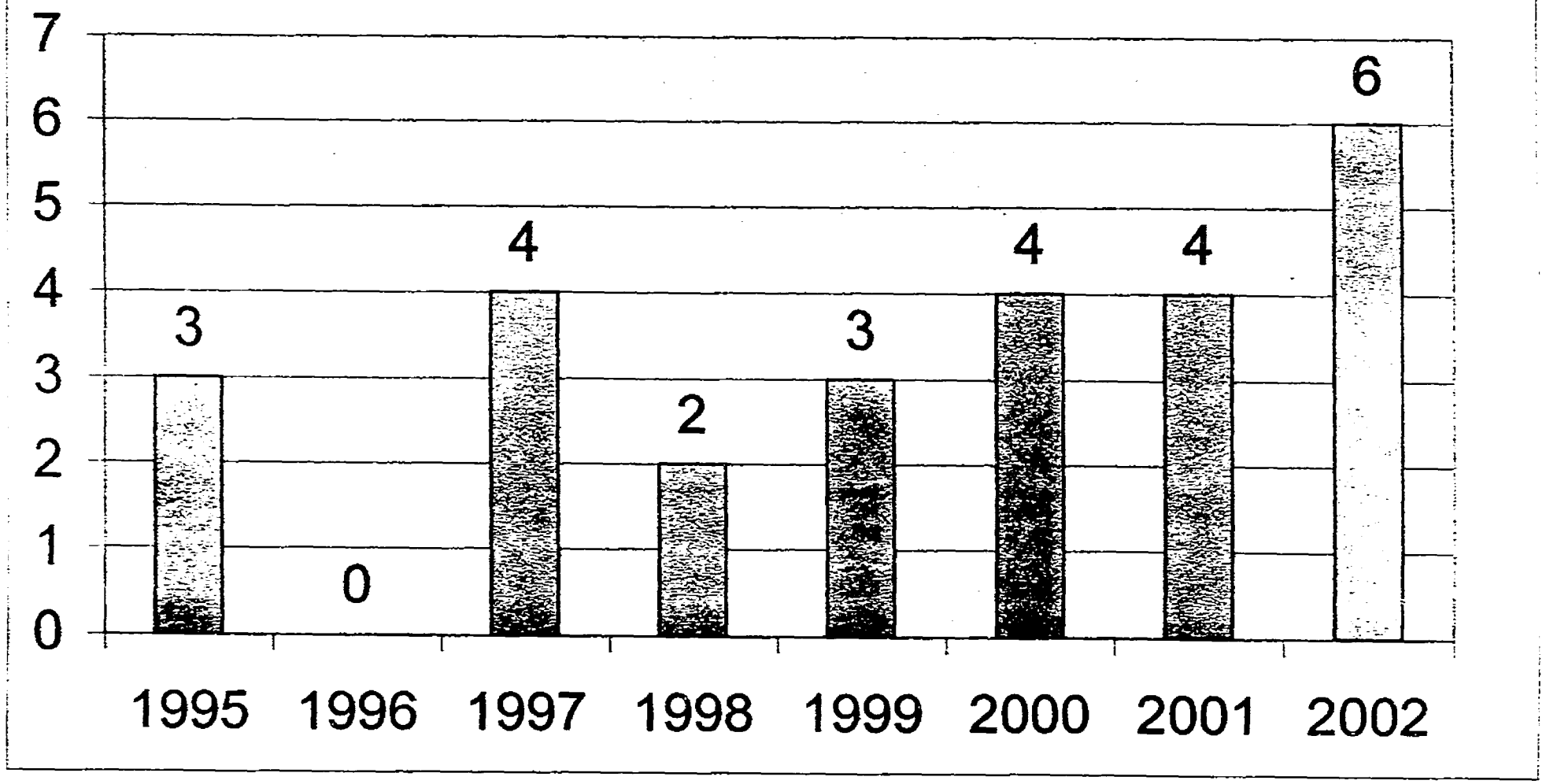
Developmental Center Admissions from the State Hospital



Attachment A

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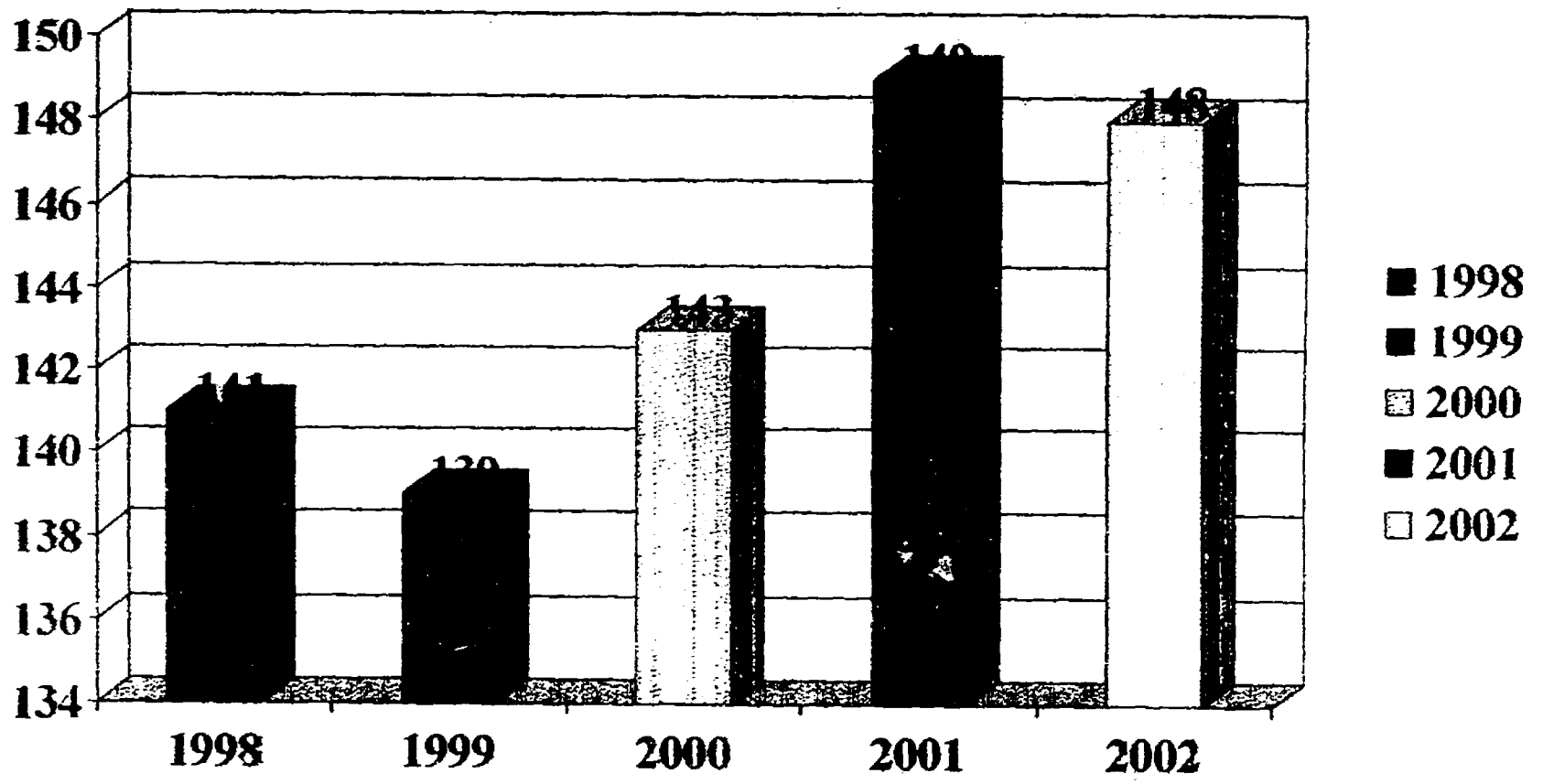
North Dakota Department of Human Services-Developmental Center
2003-2005 Biennium
Average Census by Calendar Year 1998-2002



Attachment B

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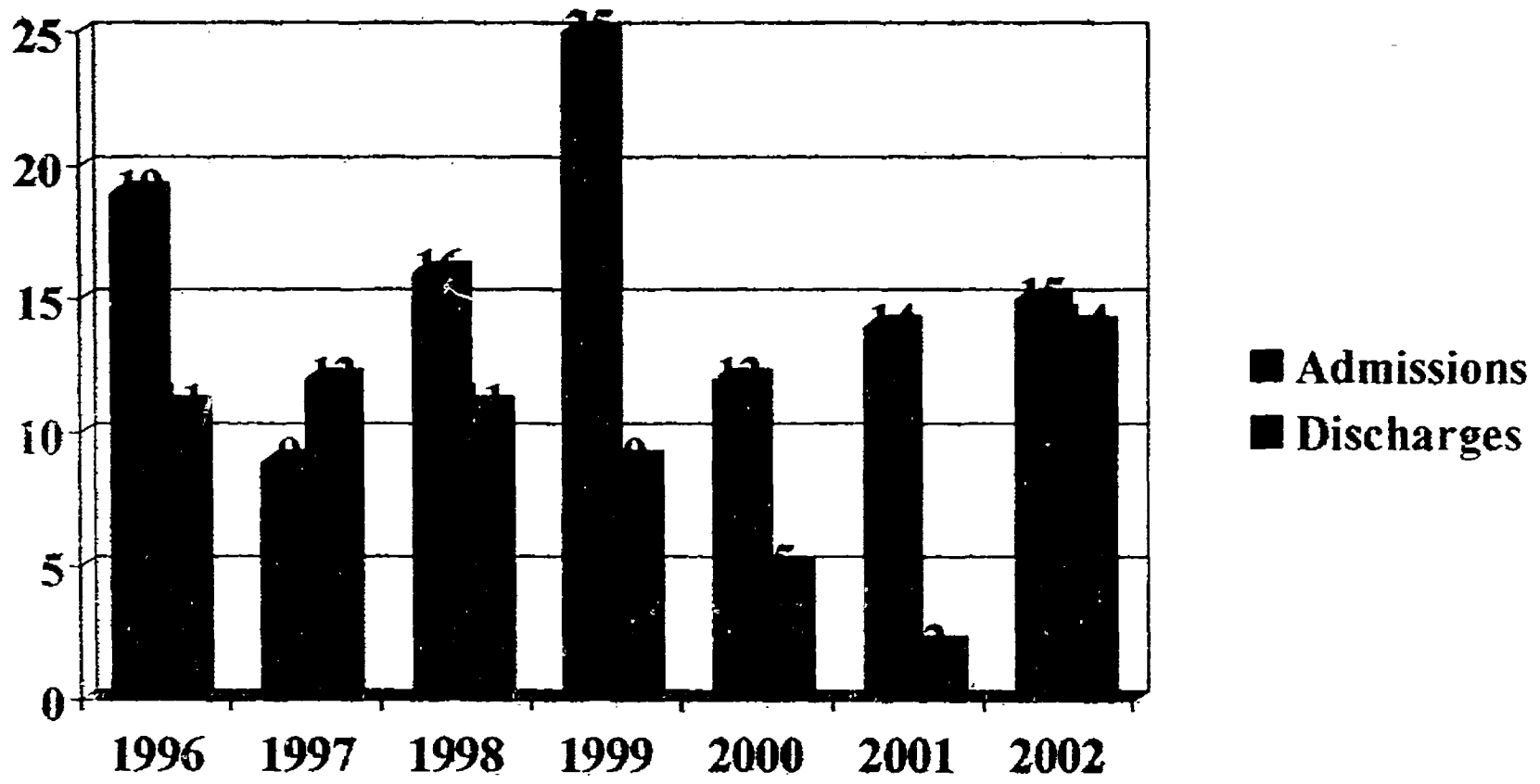
North Dakota Department of Human Services-Developmental Center
2003-2005 Biennium
Admissions and Discharges by Calendar Year 1996-2002



Attachment B

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS COMMITTEE
REPRESENTATIVE KEN SVEDJAN, CHAIRMAN
FEBRURARY 26, 2003

Chairman Svedjan, Members of the House Appropriations Committee, I will now provide an overview of the 2003 – 2005 North Dakota Developmental Center budget request.

- The North Dakota Developmental Center provides the following services for Developmentally Disabled individuals:

  - Residential and Day Services for Developmentally Disabled individuals with psychiatric diagnoses and significant challenging behaviors.

  - Residential, Day and Treatment Services for Developmentally Disabled males dealing with sexual offending behaviors.

  - Traumatic Brain Injury Services for four individuals.

  - Medical, Residential and Day Services for Developmentally Disabled individuals who are totally dependent on staff to complete daily cares and have medical concerns that require nursing staff accessibility 24 hours per day.

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10-14-03
Date

- Dual Sensory Unit for individuals diagnosed with profound retardation and vision and hearing disabilities, who also have severe medical conditions and require complicated care.

- Facility space is used by over 15 other agencies and businesses (e.g. Migrant Health, Veterans Administration, NEHSC satellite, Kinder Prep, Domestic Violence, Sharpies Floral and Congregate Housing).

- The Executive Budget Request for the 2003 – 2005 biennium:

  - The change from the 2001 – 2003 budget to the 2003 – 2005 budget request reflects the 95% budget as recommended by the Governor. The 95% budget level will not negatively impact the operations of the Developmental Center.

  - The total population increases from the current count of 151 individuals to 161 individuals because of the transfer of Developmentally Disabled patients from the State Hospital. (See Attachment B.)

  - The Developmental Center will attempt to place 8 individuals to community-based services during the 2003-2005 biennial period.

  (See Attachment C., for admission and discharge trends for the Developmental Center.)

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- **Significant Changes:**
  - **Unfund 15.10 positions to a total of 458.04 full time equivalents**
  - **Reduce Overtime costs**
  - **Reduce temporary salary costs**
  - **Reduce operating expenses**
  - **The addition of $1,665,810 in a Federal Funding Reimbursement Option that enhances total revenue for the State of North Dakota.**
  - **Change the method for selling products from Dakota East and lease the gift shop to a private business**

The Senate made the following changes to the Executive Budget:

- **Removes the Governor's recommendation for state employees salary increases. The total for the Developmental Center is $340,137.**
- **Reduces funding from the general fund in the amount of $1 million dollars. The department may determine the specific areas to reduce.**

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Developmental Center Budget:

DESCRIPTION	2001- 2003 BUDGET	2003 – 2005 EXECUTIVE BUDGET	INCREASE/ DECREASE	SENATE INC/DEC.	SENATE CHANGES
FTEs	473.14	458.04	(15.10)	-	-
EXPENSES					
Operating/Salaries	40,165,023	41,511,050	1,346,027	(1,340,137)	$40,170,913
Cap. Improvements	951,993	637,203	(314,790)	-	-
TOTAL EXPENSES	$41,117,016	$42,148,253	$1,031,237	(1,340,137)	$40,808,116
REVENUE					
GENERAL FUNDS	10,849,718	9,913,773	(935,945)	(1,090,309)	$8,823,464
FEDERAL FUNDS	27,981,002	29,552,380	1,571,378	(249,828)	29,302,552
OTHER FUNDS	2,286,296	2,682,100	395,804	-	-
TOTAL REVENUE	$41,117,016	$42,148,253	$1,031,237	(1,340,137)	$40,808,116

- Impact of the Senate changes on the North Dakota Developmental Center:
  - The Center would not be able to fill 9 vacant direct care full time equivalents that are currently being processed for filling for a reduction of $632,471.

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- The Center would not be able to open a living area to provide services for the current growth of the Center's population.

- The remaining $367,529 reduction could come from these budget reductions:

  - Decrease in external medical contracts. ($186,677).

  - Eliminate all overtime cost. ($180,852).

This concludes my testimony on the Developmental Center budget. I would be glad to answer any questions on the Developmental Center budget.

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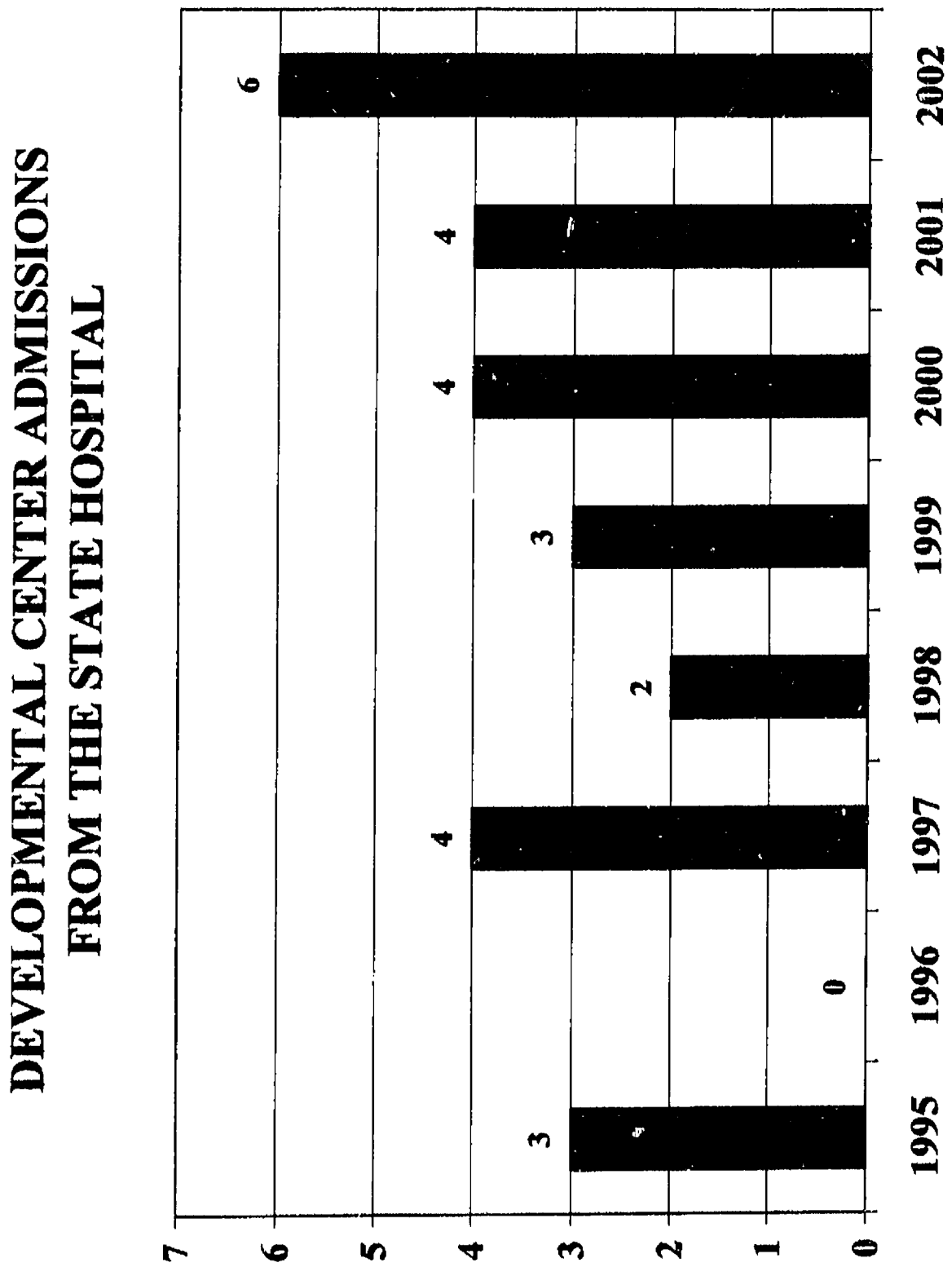
10-14-03 — Date

ATTACHMENT B



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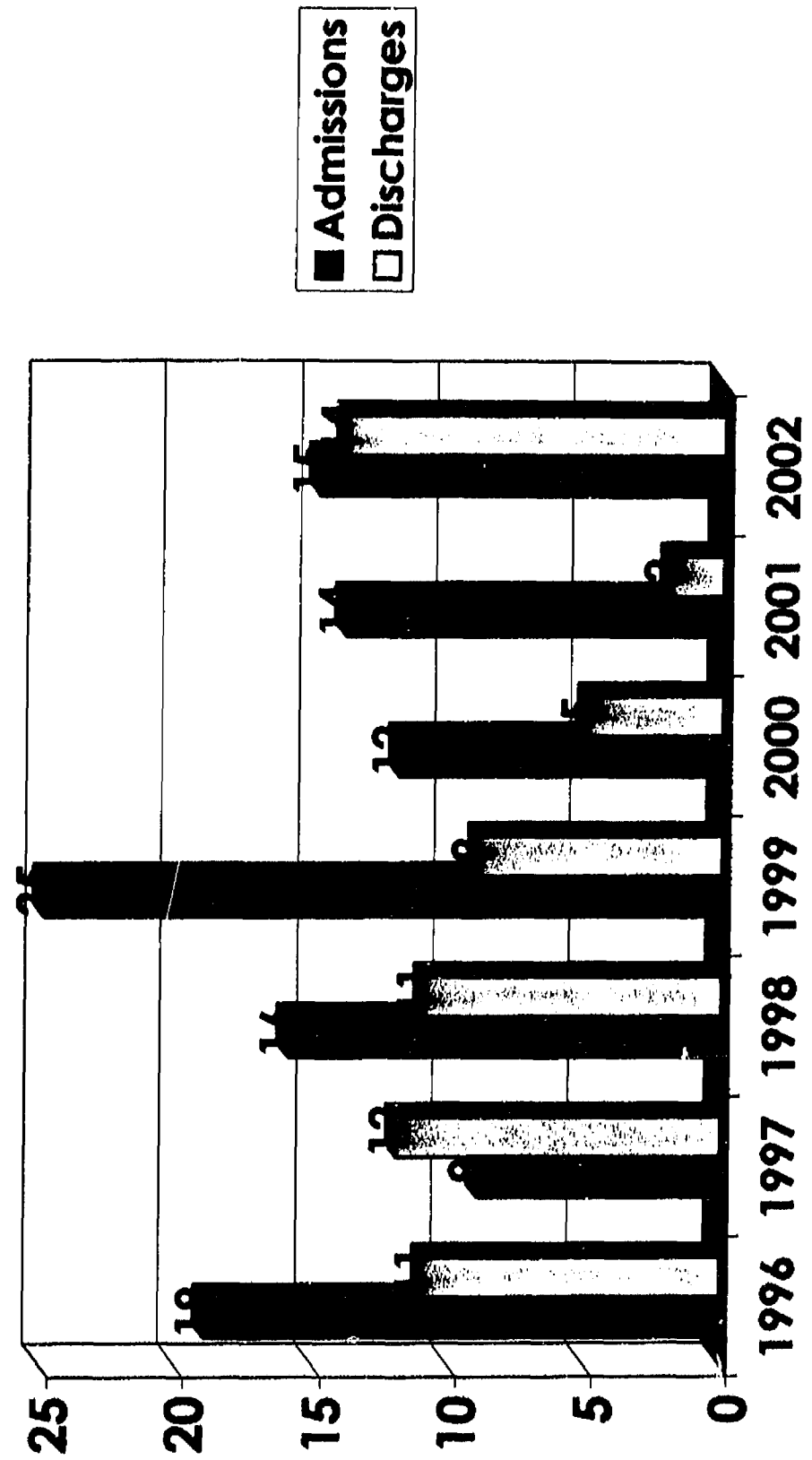
ATTACHMENT C



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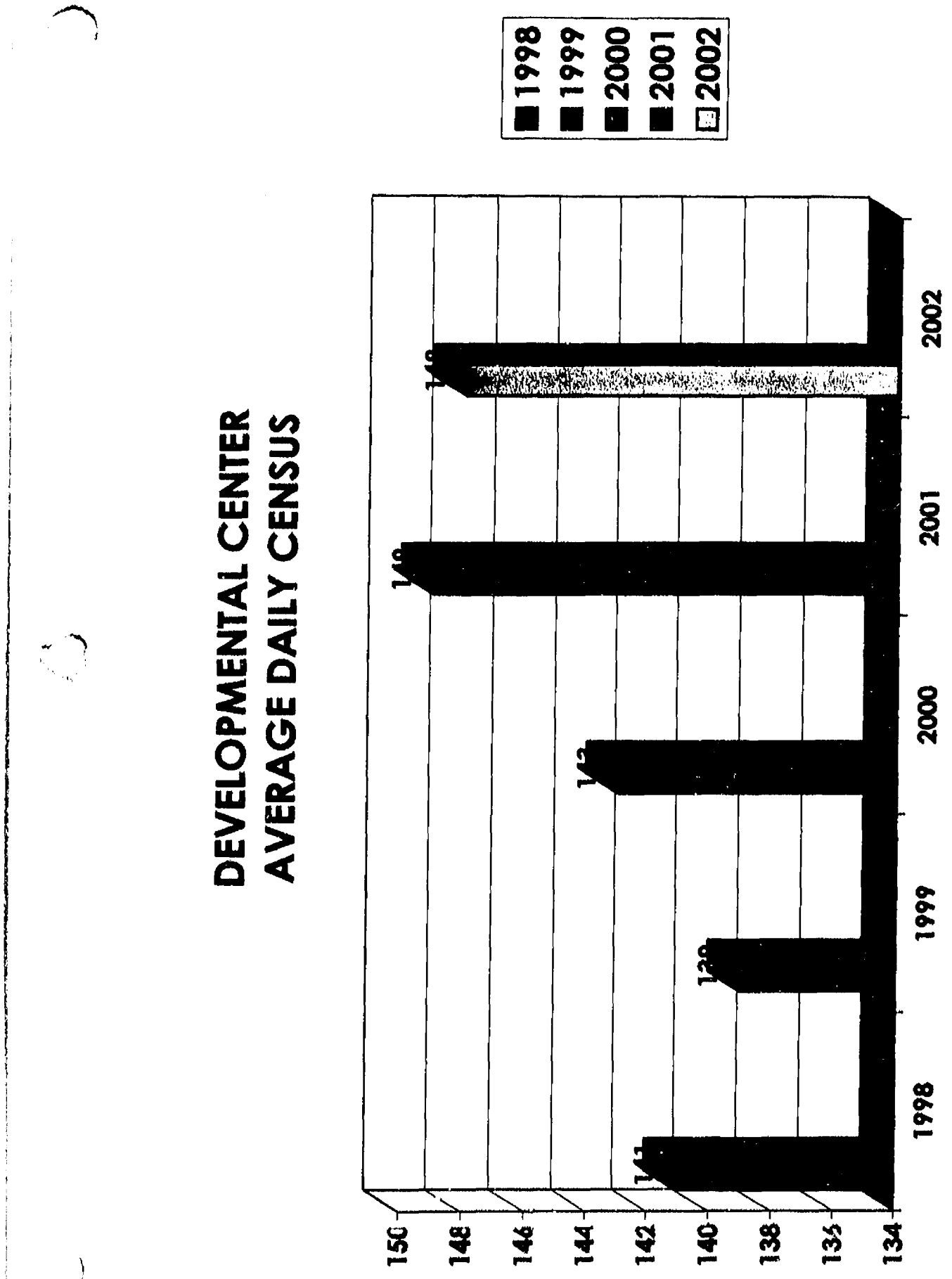
ATTACHMENT C



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TESTIMONY
Developmental Center - Grafton, ND
Senator Harvey Tallackson
District 16

Many changes have been made since the court case and the judge's decision to de-institutionalize the center. The population is now right around 150 patients. These are people who can't be in public and private places because of behavior and medicinal purposes.

The Developmental Center acts as a safety net for persons who are having problems in group homes or other facilities.

The indiscriminate cuts made by the Senate of 1 million from the Developmental Center and 2.2 million from the State Hospital are devastating to these facilities. The 1 million cut of the Developmental Center triggers a loss of 3 million in federal funds for the center and would severely cripple the center.

The community of Grafton and the state have combined their efforts to make use of vacant and unused buildings at the Developmental Center. I have attached a map of the center's grounds and buildings.

1. Metro plains converted old north A & B buildings into senior and low cost housing apartments. These apartments are full and there is a waiting list.

2. Prairie View building houses Special Education, Head Start program and a Day Care Center.

3. Midway building houses the Spouse Abuse program and the food pantry.

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TESTIMONY
Developmental Center - Grafton, ND
Senator Harvey Tallackson
District 16

4. Collette Auditorium is a health fitness club open to the surrounding area on a membership basis.

5. A walking and bicycle path is available on the north and west side of the center in cooperation with the park board.

So you can see, this is an efficient and useful campus with a minimum staff and funded 2/3 federal and 1/3 state. It is vitally important that the 1 million dollar cut be restored to the Governor's 95% budget.

Harvey Tallackson

Senator Harvey Tallackson
District 16 - Grafton

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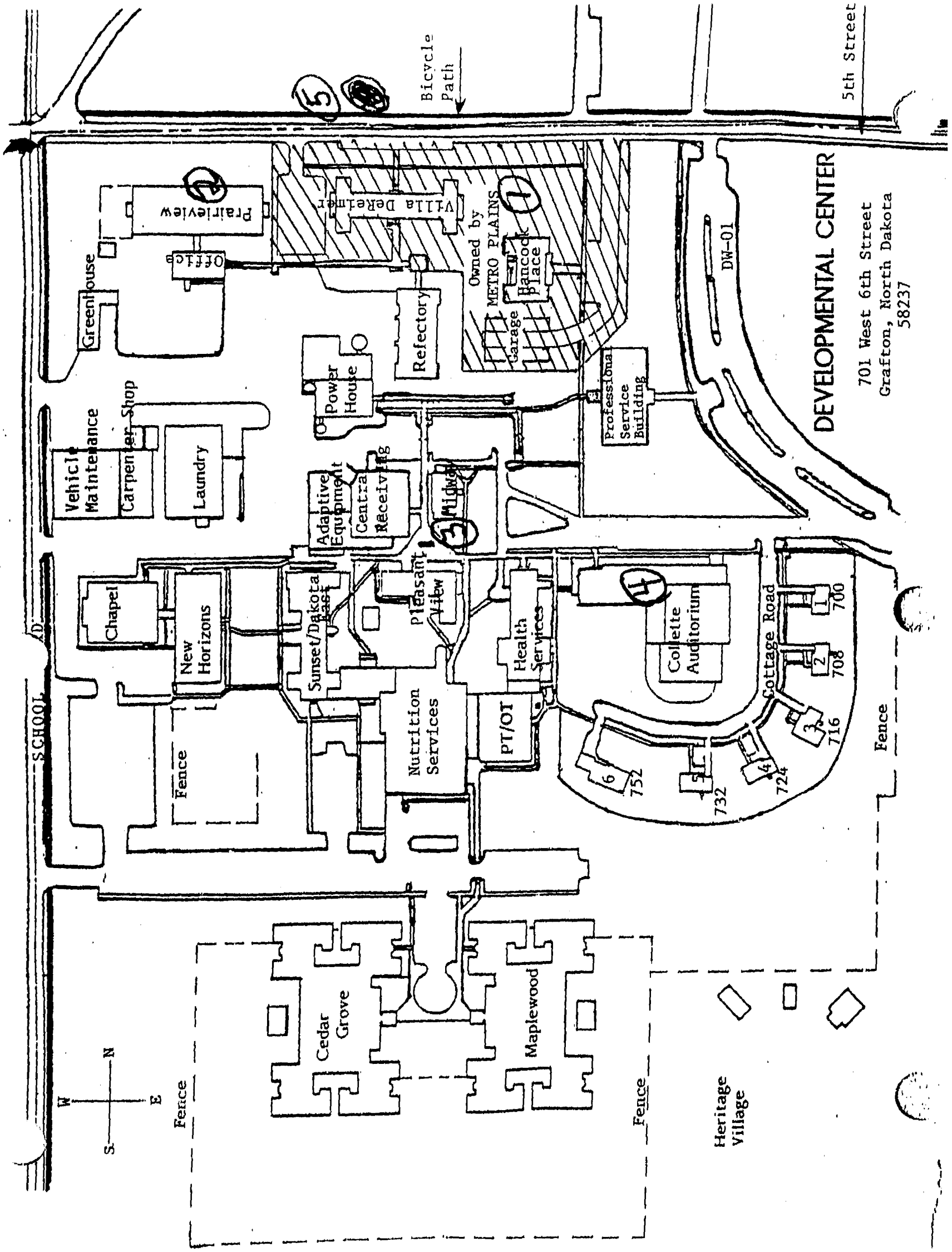

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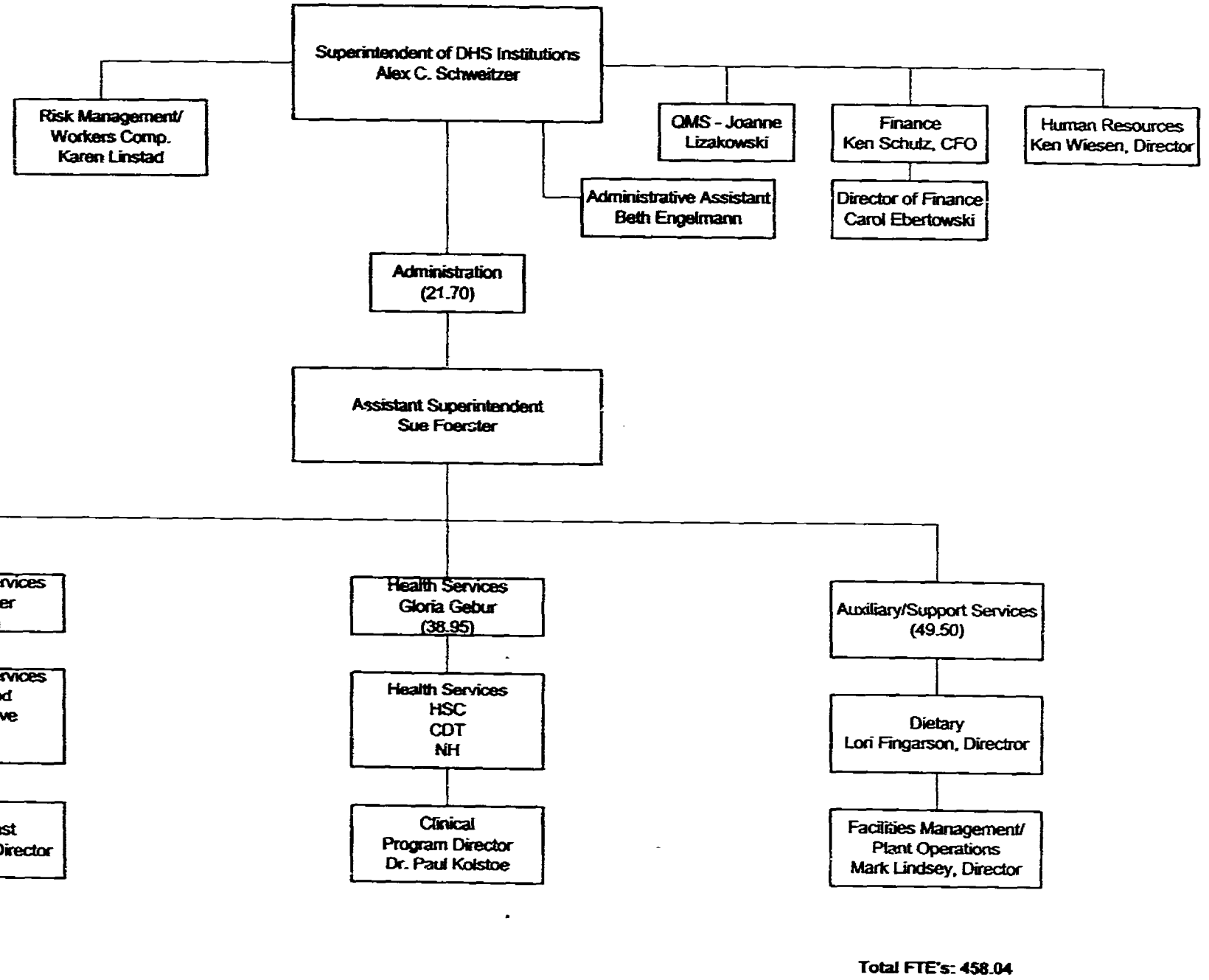
ALEX SCHWEITZER. 03.14.03

Developmental Center

March 2003



Total FTE's: 458.04

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ALEX SCHWEITZER, 03.14.03

North Dakota Developmental Center

Health Services:

Nursing Administration	7.50
Dental Services	1.70
Pharmacy Services	2.80
Lab Services	2.50
Physical Therapy	8.15
Occupational Therapy	5.30
Adaptive Equipment	4.00
Speech Services	2.00
Psychology Services	3.00
Social Services	2.00
Total	38.95

Administration:

Superintendent (Beth)	1.00
Finance	8.50
Human Resources	4.00
Safety and Security	3.00
Quality Management Services	2.00
Staff Development	3.20
Total	21.70

Residential Services:

Clerical Services	2.20
Dakota East	50.00
Chapel	.80
HSC – Dual Sensory	16.50
NH – Sexual Health	20.50
NH – Adm.	2.00
MW – Living 1	18.00
MW – Eric	6.00
MW – Living 2	18.00
MW – Living 3	26.00
MW – Living 4	35.80
MW – Adm.	7.00
CG – Living 1	31.30
CG – Living 3	28.00
CG – Living 4	29.50
CG – Adm.	7.00
Unit Nursing	30.89
HSC – III	16.40
Collette Fitness	2.00
Total	347.89

Auxiliary Services:

Dietary	30.00
Laundry	1.00
Plant Operations	16.50
Custodial Services	2.00
Total	49.50

Total FTE's: 458.04

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03.14.05.

DEVELOPMENTAL CENTER
REVENUE COMPARISON

REVENUE SOURCES	2001-03	TO OMB 2003-05	OMB ADJUST	GOVERNOR'S 2003-05 BUDGET	VARIANCE	COMMENTS
GENERAL FUNDS	9,887,725	8,878,791	397,779	9,276,570	(611,155)	
Cap. Improvements - General Funds	961,993	637,203		637,203	(324,790)	
TOTAL GENERAL FUNDS	**10,849,718**	**9,515,994**	**397,779**	**9,913,773**	**(935,945)**	
FEDERAL FUNDS						
Medical Assistance	27,981,002	28,735,027	817,353	29,552,380	1,571,378	Federal Funding Reimbursement Option
TOTAL FEDERAL FUNDS	**27,981,002**	**28,735,027**	**817,353**	**29,552,380**	1,571,378	=$1,665,810
OTHER FUNDS						
Unidentified Other Authority	133,473	0	0	0	(133,473)	Adjustment to '01-03 Budget
Recipient Liability	1,150,224	1,534,484	43,316	1,577,800	427,576	Increase Recip. Liab. Collections
Rent	143,000	141,000	0	141,000	(2,000)	
Collette	161,500	170,000	0	170,000	8,500	
Dakota	290,000	288,000	0	288,000	(2,000)	
Sale of Salvage	0	6,000	0	6,000	6,000	
Lab Fees	80,000	90,000	0	90,000	10,000	Slight increase in VA business
Food Service	140,000	140,000	0	140,000	0	
Adaptive Equipment	60,000	83,000	0	83,000	23,000	Higher insurance revenue
Miscellaneous Collections*	128,099	186,300	0	186,300	58,201	Expect more probate collections
TOTAL OTHER FUNDS	**2,286,296**	**2,638,784**	**43,316**	**2,682,100**	**395,804**	
TOTAL REVENUE	**41,117,016**	**40,889,805**	**1,258,448**	**42,148,253**	**1,031,237**	

KEN SCHULZ, 03.14.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		473.140	(15.100)	458.040	0.000	458.040
430-01 DEVELOPMENTAL CENTER				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**473.140**	**(15.100)**	**458.040**	**0.000**	**458.040**
50	Capital Improvements	B	5905	LAND & BUILDINGS	111,811	302,759	(302,759)	0	0	0
50	Capital Improvements	B	5020	OTHER CAPITAL PAYMENTS	613,502	649,234	(12,031)	637,203	0	637,203
430-01 DEVELOPMENTAL CENTER				**Capital Improvements TOTALS**	**725,313**	**951,993**	**(314,790)**	**637,203**	**0**	**637,203**
50	Capital Improvements	F	5991	LAND & CPTL IMPRV - GENERAL FUNDS		905,708	(268,505)	637,203	0	637,203
50	Capital Improvements	F	5993	LAND & CPTL IMPRV - OTHER FUNDS		46,285	(46,285)	0	0	0
430-01 DEVELOPMENTAL CENTER				**Capital Improvements TOTALS**	**0**	**951,993**	**(314,790)**	**637,203**	**0**	**637,203**
70	HSCs and Institutions	B	1001	SALARIES	17,513,298	22,883,087	590,990	23,474,077	(923,492)	22,550,585
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	859,360	1,129,011	(530,211)	598,800	(180,852)	417,948
70	HSCs and Institutions	B	1008	BENEFITS	6,724,555	9,343,553	430,172	9,773,725	(49,116)	9,724,609
70	HSCs and Institutions	B	3003	IT-TELEPHONE	162,571	199,420	(18,629)	180,791	0	180,791
70	HSCs and Institutions	B	3004	TRAVEL	259,692	285,882	(34,289)	251,593	0	251,593
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	8,117					
70	HSCs and Institutions	B	3006	UTILITIES	1,015,130	1,446,873	(133,123)	1,313,750	0	1,313,750
70	HSCs and Institutions	B	3007	POSTAGE	24,005	21,628	(1,990)	19,638	0	19,638
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	46,636	74,017	(3,028)	70,989	0	70,989
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	80	107	(107)	0	0	0
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	25,882	52,208	(1,193)	51,015	0	51,015
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	186,472	382,372	1,620,210	2,002,582	0	2,002,582
70	HSCs and Institutions	B	3016	REPAIRS	366,945	559,340	(84,915)	474,425	0	474,425
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES	214,125	349,676	(30,984)	318,692	(186,677)	132,015
70	HSCs and Institutions	B	3019	INSURANCE	72,681	91,913	(17,367)	74,546	0	74,546
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	53,304	81,450	(14,000)	67,450	0	67,450
70	HSCs and Institutions	B	3024	PRINTING	123,933	153,051	(16,523)	136,528	0	136,528
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	20,920	38,362	(9,258)	29,104	0	29,104
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	953,298	1,213,676	(72,655)	1,141,021	0	1,141,021
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	695,550	845,519	(42,206)	803,313	0	803,313
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	338,398	545,527	(137,145)	408,382	0	408,382
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	267,596	392,571	(71,942)	320,629	0	320,629
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000	1,724					
70	HSCs and Institutions	B	3036	OTHER EQUIPMENT - UNDER $5000	32,875	75,780	(75,780)	0	0	0
430-01 DEVELOPMENTAL CENTER				**HSCs and Institutions TOTALS**	**29,967,147**	**40,165,023**	**1,346,027**	**41,511,050**	**(1,340,137)**	**40,170,913**

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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		9,944,010	(667,440)	9,276,570	(1,090,309)	8,186,261
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		27,981,002	1,571,378	29,552,380	(239,692)	29,312,688
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		2,240,011	442,089	2,682,100	(10,136)	2,671,964
430-01 DEVELOPMENTAL CENTER				**HSCs and Institutions TOTALS**	**0**	**40,165,023**	**1,346,027**	**41,511,050**	**(1,340,137)**	**40,170,913**
90	Funding Totals	F	9991	GENERAL FUNDS	10,755,184	10,849,718	(935,945)	9,913,773	(1,090,309)	8,823,464
90	Funding Totals	F	9992	FEDERAL FUNDS	18,408,256	27,981,002	1,571,378	29,552,380	(239,692)	29,312,688
90	Funding Totals	F	9993	OTHER FUNDS	1,529,020	2,286,296	395,804	2,682,100	(10,136)	2,671,964
				430-01 DEVELOPMENTAL CENTER TOTALS	**30,692,460**	**41,117,016**	**1,031,237**	**42,148,253**	**(1,340,137)**	**40,808,116**

03.14.03
ALEX SCHWEITZER
KEN SCHULZ

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
		HEALTH SERVICES				
6003	NURSE PRACT	HOLT, KATHY M.	1.000		1.000	9706
6006	ADM ASST II	SCHRANK, CHERYL K.	1.000		1.000	9706
6007	NURSE PRACTITIONER	HEDLUND, SHARON A.	1.000		1.000	9706
6014	HEALTH SERV ADM DIR	GEBUR, GLORIA D.	1.000		1.000	9706
6030	SENIOR RES SUPV	BERG, ANNE L.	1.000		1.000	9706
6249	CUST, INST	BUCK, LORI A.	1.000		1.000	9706
6270	CUST, INST	WERSINGER, RAYMOND F.	1.000		1.000	9706
6319	ACT ASST II	V A C A N C Y	0.500		0.500	9706
6319	ACT ASST II	V A C A N C Y = UF =	0.500	(0.500)	-	9706
		NURSING - ADMINISTRATION	**8.000**	**(0.500)**	**7.500**	**9706 Total**
6000	DENTIST	DIETER, DR. JEFFREY J.	0.700		0.700	9707
6000	DENTIST	V A C A N C Y = UF =	0.300	(0.300)	-	9707
6010	DENTAL HYGIENIST	GRIFFIN, MARY L.	1.000		1.000	9707
		DENTAL SERVICES	**2.000**	**(0.300)**	**1.700**	**9707 Total**
6011	PHARMACIST II	OFFUTT, SANDRA L.	0.800		0.800	9708
6012	PHARMACIST I	LUTOVSKY, KIMBALL A.	1.000		1.000	9708
6013	PHARMACY TECHNICIAN	WASLASKI, JENNY R.	1.000		1.000	9708
		PHARMACY SERVICES	**2.800**	**-**	**2.800**	**9708 Total**
6029	MED LAB TECH II(PRC)	V A C A N C Y	0.500		0.500	9709
6116	MED TECH II	PRIGGE, NORINE D.	1.000		1.000	9709
6117	MED LAB TECH II	ERICKSON, NANCY J.	1.000		1.000	9709
		LAB SERVICES	**2.500**	**-**	**2.500**	**9709 Total**
6118	PT DIRECTOR	WIESEN, MOLLY A.	1.000		1.000	9710
6120	PT AIDE	JALLO, DEBRA D.	1.000		1.000	9710
6121	PT AIDE	HECK, SHARI J.	1.000		1.000	9710
6123	PT AIDE	SAMUELSON, HARLEY J.	1.000		1.000	9710
6124	PT	KUBOUSEK, LYNN G.	0.150		0.150	9710
6124	PT	MUIR, KERRY L.	0.500		0.500	9710
6125	PT	OLSON, KIMBERLY D.	0.500		0.500	9710
6128	PT AIDE	FUGERE, DOLORES S.	1.000		1.000	9710
6129	ADM ASST II	LINSTAD, KAREN K.	1.000		1.000	9710
6314	ADM ASST I	MITCHELL, JOANN L.	1.000		1.000	9710
		PHYSICAL THERAPY	**8.150**	**-**	**8.150**	**9701 Total**
6130	COTA II	SLOMINSKI, NATALIE R.	0.500		0.500	9711
6130	COTA II	MOE, DENISE K.	0.500		0.500	9711
6131	OT	GEMMILL, JULIE K.	0.800		0.800	9711
6132	OT DIRECTOR	DUSEK, MARY K.	0.500		0.500	9711
6135	COTA II	MORPHIS, LISA A.	1.000		1.000	9711
6138	OT	McDERMOTT-HINEY,SHEILA J.	0.500		0.500	9711
6138	OT	JOHNSON, TRACEY L.	0.500		0.500	9711
6509	COTA II	OFFERDAHL, PATRICIA M.	1.000		1.000	9711
		OCCUPATIONAL THERAPY	**5.300**	**-**	**5.300**	**9711 Total**
6142	DIRECTOR OF AEC	OLSON, DONALD N.	1.000		1.000	9712
6144	ADES II	SZKLARSKI, ALLAN E.	1.000		1.000	9712
6145	ADES II	REISS, KENNETH A.	1.000		1.000	9712
6146	ADES I	RANEY, DAVID R.	1.000		1.000	9712
		ADAPTIVE EQUIPMENT CENTER	**4.000**	**-**	**4.000**	**9712 Total**
6290	BEH MOD SPEC II	BLAIR, RICK A.	1.000		1.000	9713
6463	PSYCH I (exempt)	ORVEDAL, LAURIE L.	1.000		1.000	9713
6861	LIC PSYCH II	KOLSTOE, DR. PAUL D.	1.000		1.000	9713
		PSYCHOLOGY SERVICES	**3.000**	**-**	**3.000**	**9713 Total**
6664	SP PATH III/DIRECTOR	HOUSKA, CHRIS A.	0.200		0.200	9714
6665	SP PATH III/DIRECTOR	HOUSKA, CHRIS A.	0.300		0.300	9714
6665	SP PATH III (PRC)	V A C A N C Y -- H O L D	0.500		0.500	9714

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Operator's Signature 10-14-03 Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6863	SP PATH III	CALLAHAN, JULIE A.	1.000		1.000	9714
		SPEECH SERVICES	**2.000**	**-**	**2.000**	**9714 Total**
6513	SOCIAL WKR II	COOK, MICHAEL W.	1.000		1.000	9717
6666	SOCIAL WKR II (CP)	VAVROVSKY, KEITH G.	1.000		1.000	9717
		SOCIAL SERVICES	**2.000**	**-**	**2.000**	**9717 Total**
		TOTAL HEALTH SERVICES	**39.750**	**(0.800)**	**38.950**	
		AUXILIARY SERVICES				
6148	FOOD SERV DIR III	FINGARSON, LORI A.	1.000		1.000	9721
6152	COOK I	NYBO, MICHAEL J.	1.000		1.000	9721
6153	COOK I	McMILLAN, BETTY A.	0.500		0.500	9721
6153	COOK I	KADLEC, PHYLLIS A.	0.500		0.500	9721
6154	COOK I	HUMPHRIES, SANDRA J.	0.500		0.500	9721
6154	COOK I	MORENO, GRISELDA D.	0.500		0.500	9721
6155	COOK I	V A C A N C Y	1.000		1.000	9721
6156	COOK II	VILLARREAL, AMY M.	1.000		1.000	9721
6157	COOK I	SIEBEN, MARY K.	0.500		0.500	9721
6157	COOK I	SIMON, ZITA M.	0.500		0.500	9721
6159	COOK I	ROESLER, CHRISTINE A.	1.000		1.000	9721
6160	COOK I	VANEK, RUTH E.	1.000		1.000	9721
6162	COOK II	KOTASKA, PEARL H.	1.000		1.000	9721
6163	COOK I	JACOBSON, SUSAN J.	1.000		1.000	9721
6164	COOK I	DOMINGUEZ, MISTY I.	1.000		1.000	9721
6165	COOK I	AMUNDSON, BEATRICE L.	0.500		0.500	9721
6165	COOK I	SAMUELSON, VIOLET A.	0.500		0.500	9721
6168	COOK I	DALEY, REANE S.	1.000		1.000	9721
6169	COOK I	HERNANDEZ, ALICIA D.	1.000		1.000	9721
6170	COOK I	ELLINGSON, DENISE R.	1.000		1.000	9721
6171	COOK I	BOGERT, LINDA F.	1.000		1.000	9721
6172	COOK I	DVORAK, EUGENIA R.	0.500		0.500	9721
6172	COOK I	WEST, JOANN B.	0.500		0.500	9721
6173	COOK I	MONETTE, LAURA K.	1.000		1.000	9721
6175	COOK I	HOLLIS, JASON M.	1.000		1.000	9721
6176	FOOD SERV SUPV III	WOHL, DEBRA J.	1.000		1.000	9721
6179	COOK I	FRIER, SANDRA J. (X)	1.000		1.000	9721
6181	COOK I	LARMAN, GLORIA J.	1.000		1.000	9721
6182	DIETITIAN II	SCHROEDER, BRENDA K.	1.000		1.000	9721
6184	COOK I	V A C A N C Y	1.000		1.000	9721
6185	CUST, INST	ZIDON, ROBERT W.	1.000		1.000	9721
6189	COOK II	HILDEBRANDT, VIOLA	1.000		1.000	9721
6194	COOK I	FRENCH, GERALDINE F.	1.000		1.000	9721
6195	COOK I	MATCHA, DUSTIN M.	1.000		1.000	9721
6197	FOOD SERV ASST	ENG, MIKE G.	1.000		1.000	9721
6289	ADM ASST I	V A C A N C Y = UF =	1.000	(1.000)	-	9721
		DIETARY SERVICES	**31.000**	**(1.000)**	**30.000**	**9721 Total**
6209	VOC TRAIN TECH	LYSENGEN, JANICE R.	1.000		1.000	9722
		LAUNDRY SERVICES	**1.000**	**-**	**1.000**	**9722 Total**
6064	MAINT MECHANIC I	FUGERE, RANDOLPH J.	1.000		1.000	9723
6217	MAINT WKR II	NELSON, RICHARD A.	0.500		0.500	9723
6219	HTG PLANT OP I	V A C A N C Y	1.000		1.000	9723
6220	HTG PLANT OP II	UTHKE, MARTIN J.	1.000		1.000	9723
6222	HTG PLANT OP II	BYZEWSKI, TAD A.	1.000		1.000	9723
6223	HTG PLANT OP II	NELSON, LEON S.	1.000		1.000	9723
6224	HTG PLANT OP I	V A C A N C Y	1.000		1.000	9723

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NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6225	PHY PLANT DIR II	JORGENSON, DONALD J.	1.000		1.000	9723
6226	PLUMBER I	LINDELL, JOHN S.	1.000		1.000	9723
6228	ELECTRICIAN II (PRC)	V A C A N C Y	1.000		1.000	9723
6229	ELECTRICIAN II	HALLIDAY, HARRIS F.	1.000		1.000	9723
6233	CARPENTER II	SCHLENK, JAMES L.	1.000		1.000	9723
6235	PLUMBER I	BESSETTE, GENE G.	1.000		1.000	9723
6236	CARPENTER III	MARTIN, WAYNE A.	1.000		1.000	9723
6237	PAINTER III	HUNSBERGER, RON F.	1.000		1.000	9723
6238	PAINTER II	BOURA, MAVIS H.	1.000		1.000	9723
6241	MAINT WKR II	JASTER, MILES D.	1.000		1.000	9723
6242	LAND/GROUNDS SUPV	V A C A N C Y = UF =	1.000	(1.000)	-	9723
		PLANT OPERATION	**17.500**	**(1.000)**	**16.500**	**9723 Total**
6259	CUSTODIAL SUPV I	GOODRIE, CRAIG C.	1.000		1.000	9732
6261	CUST, INST	LIETZ, KENNETH M.	1.000		1.000	9732
6910	CUSTODIAN	V A C A N C Y = UF =	1.000	(1.000)	-	9732
		CUSTODIAL SERVICES	**3.000**	**(1.000)**	**2.000**	**9732 Total**
		TOTAL AUXILIARY SERVICES	**52.500**	**(3.000)**	**49.500**	
		ADMINISTRATION				
6247	SECURITY OFF I	JOHNSON, DEAN A. = UF =	1.000	(1.000)	-	9733
6327	SAFETY/SECURITY SUPV	BAXTER, RUSSELL W.	1.000		1.000	9733
6328	SECURITY OFF II	WOSICK, DARYL R.	1.000		1.000	9733
6329	SECURITY OFF I	GANYO, DENNIS J.	1.000		1.000	9733
6403	SECURITY OFF I	FAY, JOHN E. = UF =	1.000	(1.000)	-	9733
		SAFETY AND SECURITY	**5.000**	**(2.000)**	**3.000**	**9733 Total**
6284	ADM ASST III	ENGELMANN, MARY E.	1.000		1.000	9761
		SUPERINTENDENT	**1.000**	**-**	**1.000**	**9761 Total**
6023	ACCT MANAGER I	EBERTOWSKI, CAROL M.	1.000		1.000	9764
6191	ACCT TECH I	SLUKE, MARY C.	1.000		1.000	9764
6215	ACCT TECH I	MACHART, TERRI A.	1.000		1.000	9764
6278	ACCT TECH I	KRINGSTAD, KELLY J.	1.000		1.000	9764
6292	MATERIEL MGMT SUPV	McGREGOR, GERALDINE A.	1.000		1.000	9764
6294	ADM ASST I	V A C A N C Y = UF =	1.000	(1.000)	-	9764
6295	ACCT TECH II	SHEREK, VERNA L.	1.000		1.000	9764
6299	STOREKEEPER I	V A C A N C Y = UF =	1.000	(1.000)	-	9764
6304	OFFICE ASST II	DEMERS, ARDITH J.	0.500		0.500	9764
6306	OFFICE ASST II	V A C A N C Y = UF =	0.500	(0.500)	-	9764
6309	ACCT TECH I	GANYO, NANCY S.	1.000		1.000	9764
6310	ACCT TECH II	LARSON, KATHY K.	1.000		1.000	9764
		FINANCE	**11.000**	**(2.500)**	**8.500**	**9764 Total**
6282	PERSONNEL DIR II	WIESEN, KENNETH J.	1.000		1.000	9767
6296	ACCT TECH II	FOERSTER, JANET M.	1.000		1.000	9767
6315	PERSONNEL ASST	ANDERSON, DIANE M.	1.000		1.000	9767
6316	PERSONNEL OFF II	GRZADZIELESKI, RENAE J.	1.000		1.000	9767
		HUMAN RESOURCES	**4.000**	**-**	**4.000**	**9767 Total**
6324	HSPA III	LIZAKOWSKI, JOANN E.	1.000		1.000	9769
6559	ADM ASST II	CLAPP, VICKI R.	1.000		1.000	9769
		QUALITY ASSURANCE	**2.000**	**-**	**2.000**	**9769 Total**
6317	TRAINING OFF II	FIESTEMAYER, RUSSELL E.	1.000		1.000	9770
6321	ADM ASST I	MITZIGA, TAMMY L.	1.000		1.000	9770
6672	OFFICE ASST III	HAGGERTY, KAREN J.	0.200		0.200	9770
6813	DIR OF PROF DEV	WILSON, MARYBETH	1.000		1.000	9770
		STAFF DEVELOPMENT	**3.200**	**-**	**3.200**	**9770 Total**

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NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
		TOTAL ADMINISTRATION	**26.200**	**(4.500)**	**21.700**	
		RESIDENTIAL LIVING				
6297	ACT THER II	MARTIN, MICHELE M.	1.000		1.000	9724
6716	ACT ASST II	PETERSON, KRISTEN N.	1.000		1.000	9724
		COLLETTE FITNESS CENTER	**2.000**	**-**	**2.000**	**9724 Total**
6887	ADM ASST II	JASTER, MARY M.	1.000		1.000	9802
6889	OFFICE ASST III	OLSON, KIM A.	0.200		0.200	9802
6891	OFFICE ASST III	NOVAK, BONITA L.	1.000		1.000	9802
		CLERICAL SERVICES	**2.200**	**-**	**2.200**	**9802 Total**
6338	VOC TRAIN TECH	DALEY, JEROME L.	1.000		1.000	9804
6339	VOC TRAIN TECH	SHIREK, KATHY M.	1.000		1.000	9804
6340	VOC TRAIN TECH	CLEMETSON, CARMEN F.	1.000		1.000	9804
6341	VOC TRAIN TECH	SCHNELLBACH, BECKY M.	1.000		1.000	9804
6342	ADM ASST II	GALLAGHER, JOLENE S.	1.000		1.000	9804
6343	VOC TRAIN TECH	PUPPE, NANCY L.	1.000		1.000	9804
6344	VOC TRAIN TECH	DEMERS, EILEEN N.	1.000		1.000	9804
6345	VOC TRAIN TECH	McBAIN, SANDRA K.	1.000		1.000	9804
6347	VOC TRAIN TECH	MACHOVSKY, DOREEN D.	1.000		1.000	9804
6348	VOC TRAIN TECH	V A C A N C Y	1.000		1.000	9804
6350	VOC TRAIN TECH	ELKE, RAYMOND D.	1.000		1.000	9804
6353	VOC TRAIN TECH	BELL, NANCY K.	1.000		1.000	9804
6356	VOC TRAIN TECH	CHRISTINSON, ROSEMARY L.	1.000		1.000	9804
6357	VOC TRAIN TECH	SZKLARSKI, JAMES A.	1.000		1.000	9804
6359	VOC TRAIN TECH	HALVORSON, LEE K.	1.000		1.000	9804
6360	VOC TRAIN TECH	FLATEN, TODD L.	1.000		1.000	9804
6361	VOC TRAIN TECH	SLIVICKI, SUSAN K.	1.000		1.000	9804
6363	VOC TRAIN TECH	SAMDAHL, TINA M.	1.000		1.000	9804
6364	VOC TRAIN TECH	SAMUELSON, KARI L.	1.000		1.000	9804
6365	VOC TRAIN TECH	McFARLAND, HELEN J.	1.000		1.000	9804
6366	VOC TRAIN TECH	DVORAK, BONNY L.	1.000		1.000	9804
6367	VOC TRAIN TECH	HOOEY, JENNIFER M.	1.000		1.000	9804
6368	VOC TRAIN TECH	SCHULTZ, ROSE M.	1.000		1.000	9804
6369	VOC TRAIN TECH	BABB, JENNIFER L.	1.000		1.000	9804
6370	VOC TRAIN TECH	EINARSON, SHEREE L.	1.000		1.000	9804
6373	VOC TRAIN TECH	V A C A N C Y	1.000		1.000	9804
6374	VOC TRAIN TECH	HALLIDAY, PAMELA J.	1.000		1.000	9804
6375	VOC TRAIN TECH	LINDELL, SHARYL R.	1.000		1.000	9804
6376	VOC TRAIN TECH	BURGER, KATHLEEN M.	1.000		1.000	9804
6377	VOC TRAIN TECH	MACHOVSKY, DALLAS D.	1.000		1.000	9804
6379	VOC TRAIN TECH	FRENCH, PATTI J.	1.000		1.000	9804
6380	VOC TRAIN TECH	PETERSON, KEVIN M.	1.000		1.000	9804
6381	ACTIVITY THER III	KOHLER, DANIEL M.	1.000		1.000	9804
6382	HSPA IV	LINDSEY, MARK F.	1.000		1.000	9804
6383	VOC TRAIN TECH	BURNS, PHYLLIS I.	1.000		1.000	9804
6384	VOC TRAIN TECH	HALVORSON, COLLEEN M.	1.000		1.000	9804
6387	VOC TRAIN TECH	WEBSTER, JULIE L.	1.000		1.000	9804
6388	VOC TRAIN TECH	BRANDT, MAXINE A.	1.000		1.000	9804
6392	VOC TRAIN TECH	LARSON, PHYLLIS J.	1.000		1.000	9804
6393	ACTIVITY THER III	NESS, JANICE I.	1.000		1.000	9804
6395	VOC TRAIN TECH	WYSOCKI, SHERI L.	1.000		1.000	9804
6401	VOC TRAIN TECH	EINARSON, MARK S.	1.000		1.000	9804
6855	VOC TRAIN TECH	BARSTAD, ALDEN H.	1.000		1.000	9804
6858	VOC TRAIN TECH	GOODOIEN, JOYCE E.	1.000		1.000	9804

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NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6859	VOC TRAIN TECH	MARKEL, KATHY J.	1.000		1.000	9804
6872	VOC TRAIN TECH	WATKINS, ROBYN M.	1.000		1.000	9804
6873	VOC TRAIN TECH	FERGUSON, BARBARA J.	1.000		1.000	9804
6879	VOC TRAIN TECH	V A C A N C Y = UF =	1.000	(1.000)	-	9804
6880	VOC TRAIN TECH	ATKINS, JOANNE K.	1.000		1.000	9804
6883	VOC TRAIN TECH	SONDELAND, SHARON M.	1.000		1.000	9804
6884	ACTIVITY THER III	HEAZLETT, MARGARET M.	1.000		1.000	9804
		DAKOTA ENTERPRISES	**51.000**	**(1.000)**	**50.000**	**9804 Total**
6672	OFFICE ASST III	SCHMALTZ, JULIE A.	0.800		0.800	9805
		CHAPEL	**0.800**	**-**	**0.800**	**9805 Total**
6037	DTT	VELASQUEZ, ALICIA	1.000		1.000	9811
6447	DTT (N)	TIBERT, TIMOTHY L.A.	1.000		1.000	9811
6473	ASST RES SUPV	SURITA, SILVIA	1.000		1.000	9811
6484	DTT	JEFFORDS, REBECCA L.	1.000		1.000	9811
6499	DTT (N) *	LEEDAHL, DANNY L.	1.000		1.000	9811
6503	DTT II (N)	PAPENFUSS, KAY L.	0.500		0.500	9811
6567	DTT	V A C A N C Y -- H O L D	1.000		1.000	9811
6572	DTT	JELINEK, REBECCA A.	1.000		1.000	9811
6602	DTT	SHILLING, AMY J.	1.000		1.000	9811
6610	DTT	BURNETT, JENNIFER L.	1.000		1.000	9811
6650	DTT	BE, KIM LEE	1.000		1.000	9811
6685	ASST RES SUPV	AAS, MARGO A.	1.000		1.000	9811
6736	ASST RES SUPV (N)	DEIMOLD, ANNELIESE M.	1.000		1.000	9811
6783	DTA	MONGEON, KIMBERLY S.	1.000		1.000	9811
6785	DTT	ORTIZ, ANA MARIA C.	1.000		1.000	9811
6812	RUPC/QMRP	SABOURIN, TRUDY R.	1.000		1.000	9811
6840	DTT	LOPEZ, PATRICIA R.	1.000		1.000	9811
		HSC - DUAL SENSORY IMPAIRED	**16.500**	**-**	**16.500**	**9811 Total**
6443	DTT	MUNOZ, GARY D.	1.000		1.000	9812
6483	DTT	GILLESPIE, THOMAS D.	1.000		1.000	9812
6592	ASST RES SUPV	SKJORDAL, LISA J.	1.000		1.000	9812
6642	DTT	LIETZ, MICHAEL E.	1.000		1.000	9812
6745	DTT	V A C A N C Y	1.000		1.000	9812
6907	DTT	SWANSON, SHERRI L.	1.000		1.000	9812
		MAPLEWOOD - ERIC	**6.000**	**-**	**6.000**	**9812 Total**
6027	RUPC/QMRP	V A C A N C Y = UF =	1.000	(1.000)	-	9814
6059	DTT	MONTES, ADAM L.	1.000		1.000	9814
6072	DTT	URIELL, SUEANN M.	1.000		1.000	9814
6103	DTT	BRAATEN, JOLAYNE K.	0.500		0.500	9814
6231	DTT	ENSRUDE, STACIE L.	1.000		1.000	9814
6441	DTT II	HAMMOND, SHIRLEY R.	1.000		1.000	9814
6458	DTT II	BETZ, JENNIFER K.	0.500		0.500	9814
6459	DTT II	FREDERICKSEN, LYLE W.	1.000		1.000	9814
6470	ASST RES SUPV	SCHLENK, LOIS M.	1.000		1.000	9814
6501	DTT	SONDRESON, LAWRENCE A.	1.000		1.000	9814
6630	DTT (N)	V A C A N C Y	1.000		1.000	9814
6690	DTT (N)	EK, PHAL	1.000		1.000	9814
6701	DTT (N) *	GERSZEWSKI, MARY M.	1.000		1.000	9814
6768	DTT	PETRON, MICHELE A.	1.000		1.000	9814
6769	DTT	BEAVERS, ROBERT D.	1.000		1.000	9814
6809	ASST RES SUPV	ANDERSON, LOUANN	1.000		1.000	9814
6868	DTT II	KOSOBUD, SUSAN F.	1.000		1.000	9814
6900	DTT II	LANGLEY, CONNIE L.	0.500		0.500	9814
6900	DTT II	NEWTON, EVELYN F.	0.500		0.500	9814
6901	DTT II	LANGLEY, CONNIE L.	0.500		0.500	9814
6902	DTT II	SKJORDAL, BECKY J.	1.000		1.000	9814

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Theresa A. Lee
Operator's Signature

10-14-03
Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6903	DTT II	BERG, JERRALYN L.	1.000		1.000	9814
6904	DTT II	KOSOBUD, JOSEPH J.	1.000		1.000	9814
6906	DTT	LaFONTAINE, TRINA R.	1.000		1.000	9814
		NH - SEXUAL HEALTH	**21.500**	**(1.000)**	**20.500**	**9814 Total**
6279	CUSTODIAN	FALLER, ROSEMARY	1.000		1.000	9816
6871	SENIOR RES SUPV	HURST, MARIE R.	1.000		1.000	9816
		NH - ADMINISTRATION	**2.000**	**-**	**2.000**	**9816 Total**
6050	DTT	GUTHMILLER, KATHRYN A.	1.000		1.000	9821
6073	DTT	TRENDA, ALBERT D.	1.000		1.000	9821
6216	DTT	NILLES, JAMES P.	1.000		1.000	9821
6428	DTT II (N)	MORAN, JOYCE M.	1.000		1.000	9821
6439	DTT	MORAN, MICHAEL A.	1.000		1.000	9821
6468	DTT	MELL, KAREN M.	1.000		1.000	9821
6478	DTT	CAMPBELL, COREY A.	1.000		1.000	9821
6501	DTT	MOERI, THOMAS C.	1.000		1.000	9821
6519	DTT II (PRC)	LILLICO, AMANDA D.	1.000		1.000	9821
6547	DTT	OMDAHL, MARK J.	1.000		1.000	9821
6595	DTT	PAPENFUSS, BRYAN L.	1.000		1.000	9821
6599	DTT II	ANDERSON, RODNEY L.	1.000		1.000	9821
6673	DTT	NELSON, JANET M.	1.000		1.000	9821
6674	DTT	CHAPMAN, KRISTI J.	1.000		1.000	9821
6687	DTT II (N) *	BESSETTE, MITCHELL J.	1.000		1.000	9821
6724	ASST RES SUPV	THOMPSON, WANDA E.	1.000		1.000	9821
6744	DTT	V A C A N C Y	1.000		1.000	9821
6755	DTT (N) *	PLADSON, BRENT L.	1.000		1.000	9821
		MW - LIVING 1	**18.000**	**-**	**18.000**	**9821 Total**
6409	DTT	WARD, MARLYS E.	1.000		1.000	9822
6415	ASST RES SUPV	JOHNSON, ROBERT D.	1.000		1.000	9822
6449	DTT	WILMER, JEFFREY L.	1.000		1.000	9822
6465	RUPC/QMRP	FREDERICKSON, KEVIN B.	1.000		1.000	9822
6485	DTT II	HAJICEK, SONYA M.	1.000		1.000	9822
6506	DTT	FRENCH, KARISSA K.	1.000		1.000	9822
6555	DTT	COLLINS, RANDALL S.	1.000		1.000	9822
6563	ASST RES SUPV	HOLWEGER, SHARON A.	1.000		1.000	9822
6579	DTT	CUDMORE, JANA C.	1.000		1.000	9822
6604	DTT	ROLLNESS, WAYNE J.	1.000		1.000	9822
6622	DTT	AGUADO, ROSALINDA	1.000		1.000	9822
6627	DTT (N) *	RICHARDSON, PAULETTE M.	1.000		1.000	9822
6679	DTT II	SHOCKLEY, MARK A.	1.000		1.000	9822
6680	DTT II (N)	PECKA, JULIE A.	1.000		1.000	9822
6684	DTT (N) *	DAY, ROBERT	1.000		1.000	9822
6692	DTT	YEM, PAMELA J.	1.000		1.000	9822
6766	DTT	TIMIAN, DONALD J.	1.000		1.000	9822
6833	DTT	V A C A N C Y	1.000		1.000	9822
		MW - LIVING 2	**18.000**	**-**	**18.000**	**9822 Total**
6065	DTT II	THIEL, SUSAN R.	1.000		1.000	9823
6291	DTT II	DIETRICH, LINDA J.	1.000		1.000	9823
6431	DTT	SYRUP, YOLANDA K.	1.000		1.000	9823
6435	ASST RES SUPV (N)	ELLINGSON, KIMBERLY K.	1.000		1.000	9823
6461	RUPC/QMRP	ELLINGSON, DIANNE K.	1.000		1.000	9823
6467	DTT	MORAN, PAUL J.	1.000		1.000	9823
6517	DTT	MORAN, BRIAN J.	1.000		1.000	9823
6522	DTT	SEVERSON, DAVID D.	1.000		1.000	9823
6529	DTT	SURITA, CATARINO	1.000		1.000	9823
6531	DTT	HAJICEK, GARY P.	1.000		1.000	9823
6532	ASST RES SUPV	PITCHER, ARDIS L.	1.000		1.000	9823

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Operator's Signature

10-14-03
Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6535	DTT	V A C A N C Y -- H O L D	1.000		1.000	9823
6538	ASST RES SUPV	BRUMWELL, LES K.	1.000		1.000	9823
6584	DTT	LeBLANC, DAVID C.	1.000		1.000	9823
6588	DTA (PRC)	URIELL, GERALD L.	1.000		1.000	9823
6608	ASST RES SUPV	PRASKA, CAROL J.	1.000		1.000	9823
6619	DTT	JEROME, PEGGY J.	1.000		1.000	9823
6624	DTT (N)	DOYLE, JON C.	1.000		1.000	9823
6693	DTT (N)	WISTE, EVALON M.	1.000		1.000	9823
6698	DTT	SKAVHAUG, ALICE C.	0.500		0.500	9823
6698	DTT	SCHAF, TAMMY S.	0.500		0.500	9823
6727	DTT II (N) *	NIES, JAMES H.	1.000		1.000	9823
6728	DTT II	WINZER, DEBORAH L.	1.000		1.000	9823
6779	DTT II	CONTRERAS, BRENDA S.	1.000		1.000	9823
6805	DTT	DOLAN, RICHARD J.	1.000		1.000	9823
6843	DTT	SEVERSON, DARRELL R.	1.000		1.000	9823
6908	DTT II	BAXTER, DONNA M.	1.000		1.000	9823
		MW - LIVING 3	**26.000**	**-**	**26.000**	**9823 Total**
6412	ASST RES SUPV	GOODRIE, TAMMY L.	1.000		1.000	9824
6421	DTA	HURTT, TERI L.	1.000		1.000	9824
6438	DTT	ANDERSON, PATRICE A.	0.500		0.500	9824
6456	RUPC/QMRP	DeSAUTEL, DEBRA J.	1.000		1.000	9824
6462	DTT	LIPSH, JEANNETTE M.	1.000		1.000	9824
6469	DTT	DOLAN, SARAH E.	1.000		1.000	9824
6477	DTT	WINKLER, CAROLYN A.	1.000		1.000	9824
6479	DTT	OKABE, MARK A.	1.000		1.000	9824
6487	DTT II	TROFTGRUBEN, MARION E.	1.000		1.000	9824
6493	DTT II	MATTSON, JUDITH A.	1.000		1.000	9824
6502	ASST RES SUPV	LINK, NICHOLAS G.	1.000		1.000	9824
6504	DTT (N) *	RUZICKA, KATHY A.	1.000		1.000	9824
6505	DTT	NORD, KELLY M.	1.000		1.000	9824
6520	DTT (N) *	QUAST, JOHN M.	1.000		1.000	9824
6539	DTT	UMPHREY, FLORENCE M.	0.800		0.800	9824
6573	DTT	V A C A N C Y -- H O L D	1.000		1.000	9824
6590	DTT	HUTCHISON, JESSE K.	0.500		0.500	9824
6623	RUPC/QMRP	HARPSTER, BARBARA I.	1.000		1.000	9824
6643	DTT	HENRIKSEN, THOMAS J.	1.000		1.000	9824
6646	DTT	MATTSON, EDWARD R.	1.000		1.000	9824
6648	ASST RES SUPV	JOHNSON, MARY MARTHA	1.000		1.000	9824
6675	DTT (N) *	COLLETTE, MARY A.	1.000		1.000	9824
6677	DTT	HELMOSKI, ELIZABETH A.	1.000		1.000	9824
6682	DTT (N)	PITCHER, VERONICA	1.000		1.000	9824
6688	DTT (N) *	STIEFEL, KIM A.	1.000		1.000	9824
6689	DTT (N) (PRC)	BOGERT, SUSAN D.	0.500		0.500	9824
6689	DTT	McLAUGHLIN, KARLA L.	0.500		0.500	9824
6694	DTT (N)	BIRI, LARRY A.	1.000		1.000	9824
6695	DTT (N) *	SLOMINSKI, MILDRED A.	1.000		1.000	9824
6700	DTT II	FREDERICKSEN, DONNA M.	1.000		1.000	9824
6712	DTT	KNUTSON, SHELLY M.	1.000		1.000	9824
6719	DTT	NARLOCH, MARY B.	1.000		1.000	9824
6721	DTT	MERCIL, AUDREY A.	1.000		1.000	9824
6731	DTT	McDANIEL, MELISSA M.	1.000		1.000	9824
6756	DTT II	AGUILAR, ROSA M.	1.000		1.000	9824
6758	DTT	FUNAIOLE, JESSICA J.	1.000		1.000	9824
6801	DTT (N) *	PELTIER, GAYLE L.	1.000		1.000	9824
6845	DTT II	SENG, MARY A.	1.000		1.000	9824
		MW - LIVING 4	**35.800**	**-**	**35.800**	**9824 Total**

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Operator's Signature 10-14-03 Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6246	CUST, INST	RUD, HELEN J.	1.000		1.000	9825
6274	CUST, INST	BARTA, JANE F.	1.000		1.000	9825
6444	SENIOR RES SUPV (N)	DENAULT, DIANNA R.	1.000		1.000	9825
6562	SENIOR RES SUPV	BRAKKE, SUSAN K.	1.000		1.000	9825
6596	SENIOR RES SUPV	KASPRICK, SANDRA J.	1.000		1.000	9825
6618	ASST SUPT	FOERSTER, SUSAN A.	1.000		1.000	9825
6669	ADM ASST I	SCHRUM, SUZANNE M.	1.000		1.000	9825
		MW - ADMINISTRATION	**7.000**	-	**7.000**	**9825 Total**
6042	ASST RES SUPV	PAPENFUSS, JENNIE L.	1.000		1.000	9831
6084	DTT	MIDGARDEN, DANA L.	1.000		1.000	9831
6094	DTT	TOSCANO, MARGARITA L.	1.000		1.000	9831
6199	DTT	V A C A N C Y -- H O L D	1.000		1.000	9831
6245	DTT	RASMUSSEN, KYLIE M.	1.000		1.000	9831
6336	DTT	V A C A N C Y	0.300		0.300	9831
6424	DTA	LINDELL, BARETTA E.	1.000		1.000	9831
6434	DTT II (N)	BAILLY, PATRICIA A.	1.000		1.000	9831
6445	DTT	JOHNSON, AMY M.	1.000		1.000	9831
6446	DTT	MERGENTHAL, RAMONA L.	1.000		1.000	9831
6453	RUPC/QMRP	ALLENSWORTH, JOHN K.	1.000		1.000	9831
6466	DTT	MAURSTAD, JANICE I.	1.000		1.000	9831
6489	DTT	OSOWSKI, BRADLEY A.	1.000		1.000	9831
6507	RUPC/QMRP	JORGENSON, MERIDETH A.	1.000		1.000	9831
6530	DTT	STEWART, PAGE C.	1.000		1.000	9831
6558	DTT	BLACKCLOUD, ELLA I.	1.000		1.000	9831
6606	DTT	HAGEN, KATHY L.	1.000		1.000	9831
6703	DTT	LONG, ANITA L.	1.000		1.000	9831
6709	DTT	V A C A N C Y	1.000		1.000	9831
6723	DTT	LAPIC, JOHNNY H.	1.000		1.000	9831
6738	ASST RES SUPV	MOEN, GAIL L.M.	1.000		1.000	9831
6743	DTT	FRITEL, RENEE A.	1.000		1.000	9831
6750	DTT (N)	LYNCH, MARILYN K.	0.500		0.500	9831
6750	DTT (N)	BURGENER, CHRISTINE M.	0.250		0.250	9831
6750	DTT (N)	MAENDEL, KAREN K.	0.250		0.250	9831
6754	DTT	DAIGRE, MARY K.	1.000		1.000	9831
6757	DTT (N) *	SOEUNG, SARY	1.000		1.000	9831
6759	DTT	FERGUSON, SUELLEN	1.000		1.000	9831
6771	ASST RES SUPV	LARSON, SHIRLEY A.	1.000		1.000	9831
6777	DTT	SCHNELLBACH, GERALD J.	1.000		1.000	9831
6796	DTT II	KRAM, PATRICIA M.	1.000		1.000	9831
6798	DTT (N) *	PLANTE, JAMES D.	1.000		1.000	9831
6817	DTT	JOHNSON, ROXANN A.	1.000		1.000	9831
6838	DTT	FINGARSON, PAUL C.	1.000		1.000	9831
		CG - LIVING 1	**31.300**	-	**31.300**	**9831 Total**
6028	RUPC/QMRP	DOYLE, VICKY M.	1.000		1.000	9833
6149	DTT	SAMDAHL, AMANDA M.	1.000		1.000	9833
6410	DTT	DUMAS, RICHARD J.	1.000		1.000	9833
6413	ASST RES SUPV	V A C A N C Y = UF =	1.000	(1.000)	-	9833
6420	DTT (N) *	PLANTE, SHIRLEY A.	1.000		1.000	9833
6429	DTT	V A C A N C Y = UF =	1.000	(1.000)	-	9833
6488	DTT	LOPEZ, GENEVA T.	1.000		1.000	9833
6569	DTT (N)	NYGARD, KARLA I.	1.000		1.000	9833
6578	SENIOR RES SUPV (N)	LOVAASEN, JUNE K.	1.000		1.000	9833
6600	DTT	LARSON, SHIRLEY A.	1.000		1.000	9833
6612	DTT	DENAULT, BARBARA A.	1.000		1.000	9833
6613	DTT	OSOWSKI, JANE L.	1.000		1.000	9833
6699	DTT	BRUBAKKEN, MARY E.	1.000		1.000	9833

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Operator's Signature — Date 10-12-03

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6702	DTT (PRC TO ARS)	V A C A N C Y -- H O L D	1.000		1.000	9833
6710	DTT (N) *	ROLLEFSTAD, RICHARD C.	1.000		1.000	9833
6729	DTT (PRC)	GILLETT, CAROLYN A.	1.000		1.000	9833
6773	ASST RES SUPV (N)	THUING, DARY	1.000		1.000	9833
6775	RUPC/QMRP	MILLER, MICHAEL J.	1.000		1.000	9833
6781	DTT	BJORNSON, CAROL E.	1.000		1.000	9833
6782	DTT	OLSON, KAREN A.	1.000		1.000	9833
6790	ASST RES SUPV	WHITE, TAMI J.	1.000		1.000	9833
6791	DTT	PITCHER, JANICE M.	1.000		1.000	9833
6792	DTT (N)	LADOUCEUR, DEBBIE R.	1.000		1.000	9833
6795	ASST RES SUPV	OLSON, SUSAN D.	1.000		1.000	9833
6797	DTT	GARCIA, NORMA O.	1.000		1.000	9833
6808	DTT II	V A C A N C Y = UF =	1.000	(1.000)	-	9833
6815	DTT	LIEN, DENISE J.	1.000		1.000	9833
6818	DTT II	KLINISKE, ROSE Y.	1.000		1.000	9833
6828	DTT	DUMAS, CHRISTOPHER M.	1.000		1.000	9833
6830	DTT	MILLER, HOPE L.	1.000		1.000	9833
6857	DTT	WALDNER, HELEN	1.000		1.000	9833
		CG - LIVING 3	**31.000**	**(3.000)**	**28.000**	**9833 Total**
6063	DTT II	KOAPKE, MARIE J.	1.000		1.000	9834
6300	DTT	CAMPBELL, PATRICIA J.	1.000		1.000	9834
6407	DTT (N)	CUDMORE, MARGARET J.	0.500		0.500	9834
6407	DTT	CUDMORE, SANDRA K.	0.500		0.500	9834
6419	DTT	WEIXEL, MICHELL A.	1.000		1.000	9834
6422	ASST RES SUPV	SCHNELLBACH, MARY C.	1.000		1.000	9834
6450	DTT	POITRA, BERNICE M.	1.000		1.000	9834
6452	DTT	LOPEZ, IRMA L.	1.000		1.000	9834
6495	DTT	SEVERSON, DUANE R.	1.000		1.000	9834
6561	DTT	V A C A N C Y	1.000		1.000	9834
6564	DTT II	DAHLEN, JUDITH E.	1.000		1.000	9834
6631	DTT	GOSSELIN, HELEN L.	1.000		1.000	9834
6633	DTT	BOSCHEE, SANDRA L.	1.000		1.000	9834
6638	DTT	PEDERSON, LORNA S.	1.000		1.000	9834
6649	DTT II	V A C A N C Y = UF =	1.000	(1.000)	-	9834
6717	DTT II	LIETZ, ELVI	1.000		1.000	9834
6735	DTT II (N)	SKIBICKI, LAUREL E.	0.500		0.500	9834
6735	DTT II (N) u-flll	AUEN, KIMBERLY R.	0.500		0.500	9834
6760	DTT	DAVIS, CAROLYN A.	1.000		1.000	9834
6772	DTT (N) *	SEVERSON, LINDA G.	1.000		1.000	9834
6789	DTT II (N)	SKIBICKI, LAUREL E.	0.500		0.500	9834
6807	DTT	HOVE, PATRICIA A.	1.000		1.000	9834
6816	DTT	ARNOLD, ELLEN L.	1.000		1.000	9834
6821	DTT (N)	BURGENER, CHRISTINE M.	0.500		0.500	9834
6821	DTT (N)	MAENDEL, KAREN K.	0.500		0.500	9834
6823	DTT II	LONGTINE, LARRY R.	1.000		1.000	9834
6825	DTT	FJELD, JANA G.	1.000		1.000	9834
6827	ASST RES SUPV	NISWONGER, MARDELL M.	1.000		1.000	9834
6829	ASST RES SUPV	LIETZ, LANA M.	1.000		1.000	9834
6834	DTT	KITCHENS, TAMBRA L.	1.000		1.000	9834
6835	DTT (N)	SCHILL, SHIRLEY A.	1.000		1.000	9834
6839	DTT	DUMAS, LINDA M.	1.000		1.000	9834
6842	DTT	DAHLGREN, LOREEN D.	1.000		1.000	9834
6864	DTT	WOOD, JANET E.	1.000		1.000	9834
		CG - LIVING 4	**30.500**	**(1.000)**	**29.500**	**9834 Total**
6248	CUST, INST	GEORGE, ANTHONY R.	1.000		1.000	9835
6251	ACT ASST II	V A C A N C Y	1.000		1.000	9835

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Operator's Signature 10-14-03 Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6262	CUST, INST	JOHNSON, JOAN M.	1.000		1.000	9835
6632	SENIOR RES SUPV	LUND, MARY A.	1.000		1.000	9835
6715	SENIOR RES SUPV	WHITE, SHARON R.	1.000		1.000	9835
6794	OFFICE ASST III	HECK, WANDA A.	1.000		1.000	9835
6867	ADM ASST I	ALMOND, AUDREY J.	1.000		1.000	9835
		CG - ADMINISTRATION	**7.000**	**-**	**7.000**	**9835 Total**
6020	RN III / HSC	GOETTLE, RONALD R.	1.000		1.000	9841
6031	LPN II / CG	DAHL, ELAINE O.	1.000		1.000	9841
6032	LPN II / HSC	WASLASKI, KARYN M.	1.000		1.000	9841
6033	RN III / WKND	SVEEN, ANN J.	0.500		0.500	9841
6054	RN III	LANGEN, STACY P.	0.080		0.080	9841
6054	RN III	BELISLE, MARILYN E.	0.040		0.040	9841
6054	RN III	WHITLOCK, FAYE E.	0.080		0.080	9841
6069	LPN II / MA	LEWIS, DEBRA J.	1.000		1.000	9841
6071	LPN II / CG	ANDERSON, MARLENE L.	1.000		1.000	9841
6074	RN III / WKND	EBERHARDT, KEITH A.	0.130		0.130	9841
6074	RN III / WKND	BELISLE, MARILYN E.	0.240		0.240	9841
6074	RN III / WKND	MEBERG, ERNA R.	0.050		0.050	9841
6074	RN III / WKND	HYLDEN, ESTHER M.	0.050		0.050	9841
6074	RN III / WKND	LANGEN, STACY P.	0.070		0.070	9841
6075	RN III / MA	SWARTZ, LANA E.	1.000		1.000	9841
6076	RN II / HSC	V A C A N C Y = UF =	0.500	(0.500)	-	9841
6076	RN II / MA	HYLDEN, ESTHER M.	0.500		0.500	9841
6078	LPN II / MA	LAFRENIERE, JULIE K.	0.500		0.500	9841
6079	LPN I / CG	V A C A N C Y = UF =	0.300	(0.300)	-	9841
6079	LPN II / CG	BURNS, CINDY L.	0.500		0.500	9841
6080	LPN II (PRC TO DTT)	V A C A N C Y -- H O L D	1.000		1.000	9841
6081	LPN II / HSC	ANDERSON, AVA A.	1.000		1.000	9841
6082	LPN II / CG	SCHAEFFER, FANNY D.	1.000		1.000	9841
6087	LPN II	FRENCH, KATHIE A.	1.000		1.000	9841
6088	LPN II / MA	WENSTAD, BARBARA A.	0.800		0.800	9841
6095	LPN II / CG	BERTSCH, DEBRA K.	1.000		1.000	9841
6097	LPN II	LARSON, SHARRI A.	1.000		1.000	9841
6098	LPN II / MA	BOURA, MARIE A.	0.800		0.800	9841
6100	RN II / HSC	GREEN, VEANN R.	0.210		0.210	9841
6100	RN II / HSC	BERGINSKI, ANN M.	0.500		0.500	9841
6100	RN II / HSC	KUNTZ, CHERYL A.	0.150		0.150	9841
6100	RN II / HSC	BELISLE, MARILYN E.	0.060		0.060	9841
6100	RN II / HSC	EBERHARDT, KEITH A.	0.080		0.080	9841
6101	RN III / CG	DAHLMAN, CHRISTINE A.	1.000		1.000	9841
6102	LPN II / CG	BROWN, ESTHER C.	1.000		1.000	9841
6104	LPN II / CG	SWENSON, SHELLY A.	1.000		1.000	9841
6106	LPN II / HSC	LaFONTAINE, VICKIE L.	1.000		1.000	9841
6108	RN III / HSC	RUDNIK, MARY R.	0.500		0.500	9841
6108	RN III	KNOLL, BETTY	0.500		0.500	9841
6110	RN II / CG	MEBERG, ERNA R.	0.750		0.750	9841
6111	RN III / HSC	KERTZ, M. NOELA C.	1.000		1.000	9841
6112	LPN II / MA	KLEVEN, DIANE S.	1.000		1.000	9841
6113	RN III / HSC	ERICKSON, SHAUNA M.	0.500		0.500	9841
6113	RN III / HSC	LANGEN, STACY P.	0.500		0.500	9841
6114	RN III / HSC	KUNTZ, CHERYL A.	0.680		0.680	9841
6114	RN III / HSC	ERICKSON, SHAUNA M.	0.120		0.120	9841
6143	RN III	WHITLOCK, FAYE E.	0.200		0.200	9841
6143	RN III	KNOLL, BETTY	0.120		0.120	9841
6143	RN III	RUDNIK, MARY R.	0.340		0.340	9841
6143	RN III	SONDRESON, ELLEN B.	0.140		0.140	9841

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Theresa A. Lee 10-14-03
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NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6143	RN III	SUGDEN, JODEE A.	0.140		0.140	9841
6143	RN III	KRATOCHVIL, WANDA M.	0.060		0.060	9841
6442	DTT	V A C A N C Y -- H O L D	1.000		1.000	9841
6691	RN III / HSC	ROCKSVOLD, PHYLLIS A.	1.000		1.000	9841
6905	LPN II / CG	LEBLANC, SANDRA L.	1.000		1.000	9841
		UNIT NURSING	**31.690**	**(0.800)**	**30.890**	**9841 Total**
6009	DTT	ALLISON, JODI L.	1.000		1.000	9842
6017	RUPC/QMRP	REDMANN, JUDY A.	0.500		0.500	9842
6017	RUPC/QMRP	TISDALE, KRISTEN M.	0.500		0.500	9842
6034	ASST RES SUPV	KRAUSE, PAUL F.	1.000		1.000	9842
6035	ASST RES SUPV	JOHNSON, JEANETTE C.	1.000		1.000	9842
6038	DTT (N) *	MONETTE, ELLA T.	1.000		1.000	9842
6039	DTT II	SIMMONS, JOYCE A.	0.500		0.500	9842
6039	DTT II (PRC)	DEPPA, JOAN E.	0.500		0.500	9842
6041	DTT	BERG, JESSICA K.	0.300		0.300	9842
6041	DTT	HECK, TREVA K.	0.400		0.400	9842
6041	DTT	THORSTEINSON,ROSEMARIE T.	0.200		0.200	9842
6041	DTT	SUMMERS, HAZEL G.	0.100		0.100	9842
6044	DTT	GARZA, MAXINE D.	0.500		0.500	9842
6047	DTT	LINDGREN, CORINNE L.	1.000		1.000	9842
6048	DTT	KNUDSON, MARY S.	1.000		1.000	9842
6051	DTT	BURT, DEBRA A.	1.000		1.000	9842
6057	DTT (N) *	KITCHENS, DIANA S.	1.000		1.000	9842
6062	DTT	BERG, JESSICA K.	0.500		0.500	9842
6066	DTT (N)	THORSTEINSON,ROSEMARIE T.	0.300		0.300	9842
6089	DTT	MOFFETT, VERNA M.	1.000		1.000	9842
6090	DTT	GARZA, MAXINE D.	0.300		0.300	9842
6090	DTT	SUMMERS, HAZEL G.	0.600		0.600	9842
6093	ASST RES SUPV	DREGER, HEATHER N.	1.000		1.000	9842
6480	DTT (N)	THORSTEINSON,ROSEMARIE T.	0.500		0.500	9842
6832	DTT	BALTZELL, VALERIE A.	0.700		0.700	9842
		HSC - III	**16.400**	**-**	**16.400**	**9842 Total**
		RESIDENTIAL LIVING TOTAL	**354.690**	**(6.800)**	**347.890**	

		TOTAL ALL PROGRAMS	**473.140**	**(15.100)**	**458.040**	**Grand Total**

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10-14-03
Date

Exhibit 5b

NORTH DAKOTA CATHOLIC CONFERENCE
NDCC

Representing the Diocese of Fargo and the Diocese of Bismarck

Christopher T. Dodson
Executive Director and
General Counsel

227 W. Broadway, Suite 2
Bismarck, ND 58501

(701) 223-2519
1-888-419-1237
FAX # (701) 223-6075

To: Senate Appropriations Committee
From: Donna Byzewski, Supervisor of Corporate Guardianship, Catholic Family Service
Subject: SB 2012 -- Corporate Guardianship Program
Date: January 15, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, good afternoon. My name is Donna Byzewski and I am supervisor of the corporate guardianship program at Catholic Family Service. I am respectfully asking your committee to adjust the funding for corporate guardianship services so that for persons with developmental disabilities may be fully served in the least restrictive setting.

As a result of the ARC lawsuit in the early 1980's, many people with developmental disabilities moved from the state institutions in Grafton and San Haven to communities throughout North Dakota. It was also determined at this time that, due to a potential conflict of interest, the superintendent of the institutions could no longer serve as legal guardian for a number of the people who lived there. The state needed to find an outside agency to serve as guardian for people who had no family or friends to act on their behalf. Consequently, the North Dakota Department of Human Services (NDDHS) took the innovative step of proposing the development of a corporate guardianship program.

Since 1986, Catholic Family Service (CFS) has provided corporate guardianship services pursuant to that program on behalf of 570 individuals with developmental disabilities. CFS is appointed by the court to serve as legal guardian for a person who has been found to be incapacitated and it is our duty to act in that person's best interest. Currently, CFS is corporate guardian for 302 people who live in the community and 33 people who live at the Developmental Center. This is a unique service in North Dakota and there is no duplication of service with other programs.

Meeting the guardianship needs of our wards has become increasingly difficult. The state has not increased funding for the program since 1995. The lack of resources has led to a waiting list of seventeen vulnerable people with an additional twenty people who will be referred to our program in the near future. Amending the NDDHS budget by funding our Optional Adjustment Request of $275,383

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10-14-03
Date

Exhibit 5g

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
JANUARY 16TH, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Nancy McKenzie, Regional Director of the Northeast Human Service Center in Grand Forks. I am here today to provide you an overview of the Northeast Human Service Center budget.

The Northeast Human Service Center provides human services to the residents of Grand Forks, Nelson, Pembina, and Walsh Counties. Due to some specialized services, approximately 4% of Northeast's clients have come from 19 different counties outside of our region during the past fiscal year. This past year (July 2001-June 2002) Northeast Human Service Center served 3954 clients, which was a steady caseload from the previous two years.

Northeast staff provide services from the Grand Forks main office, the Grafton Outreach Office located on the State Developmental Center Campus, and the Cavalier Outreach Office. The Center also manages the Ruth Meiers Adolescent Treatment Center, Duane R. Dornheim Transitional Living facility, and a Residential Treatment program for chemically dependent adolescents.

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Northeast contracts with 19 private providers for a number of services. The budget for these contracted services is approximately $ 3.5 million and represents nearly 20% of Northeast's budget.

The Northeast Human Service Center budget for the upcoming biennium was built taking into consideration the following data trends:

- Population: Region IV comprises 14.1% of the state's population, which according to the 2000 census data was a 7.5% decrease from 1990.
- Racial Diversity: The 2000 census showed an increase of 19.5% in the Region IV Native American population, and in increase of 28% in "other" race categories.

- Summary of the budget changes:

Northeast Human Service Center	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
HSCs/Institutions	19,070,257	17,628,299	(1,441,958)
Capital Improvements	-	-	-
Total	19,070,257	17,628,299	(1,441,958)
General	7,813,477	7,529,216	(284,261)
Federal	9,957,804	9,337,762	(620,042)
Other	1,298,976	761,321	(537,655)
FTEs	144.40	123.60	(20.80)[1]

[1]Attempts to privatize the Ruth Meiers Adolescent Treatment Center were unsuccessful this past fall. In anticipation of the privatization of this facility, the budget was transferred out of Northeast's budget and 13.3 FTE's were unfunded. As Northeast will continue to operate the facility for the foreseeable future, that action needs to be reversed during the legislative session.

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Vanessa L. Fell 10-14-03
Operator's Signature Date

The Governor's budget includes changes in services based on what was defined as core service for each population group we serve. The areas affected are as follows:

- The budget will show a reduction of 40 hours per week of a contracted support staff, and duties will need to be reallocated. The implementation of a new computer accounts receivable and clinical documentation system scheduled for April, 2002 will also have an impact on support service duties, increasing tasks in some areas, decreasing tasks in other areas.
- One DD case manager position is reduced in this budget. This will require remaining case managers to increase the 1 to 60 staff to client ratio to approximately 1 to 69.
- The budget will show the reduction of 1.5 positions from the Retired Senior Volunteer Program. We are currently in the process of turning the program over to another sponsor.
- Northeast has received federal funds to purchase Access and Visitation services. This service provides a safe and supervised environment for family members to visit their children, spouses, or partners. The budget for this service was unfunded for the 03-05 biennium. Another unit of the Department will be receiving the grant funding, providing the match, and contracting for the services.
- The budget will show a reduction of funds to conduct recruitment and retention activities to maintain or increase the number of foster care homes, as it was determined that this service was not core and should not be funded at the Human Service Centers.
- The Northeast Human Service Center budget shows a reduction of three positions for provision of intensive in-home services for children, as these were determined to not be a core service. This program serves approximately 32 families per year. The 3.0 staff positions are currently vacant and will be left unfilled. We are

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Theresa A. Lee
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10-14-03
Date

working to see if other of our clinical services can be adapted to provide some in-home services where possible.

- The budget will show a reduction in contract funding for school social workers and attendant care services. Northeast contracts currently with the Grand Forks School District to pay 20% of the costs of each of 6 social workers stationed in elementary schools in Grand Forks. The original expectation was that this program could generate sufficient Medical Assistance revenues that general funds would not be needed to fund it. So far in the present fiscal year, the revenue generated by the school social workers covers approximately 60% of the cost of the contract. Even though no general funds were indicated as being cut by this reduction, we would save the general funds that we are re-allocating from other programs to cover the difference. We are studying the possibility that we may be able to increase revenues by doing better training and monitoring of the school social workers to come closer to the cost of the contract. If that is possible, we may be able to continue this service.
- The budget will show a reduction of partial care day treatment as it is not considered a core service. As a result, Northeast unfunded one position and 40 hours of contracted staff time. Northeast is working to identify an alternative and acceptable method of serving the 10 to 13 clients per day who are currently participating in this program. The Department is proposing to set up a $ 250,000 mental health contingency fund. To lessen the impact of the loss of the partial care programs on clients, Northeast may be able to tap some of the contingency fund to fund alternative services.
- The budget will show the reduction of specialized partial care or SMI Work Activity programs, as this was determined to not be a core service. As a result, Northeast currently is contracting with the Mental Health Association of ND to provide supervision, training, and

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10-12-03
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job coaching for work activity clients, and with Prairie Harvest Human Service Foundation to serve as the employer of the work activity clients and manage their payroll. Northeast replaced $ 50,000 of the $ 60,000 funding cut to the Mental Health Association with revenue carryover for the 03-05 biennium and will be working with the Association to determine what service will be delivered with this funding. For some clients, this is the key component in their continued independence in the community. Northeast along with the providers will be working to find alternatives to continue this service. Potentially, a mental health contingency fund, if available, might be a resource.

- The Northeast budget will show a reduction of funds to contract with a provider to provide representative payee services to clients with serious mental illness. Clients who wish to have representative payee services will pay for the service themselves. The federal PATH funding that is freed up as a result of this change will be used for other allowable expenses for the serious mentally ill homeless population.
- The budget will show the reduction of one HSC Director position. The Regional Director of the Southeast Human Service Center has been appointed to also be the Director of the Northeast Human Service Center. The Regional Director position at Northeast has been unfunded.
- The budget will show reduction of 13.3 positions, and 6 temporary staff assigned to the Ruth Meiers Adolescent Treatment Center. This decision was made in anticipation of contracting this program to a private provider, and funding for the facility was transferred to Economic Assistance within the Department's budget. The Department did not receive any proposals in response to the Request for Proposals for the privatization of the Ruth Meiers facility. It is anticipated that Northeast will continue to operate the facility for

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the foreseeable future. To continue the operation of the facility July 1st, 2003, the budget would need to be restored to Northeast and the 13.3 unfunded positions funded.

The budget allows for some increases, as follows:

- Northeast has included new federal funding of $ 143,320 in its 03-05 biennium budget request for chemical dependency adolescent therapeutic services.
- Northeast has included new federal funding of $ 245,000 in its 03-05 biennium budget request for chemical dependency women and children residential/ therapeutic services.
- Northeast has included federal funding through the Older Americans Act for Vulnerable Adults Protective Services.
- $ 119,249 of additional general funds was made available to Northeast and added to our 03-05 budget request to supplement contract funding for psychiatric hospitalization.

Mr. Chairman, this concludes my testimony. I would be happy to answer any questions you may have.

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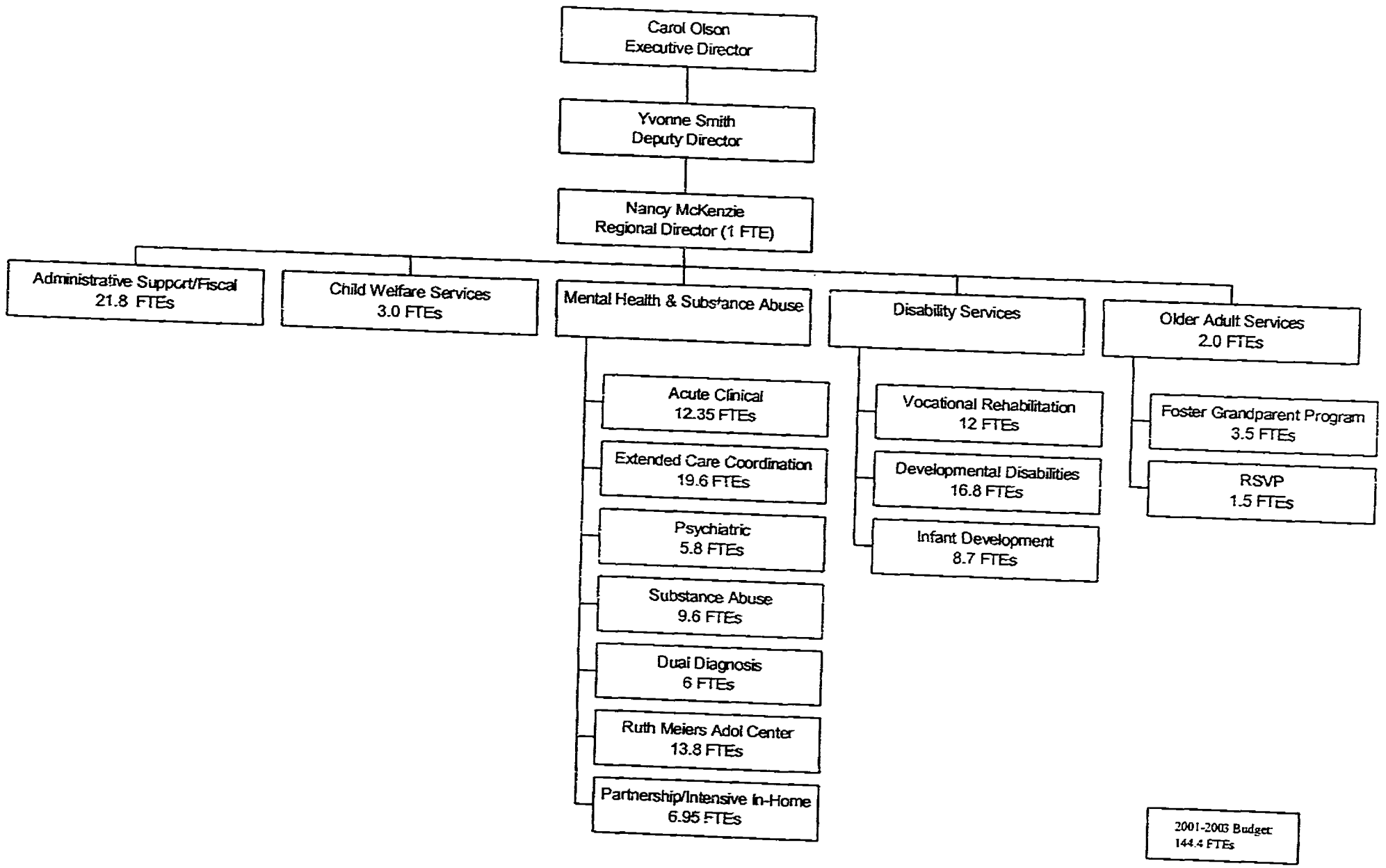
Theresa A. Lee 10-14-03

Operator's Signature Date

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
NORTHEAST HUMAN SERVICE CENTER



Effective 3/03

NANCY McKENZIE, 03.24.03

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Date

NANCY McKENZIE · 03.24.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		144.400	(20.800)	123.600	0.000	123.600
410-04 NORTHEAST HSC				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**144.400**	**(20.800)**	**123.600**	**0.000**	**123.600**
70	HSCs and Institutions	B	1001	SALARIES	6,713,241	9,011,170	(738,258)	8,272,912	(102,472)	8,170,440
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	281,886	364,352	(218,672)	145,680	0	145,680
70	HSCs and Institutions	B	1008	BENEFITS	2,263,327	3,131,697	(176,850)	2,954,847	(16,971)	2,937,876
70	HSCs and Institutions	B	1900	PAYROLL SUSPENSE		0	9,600	9,600	0	9,600
70	HSCs and Institutions	B	3003	IT-TELEPHONE	141,820	188,574	(23,746)	164,928	0	164,928
70	HSCs and Institutions	B	3004	TRAVEL	303,745	388,955	(10,010)	378,945	0	378,945
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	14,330	0	12,000	12,000	0	12,000
70	HSCs and Institutions	B	3006	UTILITIES	22,935	29,350	(16,750)	12,600	0	12,600
70	HSCs and Institutions	B	3007	POSTAGE	30,436	51,807	(2,722)	49,085	0	49,085
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	1,224	6,868	(804)	6,064	0	6,064
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	899,400	1,115,232	(176,040)	939,192	0	939,192
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	14,720	29,748	(11,425)	18,323	0	18,323
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	301,547	474,268	(123,969)	350,299	0	350,299
70	HSCs and Institutions	B	3016	REPAIRS	79,374	107,275	(9,325)	97,950	0	97,950
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES	263,494	530,511	(500)	530,011	0	530,011
70	HSCs and Institutions	B	3019	INSURANCE	1,888	3,498	(1,720)	1,778	0	1,778
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	37,865	56,213	(6,894)	49,319	0	49,319
70	HSCs and Institutions	B	3024	PRINTING	14,655	28,354	(9,320)	19,034	0	19,034
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	37,067	31,630	9,518	41,148	0	41,148
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	75,250	96,860	(53,776)	43,084	0	43,084
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	12,424	17,617	(660)	16,957	0	16,957
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	9,752	16,092	(8,900)	7,192	0	7,192
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	13,104	36,961	(17,966)	18,995	0	18,995
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000		4,261	(4,261)	0	0	0
70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	2,326,983	3,348,864	139,492	3,488,356	0	3,488,356
410-04 NORTHEAST HSC				**HSCs and Institutions TOTALS**	**13,865,467**	**19,070,257**	**(1,441,958)**	**17,628,299**	**(119,443)**	**17,508,856**
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		7,813,477	(284,261)	7,529,216	(70,661)	7,458,555
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		9,957,804	(620,042)	9,337,762	(46,219)	9,291,543
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		1,298,976	(537,655)	761,321	(2,563)	758,758
410-04 NORTHEAST HSC				**HSCs and Institutions TOTALS**	**0**	**19,070,257**	**(1,441,958)**	**17,628,299**	**(119,443)**	**17,508,856**
90	Funding Totals	F	9991	GENERAL FUNDS	5,093,008	7,813,477	(284,261)	7,529,216	(70,661)	7,458,555
90	Funding Totals	F	9992	FEDERAL FUNDS	7,575,603	9,957,804	(620,042)	9,337,762	(46,219)	9,291,543
90	Funding Totals	F	9993	OTHER FUNDS	1,196,856	1,298,976	(537,655)	761,321	(2,563)	758,758
				410-04 NORTHEAST HSC TOTALS	**13,865,467**	**19,070,257**	**(1,441,958)**	**17,628,299**	**(119,443)**	**17,508,856**

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ND Department of Human Services * Human Service Centers
Funding for Grant Budget Object Codes in Line Item 70
2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	BOC	Budget Object Code Description	To House 2003 - 2005	General	Federal	Other
410-74-30	DISABILITY SERVICES	8030	Rehabilitation Employment Services	6006	GRANTS, BENEFITS & CLAIMS	10,000	2,130	7,870	-
	DISABILITY SERVICES Total					**10,000**	**2,130**	**7,870**	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8040	Medical Director & Psychiatrists	6006	GRANTS, BENEFITS & CLAIMS	295,320	161,797	86,118	47,405
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8124	CD Social DeTox	6006	GRANTS, BENEFITS & CLAIMS	19,870	19,870	-	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8126	CD Short Term Residential Services	6006	GRANTS, BENEFITS & CLAIMS	333,621	332,721	-	900
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8127	CD ATC - Room & Board	6006	GRANTS, BENEFITS & CLAIMS	300,000	298,976	-	1,024
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8128	CD Alcohol & Drug Services	6006	GRANTS, BENEFITS & CLAIMS	245,000	48,515	172,421	24,064
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8129	CD ATC - Therapeutic	6006	GRANTS, BENEFITS & CLAIMS	235,599	66,664	167,175	1,760
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8149	MH Partnership Program	6006	GRANTS, BENEFITS & CLAIMS	35,000	2,839	30,191	1,970
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8211	SMI Case Management	6006	GRANTS, BENEFITS & CLAIMS	77,000	26,816	46,744	1,440
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8217	SMI Psych - Social Clubs	6006	GRANTS, BENEFITS & CLAIMS	175,000	175,000	-	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8262	SMI Crisis Residential - Room & Board	6006	GRANTS, BENEFITS & CLAIMS	84,737	84,737	-	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8264	SMI Crisis Residential - Therapeutic	6006	GRANTS, BENEFITS & CLAIMS	382,393	288,096	91,639	2,658
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8269	SMI Residential Therapeutic Srv/Semi Ind	6006	GRANTS, BENEFITS & CLAIMS	1,082,456	310,156	771,540	760
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8279	SMI Services for the Homeless (MHSH)	6006	GRANTS, BENEFITS & CLAIMS	12,360	3,788	8,572	-
410-74-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8282	SMI Short Term Inpatient Hospital	6006	GRANTS, BENEFITS & CLAIMS	200,000	200,000	-	-
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total					**3,478,356**	**2,021,975**	**1,374,400**	**81,981**
04 NORTHEAST HSC Total			-			**3,488,356**	**2,024,105**	**1,382,270**	**81,981**

Exhibit 60

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
January 16, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Nancy McKenzie, Regional Director of the Southeast Human Service Center in Fargo. I am here today to provide you an overview of the Southeast Human Service Center budget.

The Center provides human services to the 6-county region that includes Steele, Traill, Cass, Ransom, Sargent, and Richland counties. Staff of the Center provide services to rural areas via a regular outreach schedule. In addition, Southeast manages a residential program for adults with serious mental illness.

This past year (July 2001-June 2002) Southeast Human Service Center served 5305 individuals. The average number served yearly for the past three years was 5457. Service trends show some decrease in numbers of adult clients, and increase in the numbers of children served.

Southeast contracts with 23 private providers for a variety of services, totaling 2 million, or 10% of the Center budget.

The Southeast Human Service Center budget for the upcoming biennium was built taking into consideration the following significant data trends:

- Population: Region V comprises 25.3% of the state's population, which according to the 2000 census data was a 13.6% increase.
- Increase of children: While the number of children in North Dakota decreased, the Region V under 18 population increased by 6.6%.

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- Increase of young adults: The number of adults age 18-34 in Region V also increased by nearly 35% during the last decade.
- Racial Diversity: The 2000 census showed an increase of 23% in the Region V Native American population, and an increase of 206% in "other" race categories.
- Demand for Childen's Services: The number of children's services provided by Southeast Human Service Center has shown significant growth, due primarily to increases in DD case management and parental capacity evaluation referrals.

- Summary of the budget changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
HSCs/Institutions	19,976,814	20,359,709	382,895
Capital Improvements	573,124	564,328	(8,796)
Total	20,549,938	20,924,037	374,099
General	9,376,757	9,690,147	313,390
Federal	9,808,614	10,175,533	366,919
Other	1,364,567	1,058,357	(306,210)
FTEs	191.75	183.20	(8.55)

The Governor's budget includes changes in services based on what was defined as core service for each population group we serve. The areas affected are as follows:

- The budget will show the reduction of one (1) management position from the Dakotah Pioneer residential program. This has no direct effect on client services. This is part of the ongoing plan at SEHSC to streamline administrative/managerial functions and prioritize direct services.

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- The budget will show the reduction of two positions from the Retired Senior Volunteer Program. That program is currently arranging for new agency sponsorship.
- The budget reduces one Activity Therapist position from Adult Services: Services are being transitioned to community locations, and clients will receive individual and group services from both SEHSC staff and other providers.
- Two support positions are reduced in the budget in anticipation of decreased demand when the ROAP computer system is implemented, allowing for more automated scheduling and billing functions.
- The budget will show reduction of one position in the sexual abuse treatment program. This was initially a shared position with a community coalition that has been unable to maintain their funding responsibility. This potentially reduces services available to sexual offenders as part of the community coalition.
- The budget will show the reduction of one adult addiction case management position. This position had been filled a very short time prior to becoming vacant. The client caseload has been assumed by other staff, though this puts some limit on the number of clients who can receive this service.
- One DD Case Manager position is reduced in this budget. This requires that staff assume additional workload and increase caseloads beyond the current limit of 60 clients.
- The budget will show reduction of one Behavior Analyst position. This position provides behavior analysis services to DD providers, which includes special evaluation and treatment plans. Current staff will provide these services as resources allow; providers may need to purchase some of these services from private providers.
- The Southeast Human Service Center budget shows a reduction of the funding for contracted intensive in-home services for children.

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This contract has served approximately 23 families in the past year. This will reduce the level of service intensity available to families of children with serious emotional disorders. Where possible, Center staff will provide some in-home services.

- The budget will show reduction of contracted emergency shelter care services. These funds were used as retainer for three emergency short-term crisis/respite homes and partial social work services. Other facilities will need to be utilized as capacity allows.
- The budget will show reduction of funding to assist in support of community Access & Visitation program (supervised exchange and visitation program for divorced parents).

The budget allows for some increases, funded by Federal Grants:

- Included in the 2003-2005 budget is $420,000 to enhance services to adolescents with substance abuse problems. This funds one additional addiction counselor, one case manager, and additional crisis bed capacity.

Mr. Chairman, this concludes my testimony. I would be happy to answer any questions you might have.

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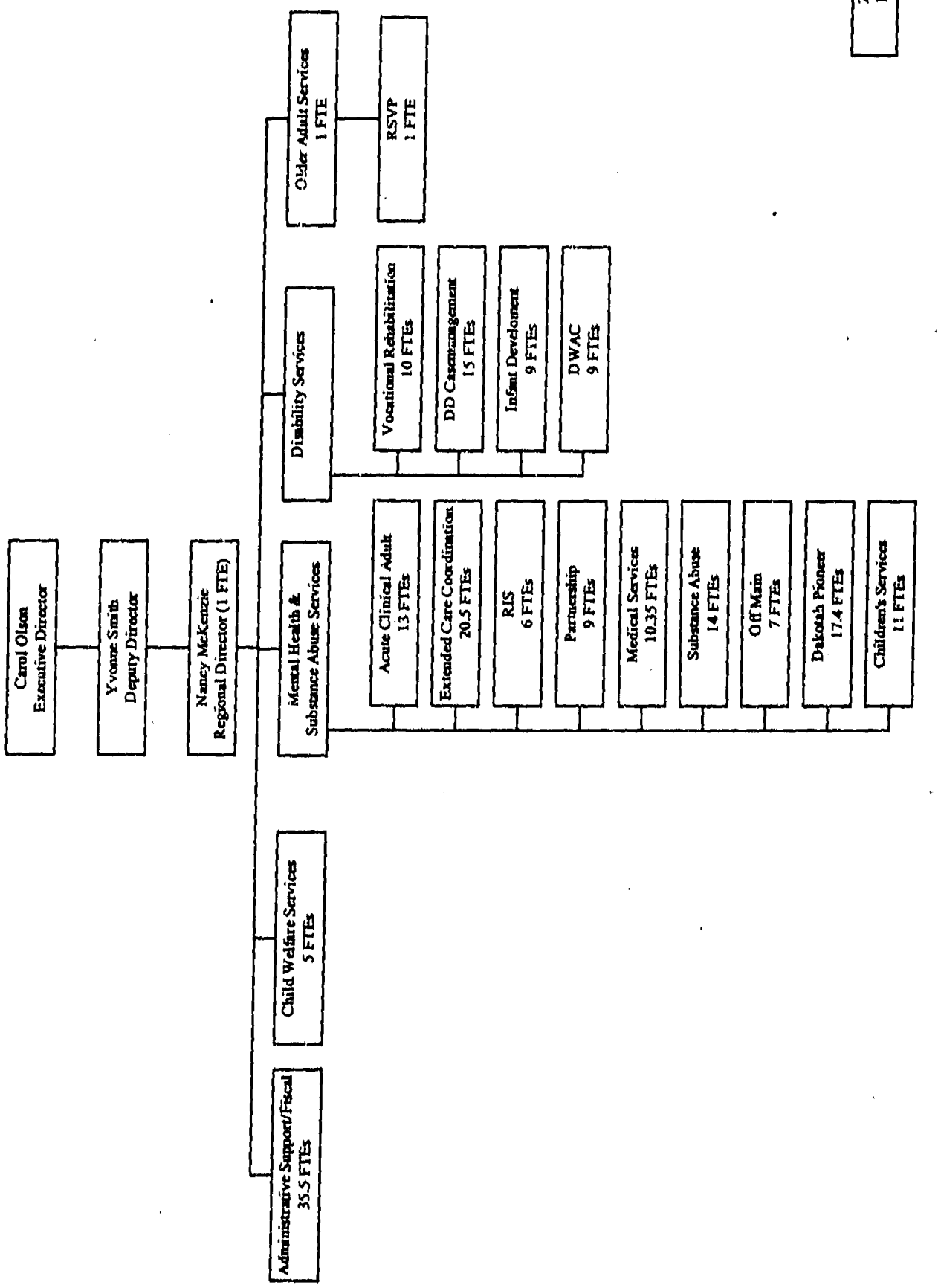
NANCY McKENZIE. 03.24.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SOUTHEAST HUMAN SERVICE CENTER



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10-14-03
Date

NANCY MCKENZIE 03.24.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		191.750	(8.550)	183.200	0.000	183.200
410-05 SOUTHEAST HSC				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**191.750**	**(8.550)**	**183.200**	**0.000**	**183.200**
50	Capital Improvements	B	5020	OTHER CAPITAL PAYMENTS	541,368	573,124	(8,796)	564,328	0	564,328
410-05 SOUTHEAST HSC				**Capital Improvements TOTALS**	**541,368**	**573,124**	**(8,796)**	**564,328**	**0**	**564,328**
50	Capital Improvements	F	5991	LAND & CPTL IMPRV - GENERAL FUNDS		444,125	11,695	455,820	0	455,820
50	Capital Improvements	F	5992	LAND & CPTL IMPRV - FEDERAL FUNDS		111,092	(2,584)	108,508	0	108,508
50	Capital Improvements	F	5993	LAND & CPTL IMPRV - OTHER FUNDS		17,907	(17,907)	0	0	0
410-05 SOUTHEAST HSC				**Capital Improvements TOTALS**	**0**	**573,124**	**(8,796)**	**564,328**	**0**	**564,328**
70	HSCs and Institutions	B	1001	SALARIES	9,534,093	12,373,336	184,594	12,557,930	(155,619)	12,402,311
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	241,584	202,307	(111,107)	91,200	0	91,200
70	HSCs and Institutions	B	1008	BENEFITS	3,048,922	3,968,213	332,215	4,300,428	(25,197)	4,275,231
70	HSCs and Institutions	B	1900	PAYROLL SUSPENSE		0	33,253	33,253	0	33,253
70	HSCs and Institutions	B	3002	IT-DATA PROCESSING		120	0	120	0	120
70	HSCs and Institutions	B	3003	IT-TELEPHONE	147,819	197,519	1,728	199,247	0	199,247
70	HSCs and Institutions	B	3004	TRAVEL	235,712	312,770	13,420	326,190	0	326,190
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	13,648	15,919	0	15,919	0	15,919
70	HSCs and Institutions	B	3006	UTILITIES	89,388	110,936	1,500	112,436	0	112,436
70	HSCs and Institutions	B	3007	POSTAGE	44,635	59,915	(28)	59,887	0	59,887
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	3,671	3,883	0	3,883	0	3,883
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	77,521	94,071	0	94,071	0	94,071
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	24,047	55,934	(210)	55,724	0	55,724
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	59,258	65,669	3,401	69,070	0	69,070
70	HSCs and Institutions	B	3016	REPAIRS	127,422	181,818	3,500	185,318	0	185,318
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES	355	1,113	0	1,113	0	1,113
70	HSCs and Institutions	B	3019	INSURANCE	1,864	600	0	600	0	600
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	29,228	47,159	(1,338)	45,821	0	45,821
70	HSCs and Institutions	B	3024	PRINTING	31,124	46,178	0	46,178	0	46,178
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	19,348	35,574	15	35,589	0	35,589
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	15,981	24,437	0	24,437	0	24,437
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	12,055	10,526	3,002	13,528	0	13,528
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	16,170	23,277	999	24,276	0	24,276
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	43,067	57,417	1,200	58,617	0	58,617
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000	5,601	5,255	(2,755)	2,500	0	2,500
70	HSCs and Institutions	B	3036	OTHER EQUIPMENT - UNDER $5000		5,400	0	5,400	0	5,400
70	HSCs and Institutions	B	5030	EQUIPMENT OVER $5000		26,800	0	26,800	0	26,800
70	HSCs and Institutions	B	6006	GRANTS, BENEFITS & CLAIMS	1,545,847	2,050,668	(80,494)	1,970,174	0	1,970,174

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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
410-05 SOUTHEAST HSC				HSCs and Institutions TOTALS	15,368,340	19,976,814	382,895	20,359,709	(180,816)	20,178,893
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		8,932,632	301,695	9,234,327	(164,016)	9,070,311
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		9,697,522	369,503	10,067,025	(16,800)	10,050,225
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		1,346,660	(288,303)	1,058,357	0	1,058,357
410-05 SOUTHEAST HSC				HSCs and Institutions TOTALS	0	19,976,814	382,895	20,359,709	(180,816)	20,178,893
90	Funding Totals	F	9991	GENERAL FUNDS	6,105,870	9,376,757	313,390	9,690,147	(164,016)	9,526,131
90	Funding Totals	F	9992	FEDERAL FUNDS	8,751,945	9,808,614	366,919	10,175,533	(16,800)	10,158,733
90	Funding Totals	F	9993	OTHER FUNDS	1,051,893	1,364,567	(306,210)	1,058,357	0	1,058,357
				410-05 SOUTHEAST HSC TOTALS	15,909,708	20,549,938	374,099	20,924,037	(180,816)	20,743,221

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ND Department of Human Services * Human Service Centers

Funding for Grant Budget Object Codes In Line Item 70 (6006 - Grants, Benefits & Claims)

2003 - 2005 Budget as Submitted to the House

Bdgt Lvl	Budget Level Description	ACC	Cost Center Description	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To House 2003 - 2005	General	Federal	Other
410-75-10	ADMINISTRATION	8501	Center Director Administration	60	120	-	120	109	11	-
	ADMINISTRATION Total			**60**	**120**	**-**	**120**	**109**	**11**	**-**
410-75-20	CHILD WELFARE	8527	Shelter Care	62,708	77,605	(77,605)	-	-	-	-
410-75-20	CHILD WELFARE	8559	Access & Visitation Program	36,036	23,111	(23,111)	-	-	-	-
410-75-20	CHILD WELFARE	8610	WRAP Around Services	11,819	17,702	-	17,702	-	17,702	-
	CHILD WELFARE Total			**110,563**	**118,418**	**(100,716)**	**17,702**	**-**	**17,702**	**-**
410-75-30	DISABILITY SERVICES	8530	Rehabilitation Employment Services	729	500	-	500	106	394	-
410-75-30	DISABILITY SERVICES	8702	DD Infants & Toddlers - Part C General	80	79,885	(77,885)	2,000	43	1,957	-
410-75-30	DISABILITY SERVICES	8703	DD Case Management	1,694	1,918	-	1,918	1,117	801	-
410-75-30	DISABILITY SERVICES	8707	DD Behavioral Analyst	12,263	12,400	(12,400)	-	-	-	-
410-75-30	DISABILITY SERVICES	8709	DD Tracker Services	36	131	-	131	-	131	-
410-75-30	DISABILITY SERVICES	8714	DD Infnts & Toddlrs - Pt C for DD Parnts	11,643	40,000	-	40,000	-	40,000	-
410-75-30	DISABILITY SERVICES	8733	DD Work Activity	512	166	-	166	16	122	28
410-75-30	DISABILITY SERVICES	8739	DD Infant Development	1,294	1,328	-	1,328	704	624	-
	DISABILITY SERVICES Total			**28,251**	**136,328**	**(90,285)**	**46,043**	**1,986**	**44,029**	**28**
410-75-40	OLDER ADULT SERVICES	8612	Aging Services Administration	27,500	27,500	53,300	80,800	-	80,800	-
	OLDER ADULT SERVICES Total			**27,500**	**27,500**	**53,300**	**80,800**	**-**	**80,800**	**-**
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8540	Medical Director & Psychiatrists	79,435	106,271	(56,271)	50,000	28,408	15,956	5,636
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8550	Clinical Population Services	24,031	30,798	-	30,798	15,611	14,064	1,123
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8551	Clinical Population Services - Youth	110	200	-	200	110	72	18
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8624	CD Social DeTox	7,386	5,480	4,432	9,912	6,692	3,220	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8625	CD Emergency Medical	259,071	264,307	(42,748)	221,559	155,836	65,723	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8626	CD Short Term Residential Services	121,903	206,464	57,800	264,264	175,099	89,165	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8628	CD Alcohol & Drug Services	135	270	-	270	120	128	22
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8635	CD Alcohol & Drug Services - Youth	-	6,147	243,853	250,000	49,744	194,723	5,533
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8649	MH Partnership Program	397,265	567,645	(200,000)	367,645	113,903	143,320	110,422
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8650	Intensive In-Home	26,148	-	-	-	-	-	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8711	SMI Case Management	45,317	48,000	12,000	60,000	4,824	52,027	3,149
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8717	SMI Psych - Social Clubs	141,674	178,420	3,246	181,666	181,666	-	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8765	SMI Residential Therapeutic Serv./Group	210	260	-	260	11	246	3
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8767	SMI Residential Room & Board/Semi Indep.	124,040	177,067	31,560	208,627	203,406	-	5,221
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8779	SMI Services for the Homeless (MHSH)	11,409	18,116	-	18,116	6,089	12,027	-
410-75-50	MENTAL HEALTH & SUBST. ABUSE SRVCS	8782	SMI Short Term Inpatient Hospital	141,339	158,857	3,335	162,192	162,192	-	-
	MENTAL HEALTH & SUBST. ABUSE SRVCS Total			**1,379,473**	**1,768,302**	**57,207**	**1,825,509**	**1,103,711**	**590,671**	**131,127**
05 SOUTHEAST HSC Total				**1,545,847**	**2,050,668**	**(80,494)**	**1,970,174**	**1,105,806**	**733,213**	**131,155**

Exhibit 4B

Testimony SB 2012
January 15. 2003

Senator Holmberg, members of the committee, my name is Kathy Hogan, I am the Director of Cass County Social Services and I am representing the ND County Social Service Director's Association today.

As most of you are aware, many of the funding issues related to the Department of Human Services budget directly impacts county social service agencies, therefore we will be closely following the many difficult decisions this committee and the legislature will make over the coming months.

The County Director's Association are very concerns about the impact of the budget decisions will have on the low-income, elderly and children in our community and we are equally concerned about impact of budget decisions will have on the county property taxpayer. Often times, the county is expected to address local unmet needs and many counties have very limited financial resources.

We have identified three major funding concerns in SB 2012. First we are very concerned about the needs of "Indian Counties", particularly in the area of child support enforcement. Historically, state funds have been available to supplement local child support funding. Because of the budget problems, those funds were not included in the Governor's budget. Region 3 counties do not have financial resources to make up these costs and it is anticipated that there will be major reduction in services required which could result in non-compliance with federal regulations.

The second area of concern is in funding of Home and Community Based Services for elderly and disabled. Changes in the asset limits, the current SPED freeze all directly impact funding and services at the counties. As the demands of the growing elderly population increase, the impact on counties grows. Full funding of HCBS services is essential.

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The third area of concern is in the funding of child welfare services through the Children's and Family Services Division. As you heard this morning, counties have experienced a number of funding reduction in the current biennium at a time when the standards and requirements for services have grown putting us in a very serious dilemma. Our choices are again to raise property taxes to meet core service requirements or to not comply with state/federal laws. Many of these reductions are $100,000 here or $25,000 there but those all add up. With the increased costs of subsidized adoption and foster care, the counties are being squeezed both financially and programmatically.

We recognize that the state of North Dakota and the Department are facing a serious challenge. We urge that you remember the impact on counties as you make decisions regarding program changes.

Thank you for your time, I would be more than willing to answer any questions.

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TESTIMONY

N. D. HOUSE APPROPRIATIONS
SUB-COMMITTEE ON HUMAN SERVICES
March 6, 2003

Chairman Delzer, Members of the Committee, my name is Michon Sax. I am the County Director for the County Social Service Boards of McKenzie and Williams Counties. Today I am representing the North Dakota County Social Service Directors Association. Thank you for the opportunity to address the concerns of the County Social Service Directors relative to the Department of Human Services' budget.

The programs that are administered by the county agencies are, with a few exceptions, directly linked to the North Dakota Department of Human Services. We are concerned about potential fiscal impacts to some of the programs that we administer with the Department, based on the status of the Department's budget at Crossover.

Of particular concern is the SPED Program, Service Payments to the Elderly and Disabled. This is the third biennium the monies for services provided under Home and Community Based Services, particularly SPED, has been underfunded and not kept pace with the need for in-home care for the eligible elderly and disabled in our state. There are now over two hundred (200) individuals waiting for in-home services. Some of those people were not given an opportunity to apply, but were told, "you can only inquire" because of the need for applicants to be placed in a "pool". While waiting in

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the pool, some individuals have died or had to enter a nursing home before they wanted. By taking away an individual's choice, we have taken away their dignity and respect.

SB 2083 and the amendments to SB 2012 further restrict eligibility for SPED by reducing the allowable asset level to $20,000. The countable assets are all inclusive with the exception of the primary residence. This is more restrictive than eligibility for Medical Assistance. Spousal impoverishment allows the spouse of a nursing home resident to retain the primary residence, a vehicle, $2,260 per month in income and $90,660 in assets. Eligibility for services funded by SPED is much more restrictive than Medical Assistance. The average monthly cost of SPED is $420.89 as compared with the monthly average cost for nursing home care at $3,700.

In Mr. Zentner's testimony of 2-26-03, he indicated the Department of Human Services is proposing a consideration of lowering the community spouse levels for eligibility to be consistent with the minimum allowed by federal regulations. Doing this would bring the eligibility levels for SPED and Medical Assistance for nursing home clients closer to each other based on the proposed asset reduction for SPED. This may result in many more disabled and elderly in the state becoming vulnerable adults and in need of Adult Protective Services.

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County social service agencies are responsible for the administration of the economic assistance programs for the state of North Dakota. As counties administer the economic assistance programs, they are dependent on the

state designed computer systems. Without this technology we would be unable to adequately serve and meet the needs of the eligible clients in our state. Economic assistance programs administered through the County Social Service Board are enhanced by technology. We are able to access and utilize data, build reports, provide timely benefits to clients, utilize e-mail for communication, and customize information for the needs of the agency; to name a few. In order to maintain the integrity of the economic assistance programs for the state of North Dakota, it is imperative that maintenance dollars are available within the Technology Budget to keep these programs viable.

Relative to the cuts in Medical Assistance of Durable Medical Equipment, Optometry, and Psychological Services, we are concerned about the loss of the safety net for truly low income individuals in need of these services. Having nowhere else to turn, if these individuals look to counties to cover these costs, this, again, could be an example of state responsibility being shifted to county government.

We're very concerned about the cuts to Child Welfare Services in the Department's budget. If these cuts come to pass, it will mean counties may not be able to procure expert witnesses in legal proceedings in Juvenile

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Court. It will mean that parents will not be able to visit their children in foster care as often. It will mean that fewer children and families will receive Family Focused and Parent Aide services. It will mean that parents of medically fragile children will not receive desperately needed Respite Care so that they can continue to provide care for these delicate children. It will mean that fewer families will receive needed Intensive In-Home Services. It will mean that a larger share of the cost of doing Child Abuse and Neglect assessments will be transferred from state responsibility to county responsibility.

While we appreciate the fiscal dilemma facing the State, we also appreciate the obligation we all have to ensure that programs and services are available for the most vulnerable people in our state.

I would attempt to answer any questions you may have.

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North Dakota Department of Human Services
Information to the House
2003-2005 Biennium

Employee Turnover Rate

	Average of Last Two Years
Central Office	8.3%
Human Service Centers	10.3%
State Hospital	10.3%
Developmental Center	11.8%

Estimated Effects of SWAP Legislation

	Avoided County Costs & Corresponding Additional Cost to the State
1999-2001	4.4 million
2001-2003	9.7 million
2003-2005 (Budget to OMB)	12.1 million

House_turnover_Swap 3/3/2003 dm

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Terry Traynor, 03.19.03

53 County Indirect Cost Allocation Plans
July 2001 - June 2002

Reimbursements Generated by 53 County Plans

a. State (DHS) retains for SWAP programs	1,248,874
b. Counties receive for non-SWAP	992,798
Total Reimbursements	2,241,672

Consultant Fee

c. Federal reimbursement for fee on SWAP Programs	71,828
d. Federal reimbursement for fee on non-SWAP	57,100
e. Balance of Fee paid by counties	165,972
Total Consultant's Fee	294,900

Net Recoveries

f. County net recoveries (Line b less line e)	826,826
g. State (DHS) Net recoveries (same as gross-no costs)	1,248,874
Total Net Recoveries	2,075,700

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Exhibit 5I

SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATONS
SENATOR RAY HOLMBERG, CHAIRMAN
JANUARY 16, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Alex C. Schweitzer of the Department of Human Services. I am here today to provide you an overview of the North Dakota Developmental Center budget area.

- **The North Dakota Developmental Center provides the following services for Developmentally Disabled Individuals:**

  - **Residential and Day Services for Developmentally Disabled individuals with psychiatric diagnoses and significant challenging behaviors.**

  - **Residential, Day and Treatment Services for Developmentally Disabled males dealing with sexual offending behaviors.**

  - **Traumatic Brain Injury Services for four individuals.**

  - **Medical, Residential and Day Services for Developmentally Disabled individuals who are totally dependent on staff to complete daily cares and have medical concerns that require nursing staff accessibility 24 hours per day.**

  - **Dual Sensory Unit for individuals diagnosed with profound retardation and vision and hearing disabilities, who also have severe medical conditions and require complicated care.**

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- Facility space is used by over 15 other agencies and businesses (e.g. Migrant Health, Veterans Administration, NEHSC satellite, Kinder Prep, Domestic Violence, Sharpies Floral and Congregate Housing).

- The changes in the Governor's budget from the 2001 – 2003 budget to the 2003 – 2005 budget request reflect the 95% budget as recommended by the Governor. The 95% budget level will not negatively impact the operations of the Developmental Center. The total population increases from the current count of 151 individuals to 161 individuals because of the transfer of Developmentally Disabled patients from the State Hospital. (See Attachment A.) The Developmental Center will attempt to place 15 individuals to community based services during the 2003-2005 biennial period.

(See Attachment B for admission and discharge trends for the Developmental Center.)

Significant Changes:

- Unfund 15.10 positions to a total of 458.04 full time equivalents

- Reduce Overtime costs

- Reduce temporary salary costs

- Reduce operating expenses

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Page Three: North Dakota Developmental Center Testimony

- **The addition of $1,665,810 in a Federal Funding Reimbursement Option that enhances total revenue for the State of North Dakota.**

- **Change the method for selling products from Dakota East and lease the gift shop to a private business**

- **OVERVIEW OF BUDGET CHANGES:**

DESCRIPTION	2001-2003 BUDGET	2003-2005 REQUEST	INCREASE/ DECREASE
FTEs	**473.14**	**458.04**	**(15.10)**
EXPENSES			
Operating Expenses	40,165,023	41,511,050	**1,346,027**
Capital Improvements	951,993	637,203	**(314,790)**
TOTAL EXPENSES	**$41,117,016**	**$42,148,253**	**$1,031,237**
REVENUE			
GENERAL FUNDS	10,849,718	9,913,773	**(935,945)**
FEDERAL FUNDS	27,981,002	29,552,380	**1,571,378**
OTHER FUNDS	2,286,296	2,682,100	**395,804**
TOTAL REVENUE	**$41,117,016**	**$42,148,253**	**$1,031,237**

This concludes my testimony. I would be glad to answer any questions on the Developmental Center budget.

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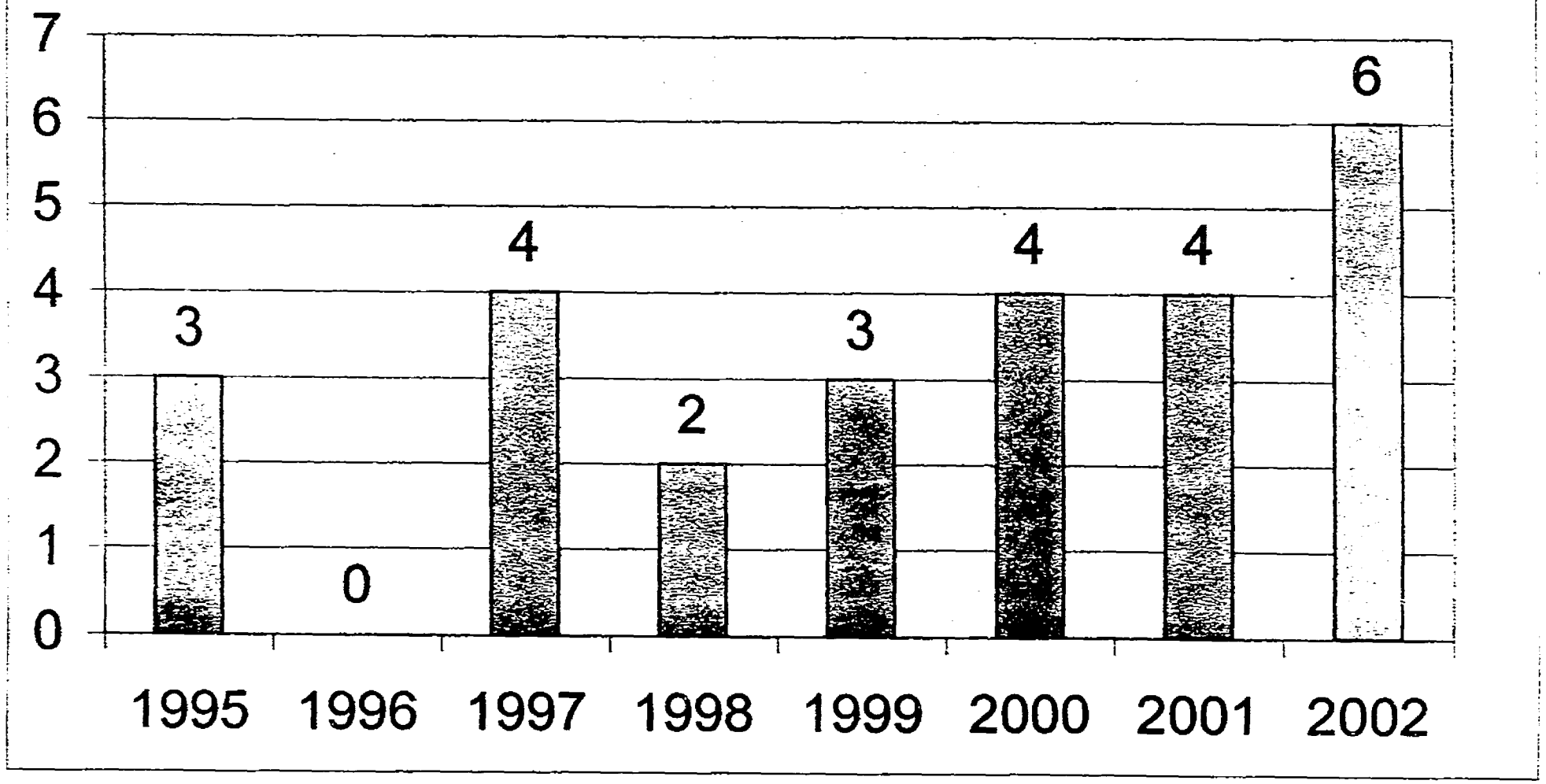
Developmental Center Admissions from the State Hospital



Attachment A

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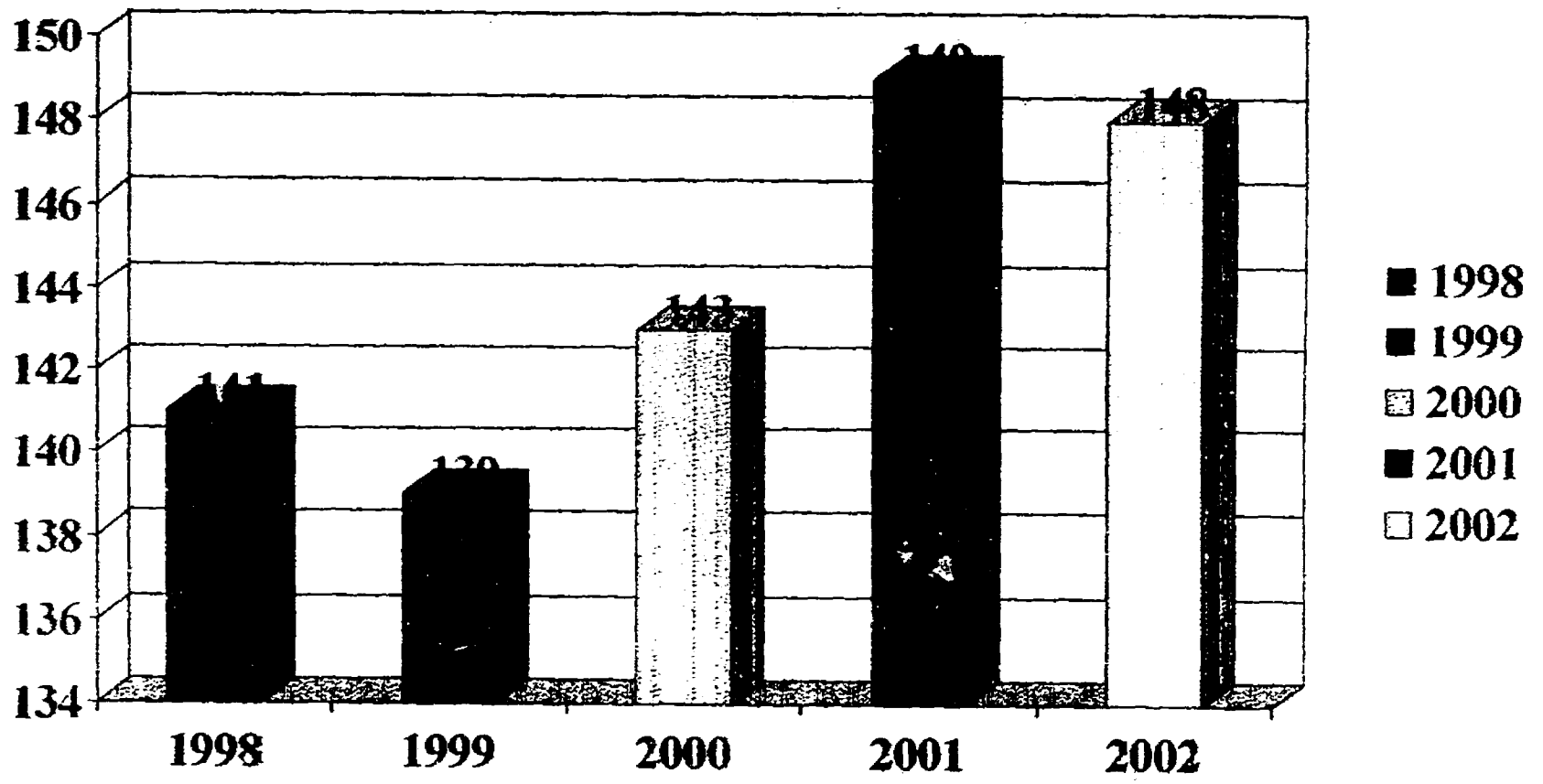
North Dakota Department of Human Services-Developmental Center
2003-2005 Biennium
Average Census by Calendar Year 1998-2002



Attachment B

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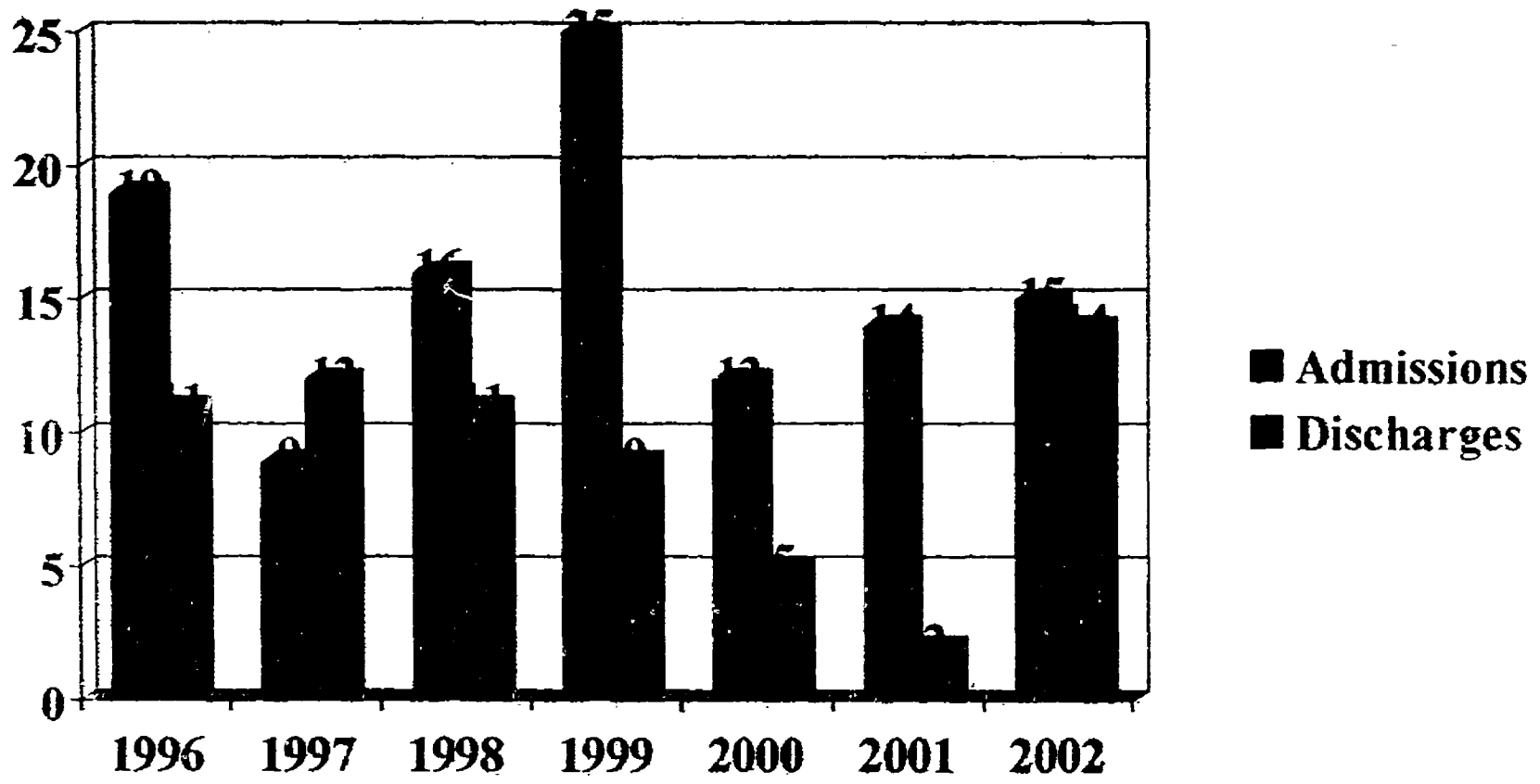
North Dakota Department of Human Services-Developmental Center
2003-2005 Biennium
Admissions and Discharges by Calendar Year 1996-2002



Attachment B

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS COMMITTEE
REPRESENTATIVE KEN SVEDJAN, CHAIRMAN
FEBRURARY 26, 2003

Chairman Svedjan, Members of the House Appropriations Committee, I will now provide an overview of the 2003 – 2005 North Dakota Developmental Center budget request.

- The North Dakota Developmental Center provides the following services for Developmentally Disabled individuals:

  - Residential and Day Services for Developmentally Disabled individuals with psychiatric diagnoses and significant challenging behaviors.

  - Residential, Day and Treatment Services for Developmentally Disabled males dealing with sexual offending behaviors.

  - Traumatic Brain Injury Services for four individuals.

  - Medical, Residential and Day Services for Developmentally Disabled individuals who are totally dependent on staff to complete daily cares and have medical concerns that require nursing staff accessibility 24 hours per day.

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- Dual Sensory Unit for individuals diagnosed with profound retardation and vision and hearing disabilities, who also have severe medical conditions and require complicated care.

- Facility space is used by over 15 other agencies and businesses (e.g. Migrant Health, Veterans Administration, NEHSC satellite, Kinder Prep, Domestic Violence, Sharpies Floral and Congregate Housing).

- The Executive Budget Request for the 2003 – 2005 biennium:

  - The change from the 2001 – 2003 budget to the 2003 – 2005 budget request reflects the 95% budget as recommended by the Governor. The 95% budget level will not negatively impact the operations of the Developmental Center.

  - The total population increases from the current count of 151 individuals to 161 individuals because of the transfer of Developmentally Disabled patients from the State Hospital. (See Attachment B.)

  - The Developmental Center will attempt to place 8 individuals to community-based services during the 2003-2005 biennial period.

  (See Attachment C., for admission and discharge trends for the Developmental Center.)

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- **Significant Changes:**
  - **Unfund 15.10 positions to a total of 458.04 full time equivalents**
  - **Reduce Overtime costs**
  - **Reduce temporary salary costs**
  - **Reduce operating expenses**
  - **The addition of $1,665,810 in a Federal Funding Reimbursement Option that enhances total revenue for the State of North Dakota.**
  - **Change the method for selling products from Dakota East and lease the gift shop to a private business**

The Senate made the following changes to the Executive Budget:

- **Removes the Governor's recommendation for state employees salary increases. The total for the Developmental Center is $340,137.**
- **Reduces funding from the general fund in the amount of $1 million dollars. The department may determine the specific areas to reduce.**

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Developmental Center Budget:

DESCRIPTION	2001- 2003 BUDGET	2003 – 2005 EXECUTIVE BUDGET	INCREASE/ DECREASE	SENATE INC/DEC.	SENATE CHANGES
FTEs	473.14	458.04	(15.10)	-	-
EXPENSES					
Operating/Salaries	40,165,023	41,511,050	1,346,027	(1,340,137)	$40,170,913
Cap. Improvements	951,993	637,203	(314,790)	-	-
TOTAL EXPENSES	$41,117,016	$42,148,253	$1,031,237	(1,340,137)	$40,808,116
REVENUE					
GENERAL FUNDS	10,849,718	9,913,773	(935,945)	(1,090,309)	$8,823,464
FEDERAL FUNDS	27,981,002	29,552,380	1,571,378	(249,828)	29,302,552
OTHER FUNDS	2,286,296	2,682,100	395,804	-	-
TOTAL REVENUE	$41,117,016	$42,148,253	$1,031,237	(1,340,137)	$40,808,116

- Impact of the Senate changes on the North Dakota Developmental Center:
  - The Center would not be able to fill 9 vacant direct care full time equivalents that are currently being processed for filling for a reduction of $632,471.

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- The Center would not be able to open a living area to provide services for the current growth of the Center's population.

- The remaining $367,529 reduction could come from these budget reductions:

  - Decrease in external medical contracts. ($186,677).

  - Eliminate all overtime cost. ($180,852).

This concludes my testimony on the Developmental Center budget. I would be glad to answer any questions on the Developmental Center budget.

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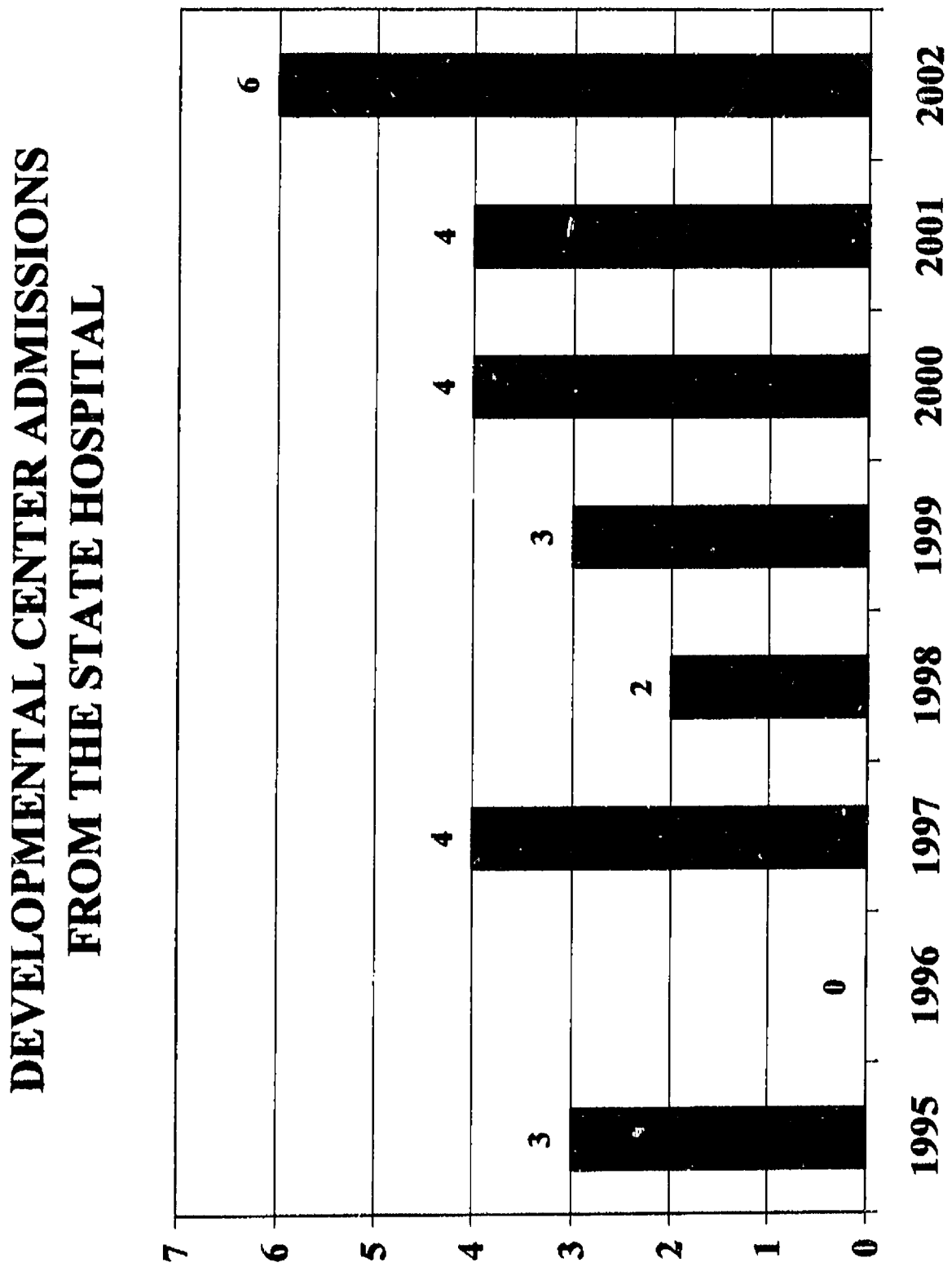
ATTACHMENT B



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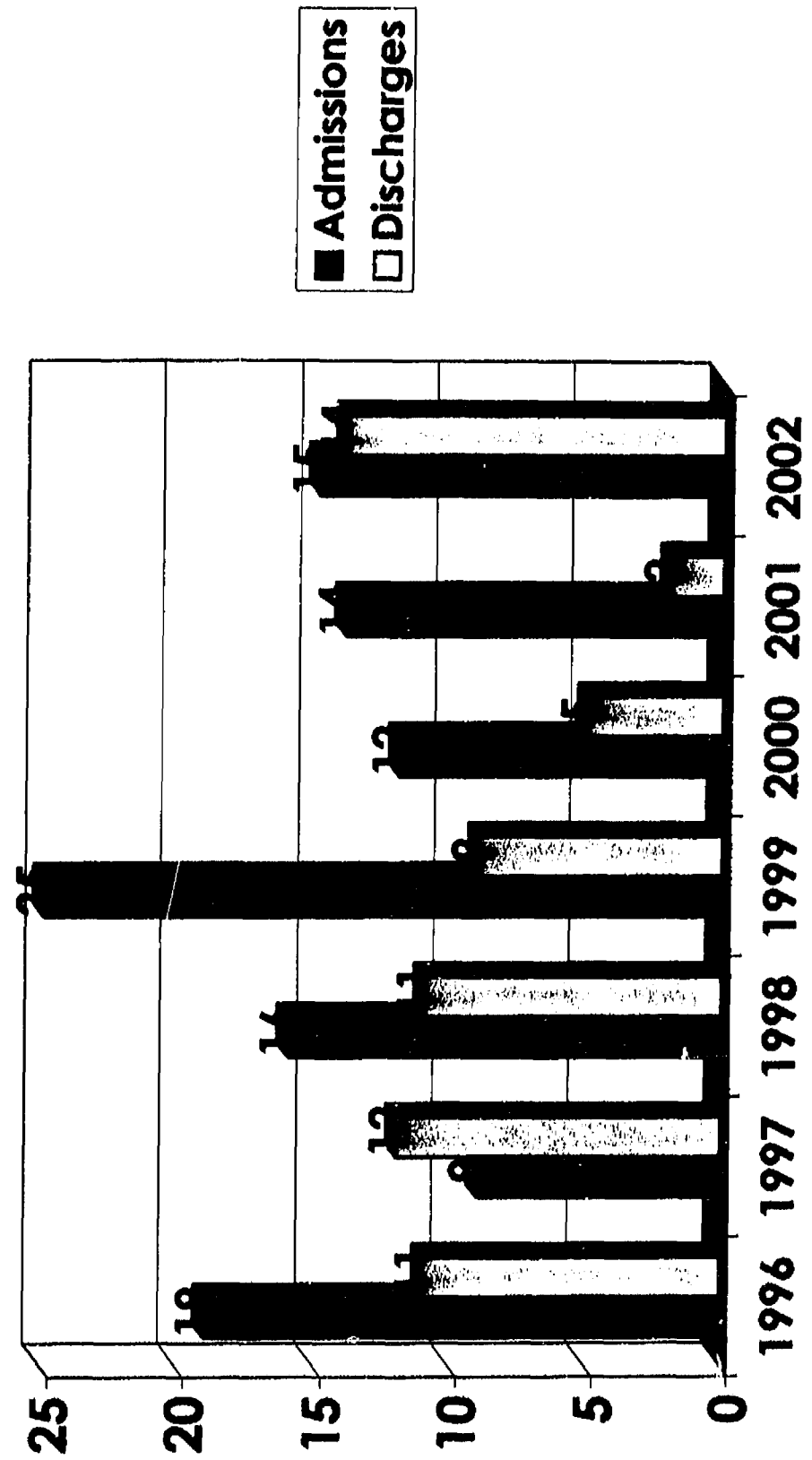
ATTACHMENT C



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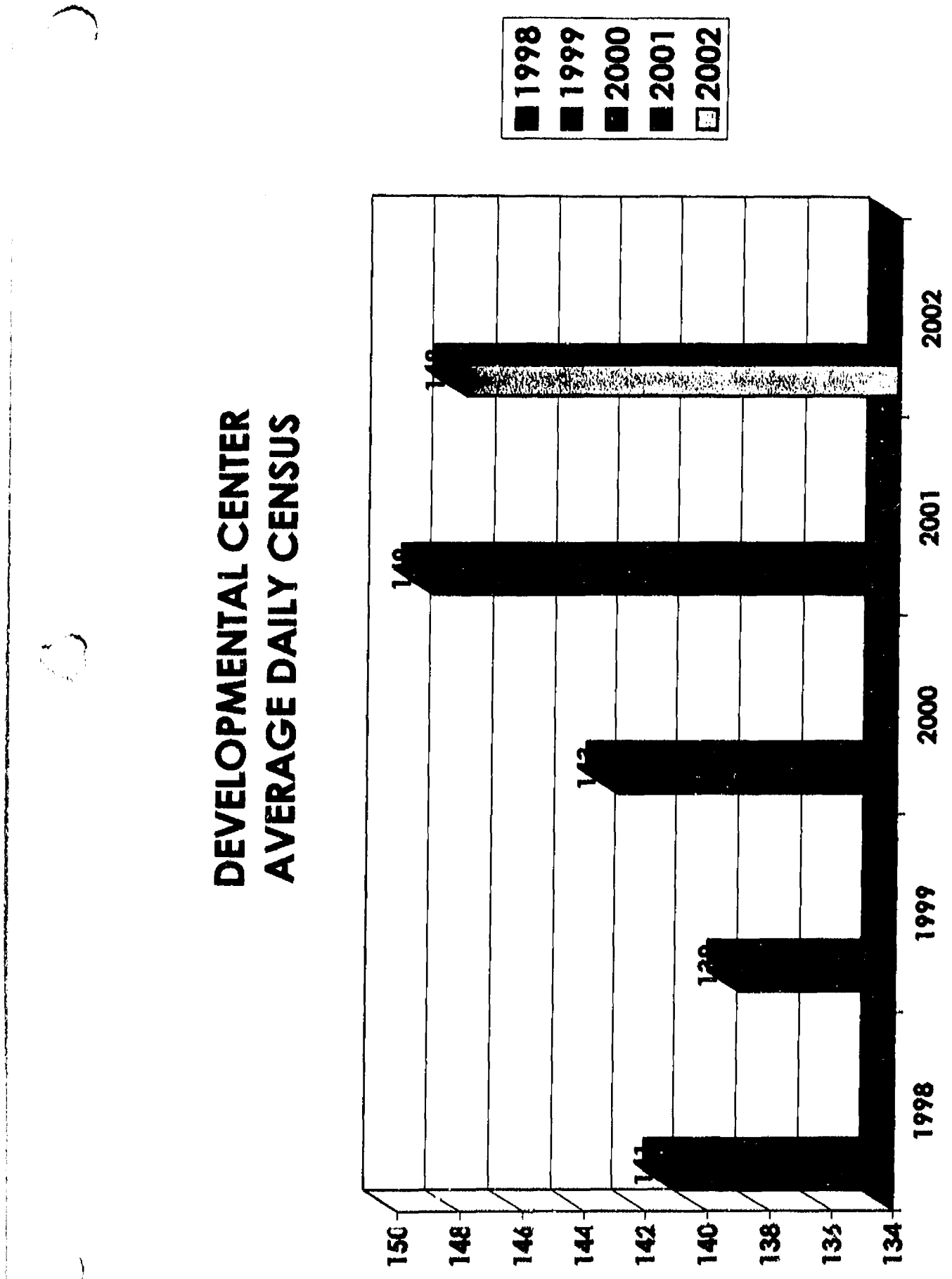
ATTACHMENT C



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TESTIMONY
Developmental Center - Grafton, ND
Senator Harvey Tallackson
District 16

Many changes have been made since the court case and the judge's decision to de-institutionalize the center. The population is now right around 150 patients. These are people who can't be in public and private places because of behavior and medicinal purposes.

The Developmental Center acts as a safety net for persons who are having problems in group homes or other facilities.

The indiscriminate cuts made by the Senate of 1 million from the Developmental Center and 2.2 million from the State Hospital are devastating to these facilities. The 1 million cut of the Developmental Center triggers a loss of 3 million in federal funds for the center and would severely cripple the center.

The community of Grafton and the state have combined their efforts to make use of vacant and unused buildings at the Developmental Center. I have attached a map of the center's grounds and buildings.

1. Metro plains converted old north A & B buildings into senior and low cost housing apartments. These apartments are full and there is a waiting list.

2. Prairie View building houses Special Education, Head Start program and a Day Care Center.

3. Midway building houses the Spouse Abuse program and the food pantry.

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TESTIMONY
Developmental Center - Grafton, ND
Senator Harvey Tallackson
District 16

4. Collette Auditorium is a health fitness club open to the surrounding area on a membership basis.

5. A walking and bicycle path is available on the north and west side of the center in cooperation with the park board.

So you can see, this is an efficient and useful campus with a minimum staff and funded 2/3 federal and 1/3 state. It is vitally important that the 1 million dollar cut be restored to the Governor's 95% budget.

Harvey Tallackson

Senator Harvey Tallackson
District 16 - Grafton

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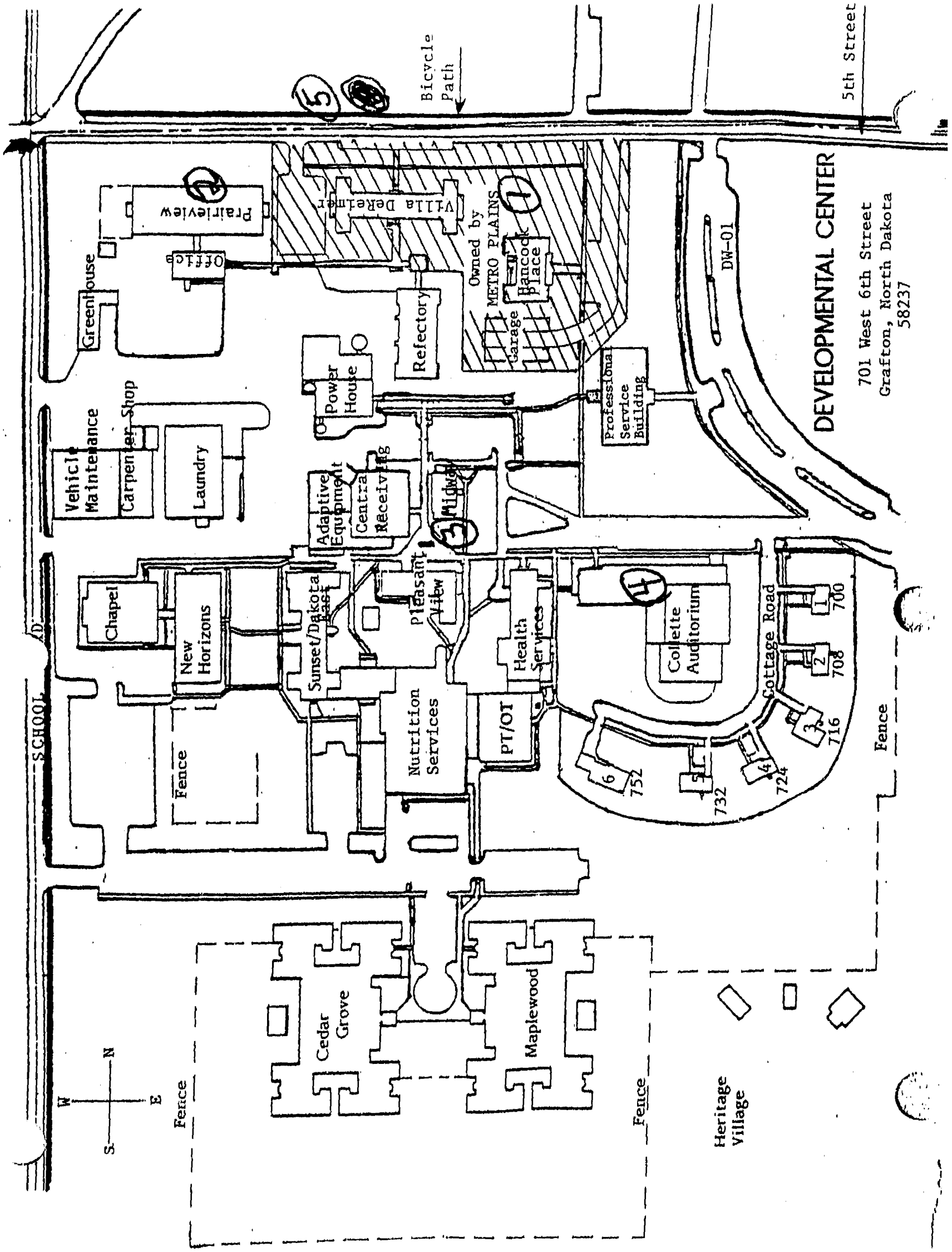
Operator's Signature Date



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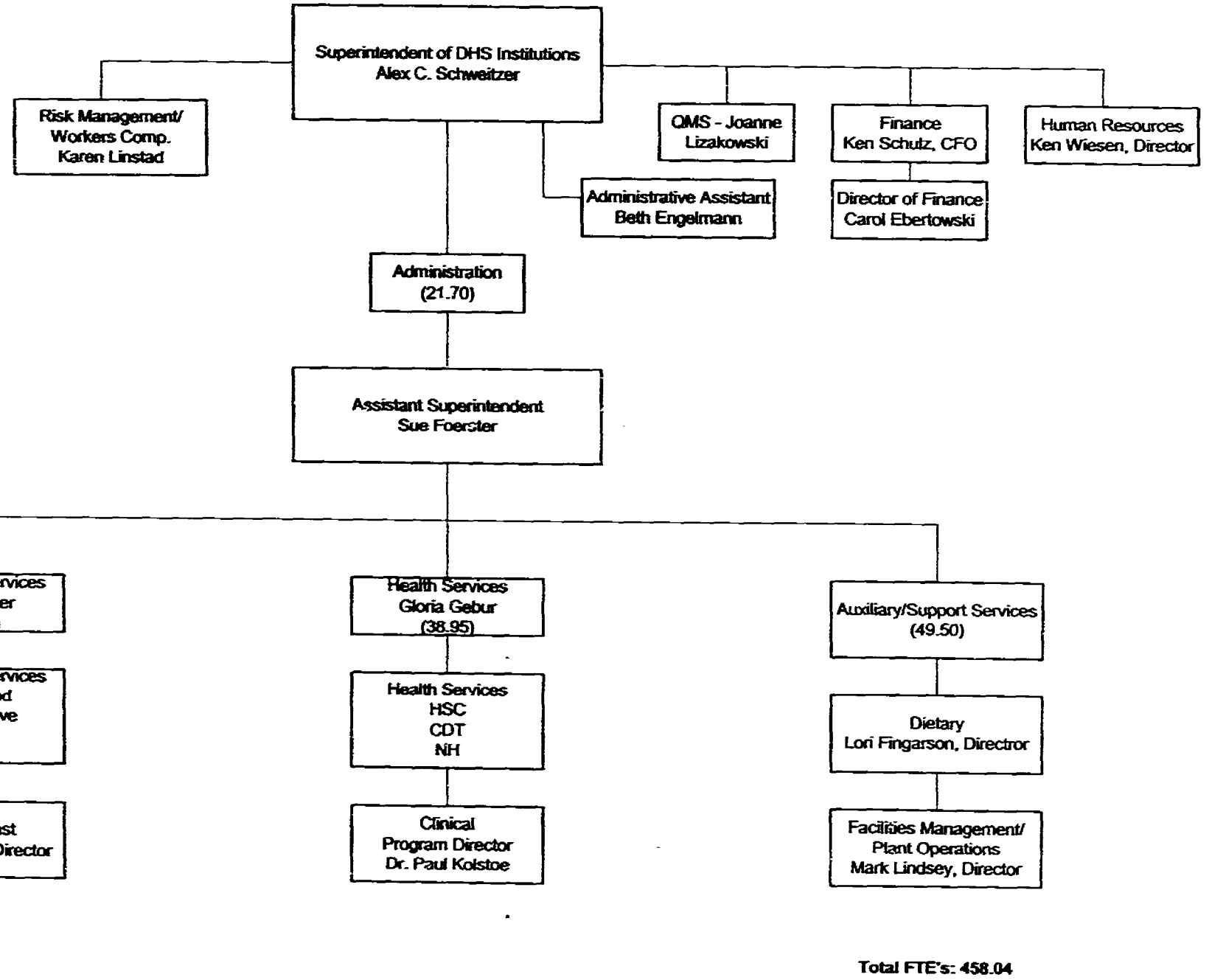
Theresa A. Lee
Operator's Signature

10-14-03
Date

ALEX SCHWEITZER. 03.14.03

Developmental Center

March 2003



Total FTE's: 458.04

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10-14-03
Date

ALEX SCHWEITZER, 03.14.03

North Dakota Developmental Center

Health Services:

Nursing Administration	7.50
Dental Services	1.70
Pharmacy Services	2.80
Lab Services	2.50
Physical Therapy	8.15
Occupational Therapy	5.30
Adaptive Equipment	4.00
Speech Services	2.00
Psychology Services	3.00
Social Services	2.00
Total	38.95

Administration:

Superintendent (Beth)	1.00
Finance	8.50
Human Resources	4.00
Safety and Security	3.00
Quality Management Services	2.00
Staff Development	3.20
Total	21.70

Residential Services:

Clerical Services	2.20
Dakota East	50.00
Chapel	.80
HSC – Dual Sensory	16.50
NH – Sexual Health	20.50
NH – Adm.	2.00
MW – Living 1	18.00
MW – Eric	6.00
MW – Living 2	18.00
MW – Living 3	26.00
MW – Living 4	35.80
MW – Adm.	7.00
CG – Living 1	31.30
CG – Living 3	28.00
CG – Living 4	29.50
CG – Adm.	7.00
Unit Nursing	30.89
HSC – III	16.40
Collette Fitness	2.00
Total	347.89

Auxiliary Services:

Dietary	30.00
Laundry	1.00
Plant Operations	16.50
Custodial Services	2.00
Total	49.50

Total FTE's: 458.04

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Theresa A. Hall
Operator's Signature

10-14-03
Date

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Operator's Signature

10-14-03
Date

03.14.05.

DEVELOPMENTAL CENTER
REVENUE COMPARISON

REVENUE SOURCES	2001-03	TO OMB 2003-05	OMB ADJUST	GOVERNOR'S 2003-05 BUDGET	VARIANCE	COMMENTS
GENERAL FUNDS	9,887,725	8,878,791	397,779	9,276,570	(611,155)	
Cap. Improvements - General Funds	961,993	637,203		637,203	(324,790)	
TOTAL GENERAL FUNDS	**10,849,718**	**9,515,994**	**397,779**	**9,913,773**	**(935,945)**	
FEDERAL FUNDS						
Medical Assistance	27,981,002	28,735,027	817,353	29,552,380	1,571,378	Federal Funding Reimbursement Option
TOTAL FEDERAL FUNDS	**27,981,002**	**28,735,027**	**817,353**	**29,552,380**	1,571,378	=$1,665,810
OTHER FUNDS						
Unidentified Other Authority	133,473	0	0	0	(133,473)	Adjustment to '01-03 Budget
Recipient Liability	1,150,224	1,534,484	43,316	1,577,800	427,576	Increase Recip. Liab. Collections
Rent	143,000	141,000	0	141,000	(2,000)	
Collette	161,500	170,000	0	170,000	8,500	
Dakota	290,000	288,000	0	288,000	(2,000)	
Sale of Salvage	0	6,000	0	6,000	6,000	
Lab Fees	80,000	90,000	0	90,000	10,000	Slight increase in VA business
Food Service	140,000	140,000	0	140,000	0	
Adaptive Equipment	60,000	83,000	0	83,000	23,000	Higher insurance revenue
Miscellaneous Collections*	128,099	186,300	0	186,300	58,201	Expect more probate collections
TOTAL OTHER FUNDS	**2,286,296**	**2,638,784**	**43,316**	**2,682,100**	**395,804**	
TOTAL REVENUE	**41,117,016**	**40,889,805**	**1,258,448**	**42,148,253**	**1,031,237**	

KEN SCHULZ, 03.14.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		473.140	(15.100)	458.040	0.000	458.040
430-01 DEVELOPMENTAL CENTER				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**473.140**	**(15.100)**	**458.040**	**0.000**	**458.040**
50	Capital Improvements	B	5905	LAND & BUILDINGS	111,811	302,759	(302,759)	0	0	0
50	Capital Improvements	B	5020	OTHER CAPITAL PAYMENTS	613,502	649,234	(12,031)	637,203	0	637,203
430-01 DEVELOPMENTAL CENTER				**Capital Improvements TOTALS**	**725,313**	**951,993**	**(314,790)**	**637,203**	**0**	**637,203**
50	Capital Improvements	F	5991	LAND & CPTL IMPRV - GENERAL FUNDS		905,708	(268,505)	637,203	0	637,203
50	Capital Improvements	F	5993	LAND & CPTL IMPRV - OTHER FUNDS		46,285	(46,285)	0	0	0
430-01 DEVELOPMENTAL CENTER				**Capital Improvements TOTALS**	**0**	**951,993**	**(314,790)**	**637,203**	**0**	**637,203**
70	HSCs and Institutions	B	1001	SALARIES	17,513,298	22,883,087	590,990	23,474,077	(923,492)	22,550,585
70	HSCs and Institutions	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	859,360	1,129,011	(530,211)	598,800	(180,852)	417,948
70	HSCs and Institutions	B	1008	BENEFITS	6,724,555	9,343,553	430,172	9,773,725	(49,116)	9,724,609
70	HSCs and Institutions	B	3003	IT-TELEPHONE	162,571	199,420	(18,629)	180,791	0	180,791
70	HSCs and Institutions	B	3004	TRAVEL	259,692	285,882	(34,289)	251,593	0	251,593
70	HSCs and Institutions	B	3005	IT - SOFTWARE/SUPPLIES	8,117					
70	HSCs and Institutions	B	3006	UTILITIES	1,015,130	1,446,873	(133,123)	1,313,750	0	1,313,750
70	HSCs and Institutions	B	3007	POSTAGE	24,005	21,628	(1,990)	19,638	0	19,638
70	HSCs and Institutions	B	3011	LEASE/RENT - EQUIPMENT	46,636	74,017	(3,028)	70,989	0	70,989
70	HSCs and Institutions	B	3012	LEASE/RENT - BLDG/LAND	80	107	(107)	0	0	0
70	HSCs and Institutions	B	3013	PROFESSIONAL DEVELOPMENT	25,882	52,208	(1,193)	51,015	0	51,015
70	HSCs and Institutions	B	3014	OPERATING FEES & SERVICES	186,472	382,372	1,620,210	2,002,582	0	2,002,582
70	HSCs and Institutions	B	3016	REPAIRS	366,945	559,340	(84,915)	474,425	0	474,425
70	HSCs and Institutions	B	3018	PROFESSIONAL SERVICES	214,125	349,676	(30,984)	318,692	(186,677)	132,015
70	HSCs and Institutions	B	3019	INSURANCE	72,681	91,913	(17,367)	74,546	0	74,546
70	HSCs and Institutions	B	3021	OFFICE SUPPLIES	53,304	81,450	(14,000)	67,450	0	67,450
70	HSCs and Institutions	B	3024	PRINTING	123,933	153,051	(16,523)	136,528	0	136,528
70	HSCs and Institutions	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	20,920	38,362	(9,258)	29,104	0	29,104
70	HSCs and Institutions	B	3027	FOOD & CLOTHING	953,298	1,213,676	(72,655)	1,141,021	0	1,141,021
70	HSCs and Institutions	B	3029	MEDICAL, DENTAL & OPTICAL	695,550	845,519	(42,206)	803,313	0	803,313
70	HSCs and Institutions	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	338,398	545,527	(137,145)	408,382	0	408,382
70	HSCs and Institutions	B	3033	MISCELLANEOUS SUPPLIES	267,596	392,571	(71,942)	320,629	0	320,629
70	HSCs and Institutions	B	3034	OFFICE EQUIP & FURN - UNDER $5000	1,724					
70	HSCs and Institutions	B	3036	OTHER EQUIPMENT - UNDER $5000	32,875	75,780	(75,780)	0	0	0
430-01 DEVELOPMENTAL CENTER				**HSCs and Institutions TOTALS**	**29,967,147**	**40,165,023**	**1,346,027**	**41,511,050**	**(1,340,137)**	**40,170,913**

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10-14-03
Date

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
70	HSCs and Institutions	F	7091	HSCS & INSTITUTIONS - GENERAL FUNDS		9,944,010	(667,440)	9,276,570	(1,090,309)	8,186,261
70	HSCs and Institutions	F	7092	HSCS & INSTITUTIONS - FEDERAL FUNDS		27,981,002	1,571,378	29,552,380	(239,692)	29,312,688
70	HSCs and Institutions	F	7093	HSCS & INSTITUTIONS - OTHER FUNDS		2,240,011	442,089	2,682,100	(10,136)	2,671,964
430-01 DEVELOPMENTAL CENTER				**HSCs and Institutions TOTALS**	**0**	**40,165,023**	**1,346,027**	**41,511,050**	**(1,340,137)**	**40,170,913**
90	Funding Totals	F	9991	GENERAL FUNDS	10,755,184	10,849,718	(935,945)	9,913,773	(1,090,309)	8,823,464
90	Funding Totals	F	9992	FEDERAL FUNDS	18,408,256	27,981,002	1,571,378	29,552,380	(239,692)	29,312,688
90	Funding Totals	F	9993	OTHER FUNDS	1,529,020	2,286,296	395,804	2,682,100	(10,136)	2,671,964
				430-01 DEVELOPMENTAL CENTER TOTALS	**30,692,460**	**41,117,016**	**1,031,237**	**42,148,253**	**(1,340,137)**	**40,808,116**

03.14.03
ALEX SCHWEITZER
KEN SCHULZ

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
		HEALTH SERVICES				
6003	NURSE PRACT	HOLT, KATHY M.	1.000		1.000	9706
6006	ADM ASST II	SCHRANK, CHERYL K.	1.000		1.000	9706
6007	NURSE PRACTITIONER	HEDLUND, SHARON A.	1.000		1.000	9706
6014	HEALTH SERV ADM DIR	GEBUR, GLORIA D.	1.000		1.000	9706
6030	SENIOR RES SUPV	BERG, ANNE L.	1.000		1.000	9706
6249	CUST, INST	BUCK, LORI A.	1.000		1.000	9706
6270	CUST, INST	WERSINGER, RAYMOND F.	1.000		1.000	9706
6319	ACT ASST II	V A C A N C Y	0.500		0.500	9706
6319	ACT ASST II	V A C A N C Y = UF =	0.500	(0.500)	-	9706
		NURSING - ADMINISTRATION	**8.000**	**(0.500)**	**7.500**	**9706 Total**
6000	DENTIST	DIETER, DR. JEFFREY J.	0.700		0.700	9707
6000	DENTIST	V A C A N C Y = UF =	0.300	(0.300)	-	9707
6010	DENTAL HYGIENIST	GRIFFIN, MARY L.	1.000		1.000	9707
		DENTAL SERVICES	**2.000**	**(0.300)**	**1.700**	**9707 Total**
6011	PHARMACIST II	OFFUTT, SANDRA L.	0.800		0.800	9708
6012	PHARMACIST I	LUTOVSKY, KIMBALL A.	1.000		1.000	9708
6013	PHARMACY TECHNICIAN	WASLASKI, JENNY R.	1.000		1.000	9708
		PHARMACY SERVICES	**2.800**	**-**	**2.800**	**9708 Total**
6029	MED LAB TECH II(PRC)	V A C A N C Y	0.500		0.500	9709
6116	MED TECH II	PRIGGE, NORINE D.	1.000		1.000	9709
6117	MED LAB TECH II	ERICKSON, NANCY J.	1.000		1.000	9709
		LAB SERVICES	**2.500**	**-**	**2.500**	**9709 Total**
6118	PT DIRECTOR	WIESEN, MOLLY A.	1.000		1.000	9710
6120	PT AIDE	JALLO, DEBRA D.	1.000		1.000	9710
6121	PT AIDE	HECK, SHARI J.	1.000		1.000	9710
6123	PT AIDE	SAMUELSON, HARLEY J.	1.000		1.000	9710
6124	PT	KUBOUSEK, LYNN G.	0.150		0.150	9710
6124	PT	MUIR, KERRY L.	0.500		0.500	9710
6125	PT	OLSON, KIMBERLY D.	0.500		0.500	9710
6128	PT AIDE	FUGERE, DOLORES S.	1.000		1.000	9710
6129	ADM ASST II	LINSTAD, KAREN K.	1.000		1.000	9710
6314	ADM ASST I	MITCHELL, JOANN L.	1.000		1.000	9710
		PHYSICAL THERAPY	**8.150**	**-**	**8.150**	**9701 Total**
6130	COTA II	SLOMINSKI, NATALIE R.	0.500		0.500	9711
6130	COTA II	MOE, DENISE K.	0.500		0.500	9711
6131	OT	GEMMILL, JULIE K.	0.800		0.800	9711
6132	OT DIRECTOR	DUSEK, MARY K.	0.500		0.500	9711
6135	COTA II	MORPHIS, LISA A.	1.000		1.000	9711
6138	OT	McDERMOTT-HINEY,SHEILA J.	0.500		0.500	9711
6138	OT	JOHNSON, TRACEY L.	0.500		0.500	9711
6509	COTA II	OFFERDAHL, PATRICIA M.	1.000		1.000	9711
		OCCUPATIONAL THERAPY	**5.300**	**-**	**5.300**	**9711 Total**
6142	DIRECTOR OF AEC	OLSON, DONALD N.	1.000		1.000	9712
6144	ADES II	SZKLARSKI, ALLAN E.	1.000		1.000	9712
6145	ADES II	REISS, KENNETH A.	1.000		1.000	9712
6146	ADES I	RANEY, DAVID R.	1.000		1.000	9712
		ADAPTIVE EQUIPMENT CENTER	**4.000**	**-**	**4.000**	**9712 Total**
6290	BEH MOD SPEC II	BLAIR, RICK A.	1.000		1.000	9713
6463	PSYCH I (exempt)	ORVEDAL, LAURIE L.	1.000		1.000	9713
6861	LIC PSYCH II	KOLSTOE, DR. PAUL D.	1.000		1.000	9713
		PSYCHOLOGY SERVICES	**3.000**	**-**	**3.000**	**9713 Total**
6664	SP PATH III/DIRECTOR	HOUSKA, CHRIS A.	0.200		0.200	9714
6665	SP PATH III/DIRECTOR	HOUSKA, CHRIS A.	0.300		0.300	9714
6665	SP PATH III (PRC)	V A C A N C Y -- H O L D	0.500		0.500	9714

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Operator's Signature 10-14-03 Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6863	SP PATH III	CALLAHAN, JULIE A.	1.000		1.000	9714
		SPEECH SERVICES	**2.000**	**-**	**2.000**	**9714 Total**
6513	SOCIAL WKR II	COOK, MICHAEL W.	1.000		1.000	9717
6666	SOCIAL WKR II (CP)	VAVROVSKY, KEITH G.	1.000		1.000	9717
		SOCIAL SERVICES	**2.000**	**-**	**2.000**	**9717 Total**
		TOTAL HEALTH SERVICES	**39.750**	**(0.800)**	**38.950**	
		AUXILIARY SERVICES				
6148	FOOD SERV DIR III	FINGARSON, LORI A.	1.000		1.000	9721
6152	COOK I	NYBO, MICHAEL J.	1.000		1.000	9721
6153	COOK I	McMILLAN, BETTY A.	0.500		0.500	9721
6153	COOK I	KADLEC, PHYLLIS A.	0.500		0.500	9721
6154	COOK I	HUMPHRIES, SANDRA J.	0.500		0.500	9721
6154	COOK I	MORENO, GRISELDA D.	0.500		0.500	9721
6155	COOK I	V A C A N C Y	1.000		1.000	9721
6156	COOK II	VILLARREAL, AMY M.	1.000		1.000	9721
6157	COOK I	SIEBEN, MARY K.	0.500		0.500	9721
6157	COOK I	SIMON, ZITA M.	0.500		0.500	9721
6159	COOK I	ROESLER, CHRISTINE A.	1.000		1.000	9721
6160	COOK I	VANEK, RUTH E.	1.000		1.000	9721
6162	COOK II	KOTASKA, PEARL H.	1.000		1.000	9721
6163	COOK I	JACOBSON, SUSAN J.	1.000		1.000	9721
6164	COOK I	DOMINGUEZ, MISTY I.	1.000		1.000	9721
6165	COOK I	AMUNDSON, BEATRICE L.	0.500		0.500	9721
6165	COOK I	SAMUELSON, VIOLET A.	0.500		0.500	9721
6168	COOK I	DALEY, REANE S.	1.000		1.000	9721
6169	COOK I	HERNANDEZ, ALICIA D.	1.000		1.000	9721
6170	COOK I	ELLINGSON, DENISE R.	1.000		1.000	9721
6171	COOK I	BOGERT, LINDA F.	1.000		1.000	9721
6172	COOK I	DVORAK, EUGENIA R.	0.500		0.500	9721
6172	COOK I	WEST, JOANN B.	0.500		0.500	9721
6173	COOK I	MONETTE, LAURA K.	1.000		1.000	9721
6175	COOK I	HOLLIS, JASON M.	1.000		1.000	9721
6176	FOOD SERV SUPV III	WOHL, DEBRA J.	1.000		1.000	9721
6179	COOK I	FRIER, SANDRA J. (X)	1.000		1.000	9721
6181	COOK I	LARMAN, GLORIA J.	1.000		1.000	9721
6182	DIETITIAN II	SCHROEDER, BRENDA K.	1.000		1.000	9721
6184	COOK I	V A C A N C Y	1.000		1.000	9721
6185	CUST, INST	ZIDON, ROBERT W.	1.000		1.000	9721
6189	COOK II	HILDEBRANDT, VIOLA	1.000		1.000	9721
6194	COOK I	FRENCH, GERALDINE F.	1.000		1.000	9721
6195	COOK I	MATCHA, DUSTIN M.	1.000		1.000	9721
6197	FOOD SERV ASST	ENG, MIKE G.	1.000		1.000	9721
6289	ADM ASST I	V A C A N C Y = UF =	1.000	(1.000)	-	9721
		DIETARY SERVICES	**31.000**	**(1.000)**	**30.000**	**9721 Total**
6209	VOC TRAIN TECH	LYSENGEN, JANICE R.	1.000		1.000	9722
		LAUNDRY SERVICES	**1.000**	**-**	**1.000**	**9722 Total**
6064	MAINT MECHANIC I	FUGERE, RANDOLPH J.	1.000		1.000	9723
6217	MAINT WKR II	NELSON, RICHARD A.	0.500		0.500	9723
6219	HTG PLANT OP I	V A C A N C Y	1.000		1.000	9723
6220	HTG PLANT OP II	UTHKE, MARTIN J.	1.000		1.000	9723
6222	HTG PLANT OP II	BYZEWSKI, TAD A.	1.000		1.000	9723
6223	HTG PLANT OP II	NELSON, LEON S.	1.000		1.000	9723
6224	HTG PLANT OP I	V A C A N C Y	1.000		1.000	9723

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Operator's Signature 10-14-03 Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6225	PHY PLANT DIR II	JORGENSON, DONALD J.	1.000		1.000	9723
6226	PLUMBER I	LINDELL, JOHN S.	1.000		1.000	9723
6228	ELECTRICIAN II (PRC)	V A C A N C Y	1.000		1.000	9723
6229	ELECTRICIAN II	HALLIDAY, HARRIS F.	1.000		1.000	9723
6233	CARPENTER II	SCHLENK, JAMES L.	1.000		1.000	9723
6235	PLUMBER I	BESSETTE, GENE G.	1.000		1.000	9723
6236	CARPENTER III	MARTIN, WAYNE A.	1.000		1.000	9723
6237	PAINTER III	HUNSBERGER, RON F.	1.000		1.000	9723
6238	PAINTER II	BOURA, MAVIS H.	1.000		1.000	9723
6241	MAINT WKR II	JASTER, MILES D.	1.000		1.000	9723
6242	LAND/GROUNDS SUPV	V A C A N C Y = UF =	1.000	(1.000)	-	9723
		PLANT OPERATION	**17.500**	**(1.000)**	**16.500**	**9723 Total**
6259	CUSTODIAL SUPV I	GOODRIE, CRAIG C.	1.000		1.000	9732
6261	CUST, INST	LIETZ, KENNETH M.	1.000		1.000	9732
6910	CUSTODIAN	V A C A N C Y = UF =	1.000	(1.000)	-	9732
		CUSTODIAL SERVICES	**3.000**	**(1.000)**	**2.000**	**9732 Total**
		TOTAL AUXILIARY SERVICES	**52.500**	**(3.000)**	**49.500**	
		ADMINISTRATION				
6247	SECURITY OFF I	JOHNSON, DEAN A. = UF =	1.000	(1.000)	-	9733
6327	SAFETY/SECURITY SUPV	BAXTER, RUSSELL W.	1.000		1.000	9733
6328	SECURITY OFF II	WOSICK, DARYL R.	1.000		1.000	9733
6329	SECURITY OFF I	GANYO, DENNIS J.	1.000		1.000	9733
6403	SECURITY OFF I	FAY, JOHN E. = UF =	1.000	(1.000)	-	9733
		SAFETY AND SECURITY	**5.000**	**(2.000)**	**3.000**	**9733 Total**
6284	ADM ASST III	ENGELMANN, MARY E.	1.000		1.000	9761
		SUPERINTENDENT	**1.000**	**-**	**1.000**	**9761 Total**
6023	ACCT MANAGER I	EBERTOWSKI, CAROL M.	1.000		1.000	9764
6191	ACCT TECH I	SLUKE, MARY C.	1.000		1.000	9764
6215	ACCT TECH I	MACHART, TERRI A.	1.000		1.000	9764
6278	ACCT TECH I	KRINGSTAD, KELLY J.	1.000		1.000	9764
6292	MATERIEL MGMT SUPV	McGREGOR, GERALDINE A.	1.000		1.000	9764
6294	ADM ASST I	V A C A N C Y = UF =	1.000	(1.000)	-	9764
6295	ACCT TECH II	SHEREK, VERNA L.	1.000		1.000	9764
6299	STOREKEEPER I	V A C A N C Y = UF =	1.000	(1.000)	-	9764
6304	OFFICE ASST II	DEMERS, ARDITH J.	0.500		0.500	9764
6306	OFFICE ASST II	V A C A N C Y = UF =	0.500	(0.500)	-	9764
6309	ACCT TECH I	GANYO, NANCY S.	1.000		1.000	9764
6310	ACCT TECH II	LARSON, KATHY K.	1.000		1.000	9764
		FINANCE	**11.000**	**(2.500)**	**8.500**	**9764 Total**
6282	PERSONNEL DIR II	WIESEN, KENNETH J.	1.000		1.000	9767
6296	ACCT TECH II	FOERSTER, JANET M.	1.000		1.000	9767
6315	PERSONNEL ASST	ANDERSON, DIANE M.	1.000		1.000	9767
6316	PERSONNEL OFF II	GRZADZIELESKI, RENAE J.	1.000		1.000	9767
		HUMAN RESOURCES	**4.000**	**-**	**4.000**	**9767 Total**
6324	HSPA III	LIZAKOWSKI, JOANN E.	1.000		1.000	9769
6559	ADM ASST II	CLAPP, VICKI R.	1.000		1.000	9769
		QUALITY ASSURANCE	**2.000**	**-**	**2.000**	**9769 Total**
6317	TRAINING OFF II	FIESTEMAYER, RUSSELL E.	1.000		1.000	9770
6321	ADM ASST I	MITZIGA, TAMMY L.	1.000		1.000	9770
6672	OFFICE ASST III	HAGGERTY, KAREN J.	0.200		0.200	9770
6813	DIR OF PROF DEV	WILSON, MARYBETH	1.000		1.000	9770
		STAFF DEVELOPMENT	**3.200**	**-**	**3.200**	**9770 Total**

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Operator's Signature 10-14-03 Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
		TOTAL ADMINISTRATION	**26.200**	**(4.500)**	**21.700**	
		RESIDENTIAL LIVING				
6297	ACT THER II	MARTIN, MICHELE M.	1.000		1.000	9724
6716	ACT ASST II	PETERSON, KRISTEN N.	1.000		1.000	9724
		COLLETTE FITNESS CENTER	**2.000**	**-**	**2.000**	**9724 Total**
6887	ADM ASST II	JASTER, MARY M.	1.000		1.000	9802
6889	OFFICE ASST III	OLSON, KIM A.	0.200		0.200	9802
6891	OFFICE ASST III	NOVAK, BONITA L.	1.000		1.000	9802
		CLERICAL SERVICES	**2.200**	**-**	**2.200**	**9802 Total**
6338	VOC TRAIN TECH	DALEY, JEROME L.	1.000		1.000	9804
6339	VOC TRAIN TECH	SHIREK, KATHY M.	1.000		1.000	9804
6340	VOC TRAIN TECH	CLEMETSON, CARMEN F.	1.000		1.000	9804
6341	VOC TRAIN TECH	SCHNELLBACH, BECKY M.	1.000		1.000	9804
6342	ADM ASST II	GALLAGHER, JOLENE S.	1.000		1.000	9804
6343	VOC TRAIN TECH	PUPPE, NANCY L.	1.000		1.000	9804
6344	VOC TRAIN TECH	DEMERS, EILEEN N.	1.000		1.000	9804
6345	VOC TRAIN TECH	McBAIN, SANDRA K.	1.000		1.000	9804
6347	VOC TRAIN TECH	MACHOVSKY, DOREEN D.	1.000		1.000	9804
6348	VOC TRAIN TECH	V A C A N C Y	1.000		1.000	9804
6350	VOC TRAIN TECH	ELKE, RAYMOND D.	1.000		1.000	9804
6353	VOC TRAIN TECH	BELL, NANCY K.	1.000		1.000	9804
6356	VOC TRAIN TECH	CHRISTINSON, ROSEMARY L.	1.000		1.000	9804
6357	VOC TRAIN TECH	SZKLARSKI, JAMES A.	1.000		1.000	9804
6359	VOC TRAIN TECH	HALVORSON, LEE K.	1.000		1.000	9804
6360	VOC TRAIN TECH	FLATEN, TODD L.	1.000		1.000	9804
6361	VOC TRAIN TECH	SLIVICKI, SUSAN K.	1.000		1.000	9804
6363	VOC TRAIN TECH	SAMDAHL, TINA M.	1.000		1.000	9804
6364	VOC TRAIN TECH	SAMUELSON, KARI L.	1.000		1.000	9804
6365	VOC TRAIN TECH	McFARLAND, HELEN J.	1.000		1.000	9804
6366	VOC TRAIN TECH	DVORAK, BONNY L.	1.000		1.000	9804
6367	VOC TRAIN TECH	HOOEY, JENNIFER M.	1.000		1.000	9804
6368	VOC TRAIN TECH	SCHULTZ, ROSE M.	1.000		1.000	9804
6369	VOC TRAIN TECH	BABB, JENNIFER L.	1.000		1.000	9804
6370	VOC TRAIN TECH	EINARSON, SHEREE L.	1.000		1.000	9804
6373	VOC TRAIN TECH	V A C A N C Y	1.000		1.000	9804
6374	VOC TRAIN TECH	HALLIDAY, PAMELA J.	1.000		1.000	9804
6375	VOC TRAIN TECH	LINDELL, SHARYL R.	1.000		1.000	9804
6376	VOC TRAIN TECH	BURGER, KATHLEEN M.	1.000		1.000	9804
6377	VOC TRAIN TECH	MACHOVSKY, DALLAS D.	1.000		1.000	9804
6379	VOC TRAIN TECH	FRENCH, PATTI J.	1.000		1.000	9804
6380	VOC TRAIN TECH	PETERSON, KEVIN M.	1.000		1.000	9804
6381	ACTIVITY THER III	KOHLER, DANIEL M.	1.000		1.000	9804
6382	HSPA IV	LINDSEY, MARK F.	1.000		1.000	9804
6383	VOC TRAIN TECH	BURNS, PHYLLIS I.	1.000		1.000	9804
6384	VOC TRAIN TECH	HALVORSON, COLLEEN M.	1.000		1.000	9804
6387	VOC TRAIN TECH	WEBSTER, JULIE L.	1.000		1.000	9804
6388	VOC TRAIN TECH	BRANDT, MAXINE A.	1.000		1.000	9804
6392	VOC TRAIN TECH	LARSON, PHYLLIS J.	1.000		1.000	9804
6393	ACTIVITY THER III	NESS, JANICE I.	1.000		1.000	9804
6395	VOC TRAIN TECH	WYSOCKI, SHERI L.	1.000		1.000	9804
6401	VOC TRAIN TECH	EINARSON, MARK S.	1.000		1.000	9804
6855	VOC TRAIN TECH	BARSTAD, ALDEN H.	1.000		1.000	9804
6858	VOC TRAIN TECH	GOODOIEN, JOYCE E.	1.000		1.000	9804

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Operator's Signature

10-14-03
Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6859	VOC TRAIN TECH	MARKEL, KATHY J.	1.000		1.000	9804
6872	VOC TRAIN TECH	WATKINS, ROBYN M.	1.000		1.000	9804
6873	VOC TRAIN TECH	FERGUSON, BARBARA J.	1.000		1.000	9804
6879	VOC TRAIN TECH	V A C A N C Y = UF =	1.000	(1.000)	-	9804
6880	VOC TRAIN TECH	ATKINS, JOANNE K.	1.000		1.000	9804
6883	VOC TRAIN TECH	SONDELAND, SHARON M.	1.000		1.000	9804
6884	ACTIVITY THER III	HEAZLETT, MARGARET M.	1.000		1.000	9804
		DAKOTA ENTERPRISES	**51.000**	**(1.000)**	**50.000**	**9804 Total**
6672	OFFICE ASST III	SCHMALTZ, JULIE A.	0.800		0.800	9805
		CHAPEL	**0.800**	**-**	**0.800**	**9805 Total**
6037	DTT	VELASQUEZ, ALICIA	1.000		1.000	9811
6447	DTT (N)	TIBERT, TIMOTHY L.A.	1.000		1.000	9811
6473	ASST RES SUPV	SURITA, SILVIA	1.000		1.000	9811
6484	DTT	JEFFORDS, REBECCA L.	1.000		1.000	9811
6499	DTT (N) *	LEEDAHL, DANNY L.	1.000		1.000	9811
6503	DTT II (N)	PAPENFUSS, KAY L.	0.500		0.500	9811
6567	DTT	V A C A N C Y -- H O L D	1.000		1.000	9811
6572	DTT	JELINEK, REBECCA A.	1.000		1.000	9811
6602	DTT	SHILLING, AMY J.	1.000		1.000	9811
6610	DTT	BURNETT, JENNIFER L.	1.000		1.000	9811
6650	DTT	BE, KIM LEE	1.000		1.000	9811
6685	ASST RES SUPV	AAS, MARGO A.	1.000		1.000	9811
6736	ASST RES SUPV (N)	DEIMOLD, ANNELIESE M.	1.000		1.000	9811
6783	DTA	MONGEON, KIMBERLY S.	1.000		1.000	9811
6785	DTT	ORTIZ, ANA MARIA C.	1.000		1.000	9811
6812	RUPC/QMRP	SABOURIN, TRUDY R.	1.000		1.000	9811
6840	DTT	LOPEZ, PATRICIA R.	1.000		1.000	9811
		HSC - DUAL SENSORY IMPAIRED	**16.500**	**-**	**16.500**	**9811 Total**
6443	DTT	MUNOZ, GARY D.	1.000		1.000	9812
6483	DTT	GILLESPIE, THOMAS D.	1.000		1.000	9812
6592	ASST RES SUPV	SKJORDAL, LISA J.	1.000		1.000	9812
6642	DTT	LIETZ, MICHAEL E.	1.000		1.000	9812
6745	DTT	V A C A N C Y	1.000		1.000	9812
6907	DTT	SWANSON, SHERRI L.	1.000		1.000	9812
		MAPLEWOOD - ERIC	**6.000**	**-**	**6.000**	**9812 Total**
6027	RUPC/QMRP	V A C A N C Y = UF =	1.000	(1.000)	-	9814
6059	DTT	MONTES, ADAM L.	1.000		1.000	9814
6072	DTT	URIELL, SUEANN M.	1.000		1.000	9814
6103	DTT	BRAATEN, JOLAYNE K.	0.500		0.500	9814
6231	DTT	ENSRUDE, STACIE L.	1.000		1.000	9814
6441	DTT II	HAMMOND, SHIRLEY R.	1.000		1.000	9814
6458	DTT II	BETZ, JENNIFER K.	0.500		0.500	9814
6459	DTT II	FREDERICKSEN, LYLE W.	1.000		1.000	9814
6470	ASST RES SUPV	SCHLENK, LOIS M.	1.000		1.000	9814
6501	DTT	SONDRESON, LAWRENCE A.	1.000		1.000	9814
6630	DTT (N)	V A C A N C Y	1.000		1.000	9814
6690	DTT (N)	EK, PHAL	1.000		1.000	9814
6701	DTT (N) *	GERSZEWSKI, MARY M.	1.000		1.000	9814
6768	DTT	PETRON, MICHELE A.	1.000		1.000	9814
6769	DTT	BEAVERS, ROBERT D.	1.000		1.000	9814
6809	ASST RES SUPV	ANDERSON, LOUANN	1.000		1.000	9814
6868	DTT II	KOSOBUD, SUSAN F.	1.000		1.000	9814
6900	DTT II	LANGLEY, CONNIE L.	0.500		0.500	9814
6900	DTT II	NEWTON, EVELYN F.	0.500		0.500	9814
6901	DTT II	LANGLEY, CONNIE L.	0.500		0.500	9814
6902	DTT II	SKJORDAL, BECKY J.	1.000		1.000	9814

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Theresa A. Lee
Operator's Signature

10-14-03
Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6903	DTT II	BERG, JERRALYN L.	1.000		1.000	9814
6904	DTT II	KOSOBUD, JOSEPH J.	1.000		1.000	9814
6906	DTT	LaFONTAINE, TRINA R.	1.000		1.000	9814
		NH - SEXUAL HEALTH	**21.500**	**(1.000)**	**20.500**	**9814 Total**
6279	CUSTODIAN	FALLER, ROSEMARY	1.000		1.000	9816
6871	SENIOR RES SUPV	HURST, MARIE R.	1.000		1.000	9816
		NH - ADMINISTRATION	**2.000**	**-**	**2.000**	**9816 Total**
6050	DTT	GUTHMILLER, KATHRYN A.	1.000		1.000	9821
6073	DTT	TRENDA, ALBERT D.	1.000		1.000	9821
6216	DTT	NILLES, JAMES P.	1.000		1.000	9821
6428	DTT II (N)	MORAN, JOYCE M.	1.000		1.000	9821
6439	DTT	MORAN, MICHAEL A.	1.000		1.000	9821
6468	DTT	MELL, KAREN M.	1.000		1.000	9821
6478	DTT	CAMPBELL, COREY A.	1.000		1.000	9821
6501	DTT	MOERI, THOMAS C.	1.000		1.000	9821
6519	DTT II (PRC)	LILLICO, AMANDA D.	1.000		1.000	9821
6547	DTT	OMDAHL, MARK J.	1.000		1.000	9821
6595	DTT	PAPENFUSS, BRYAN L.	1.000		1.000	9821
6599	DTT II	ANDERSON, RODNEY L.	1.000		1.000	9821
6673	DTT	NELSON, JANET M.	1.000		1.000	9821
6674	DTT	CHAPMAN, KRISTI J.	1.000		1.000	9821
6687	DTT II (N) *	BESSETTE, MITCHELL J.	1.000		1.000	9821
6724	ASST RES SUPV	THOMPSON, WANDA E.	1.000		1.000	9821
6744	DTT	V A C A N C Y	1.000		1.000	9821
6755	DTT (N) *	PLADSON, BRENT L.	1.000		1.000	9821
		MW - LIVING 1	**18.000**	**-**	**18.000**	**9821 Total**
6409	DTT	WARD, MARLYS E.	1.000		1.000	9822
6415	ASST RES SUPV	JOHNSON, ROBERT D.	1.000		1.000	9822
6449	DTT	WILMER, JEFFREY L.	1.000		1.000	9822
6465	RUPC/QMRP	FREDERICKSON, KEVIN B.	1.000		1.000	9822
6485	DTT II	HAJICEK, SONYA M.	1.000		1.000	9822
6506	DTT	FRENCH, KARISSA K.	1.000		1.000	9822
6555	DTT	COLLINS, RANDALL S.	1.000		1.000	9822
6563	ASST RES SUPV	HOLWEGER, SHARON A.	1.000		1.000	9822
6579	DTT	CUDMORE, JANA C.	1.000		1.000	9822
6604	DTT	ROLLNESS, WAYNE J.	1.000		1.000	9822
6622	DTT	AGUADO, ROSALINDA	1.000		1.000	9822
6627	DTT (N) *	RICHARDSON, PAULETTE M.	1.000		1.000	9822
6679	DTT II	SHOCKLEY, MARK A.	1.000		1.000	9822
6680	DTT II (N)	PECKA, JULIE A.	1.000		1.000	9822
6684	DTT (N) *	DAY, ROBERT	1.000		1.000	9822
6692	DTT	YEM, PAMELA J.	1.000		1.000	9822
6766	DTT	TIMIAN, DONALD J.	1.000		1.000	9822
6833	DTT	V A C A N C Y	1.000		1.000	9822
		MW - LIVING 2	**18.000**	**-**	**18.000**	**9822 Total**
6065	DTT II	THIEL, SUSAN R.	1.000		1.000	9823
6291	DTT II	DIETRICH, LINDA J.	1.000		1.000	9823
6431	DTT	SYRUP, YOLANDA K.	1.000		1.000	9823
6435	ASST RES SUPV (N)	ELLINGSON, KIMBERLY K.	1.000		1.000	9823
6461	RUPC/QMRP	ELLINGSON, DIANNE K.	1.000		1.000	9823
6467	DTT	MORAN, PAUL J.	1.000		1.000	9823
6517	DTT	MORAN, BRIAN J.	1.000		1.000	9823
6522	DTT	SEVERSON, DAVID D.	1.000		1.000	9823
6529	DTT	SURITA, CATARINO	1.000		1.000	9823
6531	DTT	HAJICEK, GARY P.	1.000		1.000	9823
6532	ASST RES SUPV	PITCHER, ARDIS L.	1.000		1.000	9823

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NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6535	DTT	V A C A N C Y -- H O L D	1.000		1.000	9823
6538	ASST RES SUPV	BRUMWELL, LES K.	1.000		1.000	9823
6584	DTT	LeBLANC, DAVID C.	1.000		1.000	9823
6588	DTA (PRC)	URIELL, GERALD L.	1.000		1.000	9823
6608	ASST RES SUPV	PRASKA, CAROL J.	1.000		1.000	9823
6619	DTT	JEROME, PEGGY J.	1.000		1.000	9823
6624	DTT (N)	DOYLE, JON C.	1.000		1.000	9823
6693	DTT (N)	WISTE, EVALON M.	1.000		1.000	9823
6698	DTT	SKAVHAUG, ALICE C.	0.500		0.500	9823
6698	DTT	SCHAF, TAMMY S.	0.500		0.500	9823
6727	DTT II (N) *	NIES, JAMES H.	1.000		1.000	9823
6728	DTT II	WINZER, DEBORAH L.	1.000		1.000	9823
6779	DTT II	CONTRERAS, BRENDA S.	1.000		1.000	9823
6805	DTT	DOLAN, RICHARD J.	1.000		1.000	9823
6843	DTT	SEVERSON, DARRELL R.	1.000		1.000	9823
6908	DTT II	BAXTER, DONNA M.	1.000		1.000	9823
		MW - LIVING 3	**26.000**	**-**	**26.000**	**9823 Total**
6412	ASST RES SUPV	GOODRIE, TAMMY L.	1.000		1.000	9824
6421	DTA	HURTT, TERI L.	1.000		1.000	9824
6438	DTT	ANDERSON, PATRICE A.	0.500		0.500	9824
6456	RUPC/QMRP	DeSAUTEL, DEBRA J.	1.000		1.000	9824
6462	DTT	LIPSH, JEANNETTE M.	1.000		1.000	9824
6469	DTT	DOLAN, SARAH E.	1.000		1.000	9824
6477	DTT	WINKLER, CAROLYN A.	1.000		1.000	9824
6479	DTT	OKABE, MARK A.	1.000		1.000	9824
6487	DTT II	TROFTGRUBEN, MARION E.	1.000		1.000	9824
6493	DTT II	MATTSON, JUDITH A.	1.000		1.000	9824
6502	ASST RES SUPV	LINK, NICHOLAS G.	1.000		1.000	9824
6504	DTT (N) *	RUZICKA, KATHY A.	1.000		1.000	9824
6505	DTT	NORD, KELLY M.	1.000		1.000	9824
6520	DTT (N) *	QUAST, JOHN M.	1.000		1.000	9824
6539	DTT	UMPHREY, FLORENCE M.	0.800		0.800	9824
6573	DTT	V A C A N C Y -- H O L D	1.000		1.000	9824
6590	DTT	HUTCHISON, JESSE K.	0.500		0.500	9824
6623	RUPC/QMRP	HARPSTER, BARBARA I.	1.000		1.000	9824
6643	DTT	HENRIKSEN, THOMAS J.	1.000		1.000	9824
6646	DTT	MATTSON, EDWARD R.	1.000		1.000	9824
6648	ASST RES SUPV	JOHNSON, MARY MARTHA	1.000		1.000	9824
6675	DTT (N) *	COLLETTE, MARY A.	1.000		1.000	9824
6677	DTT	HELMOSKI, ELIZABETH A.	1.000		1.000	9824
6682	DTT (N)	PITCHER, VERONICA	1.000		1.000	9824
6688	DTT (N) *	STIEFEL, KIM A.	1.000		1.000	9824
6689	DTT (N) (PRC)	BOGERT, SUSAN D.	0.500		0.500	9824
6689	DTT	McLAUGHLIN, KARLA L.	0.500		0.500	9824
6694	DTT (N)	BIRI, LARRY A.	1.000		1.000	9824
6695	DTT (N) *	SLOMINSKI, MILDRED A.	1.000		1.000	9824
6700	DTT II	FREDERICKSEN, DONNA M.	1.000		1.000	9824
6712	DTT	KNUTSON, SHELLY M.	1.000		1.000	9824
6719	DTT	NARLOCH, MARY B.	1.000		1.000	9824
6721	DTT	MERCIL, AUDREY A.	1.000		1.000	9824
6731	DTT	McDANIEL, MELISSA M.	1.000		1.000	9824
6756	DTT II	AGUILAR, ROSA M.	1.000		1.000	9824
6758	DTT	FUNAIOLE, JESSICA J.	1.000		1.000	9824
6801	DTT (N) *	PELTIER, GAYLE L.	1.000		1.000	9824
6845	DTT II	SENG, MARY A.	1.000		1.000	9824
		MW - LIVING 4	**35.800**	**-**	**35.800**	**9824 Total**

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Operator's Signature 10-14-03 Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6246	CUST, INST	RUD, HELEN J.	1.000		1.000	9825
6274	CUST, INST	BARTA, JANE F.	1.000		1.000	9825
6444	SENIOR RES SUPV (N)	DENAULT, DIANNA R.	1.000		1.000	9825
6562	SENIOR RES SUPV	BRAKKE, SUSAN K.	1.000		1.000	9825
6596	SENIOR RES SUPV	KASPRICK, SANDRA J.	1.000		1.000	9825
6618	ASST SUPT	FOERSTER, SUSAN A.	1.000		1.000	9825
6669	ADM ASST I	SCHRUM, SUZANNE M.	1.000		1.000	9825
		MW - ADMINISTRATION	**7.000**	-	**7.000**	**9825 Total**
6042	ASST RES SUPV	PAPENFUSS, JENNIE L.	1.000		1.000	9831
6084	DTT	MIDGARDEN, DANA L.	1.000		1.000	9831
6094	DTT	TOSCANO, MARGARITA L.	1.000		1.000	9831
6199	DTT	V A C A N C Y -- H O L D	1.000		1.000	9831
6245	DTT	RASMUSSEN, KYLIE M.	1.000		1.000	9831
6336	DTT	V A C A N C Y	0.300		0.300	9831
6424	DTA	LINDELL, BARETTA E.	1.000		1.000	9831
6434	DTT II (N)	BAILLY, PATRICIA A.	1.000		1.000	9831
6445	DTT	JOHNSON, AMY M.	1.000		1.000	9831
6446	DTT	MERGENTHAL, RAMONA L.	1.000		1.000	9831
6453	RUPC/QMRP	ALLENSWORTH, JOHN K.	1.000		1.000	9831
6466	DTT	MAURSTAD, JANICE I.	1.000		1.000	9831
6489	DTT	OSOWSKI, BRADLEY A.	1.000		1.000	9831
6507	RUPC/QMRP	JORGENSON, MERIDETH A.	1.000		1.000	9831
6530	DTT	STEWART, PAGE C.	1.000		1.000	9831
6558	DTT	BLACKCLOUD, ELLA I.	1.000		1.000	9831
6606	DTT	HAGEN, KATHY L.	1.000		1.000	9831
6703	DTT	LONG, ANITA L.	1.000		1.000	9831
6709	DTT	V A C A N C Y	1.000		1.000	9831
6723	DTT	LAPIC, JOHNNY H.	1.000		1.000	9831
6738	ASST RES SUPV	MOEN, GAIL L.M.	1.000		1.000	9831
6743	DTT	FRITEL, RENEE A.	1.000		1.000	9831
6750	DTT (N)	LYNCH, MARILYN K.	0.500		0.500	9831
6750	DTT (N)	BURGENER, CHRISTINE M.	0.250		0.250	9831
6750	DTT (N)	MAENDEL, KAREN K.	0.250		0.250	9831
6754	DTT	DAIGRE, MARY K.	1.000		1.000	9831
6757	DTT (N) *	SOEUNG, SARY	1.000		1.000	9831
6759	DTT	FERGUSON, SUELLEN	1.000		1.000	9831
6771	ASST RES SUPV	LARSON, SHIRLEY A.	1.000		1.000	9831
6777	DTT	SCHNELLBACH, GERALD J.	1.000		1.000	9831
6796	DTT II	KRAM, PATRICIA M.	1.000		1.000	9831
6798	DTT (N) *	PLANTE, JAMES D.	1.000		1.000	9831
6817	DTT	JOHNSON, ROXANN A.	1.000		1.000	9831
6838	DTT	FINGARSON, PAUL C.	1.000		1.000	9831
		CG - LIVING 1	**31.300**	-	**31.300**	**9831 Total**
6028	RUPC/QMRP	DOYLE, VICKY M.	1.000		1.000	9833
6149	DTT	SAMDAHL, AMANDA M.	1.000		1.000	9833
6410	DTT	DUMAS, RICHARD J.	1.000		1.000	9833
6413	ASST RES SUPV	V A C A N C Y = UF =	1.000	(1.000)	-	9833
6420	DTT (N) *	PLANTE, SHIRLEY A.	1.000		1.000	9833
6429	DTT	V A C A N C Y = UF =	1.000	(1.000)	-	9833
6488	DTT	LOPEZ, GENEVA T.	1.000		1.000	9833
6569	DTT (N)	NYGARD, KARLA I.	1.000		1.000	9833
6578	SENIOR RES SUPV (N)	LOVAASEN, JUNE K.	1.000		1.000	9833
6600	DTT	LARSON, SHIRLEY A.	1.000		1.000	9833
6612	DTT	DENAULT, BARBARA A.	1.000		1.000	9833
6613	DTT	OSOWSKI, JANE L.	1.000		1.000	9833
6699	DTT	BRUBAKKEN, MARY E.	1.000		1.000	9833

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Operator's Signature — Date 10-12-03

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6702	DTT (PRC TO ARS)	V A C A N C Y -- H O L D	1.000		1.000	9833
6710	DTT (N) *	ROLLEFSTAD, RICHARD C.	1.000		1.000	9833
6729	DTT (PRC)	GILLETT, CAROLYN A.	1.000		1.000	9833
6773	ASST RES SUPV (N)	THUING, DARY	1.000		1.000	9833
6775	RUPC/QMRP	MILLER, MICHAEL J.	1.000		1.000	9833
6781	DTT	BJORNSON, CAROL E.	1.000		1.000	9833
6782	DTT	OLSON, KAREN A.	1.000		1.000	9833
6790	ASST RES SUPV	WHITE, TAMI J.	1.000		1.000	9833
6791	DTT	PITCHER, JANICE M.	1.000		1.000	9833
6792	DTT (N)	LADOUCEUR, DEBBIE R.	1.000		1.000	9833
6795	ASST RES SUPV	OLSON, SUSAN D.	1.000		1.000	9833
6797	DTT	GARCIA, NORMA O.	1.000		1.000	9833
6808	DTT II	V A C A N C Y = UF =	1.000	(1.000)	-	9833
6815	DTT	LIEN, DENISE J.	1.000		1.000	9833
6818	DTT II	KLINISKE, ROSE Y.	1.000		1.000	9833
6828	DTT	DUMAS, CHRISTOPHER M.	1.000		1.000	9833
6830	DTT	MILLER, HOPE L.	1.000		1.000	9833
6857	DTT	WALDNER, HELEN	1.000		1.000	9833
		CG - LIVING 3	**31.000**	**(3.000)**	**28.000**	**9833 Total**
6063	DTT II	KOAPKE, MARIE J.	1.000		1.000	9834
6300	DTT	CAMPBELL, PATRICIA J.	1.000		1.000	9834
6407	DTT (N)	CUDMORE, MARGARET J.	0.500		0.500	9834
6407	DTT	CUDMORE, SANDRA K.	0.500		0.500	9834
6419	DTT	WEIXEL, MICHELL A.	1.000		1.000	9834
6422	ASST RES SUPV	SCHNELLBACH, MARY C.	1.000		1.000	9834
6450	DTT	POITRA, BERNICE M.	1.000		1.000	9834
6452	DTT	LOPEZ, IRMA L.	1.000		1.000	9834
6495	DTT	SEVERSON, DUANE R.	1.000		1.000	9834
6561	DTT	V A C A N C Y	1.000		1.000	9834
6564	DTT II	DAHLEN, JUDITH E.	1.000		1.000	9834
6631	DTT	GOSSELIN, HELEN L.	1.000		1.000	9834
6633	DTT	BOSCHEE, SANDRA L.	1.000		1.000	9834
6638	DTT	PEDERSON, LORNA S.	1.000		1.000	9834
6649	DTT II	V A C A N C Y = UF =	1.000	(1.000)	-	9834
6717	DTT II	LIETZ, ELVI	1.000		1.000	9834
6735	DTT II (N)	SKIBICKI, LAUREL E.	0.500		0.500	9834
6735	DTT II (N) u-flll	AUEN, KIMBERLY R.	0.500		0.500	9834
6760	DTT	DAVIS, CAROLYN A.	1.000		1.000	9834
6772	DTT (N) *	SEVERSON, LINDA G.	1.000		1.000	9834
6789	DTT II (N)	SKIBICKI, LAUREL E.	0.500		0.500	9834
6807	DTT	HOVE, PATRICIA A.	1.000		1.000	9834
6816	DTT	ARNOLD, ELLEN L.	1.000		1.000	9834
6821	DTT (N)	BURGENER, CHRISTINE M.	0.500		0.500	9834
6821	DTT (N)	MAENDEL, KAREN K.	0.500		0.500	9834
6823	DTT II	LONGTINE, LARRY R.	1.000		1.000	9834
6825	DTT	FJELD, JANA G.	1.000		1.000	9834
6827	ASST RES SUPV	NISWONGER, MARDELL M.	1.000		1.000	9834
6829	ASST RES SUPV	LIETZ, LANA M.	1.000		1.000	9834
6834	DTT	KITCHENS, TAMBRA L.	1.000		1.000	9834
6835	DTT (N)	SCHILL, SHIRLEY A.	1.000		1.000	9834
6839	DTT	DUMAS, LINDA M.	1.000		1.000	9834
6842	DTT	DAHLGREN, LOREEN D.	1.000		1.000	9834
6864	DTT	WOOD, JANET E.	1.000		1.000	9834
		CG - LIVING 4	**30.500**	**(1.000)**	**29.500**	**9834 Total**
6248	CUST, INST	GEORGE, ANTHONY R.	1.000		1.000	9835
6251	ACT ASST II	V A C A N C Y	1.000		1.000	9835

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Operator's Signature 10-14-03 Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6262	CUST, INST	JOHNSON, JOAN M.	1.000		1.000	9835
6632	SENIOR RES SUPV	LUND, MARY A.	1.000		1.000	9835
6715	SENIOR RES SUPV	WHITE, SHARON R.	1.000		1.000	9835
6794	OFFICE ASST III	HECK, WANDA A.	1.000		1.000	9835
6867	ADM ASST I	ALMOND, AUDREY J.	1.000		1.000	9835
		CG - ADMINISTRATION	**7.000**	**-**	**7.000**	**9835 Total**
6020	RN III / HSC	GOETTLE, RONALD R.	1.000		1.000	9841
6031	LPN II / CG	DAHL, ELAINE O.	1.000		1.000	9841
6032	LPN II / HSC	WASLASKI, KARYN M.	1.000		1.000	9841
6033	RN III / WKND	SVEEN, ANN J.	0.500		0.500	9841
6054	RN III	LANGEN, STACY P.	0.080		0.080	9841
6054	RN III	BELISLE, MARILYN E.	0.040		0.040	9841
6054	RN III	WHITLOCK, FAYE E.	0.080		0.080	9841
6069	LPN II / MA	LEWIS, DEBRA J.	1.000		1.000	9841
6071	LPN II / CG	ANDERSON, MARLENE L.	1.000		1.000	9841
6074	RN III / WKND	EBERHARDT, KEITH A.	0.130		0.130	9841
6074	RN III / WKND	BELISLE, MARILYN E.	0.240		0.240	9841
6074	RN III / WKND	MEBERG, ERNA R.	0.050		0.050	9841
6074	RN III / WKND	HYLDEN, ESTHER M.	0.050		0.050	9841
6074	RN III / WKND	LANGEN, STACY P.	0.070		0.070	9841
6075	RN III / MA	SWARTZ, LANA E.	1.000		1.000	9841
6076	RN II / HSC	V A C A N C Y = UF =	0.500	(0.500)	-	9841
6076	RN II / MA	HYLDEN, ESTHER M.	0.500		0.500	9841
6078	LPN II / MA	LAFRENIERE, JULIE K.	0.500		0.500	9841
6079	LPN I / CG	V A C A N C Y = UF =	0.300	(0.300)	-	9841
6079	LPN II / CG	BURNS, CINDY L.	0.500		0.500	9841
6080	LPN II (PRC TO DTT)	V A C A N C Y -- H O L D	1.000		1.000	9841
6081	LPN II / HSC	ANDERSON, AVA A.	1.000		1.000	9841
6082	LPN II / CG	SCHAEFFER, FANNY D.	1.000		1.000	9841
6087	LPN II	FRENCH, KATHIE A.	1.000		1.000	9841
6088	LPN II / MA	WENSTAD, BARBARA A.	0.800		0.800	9841
6095	LPN II / CG	BERTSCH, DEBRA K.	1.000		1.000	9841
6097	LPN II	LARSON, SHARRI A.	1.000		1.000	9841
6098	LPN II / MA	BOURA, MARIE A.	0.800		0.800	9841
6100	RN II / HSC	GREEN, VEANN R.	0.210		0.210	9841
6100	RN II / HSC	BERGINSKI, ANN M.	0.500		0.500	9841
6100	RN II / HSC	KUNTZ, CHERYL A.	0.150		0.150	9841
6100	RN II / HSC	BELISLE, MARILYN E.	0.060		0.060	9841
6100	RN II / HSC	EBERHARDT, KEITH A.	0.080		0.080	9841
6101	RN III / CG	DAHLMAN, CHRISTINE A.	1.000		1.000	9841
6102	LPN II / CG	BROWN, ESTHER C.	1.000		1.000	9841
6104	LPN II / CG	SWENSON, SHELLY A.	1.000		1.000	9841
6106	LPN II / HSC	LaFONTAINE, VICKIE L.	1.000		1.000	9841
6108	RN III / HSC	RUDNIK, MARY R.	0.500		0.500	9841
6108	RN III	KNOLL, BETTY	0.500		0.500	9841
6110	RN II / CG	MEBERG, ERNA R.	0.750		0.750	9841
6111	RN III / HSC	KERTZ, M. NOELA C.	1.000		1.000	9841
6112	LPN II / MA	KLEVEN, DIANE S.	1.000		1.000	9841
6113	RN III / HSC	ERICKSON, SHAUNA M.	0.500		0.500	9841
6113	RN III / HSC	LANGEN, STACY P.	0.500		0.500	9841
6114	RN III / HSC	KUNTZ, CHERYL A.	0.680		0.680	9841
6114	RN III / HSC	ERICKSON, SHAUNA M.	0.120		0.120	9841
6143	RN III	WHITLOCK, FAYE E.	0.200		0.200	9841
6143	RN III	KNOLL, BETTY	0.120		0.120	9841
6143	RN III	RUDNIK, MARY R.	0.340		0.340	9841
6143	RN III	SONDRESON, ELLEN B.	0.140		0.140	9841

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Theresa A. Lee 10-14-03
Operator's Signature Date

NORTH DAKOTA DEVELOPMENTAL CENTER
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
6143	RN III	SUGDEN, JODEE A.	0.140		0.140	9841
6143	RN III	KRATOCHVIL, WANDA M.	0.060		0.060	9841
6442	DTT	V A C A N C Y -- H O L D	1.000		1.000	9841
6691	RN III / HSC	ROCKSVOLD, PHYLLIS A.	1.000		1.000	9841
6905	LPN II / CG	LEBLANC, SANDRA L.	1.000		1.000	9841
		UNIT NURSING	**31.690**	**(0.800)**	**30.890**	**9841 Total**
6009	DTT	ALLISON, JODI L.	1.000		1.000	9842
6017	RUPC/QMRP	REDMANN, JUDY A.	0.500		0.500	9842
6017	RUPC/QMRP	TISDALE, KRISTEN M.	0.500		0.500	9842
6034	ASST RES SUPV	KRAUSE, PAUL F.	1.000		1.000	9842
6035	ASST RES SUPV	JOHNSON, JEANETTE C.	1.000		1.000	9842
6038	DTT (N) *	MONETTE, ELLA T.	1.000		1.000	9842
6039	DTT II	SIMMONS, JOYCE A.	0.500		0.500	9842
6039	DTT II (PRC)	DEPPA, JOAN E.	0.500		0.500	9842
6041	DTT	BERG, JESSICA K.	0.300		0.300	9842
6041	DTT	HECK, TREVA K.	0.400		0.400	9842
6041	DTT	THORSTEINSON,ROSEMARIE T.	0.200		0.200	9842
6041	DTT	SUMMERS, HAZEL G.	0.100		0.100	9842
6044	DTT	GARZA, MAXINE D.	0.500		0.500	9842
6047	DTT	LINDGREN, CORINNE L.	1.000		1.000	9842
6048	DTT	KNUDSON, MARY S.	1.000		1.000	9842
6051	DTT	BURT, DEBRA A.	1.000		1.000	9842
6057	DTT (N) *	KITCHENS, DIANA S.	1.000		1.000	9842
6062	DTT	BERG, JESSICA K.	0.500		0.500	9842
6066	DTT (N)	THORSTEINSON,ROSEMARIE T.	0.300		0.300	9842
6089	DTT	MOFFETT, VERNA M.	1.000		1.000	9842
6090	DTT	GARZA, MAXINE D.	0.300		0.300	9842
6090	DTT	SUMMERS, HAZEL G.	0.600		0.600	9842
6093	ASST RES SUPV	DREGER, HEATHER N.	1.000		1.000	9842
6480	DTT (N)	THORSTEINSON,ROSEMARIE T.	0.500		0.500	9842
6832	DTT	BALTZELL, VALERIE A.	0.700		0.700	9842
		HSC - III	**16.400**	**-**	**16.400**	**9842 Total**
		RESIDENTIAL LIVING TOTAL	**354.690**	**(6.800)**	**347.890**	

		TOTAL ALL PROGRAMS	**473.140**	**(15.100)**	**458.040**	**Grand Total**

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Exhibit 5b

NORTH DAKOTA CATHOLIC CONFERENCE
NDCC

Representing the Diocese of Fargo and the Diocese of Bismarck

Christopher T. Dodson
Executive Director and
General Counsel

227 W. Broadway, Suite 2
Bismarck, ND 58501

(701) 223-2519
1-888-419-1237
FAX # (701) 223-6075

To: Senate Appropriations Committee
From: Donna Byzewski, Supervisor of Corporate Guardianship, Catholic Family Service
Subject: SB 2012 -- Corporate Guardianship Program
Date: January 15, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, good afternoon. My name is Donna Byzewski and I am supervisor of the corporate guardianship program at Catholic Family Service. I am respectfully asking your committee to adjust the funding for corporate guardianship services so that for persons with developmental disabilities may be fully served in the least restrictive setting.

As a result of the ARC lawsuit in the early 1980's, many people with developmental disabilities moved from the state institutions in Grafton and San Haven to communities throughout North Dakota. It was also determined at this time that, due to a potential conflict of interest, the superintendent of the institutions could no longer serve as legal guardian for a number of the people who lived there. The state needed to find an outside agency to serve as guardian for people who had no family or friends to act on their behalf. Consequently, the North Dakota Department of Human Services (NDDHS) took the innovative step of proposing the development of a corporate guardianship program.

Since 1986, Catholic Family Service (CFS) has provided corporate guardianship services pursuant to that program on behalf of 570 individuals with developmental disabilities. CFS is appointed by the court to serve as legal guardian for a person who has been found to be incapacitated and it is our duty to act in that person's best interest. Currently, CFS is corporate guardian for 302 people who live in the community and 33 people who live at the Developmental Center. This is a unique service in North Dakota and there is no duplication of service with other programs.

Meeting the guardianship needs of our wards has become increasingly difficult. The state has not increased funding for the program since 1995. The lack of resources has led to a waiting list of seventeen vulnerable people with an additional twenty people who will be referred to our program in the near future. Amending the NDDHS budget by funding our Optional Adjustment Request of $275,383

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repurchase such equipment, an din the event the vendor-owner dies, or for any other reason ceases to be a licensee, or transfers to another vending facility, ownership of such equipment shall become vested in the State licensing agency for transfer to a successor licensee subject to an obligation on its part to pay to such vendor-owner or his estate, the fair value therein; and

(e) The vendor-owner, his personal representative or next of kin shall be entitled to an opportunity for a full evidentiary hearing with respect to the determination of the amount to be paid by the State licensing agency for a vendor's ownership in the equipment. When the vendor-owner is dissatisfied with any decision rendered as a result of such hearing, he may file a complaint with the Secretary under § 395.13 to request the convening of an ad hoc arbitration panel.

§ 395.7 The Issuance and conditions of licenses.

(a) The State licensing agency shall establish in writing and maintain objective criteria for licensing qualified applicants, including a provision for giving preference to blind persons who are in need of employment. Such criteria shall also include provisions to assure that license will be issued only to persons who are determined by the State licensing agency to be:

(1) Blind;

(2) Citizens of the United States: and

(3) Certified by the State vocational rehabilitation agency as qualified to operate a vending facility.

(b) The State licensing agency shall provide for the issuance of licenses for an indefinite period but subject to suspension or termination if, after affording the vendor an opportunity for a full evidentiary hearing, the State licensing agency finds that the vending facility is not being operated in accordance with its rules and regulations, the terms and conditions of the permit, and the terms and conditions of the permit, and the terms and conditions of the agreement with the vendor.

(c) The State licensing agency shall further establish in writing and maintain policies which have been developed with the active participation of the State Committee of Blind Vendors and which govern the duties, supervision, transfer, promotion, and financial participation of the vendors. The State licensing agency shall also establish procedures to assure that such policies have been explained to each blind vendor.

§ 395.8 Distribution and use of income from vending machines on Federal property.

(a) Vending machine income from vending machines on Federal property which has been disbursed to the State licensing agency by a property managing department, agency, or instrumentality of the United State under § 395.32 shall accrue to each blind vendor operating a vending facility on such Federal property in each State in an amount not to exceed the average net income of the total number of blind vendors within such State, as determined each fiscal year on the basis of each prior year's operation, except that vending machine income shall not accrue to any blind vendor in any amount exceeding the average net income of the total number of blind vendors in the United State. No blind vendor shall receive less vending machine income than he was receiving during the calendar year prior to January 1, 1974, as a direct result of any limitation imposed on such income under this paragraph. No limitation shall be imposed on income from vending machines, combined to create a vending facility, when such facility is maintained, serviced, or operated by a blind vendor. Vending machine income disbursed by a property managing department, agency or instrumentality of the United States to a State licensing agency in excess of the amounts eligible to accrue to blind vendors in accordance with this paragraph shall be retained by the appropriate State licensing agency.

(b) The State licensing agency shall disburse vending machine income to blind vendors within the State on at least a quarterly basis.

(c) Vending machine income which is retained under paragraph (a) of this section by a State licensing agency shall be used by such agency for the establishment and maintenance of retirement or pension plans, for health insurance contributions, and for the provision of paid sick leave and vacation time for blind vendors in such State, if it is so determined by a majority vote of blind vendors licensed by the State licensing agency, after such agency has provided to each such vendor information on all matters relevant to such purposes. Any vending machine income not necessary for such purposes shall be used by the

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State licensing agency for the maintenance and replacement of equipment, the purchase of new equipment, management services, and assuring a fair minimum return to vendors. Any assessment charged to blind vendors by a State licensing agency shall be reduced pro rata in an amount equal to the total of such remaining vending machine income.

§ 395.9 The setting aside of funds by the State licensing agency.

(a) The State licensing agency shall establish in writing the extent to which funds are to be set aside or caused to be set aside from the net proceeds of the operation of the vending facilities and, to the extent applicable, from vending machine income under § 395.8(c) in an amount determined by the Secretary to be reasonable.

(b) Funds may be set aside under paragraph (a) of this section only for the purposes of:

(1) Maintenance and replacement of equipment;

(2) The purchase of new equipment;

(3) Management services;

(4) Assuring a fair minimum of return to vendors; or

(5) The establishment and maintenance of retirement or pension funds, health insurance contributions, and provision for paid sick leave and vacation time, if it is so determined by a majority vote of blind vendors licensed by the State licensing agency, after such agency provides to each such vendor information on all matters relevant to such proposed purposes.

(c) The State licensing agency shall further set out the method of determining the charge for each of the above purposes listed in paragraph (b) of this section, which will be determined with the active participation of the State Committee of Blind Vendors and which will be designed to prevent, so far as is practicable, a greater charge for any purpose than is reasonably required for that purpose. The State licensing agency shall maintain adequate records to support the reasonableness of the charges for each of the purposed listed in this section, including any reserved necessary to assure that such purposes can be achieved on a consistent basis.

§ 395.10 The maintenance and replacement of vending facility equipment.

The State licensing agency shall maintain (or cause to be maintained all vending facility equipment in good repair and in an attractive condition and shall replace or cause to be replaced worn-out and obsolete equipment as required to ensure the continued successful operation of the facility.

§ 395.11 Training program for blind individuals.

The State licensing agency shall ensure that effective programs of vocational and other training services, including personal and vocational adjustment, books, tools, and other training materials, shall be provided to blind individuals as vocational rehabilitation services under the Rehabilitation Act of 19734 (Pub. L. 93-112), as amended by the Rehabilitation Act Amendments of 1974 (Pu.B. 93-112), as amended by the Rehabilitation Act Amendments of 1974 (Pub. L. 93-516). Such programs shall include on-the-job training in all aspects of vending facility operation for blind persons with the capacity to operate a vending facility, and upward mobility training i(including further education and additional training or retraining for improved work opportunities) for all blind licensees. The State licensing agency shall further ensure that post-employment services shall be provided to blind vendors as vocational rehabilitation services as necessary to assure that the maximum vocational potential of such vendors is achieved and suitable employment is maintained with the State's vending facility program.

§ 395.12 Access to program and financial information.

Each blind vendor under this part shall be provided access to all financial data of the State licensing agency relevant to the operation of the State vending facility program, including quarterly and annual financial reports, provided that such disclosure does not violate applicable Federal or State laws pertaining to the disclosure of confidential information. Insofar as practicable, such data shall be made available in braille or recorded tape. At the request of a blind vendor State licensing agency staff shall arrange a convenient time to assist in the interpretation of such financial data.

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Table 13. - ICF/MR - Adult

RATE: 3-month-average rate = $186.47.
(SEE NOTE AT BOTTOM OF PAGE.)

Number of persons per ASSIST database dated 9/30/2002: 486
NOTE: Includes Adult, Children & PH.
Number of licensed Adult ICF/MR beds: 253

	Aug-03	Aug-04	Ending 01/03
RATE	$186.47	$186.47	rate = $186.47.

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	IGT Funding for the Personal Care Allowance. Other Funds	DD State	Total State	Due to IGT funding, MA %s are less than 100%. IGT funds reduce budgeted State MA amounts. Medicaid Amount	Medicaid % of Total
Jul 2003	257	100.0%	days/month	7,967	1,485,606	1,015,560	454,800	15,246	-	454,800	1,470,360	99.0%
Aug 2003	257	100.0%	31	7,967	1,485,607	1,015,561	470,046	-	-	470,046	1,485,607	100.0%
Sept	257	100.0%	30	7,710	1,437,684	982,801	454,883	-	-	454,883	1,437,684	100.0%
Oct	257	100.0%	31	7,967	1,485,607	1,014,818	470,789	-	-	470,789	1,485,607	100.0%
Nov	257	100.0%	30	7,710	1,437,684	982,082	455,602	-	-	455,602	1,437,684	100.0%
Dec	257	100.0%	31	7,967	1,485,607	1,014,818	470,789	-	-	470,789	1,485,607	100.0%
Jan 2004	257	100.0%	31	7,967	1,485,607	1,014,818	470,789	-	-	470,789	1,485,607	100.0%
Feb	257	100.0%	29	7,453	1,389,761	949,346	439,568	847	-	439,568	1,388,914	99.9%
Mar	257	100.0%	31	7,967	1,485,607	1,014,818	469,942	847		469,942	1,484,760	99.9%
Apr	257	100.0%	30	7,710	1,437,684	982,082	454,755	847	no change from 01/03	454,755	1,436,837	99.9%
May	257	100.0%	31	7,967	1,485,607	1,014,818	469,942	847		469,942	1,484,760	99.9%
June	257	100.0%	30	7,710	1,437,684	982,082	454,755	847		454,755	1,436,837	99.9%
July	257	100.0%	31	7,967	1,485,607	1,014,818	469,942	847		469,942	1,484,760	99.9%
Aug	257	100.0%	31	7,967	1,485,607	1,014,818	469,942	847	-	469,942	1,484,760	99.9%
Sept	257	100.0%	30	7,710	1,437,684	982,082	454,755	847	-	454,755	1,436,837	99.9%
Oct	257	100.0%	31	7,967	1,485,607	1,002,339	482,421	847	-	482,421	1,484,760	99.9%
Nov	257	100.0%	30	7,710	1,437,684	970,005	466,832	847	-	466,832	1,436,837	99.9%
Dec	257	100.0%	31	7,967	1,485,607	1,002,339	482,421	847	-	482,421	1,484,760	99.9%
Jan 2005	257	100.0%	31	7,967	1,485,607	1,002,339	482,421	847	-	482,421	1,484,760	99.9%
Feb	257	100.0%	28	7,196	1,341,838	905,338	435,653	847	-	435,653	1,340,991	99.9%
Mar	257	100.0%	31	7,967	1,485,607	1,002,339	482,421	847	-	482,421	1,484,760	99.9%
Apr	257	100.0%	30	7,710	1,437,684	970,005	466,832	847	-	466,832	1,436,837	99.9%
May	257	100.0%	31	7,967	1,485,607	1,002,339	482,421	847	-	482,421	1,484,760	99.9%
June	257	100.0%	30	7,710	1,437,684	970,005	466,832	847	-	466,832	1,436,837	99.9%
July 2005	257	100.0%	31	7,967	1,485,607	1,002,339	482,421	847	-	482,421	1,484,760	99.9%
Total	6,168	100.0%		187,867	$ 35,031,569	$ 23,809,149	$11,207,174	$ 15,246	$ -	$11,207,174	$ 35,016,323	100.0%
FY 03/04	3,084	100.0%		94,062	$ 17,539,746	$ 11,962,862	$ 5,551,802	$ 5,082	$ -	$ 5,551,802	$ 17,534,664	100.0%
FY 04/05	3,084	99.9%		93,805	$ 17,491,823	$ 11,826,287	$ 5,655,372	$ 10,164	$ -	$ 5,655,372	$ 17,481,659	99.9%

Rate Computation:

Due to significant audit settlement fluctuations, a 3-month average rate was utilized to most accurately project expected future costs. The 3-month (January through March 2002) average rate reflects typical audit settlements. (August 2001 through December 2001 reflect higher audit settlements than can be expected for 03/05; April 2002 through August 2002 reflect lower audit settlements than can be expected for 03/05.)

Jan-02	$184.35
Feb-02	$192.43
Mar-02	$182.64
3-mo ave	$186.47

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Table 14. - ICF/MR - Children

RATE: 13-month-average rate = $240.87. (Audit settlement adjustment not applicable. All ICF/MR audit settlements applied to ICF/MR - Adult table.)

	Aug-03	Aug-04	Ending 01/03
RATE	$240.87	$240.87	rate = $240.87.

Number of persons per ASSIST database dated 9/30/2002: 436
NOTE: Includes Adult, Children & PH.
Number of licensed Children ICF/MR beds: 99

CLIENTS: ICF/MR - Children (84) plus ICF/MR - Children CHIP (8) = 92 clients.

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	IGT Funding for the Personal Care Allowance. Other Funds	DD State	Total State	Medicaid Amount	Medicaid % of Total
Jul 2003	92	100.0%	days/month	2,852	686,961	475,338	206,637	4,986	-	206,637	681,975	99.3%
Aug 2003	84	100.0%	31	2,604	627,225	428,771	198,454	-	-	198,454	627,225	100.0%
Sept	84	100.0%	30	2,520	606,992	414,940	192,052	-	-	192,052	606,992	100.0%
Oct	84	100.0%	31	2,604	627,226	428,458	198,768	-	-	198,768	627,226	100.0%
Nov	84	100.0%	30	2,520	606,993	414,637	192,356	-	-	192,356	606,993	100.0%
Dec	84	100.0%	31	2,604	627,226	428,458	198,768	-	-	198,768	627,226	100.0%
Jan 2004	84	100.0%	31	2,604	627,226	428,458	198,768	-	-	198,768	627,226	100.0%
Feb	84	100.0%	29	2,436	586,759	400,815	185,695	249		185,695	586,510	100.0%
Mar	84	100.0%	31	2,604	627,226	428,458	198,519	249		198,519	626,977	100.0%
Apr	84	100.0%	30	2,520	606,993	414,637	192,107	249		192,107	606,744	100.0%
May	84	100.0%	31	2,604	627,226	428,458	198,519	249		198,519	626,977	100.0%
June	84	100.0%	30	2,520	606,993	414,637	192,107	249		192,107	606,744	100.0%
July	84	100.0%	31	2,604	627,226	428,458	198,519	249		198,519	626,977	100.0%
Aug	84	100.0%	31	2,604	627,226	428,458	198,519	249		198,519	626,977	100.0%
Sept	84	100.0%	30	2,520	606,993	414,637	192,107	249		192,107	606,744	100.0%
Oct	84	100.0%	31	2,604	627,225	423,189	203,787	249	-	203,787	626,976	100.0%
Nov	84	100.0%	30	2,520	606,993	409,538	197,206	249	-	197,206	606,744	100.0%
Dec	84	100.0%	31	2,604	627,225	423,189	203,787	249	-	203,787	626,976	100.0%
Jan 2005	84	100.0%	31	2,604	627,225	423,189	203,787	249	-	203,787	626,976	100.0%
Feb	84	100.0%	28	2,352	586,526	382,235	184,042	249	-	184,042	566,277	100.0%
Mar	84	100.0%	31	2,604	627,225	423,189	203,787	249	-	203,787	626,976	100.0%
Apr	84	100.0%	30	2,520	606,993	409,538	197,206	249	-	197,206	606,744	100.0%
May	84	100.0%	31	2,604	627,225	423,189	203,787	249	-	203,787	626,976	100.0%
June	84	100.0%	30	2,520	606,993	409,538	197,206	249	-	197,206	606,744	100.0%
July 2005	84	100.0%	31	2,604	627,225	423,189	203,787	249	-	203,787	626,976	100.0%
Total	2,016	100.0%		61,404	$ 14,790,385	$ 10,052,263	$ 4,733,640	$ 4,482	$ -	$ 4,733,640	$ 14,785,903	100.0%
FY 03/04	1,008	100.0%		30,744	$ 7,405,311	$ 5,059,185	$ 2,344,632	$ 1,494	$ -	$ 2,344,632	$ 7,403,817	100.0%
FY 04/05	1,008	100.0%		30,660	$ 7,385,074	$ 4,983,078	$ 2,389,008	$ 2,988	$ -	$ 2,389,008	$ 7,382,086	100.0%

$4,986 IGT funding split between Table 14 ($4,482) and Table 14a ($504).

Factors not included in this budget that could impact the number of recipients in 03/05:
- ★ multi-system children
- ★ number of out-of-state children at Anne Carlsen Center
- ★ the demand for ICF/MR - Children's beds exceeds the number of beds available

Factors not included in this budget that could impact the rate in 03/05
- ★ decreased infant mortality rate

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Table 14a. - ICF/MR - Children CHIP

RATE: 13-month-average rate = $240.87. (Audit settlement adjustment not applicable. All ICF/MR audit settlements applied to ICF/MR - Adult table.)

	Aug-03	Aug-04	Ending 01/03
RATE	$240.87	$240.87	rate = $240.87.

Number of persons per ASSIST database dated 9/30/2002: 486
NOTE: Includes Adult, Children & PH.
Number of licensed Children ICF/MR beds: 99

CLIENTS: ICF/MR - Children (84) plus ICF/MR - Children CHIP (8) = 92 clients.

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	IGT Funding for the Personal Care Allowance Other Funds	DD State	Total State	Medicaid Amount	Medicaid % of Total
Jul 2003	92	100.0%							-	208,857	661,975	99.5%
Aug 2003	8	100.0%	31	248	59,735	46,504	13,231	-	-	13,231	59,735	100.0%
Sept	8	100.0%	30	240	57,809	45,004	12,805	-	-	12,805	57,809	100.0%
Oct	8	100.0%	31	248	59,735	46,486	13,249	-	-	13,249	59,735	100.0%
Nov	8	100.0%	30	240	57,809	44,987	12,822	-	-	12,822	57,809	100.0%
Dec	8	100.0%	31	248	59,735	46,486	13,249	-	-	13,249	59,735	100.0%
Jan 2004	8	100.0%	31	248	59,735	46,486	13,249	-	-	13,249	59,735	100.0%
Feb	8	100.0%	29	232	55,882	43,487	12,367	28		12,367	55,854	99.9%
Mar	8	100.0%	31	248	59,735	46,486	13,221	28		13,221	59,707	100.0%
Apr	8	100.0%	30	240	57,809	44,987	12,794	28		12,794	57,781	100.0%
May	8	100.0%	31	248	59,735	46,486	13,221	28		13,221	59,707	100.0%
June	8	100.0%	30	240	57,809	44,987	12,794	28		12,794	57,781	100.0%
July	8	100.0%	31	248	59,735	46,486	13,221	28		13,221	59,707	100.0%
Aug	8	100.0%	31	248	59,735	46,486	13,221	28		13,221	59,707	100.0%
Sept	8	100.0%	30	240	57,809	44,987	12,794	28		12,794	57,781	100.0%
Oct	8	100.0%	31	248	59,736	46,134	13,574	28	-	13,574	59,708	100.0%
Nov	8	100.0%	30	240	57,808	44,646	13,135	28	-	13,135	57,781	100.0%
Dec	8	100.0%	31	248	59,736	46,134	13,574	28	-	13,574	59,708	100.0%
Jan 2005	8	100.0%	31	248	59,736	46,134	13,574	28	-	13,574	59,708	100.0%
Feb	8	100.0%	28	224	53,955	41,669	12,258	28	-	12,258	53,927	99.9%
Mar	8	100.0%	31	248	59,736	46,134	13,574	28	-	13,574	59,708	100.0%
Apr	8	100.0%	30	240	57,809	44,646	13,135	28	-	13,135	57,781	100.0%
May	8	100.0%	31	248	59,736	46,134	13,574	28	-	13,574	59,708	100.0%
June	8	100.0%	30	240	57,809	44,646	13,135	28	-	13,135	57,781	100.0%
July 2005	8	100.0%	31	248	59,736	46,134	13,574	28	-	13,574	59,708	100.0%
Total	192	100.0%		5,848	$ 1,408,605	$ 1,082,756	$ 315,345	$ 504	$ -	$ 315,345	$ 1,408,101	100.0%
FY 03/04	96	100.0%		2,928	$ 705,263	$ 548,872	$ 156,223	$ 168	$ -	$ 156,223	$ 705,095	100.0%
FY 04/05	96	100.0%		2,920	$ 703,342	$ 543,884	$ 159,122	$ 336	$ -	$ 159,122	$ 703,006	100.0%

$4,986 IGT funding split between Table 14 ($4,482) and Table 14a ($504).

The budget assumes no Medicaid asset test for children. Extended Family Care Service has been eliminated. These clients are now included in ICF/MR-Children CHIP Services due to HB 1441. HB 1441 has a sunset clause ending June 30, 2003 and if not continued, ICF/MR - Children CHIP will loose Medicaid eligibility.

ENHANCED Federal Medical Assistance Percentages (FMAP):

August and September 2003: 77.85% (State MA% = 22.15%)
October 2003 through September 2004: 77.82% (State MA% = 22.18%)
October 2004 through July 2005: 77.23% (State MA% = 22.77%)

Table 15. - ICF/MR - Physically Handicapped

RATE: 13-month average = $203.47. (Audit settlement adjustment not applicable. All ICF/MR audit settlements applied to ICF/MR - Adult table.)

	Aug-03	Aug-04	Ending 01/03
RATE	$203.47	$203.47	rate = $203.47.

Number of persons per ASSIST database dated 9/30/2002: 466
NOTE: Includes Adult, Children & PH.
Number of licensed PH ICF/MR beds: 120

Due to IGT funding, MA %s are less than 100%. IGT funds reduce budgeted State MA amounts.

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	IGT Funding for the Personal Care Allowance Other Funds	DD State	Total State	Medicaid Amount	Medicaid % of Total
Jul 2003	113	100.0%	days/month	3,503	712,755	487,239	218,748	6,768	-	218,748	705,987	99.1%
Aug 2003	113	100.0%	31	3,503	712,756	487,240	225,516	-	-	225,516	712,756	100.0%
Sept	113	100.0%	30	3,390	689,763	471,522	218,241	-	-	218,241	689,763	100.0%
Oct	113	100.0%	31	3,503	712,755	486,883	225,872	-	-	225,872	712,755	100.0%
Nov	113	100.0%	30	3,390	689,763	471,177	218,586	-	-	218,586	689,763	100.0%
Dec	113	100.0%	31	3,503	712,755	486,883	225,872	-	-	225,872	712,755	100.0%
Jan 2004	113	100.0%	31	3,503	712,755	486,883	225,872	-	-	225,872	712,755	100.0%
Feb	113	100.0%	29	3,277	666,771	455,471	210,924	376	-	210,924	666,395	99.9%
Mar	113	100.0%	31	3,503	712,755	486,883	225,496	376		225,496	712,379	99.9%
Apr	113	100.0%	30	3,390	689,763	471,177	218,210	376	no change from 01/03	218,210	689,387	99.9%
May	113	100.0%	31	3,503	712,755	486,883	225,496	376		225,496	712,379	99.9%
June	113	100.0%	30	3,390	689,763	471,177	218,210	376		218,210	689,387	99.9%
July	113	100.0%	31	3,503	712,755	486,883	225,496	376		225,496	712,379	99.9%
Aug	113	100.0%	31	3,503	712,755	486,883	225,496	376	-	225,496	712,379	99.9%
Sept	113	100.0%	30	3,390	689,763	471,177	218,210	376	-	218,210	689,387	99.9%
Oct	113	100.0%	31	3,503	712,755	480,896	231,483	376	-	231,483	712,379	99.9%
Nov	113	100.0%	30	3,390	689,763	465,383	224,004	376	-	224,004	689,387	99.9%
Dec	113	100.0%	31	3,503	712,755	480,896	231,483	376	-	231,483	712,379	99.9%
Jan 2005	113	100.0%	31	3,503	712,755	480,896	231,483	376	-	231,483	712,379	99.9%
Feb	113	100.0%	28	3,164	643,779	434,358	209,045	376	-	209,045	643,403	99.9%
Mar	113	100.0%	31	3,503	712,755	480,896	231,483	376	-	231,483	712,379	99.9%
Apr	113	100.0%	30	3,390	689,763	465,383	224,004	376	-	224,004	689,387	99.9%
May	113	100.0%	31	3,503	712,755	480,896	231,483	376	-	231,483	712,379	99.9%
June	113	100.0%	30	3,390	689,763	465,383	224,004	376	-	224,004	689,387	99.9%
July 2005	113	100.0%	31	3,503	712,755	480,896	231,483	376	-	231,483	712,379	99.9%
Total	2,712	100.0%		82,603	$ 16,807,225	$ 11,423,005	$ 5,377,452	$ 6,768	$ -	$ 5,377,452	$ 16,800,457	100.0%
FY 03/04	1,356	100.0%		41,358	$ 8,415,109	$ 5,749,062	$ 2,663,791	$ 2,256	$ -	$ 2,663,791	$ 8,412,853	100.0%
FY 04/05	1,356	99.9%		41,245	$ 8,392,116	$ 5,673,943	$ 2,713,661	$ 4,512	$ -	$ 2,713,661	$ 8,387,604	99.9%

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RATE: per Aug. '02 program administrator database, daily rate for ISLA authorizations = $75.75. $75.75 LESS $1.42 RL = $74.33 (see RL notes below)

Table 17. - ISLA - Habilitation & Personal Care

Number of persons per ASSIST database dated 9/30/2002: 720
Program Administrator database shows 723 persons (10/1/02)

	Aug-03	Aug-04	Ending 01/03
RATE	$74.33	$74.33	rate = $74.33.

CLIENTS: See schedules below.

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds	DD State	Total State	Medicaid Amount	Medicaid % of Total
Jul 2003	730	100.0%	days/month	22,630	1,682,088	1,149,875	532,213	-	-	532,213	1,682,088	100.0%
Aug 2003	662	100.0%	31	20,522	1,525,401	1,042,764	482,637		-	482,637	1,525,401	100.0%
Sept	662	100.0%	30	19,860	1,476,194	1,009,126	467,068		-	467,068	1,476,194	100.0%
Oct	666	100.0%	31	20,646	1,534,617	1,048,297	486,320		-	486,320	1,534,617	100.0%
Nov	666	100.0%	30	19,980	1,485,113	1,014,481	470,632		-	470,632	1,485,113	100.0%
Dec	666	100.0%	31	20,646	1,534,617	1,048,297	486,320		-	486,320	1,534,617	100.0%
Jan 2004	666	100.0%	31	20,646	1,534,617	1,048,297	486,320		-	486,320	1,534,617	100.0%
Feb	666	100.0%	29	19,314	1,435,610	980,665	454,945		-	454,945	1,435,610	100.0%
Mar	666	100.0%	31	20,646	1,534,617	1,048,297	486,320		-	486,320	1,534,617	100.0%
Apr	666	100.0%	30	19,980	1,485,113	1,014,481	470,632		-	470,632	1,485,113	100.0%
May	666	100.0%	31	20,646	1,534,617	1,048,297	486,320		-	486,320	1,534,617	100.0%
June	666	100.0%	30	19,980	1,485,113	1,014,481	470,632		-	470,632	1,485,113	100.0%
July	676	100.0%	31	20,956	1,557,659	1,064,037	493,622		-	493,622	1,557,659	100.0%
Aug	676	100.0%	31	20,956	1,557,659	1,064,037	493,622		-	493,622	1,557,659	100.0%
Sept	676	100.0%	30	20,280	1,507,412	1,029,713	477,699		-	477,699	1,507,412	100.0%
Oct	680	100.0%	31	21,080	1,566,877	1,057,172	509,705		-	509,705	1,566,877	100.0%
Nov	680	100.0%	30	20,400	1,516,332	1,023,069	493,263		-	493,263	1,516,332	100.0%
Dec	680	100.0%	31	21,080	1,566,877	1,057,172	509,705		-	509,705	1,566,877	100.0%
Jan 2005	680	100.0%	31	21,080	1,566,877	1,057,172	509,705		-	509,705	1,566,877	100.0%
Feb	680	100.0%	28	19,040	1,415,244	954,865	460,379		-	460,379	1,415,244	100.0%
Mar	680	100.0%	31	21,080	1,566,877	1,057,172	509,705		-	509,705	1,566,877	100.0%
Apr	680	100.0%	30	20,400	1,516,332	1,023,069	493,263		-	493,263	1,516,332	100.0%
May	680	100.0%	31	21,080	1,566,877	1,057,172	509,705		-	509,705	1,566,877	100.0%
June	680	100.0%	30	20,400	1,516,332	1,023,069	493,263		-	493,263	1,516,332	100.0%
July 2005	680	100.0%	31	21,080	1,566,877	1,057,172	509,705		-	509,705	1,566,877	100.0%
Total	16,146	100.0%		491,778	$ 36,553,861	$ 24,842,374	$11,711,487	$ -	$ -	$11,711,487	$ 36,553,861	100.0%
FY 03/04	7,994	100.0%		243,822	$ 18,123,288	$ 12,381,520	$ 5,741,768	$ -	$ -	$ 5,741,768	$ 18,123,288	100.0%
FY 04/05	8,152	100.0%		247,956	$ 18,430,573	$ 12,460,854	$ 5,969,719	$ -	$ -	$ 5,969,719	$ 18,430,573	100.0%

MEDICAID RECIPIENT LIABILITY:	
(per Aug '02 ISLA spend down)	
Recipient Liability	$403.213
Divided by Units of Service	284.012
	$1.42

CASELOAD GROWTH		
MM/YY	# of clients:	From:
Aug-03	5	high school grads
Oct-03	4	GDC
Jul-04	10	high school grads
Oct-04	4	GDC
TOTAL	23	

BUDGETED ISLA CLIENTS - JULY 2003 (01/03) COMPARED TO AUGUST 2003 (03/05)

Ending 01/03 budgeted ISLA clients = 730 *
(* per August 2002 ISLA spend down table)

- 73 1/10 to ISLA QSP (Table 17a)
- 657 9/10 to ISLA (Table 17)
- \+ 5 budgeted growth August 03
- 662 August '03 budgeted clients (Table 17 ISLA)

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12-14-03
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Table 17a. - ISLA - Habilitation & Personal Care - QSP

☆ *RATE COMPUTATIONS SHOWN at BOTTOM OF PAGE* ☆

Number of persons per ASSIST database dated 9/30/2002: 720
Program Administrator database shows 723 persons (10/1/02)

	Aug-03	Aug-04
RATE	$64.07	$64.07

Month	# of Clients Budget	Medicaid % Budget	Units of Service/Person Budget	Total Units of Service Budget	TOTAL (Medicaid + Other + DD State)	Medicaid Federal	Medicaid State	Other Funds	DD State	Total State	Medicaid Amount	Medicaid % of Total
Jul 2003	730	100.0%								532,213	1,662,088	100.0%
Aug 2003	73	100.0%	31	2,263	144,990	99,115	45,875		-	45,875	144,990	100.0%
Sept	73	100.0%	30	2,190	140,313	95,918	44,395		-	44,395	140,313	100.0%
Oct	73	100.0%	31	2,263	144,990	99,043	45,947		-	45,947	144,990	100.0%
Nov	73	100.0%	30	2,190	140,313	95,848	44,465		-	44,465	140,313	100.0%
Dec	73	100.0%	31	2,263	144,990	99,043	45,947		-	45,947	144,990	100.0%
Jan 2004	73	100.0%	31	2,263	144,990	99,043	45,947		-	45,947	144,990	100.0%
Feb	73	100.0%	29	2,117	135,636	92,653	42,983		-	42,983	135,636	100.0%
Mar	73	100.0%	31	2,263	144,990	99,043	45,947		-	45,947	144,990	100.0%
Apr	73	100.0%	30	2,190	140,313	95,848	44,465		-	44,465	140,313	100.0%
May	73	100.0%	31	2,263	144,990	99,043	45,947		-	45,947	144,990	100.0%
June	73	100.0%	30	2,190	140,313	95,848	44,465		-	44,465	140,313	100.0%
July	73	100.0%	31	2,263	144,990	99,043	45,947		-	45,947	144,990	100.0%
Aug	73	100.0%	31	2,263	144,990	99,043	45,947		-	45,947	144,990	100.0%
Sept	73	100.0%	30	2,190	140,313	95,848	44,465		-	44,465	140,313	100.0%
Oct	73	100.0%	31	2,263	144,990	97,825	47,165		-	47,165	144,990	100.0%
Nov	73	100.0%	30	2,190	140,313	94,669	45,644		-	45,644	140,313	100.0%
Dec	73	100.0%	31	2,263	144,990	97,825	47,165		-	47,165	144,990	100.0%
Jan 2005	73	100.0%	31	2,263	144,990	97,825	47,165		-	47,165	144,990	100.0%
Feb	73	100.0%	28	2,044	130,959	88,358	42,601		-	42,601	130,959	100.0%
Mar	73	100.0%	31	2,263	144,990	97,825	47,165		-	47,165	144,990	100.0%
Apr	73	100.0%	30	2,190	140,313	94,669	45,644		-	45,644	140,313	100.0%
May	73	100.0%	31	2,263	144,990	97,825	47,165		-	47,165	144,990	100.0%
June	73	100.0%	30	2,190	140,313	94,669	45,644		-	45,644	140,313	100.0%
July 2005	73	100.0%	31	2,263	144,990	97,825	47,165		-	47,165	144,990	100.0%
Total	1,752	100.0%		53,363	$ 3,418,959	$ 2,323,694	$ 1,095,265	$ -	$ -	$ 1,095,265	$ 3,418,959	100.0%
FY 03/04	873	100.0%		26,718	$ 1,711,818	$ 1,169,488	$ 542,330	$ -	$ -	$ 542,330	$ 1,711,818	100.0%
FY 04/05	878	100.0%		26,645	$ 1,707,141	$ 1,154,206	$ 552,935	$ -	$ -	$ 552,935	$ 1,707,141	100.0%

Per April 2002 DHS-Aging report, cumulative average rate for Personal Care Service equals $2 90 per 15-minute increment This rate was converted into a daily rate for ISLA QSP		
Average hours of service per month in ISLA (as of April 2002)		168
x Hourly rate ($2 90 per 15-minute increment x 4)	$	11 60
Average monthly cost	$	1,949
x 12 months per year		12
Average annual cost	$	23,388
Divided by 365 days per year (ignoring leap year)		365
03/05 budgeted daily rate	$	64 07

BUDGETED ISLA CLIENTS - JULY 2003 (01/03) COMPARED TO AUGUST 2003 (03/05)

Ending 01/03 budgeted ISLA clients = 730 *
(* per August 2002 ISLA spend down table)

73	1/10 to ISLA QSP (Table 17a)
657	9/10 to ISLA (Table 1...
+ 5	budgeted growth August 03
662	August 03 budgeted ... is
	(Table 1... ISLA

Department of Human Services
Developmental Disabilities
Client Co-Pay Policy
100% Medicaid Eligibility Requirement (ICF/MR Level of Care)
2003-2005 Biennium

Adults Subject to Co-Pay

Regions	# Clients Subject to Co-Pay
I	0
II	14
III	0
IV	26
V	83
VI	3
VII	26
VIII	4
	156

50 clients meet ICF/MR level of care criteria but choose not to apply for Medicaid because their recipient liability would be higher than the copayment cap in policy.

Clients Not Meeting ICF/MR Level of Care Criteria

Regions	# of Clients
I	0
II	2
III	0
IV	12
V	70
VI	2
VII	17
VIII	3
	106

How determined?
1) Assessment process completed annually by DD Case Management
2) ND's assessment has been approved by Center for Medicaid Services
3) The assessment is the same for ICF/MR and HCBS
4) Individuals do not have a diagnosis of mental retardation or do not have a closely related condition requiring active treatment do not meet the ICF/MR level of care
5) See attached federal regulations

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Theresa A. Lee
Operator's Signature

10-14-03
Date

North Dakota Department of Human Services
Developmental Disabilities
Client Co-Pay Policy
100% Medicaid Eligibility Requirement (ICF/MR Level of Care)
2003-2005 Biennium

106 Adults - Do Not Meet ICF/MR Level of Care Criteria (State General Funds required to continue to purchase services on their behalf)

Services	# of Adults Receiving Service [1]	Total General Funds Needed	General Funds in Base Budget[2]	Additional General Funds Needed [3]
Supported Living Arrangement	99	$479,083	$152,093	$326,990
Day Supports	2	$59,928	$19,014	$40,914
Extended Services	35	$448,224	$142,214	$306,010
	Subtotal	$987,235	$313,321	$673,914

[1] Duplicated count - some clients receive both day and residential supports.

[2] The Base Budget included Medicaid State match for these individuals. However, the individuals do not meet the ICF/MR level of care criteria and therefore Medicaid Federal Financial Participation can not be claimed for their cost of service.

[3] Additional General Funds that would be needed if the State were to continue to pay for these supports.

50 Adults - Meet the ICF/MR Level of Care/Currently Not Required to be Medicaid Eligible (their services are currently paid with General Funds and copayment from the clients as determined by the Copay Policy)

Services	# of Adults Receiving Service [1]	Total General Funds Needed	General Funds in Base Budget	Additional General Funds Needed [4]
Supported Living Arrangement	32	$193,674	$61,453	$132,221
Day Supports	1	$9,465	$3,003	$6,462
Extended Services	35	$244,946	$77,722	$167,224
	Subtotal	$448,086	$142,178	$305,907

[4] Additional General Funds that would be needed if the State does not require Medicaid eligibility (present policy). Medicaid eligibility will likely result in a recipient liability greater than copayment.

Children and Family Services - Currently Not Medicaid Eligible (included in OAR 6)

Services	Total General Funds Needed	General Funds in Base Budget	Additional General Funds Needed [5]
Family Support Services - In Home Support	$544,089	$174,349	$369,740
Infant Development (Age 0 to 3)	$928,689	$297,591	$631,098
Subtotal	$1,472,778	$471,940	$1,000,838

[5] Additional General Funds that would be needed if the asset test disregard sunsets or the State did not require Medicaid eligibility.

Total $1,980,659

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Intermediate Care Facility for the Mentally Retarded

42 CFR 440.150 – Intermediate care facility (ICF/MR) services

"ICF/MR services" means those items and services furnished in an intermediate care facility for the mentally retarded if the following conditions are met: (1) The facility fully meets the requirements for a State license to provide services that are above the level of room and board; (2) The primary purpose of the ICF/MR is to furnish health or rehabilitative services to persons with mental retardation or persons with related conditions; (3) The ICF/MR meets the standards specified in subpart I of part 483 of this chapter. (4) The recipient with mental retardation for whom payment is requested is receiving active treatment, as specified in 483.440 of this chapter.

42 CFR 456.351 – Certification and recertification of need for care

(a) Certification.

(1) Must certify for each applicant or recipient that ICF services are or were needed.

(2) The certification must be made at the time of admission or, if an individual applies for assistance while in an ICF, before the Medicaid agency authorizes payment.

(b) Recertification.

(1) Must recertify for each applicant or recipient that ICF services are needed.

(2) Recertification must be made at least every 12 months after certification in an institution for the mentally retarded or persons with related conditions

42 CFR 483.440 – Conditions of participation: Active treatment services

(a) Standard: Active treatment.

(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward-

(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and

(ii) The prevention or deceleration of regression or loss of current optimal functional status.

(2) Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.

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Theresa A. Lee 10-14-03

Operator's Signature Date

Home and Community Based Services: Waiver Requirements

42 CFR 441.300 – Basis and purpose

Section 1915© of the Act permits states to offer, under a waiver of statutory requirements, an array of home and community-based services that an individual needs to avoid institutionalization. Those services are defined in 440.180 of this subchapter. This subpart describes what the Medicaid agency must do to obtain a waiver.

42 CFR 441.301 – Contents of request for a waiver

(a) A request for a waiver under this section must consist of the following:

(3) ...

(b) If the agency furnishes home and community-based services, as defined in 440.180 of this subchapter, under a waiver granted under this subpart, the waiver request must-

(1) Provide that the services are furnished -

(i) Under a written plan of care....

(ii) Only to recipients who are not inpatients of an ICF/MR

(iii) Only to recipients who the agency determines would, in the absence of these services, require the Medicaid covered level of care provided in an ICF/MR (as defined in 440.150)

42 CFR 441.302 State assurances

Unless the Medicaid agency provides the following satisfactory assurances to CMS, CMS will not grant a waiver under this subpart and may terminate a waiver already granted:

(a) Health and welfare .....

(b) Financial accountability...

(c) Evaluation of need. Assurance that the agency will provide for the following:

(1) Initial evaluation. An evaluation of the need for the level of care provided in an ICF/MR when there is a reasonable indication that a recipient might need the services in the near future unless he or she receives home or community-based services. For purposes of this section, evaluation means a review of the individual recipients condition to determine-

(i) If the recipient requires the level of care provided in an ICF/MR as defined by 440.150

(ii) That the recipient, but for the provision of waiver services, would otherwise be institutionalized in such a facility.

(2) Periodic reevaluations. Reevaluations, at least annually, of each recipient receiving home or community-based services to determine if the recipient continues to need the level of care provided and would, but for the provision of waiver services, otherwise be institutionalized in an ICF/MR.

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TESTIMONY

SB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

REPRESENTATIVE SVEDJAN, CHAIRMAN

FEBRUARY 26, 2003

Chairman Svedjan, members of the House Appropriations Committee, I am Gene Hysjulien of the Department of Human Services. I am here today to provide you an overview of the Developmental Disabilities Grants budget area.

- **Developmental Disabilities (DD) Grants provide services to the following people:**
  - **Day and residential services provide training and assistance with daily living activities to eligible persons with developmental disabilities enabling them to remain in the community. (Attachment A)**
  - **Family Support Programs provide personal and financial assistance and training to families of eligible individuals with developmental disabilities to enable them to remain in a family setting. (Attachment B)**

- **Overview of the budget changes in the Governor's Budget:**

	2001 – 2003 Budget	2003-2005 Request	Increase/ Decrease
Grants	**164,126,366**	**173,460,455**	**9,334,089**
General	**53,706,370**	**56,219,529**	**2,514,159**
Federal	**110,393,996**	**117,213,926**	**6,819,930**
Other	**0**	**0**	**0**
IGT	**27,000**	**27,000**	**0**

Same testimony given to Senate

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The Governor's Budget includes changes in services based on what was defined as core services for each population group we serve. The areas affected are as follows:

- In order to maximize federal funds in the DD Grants budget, services will only be funded for individuals who are Medicaid eligible, with the exception of Family Subsidy. Those individuals who are not eligible for Medicaid would be self-pay and as a result may opt out of services leaving them vulnerable. This may increase the demand on DD Case Management to replace some of the purchased services that would no longer be provided.
- In order to provide another service option to families and individuals, the DD Grants Budget includes two alternative services. Qualified Service Providers are individuals, usually not associated with a DD Provider, who can provide services to disabled individuals. Qualified Service Providers are expected to be less costly than the traditional DD services, as they do not have administrative and overhead costs. Since DD Providers have difficulty recruiting staff in rural areas, Qualified Service Providers are an option for consumers in those areas. Consumers living in their own apartments or consumers living in a family setting will have the option of using a Qualified Service Provider. The DD Grants Budget assumes one-tenth of the ISLA consumers and one-third of the Family Support consumers will choose the Qualified Service Provider option. However, the Department cannot require any consumer to use a Qualified Service Provider. As a result, if the number of consumers budgeted in the Qualified Service Provider options do not choose that type of service provider, the DD Unit may be forced to make changes to the DD Grants Budget in the 03-05 biennium to cover potential shortfalls.
- The DD Grants Budget does not include inflationary increases for DD Service Providers. As a result, their reimbursement will be held even for

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three years. This may make it difficult for DD Service Providers to keep up with the increased costs of doing business, including increased insurance premiums, increased food costs, and increased labor costs.

- The DD Grants Budget is built on the premise that the Medicaid asset test will not be reinstated for the children and family coverage group. If the asset test is reinstated, Infant Development, Family Support Services, and Intermediate Care Facility for the Mentally Retarded (ICF/MR) for children portions of the DD Grants Budget would be underfunded. Currently there are 8 children in an ICF/MR who would not qualify for Medicaid if the asset test were reinstated. Under the current requirement that all consumers be Medicaid eligible to receive services through the DD Grants Budget, these 8 children would become self-pay at a cost of $1.4 million to their families. For the Family Support budget, if the asset test were reinstated, about 18% of our Family Support consumers would not be eligible for Medicaid and would have to become self-pay at a projected cost of $814,000 to those families. Our Infant Development budget is based on 100% Medicaid eligibility. Currently, since there is no asset test for Medicaid eligibility for children and families, a large number of these children would be Medicaid eligible. If the asset test were reinstated, less than 50% of these individuals would be Medicaid eligible.
- The Office of Management and Budget has introduced a bill to create and enact a new chapter to Title 57 of the NDCC, relating to a provider assessment or federal funding reimbursement option. This bill requires providers, who operate an ICR/MR, to report and pay an assessment to the ND Tax Department on each licensed bed on a quarterly basis. The DD Grants Budget has been increased by $4,167,438 total, $1,335,066 in general funds, to reimburse these providers for the cost of this assessment. Federal Medicaid regulations allow for such an assessment provided it does not exceed 6% of the gross revenues the providers receive for the service to be assessed. Federal regulations

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also require that the funds collected in this manner have general applicability in the State's budget. The Tax Department will deposit these funds into a special fund, called the "Provider Assessment Fund" and this revenue will be transferred to the Department for use in the Medicaid general Medical Services budget. The result of this assessment is an additional $2,832,372 available to be used as match on federal Medicaid funds in the Medical Services budget.

Overview of the budget changes from the Senate to the House:

	2003 – 2005 Request	2003 - 2005 "To House"	Senate Increase/ Decrease
Grants	173,450,455	181,206,573	7,746,118
General	56,219,529	58,833,351	2,613,822
Federal	117,213,926	122,346,222	5,132,296
Other	0	0	0
IGT	27,000	27,000	0

The Senate adjustments include the following changes:

- The Senate increase of $2.6 million in general funds is the result of a $.50 per hour salary increase for DD provider staff. This should assist DD providers in maintaining and recruiting qualified staff.
- Due to the $.50 increase included in the DD Grants Budget by the Senate, the effect of the reinstatement of the asset test would be an additional $100,000 for the families of the 8 children in an ICF/MR and $60,000 for the families receiving Family Support Services above what is included in my testimony related to the budget changes.

This concludes my testimony.

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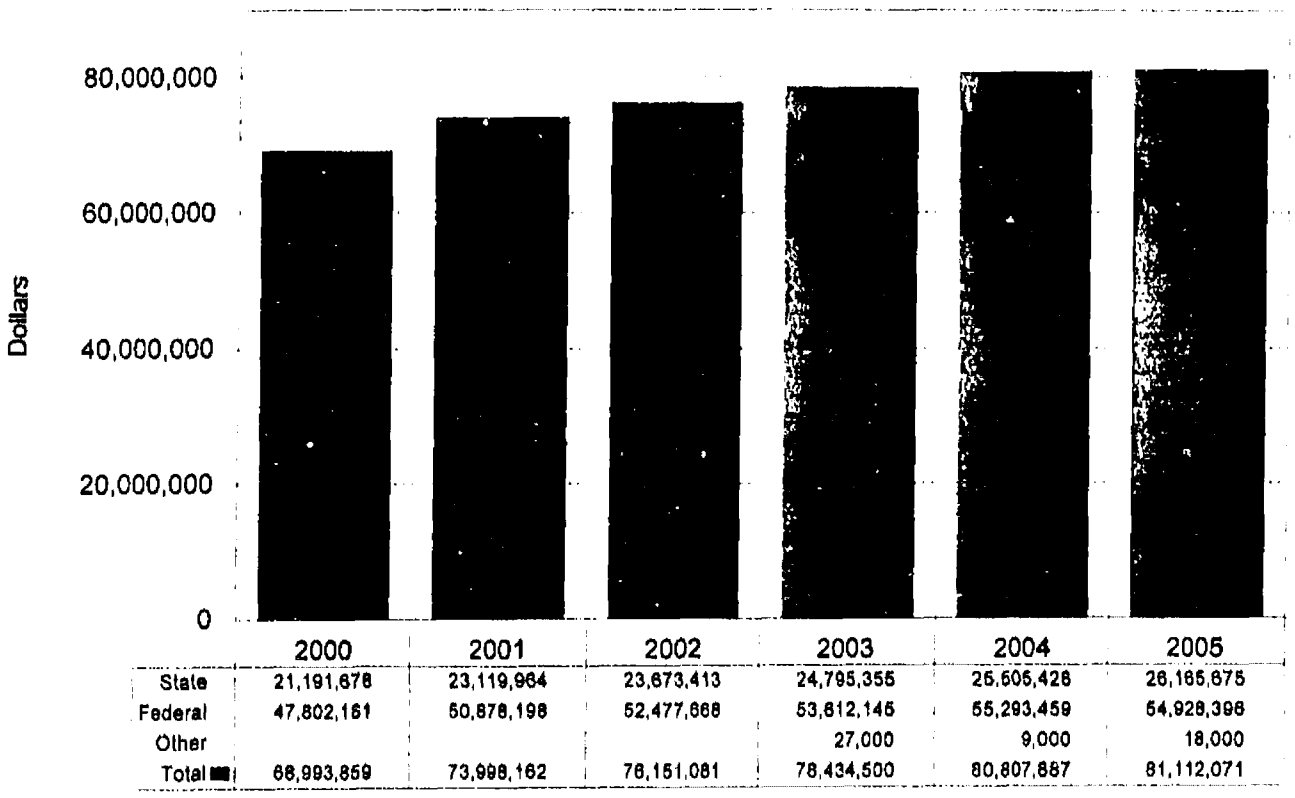
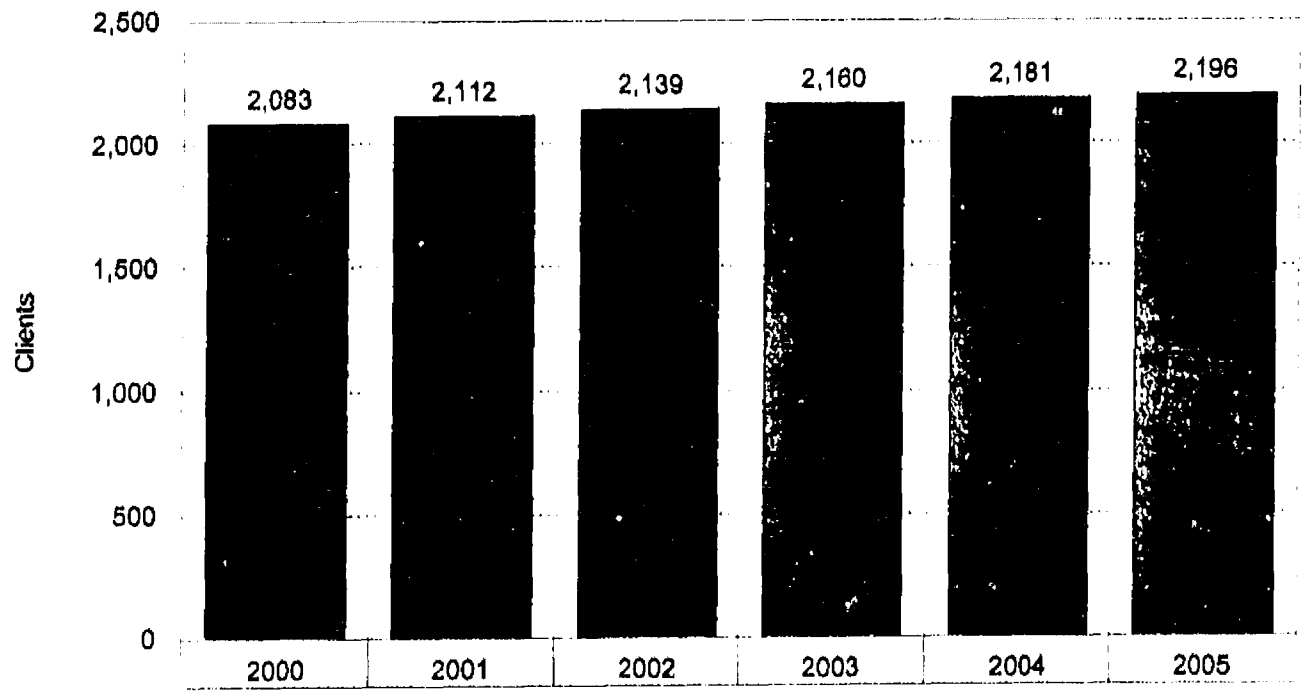
Attachment A

North Dakota Department of Human Services

Developmental Disabilities Division - Day and Residential Services
Expenditures and Client Count by State Fiscal Year



	2000	2001	2002	2003	2004	2005
State	21,191,678	23,119,964	23,673,413	24,795,355	25,505,426	26,185,675
Federal	47,802,161	50,878,198	52,477,668	53,612,145	55,293,459	54,928,396
Other				27,000	9,000	18,000
Total	68,993,859	73,998,162	76,151,081	78,434,500	80,807,887	81,112,071



Actual

Projected (SFY 2003 Expenditures are Actual thru Nov. 02)

3,987 total, unduplicated, individuals received DD services in SFY 2002

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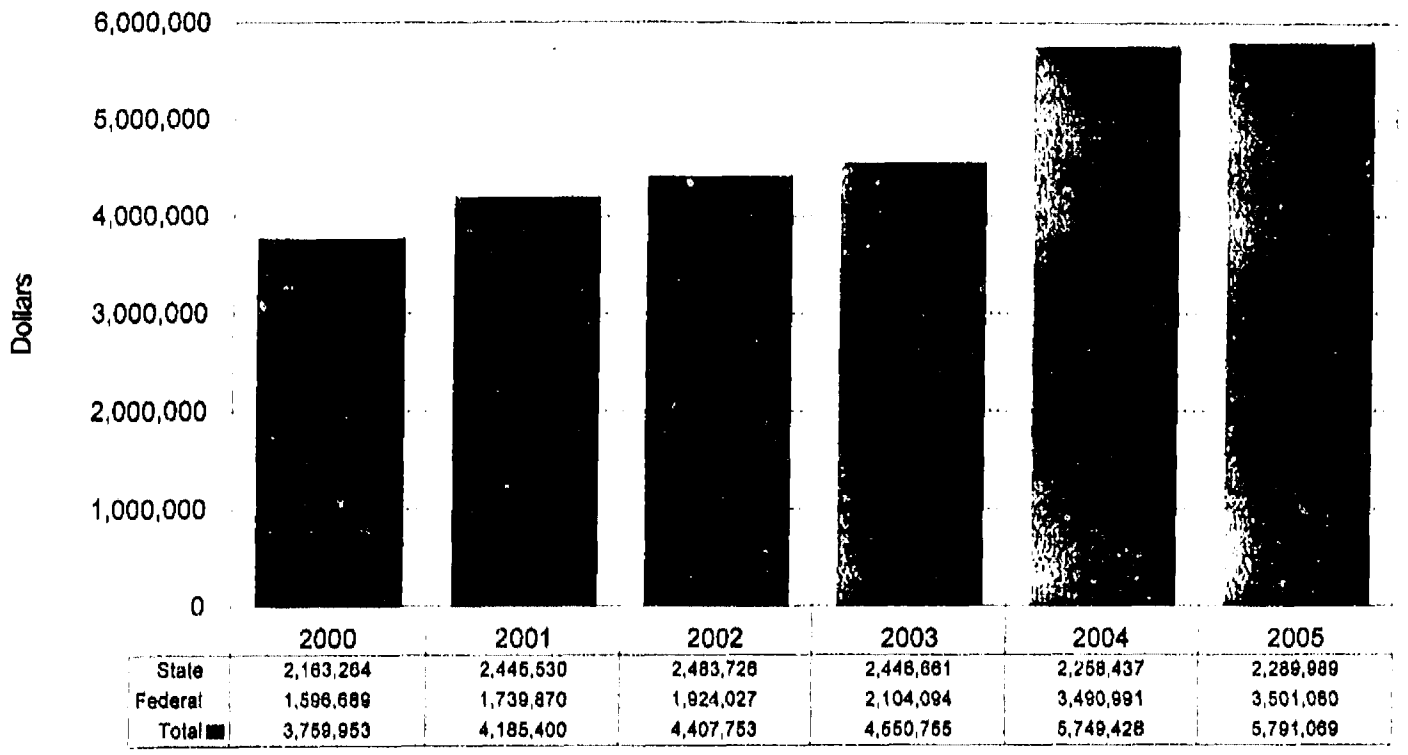
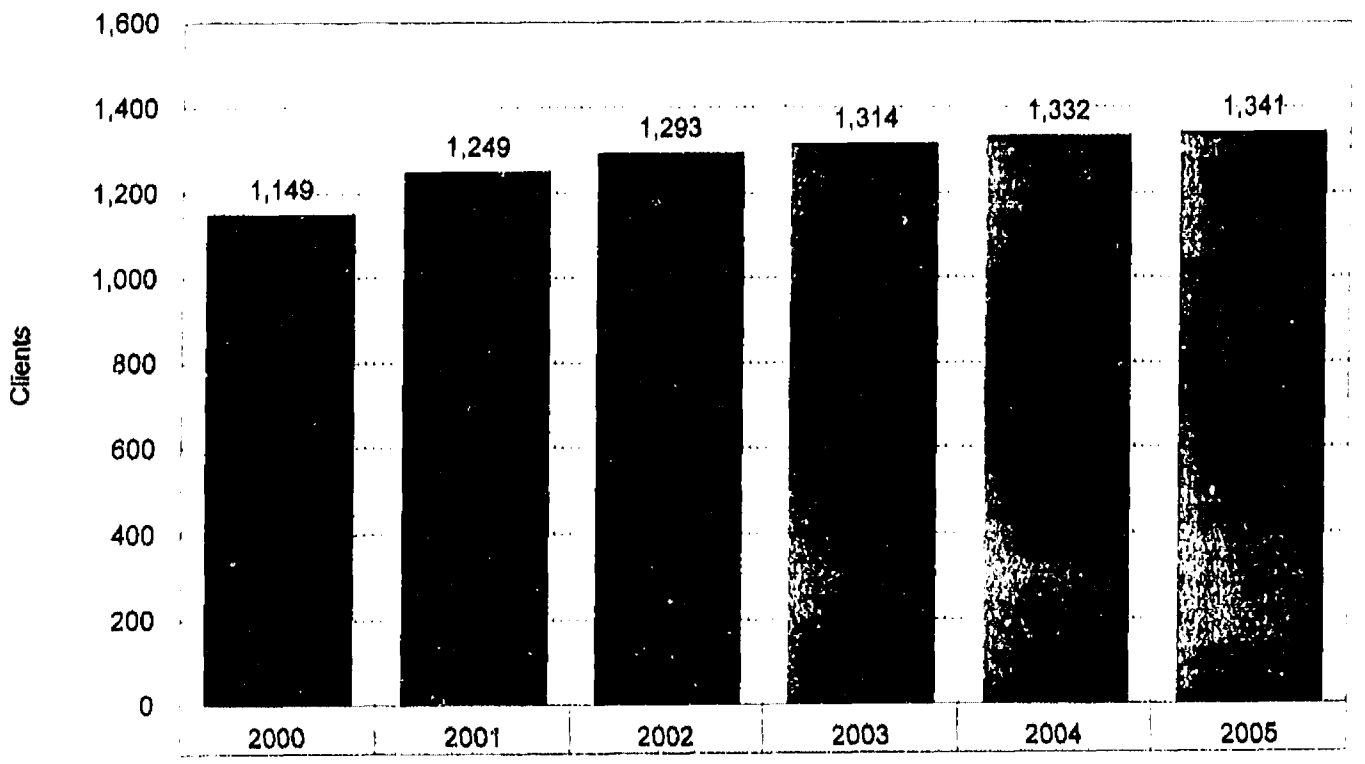
Attachment B

North Dakota Department of Human Services

Developmental Disabilities Division - Family Support Programs
Expenditures and Client Count by State Fiscal Year



	2000	2001	2002	2003	2004	2005
State	2,163,264	2,445,530	2,483,726	2,446,661	2,258,437	2,289,989
Federal	1,596,689	1,739,870	1,924,027	2,104,094	3,490,991	3,501,080
Total	3,759,953	4,185,400	4,407,753	4,550,755	5,749,428	5,791,069



Actual

Projected (SFY 2003 Expenditures are Actual thru Nov. 02)

3,987 total, unduplicated, individuals received DD services in SFY 2002

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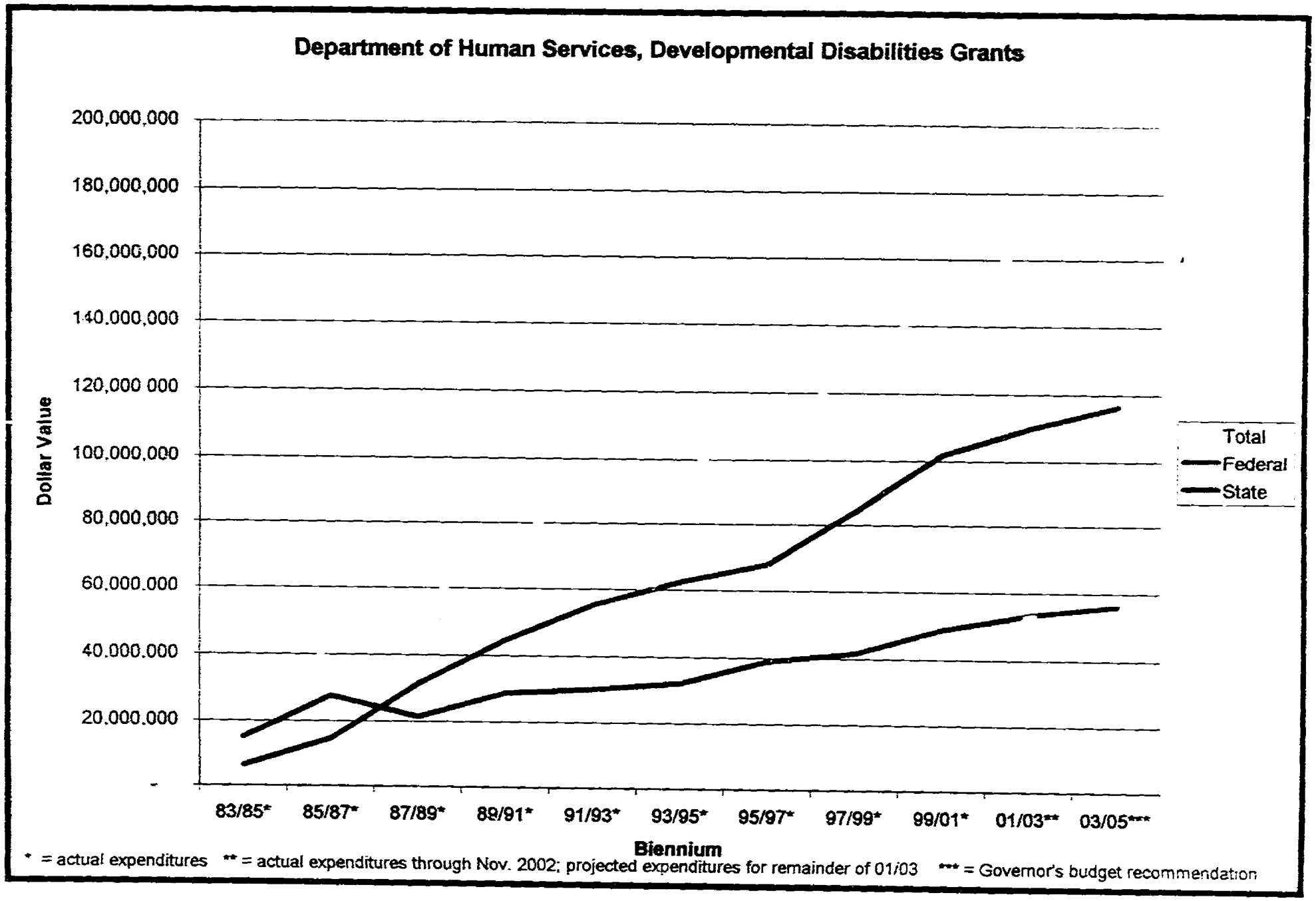

ACC	ACCD	LINE	OBJ	OBJD	PB	CB	YR1	To Senate	Inc/(Dec)
4172	DD Training Contracts	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	252,045	195,138	127,164	137,212	-57,926
4178	DD Infnts / Tddlrs w/ Handicaps - Part C	30	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	0	0	0	0	0
4178	DD Infnts / Tddlrs w/ Handicaps - Part C	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	782,677	1,282,454	130,910	334,000	-948,454
4179	DD Tracker Services	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	0	28,272	28,272	0	-28,272
5001	Director and Staff	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	160	0	0	0	0
5008	Older Blind / Vision Rehab Specialists	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	455,753	205,243	94,500	172,461	-32,782
5009	Client Assistance Programs	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	0	18,000	5,000	0	-18,000
5012	Randolph Sheppard - Coca Cola	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	45,690	45,000	32,532	65,000	20,000
5013	Tech Asst For Individls W/ Disabilities	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	71,091	11,540	11,540	25,000	13,460
5106	ADA Consortium	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	0	2,800	0	2,800	0
5111	Contracts for Rehab. Services	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	270,058	320,000	181,014	400,000	80,000
5112	Basic Support - Case Services	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	9,477,933	12,058,700	4,975,915	12,744,111	685,411
5113	SSA Reimbursement	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	97,991	388,460	25,000	159,717	-228,743
5121	Independent Living Services	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	921,270	1,096,699	548,350	1,094,539	-2,160
5136	Disability Determination Services	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	927,732	950,000	485,521	1,085,000	135,000
5203	Extended Services	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	101,186	129,056	53,435	112,000	-17,056
5206	Supported Employment TITLE VI-C	60	6006	GRANTS, BENEFITS, & CLAIMS - BUDGET	504,747	533,460	153,735	0	-533,460
			6006 Total		13,908,333	17,264,822	6,832,898	16,331,840	-932,982

Grant to university to provide DD training modules for DD Providers — 137,212
Total CC 4172 — **137,212**

Family to Family Grant $62,000/year — 124,000
Parents as Co-trainers Grant $60,000/year — 160,000
Other projects $25,000/year — 50,000
Total CC 4178 — **334,000**

Grants to Older Blind clients — 172,461
Total CC 5008 — **172,461**

Disbursement of highway funds to vendors — 65,000
Total CC 5012 — **65,000**

Possible contract with UND school of medicine to investigate use of telemedicine to do AT evals to reduce travel costs to rural areas. — 25,000
Total CC 5013 — **25,000**

ADA website and other projects — 2,800
Total CC 5106 — **2,800**

5 regional transistion grants at $40,000/region/year — 400,000
Total CC 5111 — **400,000**

Grants to individuals for VR services — 12,744,111
Total CC 5112 — **12,744,111**

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ACC	ACCD	LINE	OBJ	OBJD	PB	CB	YR1	To Senate	Inc/(Dec)
	Grants to Individuals for VR services (SSA Reimbursement funds)				159,717				
	Total CC 6113				**159,717**				
	Grants to Independent Living Centers				1,094,539				
	Total CC 6121				**1,094,539**				
	Grants to purchase Medical Evidence of Record and Consultative Exams for DDS				1,085,000				
	Total CC 6138				**1,085,000**				
	Grants to Individuals with physical disabilities or TBI for extended services				112,000				
	Total CC 6203				**112,000**				
4172	DD Training Contracts	60	6991	GRANTS - GENERAL FUNDS	147,772	114,234	74,518	80,269	-33,965
5001	Director and Staff	60	6991	GRANTS - GENERAL FUNDS	45	0	0	0	0
5008	Older Blind / Vision Rehab Specialists	60	6991	GRANTS - GENERAL FUNDS	44,684	34,874	34,874	17,246	-17,628
5013	Tech Asst For Individls W/ Disabilities	60	6991	GRANTS - GENERAL FUNDS	0	0	0	0	0
5111	Contracts for Rehab. Services	60	6991	GRANTS - GENERAL FUNDS	36,657	68,160	34,296	85,200	17,040
5112	Basic Support - Case Services	60	6991	GRANTS - GENERAL FUNDS	1,628,264	2,348,653	1,059,870	2,681,203	332,550
5121	Independent Living Services	60	6991	GRANTS - GENERAL FUNDS	377,383	418,902	193,547	192,345	-226,647
5203	Extended Services	60	6991	GRANTS - GENERAL FUNDS	101186	129,056	53,435	112,000	-17,056
			6991	**Total**	**2,336,011**	**3,113,969**	**1,456,640**	~~3,168,263~~ 2,973,412	~~64,294~~ (138,557)
4172	DD Training Contracts	60	6992	GRANTS - FEDERAL FUNDS	104273	80,904	52,646	58,943	-23,961
4178	DD Infnts / Tddlrs w/ Handicaps - Part C	60	6992	GRANTS - FEDERAL FUNDS	782677	1,282,454	130,910	334,000	-948,454
4179	DD Tracker Services	60	6992	GRANTS - FEDERAL FUNDS	0	28,272	28,272	0	-28,272
5001	Director and Staff	60	6992	GRANTS - FEDERAL FUNDS	115	0	0	0	0
5008	Older Blind / Vision Rehab Specialists	60	6992	GRANTS - FEDERAL FUNDS	411069	170,369	59,626	155,215	-15,154
5009	Client Assistance Programs	60	6992	GRANTS - FEDERAL FUNDS	0	18,000	5,000	0	-18,000
5013	Tech Asst For Individls W/ Disabilities	60	6992	GRANTS - FEDERAL FUNDS	70991	11,540	11,540	25,000	13,460
5106	ADA Consortium	60	6992	GRANTS - FEDERAL FUNDS	0	2,800	0	2,800	0
5111	Contracts for Rehab. Services	60	6992	GRANTS - FEDERAL FUNDS	233401	251,840	126,718	314,800	62,960
5112	Basic Support - Case Services	60	6992	GRANTS - FEDERAL FUNDS	7849649	9,710,047	3,916,045	10,062,908	352,861
5113	SSA Reimbursement	60	6992	GRANTS - FEDERAL FUNDS	97991	388,460	25,000	159,717	-228,743
5121	Independent Living Services	60	6992	GRANTS - FEDERAL FUNDS	543887	577,707	354,803	802,194	224,487
5138	Disability Determination Services	60	6992	GRANTS - FEDERAL FUNDS	927732	950,000	485,521	1,085,000	135,000
5206	Supported Employment TITLE VI-C	60	6992	GRANTS - FEDERAL FUNDS	504747	533,460	153,735	0	-533,460 (84425)
			6992	**Total**	**11,526,632**	**14,006,853**	**5,349,816**	~~12,666,677~~ 13,191,428	~~1,667,570~~
5012	Randolph Sheppard - Coca Cola	60	6993	GRANTS - OTHER FUNDS	45,690	45,000	32,532	65,000	20,000
5013	Tech Asst For Individls W/ Disabilities	60	6993	GRANTS - OTHER FUNDS	100	0	0	0	0
5121	Independent Living Services	60	6993	GRANTS - OTHER FUNDS	0	0	0	0	0
			6993	**Total**	**45,790**	**45,000**	**32,532**	**65,000** ✓	**20,000**
5121	Independent Living Services	60	6996	GRANTS - IGT FUNDS	0	100,000	0	100,000	0
			6996	**Total**	**0**	**100,000**	**0**	**100,000** ✓	**0**

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GENE HYSSONEN · 03.17.03

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GENE HYSTULEN. 03.17.03

Department of Human Services
2003/2005 Developmental Disabilities Grants Budget

Service	Base Budget	FMAP Change	Reprojection Change	Executive Budget Recommendation to Senate	Senate Changes	Budget to House
Adult Education Transition Services	140,892	(570)	(15,690)	124,432	0	124,432
Congregate Care	2,784,206	0	(7,160)	2,777,046	128,403	2,905,449
Day Supports	23,131,846	0	463,382	23,595,228	1,430,271	25,025,499
Emergency Services	0	0	0	0	0	0
Extended Services - DD	0	0	0	0	0	0
Extended Services - HCBS	4,258,128	0	(18,036)	4,240,092	289,747	4,529,839
Family Subsidy	1,246,745	0	0	1,246,745	0	1,246,745
Family Subsidy - Early Intervention Require.	545,511	0	0	545,511	0	545,511
Family Support Services - IHS	3,130,608	0	153,900	3,284,508	331,078	3,615,586
Family Support Services - IHS - QSP	1,192,668	0	46,774	1,239,442	0	1,239,442
Family Support Services - FCO 1 & 2	381,792	0	(23,232)	358,560	7,463	366,023
Family Support Services - FCO 3	2,556,836	0	44,170	2,601,006	17,765	2,618,771
ICF/MR - Adult	34,234,996	0	796,573	35,031,569	1,171,396	36,202,965
ICF/MR - Children	14,587,605	0	202,780	14,790,385	494,588	15,284,973
ICF/MR - Children CHIP	1,406,031	0	2,574	1,408,605	47,103	1,455,708
ICF/MR - Physically Handicapped	16,656,056	0	151,169	16,807,225	517,433	17,324,658
Infant Development	1,633,222	0	110,990	1,744,212	35,103	1,779,315
Infant Development - Part C	372,621	0	147,892	520,513	10,475	530,988
ISLA - Habilitation & Personal Care	37,112,890	0	(559,029)	36,553,861	2,380,243	38,934,104
ISLA - QSP	3,418,967	0	(8)	3,418,959	0	3,418,959
MSLA	5,872,148	0	783	5,872,931	288,597	6,161,528
Specialized Placement	753,733	0	(2,703)	751,030	38,073	789,103
Supported Living Arrangement	1,190,450	0	(12,594)	1,177,856	57,958	1,235,814
Title XIX County Waivered Services	1,294,128	0	(16,896)	1,277,232	0	1,277,232
Transitional Community Living - Training	9,829,636	0	96,431	9,926,069	500,422	10,426,491
Federal Funding Reimbursement Option	4,167,438	0	0	4,167,438	0	4,167,438
Total	$171,898,955	($570)	$1,562,070	$173,460,455	$7,746,118	$181,206,573

Funding Sources	Base Budget	FMAP Change	Reprojection Change	Executive Budget Recommendation to Senate	Senate Changes	Budget to House
General Funds	55,241,199	524,890	453,440	56,219,529	2,613,822	58,833,351
Federal Funds	116,630,756	(525,460)	1,108,630	117,213,926	5,132,296	122,346,222
Other Funds	0	0	0	0	0	0
IGT Funds	27,000	0	0	27,000	0	27,000
Total Funds	$171,898,955	($570)	$1,562,070	$173,460,455	$7,746,118	$181,206,573

GENE HYSJULIEN. 03.17.03

North Dakota Department of Human Services
DD Grants Expenditures Through January 2003 by Service
2001 - 2003 Budget

Service	Total People Served	Total Expenditures	General	Federal	Other
Adult Ed. Transition Services	6	59,685	0	59,685	0
Congregate Care	58	1,973,788	597,121	1,376,667	0
Day Supports	1149	17,166,492	5,230,061	11,936,431	0
Emergency Services	117	55,314	55,314	0	0
Extended Family Care	8	356,529	356,529	0	0
Extended Services - DD State	111	613,863	613,863	0	0
Extended Services - HCBS	323	2,263,645	683,451	1,580,194	0
Family Subsidy	487	1,059,438	1,059,438	0	0
Family Support Services	575	4,146,787	1,604,583	2,542,204	0
ICF/MR	524	49,385,344	14,782,629	34,602,715	0
Infant Development	456	1,333,579	880,267	453,312	0
ISLA	790	28,933,567	8,753,025	20,180,542	0
MSLA	126	4,340,775	1,313,227	3,027,548	0
Specialized Placement	11	528,884	160,973	367,911	0
SLA	293	848,796	598,917	249,879	0
Title XIX County Waivered Svcs	97	942,632	284,907	657,725	0
TCLF	191	7,363,880	2,223,379	5,140,501	0
Total		**121,372,998**	**39,197,684**	**82,175,314**	**0**

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North Dakota Department of Human Services
DD Grants Expenditures Through January 2003 by Service
2001 - 2003 Budget

Service	Total People Served	Total Expenditures
Adult Ed. Transition Services	6	59,685
Congregate Care	58	1,973,788
Day Supports	1149	17,166,492
Emergency Services	117	55,314
Extended Family Care	8	366,529
Extended Services - DD State	111	613,863
Extended Services - HCBS	323	2,263,645
Family Subsidy	487	1,059,438
Family Support Services	575	4,146,787
ICF/MR	524	49,385,344
Infant Development	455	1,333,579
ISLA	790	28,933,567
MSLA	126	4,340,775
Specialized Placement	11	528,884
SLA	293	848,796
Title XIX County Waivered Svcs	97	942,632
TCLF	191	7,363,680
Total		**121,372,998**

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Colleen Stockert. 03.18.03

North Dakota Department of Human Services
2001-2003 DD Grants Budget

Service	Total	General	Federal	IGT
Adult Ed. Transition Services	270,135	0	270,135	0
Congregate Care*	2,794,924	841,837	1,953,087	0
Day Supports	20,725,614	6,300,819	14,424,795	0
Emergency Services	91,105	91,105	0	0
Extended Family Care	1,356,506	1,356,506	0	0
Extended Services - DD State	696,960	696,960	0	0
Extended Services - HCBS	3,759,379	1,132,336	2,627,043	0
Family Subsidy	1,881,548	1,681,548	200,000	0
Family Support - IHS	4,353,602	1,829,735	2,523,867	0
Family Support - FCO 1 & 2	390,818	131,786	259,032	0
Family Support - FCO 3	737,274	221,260	516,014	0
ICF/MR Adult	34,077,133	10,250,288	23,811,599	15,246
ICF/MR Children	14,459,827	4,350,805	10,104,036	4,986
ICF/MR Physically Handicapped	17,163,452	5,163,519	11,993,165	6,768
Infant Development	1,913,403	1,262,246	651,157	0
Individualized Supported Living Arrangement**	40,214,650	12,112,726	28,101,924	0
Minimally Supervised Living Arrangement*	5,498,138	1,656,047	3,842,091	0
Specialized Placement*	807,135	243,110	564,025	0
Supported Living Arrangement**	1,362,486	897,157	465,329	0
Title XIX County Waivered Services	1,362,110	410,266	951,844	0
Transitional Community Living - Training*	10,210,167	3,075,314	7,134,853	0
Total	164,126,366	53,705,370	110,393,996	27,000

* = Waivered Group Home - Consumers pay own room and board - Residential Service
**= Consumers live in own apartment or home and pay own rent and food costs - Residential Service

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DEVELOPMENTALLY DISABLED LOAN PROGRAMS 2 AND 3
COMMON SCHOOLS TRUST LOAN TO FUND PROGRAMS PAID BY LAND AND MINERALS TRUST
FLOW CHART FOR 2003-2005 BIENNIUM

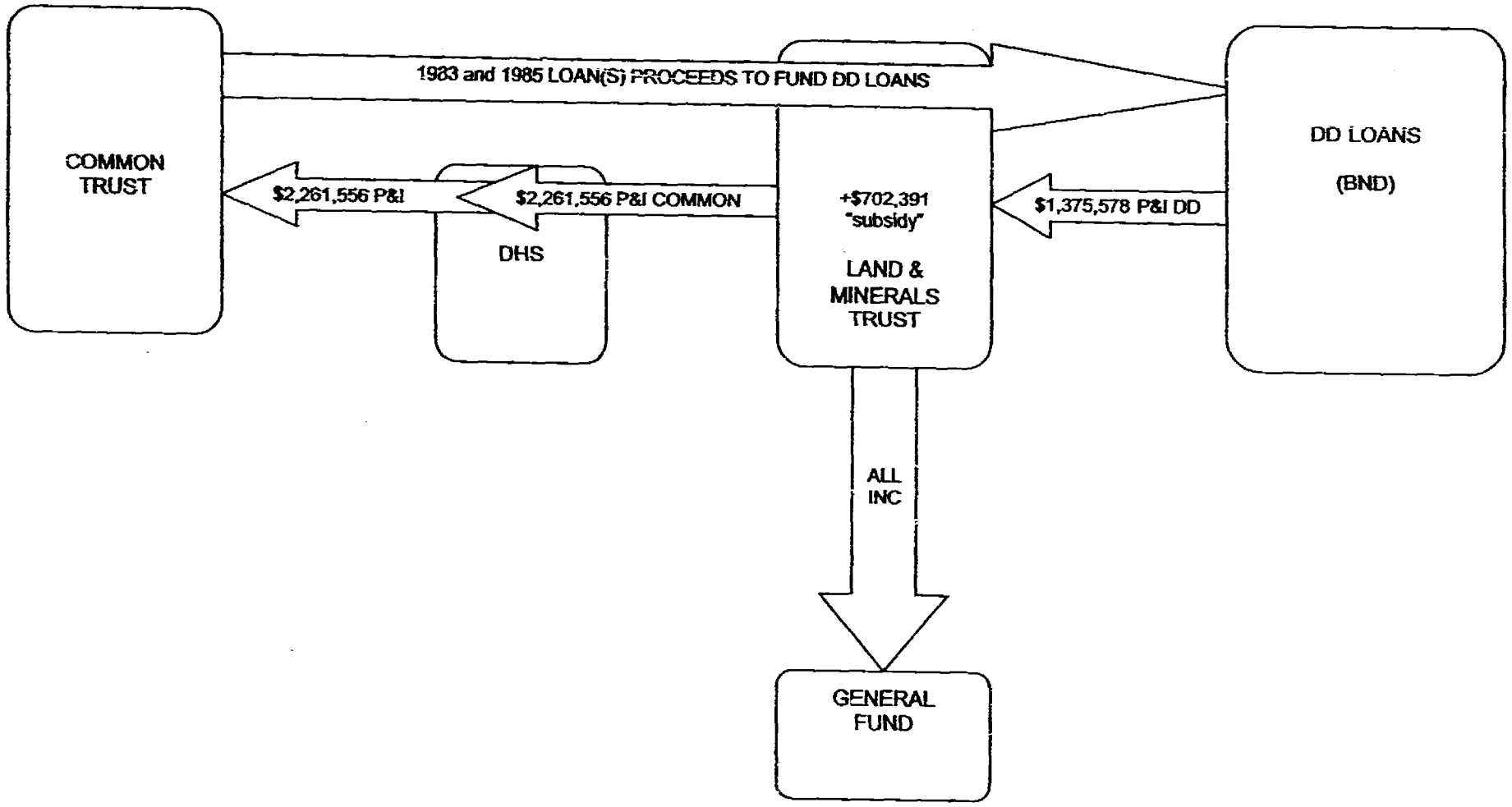

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Exhibit 31

TESTIMONY
SB 2012
DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN

January 15, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, I am Tom Wallner, Executive Director of the State Council on Developmental Disabilities. My testimony pertains to the DD Council's budget request which is contained within the DHS Program and Policy Division budget.

- **The DD Council administers the federal Developmental Disabilities Act Basic State Grant allocated to North Dakota. The Council directs that funding toward projects and activities that advocate policies and support programs which promote choice, independence, productivity and inclusion for North Dakotans with developmental disabilities.**

- **Overview of the budget changes:**

	2001-2003 Budget	2003-2005 Request	Increase/ Decrease
Salaries and Benefits	$131,053	$138,720	$ 7,667
Operating	55,787	52,687	(3,100)
Grants	686,617	758,484	71,867
Total	$873,457	$949,891	$ 76,434
General	-0-	$ 3,294	$ 3,294
Federal	$873,457	946,597	73,140
Other	-0-	-0-	-0-
FTE's	1.4	1.4	-0-

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- Under the Governor's budget, no changes are proposed to services and activities supported by the Developmental Disabilities Council.

- For the 2003-05 biennium, the Council intends to continue to award grants to state and local agencies and primarily to private, nonprofit organizations.

- These grants will be required to address one or more of the four areas of emphasis identified in the Council's federally approved five-year plan. These emphasis areas are: Education and Early Intervention, Employment, Community Supports, and Quality Assurance.

- Council-funded grant activities in these areas are intended to assist persons with DD to:

  ✓ have control, choice and flexibility in services and supports they receive;
  ✓ get and keep employment consistent with interests, abilities and needs;
  ✓ reach their educational and developmental potential; and
  ✓ become valued, participating members of the community.

This concludes my testimony on the DD Council's 2003-05 budget request. At this time I can try to answer questions from the committee.

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NORTH DAKOTA STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

INFORMATION SHEET

Mission - The Council advocates for policy changes that promote choice, independence, productivity and inclusion for all North Dakotans with developmental disabilities. The Council supports projects and activities that maximize opportunities in these areas for consumers and families.

Objectives - To achieve this mission, the Council has the following objectives:

- Assist and facilitate employment opportunities for persons with D.D.
- Facilitate community integration and inclusion of persons with D.D.
- Promote prevention of disabilities and minimization of their impact.
- Facilitate empowerment of persons with D.D. and their families to access needed services and supports.

Definition of Developmental Disability - A developmental disability is a severe, chronic disability which:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the age of 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more areas of major life activity (self care, receptive and expressive language, learning, mobility, self direction, independent living and self sufficiency);
- Reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.

Examples of Developmental Disabilities - Mental retardation, mental illness, epilepsy, cerebral palsy, autism, spina bifida, deafness, blindness, traumatic brain injury and severe physical handicaps.

State Council on Developmental Disabilities (SCDD) Membership

- Consists of 20 members appointed by the Governor;
- At least 60 percent of the members are persons with developmental disabilities or the parents, guardians, or immediate relatives of such persons;
- Includes state agency representation (State Developmental Center, Job Service, Human Services, Health Department and Public Instruction);
- Includes representation from North Dakota's University Center for Excellence in D.D., Protection and Advocacy Project and community D.D. service providers..

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SCDD Functions - Generally, the SCDD serves in a planning and advisory capacity to state policymakers and agencies such as the Department of Human Services relative to programs and services for persons with developmental disabilities. Statutory functions of the SCDD are identified in Chapter 25-01-01.1 of the North Dakota Century Code as follows:

- Assist in the development of the state plan for developmental disabilities;
- Monitor and evaluate the implementation of the state plan;
- Review and comment on all state plans in the state which relate to programs affecting persons with disabilities;
- Perform studies and surveys of the needs of persons with developmental disabilities in North Dakota.
- Facilitate coordination of the activities of all state departments, divisions, agencies and institutions having responsibilities in the field of developmental disabilities.

Federal Developmental Disabilities Act (P.L. 106-402) - The SCDD also administers the federal Developmental Disabilities Basic State Grant Program under P.L. 106-402 in North Dakota. This program:

- Requires the creation and maintenance of a state council (SCDD);
- Requires the SCDD to prepare and submit for federal approval a five year state plan with annual updates;
- Provides an annual federal allocation of approximately $420,000-$450,000 to support state council operations, planning and project activity;
- Requires that Council planning and project activities promote self-determination, independence, productivity, integration and inclusion for persons with developmental disabilities.
- Requires that a minimum of 70% of the state's annual allocation be expended for project activities in Council-selected areas of emphasis: Quality Assurance; Community Supports; Employment; and Education and Early Intervention.

Contact Person:
Tom Wallner, Executive Director
ND State Council on Developmental Disabilities
c/o ND Department of Human Services
600 East Boulevard Avenue
Bismarck, ND 58505
Phone: (701) 328-8953
Fax: (701) 328-8969
email: sowalt@state.nd.us

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ND STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Annual Federal D.D. Act Basic State Grant

Allotments to North Dakota

Fiscal Year(s)	Annual Allotment Amount
1982 – 1986 (Approximate)	$250,000
1987 – 1990 (Approximate)	300,000
1991 – 1994 (Approximate)	350,000
1995 – 1997 (Approximate)	400,000
1998	402,749
1999	403,093
2000	408,984
2001	420,477
2002	446,374
2003	446,374 (estimate)

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TOM WAHLBERG. DD COUNCIL. 05.19.03

N.D. STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
PROFILE ON FISCAL YEAR 2000 PROJECTS
7-10-00

1. Provider: Souris Valley Special Services, Minot, ND — Contract No: 660-03492
Project: Autism Training
Type: 1st year — Amount: $15,400
Priority Area: Child Development
Contact Person: Chris Strom — Phone: 857-4410
Project Period: 10-1-99 to 9-30-00
Summary: This training program on autism is targeted toward parents, educators and other school staff. It will provide training on inclusive education for children with autism.

2. Provider: Garrison Public School, Garrison, ND — Contract No: 660-03493
Project: Integrated Preschool Program
Type: 1st year — Amount: $6,546
Priority Area: Child Development
Contact Person: Chris Strom — Phone: 847-4410
Project Period: 10-1-99 to 9-30-00
Summary: This preschool program will integrate five preschool children with special needs with 14 nondisabled age-appropriate peers.

3. Provider: Lutheran Social Services of ND, Fargo, ND — Contract No: 660-03494
Project: Educating Children with FAS/FAE
Type: 1st year — Amount: $9,956
Priority Area: Child Development
Contact Person: Lisa Vig — Phone: 235-7341
Project Period: 10-1-99 to 9-30-00
Summary: Through this project, special education teachers and regular classroom teachers in Fargo will be trained on effective instruction methods and learning environments for children with fetal alcohol syndrome/fetal alcohol effect (FAS/FAE).

4. Provider: ND Center for Persons with Disabilities, Minot, ND — Contract No: 660-03495
Project: Training Video
Type: N/A — Amount: $16,041
Priority Area: Community Living
Contact Person: Mary Mercer — Phone: 858-3580
Project Period: 10-1-99 to 9-30-00
Summary: This project will produce an updated training video on positioning, turning and transferring individuals with severe physical disabilities to be used in training direct care staff.

5. Provider: Dakota West Arts Council, Bismarck, ND — Contract No: 660-03496
Project: Young at Art
Type: 2nd year — Amount: $5,703
Priority Area: Community Living
Contact Person: Jessie Quinn — Phone: 222-6640
Project Period: 10-1-99 to 9-30-00
Summary: This program will result in the participation of 75 adults and 50 special education students with developmental disabilities from Bismarck in local arts activities.

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6. Provider: Minot Community Concert Association, Minot, ND Contract No: 660-03497
Project: Arts Access Project
Type: 1st year Amount: $8,250
Priority Area: Community Living
Contact Person: Ellin Lindee Phone: 838-2720
Project Period: 10-1-99 to 4-15-00
Summary: This project will increase access to the arts for persons with DD in the Minot community.

7. Provider: ND Developmental Center, Grafton, ND Contract No: N/A
Project: TBI Staff Training
Type: 1st year Amount: $22,500
Priority Area: Community Living
Contact Person: Jim Martini Phone: 352-4540
Project Period: 10-1-99 to 9-30-00
Summary: This project will train Developmental Center staff on the intricacies and treatment of traumatic brain injury (TBI) and its effects on the individual and his family and friends.

8. Provider: The Arc of Bismarck, Bismarck, ND Contract No: 660-02807
Project: Inclusive Community Recreation
Type: 1st Year Amount: $13,850
Priority Area: Community Living
Contact Person: Executive Director Phone: 222-1854
Project Period: 10-1-98 to 3-31-00
Summary: This project will enable a minimum of 25 individuals with developmental disabilities in the Bismarck area to participate in inclusive recreation and leisure activities with other members of the community.

9. Provider: Dakota Center for Independent Living Contract No: 660-03701
Project: Independent Living Conference
Type: N/A Amount: $5,000
Priority Area: Community Living
Contact Person: Chuck Stebbins Phone: 222-3636
Project Period: 6-1-00 to 6-30-00
Summary: This funding will cosponsor the federal Region VIII multi-state Independent Living Conference scheduled for June 22-24, 2000 in Bismarck.

10. Provider: Pathfinder Services of ND, Inc., Minot, ND Contract No: N/A
Project: Annual Conference
Type: N/A Amount: $ 3,100
Priority Area: System Coordination/Community Education
Contact Person: Kathryn Erickson Phone: 837-7500
Project Period: 4-1-00 to 5-15-00
Summary: This funding will offset fees, transportation and lodging for the keynote speaker and main presenter at Pathfinder's Annual Conference in April, 2000. The conference theme will emphasize inclusive education.

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11. Provider: Dakota Center for Independent Living, Bismarck, ND Contract No: 660-03498
Project: Partners in Policymaking
Type: 7th Year Amount: $71,335
Priority Area: System Coordination/Community Education
Contact Person: Joyce Smith Phone: 222-3636
Project Period: 10-1-99 to 9-30-00
Summary: Partners in Policymaking is a self-advocacy model used by more than 40 states which provides leadership training for consumers with developmental disabilities, parents and family members to become knowledgeable about D.D. issues and to further their competency in becoming effective advocates for themselves. In FY 2000, the program is expected to train 30 people.

12. Provider: ND Center for Persons with Disabilities, Minot, ND Contract No: 660-03499
Project: NDACF Conference
Type: N/A Amount: $7,716
Priority Area: Community Living
Contact Person: Mary Mercer Phone: 858-3580
Project Period: 10-1-99 to 6-30-00
Summary: This funding partially supports the 14th Annual Conference of the North Dakota Association of Community Facilities (NDACF) scheduled for May 3-5, 2000 in Bismarck, and subsidizes a consumer participation component to that conference.

13. Provider: People First of ND, Inc., Bismarck, ND Contract No: 660-03500
Project: People First
Type: 7th Year Amount: $57,106
Priority Area: System Coordination/Community Education
Contact Person: Raylynn Lauderdale Phone: 250-6745
Project Period: 1-1-00 to 9-30-00
Summary: This funding supports further development of a locally based, statewide consumer advocacy network that can impact state and local policy and systems change affecting persons with developmental disabilities. Advocacy activities will focus on self-determination, transportation, accessibility and employment issues as well as other issues unique to each community.

14. Provider: People First of ND, Inc., Bismarck, ND Contract No: 660-03786
Project: Voter Education Project
Type: N/A Amount: $ 4,999
Priority Area: System Coordination/ Community Education
Contact Person: Raylynn Lauderdale Phone: 250-6745
Project Period: 7-1-00 to 10-30-00
Summary: This project will conduct statewide voter education activities to enable persons with disabilities and their families to make informed voter choices in the November, 2000 elections.

15. Provider: People First of ND, Inc., Bismarck, ND Contract No: 660-03790
Project: Advocacy Consortium Startup
Type: N/A Amount: $23,972
Priority Area: System Coordination/Community Education
Contact Person: Raylynn Lauderdale Phone: 250-6745
Project Period: 7-1-00 to 9-30-00
Summary: This startup grant supports development activities to establish a statewide Disability Advocacy Consortium in North Dakota which will inform and educate policymakers on disabilities issues.

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16. Provider: ND Mental Health Association of ND, Bismarck, ND Contract No: N/A
Project: Consumer Network Conference
Type: N/A Amount: $2,500
Priority Area: System Coordination/Community Education
Contact Person: Judy DeWitz Phone: 255-3692
Project Period: 9-30-99 to 10-2-99
Summary: This funding will support consumer attendance and participation at the Mental Health Consumer Network of ND Annual Conference.

17. Provider: Bismarck Public Schools, Bismarck, ND Contract No: 660-03503
Project: FEET Training
Type: N/A Amount: $4,000
Priority Area: System Coordination/Community Education
Contact Person: Mike Ahmann Phone: 221-3771
Project Period: 10-1-99 to 1-31-01
Summary: This project will provide training for the Family Educator Enhancement Team (FEET) to assist parents and educators to build effective IEP teams and to write meaningful IEP's that create active inclusion in the schools.

18. Provider: Rehab Services, Inc., Minot, ND Contract No: 660-03501
Project: Volunteer Program
Type: 2nd Year Amount: $18,095
Priority Area: Employment
Contact Person: Marla Ludwig Kulig Phone: 839-4240
Project Period: 10-1-99 to 9-30-00
Summary: This program will recruit and train an additional 30 volunteers to work in Rehab Services' 14 programs primarily related to employment activities serving more than 500 clients with disabilities per year.

19. Provider: Red River Human Services Foundation, Fargo, ND Contract No: 660-03502
Project: Thrifty Horizons
Type: 2nd Year Amount: $27,354
Priority Area: Employment
Contact Person: Martina O'Brien Phone: 642-2442
Project Period: 10-1-99 to 9-30-00
Summary: This project will maintain an employment training program at the Thrifty Horizons second-hand store in Wahpeton, which will result in job placement of 5 adults with developmental disabilities with other employers throughout that community.

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N.D. STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
PROFILE ON FISCAL YEAR 2002 PROJECTS
10-1-01

1. Provider: Bismarck Recreation Council, Bismarck, ND Contract No: 660-03919
Project: Boundless Playground
Type: N/A Amount: $25,000
Emphasis Area: Education/Early Intervention
Contact Person: Steve Neu Phone: 222-6455
Project Period: 10-1-00 to 9-30-02
Summary: This funding will assist with building a universally accessible playground that is sensory rich, developmentally appropriate and safe where children of all abilities can play together.

2. Provider: University of ND, Grand Forks, ND Contract No: 660-04614
Project: Family to Family Network
Type: 1st year Amount: $50,000
Emphasis Area: Education/Early Intervention
Contact Person: Peg Mohr Phone: 777-3669
Project Period: 10-1-01 to 9-30-02
Summary: Under this project, the ND Family to Family Network will establish an early childhood, youth and adult division to provide emotional and informational support to families of persons with DD aged 3 through adulthood.

3. Provider: Washburn Public School, Washburn, ND Contract No: 660-04610
Project: Integrated PreSchool Program
Type: 1st year Amount: $7,000
Emphasis Area: Education/Early Intervention
Contact Person: Chris Strom Phone: 857-4410
Project Period: 10-1-01 to 9-30-02
Summary: This preschool program will integrate 5 children with special needs with 15 non-disabled age-appropriate peers.

4. Provider: United Public School, Des Lacs, ND Contract No: 660-04611
Project: Integrated PreSchool Program
Type: 1st year Amount: $8,000
Emphasis Area: Education/Early Intervention
Contact Person: Chris Strom Phone: 857-4410
Project Period: 10-1-01 to 9-30-02
Summary: This preschool program will integrate 5 children with special needs with 20 non-disabled age-appropriate peers.

5. Provider: Pathfinder Services of ND, Minot, ND Contract No: N/A
Project: Annual Conference
Type: N/A Amount: $5,000
Emphasis Area: Education/Early Intervention
Contact Person: Kathryn Erickson Phone: 837-7500
Project Period: 4/1/02 to 4/30/02
Summary: This funding will offset fees, transportation and lodging for the keynote speakers and presenters at Pathfinder's annual conference in April, 2002.

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6. Provider: ND Center for Persons with Disabilities, Minot, ND Contract No: 660-04605
Project: NDACF Conference
Type: N/A Amount: $7,703
Emphasis Area: Community Support
Contact Person: Mary Mercer Phone: 858-3260
Project Period: 10-1-01 to 6-30-02
Summary: This funding partially supports the 16th Annual Conference of the North Dakota Association of Community Facilities (NDACF) scheduled for May 1-3, 2002 in Bismarck, and subsidizes a consumer participation component to that conference.

7. Provider: ND Center for Persons with Disabilities, Minot, ND Contract No: 660-04607
Project: Social/Sexual Development
Type: 1st year Amount: $24,946
Emphasis Area: Community Support
Contact Person: Cathy Haarstad Phone: 858-3580
Project Period: 10-1-01 to 9-30-02
Summary: This project is intended to identify, gather and disseminate training materials and resources to be used by families and educators in teaching persons with DD about appropriate social and sexual behavior.

8. Provider: Dakota Center for Independent Living, Bismarck, ND Contract No: 660-04612
Project: Partners in Policymaking
Type: 9th Year Amount: $61,998
Emphasis Area: Quality Assurance
Contact Person: Joyce Smith Phone: 222-3636
Project Period: 10-1-01 to 9-30-02
Summary: Partners in Policymaking is a self-advocacy model used by more than 40 states which provides leadership training for consumers with developmental disabilities, parents and family members to become knowledgeable about DD issues and to further their competency in becoming effective advocates for themselves. In FY 2002, the program is expected to train 30 people.

9. Provider: People First of ND, Inc., Bismarck, ND Contract No: 660-04608
Project: People First
Type: 9th Year Amount: $60,000
Emphasis Area: Quality Assurance
Contact Person: Raylynn Lauderdale Phone: 250-6745
Project Period: 10-1-01 to 9-30-02
Summary: This funding supports continuation of a locally based, statewide consumer advocacy network that can impact state and local policy and systems change affecting persons with developmental disabilities. Advocacy activities will focus on self-determination, transportation, accessibility and employment issues as well as other issues unique to each community.

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10. Provider: People First of ND, Inc., Bismarck, ND Contract No: 660-04609
Project: Advocacy Consortium
Type: 2nd Year Amount: $72,948
Emphasis Area: Quality Assurance
Contact Person: Rick Pellshek Phone: 223-0347
Project Period: 10-1-01 to 9-30-02
Summary: This grant supports continued development and maintenance of a statewide Disability Advocacy Consortium in North Dakota which will inform and educate policymakers on disabilities issues.

11. Provider: Brain Injury Association of ND, Valley City, ND Contract No: N/A
Project: Brain Injury Conference
Type: N/A Amount: $2,297
Emphasis Area: Quality Assurance
Contact Person: Mary Simonson Phone: 845-1124
Project Period: 10-1-01 to 9-30-02
Summary: This funding will support consumer and family member participation at the 2002 annual statewide conference on brain injury.

12. Provider: Rehab Services, Inc., Minot, ND Contract No: 660-04613
Project: Phase III Development
Type: 2nd Year Amount: $39,417
Emphasis Area: Employment
Contact Person: Marla Kulig Phone: 839-4240
Project Period: 10-1-01 to 9-30-02
Summary: This project employs a business and training developer to train businesses in northwestern North Dakota on disabilities and employment issues which will increase employment of people with disabilities by those businesses.

13. Provider: ND Center for Persons with Disabilities, Minot, ND Contract No: 660-04606
Project: Rural Internet Based Employment
Type: 2nd Year Amount: $56,541
Emphasis Area: Employment
Contact Person: Maureen McCloud-Rogers Phone: 858-3065
Project Period: 10-1-01 to 9-30-02
Summary: This project will continue development of a small Internet business/self-employment model for persons with developmental disabilities living in North Dakota's rural communities.

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Theresa A. Lee 10-14-03
Operator's Signature Date

N.D. STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
PROFILE ON FISCAL YEAR 2003 PROJECTS
10-04-02

1. Provider: University of ND, Grand Forks, ND Contract No: 660-04921
Project: Family to Family Network
Type: 2nd year Amount: $50,000
Emphasis Area: Education/Early Intervention
Contact Person: Sue Offutt Phone: 777-6084
Project Period: 10-1-02 to 9-30-03
Summary: Under this project, the ND Family to Family Network will maintain an early childhood, youth and adult division to provide emotional and informational support to families of persons with DD aged 3 through adulthood.

2. Provider: Washburn Public School, Washburn, ND Contract No: 660-04919
Project: Integrated PreSchool Program
Type: 2nd year Amount: $6,951
Emphasis Area: Education/Early Intervention
Contact Person: Chris Strom Phone: 857-4410
Project Period: 10-1-02 to 9-30-03
Summary: This preschool program will integrate 5 children with special needs with 15 non-disabled age-appropriate peers.

3. Provider: United Public School, Des Lacs, ND Contract No: 660-04918
Project: Integrated PreSchool Program
Type: 2nd year Amount: $8,000
Emphasis Area: Education/Early Intervention
Contact Person: Chris Strom Phone: 857-4410
Project Period: 10-1-02 to 9-30-03
Summary: This preschool program will integrate 10 children with special needs with 30 non-disabled age-appropriate peers.

4. Provider: Anne Carlsen Center for Children, Jamestown, ND Contract No: 660-04920
Project: IEP Enhancement
Type: 1st year Amount: $23,986
Emphasis Area: Education/Early Intervention
Contact Person: Mark Coppin Phone: 252-3850
Project Period: 10/1/02 to 9/30/03
Summary: This project will enhance Individual Education Program (IEP) planning for 6 to 8 children with multiple disabilities using Stages alternative assessment software.

5. Provider: Pathfinder Services of ND, Minot, ND Contract No: 660-04925
Project: Transition and Employment
Type: 1st year Amount: $26,126
Emphasis Area: Education/Early Intervention
Contact Person: Kathryn Erickson Phone: 837-7500
Project Period: 10-1-02 to 9-30-03
Summary: This project will provide focused training and transition services for parents of students with developmental disabilities, enabling them, as well as the students themselves, to become knowledgeable, active participants in developing and implementing transition plans.

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6. Provider: ND Center for Persons with Disabilities, Minot, ND Contract No: 660-04927
Project: NDACF Conference
Type: N/A Amount: $7,716
Emphasis Area: Community Support
Contact Person: Mary Mercer Phone: 858-3260
Project Period: 10-1-02 to 6-30-03
Summary: This funding partially supports the 17th Annual Conference of the North Dakota Association of Community Facilities (NDACF) scheduled for April 30-May 2, 2003 in Bismarck, and subsidizes a consumer participation component to that conference.

7. Provider: ND Center for Persons with Disabilities, Minot, ND Contract No: 660-04928
Project: Social/Sexual Training for Families
Type: 1st year Amount: $25,432
Emphasis Area: Community Support
Contact Person: Judy Garber Phone: 838-4457
Project Period: 10-1-02 to 9-30-03
Summary: This project is intended to assist families to teach appropriate sexual behavior and social skills to their children with DD.

8. Provider: ND Center for Persons with Disabilities, Minot, ND Contract No: 660-04929
Project: Disability Justice Initiative
Type: 1st year Amount: $20,001
Emphasis Area: Community Support
Contact Person: Dr. Bryce Fifield Phone: 858-3580
Project Period: 10-1-02 to 9-30-03
Summary: Under this project, a systems change curriculum will be developed to improve interaction between North Dakota's criminal justice/law enforcement system and citizens with disabilities.

9. Provider: Dakota Center for Independent Living, Bismarck, ND Contract No: 660-04930
Project: Partners in Policymaking
Type: 10th Year Amount: $64,995
Emphasis Area: Quality Assurance
Contact Person: Joyce Smith Phone: 222-3636
Project Period: 10-1-02 to 9-30-03
Summary: Partners in Policymaking is a self-advocacy model used by more than 40 states which provides leadership training for consumers with developmental disabilities, parents and family members to become knowledgeable about DD issues and to further their competency in becoming effective advocates for themselves. In FY 2003, the program is expected to train 25 people.

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10. Provider: People First of ND, Inc., Bismarck, ND — Contract No: 660-04931
Project: People First
Type: 10th Year — Amount: $30,000
Emphasis Area: Quality Assurance
Contact Person: Sheyna Henry — Phone: 250-6745
Project Period: 10-1-02 to 3-31-03
Summary: This funding enables People First to support and assist local self-advocacy groups in ND to positively impact systems issues to ensure that persons with DD have control, choice and flexibility in the services and supports they receive. Advocacy activities in 2003 will focus on transportation, accessibility and employment issues as well as other issues unique to each community.

11. Provider: People First of ND, Inc., Bismarck, ND — Contract No: 660-04932
Project: Advocacy Consortium
Type: 3rd Year — Amount: $36,443
Emphasis Area: Quality Assurance
Contact Person: Sheyna Henry — Phone: 250-6745
Project Period: 10-1-02 to 3-31-03
Summary: This grant supports continued development and maintenance of a statewide Disability Advocacy Consortium in North Dakota which will inform and educate policymakers on disabilities issues.

12. Provider: Brain Injury Association of ND, Valley City, ND — Contract No: N/A
Project: Brain Injury Conference
Type: N/A — Amount: $4,400
Emphasis Area: Quality Assurance
Contact Person: Mary Simonson — Phone: 845-1124
Project Period: 10-1-02 to 9-30-03
Summary: This funding will support consumer and family member participation at the 2003 statewide conference on brain injury scheduled for April 3-4, 2003.

13. Provider: Rehab Services, Inc., Minot, ND — Contract No: 660-04926
Project: Inclusion Project
Type: 1st Year — Amount: $42,679
Emphasis Area: Employment
Contact Person: Marla Kulig — Phone: 839-4240
Project Period: 10-1-02 to 9-30-03
Summary: This project assists people with DD to achieve employment of their choice and creates and improves inclusion opportunities in school and in the community for those persons.

profile.doc

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10-14-03
Date

Tomwolberg 03.18.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		1.400	0.000	1.400	0.000	1.400
300-42 DD COUNCIL				FTEs(Full Time Equivalents) TOTALS	0.000	1.400	0.000	1.400	0.000	1.400
10	Salaries and Wages	B	1001	SALARIES	79,670	100,898	7,194	108,092	(1,340)	106,752
10	Salaries and Wages	B	1008	BENEFITS	15,084	30,155	473	30,628	(225)	30,403
300-42 DD COUNCIL				Salaries and Wages TOTALS	95,754	131,053	7,667	138,720	(1,565)	137,155
10	Salaries and Wages	F	1991	SALARY - GENERAL FUNDS		0	3,294	3,294	(4,574)	(1,280)
10	Salaries and Wages	F	1992	SALARY - FEDERAL FUNDS		131,053	4,373	135,426	3,009	138,435
300-42 DD COUNCIL				Salaries and Wages TOTALS	0	131,053	7,667	138,720	(1,565)	137,155
30	Operating Expenses	B	3003	IT-TELEPHONE		50	0	50	0	50
30	Operating Expenses	B	3004	TRAVEL	15,755	25,321	0	25,321	0	25,321
30	Operating Expenses	B	3007	POSTAGE	25	1,200	(1,000)	200	0	200
30	Operating Expenses	B	3011	LEASE/RENT - EQUIPMENT		200	(200)	0	0	0
30	Operating Expenses	B	3012	LEASE/RENT - BLDG/LAND	4,195	6,985	0	6,985	0	6,985
30	Operating Expenses	B	3013	PROFESSIONAL DEVELOPMENT	8,670	9,175	0	9,175	0	9,175
30	Operating Expenses	B	3014	OPERATING FEES & SERVICES	1,341	4,770	0	4,770	0	4,770
30	Operating Expenses	B	3016	REPAIRS		200	(200)	0	0	0
30	Operating Expenses	B	3018	PROFESSIONAL SERVICES		3,036	0	3,036	0	3,036
30	Operating Expenses	B	3021	OFFICE SUPPLIES	51	900	0	900	0	900
30	Operating Expenses	B	3024	PRINTING	563	1,500	0	1,500	0	1,500
30	Operating Expenses	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	84	750	0	750	0	750
30	Operating Expenses	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES		200	(200)	0	0	0
30	Operating Expenses	B	3033	MISCELLANEOUS SUPPLIES		1,500	(1,500)	0	0	0
300-42 DD COUNCIL				Operating Expenses TOTALS	30,684	55,787	(3,100)	52,687	0	52,687
30	Operating Expenses	F	3992	OPERATING - FEDERAL FUNDS		55,787	(3,100)	52,687	0	52,687
300-42 DD COUNCIL				Operating Expenses TOTALS	0	55,787	(3,100)	52,687	0	52,687
60	Grants	B	6006	GRANTS, BENEFITS & CLAIMS	582,547	686,617	71,867	758,484	0	758,484
300-42 DD COUNCIL				Grants TOTALS	582,547	686,617	71,867	758,484	0	758,484
60	Grants	F	6992	GRANTS - FEDERAL FUNDS		686,617	71,867	758,484	0	758,484
300-42 DD COUNCIL				Grants TOTALS	0	686,617	71,867	758,484	0	758,484
90	Funding Totals	F	9991	GENERAL FUNDS		0	3,294	3,294	(4,574)	(1,280)
90	Funding Totals	F	9992	FEDERAL FUNDS	708,985	873,457	73,140	946,597	3,009	949,606
				300-42 DD COUNCIL TOTALS	708,985	873,457	76,434	949,891	(1,565)	948,326

FUNDING REQUEST BY REPORTING LEVEL

325 DEPARTMENT OF HUMAN SERVICES
Version: 2003-0325-R-01

Program: DD COUNCIL

Reporting Level: 00-325-300-42-00-00-00

Object Description		Object Code	Expenditures 1999 - 2001 Biennium	First Year Expenditures 2001 - 2002	Present Budget Balance 2002 - 2003	Total Present Budget 2001 - 2003 Biennium	Requested Budget 2003 - 2005 Biennium	2003 - 2005 Biennium Incr. (Decr.)
SALARIES AND WAGES								
SALARIES		1001	95,066	50,449	50,449	100,898	108,092	7,194
BENEFITS		1008	18,668	10,072	20,083	30,155	30,628	473
	TOTAL		**113,734**	**60,521**	**70,532**	**131,053**	**138,720**	**7,667**
SALARIES AND WAGES								
GENERAL FUND		1991	0	0	0	0	3,294	3,294
FEDERAL FUNDS		1992	113,734	60,521	70,532	131,053	135,426	4,373
	TOTAL		**113,734**	**60,521**	**70,532**	**131,053**	**138,720**	**7,667**
OPERATING EXPENSES								
IT-TELEPHONE		3003	0	0	50	50	50	0
TRAVEL		3004	23,208	10,003	15,318	25,321	25,321	0
POSTAGE		3007	108	0	1,200	1,200	200	(1,000)
LEASE/RENT - EQUIPMENT		3011	0	0	200	200	0	(200)
LEASE/RENT - BLDG/LAND		3012	6,935	2,821	4,164	6,985	6,985	0
DUES & PROFESSIONAL DEV.		3013	8,935	5,598	3,587	9,175	9,175	0
OPERATING FEES & SERVICES		3014	1,568	299	4,471	4,770	4,770	0
REPAIRS		3016	0	0	200	200	0	(200)
PROFESSIONAL SERVICES		3018	0	0	3,036	3,036	3,036	0
OFFICE SUPPLIES		3021	34	66	834	900	900	0
PRINTING		3024	484	387	1,113	1,500	1,500	0
PROFESSIONAL SUPPLIES & M		3025	6	104	646	750	750	0
BLDG,GRNDS,VEHICLE MTCE S		3030	0	0	200	200	0	(200)
MISCELLANEOUS SUPPLIES		3033	0	0	1,500	1,500	0	(1,500)
	TOTAL		**41,278**	**19,268**	**36,519**	**55,787**	**52,687**	**(3,100)**
OPERATING EXPENSES								
GENERAL FUND		3991	126	0	0	0	0	0
FEDERAL FUNDS		3992	41,152	19,268	36,519	55,787	52,687	(3,100)
	TOTAL		**41,278**	**19,268**	**36,519**	**55,787**	**52,687**	**(3,100)**
GRANTS								
GRANTS, BENEFITS & CLAIMS		6006	647,041	298,967	387,650	686,617	758,484	71,867
	TOTAL		**647,041**	**298,967**	**387,650**	**686,617**	**758,484**	**71,867**

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FUNDING REQUEST BY REPORTING LEVEL

Date: 03/04/2003
Time: 14:21:11

325 DEPARTMENT OF HUMAN SERVICES
Version: 2003-0325-R-01

Program: DD COUNCIL | Reporting Level: 00-325-300-42-00-00-00

Object Description	Object Code	Expenditures 1999 - 2001 Biennium	First Year Expenditures 2001 - 2002	Present Budget Balance 2002 - 2003	Total Present Budget 2001 - 2003 Biennium	Requested Budget 2003 - 2005 Biennium	2003 - 2005 Biennium Incr. (Decr.)
GRANTS							
FEDERAL FUNDS	6392	647,041	298,967	387,650	686,617	758,484	71,867
TOTAL		**647,041**	**298,967**	**387,650**	**686,617**	**758,484**	**71,867**
REPORTING LEVEL LINE TOTAL		**802,053**	**378,756**	**494,701**	**873,457**	**949,891**	**76,434**
REPORTING LEVEL FUNDING							
GENERAL FUND	9991	126	0	0	0	3,294	3,294
FEDERAL FUNDS	9992	801,927	378,756	494,701	873,457	946,597	73,140
SPECIAL FUNDS	9993						
REPORTING LEVEL FUNDING TOTAL		**802,053**	**378,756**	**494,701**	**873,457**	**949,891**	**76,434**
FTE EMPLOYEES		1.00			1.40	1.40	0.00

Exhibit #16

January 14, 2003

SENATE APPROPRIATIONS COMMITTEE
SB 2012

CHAIRMAN HOLMBERG AND COMMITTEE MEMBERS:

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

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

Public policy advocacy is an essential component of the Arc movement, and that's why we're here today. Arc members have worked together over the past 50 years to secure family support services, special education, health care, leisure opportunities, vocational training, community housing and other community support services.

The Arc has a number of legislative priorities for the 58th Legislative Assembly. Our **number one priority is to increase the average wage for community provider direct care workers by $1.50 per hour.** Direct care workers are the key element in providing services to people with disabilities. These are the individuals who have direct involvement with people with disabilities for the better part of the day. Direct care workers are in a position that largely mandates the safety and well being of the people they support. A key component in any success of a state service delivery system will be the quality of the direct care workers.

We support the Department of Human Service's Optional Adjustment Request number 3 that provides for this $1.50/hour increase. The direct care providers are the workers in the trenches. They deserve the best wages possible.

Another **priority is to increase funding for the individualized supervised living arrangement (ISLA) program.** Financing the growth of the ISLA program is critically important. North Dakota should regain lost momentum in reducing reliance on public arid private institutions by placing people in more personalized, supported living arrangements and to decrease the excessive use of 7-15 or more person residential living arrangements.

Families are always a priority and we support increased funding for Family Support Services. North Dakota should increase its commitment to family support spending given the lack of any increases since 1995. Families are the single largest source of care giving services and need support for their family members with disabilities.

We understand this is a lot to ask. But a lot is needed for North Dakotans with disabilities. If you have any questions, I will be happy to try to answer them. THANK YOU FOR YOUR TIME AND CONSIDERATION.

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Operator's Signature

10-14-03
Date

Exhibit 37

January 15, 2003

SENATE APPROPRIATIONS COMMITTEE
SB 2012

CHAIRMAN HOLMBERG AND COMMITTEE MEMBERS:

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

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

The Arc has a number of legislative priorities for the 58th Legislative Assembly. One of them is to restore funding to the Department of Human Service's corporate guardianship program. This is one of the real win-win programs in state government. It involves the cooperation of private charitable groups to assist the state in taking care of some of the state's truly disadvantaged individuals.

The funding for this program is DHS' optional adjustment request number 4 that provides $275,383 for this wonderful program.

We strongly encourage your support.

If you have any questions, I will be happy to try to answer them. THANK YOU FOR YOUR TIME AND CONSIDERATION.

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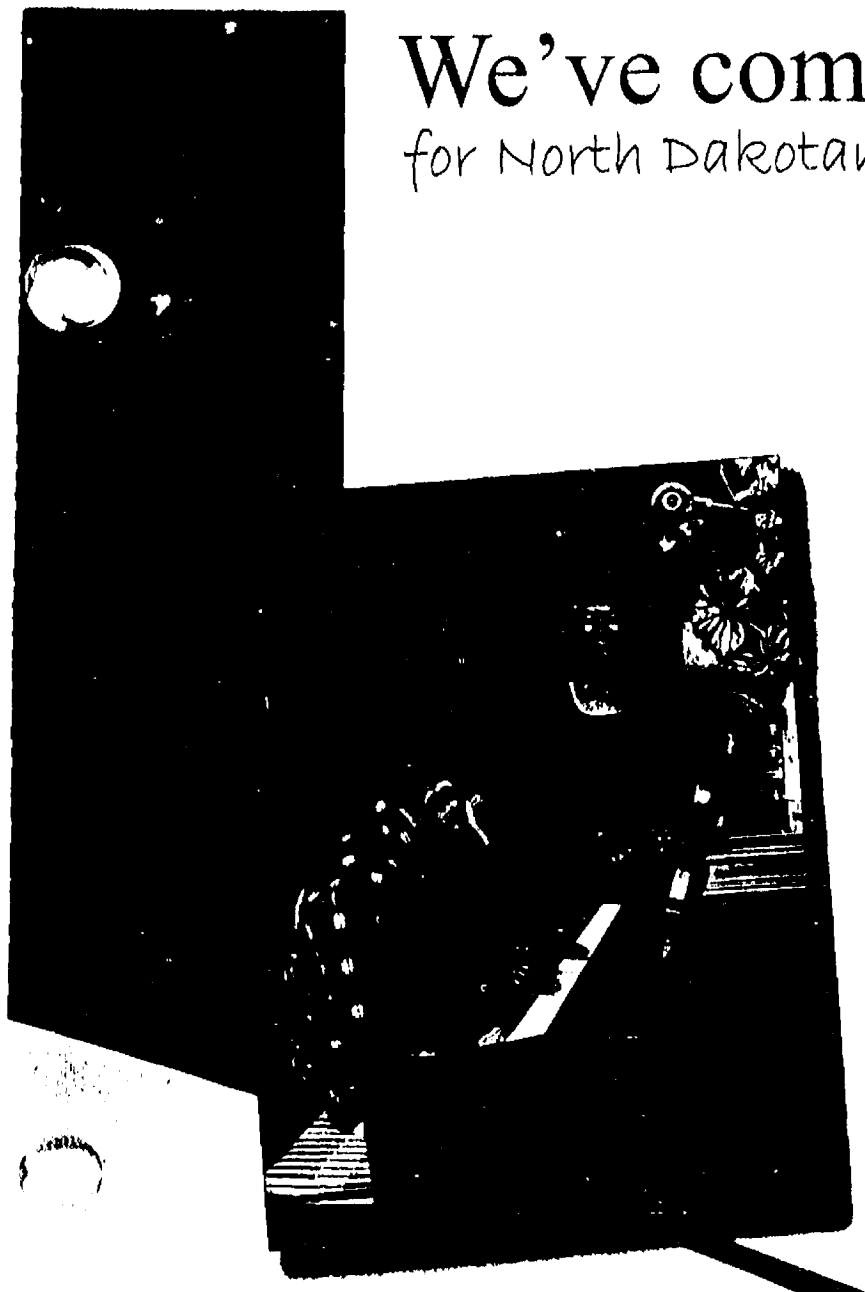
10-14-03
Date

We've come a long way

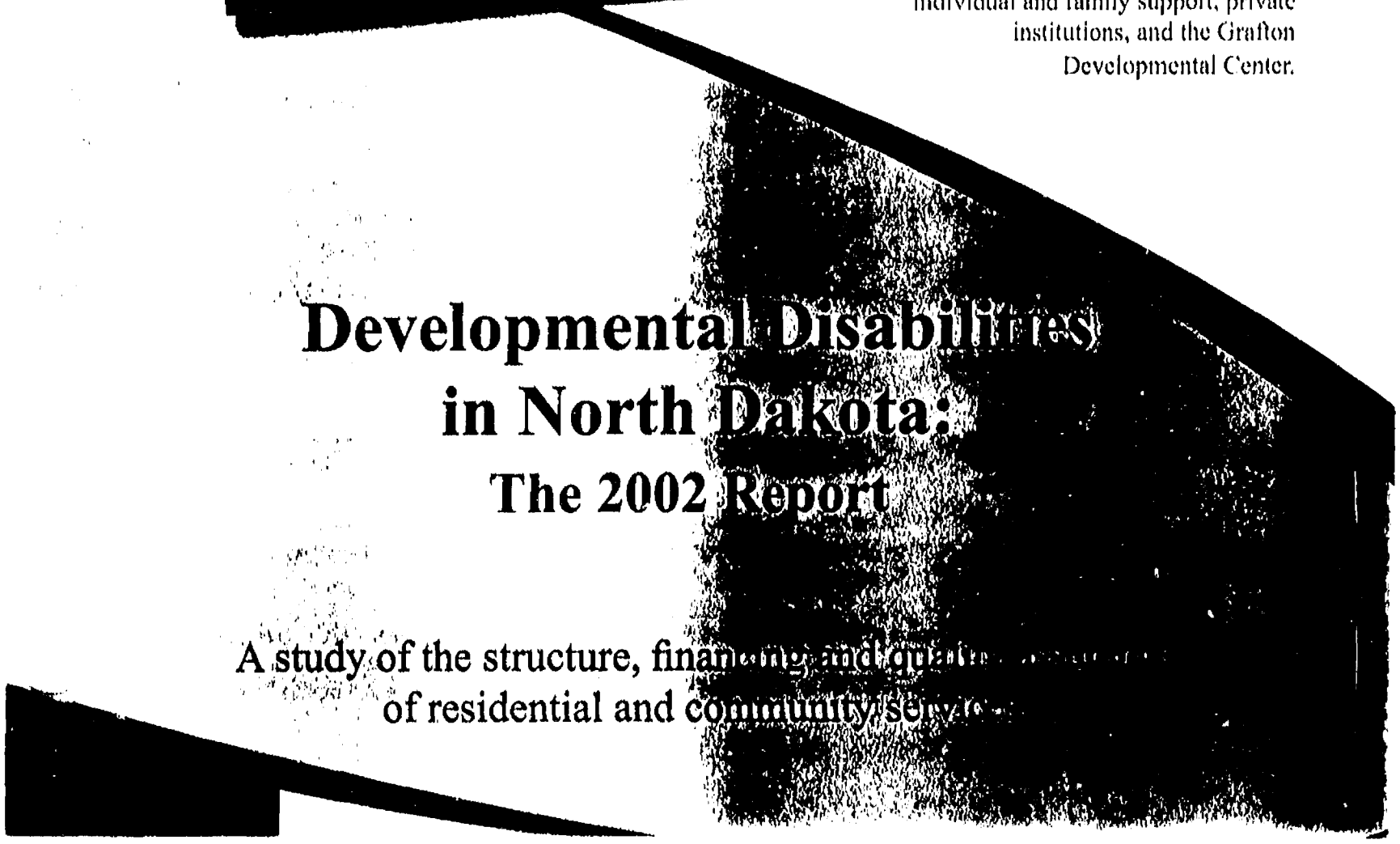
for North Dakotans with Mental Disabilities...



Every community is made up of individual people who contribute their skills, talents, and personalities to make the community better. And each of those individuals has a need to be a part of that community.

Two decades ago while the national trend was to take people out of institutions, North Dakota had over twice the national per capita average of people residing in its state operated institutions. In 1982 a landmark ruling opened the doors for North Dakotans with mental retardation and related developmental disabilities and forever changed a state.

The Year 2002 Report is the second study in a planned series of published reports analyzing trends in the structure and financing of residential and community services for people with developmental disabilities in North Dakota. The analysis includes a description of trends in program development and in the methods of financing residential and community services, individual and family support, private institutions, and the Grafton Developmental Center.



Developmental Disabilities in North Dakota: The 2002 Report

A study of the structure, financing and quality of residential and community services

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David Braddock, Ph.D. is the associate vice president for research of the University of Colorado System and executive director of the university's Coleman Institute for Cognitive Disabilities. He is nationally recognized for his contributions in the fields of cognitive disability research and policy.

Braddock's research has focused on the comparative study of the provision and financing of services for people with developmental disabilities in all of the 50 American states.

But we still have work to do.

The Arc of North Dakota entered into a contract with David L. Braddock, Ph.D. with the University of Colorado School of Medicine to conduct a statewide comprehensive update of the North Dakota residential and community services study that was completed two years ago.

The updated analysis through 2002 yields a six-year analysis of the private and public quality assurance systems affecting North Dakota's citizens with developmental disabilities.

This second review of the structure, financing, and quality assurance of North Dakota's developmental disabilities services through fiscal year 2002 points to accomplishments in the State, and in addition, a series of challenges.

Findings and Recommendations

- **North Dakota's fiscal effort declined during 1999-02, and for over a decade there was decline in both community and total MR/DD state funds fiscal effort.**

  North Dakota's fiscal effort (federal funds excluded) for community services declined 29% from the peak in 1988. State funds fiscal effort for total MR/DD services declined 55% from the peak in 1986 to 2002. During 1999-02, total MR/DD state fiscal effort declined by 6% and community services state fiscal effort declined by 5%.

- **North Dakota should continue to reduce reliance on public and private institutions while developing appropriate alternatives in community and family support settings.**

  North Dakota's combined placements in public and private institutional settings, excluding nursing facilities, increased from 202 in 1995 to 249 in 2002. The state institution population declined rapidly from 966 in 1983 to 140 in 1995, but then has remained essentially at that level to the present day.

- **North Dakota should increase funding for Individualized Supported Living Arrangements (ISLA) and other supported living options.**

  North Dakota was a national leader in the implementation of supported living and personal assistance services. However, North Dakota's community agency directors note that the level of ISLA funding is not meeting the state's needs.

- **North Dakota should increase its commitments for family support and supported employment.**

  North Dakota's spending for family support and for supported employment has not increased since 1996. The Balanced Budget Act of 1997 greatly extended the option of Waiver reimbursed supported employment services. North Dakota should continue to expand supported employment spending with Waiver financial support.

- **North Dakota should enhance the rate of expansion of the Home and Community Based Services Waiver program, given the recent decline in Waiver spending in the State.**

  From 1989-2002, the annual inflation-adjusted Waiver growth of 8% in North Dakota was only one-fourth the United States' rate of 24%. North Dakota's continued commitment to public and private institutional funding seems to be moving further from attaining the United States benchmark established in 2001 of Home and Community Based Services Waiver spending exceeding institutional spending.

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- **North Dakota should develop a multi-year plan to address anticipated service needs for youth aging out of special education; individuals in public and private institutions who would benefit from community homes and supported living; families requiring support; and individuals with developmental disabilities living with aging caregivers.**

More than 1,600 persons with developmental disabilities are estimated to be living with family caregivers who are aged 60 years or more. North Dakota officials report that there are no individuals with developmental disabilities waiting for services in North Dakota; there are, nevertheless, potential demographic and service system pressure points that must be addressed.

- **North Dakota community provider organizations and the Department of Human Services must continue in their efforts with the state legislature to achieve adequate wages and benefits for direct support staff working in community and residential and day services.**

Achieving higher wage and benefit levels for direct care staff working with children and adults with developmental disabilities is a critical issue. The average wage for direct care staff in North Dakota in 2002 was only 76% of the federal poverty level for a family of four.

When wages and benefits are insufficient, community provider organizations face excessive staff turnover and therefore are more likely to deliver lower quality services to people with disabilities. Most importantly, staff turnover deprives individuals with disabilities of the nurturing and friendship that is so important in their lives.

- **North Dakota Quality Assurance Programs.**

Accreditation in North Dakota is mandated for residential and community services agencies. North Dakota's agencies met or exceeded all but four of the 25 national averages in 2001. With few exceptions the overall agency scores and accreditation outcomes are exemplary.

Conclusion

The Report's findings indicate there has been an increase in institutional placements since 1995; a slowed growth in the state's use of matching federal funds; a lack of any increases in spending for family support and supported employment and ongoing problems with high turnover and low wages for direct care staff.

Flat appropriations for community residential and day services, often for years at a time, are undermining the efforts to serve people in more integrated settings and are limiting the quality of care.

North Dakota's obligations to people with developmental disabilities-including high quality, individually designed long term services and supports must not be diminished in any way.

Developmental Disabilities in North Dakota: The 2002 Report has been endorsed by: the State Council on Developmental Disabilities, North Dakota Center for Persons with Disabilities, North Dakota Chapter of American Association on Mental Retardation, North Dakota Protection and Advocacy Project, North Dakota Association of Community Facilities and the North Dakota Department of Pediatrics.

Current Services

The North Dakota Department of Human Services currently serves nearly 3,000 people with developmental disabilities in the state service delivery system. The State of North Dakota delivers services directly and through private service providers in a variety of individualized settings, including a large institution (the State Developmental Center at Grafton), group homes located across the state, independent living arrangements, and semi-independent living situations. The quality of the services delivered is currently assessed by a variety of standards, mechanisms and agencies, which are influenced by multiple factors.

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10-14-03
Date

How you can help;

sR The Arc

If you are a state legislator, The Arc can be a resource for you by providing you with reliable, specific information on service gaps, problems or concerns and by providing grassroots testimony on pending legislation and other pertinent issues. Please call The Arc for information about your constituents with mental retardation or related developmental disabilities and their families or to inform The Arc about upcoming legislation related to any of these issues.

Join The Arc

If you are not currently a member of The Arc, your membership could help The Arc promote effective services and supports for people with mental retardation and related developmental disabilities and their families. If you are already a member, please join the Legislative Action Center. Legislators want to hear from their constituents. Members of The Arc who sign up for the Legislative Action Center receive Action Alert notices when critical issues arise and are asked to contact lawmakers and inform them on how the proposed legislation would affect them and their families.
Call Toll Free 877.250.2022.

The Arc of North Dakota
P.O. Box 12420
2500 DeMers Ave.
Grand Forks, ND 58208-2420

701.772.6191 - Ofice
877.250.2022 - Toll Free
701.772.2195 - Fax

thearc@arcuv.com - Email
www.thearcuppervalley.com

The Arc

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Exhibit #11

Testimony on SB 2012
Senate Appropriations Committee
January 14, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, thank you for the opportunity to testify on SB 2012 - the Department of Human Services' Appropriation Bill. My name is Tom Newberger and I'm President of the North Dakota Association of Community Facilities (NDACF). I am here to testify on their behalf.

NDACF is made up of 26 non-profit and for-profit agencies across the state. Approximately 2,600 FTE's or 4,000 staff work for NDACF member agencies. NDACF members also rely on over 500 volunteers in fulfilling our missions.

NDACF provides services to some of the most vulnerable people in the State – those with mental retardation. Services are delivered to thousands of people in 70 different communities across the state (see attachment #1). According to the Disabilities Services Division, 2,871.68 FTE's work with people who have mental retardation.

I am here to support increased funding in the following three areas for developmental disability providers:

1. A $1.50 per hour wage increase for all staff;
2. A reasonable inflationary adjustment for each year of the biennium;
3. Restoration of the 2.2% inflationary increase that was eliminated this year.

$1.50 Wage Increase:

Last session, the Legislature authorized a ten-cent per hour increase for direct contact staff and annual 2.2% increases. In June of 2002, the Department of Human Services eliminated the 2.2% inflationary increase for the second year of the biennium due to projected budget short falls. Senate Bill 2012 does not provide for any increases for 2003/2005 biennium. This means that in 3 out of the past 4 years, we will have no increases to adjust staff salaries.

As an industry, our current turnover is 51% and our ability to attract staff is extremely difficult. To address this issue, NDACF had a statewide salary survey completed by an

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Theresa A. Lee 10-12-03
Operator's Signature Date

independent consultant, who specializes in compensation. The results are from 13 representative agencies and indicate that $1.28/hour is needed to bring us to the minimum of our competition and $1.92/hour to reach their mid-point. See attachment #2.

According to the Department of Human Services' first unfunded Optional Adjustment Request, the cost for a $1.50 per hour increase is $7,841,466 in general funds. The total cost (including general funds) is $23,238,354.

Reasonable Inflationary Adjustment:

NDACF supports a reasonable annual inflationary adjustment to pay for increased operational costs, such property insurance. Senate Bill 2012 does not provide for any increase. According to the Department of Human Services' Optional Adjustment Requests, the cost for a 2.3% inflationary increase is $1,909,703 in general funds. The total cost (including general funds) is $5,796,549.

Restoration of 2.2% Inflationary Increase:

As mentioned previously, inflationary increases for the second year of the current biennium were eliminated. NDACF supports the restoration of these increases. I do not know what this cost is, but it should be approximately half the cost of the 2.3% biennial increase requested above.

In conclusion, many other industries in the state received enhanced funding last session. We ask that you support our request to help some of the most vulnerable people in the state.

Thank you.

Tom Newberger

Tom Newberger
President of NDACF

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Attachment #1

Where NDACF Members Provide Services:

1-11-03

Abercrombie
Adams
Anamoose
Arthur
Belcourt
Beulah
Bismarck
Bottineau
Bowman
Carrington
Carson
Casselton
Cathay
Cavalier
Center
Delamere
Devils Lake
Dickinson
Drake
Drayton
Dwight
Elgin
Fairmont
Fargo
Fessenden
Fordville
Garrison
Goodrich
Grafton
Grand Forks
Harvey
Harwood
Hazen
Hebron
Hettinger
Hillsboro
Hunter
Litchville
Hurdsfield
Jamestown
Killdeer
Lakota
LaMoure
Langdon
Lidgerwood
Maddock
Mandan
Manfred
Martin
Mayville
McClusky
Minot
Minto
Montpelier
New Rockford
New Salem
New Town
Park River
Pembina
St. Thomas
Stanley
Tappen
Tioga
Underwood
Valley City
Wahpeton
Watford City
West Fargo
Williston
Wilton

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Attachment #2
NDACF Wage Survey

Organization	*Region*	*Cost Per Org Move to Min*	*Cost Per Org Move to Mkt*
A	Far West	$ 43,335.55	$ 65,003.32
B	Far West	$ 146,615.04	$ 219,922.54
C	West Central	$ 43,534.69	$ 65,302.02
D	West Central	$ 56,344.07	$ 84,516.11
E	West Central	$ 292,015.26	$ 438,022.86
F	West Central	$ 323,654.30	$ 485,481.41
G	East Central	$ 68,686.57	$ 103,029.85
H	East Central	$ 189,354.88	$ 284,032.30
I	Far East	$ 41,046.72	$ 61,570.08
J	Far East	$ 230,520.16	$ 345,780.21
K	Far East	$ 267,915.44	$ 401,873.13
L	Far East	$ 332,642.00	$ 498,962.97
M	Far East	$ 439,709.50	$ 659,564.20
Total Annual Cost		***$ 2,475,374.19***	***$ 3,713,061.00***
Cost per hour per FTE		***$ 1.28***	***$ 1.92***

Exhibit #14

January 14, 2003

The Honorable Ray Holmberg
Chairman of the Appropriations Committee
ND Senate
600 East Boulevard Ave
Bismarck, ND 58505

Good morning Mr. Chairman and members of the Committee. My name is Alan Erickson, Carpio, ND. As a past Legislator, I served in the House of Representatives in 1991. I currently serve as a Renville County Commissioner. I am here to give testimony for the Human Services budget.

My daughter McKay is 36 years old and is developmentally disabled (DD). She cannot walk or talk and needs total care. She was in the Grafton State School before the Association of Retarded Citizens (ARC) lawsuit took place.

While in Grafton, she was in a ward with 30 to 40 developmentally disabled patients on one floor, with all beds all in a long room. A staff of five or six people cared for the girls. The Association of Retarded Citizens lawsuit came about and many of the residents of the Grafton State School were placed in Group Homes – closer to their family's home. In my case, my daughter has lived in Minot ever since the lawsuit was settled. It is my opinion the setting in Minot is much better. There are four boys and two girls in the Group Home with adequate staff to provide 24-hour care.

Now the problem is to adequately pay the caregivers at the Group Homes. The long-term caregivers received a pay raise of $1.50 an hour last biennium. This raise was not given to the caregivers of the Group Homes and they should have been included. The Group Home caregivers are now switching jobs or quitting because of low pay. Without a pay increase we will no doubt continue to see a 60% turnover of these employees.

I believe there is a possibility of another lawsuit coming if we don't increase the pay of the Group Home caregivers. I would recommend a pay increase equal to the $1.50 an hour raise the long-term caregivers received last session.

I would appreciate your attention to this matter and your endorsement of my recommendation.

Respectfully submitted,

Alan Erickson

Alan Erickson
Carpio, ND

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10-14-03
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Exhibit #12

Testimony on SB 2012
Senate Appropriations Committee
January 14, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Jon Larson. I am the executive director of Enable, Inc., a private, non-profit agency serving people with developmental disabilities in Bismarck and Mandan. I am here to express some of my concerns with SB 2012.

Our business is about supporting some of the most vulnerable people in our society. People who need support for some of the most basic functions of life. If SB 2012 passes in it's present form many of those people will lose the support they require, essential services needed to maintain their health will be lost, providers of service will continue to lose their best staff to places that can pay more for jobs that require less of their time and devotion, and the quality of services will suffer. We need your help to amend this bill to take care of some of it's omissions.

The requirement that all recipients of services from the Department meet medical assistance and waiver screening requirements will eliminate many consumers from services. This will effect many people who receive services in the Supported Living and Extended Services programs. People in these programs have reached a fairly high level of independence and don't need comparatively intensive services, but they do require support to maintain their level of independence. Enable serves 28 people in our Supported Living Program, 15 of them will be affected by this new requirement. These people do not have the resources to pay for their services privately and without support they may eventually need a more expensive level of service.

I am also very concerned about the elimination of the optional medical services, primarily the loss of dental services. We serve a number of people with down syndrome who require routine dental care on a regularly scheduled basis in order

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10-14-03
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to preserve their teeth. Loss of routine dental care will have a devastating effect on many of the people we serve. Health Facility guidelines for Intermediate Care Facilities for the Mentally Retarded (ICF/MR) require appropriate dental care. The lack of appropriate dental care will result in deficiencies and potential loss of federal funds for these facilities.

Also omitted from this bill is an adequate level of reimbursement to providers to allow for an adequate wage for provider staff. Few businesses are as dependent on a quality work force as is ours. Without a sufficient number of well trained, dedicated staff we have no ability to carry out our mission. We ask that you amend this bill to add $1.50 per hour for all provider staff. These funds are necessary to allow us to be competitive in attracting and maintaining a quality workforce. Presently many of our employees struggle to make ends meet even though many of them work at more than one job.

I asked some of our staff to write a letter to this committee to tell you their story. I have attached copies of those letters to my testimony. Many of their stories are quite touching and some are heartbreaking. I would like to end my testimony by reading one of the letters that describes some of the characteristics our staff must possess in the performance of their jobs. I hope you find the time to read the other letters. (Letter by Lois Ternes)

Thank-you for this opportunity to share my concerns with you.

Jon Larson, Executive Director
Enable, Inc.

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Senate Appropriations Committee:

Thomas, a 19-year-old, novice, Enable staff person who just finished his medication training, administers powerful, psychotropic medications to two of the people for whom he provides services. A mistake could have huge consequences: **BRAVE.**

Barb, a staff person who works with an individual who has difficulty leaving the places he visits, takes a risk and accompanies him to the dance that he so wants to attend: **FEARLESS.**

Even though staff person James recognizes that the person he is providing services to is upset and has been known to strike out in frustration, he moves closer to her trying to find out what is bothering her: **DARING.**

Sara, who has worked with people with disabilities for two years, speaks up in defense when friends make fun of a disabled person they see in the mall: **BOLD.**

Jodi, a veteran staff, observes that a person for whom she cares and who has swallowing difficulties is choking and provides a life-saving Heimlich maneuver: **COURAGEOUS.**

Two senior staff people willingly explain to the people who live in their home that one of their housemates has died. They take on this responsibility because they believe *their* telling them will minimize trauma to the people for whom they care so much: **NOBLE.**

Larry has grown very close to the people he works with and doesn't hesitate when asked to take two people on a weekend vacation in Medora: **ADVENTUROUS.**

Mary goes to work week after week and year after year even though since she began working at Enable, she has had the heart ache of the death of several of the people for whom she cared greatly: **DAUNTLESS.**

Steven genuinely accepts an apology, for the 50th time, from a man for whom he works who has difficulty inhibiting inappropriate verbalizations: **LIONHEARTED.**

It is Christmas day, and Tonia, who has been employed by Enable for three years, volunteers to work late because the home where she works is short staffed and they're trying to prepare a holiday dinner with all of the trimmings for the people of the home: **SELFLESS.**

The above represents a small sample of the responsibilities our employees are asked to assume. These are not ordinary responsibilities, and these are not ordinary employees. They are the very definition of **HEROIC.** They generously welcome the people they serve into their hearts, sometimes at great peril. But the reality of bills and keeping their children fed and clothed often forces them to make very difficult sacrifices. These include taking on second or even third jobs, or, at worst, abandoning their "watch" in favor of a higher paying, but certainly less rewarding, job. This represents a painful option. They will miss people. They worry that the people, who already have huge difficulties with trust and change, will miss them or lose skills. Like a parent, each of them has a certain secret about how to bring happiness to the people they serve. They worry that no one can suitably take their place.

One obvious solution to this dilemma is to provide adequate wages for the heroes who work in the field of disabilities. I urge you to take a leadership role in legislating the requested $1.50 salary increase.

Lois Ternes; 176 E Indiana Ave, #207; Bismarck, ND 58504 (Enable Inc.; 1836 Raven Drive)

Lois Ternes

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To Senate Appropriations Committee

Dear Sirs:

I work four (4) jobs to make a living wage. All four of my jobs are in the field of being a care provider for people with disabilities. I'm soon to be 57 years old and living on my own. I work full time for Enable doing sleep over nites. During the day I work at Century High School in the Special Needs room - when school is on. I receive a pretty good wage there, but no benefits. I receive my health care benefits thru Enable. I also work for Comfort Care as a care provider for 15 hours every two weeks. This job helps fill the void when there is no school and than I work for Support Systems for 10 to 12 hours every two weeks. They also help fill in when school isn't on. All together I only make $24,000.00 to $25,000.00 per year.

It would be so nice to only have to work one Job to make a living. As you can see I don't have much time when I'm not working. I should have knee surgery, but cannot afford to take the time off because I won't have any income to pay the bills. This also doesn't let me have time for a social life or much family time.

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The golden years which I'm getting into should be the best years, but I have to be working all the time - so you can see there's not much to enjoy.

also because of the wage being so Low, I've worked with people that should have been receiving help instead of trying to help people with disabilities -- they don't make very good workers because of their own needs. So in all our people with disabilities suffer from poor care and constant turnover in staff. They need staff that care and will be there for them -- we can't get that quality until companys we work for can pay a decent wage to attract decent help.

Thanks,

IDA L. Heck
1836 Allison Dr. #4
Bismarck, N. Dak. 58501

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Theresa A. Hall 10-14-03
Operator's Signature Date

Dear Senate appropriations Committee

I'm writing this Letter on Responce to Bill SB2012

I work for Enable Inc. as a Residental Supervisor I Live paycheck to Paycheck and also have to have a Second job To pay for bills and food. I'm confused because Everyother State pays more for the Same job. I like Living in North Dakota, but cannot afford to Live and work in this State.

We are Short Staff because Students and other people are moving away to other States because of the Pay.

One other thing why are the elderly more Impotant than these people.. I Lost alot of Staff to the nursing homes because they got there 1.50 Raise two years ago

I need your help to Better Serve Everyone.

Keep the job's In North Dakota

Thomas Schafer
323-0999

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Jan 12, 2003

Dear Senate Appropriations Committee

I am, Margie Ternes, a 59 year old who works full time awake night staff at Enable, Inc.

I myself have disabilities, febromiyalgia and Spondylitis, with a total overall body disability of 29 percent, which does not permit me to work at most jobs with higher pay.

In order to make ends meet, I also work a part time position.

I currently make $8.00 an hour after a total of 6 years on the job.

With an increase of $1.50 an hour which would currently put me at the average wage in this community. I could just work at Enable with more fulfillment and less pain.

Some of my Co-workers are currently working 2 and 3 jobs just to make ends meet. Please do what you can to help us out and keep people like me who really like the work we do in the developmental disabilities field.

Thank You!

Yours truly,

Margie Ternes
900 Summit BLVD #24
Bismarck ND 58504

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10-14-03
Date

1/13/03

Senate Appropriations Committee

Legislators):

I have been made aware by Enable of the NDACF legislative platform. Since I am a DD Provider in a group home, I am especially concerned with staff wages.

Many DD people depend almost entirely on the Providers who care for them. They deserve to have the highest quality people available to work with them and these staff, even though they get rewarded every day by the gratefulness of the DD individuals, need a reasonable wage with today's ever rising costs of daily living. It takes dedicated people to do this job and remain at it. Please give us your support by funding a reasonable wage.

Thank you,
Fern Eide
2309 - 12th AV SE
Mandan, N. D 58554

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10-14-03
Date

1-10-03

Senate Appropriations Committee

Dear Committee; I'm a 36 year old man who has been working for Enable Inc; for eight years. I feel strongly that people who work with people with disabilities, my self included, need to be paid a higher wage. To get right to the point, there is no way I can continue to work for Enable Inc. at the wage I'm at. I cannot afford to do anything much more than survive pay check to pay check. In the past I made due, but working at this low wage is putting a strain, economically and emotionally on me and my family. The wages are basically poverty wages between $6.50 and $8.00 per hour. I will never be able to go anywhere, afford a house or newer vehicle, as well as supporting my family. I would like to make it known that I have a Bachelors degree in Music/business. I do love the people I serve, but I believe without a substantial wage increase soon, the state and Bismarck will lose many talented, mature and hardworking people who just can't do it any more, that is stay here for low wages. This includes myself. I believe this needs serious prompt attention, to retain good staff that have a long repore with many of the people we serve. It is not easy to gain trust and repore, with people with disabilities. It can take years for them to trust us, and would be a shame to lose this repore.

Thank you for your time.

Sincerely, Jay A Heinz

Jay A Heinz
2605 East Ave E, #9
Bismarck N.D 58501

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Theresa A. Lee — 10-14-03
Operator's Signature — Date

My job at Enable is very important to me and I am very happy with my overall experience here. There is one thing at Enable that needs improvement, the pay. I am part-time staff because I am still in high school, but I have many bills to pay. I pay for my car loan, cellphone, clothes, gas, car insurance, and many other extras that I may need. I am proud to be so independent but when an unexpected expense comes up I am in financial trouble and have to borrow money. Borrowing money from your parents makes a person feel like a little child again. The pay I receive now doesn't always cover my bills. I am also trying to save money for moving out and furthering my education which seems impossible. If this raise was approved I would be in a better financial position. This raise is well deserved among all of Enable's employees.

Melissa Ackerman
West Plains

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10-12-03
Date

The Honorable Senate Appropriations Committee,

When you think about your own jobs, would you do them if it paid $1.50 less an hour? You probably would if you had a passion for what you were doing, but that's not to say that the $1.50 an hour more would not help out. I am writing this letter in response to the bill SB 2012. I am a Direct Service Care provider for the Developmentally Disabled so I am with them almost every single day. There are some days that are easier than others and there are those days when I think "Am I honestly getting paid enough?". Then, I think how good Enable, Inc. as a Company has been to me. They have often given me raises for the and Dedication I have given, but when you reach the top (the limit) they really can not do much more. It would be great if they could offer that $1.50 an hour raise to show their appreciation of the hard work their staff provides. Also, I have seen a rather high turnover rate because other places are able to offer higher wages. I feel if we had the chance to offer a more competitive wage the turnover rate would decrease. I have found that consistency is something that helps out greatly in the lives of the people I serve, so when staff is coming and going, you can only imagine how the lives of these people are affected. It would be great if you as a Committee could help us out in bringing stability to their lives. The work that I do goes deeper than the wages. When you are with people every day you grow very fond of them and money is not the issue until you go home to your bills. I am also a full time college student so the expenses are sometimes greater than the income. It's rough when you have to live from paycheck to paycheck and I believe a raise of $1.50 would help out greatly. This would not only help me out as an individual, but it would also help the people I serve. Thanks for your time and I hope you give great consideration to this issue. Sincerely, Heather Gehrig

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Operator's Signature

10-14-03
Date

Dear Senate Appropriations Committee;

Hello, my name is Tina Bay. I am 27 years old and a native to the Bismarck-Mandan area. I am married with one child, a two-year-old son, Tyler. I graduated from Mandan High School in 1993 and the University of North Dakota in 1997 with a Bachelors Degree in Criminal Justice. I have worked in the DD area for 6 ½ years. I enjoy working with this population however, it is very frustrating working for a non-profit agency and relying on the state legislature to give you a raise every year. This past year, the DD area took a big hit when the Department of Human services decided to take our cost of living raise away from us. Unfortunately for us, our cost of living continues to rise. Our gas/electricity has now gone up. Homeowners/auto insurance up 15%, cable, health insurance, fuels for our vehicles up, etc. etc. The only thing that doesn't go up is our pay. I do understand that the economy is in bad shape now, but we can't continue to neglect this area because **we do matter.**

Each day, the staff that I work with pass medications, bathe, feed, take people to work, train people at work, take people out into the community and do basically whatever is needed for the people we serve. We play a big role in these peoples lives and we also put a lot of responsibilities on our staff who only make 7.00 / hr. Unfortunately, most of our staff need to have two or three jobs to make ends meet. **We need your help to make this better.**

Last year and the year before the nursing home area received a big increase to help their staff. Why are they so much more important than our people are? Is it because everybody gets old but not everybody is developmentally disabled? Well this mentality is simply not true because tonight on my way home from work I could be in a car accident and have a brain injury and rely on an agency like the one I work for to care for me the rest of my life. Or my grandchild someday may be born with a birth defect. It does happen.

My husband and I would like to raise our child in North Dakota but each year we get farther and farther in debt because what I am making a year isn't very good for a college graduate. Maybe if I didn't have the student loan to go along with the degree it wouldn't be so bad. We have a goal to own a house someday and not to have to live paycheck to paycheck. Unfortunately I don't see this goal being met if we stay in North Dakota. Please show the DD field that what we do is important and that we are appreciated by giving us what we are asking for. I would like to start a college fund for my son sometime before he turns 18.

Thank you for you time in this matter. I am confident that you will help us.

Sincerely,

Tina Bay

Tina Bay

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

Amy Bechler
205 N 2nd st. #35
Bismarck, ND 58501

Dear Senate Appropriations Committe,

I work at an ISLA home for Enable Inc., And out of all the jobs I have had, this is the most difficult. It is both physically & muntally stressful. After I leave work I fell very worn out and tired. So when I get a pay-check, that is barely enough money for a College student to live on, you can imagine my disappointment. I have to pay for my School loans and my rent for my apartment, plus electricity, car insurance, and everything that is standard for living. It is barely enough. I hate asking people for money. It makes me feel like I can't do anything on my own. And I'm one of the lucky ones, I don't have any Children to take care of. Thank you for listening and I hope you make the right decision for the right reasons.

Sincerly, Amy Bechler.

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Theresa A. Lee — Operator's Signature
10-14-03 — Date

1-10-03

Senate Appropriations Committee,

I have work with people with developmental disabilities for 8 years. During this time I've seen many employees come and go but I've also seen many stay in the field. We stay for many reasons, but great pay isn't one of those reasons.

I have gradually worked my way up in the field, working in various settings and have found I have a love for direct service with the people served. At any level the money is not great, but at this level it's the worst. As a supervisor my pay is some what increased which allows me to support my family. However not everyone can be a supervisor and even as such, I must pinch pennies to make ends meet.

Raising a family, owning a house, being a productive part of Bismarck/Mandan and the State of North Dakota requires dedication and responsibility. I'm required to provide healthy meals, safe transportation, and support a productive life for the people I serve. I do so gladly with the support of Enable Inc. which does an excellent job training us for the jobs we are to do. You should expect that I'd want to do the same for my family. Currently I pay $158 per month for health, dental and optical insurance. That's just for me. My son and husband are on a different policy. I pay a $25 co-pay for every doctor's visit. I'm not sick often but in just one month last October I spent $300 in co-pays and prescriptions. And I'm still paying the bills for what wasn't covered.

My son thankfully is in school so I have no big day care costs but when he was younger it was nearly $300 per month some times more. I don't have a lot of big perks in my life. We have two vehicles, both with over 100,000 miles. We pay nearly $1000 a year in auto insurance for vehicles we've never had to make a claim on. We don't have cable and own 1 TV and 1 VCR. I drive over 20 miles a day to work sometimes twice due to odd schedules. My family sometimes takes a road trip in the car as a vacation but as for long stays in hotel rooms, that isn't possible. Our life is far from extravagant.

Now let me tell you how much I love my job. I love it so much that despite the pay I've turned down higher paying positions. I love it so much that while trying to work a second job I chose the people I serve over the extra paycheck. I no longer work a second job, although the money would help. I volunteer time with the people I serve. I invite them to dinner at my house even over holidays as sometimes they have no one to spend it with. They are a part of my life and give me so much in return, so much more than the State of North Dakota has ever even considered giving me.

We aren't asking to be paid an exorbitant amount, just a fair wage, a living wage. You want people to stay in North Dakota? You are worried about a "brain drain"? Not only are there brains in this field there are hearts. It would be sad to lose the giving, loving people who serve with so much dedication.

Please support the NDACF's platform and raise our wages.

Sincerely,

Michele Schaaf
206 Crown Butte Dr.
Mandan, ND 58554

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Theresa A. Lee
Operator's Signature

10-14-03
Date

1-10-03

To: The Senate Appropriations Committee,

I am writing to let you know my concerns about the decreased quality in the care of people with Developmental Disabilities. I write this to you not only as someone with 12 years experience in the field, but also as a family member of a person with a disability.

I started working in this field as direct care staff, and now work in an administrative position. My personal observations are that wages are too low. Staff have to work 2-3 jobs to make ends meet. They come to work tired and worn down. The DD field does not pay enough money to support a family. Staff drive old unreliable vehicles, and call in with car problems. They can't afford medical insurance or even the co-pay , so they come to work sick. This affects other staff as well as the people we provide services to. Staff cannot afford day care, so they are constantly calling on family members, or co-workers to help them out for free. A few have showed up at work with their child. Staff have also called in saying they don't have enough money to buy gas, so they can't get to work. These people are willing to work, and they work hard. They just don't get paid what they are worth.

As a parent, my Developmentally Disabled stepson gets services through two different DD agencies. Like a lot of people that have a disability, he needs routine and structure. Change is very difficult for him. He constantly has staff turnover. Staff will call our house asking questions about his diagnosis, how to get to the house, what to do during certain situations, etc. You just get them to the point of understanding, and you are starting all over with a new staff! As frustrating as this is for us, it much more so for him. In addition to this, there are not enough services to meet the needs of the developmentally disabled. My step -son has been on the ISLA and group home waiting list for two years, and he still doesn't have a placement. His respite care and partial care programming was cut due to lack of funding. Had it not been for the Protection and Advocacy Project, his vocational program would have been cut as well due to funding issues.

North Dakota used to lead the nation in services for people with Developmental Disabilities. Since the law suit has been dropped, services are slipping. We do not pay staff nearly enough. They are not in the field to make money, but they do need to be able to make ends meet. We are also failing our citizens with disabilities. They are not getting the services they need. Waiting lists are way too long and services that are needed are denied due to funding issues. My step-son has to wait for someone to go to a group home, the Developmental Center in Grafton, or die before he can get into the ISLA program. Even if one of these things were to occur, he is not at the top of the list, so someone else will get the services before he does.

As a committee I would like you to think about how you would feel if it was your (son, daughter, sister, brother, grand child, etc) that had the disability. What would you want for them? Who would you want caring for them?

Thank you for your time and consideration.

Kelly Lipp

Kelly Lipp
904 3rd ST NW
Mandan, ND
58554

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Theresa A. Gall
Operator's Signature

10-14-03
Date

1-13-03

Senate Appropriations Committee
ND State Capitol
Bismarck, ND 58505

To Whom It May Concern:

For nearly 12 years I have chosen a vocation wherein I assist many developmentally disabled North Dakota citizens make the best day-to-day choices in their lives; the only lives they will ever have.

Although I've earned a double Bachelor of Arts degree (journalism, English), the calling and challenges involving advocating for some of the most helpless of our fellow man is an almost irresistible calling for anyone who realizes that there is more to life than a six-figure bank account.

That being said, we who struggle to give dignity to the disabled must also live and provide for our families. Imagine going months at a time without going out for a restaurant meal or driving a rusting hulk of a car year after year. Lately, the press has made much noise about enlisted soldiers having to apply for food stamps. Many people I know who assist the disabled for a living couldn't exist without such programs.

Imagine the sleepless nights and terror we face knowing that just one major car repair or medical emergency will result almost certainly in the darkest financial straits or bankruptcy. No car, no job.

We who work with the disabled have become almost parents to the developmentally disabled. What is this worth? Don't we deserve at least as much salary as an auto mechanic? But we don't even come close. We are responsible for life and death issues, for passing powerful medications and a myriad of other duties.

Ask yourself, if your son, daughter, mother or father needed care, would you want the caretaker to be paid $6-$7 dollars per hour?

In conclusion, remember that the mark of a great society is not measured by how we treat the most powerful among us, but rather, how we treat the most powerless.

Doug Nassif
Bismarck, ND

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Theresa A. Lee
Operator's Signature

10-14-03
Date

721 W Ave A
Bismarck, ND 58501

Senate Appropriations Committee
ND State Legislature
ND State Capital
600 E Boulevard Ave
Bismarck, ND 58505

Dear Senate Appropriations Committee,

I am writing to you regarding **SB2012** which includes funding for DD providers. I have been working for Enable, Inc in Adult Day Care for the past 11 years. I am a dedicated worker and I love my job. Over the years, I've seen a lot of changes in this field, some good and some not so good. To be honest with you, I am most concerned about the wages. While I never did get a great wage, over the years my pay has not kept up with the cost of living. I have three sons and I find that more and more of my check goes to groceries and medical expenses. I had to get an extra job to get us through Christmas and I'm currently looking for another part-time job.

I am asking for your support of the $1.50 per hour increase in wages, as well as restoring the 2.2% wage increase you granted last session. People who work for people with disabilities should not have to leave their jobs for ones they don't like as well, just to make a decent living, yet we lose a lot of good staff to nursing homes because they pay more.

Thank-you for your consideration. If you have any questions, I would be happy to visit with you.

Respectively,

Tracy Delzer

Tracy Delzer
(701) 222-4181

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Theresa A. Lee
Operator's Signature

10-14-03
Date

01/11/03

Dear Senate Appropriation Committee Members:

I feel very blessed having the opportunity of working with people who are developmentally disabled. They are incredible human beings who have their own special gifts and challenges. However, often they aren't able to fight for themselves. It is a very important to have staff, who have the personalities, love in their hearts, and skills to work with these people.

As a staff member I want you to know it is very difficult to work for the wages that are offered when you can work at other jobs that pay more and are less demanding of you both mentally and physically. I only continue working the hours I work for these agencies because I truly care about the individuals I work with. I am committed to helping them live the most happy, healthy, and fulfilling life they can.

I'd like to explain my personal situation. I've been married to my husband for 25 years. We have 2 children. I've worked full time at a medical facility since September 1986. My full time benefits are through that job. I work part time at a telemarketing firm and part time at Enable and Easter Seals Good will. I work between 84 and 94 hours a week depending on the week. I work the hours I work and the number of jobs I have because my husband is disabled due to a heart condition and degenerative disk disease. He is gravely concerned about the hours I work and the stress of my job. Our medical insurance is very expensive, as are the medications my husband takes for his heart and back. We have copay and our responsibility to the provider. In essence I work for both Enable and Easter Seals to cover medical expenses.

I work for the telemarketing firm because of the pay. I get paid about $2.00 an hour more (including a bonus) telemarketing than I get as a support staff and there is no stress, no worry, no attachments and no concerns. When my shift is over I walk out the door. You might wonder why I don't telemarket full time? I just telemarket for the money, as it buys the groceries and gas. I feel it is terrible and a great disservice to employees and clients that someone can make more money in a job like food service or telemarketing when there is such a huge difference in responsibilities and liabilities in job duties. The clients I serve at Enable and Easter Seals are in my heart. I believe in giving and helping others is what life is all about.

I do not live an extravagant life. We go from paycheck to paycheck. We have a mortgage and expenses like everyone else. One daughter graduated from NDSU in December and is now teaching. Our other daughter goes to Minot State and works 30 hours a week. My husband drives a 1983 rusted out pickup. I drive a 1987 Honda full of hail damage. We spend no time as a couple, no time with friends, no time or money to go out for dinner or entertainment. My greatest regret is that I can't always make it to a church service.

I see to it that the clients I serve get out in the community to do something special. If the person I'm working with wants to go out for supper, I take them. It is money I wouldn't spend if I wasn't working with that person but I gladly do it because it is important to them. I often treat the person I work with, as do many of my coworkers. Our clients also have to watch every penny they receive. I do this all with a joyful heart as I believe in normalization and it is important for them to feel part of a community. I want them to feel they are really something.

I encourage you to grant the requests of the NDACF Public Policy Platform. It is very important that direct care staff receive wages that are commiserating with the great responsibilities we have.

Thank you for your consideration.

Sincerely

Debra Hennagir

Debra Hennagir
224 Apollo Ave.
Bismarck, ND 58503
221-2217

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Theresa A. Lee — 10-14-03
Operator's Signature — Date

January 13, 2003

Senate Appropriations Committee

Dear Legislators,

I have worked with individuals who are disabled for over 14 years. I must say that I love what I do. There is a huge responsibility when you deal with helping make decisions regarding life and death matters.

Recently the Bismarck Tribune published articles regarding salaries for teachers in our state. By education I was trained to be a teacher and did teach for nine years. Teachers in our state make thousands of dollars more than we do. I believe I have as much or more responsibility dealing with life situations with the individuals with whom I work.

Every year I have gone backwards financially. I have found it impossible to meet my living expenses and have had to take a part time job to help pay for living expenses. I must tell you that I am very careful how I spend my money. It has taken only a few medical problems and car repairs that have made making financial commitments even more of a challenge.

My retired mother has seen my struggles and has helped provide some money to help me pay for car repairs. Accepting money from my mother was very difficult and somewhat demeaning.

I am ten years from retirement. But, I am afraid that will not be possible because of low wages I have found it difficult to put enough money away to even think that I could manage retiring with more than Social Security.

I am hoping that we will receive the pay increase of $1.50 pr. hr., which is being requested. If not I will have to add more hours with my part time job to make ends meet.

Sincerely

Carolyn Wegerle
2900 N. 4th St. # 105
Bismarck ND 58503

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Theresa A. Lee
Operator's Signature

10-14-03
Date

To the Senate Appropriation

I'm writing regarding bill SB2012 which allows for DD Providers. We've depended on your help the past few years and have trusted in your judgement. It was not a very good feeling when after you passed to give us a 2% raise & then to have the Department of Human Services cancel the raise because of no extra money. How do you plan to keep our people in this state if we can't provide them a decent living.

We are always hearing how we need to keep our people here in the state. You can create all the jobs you want but the bottom line is if they don't receive a decent wage they will be gone anyhow so who is benefiting? It looks good when you read the paper and certain governors have created all these jobs but the bottom line is could you or would you be willing to support a family or even yourself on maybe a little more than minimum wage. $5.75 is not a fair wage for anyone.

Seventeen years ago the average starting wage was $3.75, so in 17 years we've seen a $2 increase. I don't know where the money is supposed to come from, but over 17 years time, I'm sure everyone else has received more than a $2 increase including legislators. Why is it legislators find it difficult to live on $600 a month in Bismarck when some of our staff don't come even close to making $600 a month. We really have to also quit passing the buck, from legislators to state offices, from governors office to Washington DC & back.

I feel the articles in the Bismarck Tribune recently hit the nail on the head. North Dakota is going backwards. Yes, some of the people that were in Grafton have done quite well but there are the people that still require 24hr care which were not really mentioned in the articles. I believe we worry about issues that hurt our state more than enrich us. We need to start looking at new ways to help our people. We are losing them more rapidly than we know.

I feel some of our legislators and state employees should spend a few days working side by side with our staff that work in group homes or day programs & I personally feel they'd find ways to find this money. These staff genuinely care about the people we serve and the people we serve look at these staff as probably the only family they've ever had.

Lets really put our heads together on this issue so we quit forcing our people to leave our agencies along with leaving our state.

Dallas McGall
Enable Inc

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Theresa A. Hall
Operator's Signature

10-14-03
Date

Amy Ihla
1045 Tacoma Ave#311
Bismarck, ND 58504

To: Senate Appropriations Committee

I have worked for Enable Inc. for about 4 months as a Licensed Practical Nurse. I have seen a big turn over rate in the number of staff we have hired. The pay is not competitive with other health care facilities. It is on the low end. For example, if we have a new employee hired at $6.50/hour, they could turn around and work at one of the nursing homes/hospitals here in Bismarck or Mandan for $8.00-8.50/hour. I know Enable wants to keep all their employees, whether it would be a receptionist, nurse, or social worker, etc, but how do you do that when you do not have competitive wages. When you have competitive wages, your employees are more likely to stay with your facility for a longer time, be more productive, and really take pride in their job. The longer you can keep your employees, the better your facility will operate. And overall, it is better for the residents that we serve.

I know many health care premiums have gone up quite significantly. When your wage isn't going up, how can you afford to pay more on your health care premium? A wage increase of $1.50 per hour for all staff is very reasonable. This wage increase will make Enable Inc. and other DD providers competitive with other facilities in North Dakota.

Thank you for your time,

Amy Ihla

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

- Senate Appropriations Committee -

Two years ago, I started the most rewarding job of my life. Everyday I can come home from work and say wha I do really changes lives. I have the choice to either give it my all to make a difference, or not really care. It takes a special person to do what we as caregivers do. The people we work with look up to us in so many ways, we are who they see everyday, we are their mentors, their friends, and to some, their only family. They get attached and in many cases loose us with little or no warning. I of all people know how hard it is to stay at Enable. This is my second time working here. It's a hard job, trying an frustrating most of the time. Some employees have been here for ye but many have gone on. They get "better" jobs, less stressful for mor we feel unappreciated and poor. I could go to work at Arbys (or an other fast food place) for more money than I make here. They have only c couple hours of "training" where we caregivers have to continually train and go to classes. We have the responsibilitys of many nurses, yet we're paid less than your fellow grocery bagger On a personal level, I can't make it at Enable alone, I, like ma others work two jobs. I'm also a single mother. Because I can't afford insurance, I receive medicaid. Rent is way too hi so I'm forced to get housing. After all the government help, I still can't afford childcare so my mother watches my son. I work 15 hour days on weekends and I work all week long at either Enable or my other job. Sometimes up to 55 hours a week. Most, if not all other states, appreciate us caregivers a lot mo North Dakota does. I worked the same Job in Nevada for $2.5 more an hour. Not to mention the benefits, raises, and holiday bonuses. We deserve more. Just because we haven't gone to collec 6 years, doesn't mean we shouldn't be just as appreciated. The ind we work with deserve good people to be with them. In many even the most perfect, most compassionate people will eventually

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Enable for higher paying jobs where they can feel more appreciated. The people who are affected the most by all this are the people we serve. They get so attached. They have to deal with loosing the most influential people in their lives on an almost daily basis. Employee turnover is just a phrase to us but, to them it means hurt and loss. Most don't even understand they just know their friend went away.

Brooke Kemmet
2835 Hawken St #14
Bismarck, ND 58503

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Theresa A. Lee — Operator's Signature
10-14-03 — Date

Exhibit 17

Senate Appropriation Committee
SB 2012
January 14, 2003

Chairman Holmberg and Members of the Senate Appropriation Committee. My name is Brenda Niess and I am the Executive Director of REM North Dakota, Inc., a Company providing support to 143 children and adults with developmental disabilities and employing 283 of North Dakota's most caring, compassionate and dedicated citizens in Minot, Devils Lake, Grafton and Grand Forks.

Our employees support people with disabilities to achieve their goals. Their work requires them to have a variety of skills. They need to be communication specialist, teachers, mentors, personal care attendants, cooks, occupational and physical therapy aids, behavior intervention specialists, coaches, companions, and role models. Our employees need to be flexible and work at different times throughout the day, different days of the week and at a variety of work sites. The employees deserve to be paid a wage commensurate with the scope and responsibilities of their jobs.

As the Director of the Company, I am very concerned about our ability to attract and retain quality employees. Most people don't leave because they don't like the job; they leave to accept a position with better pay. The quality and quantity of applicants has decreased, forcing our existing staff to work overtime to meet the needs of the people we support. This leads to burnout and increases turnover.

I am also concerned about guardianship services in North Dakota. The people we support need guardians to help them make informed decisions. We support people who are in need of a guardian but have been placed on a waiting list. They need someone to help them make decisions now in order to have the best life they can. Catholic Family Services has done a great job with the people they serve as legal guardians for. They are available 24 hours a day seven days a week to answer questions and respond to the needs of the consumers but their resources are stretched to the limit. They need to have the financial resources made available to them to employee and retain the people they need to serve as guardians.

I appreciate your attention to these matters and urge you recommend an increase of $1.50 per hour for DD workers and an increase in the guardianship rates to $3.97 per day.

I know you will have great difficulty in balancing and funding the state priorities. I do not have an answer on where can the money come from. I guess that question can only be answered by you, as you review all spending, needs and priorities of the state. Please remember North Dakota's most vulnerable population when making your decisions. Many of them have already lived through the horrors of inadequate staff and underfunding of services, don't make them live through it again.

Thank You.

Brenda Niess, Executive Director

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Theresa A. Lee
Operator's Signature

10-14-03
Date

January 10, 2003

The Senate Committe
State Captial
Bismarck, ND 58505

I am concerned that plans to balance the budget have include cuts to DD funding. Reduction in our payments would have a drastic impact on our ability to hire and retain employees to provide quality services to the people we support and their families. In Minot ND we employ One hundred and three staff members and we support sixty two individuals and their families. Please keep this in mind when you are attending the meeting or relay my concerns to your colleagues if you are not attending that while hard decisions need to be made, I do not want cuts to be made to DD services.

Thank you for your time,

Loretta Graham

Loretta Graham,CRS REM-ND-Minot

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Theresa A. Lee 10-14-03

Operator's Signature Date

January 9, 2003

To whom it may concern:

A recent commercial used the analogy of a butterfly beating its wings in one location, causing an effect on the weather many miles away. I would like to paraphrase this to say; the money available for salaries for people who work with the special needs population, affects more than just the people earning that money. It has a large influence on the lives of the people being served.

I work with people who have physical and developmental disabilities. Many of the people I have worked with over the last 12 years have a better quality of life if there is continuity and stability in their lives. If the staff working with them is frequently changing, it is hard for them to build relationships, friendships, or develop any level of trust. If staff is frequently changing, programming also is adversely affected. It takes time to train new employees, time to get to know the people they are working with, time to develop a rapport.

I have seen firsthand the effect such changes have on the people who need continuity in their lives. Staff who leave because they need to find a job that pays enough to live on leave a void in a persons life that takes time to fill. I have seen behavioral problems develop and increase, trust decline, and skills decline.

The best interests of the special needs population should be important to all of us, but is it really? If the adage 'you get what you pay for' is true, then shouldn't the people who work in this field be paid enough to ensure that people with disabilities have a certain continuity in their lives, and that they enjoy a high quality of life?

Sincerely,

Penelope Tallman

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Theresa A. Bell
Operator's Signature

10-14-03
Date

Dear Senate Committee:

I would like to introduce myself to you. My name is Elizabeth Faul and I work in the field of developmental disabilities. I currently supervise a home that provides services to children with disabilities and I also have a family member who resides in a facility in a neighboring town.

The reason I am writing to you is in regard to the funding for services. It's disturbing to me the numbers of staff turn over in this field. I have personally spent many hours training staff only to lose them to higher paying facilities such as the nursing homes. If they don't leave for a higher paying job, they have to hold down more than one job in order to provide for their families, which eventually takes its toll. Staff become tired or sick, their work performance levels fall below par which in turn can get to the point of questionable employment.

It greatly disturbs me how turnover impacts our consumers. They become dependent on staff to assist them to reach their goals. Just about the time they really feel comfortable and have trust with their staff, the staff quits for a higher paying job! We know that consistency is the key to success when working the people who have disabilities.

I sincerely ask of you to keep these statements in mind when budgeting the funding for Human Services. We also need to increase our wages to attract the young people of North Dakota to stay here and work. I have had students from the local university work in our facility and as soon as they graduate, they seek out of state employment and leave as soon as they can.

I do believe you as the leaders in our great state will assure that our consumers will have the opportunity to achieve success in life by providing adequate funding to do so.

Sincerely,

Elizabeth Faul

Elizabeth Faul
4600 Hwy 52 South #19
Minot, ND 58701

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Theresa A. Lee 10-14-03
Operator's Signature Date

Carrie Arends
8956 Hwy 2 E
Devils Lake, ND 58301

January 10, 2003

Dear Members of the Committee:

I am a supervisor for an agency that provides services to people that have developmental disabilities. I have worked with this agency for 9 ½ years. During this time, I spent a lot of my time inservicing new staff due to not being able to keep or hire new staff. When interviewing the staff that resigns, the main reason for leaving the agency is that they found another job that pays more. When you are trying to make a living for your family the hour wage is very important to people. I am also concerned about the quality of services the people are receiving. They depend on others to make their lives the best it can be.

I would like to see legislation passed that increases the hourly wage.

Sincerely, Carrie Arends

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Theresa A. Lee
Operator's Signature

10-14-03
Date

2401 14th Ave. SW
Devils Lake, ND 58301
January 10, 2003

Dear Members of the Appropriations Committee:

I am an employee of an agency that serves people with developmental disabilities. The hourly wage we are paid has affected a number of areas that you are probably not aware of. First, since my employment, I have noticed that a number of very qualified staff have left the field. This situation has impacted the lives of the individuals we serve in a very adverse way. Not only does this interrupt the daily lives of the individuals we serve, but also it affects the quality of care they receive. I urge you to support legislation that will appropriate more funding for raises so that we can keep the staff they now have.

In an era in which we, in North Dakota, are trying to keep our citizens from moving to adjoining states, where they are paid better wages for the same jobs we have here, it is important that you seriously consider acting on any legislation that will help this situation.

Sincerely,

Ben Jordan
Support Specialist
REM North Dakota Inc.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

224 4th Street SW
Devils Lake, North Dakota, 58301
(701) 662-4808
Fax (701) 662-7264

REM
North Dakota

January 10, 2003

Dear Members of the Appropriatation Committee:

As the Administrative Assistant of REM ND, INC., Devils Lake, for almost 14 hours, I am writing to you in regards to the increasingly large number of staff turnover we have been experiencing. The main reason for our staff turnover is due to the low wage which we can offer. With the high cost of living, staff are moving on to other higher paying jobs or moving out-of-state for higher wages. Therefore; the recent applications for employment that we have been receiving are coming from less qualified applicants. It is very important that monies be appropriated so we can offer wages that will induce more qualified applicants. I personally feel if wages are not raised, we are jeopardizing the services which we provide to the developmentally disabled indiviudals that we serve.

I am asking that you please give your full consideration and attention to the matter of the Human Service budget, particularly in the wages providers can give, in order that we may continue to hire and retain compentent staff.

Sincerely,

Joyce Carter

Joyce Carter
Adm. Asst.
REM ND, INC.

An Equal Opportunity Employer

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Theresa A. Lee
Operator's Signature

10-14-03
Date

210 2nd St. SW
Devils Lake, ND 58301
January 10, 2003

Dear Members of the Appropriations Committee:

My name is Aaron Greatwalker. This summer I moved from Grafton to Devils Lake. I have a roommate and some great staff who I really get along with. I hope you will think about giving them more money so that I can keep the staff I have. There was one staff I liked who quit because she said she could not afford to work with us anymore.

Sincerely,

Aaron Greatwalker

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Theresa A. Lee — 10-14-03
Operator's Signature — Date

210 2nd St. SW
Devils Lake, ND 58301
January 10, 2003

Dear Members of the Appropriations Committee:

I live in my own apartment with a roommate in Devils Lake. I am very sad when my staff quit working with me because they have found a job that pays them more money. They tell me it is not because they do not like working with me but because they need to make more money.

I hope you will think about giving them more money so that I do not lose more staff..

Sincerely,

Steven Kram

Steven Kram

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Theresa A. Lee
Operator's Signature

10-14-03
Date

224 4th Street SW
Devils Lake, North Dakota 58301
(701) 662-4808
Fax (701) 662-7264

REM
North Dakota

January 10, 2003

Appropriations Committee
State Capital
Bismarck, ND

Dear Committee Members:

As the Program Director for REM ND Inc., one of my job responsibilities is to assure we provide quality services to the people we serve.

This past year we have experienced a large turnover of staff due to monetary concerns. Staff are leaving their jobs for other jobs that offer them more money with less job responsibilities and better hours. Consequently we are having to spend more time and money teaching new staff who then end up leaving in a short period of time for a better paying job. This affects the lives of the people we serve in many ways:

1. Emotionally, when they lose preferred staff.
2. Inconsistency in programming due to the constant turnover.
3. Community inclusion suffers due to the turnover.
4. Services in general suffer because of inexperienced staff.

It is imperative that you allocate money to the DD Division of the Human Services Department and designate it for pay raises for all staff employed by providers through out the state so we can avoid a crisis in this field.

Sincerely,

Vicki Jordan

Vicki Jordan
Program Director

An Equal Opportunity Employer

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Theresa A. Lee — 10-14-03
Operator's Signature — Date

To The Members Of the Appropriation Committee,

I have worked with people who have developmental disabilities since 1986. I have learned a lot about then and their needs. One big thing I have noticed his how much good staffing and consistency effects their quality.

The staff turn over in this field has been high and is getting worse.. When I talk to people about why they quit or don't get involved in the field, the thing most reported to me is the low salary, limited benefits, and low staff/individual ratio.

Some of the ways it has/can have a negative impact are less staff to minimal needed services and a decrease in quality of services, (getting to go to church, being out in the community, assistance to keep in contact with family and friends, and consistency for individuals who have needs for support in the mental/emotional area, etc.).

It is hard to see someone who has to wait to get assistance to go to bed because the staffing is low or you have to tell a individual you can't give them a ride to the movie or to see their family because of not enough staff on shift.

We have a very hard time recruiting people to support the individuals or stay in the field due to low wages. The effects on the individuals are very great and effect all areas of their living.

Respectively Yours,
Debora Rae Clark, Program Specialist
Debora Rae Clark

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Theresa A. Bell 10-14-03
Operator's Signature Date

1515 South Washington St.
Grand Forks, North Dakota 58201
Phone: 701-746-5217
Fax: 701-746-0107

North Dakota

January 10, 2003

To the members of the Appropriations Committee:

I have been working in the field of Developmental disabilities for REMND, Inc. for the past 2 1/2 years. My position is to oversee all the staff and consumers in our Grand Forks program. I receive all the resignation forms from staff, the main reason staff give when resigning is "for a better paying job".

All staff is required to become DD certified, which means they not only are responsible for providing services to the consumers but also must complete a series of 16 training modules. Staff receive training for CPR, 1st aide and medication administration just to name a few. The wage for direct care staff is $7.10/hr. It is not a very good wage for staff that is required to have so much training.

Many of our staff are full-time college students or have another job and their stay with us a very short time because it is difficult for them to attend school, do the job and find time to complete all the requirements for training.

Regards,

Deb Burgess
Coordinator of Residential Services
REMND, Inc.

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Theresa A. Lee 10-14-03
Operator's Signature Date

1515 S. WASHINGTON STREET
GRAND FORKS, ND 58201
701-746-5217
701-746-0107 FAX

REM
NORTH DAKOTA

January 10, 2003

To the Members of the Appropriations Committee:

I am writing this letter in regards to legislative action regarding an increase in wages for employees who provide services for individuals with developmental disabilities for our agency. I am responsible for interviewing and training of new employees. With the current wage we are unable to be competitive in the labor market.

The people employed with us have positions that require several major responsibilities to be carried out each day. They are involved with the day to day needs of the consumers, are responsible for administering medications, and assuring that all aspects of their lives are accounted for. Often it is not an 8-5 job, but requires flexibility and availability as issues/concerns arise.

I can say from my standpoint that it is difficult to recruit and train employees with our current wage. We have a huge turnover in employees because of the amount of responsibility that is required with the position. On the flip side when we have such a large turnover this also affects our consumers. Often we see behavioral concerns and it is difficult for them to build any type of relationship with staff when they are always leaving. The job does entail assistance with personal cares and if I needed assistance in this area I would truly appreciate consistency as our consumers also would.

For several of our employees, they are supporting a family and in need of benefits and with the current wage and once the benefits are deducted it is impossible for them to make ends meet. Several of our employees must hold a minimum of 2 jobs to make ends meet.

I would ask that you review this request to raise the wages of our employees. I know that our staff has written several letters to the Governor of North Dakota as well as representatives addressing this at a legislative level. We would greatly appreciate it if this request would be granted.

Sincerely,

Joelynn Dickson

Joelynn Dickson
REM ND, Inc.

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Theresa A. Lee 10-14-03
Operator's Signature Date

To member of the Appropriations Committee:

I am writing because of the turn over rate where I work. I managed a group home for 3 years and lost alot of staff because of the low pay in North Dakota. We live right next to Minnesota which pays staff alot higher to work with the disabled. The consumers are the most effected because they would just get to know and trust staff and they would leave for higher pay to another staff. Consumers also suffer because we always work short staffed because for the little amount North Dakota pays you can get a job with alot less stress

Thank you
Kerri Schroeder
REM ND Inc
Grand Forks ND

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Theresa A. Lee 10-14-03
Operator's Signature Date

1/9/03

Dear Senate Committee Members,

I work with people with developmental disabilities. I am the QMRP for two ICF/MR group homes. I have worked for the company that I am currently employed with for 6 years and I am writing in regards to a growing concern that I have for the people that I help support. The concern that I have is our ability to hire and retain direct care staff for our group homes. The starting wage that we are able to offer employees is just not enough for a living wage for one person to live on, in comparison to other facilities doing a similar type of work, but not necessarily in the developmental disabilities field.

The staff person leaving for another job has a direct impact on the people that live in the group homes. I have seen consumers become very moody and upset after a staff person that they have formed a bond with has quit. They often are asking for them long after that staff person has gone and do not seem to understand why that person left or where they went. It is difficult to help them understand that the person left to work somewhere else. People with developmental disabilities often form a close relationship with the staff who assist them, just as anybody would who had someone come in and offer full assistance with everything in their life.

Then when that staff leaves the consumer has to start all over again getting to know someone new. Forming a new bond of trust with that person, and then eventually they leave, and the cycle continues.

I could not imagine the feeling of having someone new come into my home every few months or even every year and allowing them to help me with every part of my life. I would want to do what I could from the beginning to make sure I was doing my part to make sure my employee was satisfied with their job so they would not have to leave, and so it is no different for the people in the group homes.

Please help in this area by thinking about the people with developmental disabilities when you are looking at the budget and the allocation of money for the year. Stability means so much to the people I help. Someone who has worked with them a long time is able to help them more and better able to understand the person and their dreams, wants, and needs.

Thank you for your help matter.
Sincerely,

Michelle Thompson

Michelle Thompson, Program Specialist
REM/ND, Inc. of Minot

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Theresa A. Lee
Operator's Signature

10-14-03
Date

January 10, 2003

To Whom It May Concern:

I am writing this letter in reference to the cut in the Human Service Budget. I am the Vocational Coordinator for the REM-Minot's Day Program. Currently I have 22 individuals that we support and 18 Support Specialists. When I first started in my current position, March 1994, the Agency only had 2 individuals enrolled so you can see how I it has grown in the last year. Our primary mission was to get the individuals out in the community, so that sometime they will eventually become part of the community. Some of the area's that my staff teaches the individuals so they are respected and their dignity is not harmed are personal hygiene, proper dress, social skills, proper communication and getting along with not only with their peers, co-workers but also their employers. At times this job can not only be stressful but also very frustrating. The support specialists that I supervise are not only professional, but also are very caring and have a lot of patience. It concerns me, as I observe them during their workdays that we can not give them the salary that they deserve and should get. I have lost some very dedicated staff due to the fact that they can earn more money in a different profession. Even though they hated to leave and apologized for leaving their profession that they loved and wanted to make a career of, I could not blame them.

It really bothers and hurts me as I write this letter, about all I can expect out of this is a letter from the State of North Dakota telling me how sorry they are and that they agree with me, but there is nothing that they can do. Thank goodness that I retired from the Army as I might be in the same shoes as my staff. Hopefully during this session, you will take hard look at the budget, get feed back from professionals in the field, do some observations first hand and do the right thing.

Greg Kraiter
Vocational Coordinator
REM-ND, Inc. (Minot)

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Theresa A. Lee
Operator's Signature

10-14-03
Date

January 10, 2003

Senate Committee,

My name is Nancy Rodriguez, I work for REM of ND, Inc. This is the Robert E. Miller Foundation working for people with disabilities. I am the Director of Community Participation/QMRP for the Minot Day Program at REM. I assist people to be involved in their community, whether it be vocational such as job training, volunteer or recreation and leisure.

I have 18 staff under me who are very qualified. This is more than just a job to them, you must posses patience, compassion and the desire to want to help someone succeed at the smallest task, a task that may require many hours of doing over and over before success! The staff go through hours of orientation, they must complete First Aid, CPR, module training consisting of Medication, Seizures, Health Orientation to name a few. Staff also assists the individuals with personal hygiene, daily living skills, and day to day tasks that you and I take for granted. These first line staff are the backbone of many of these agencies yet they are being paid a few dollars over minimum wage. A very detailed and demanding job for not much pay. We (present company included) expect these hard working qualified staff to stay in this position to remain certified, go on with modules and continue to pass medications along with make a living, rear children, put back into their community, but most of all stay here in North Dakota. Not always an easy thing to do.

As you can see working day to day with people even though we tell them this is a job, don't get to close, you establish a relationship with that individual. You must gain their trust in order to be able to teach them and work side by side with someone. An individual who has self-esteem and self-respect can accomplish many things. In order to gain or give respect a bond must be established that takes time, energy, persistence, and lots of patience.

You can imagine the burn out of staff and the high turnover rate, to do all these things daily for a little over minimum wage. Not only the cost of hiring new staff, training, orientating but for those individuals whose lives have been touched by that staff. Now after that trust has been established it is broken because of that staff not being able to make a living so they must leave or some work 2 and 3 jobs to make ends meet. The quality of work suffers, so in turn the individuals suffer. The impact of staff turn over is great with these individuals.

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Theresa A. Bell 10-14-03
Operator's Signature Date

Many times in their lives they have experienced things that we would find appalling, disappointment, loneliness, disrespect, abandonment. With the assistance of agencies like the one I work for and others across the state they are able to experience what you and I EXPECT every day what we take advantage of.

Let's not let that happen again to our fellow North Dakotan's. I take pride in saying that I live here and whom I work for; I help fellow citizens to achieve their goals.

Together we do make a difference!

Nancy Rodriguez

Nancy Rodriguez
Director of Community Participation / QMRP
REM ND Inc. Minot

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

To whom it may Conarn,

I am writing in regards to wages in the field of Developmental Disabilities and the Mentally Retarded.

I have worked in this field for over 11 years and have seen many staff come and go due to lack of wages.

I have also seen many staff holding down two jobs, myself included, to makes ends meets. this takes away from our families and also takes away from the consumers. My husband also works in this field and holds down a second job also in order for us to provide for our 3 children.

With many staff coming and going the consumers & work with get confused and don't succeed sometimes because they get use to faces and then they are gone and the consumers have to get use to someone else. Which then you will see a dicline in their success.

I am very concerned that without a wage increase many of our consumers will not succeed due to the fact that there is a high turn over rate or staff not being available due to a second job.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

I also feel that if you want to keep the younger generation in North Dakota working, you need to consider wage increases and then maybe the younger generation will stay here.

Please consider an increase in wages for this field so ~~we~~ we can continue to ensure that ~~x~~ consumers succeed. Because when they succeed we all succeed.

Sincerly -

Debra Allen
624 Central Ave E.
Minot, ND 58701
(701) 837-6279.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

To whom it may concern.

My name is Christine Mckinley; I work with individuals with developmental disabilities. I am writing you this letter in hopes that some light will be shed on the low wages being offered in this field. The service we provide is very similar to the work done in nursing homes, but the pay we receive is much lower. We work very hard at proving the best care we can for the individual and feel it is only right for us to receive a fair compensation. We are not asking much, only to be paid a fair wage for the services we provide.

I and many others are forced to work an extra job or many hours overtime to make ends meet. The wage deficit has a negative effect on the people we serve and our own families. I humbly request that appropriate funding be put into the budget to raise the wage to a reasonable level.

Sincerely
Christen McKinley

1/13/03

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

January 13, 2003

Members of 58th Legislative Assembly of North Dakota,

We would like to address the need for funding for Developmentally Disabled workers so they can be assured they will receive wage and benefit increases that will be similar to other workers in the State. It is our understanding in the last legislature that the legislature granted a 2.2% wage increase but that this increase was never implemented. We ask that you now restore this increase as was planned and that new legislation will further be implemented to give these workers much-deserved wage and benefit increases.

The reasons we feel the need for these increases is that we have a developmentally disabled young adult who is a client of REM, Inc. in Minot, ND. She is being cared for and educated in self-care, responsibility and is given job opportunities in a day work program. We can see the care and concern the DD workers have shown to our daughter and how it has made her self-worthier and more confident in her day-to-day activities.

The unfortunate thing we have seen is a fairly high turnover of very caring DD workers as they leave this field for better paying jobs elsewhere. Also as a parent of a developmentally disabled young adult we see how hard it is for her to adapt to new DD workers after getting to know these caring individuals who leave because they are simply not given the wage increases that others receive.. Hopefully a wage and benefit increase will help to stop the turnover of DD workers and keep the DD workers who have the patience and compassion to get to know and understand each of these clients with special problems.

Therefore we would ask that the current legislative assembly act to insure DD workers a fair wage so they will stay within this field to care for these very special Developmentally Disabled adults.

Sincerely,

Steve + Elaine Petrick

Steve and Elaine Petrick
Parents and guardians for a very special young adult

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Theresa A. Lee 10-14-03
Operator's Signature Date

Exhibit 15

TESTIMONY
SB 2012
JAN. 14, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, good afternoon. I feel it is an honor and privilege to come before you today and represent not only my son Todd, and his concerns and needs, but others also developmentally disabled.

I am here today to request your support of the North Dakota Association of Community Facilities' legislative platform, for the Developmental Disability Providers. It is imperative that the identified increases are included in Senate Bill 2012!

My son Todd is developmentally disabled. Todd although, is somewhat unique to the system. Todd was born and grew up living a normal life until eleven years old when he was involved in a freak accident, being drug by a horse. He was unconscious for 5 months and the doctors told us that he would never walk or talk again, much less enjoy life, as he once knew it. He suffered a brain stem injury and was diagnosed as Traumatically Brain Injured, or commonly referred to as TBI. He has been a resident for the last 16 years in a group home in Fargo and is attending an adult day program that are both managed and run by Friendship, Inc. Todd can walk, has limited speaking capability and we hope enjoys life in spite of his limitations.

Todd's life changed on February 13th, 1977. His life would never be the same again after that day. This day also changed the lives of everyone near Todd and all that had not met him, but would meet him in the future. I pray that none of you ever experience this, but

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somebody here today, sometime, somewhere either directly or indirectly will be exposed to some such situation when life as we are accustomed "suddenly" changes. This situation crosses all barriers, and has no fear or respect for, rich, poor, educated, noneducated, faithful, or unfaithful. The "only" predictable characteristic being its unpredictability. As individuals and families it is impossible to prepare. This is something that society can do for its members and is being done in every state. In ND we are behind several if not most states.

This is why I feel it is important for me to be here and speak about the urgent need before us today. What happened to my son could also happen to you or any one of your loved ones. What's frightening is we or our loved ones are literally moments away from this happening any day of our lives. Any number of injuries could cause TBI such as a car accident, a stroke or an accident as unusual as being drug by a horse. My point is, one doesn't have to be born with a developmental disability to be in the need for help from qualified and competent developmental disability providers. It is imperative you understand how important it is to have well trained qualified staff who would know and understand your special needs and limited communication skills. The increases provided by SB 2012 will allow the providers to attract and maintain quality staff, avoiding the inordinate turnover of staff, which they are now experiencing. For the developmentally disabled it is critical to maintain a consistency and quality of services, which is in jeopardy due to the disparity in the wage paid to the providers. Compared to surrounding states, such as MN, ND's wage for these providers is far less. The increases proposed in SB 2012 is needed to maintain a competitive place in the market, as they are now

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competing with fast food establishments and nursing homes for employees.

The services provided by the staff of these organizations are of the utmost importance. Developmental disability providers serve our state's most vulnerable citizens. Citizens that do not have the ability to speak for themselves and their needs. Citizens that society finds easy to look past. Their needs ignored possibly because of their inability to defend themselves. Society wants the developmentally disabled to be happy, but they don't feel or think they should have to help. It is simply easy for most of the population to not have to think about this facet of our society, much less think they should be concerned about their needs. You as legislators must give them your support, they have been overlooked way to long.

If it were you, or one of your family members, would you look by this need?

Please support the increases needed!

Thank you for your time.

Karin Bueling

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Exhibit 13

TESTIMONY
SB 2012
SENATE APPROPRIATIONS COMMITTEE

Chairman Holmberg and members of the Senate Appropriations Committee, good afternoon. For the record, my name is Jeff Pederson and I am the Chief Executive Officer for Friendship, Inc. Friendship, Inc. is one of the largest non-profit providers of services to people with developmental disabilities in the state of North Dakota. Our operations are located in Fargo, Grafton and Park River.

It is a great honor I have today to appear before you representing people with developmental disabilities and the staff who serve and support them. On their behalf let me first say thank you for your compassion in supporting increases in salaries and benefits as well as inflationary increases over the past several bienniums; you have truly shown your commitment to people with developmental disabilities and to the providers of service. Your support is greatly appreciated!

This biennium, more than ever, we are in need of your support. Staff turnover, quality and delivery of services to people with developmental disabilities is in great crisis. We continue to fall behind in competitive salaries and benefits in our communities. Staff turnover is over 50%! We need your help!

Last year we did not receive the 2.2% inflationary increase that the Legislature had approved. As you know health insurance costs rose double digits in the past two years!

The North Dakota Association of Community Facilities (NDACF), which is comprised of over 26 developmental disability providers in the State, has worked jointly with the Department of Human Service staff, legislators, advocacy groups and interested parents to address our needs.

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These requests for increases are truly vital to maintaining quality services to people with developmental disabilities. It will allow us to recruit, retain and compete in a very tight labor market. It will allow us to keep pace with increasing health care costs and inflationary costs.

In closing, let me leave you with some thoughts for you to consider. We are all literally seconds away from becoming disabled ourselves. This could happen to any one of us by a head injury, a stroke or other type of diseases.

Let me ask you these questions:

1. If it was you who was disabled and needed services, how important would it be to have well qualified, trained staff? People who knew your needs, people who understood your communications?

2. How important would it be to have consistency in staff? Employees who would stay with you more than six months?

3. How important would it be that your staff needed to only work one job to create a living, not two or more? This way when they came to work they would be refreshed, full of energy and ready to be with you and give you the best services possible.

4. How important would it be to you that your staff could wholly focus on your needs and not have to worry about how to pay for medical health benefits for their family?

I hope this has generated some thoughtful consideration for our requests! I do know that you are faced with a tight budget. Please know that I do appreciate the tough job each of you has as a member of the legislature.

It has been said that the true measure of a nation's strength can be measured in how they provide for their most vulnerable citizens. So too is it a measure for our great state of North Dakota. Much progress has been made over the last several years in this regard.

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Please help us continue this great service to people with developmental disabilities by supporting the necessary funding in Senate Bill 2012.

Thank you for this opportunity to testify today. I would be happy to try answer any questions you may have of me.

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Operator's Signature Date

Testimony on SB 2012
Developmental Disabilities
House Appropriations Committee
March 6, 2004

Chairman Delzer and members of the House Appropriations Committee, thank you for the opportunity to testify on SB 2012, the Department of Human Services Appropriation Bill, in relation to services to people with developmental disabilities. My name is Barbara Murry, and I'm the Chief Operations Officer at Pride, Inc., a provider of services in Bismarck and Mandan.

Pride, Inc. is a private non-profit agency and an NDACF member. Pride serves over 360 people with disabilities, of which over 250 have developmental disabilities. We are proud of the work we do and are committed to providing quality services.

I am very concerned about the labor shortage and high turn-over faced by my agency. We support a very vulnerable population and strive to provide services that assist people to become as independent as possible.

I'm here to support a $1.50 per hour increase in wages for all staff in the provider organizations. As you know, the Department of Human Services was unable to honor the 2001 Legislature's intention to increase wages by 2.2% on July 1, 2003, due to budget shortfalls in the second year of the previous biennium.

The Senate increased the budget to include a $.50 per hour increase for all staff in the Provider agencies. While that is much appreciated, it is not enough to stem the

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turnover we are facing. The increase will give staff approximately a $.16 increase across the past year and the next two years. That will not match up against the $1.50 increase given our competitors in the previous session and the 3.66% increase they may receive this session, which moves their increase to approximately $2.10 per hour after two years against our proposed $.50.

The staff who work for Pride, Inc. have difficult jobs and go often go beyond was is required of them. Recently, Job Coaches employed by Pride have found themselves assisting people with obtaining proper treatment for ringworm, helping the individual arrange doctor's appointments and calling the health department, and making sure the home was properly cleaned, assisting another individual who had lost their work keys by spending several hours knee deep in garbage, searching for them. Another situation involved helping a individual deal with the harassment of two co-workers. Without the job coaches assistance, the individual, who is very timid and likes everyone, would have simply put up with the treatment because he didn't want to get anyone in trouble.

Staff in our residential programs have to deal with a variety of intimidating behaviors. In one setting a staff person has recently choked by an individual. This same woman, who is now living in an apartment setting because she threatened to kill her roommates, continues to make harassing calls to the staff at home, and to the roommate she threatened. Because she is not deemed competent by the courts, and has been discharged from the state hospital, my staff are the only service delivery. Other staff deal with people who are becoming increasing medically fragile and worry that the

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people they support may come to serious harm in the hours that they are without services.

In the two year period since after the 2001 session almost 100 staff per year have left Pride, Inc., most for positions that would pay them a higher wage. The most recent resignation came from a person who had worked for Pride for seven years. She cried when she submitted her resignation, but said she had to make more money for herself and her child to be able to live. The people she has assisted will have a more difficult time maintaining their employment as they adjust to her leaving. I'm apprehensive about our prospects of filling the position. We have sometimes had no applicants for positions we advertise.

I have included a packet of letters from some of the staff at Pride, and from parents who's children are supported by Pride, Inc. I urge you do dedicate the funds to increase staff wages by $1.50 per hour.

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Dear Jeff Delzer
Chairperson of the Appropriation Committee:

I am writing to you as both a parent of children with disabilities and as an individual that works for an agency that serves people with disabilities. Although we appreciate the fact that the senate voted in favor of the $.50 pay increase for DD staff, I am asking your support in the $1.50 increase. We did not receive the 2.2 % inflationary increase promised us last July, and the $.50 per hour will mean an increase of approximately $.16 per hour when divided across the past year and the next biennium. Every day you hear or see ads requesting the younger generation of people to stay in North Dakota. We need to as a state make it beneficial for people to stay here. Agencies such as ours employ many people in the state of North Dakota. When you take into consideration the wage received in comparison to the work that done it is much easier to work at McDonald's or Hardee's. Unless you are a caring person that does this job for self gratification, the amount of training and flexibility in this line of work does not add up. I am also a mother of two children who have disabilities. I feel that I am on the edge of a double edged sword. There are additional expenses that come with children with disabilities. Different programs are being cut or eliminated due to cuts in the budget and also the pay increases that are being withheld from us as employees, I feel like am on a sinking ship. No one ever has asked to have a child with a disability or have a disability themselves, but I do feel as a state we need to show our humanity. Everyone who does not understand how important these programs and these wage increases are need to realize that they are only a birth of a child or a car accident away from dealing with these issues on a daily bases.

My job of working with people with disabilities does not end when I punch out at the end of the day. I have worked a variety of hours that have included extremely early hours to very late hours. Some times within the same day. I have given up time with my family to assist an individual that was struggling. I have missed programs that my children were in, parent teacher's conferences, among other things to dedicate my time to someone who needed it. But that all is ok. I believe in human rights and believe that every person alive, with or without a disability should have the best life possible. People who are in this profession are here because we care. We continue to advocate even though our work day is over. None of us will ever become rich from this profession and we all understand this. We would just like our wages to be sufficient enough to pay the bills and have a little left over to enjoy the moment.

As a parent of children who don't also meet the criteria, my children have also many times been denied services that they need. I ask that you vote in favor of adding 1.9 million to SM 2012. If we don't take care of our own people that fall through the cracks, who will? North Dakotans have always been know for being loving caring people. As time has gone on we have moved more towards self involvement and have forgotten what North Dakota has always been known for. The place where every neighbor will help you in the time of need. That was one of North Dakota's strong points. For years, people have overlooked the lower wages due to wanting to remain in North Dakota because it was a state full of strong morals and good humanity.

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I am requesting as a parent and as an employee that you show your support in the fight for humanity and vote in favor of the $1.50 pay increase. Don't forget that person you let fall through the crack may be you or your child someday.

Thank you for your time and support.

Darcy Severson

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

January 25, 2003

To Whom It May Concern:

I am writing this in support of a salary increase for the support staff of Pride Industries who work with the developmentally disabled. Many developmental disabled individuals rely solely on their support staff for help in there day to day living. Many don't have family who live nearby or may not be able to assist in caring for them. Some individual rely on their support staff for friendship, guidance and even nurturing. My sister has been fortunate enough to have the same support staff some quite some time. Her staff worker goes out of her way to provide care for my sister, taking her to plays, movies and shopping. In some studies it have been shown that employee turnover due to low wages can have a detrimental effect on many disabled individuals. The wage increase is needed to keep qualified staff.

Duanna Pudwill

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

January 25, 2003

To Whom It May Concern:

This letter is in support of a salary increase for the support staff of Pride Industries who work with the developmentally disabled. Many individuals do not have family who can or will care for them. These individuals rely on their support staff for help with tasks from paying bills to grooming. They rely on their supports staff for guidance and friendship. It takes a special kind of individual to care for the disabled. It is a very challenging job and the support staff deserves a wage increase.

Maxine Phillips

Maxine Phillips

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Theresa A. Bell
Operator's Signature

10-14-03
Date

23 January 2003

To Whom It May Concern:

I am writing this letter to ask for your support for SB 2012 and SB 2025. It is my belief and conviction that full and complete funding for the Department of Human Services is not only in the best interest of those they serve, but also for the State of North Dakota and of our Nation.

My son has been receiving services from Pride Inc. of Bismarck for several years and during this time he has not only just survived, but also thrived. He has grown in physical stature, but more importantly, mentally and emotionally. He has been given hope and dignity and has proven himself worthy of the care and guidance he has received. He feels good about himself and those around him.

I have just recently learned that the direct support staff that care for, guide and direct my son could make a better living if they went to work for a fast food restaurant. I do not think anyone wants to see good, qualified staff who are doing such an important job be forced to make that kind of a choice, and therefore ask that you also support a parity pay raise for these people.

I know you have many important decisions to make regarding fiscal responsibility. I think this is one of them. What I have discovered is that the really important decisions in life are really the easiest. I hope that this one can be easy for you.

Thank you for your consideration in the matter, I remain,

Sincerely,

Larry Trom

Larry Trom

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Mohall, North Dakota
January 28, 2003

To Whom It May Concern,

It has come to my attention that a budget cut of 10% has been proposed for the Department of Human Services. I would like to state my opposition to this proposal.

I am the mother and guardian of a 35 year old man who is developmentally disabled and lives in an ISLA (Independent Supported Living Arrangement) apartment supervised by employees of Pride, Inc.

Nathan is not capable of living on his own, and depends on these people for support in shopping, cooking, laundry, personal care and hygiene, money management and recreation. He and his apartment mate are non-verbal, and staff has had to learn some sign language to understand his wants and needs. He has a job coach at the recycling center to help with work skills.

Nathan has been at Pride since 1992, and we have been very pleased with his placement and the progress he has made. When he moved from the group home to the apartment we saw a great difference in his attitude and demeanor. He is very proud of being like other people, having his 'own' home. He is always happy to come home to Mohall, but is also happy to go 'back home' to Bismarck.

Cuts in the Human Services budget would adversely affect my son and many others like him, as it is already hard to locate competant, enthusiastic staff and these people are already paid too little for the work that they do.

We in North Dakota have been fortunate in recent years to have had such good programs to enable the developmentally disabled to be happy and productive members of society rather than be warehoused as was the case in the not too far distant past.

It is my earnest plea that you reconsider this budget cut and continue to help support the less able citizens of our state.

Sincerely,

Judith M. Duerre

Judith M. Duerre

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10-14-03
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Bill # 2012/2025

I was born and raised in North Dakota. We have chosen to live here and raised our boys here. They all attended schools and College here. We have a handicapped son who lives and works in Bismarck. We chose to have Pride Inc as his support. Yes he gets disability but he also works very hard at a job which pays him less then $3.00 an hour. Pride Inc. gives him staff to help with his daily needs and gives us a comfort zone knowing he has people to help him with his everyday needs. He lives independent from us in his own Apartment bas we are 55 miles away. If you cut funds from this program we will have to rethink where we live and try to get closer to him. You want people to stay here but you make it almost impossible for us to do that. When you cut funds to a program that helps our handicapped people you make it almost impossible for them to be a viable part of North Dakota. We have always been proud of the fact that he has had the same job for 6 years and is very good at it. What you see he gets less than $5000 a year disability and less than $90 every 2 weeks at his

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10-12-03
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job, Could any of you live on that without support like Pride Inc or any other program like it. I Really doubt that. He needs their support staff and their guidcare to continue to be an independent member of our North Dakota.

Please think about voting the right way on this measure. I would hate to think my Son would be better off being on welfare than working and contributing all he has to contribute which in his 28 years here we have found he has alot to contribute and we find everyday he has even more.

Sincerely

Joan Brabandt

Proud mother of

Reese a Handicapped person.

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Theresa A. Lee — 10-14-03

Operator's Signature — Date

January 14, 2003

The Honorable Jeff Delzer
Chairman of the Human Resources Division
Appropriations Committee
ND House of Representatives
600 East Boulevard Ave
Bismarck, ND 58505

Good morning Mr. Chairman and members of the Committee. My name is Alan Erickson, Carpio, ND. As a past Legislator, I served in the House of Representatives in 1991. I currently serve as a Renville County Commissioner. I am here to give testimony for the Human Services budget.

My daughter McKay is 36 years old and is developmentally disabled (DD). She cannot walk or talk and needs total care. She was in the Grafton State School before the Association of Retarded Citizens (ARC) lawsuit took place.

While in Grafton she was in a ward with 30 or 40 developmentally disabled patients on one floor with beds all in a long room. A staff of five or six people cared for the girls. The Association of Retarded Citizens' lawsuit came about and the residents of the Grafton State School were placed in Group Homes-closer to their family's home. In my case, my daughter has lived in Minot ever since the lawsuit was settled. It is my opinion the setting in Minot is much better. There are four boys and four girls in the Group Home with adequate staff to provide 24 hour care.

Now the problem is to adequately pay the care givers at the Group Homes. The long term care givers received a pay raise of $1.50 an hour last biennium, a raise that was not given to the care givers of the Group Homes. The Group Home care givers are switching jobs or quitting because of low pay. Without a pay increase we will no doubt continue to see a 60% turnover of these employees.

I believe there is a possibility of another lawsuit coming if we don't increase the pay of the Group Home care givers. I would recommend a pay increase equal to the $1.50 an hour raise the Long Term care providers received last session.

I would appreciate your attention to this matter and your endorsement of my recommendation.

Respectfully submitted,

Alan Erickson

Alan Erickson
Carpio, ND

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10-14-03
Date

3-5-03

MR./MADAME CHAIRMAN, DISTINGUISHED MEMBERS OF THE HUMAN RESOURCES COMMITTEE.
MY NAME IS PAT CROTTY, I HAVE WORKED SEVEN AND A HALF YEARS IN THE FIELD OF DEVELOPMENTAL DISABILITIES. LIKE MOST OF THE PEOPLE IN THIS FIELD, I WORK TWO JOBS, AND A TOTAL OF SIXTY-THREE HOURS PER WEEK, FOR WAGES OF ABOUT $7 PER HOUR. LIKE NEARLY ALL OF THE PEOPLE IN THE FIELD OF D.D., I HAVE MET THE CRITERIA NEEDED TO OBTAIN A CERTIFICATE IN THE STATE OF ND SO THAT I CAN DO THIS JOB. IN ADDITION TO THAT, I HAVE THREE COLLEGE DEGREES. MY JOB REQUIRES ME TO INTERVENE IN EMERGENCY SITUATIONS, AND I AM PERSONALLY RESPONSIBLE(& LEGALLY LIABLE) FOR ANYTHING THAT OCCURS TO THE INDIVIDUALS I WORK WITH. I LIKE THIS WORK A LOT, BUT WE CONTINUE TO LOSE MANY OF OUR MOST QUALIFIED PEOPLE EACH YEAR DUE TO LOW WAGES, STRESSFUL WORK LOADS & A SYSTEM THAT IS BEING STRETCHED TO THE BREAKING POINT. I FEAR THE SYSTEM WE HAVE NOW WILL COLLAPSE IF WE DO NOT REVIVE IT. SB 2025 & SB 2012 ARE VERY MUCH NEEDED TO IMPROVE AND SUSTAIN THIS SYSTEM. PRIVATE AGENCIES DO A TREMENDOUS JOB WITH THE RESOURCES THEY HAVE. BUT THE PAST COUPLE OF YEARS WITH THE CUTBACKS IN MEDICAID, THEY HAVE TAKEN TOO MANY HITS AND I FEAR THE QUALITY OF CARE IS BEING AFFECTED. WE ARE NOW HIRING HIGH SCHOOL STUDENTS TO DO THIS JOB BECAUSE OF OUR LACK OF ABILITY TO HIRE OLDER WORKERS, IN FACT, 80% OF THIS FIELD IS PEOPLE UNDER THE AGE OF 30, AND THE TURN OVER RATE IS ABOVE 50%. YOUR SUPPORT FOR THE AFOREMENTIONED BILLS WILL HELP US KEEP THIS SYSTEM VIABLE. THANK YOU.

P. Crotty

PAT CROTTY
BISMARCK, ND

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10-12-03
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Testimony on SB 2012
Human Resources Section
House Appropriations Committee
March 06, 2003

Chairman Delzer and members of the House Appropriations Committee, my name is Jon Larson. I am the executive director of Enable, Inc., a private non-profit agency serving people with developmental disabilities in Bismarck and Mandan. I am also here to testify on behalf of the North Dakota Association of Community Facilities (NDACF) regarding SB 2012.

NDACF is made up of 26 non-profit and for-profit agencies across the state of North Dakota. NDACF members rely on the work of over 4,000 dedicated staff (2,871 FTE's) and 500 volunteers to carry out our mission of providing services to people with developmental disabilities. Our services are delivered in 70 communities all across the state to thousands of our most vulnerable citizens.

Our business is about supporting some of the most vulnerable people in our state, people who need support for some of the most basic functions of life. If SB 2012 passes in it's present form many of those people will lose the support they require, essential services needed to maintain their health will be lost, and providers of service will continue to lose their best staff to places that can pay more for jobs that require less of their time and devotion, and the quality of services will suffer. We need your help to amend this bill to take care of some of its omissions.

We are requesting an increase of $1.50 an hour for all staff who work in DD provider agencies. This was included in the Department's budget request as an Optional Budget Adjustment (OAR) and was given a high priority at #3. We appreciate the efforts of the Senate when they amended this bill to add $.50 an hour for our staff. We are concerned however that this will not be enough to help us maintain our workforce and to become competitive for new employees.

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Our industry currently has an average rate of turnover of 51% and our ability to attract new staff is extremely limited because of our inability to provide a competitive wage. To address this issue, NDACF had a statewide salary survey completed by an independent consultant, who specializes in compensation studies. This study made an analysis of the job tasks done by staff of DD agencies and compared them to job tasks done by staff of our competing employers. The results of this survey indicate that $1.28 an hour is needed to bring us just to the minimum level of our competitors and $1.92 an hour would be needed to reach the midpoint of their wage scale.

Last session, the Legislature authorized a $.10 per hour increase for direct contact staff and annual 2.2% inflationary increases. Due to budget shortfalls, the Department of Human Services eliminated the inflationary increase for the second year of the biennium. As a result, our direct service staff have only received an average increase of $.28 an hour over the past two years. This happened at a time when our competitors were substantially raising their wages in a very competitive business environment. Even with the Senate's amendment of $.50 an hour our direct service staff will only have received an increase of less than $.20 a year over four years.

Few businesses are as dependent on a quality work force as is ours. Without a sufficient number of well-trained, dedicated staff we have no ability to carry out our mission. We need to do something to address this or DD providers will continue to struggle with unacceptably high rates of turnover and the quality of services we provide to people with disabilities will continue to suffer.

We have provided support for the ICF/MR provider tax in hopes that it would bring in additional revenue to address this urgent need. According to the Department's testimony the provider tax will generate 4.2 million general fund dollars. If all of the revenue would be used for DD providers, these funds would equate to approximately $.75 an hour for all staff. We understand that Federal

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regulations state that these funds must not be tied directly back to their source but it is possible to recognize the amount generated by this tax and to increase the appropriation. We feel it only fair that funds generated by our industry be available to benefit our industry.

We are also requesting a reasonable annual inflationary increase. Costs for insurance, goods and services continue to increase. Without an amendment in SB 2012 we will be required to go three years without any inflationary adjustment.

We support the amendment for Corporate Guardianship service made by the Senate. This much-needed increase was long overdue and we hope you will agree with the Senate and approve their amendment.

We are also very pleased that the Senate restored the optional medical services that were not included in the Governor's budget. The loss of these services, especially adult dental, would have been devastating to the people we serve. We are however, very concerned about the loss of durable medical equipment. Many of the people we serve rely on wheelchairs, walkers, orthodics and diabetic supplies to be involved in their daily routines at home and at work. The loss of Optometric services is also a big concern.

The requirement that all recipients of services from the department meet medical assistance and waiver screening requirements will eliminate 106 people from services. The people affected receive services in the Supported living Program and the Extended Services Program. People in these programs have reached a fairly high level of independence and don't need comparatively intensive services, but they do require support to maintain their level of independence. These people do not have the resources to pay for their services privately and without support they may eventually need a more intensive level of service.

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In conclusion, we are asking you to support our efforts to serve some of the most vulnerable people in our state, people with developmental disabilities. Last session the needs of teachers and staff in Nursing Homes were addressed. We are hopeful that you will find a way this session to help us with our needs.

Thank-you for this opportunity to share our concerns with you.

Jon Larson,
Chairperson for Governmental Affairs, NDACF

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NDACF
COMPENSATION STUDY

BACKGROUND/PURPOSE

1) Conducted during the summer of 2002.

2) Analysis accomplished by former Director of Compensation Programs for a Corporation with headquarters in North Dakota. This Corporation included 25,000 employees in 16 states.

3) Objective of the Study was to determine how pay practices of NDACF Organizations compare to those with whom they compete for employees. In other words, does the ability of NDACF Organizations to pay workers allow them to be competitive within the labor pool.

METHODS

1) Selected 10-12 job types that are employed by NDACF Organizations.

2) Collected the following data from each study participant:

   - Job Descriptions
   - Pay Information for each employee
     - job title
     - % full-time
   - hourly rate of pay
   - Market Data (pay rates, job content) for local/regional labor pool competitors.

3) Collected data from several compensation data bases available in North Dakota, including Job Service North Dakota, for comparison of like jobs.

4) Reviewed job descriptions/content with labor pool competitors and statewide sources to arrive at comparative job content levels.

5) Compared compensation data from NDACF Organizations to like jobs in labor pool to arrive at relative position of actual wage practices.

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Organization	Region	Cost Per Org Move to Mln	Cost Per Org Move to Mkt
A	Far West	$ 43,335.55	$ 65,003.32
B	Far West	$ 146,616.04	$ 219,922.54
C	West Central	$ 43,534.69	$ 65,302.02
D	West Central	$ 56,344.07	$ 84,516.11
E	West Central	$ 292,015.26	$ 438,022.86
F	West Central	$ 323,654.30	$ 485,481.41
G	East Central	$ 68,686.57	$ 103,029.85
H	East Central	$ 189,354.88	$ 284,032.30
I	Far East	$ 41,046.72	$ 61,570.08
J	Far East	$ 230,520.16	$ 345,780.21
K	Far East	$ 267,915.44	$ 401,873.13
L	Far East	$ 332,642.00	$ 498,962.97
M	Far East	$ 439,709.50	$ 659,564.20
Total Annual Cost		***$ 2,475,374.19***	***$ 3,713,061.00***
Cost per hour per FTE		***$ 1.28***	***$ 1.92***

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Legislative Partnership Committee

Questions from December 3, 2002 Meeting

Question 1: What positions were included in the Wage Study?

Response: Direct Contact Staff
Examples: Residential Instructor
Day Trainer
Job Counselor
Group Home/ISLA/Day Supports Manage and/or Supervisor
Supervises Direct Care Staff
General Client
Social Worker
Case Manager
Staff Trainer
Secretary
Chief Financial officer
Executive Director
Clerk
Maintenance
Nurse
RN
LPN

Question 2: Does the Study show a variation in wage disparity from east to west?

Response: On a relative basis the eastern part of the State lags the market more than the western part.

Urban areas generally lag market wages more than rural areas.

Question 3: Are any Executive Directors positions over the maximum of the Director salary range utilized for the study?

Response: Of the organizations participating in the study only one executive director is at the maximum for the director salary range. Six Executive Directors are at or below the 90th compa ratio which is well below where we would expect them to be given their respective tenure in the position. The remaining positions seem to be appropriately placed within their salary ranges.

Question 4: Are benefits included in the $1.92/hour adjustment figure?

Response: No, benefits were not included as a part of this study.

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NDACF PUBLIC POLICY PLATFORM
2003 – 2005 BIENNIUM

1) <u>Workforce Recruitment, Retention and Quality of Services</u>

Services to people with disabilities must have a level of funding that assures the availability and retention of high quality staff. Direct care staff must be assured that they will receive wages and benefits that are commensurate with their responsibilities and their commitment to serving people with developmental disabilities. DD workers have not shared in the overall economic progress of other workers in the State.

NDACF supports a $1.50 per hour increase for all staff.

NDACF supports a reasonable inflationary adjustment each year of biennium.

NDACF supports restoration of the 2.2% wage increase granted by the Legislature but not implemented on 7/1/02 as planned.

2) <u>New Payment System Needed</u>

A new payment system that encourages a consumer needs focus, provider flexibility and efficiency. Present system for DD providers is not uniform, is punitive and does not encourage providers to expand service offerings to meet consumer needs.

NDACF supports the adoption of a payment plan to correct weaknesses in the current system and provides provider flexibility to efficiently deliver services focused on consumer needs. We further support a system of payments that maximize federal matching dollars and provides for protection from across the board cuts mid-biennium.

3) <u>Guardianship Services for People with Developmental Disabilities</u>

Guardianship services are needed to protect persons unable to gather and evaluate the information necessary to make good decisions for themselves, otherwise putting the person at risk of being taken advantage of, abused, neglected or not receiving necessary medical or other services. Catholic Family Service serves as legal guardian for 307 with developmental disabilities people who live in community settings and 32 people who live at the Developmental Center in Grafton. There has not been an increase in the reimbursement rate since 1995. Currently, 19 people are on the waiting list.

The current rate of reimbursement for each ward is $3.20 per day. The current cost of guardianship is $3.97 per day. NDACF endorses a payment rate of $3.97 per day for guardianship services.

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NDACF OFFICERS:

President, Thomas Newberger, CEO – Red River Human Services Foundation – Fargo

Vice President, Brenda Niess, Executive Director – REM North Dakota Inc. – Minot

Secretary/Treasurer, Tim Huseth, Executive Director – HAV-IT – Harvey

Past President, Charles Robinson, Executive Director – Opportunity Foundation – Williston

NDACF MEMBER ORGANIZATIONS:

4TH Corporation – New Rockford
Able, Inc. – Dickinson,
Agassiz Enterprises – Grand Forks
Alpha Opportunities – Jamestown
Anne Carlsen Center for Children – Jamestown
Catholic Family Services – Fargo
Community Living Services, Inc. – Fargo
Development Homes – Grand Forks
Easter Seal Goodwill ND – Mandan
ENABLE, Inc. – Bismarck
ETC – Fargo
Fraser, LTD – Fargo
Friendship, Inc. – Fargo
HAV-IT - Harvey
HIT - Mandan
Knife River Group Homes, Inc. - Hazen
L.I.S.T.E.N., Inc. – Grand Forks
Lake Region Corp. – Devils Lake
Minot Vocational Adjustment Workshop - Minot
Open Door Center – Valley City
Opportunity Foundation - Williston
Pride, Inc. - Bismarck
Red River Human Services - Fargo
Rehab Services, Inc. - Minot
REM North Dakota, Inc. - Minot
Tri-City Cares - Stanley

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NORTH DAKOTA ASSOCIATION OF COMMUNITY FACILITIES

NDACF

PUBLIC POLICY PLATFORM

2003 – 2005 BIENNIUM

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TESTIMONY
SB 2012
HOUSE APPROPRIATIONS COMMITTEE ON HUMAN RESOURCES

Chairman Delzer and members of the House Appropriations Committee on Human Resources, good afternoon. For the record, my name is Jeff Pederson and I am the Chief Executive Officer for Friendship, Inc. Friendship, Inc. is one of the largest non-profit providers of services to people with developmental disabilities in the state of North Dakota. Our operations are located in Fargo, Grafton and Park River.

It is a great honor I have today to appear before you representing people with developmental disabilities and the staff who serve and support them. On their behalf let me first say thank you for your compassion in supporting increases in salaries and benefits as well as inflationary increases over the past several bienniums; you have truly shown your commitment to people with developmental disabilities and to the providers of service. Your support is greatly appreciated!

This biennium, more than ever, we are in need of your support. Staff turnover, quality and delivery of services to people with developmental disabilities is in great crisis. We continue to fall behind in competitive salaries and benefits in our communities. Staff turnover is over 50%! We need your help!

Last year we did not receive the 2.2% inflationary increase that the Legislature had approved. As you know health insurance costs rose double digits in the past two years!

The North Dakota Association of Community Facilities (NDACF), which is comprised of over 26 developmental disability providers in the state, has worked jointly with the Department of Human Services staff, legislators, advocacy groups and interested parents to address our needs. A platform was developed and is as follows.

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Our NDACF Legislative Platform includes three main focuses

1. WORKFORCE RECRUITMENT, RETENTION AND QUALITY OF SERVICES
   A. Increased funding of approximately 8 million dollars in general funds for the 2003-2005 biennium. This along with the Federal Medicaid match will allow us to increase all staff salaries by $1.50 per hour. This is an absolute necessity in order to be competitive in our markets for attracting entry level staff.
   B. We need to reinstate the 2.2% inflationary increase that was not received last year. Cost in every category continues to rise. I mentioned health insurance going up by double digit increases and this is forecasted to continue. Our property insurance premiums rose over 40%.
   C. We support reasonable inflationary adjustments each year of the upcoming biennium.

2. NEW PAYMENT SYSTEM

   A. Lots of work has been completed over the last two years regarding last session's SB 2307. This bill was passed as a result of providers requesting a better, more efficient reimbursement system that can cut through the proverbial red tape and allows providers the greater flexibility in meeting the consumers' needs. I am in support of a system that does this.

3. GUARDIANSHIP SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

   A. I support and, in turn, am requesting your support of an increase in the current reimbursement rate for each ward whom guardianship services are provided. The rate adjustment needs to be $.77 per day per person. This is an extremely important service to people who have no other means of guardianship service. The rate has not changed since 1995.

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These requests for increases are truly vital to maintaining quality services to people with developmental disabilities. It will allow us to recruit, retain and compete in a very tight labor market. It will allow us to keep pace with increasing health care costs and inflationary costs.

Also, we are that requesting you amend and reinstate funding for home medical equipment, orthotics, prosthetics and rehabilitation equipment that was previously covered by North Dakota Medical Assistance for adult citizens. Numerous people rely on this program to cover costs related to this durable medical equipment which enables them to remain as independent as they can be.

In closing, let me leave you with some thoughts for you to consider. By a show of hands, how many of you here today have children? How many of you know of a child or person with a disability? How many of you know of a person who works with people with developmental disabilities? It's not uncommon to know somebody with a developmental disability or someone who provides supports to people with developmental disabilities.

Please, for just a moment, imagine it was you that had a developmental disability.
Let me ask you these questions:

1. If it was you who was disabled and needed services, how important would it be to have well qualified, trained staff? People who knew your needs, people who understood your communications?

2. How important would it be to have consistency in staff? Employees who would stay with you more than six months?

3. How important would it be that your staff needed to only work one job to create a living, not two or more? This way when they came to work they would be refreshed, full of energy and ready to be with you and give you the best services possible.

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4. How important would it be to you that your staff could wholly focus on your needs and not have to worry about how to pay for medical health benefits for their family?

I hope this has generated some thoughtful consideration for our requests! As providers, as the Department of Human Services, as a legislature, we are all in partnership of assuring our state's most vulnerable citizens get the quality of services they so rightfully deserve.

It has been said that the true measure of a nation's strength can be measured in how they provide for their most vulnerable citizens. So too is it a measure for our great state of North Dakota. Much progress has been made over the last several years in this regard. Please help us continue this great service to people with developmental disabilities by supporting the necessary funding in Senate Bill 2012. Jesus himself summed it up best when in the book of Mathew he stated "What you do for the least of my brothers, so to you do unto me," and that is a huge responsibility.

Thank you for this opportunity to testify today. I would be happy to try answer any questions you may have of me.

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Testimony

Senate Bill 2012

March 6, 2003

Chairman Delzer and members of the House Appropriations Committee, good morning. I feel it is an honor and privilege to come before you today and represent not only my son Todd, and his concerns and needs, but others also developmentally disabled.

I am here today to request your support of the North Dakota Association of Community Facilities' legislative platform, for the Developmental Disability Providers. It is imperative that the identified increases are included in Senate Bill 2012!

My son Todd is developmentally disabled. Todd although, is somewhat unique to the system. Todd was born and grew up living a normal life until eleven years old when he was involved in a freak accident, being drug by a horse. He was unconscious for 5 months and the doctors told us that he would never walk or talk again, much less enjoy life, as he once knew it. He suffered a brain stem injury and was diagnosed as Traumatically Brain Injured, or commonly referred to as TBI. He has been a resident for the last 16 years in a group home in Fargo and is attending an adult day program that are both managed and run by Friendship, Inc. Todd can walk, has limited speaking capability and we hope enjoys life in spite of his limitations.

Todd's life changed on February 13th, 1977. His life would never be the same again after

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that day. This day also changed the lives of everyone near Todd and all that had not met him, but would meet him in the future. I pray that none of you ever experience this, but somebody here today, sometime, somewhere either directly or indirectly will be exposed to some such situation when life as we are accustomed "suddenly" changes. This situation crosses all barriers, and has no fear or respect for, rich, poor, educated, noneducated, faithful, or unfaithful. The "only" predictable characteristic being its unpredictability. As individuals and families it is impossible to prepare. This is something that society can do for its members and is being done in every state. In ND we are behind several if not most states.

This is why I feel it is important for me to be here and speak about the urgent need before us today. What happened to my son could also happen to you or any one of your loved ones. What's frightening is we or our loved ones are literally moments away from this happening any day of our lives. Any number of injuries could cause TBI such as a car accident, a stroke or an accident as unusual as being drug by a horse. My point is, one doesn't have to be born with a developmental disability to be in the need for help from qualified and competent developmental disability providers. It is imperative you understand how important it is to have well trained qualified staff who would know and understand your special needs and limited communication skills. The increases provided by HB 2012 will allow the providers to attract and maintain quality staff, avoiding the inordinate turnover of staff, which they are now experiencing. For the developmentally disabled it is critical to maintain a consistency and quality of services, which is in jeopardy due to the disparity in the wage paid to the providers. Compared to surrounding

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states, such as MN, ND's wage for these providers is far less. The increases proposed in SB 2012 is needed to maintain a competitive place in the market, as they are now competing with fast food establishments and nursing homes for employees.

The services provided by the staff of these organizations are of the utmost importance. Developmental disability providers serve our state's most vulnerable citizens. Citizens that do not have the ability to speak for themselves and their needs. Citizens that society finds easy to look past. Their needs ignored possibly because of their inability to defend themselves. Society wants the developmentally disabled to be happy, but they don't feel or think they should have to help. It is simply easy for most of the population to not have to think about this facet of our society, much less think they should be concerned about their needs. You as legislators must give them your support, they have been overlooked way to long.

If it were you, or one of your family members, would you look by this need?

Please support the increases needed!

Thank you for your time.

Karin Bueling

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209 2ND STREET SE • VALLEY CITY, ND 58072
701-845-1124 FAX: 701-845-1175

Excellence in serving people with disabilities by:
•Respecting dignity and rights •Providing opportunities for growth •Fostering independence

Mr. Chairman and members of the Committee,

My name is Mary Simonson. I am the Executive Director of Open Door Center, Valley City, a community facility that serves children and adults with developmental disabilities, individuals with mental illness and people with traumatic brain injury.

I like many of the others in this room are concerned about Senate Bill 2012 and the funding of services under the auspices of the Department of Human Services. Salaries, durable medical equipment, psychological services, optometric services, guardianship reimbursement and other needs too numerous to mention will impact our agency. It may affect us even more because of the different programs we operate.

Many of you are aware of the plight of community facilities. We did not receive a cost of living increase last year or our staff a salary increase. No one received $1.50 per hour increase nor an base increase of $2,000. I don't begrudge anyone a raise, but community provider staff and operations are hurting; budgets are extremely tight. Most of the individuals we serve have very limited resources. To expect them to pay for services will result in their doing without. Eventually doing without will escalate costs. Prevention is usually worth a pound of cure!

I don't profess to have the answers, however I believe some relief could be obtained through the ICF tax. I know that it brings complications, but anything worthwhile takes work. Perhaps the IGT tax could be used for Medicaid needs beyond nursing homes? I would ask that consideration be given to raising the North Dakota Income Tax. We have a low state income tax, yet unlike most states, government in the form of city, county, state and federal is a very large employer in North Dakota. Maybe part of our economic development is and should be government. I am not advocating rampant spending. You legislators and our citizens have a reputation for frugality, so I don't think unbridled spending will occur. But we do need services. We need to provide for those who cannot meet their own needs. We need quality staff that can earn a living wage for their family, so they don't have to work two jobs. We need basic care services for people with brain injury and community supports for people with mental illness. Those who cannot advocate for themselves need a guardian. As our citizenry age, their needs increase. I have been the director at Open Door Center for over twenty years. I can give you case examples of the need for additional services because of aging for numerous people Open Door Center has been serving since 1982.

I know you face a difficult task in funding services, meeting the ever-growing needs of our citizens. I wish you well. Thank you for the opportunity to share my thoughts. I would be happy to answer any questions you may have.

Mary Simonson

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TESTIMONY SENATE BILL 2012
MARCH 6, 2003
HOUSE APPROPRIATIONS COMMITTEE -- HUMAN RESOURCES DIVISION
REPRESENTATIVE JEFF DELZER, CHAIRMAN

Mr. Chairman, I am Sandy Wheeler.

If DD extended services and supportive living services are cut:

1. I will lose my job coach. I am worried about that because I am worried about losing my job.
2. I am very worried about losing my medication. I already pay for a lot of my medication myself.
3. I can't pay for these services myself.

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TESTIMONY SENATE BILL 2012
MARCH 6, 2003
HOUSE APPROPRIATIONS COMMITTEE -- HUMAN RESOURCES DIVISION
REPRESENTATIVE JEFF DELZER, CHAIRMAN

Mr. Chairman, I am Nicole Steinwand

If DD extended services and supportive living services are cut:

1. I will lose job coaching with Pride. I work at McDonalds. I want to work helping senior citizens. I don't think I can move to that new job without help.
2. Going to my job give me just enough money to get by. It is about my only way to see friends.
3. I will lose help with my mail from Enable. They help me with important mail, like Social Security.
4. My sisters will need to help me with my stuff if I lose my services and they don't know how they can celp me and still have time with their young familes.

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Testimony on SB 2012
Human Resources Section
House Appropriations Committee
March 06, 2003

Chairman Delzer and members of the House Appropriations Committee, my name is Melissa Muggerud. Thank you for your attention. I also thank all of you who came to show your support today. I know that you each understand the importance of this issue before us.

I have worked as a program coordinator for over 10 years at Enable, Inc. There are 12 people in our SLA program that are potentially non-screenable for SLA services. The people who are most vulnerable are not able to speak for themselves here today. Many people who have anxiety disorders and are psychiatrically fragile. Yet these are some of the strongest, most courageous people in our community. People who work hard every day to live independently and to better themselves. Many of whom have jobs because they want to be contributing members of the community. I've even seen this be so important, that people will choose to keep their jobs even when their overall income decreases because they are no longer eligible for benefits because of their work income. These people benefit our community also by being volunteers and looking out for their neighbors and friends. With the SLA program they find stability in their own lives to help themselves and others. They need the support of the SLA program and they need your support today.

There is no other substitute for the SLA program. Most people do not have families and friends to depend upon. With caseloads of over 60 people, a DD Casemanager cannot even begin to answer all of their needs. There has been some question if these people could be helped through Burleigh Counties QSP program, but that is not realistic either. With this program, I can only help someone in their home. I could not take them to the pharmacy, the bank, the post office, social security or the housing authority or Burleigh County social services, to the vocational rehabilitation office or to the grocery store even if they are on a specific diet. I couldn't even take them to see a psychiatrist or to the doctor. With out the SLA support, it is very realistic to expect that there will be an increase in jail time, hospitalizations and psychiatric admissions, loss of benefits and even homelessness.

They do not want a hand out. They just want a hand to steady them so they can be proud, contributing members of our community. We need to look out for our fellow citizens, especially the quiet, courageous one's who face potential harm. Not only is it the compassionate thing to do, it is fiscally responsible. These are courageous people that we need to stand beside as our neighbors, our friends, our fellow citizens.

Please consider amending SB 1012 to remove the requirements that all recipients be eligible.
From all of us to each of you, thank you for your time and understanding.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Testimony Before the ND House Appropriations Committee

March 6, 2003

Chairman Svedjan and Members of the Committee

My name is Virginia Esslinger and I live in Grand Forks. I appreciate the opportunity to provide testimony as a parent on behalf of my daughter who has a cognitive and developmental disability and my family, as well as on behalf of the other people with cognitive and developmental disabilities and their families for whom we advocate as members of The Arc of North Dakota.

The lobbyist for The Arc, Jack McDonald, is providing written testimony that includes more specific information for your review. The report produced by Dr. David Braddock as commissioned by The Arc of North Dakota is also available to provide specific information about the state of services to people with disabilities in North Dakota. My purpose here today is to help you to understand the impact that your work has on people with cognitive disabilities in our state and their families.

My husband and I had four children, three of whom were teenagers when we learned that we were pregnant with another child. Because I was over 40, I had an amniocentesis which revealed that our baby had Down Syndrome. We spent the remainder of the pregnancy learning about and preparing ourselves and our family for the addition of a

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member with a disability. Our philosophy and attitude then and which continues today is that she has a right to live her life in the most independent, productive, happy way that is possible for her. She has a right to choose her work, her recreation, her place of residence and her friends. We have worked very hard to teach her and to provide opportunities for her to learn and interact with others as well as to experience community activities so that she can become a productive citizen who is as independent as is possible for her. But this has not been easy.

When the doctor told me that my baby had Down Syndrome, the very first question that came out of my mouth, almost by reflex, with no prior thought to it, was: "What is going to happen to her when we die?" We raised our other four children to be independent, productive citizens, and I am thankfully proud to say that they are. We wanted the same for this child, but realistically, we knew that she would always need support and assistance of some kind. Our greatest fear has been what will happen to her when we are no longer around to fight for her, to advocate for her, to protect her, and to support her.

My daughter will celebrate her 19th birthday on March 22nd. She is a junior at Central High School in Grand Forks. She has a job at Petco with a job coach provided by a work experience program through the school system. Prior to that she had a job at a video store and performed so well that the job coach virtually withdrew almost completely. She wants to work. She loves school. Her goal is to have her own apartment and a job. (She reminds me of that especially when she gets irritated with me). My husband and I have supported her in that goal and decided long ago that we wanted to get her

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established in her independent-as-possible living situation before something happened to us so that she would not be suddenly and traumatically uprooted from the life-style to which she was accustomed if one or both of us died.

In December, 2001 I was diagnosed with breast cancer. Since then I have undergone two mastectomies and four cycles of chemotherapy. As I was starting to recover from the breast cancer treatment last summer, we decided to go on vacation. While we were on vacation, my husband died suddenly and unexpectedly. I am now shouldering the burdens alone. I am facing our mortality and I am more worried than ever about what is going to happen to my daughter when I am no longer here to advocate for her.

Because she will always need some support and guidance in her independent living situation, I was counting on the Supported Living Arrangement (SLA) program to be available to her. My concern in the past was making sure that the program has adequate numbers of staff who are appropriately trained and sufficiently caring. Now my concern is if there will be a program at all. I am hearing that the SLA services are being decreased. Then I am hearing that the program will be available but the eligibility requirements are changing. I am hearing that unless people are Medicaid-eligible, they will not be eligible to receive the service. My daughter is receiving Social Security survivor's benefits as a disabled person from her deceased father's record. This makes her ineligible for SSI and, consequently, ineligible for Medicaid. Does this mean that she will be ineligible for SLA support?

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My daughter wants to work and is capable of working. However, she will need a job coach to help her to learn the job and appropriate workplace behaviors. Will supported employment services be available and will she qualify if she is not Medicaid-eligible? Will she have to pay for supported employment support herself? I spoke with another parent recently whose child is in supported employment. She has the same concerns and expressed frustration that her child will have to spend more than he makes for supported employment support.

Last Spring when she turned 18 years old, we went through the process of seeking and obtaining limited guardianship for major health care decisions and financial management for my daughter. We were guided and aided greatly in this process by her case manager from Northeast Human Service Center. We are looking into post-high school programs for my daughter. Our case manager is assisting with that. The case manager comes to the IEP meetings, provides information about the family subsidy program, and many other services. I am hearing that case management ratios are going to change. Instead of 1:60 clients, they are going to have 1:70 or more. I have great fears that increasing the ratios is going to result in reduced availability of the case managers to their clients. It is of concern in our situation, while I am here to help advocate for my child. But what of the clients who have no family? And what will happen to my daughter when I am not here? I have also heard that the case managers will have to provide the other services that are being reduced. Does this mean that they will assume the roles of job coaches and other roles? There is no way that they can carry out all of these roles effectively with increased ratios.

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I know many families that include members with cognitive and developmental disabilities. One family whose daughter with Down Syndrome is just a couple of years older than my daughter, I don't think has ever entertained the thought that their daughter will live away from them. What will happen to her when they are gone? Another family has a son with Down Syndrome who is in his forties. The mother has shared with me her concern for him as he has always lived at home with his parents and continues to do so. They are in their 70's. What will happen to him? Another mother, whose daughter with Down Syndrome is in her 30's and is still living at home with her mother, has expressed concern about what will happen to her. However, she has expressed much concern about her daughter's support and safety if she moves away from her mother's home. None of these individuals are on waiting lists for services or housing. But they and many others are out here in the communities and the day will come when they will need far more services than they are now receiving. I am concerned that there is no evidence that planning for increased numbers of clients with disabilities is being anticipated and planned for during this biennium or in projections for coming years.

I understand the budgetary dilemmas that you face. I have two brothers who miraculously keep the family farm going year after year. I'm not sure how much longer they will be able to survive. I have a son-in-law who works for the state and is trying to support his family on his wages. I have a son-in-law serving in the U.S. Air Force and my only son is serving in the U.S. Navy currently stationed overseas. I have been a nurse for 40 years and have worked for most of those years in hospitals in North Dakota. I

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understand the dilemmas in health care and reimbursement. I am not asking for miracles. I am, however, asking you as you struggle with budgetary decisions, to remember those of your constituents who are the most vulnerable. I ask you not to balance the budget on the backs of those who have the least abilities and the weakest voices.

Thank you.

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10-14-03
Date

House of Representatives
Testimony Regarding Supported Living Arrangement Cuts
3-6-03

Chairman, Vice Chairman, Honorable Members:

My name is Jim Berglie and I am the Executive Director of Community Living Services in Fargo. Thank you for allowing me the opportunity to discuss this very troubling situation involving the discontinuation of Supported Living Arrangement (SLA) support services for individuals with developmental disabilities.

On January 23, just over a month ago, the Department of Developmental Disabilities informed us that the Department of Human Service's budget would discontinue SLA services for all those individuals not eligible for the DD home and community-based waiver. They described this was being done because those individuals' services were funded only by State funds and not eligible for Federal matches. 106 individuals with developmental disabilities across the state were identified to be discontinued. 70 of these people are served by my organization, Community Living Services.

These individuals are all people with mild mental retardation and borderline intellectual functioning who have generally required support services all their lives. Most previously lived in group homes and some formerly resided at the Developmental Center/Grafton State School. Most have significantly impaired abilities in reading, writing, handling finances, dealing with stressful situations and in areas of judgement. Despite these limitations, all have worked their way up, through the system, to a level where they now live independently in their own apartments and are contributing members in our communities.

Supported Living Arrangement (SLA) is the type of service that was specifically started in the early 1980's as a response to problems that were occurring for people with disabilities graduating from group home programs. Specifically, individuals with developmental disabilities were graduating from group homes, being placed in the community, and were ending up going back into the group homes because of inadequate supports in the community. SLA services were started as a mechanism to maintain people with developmental disabilities in the communities, at a very limited cost, and avoiding replacement into much more expensive group living or hospital situations. SLA services have successfully done that for the last 20 years. These services continue to provide the kinds of supports that assist these people in those areas of daily life that jeopardize their ability to live independently in the community. The types of services they require are varied and flexible and include such areas as monitoring medical issues, coordinating and accompanying individuals to medical appointments; filling medication trays, monitoring medical compliance; placement on jobs; supporting people on jobs through site visits and employer contacts; assisting in finding apartments; helping people move; grocery and clothes shopping; assisting in completing the myriad of forms and applications necessary for social security and other benefits; assistance in managing finances and paying bills; supportive counseling to deal with personal crises and conflicts; training in cooking and home care and many other areas.

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The Division of Developmental Disabilities states that these services will be discontinued, effective July 1. However, they indicate that they are not really being discontinued as the 106 people will continue to receive supports from DD case managers at the regional human service centers, from county social services, and from local cities and businesses that will pick up needs. We feel very strongly that this plan is inadequate and fails to consider a multitude of need areas.

The DD case managers at the human service centers currently have caseloads of 50-60 people with higher caseloads coming. Their responsibilities are administrative coordination of services for all those individuals with developmental disabilities across the state. They themselves describe serious concerns about their ability to cover all of these additional services that will be necessary, considering their current responsibilities. We, too, do not expect that they will have anywhere near adequate time or resources fulfill the responsibilities that will come with these individuals. We believe that it will be quickly determined that they will have inadequate staff to cover all the needs, and the State will be in a position of looking at adding additional case management staff. This also raises issues of whether the State is wanting to go back to having more State employees providing services rather than working with the private sector, as has been the direction the State has been moving towards.

Developmental Disabilities has described plans to work with these people through group activities, such as having everyone come to the human service center once per month to have a large bill paying/budget group and, similarly, have them come one to two times per month for group shopping excursions. First, this assumes all the people will be fully compliant with following through with these structured times. They will not be. Secondly, it assumes people will not have personal activities and issues that will conflict with such rigid scheduling. They will. I would ask you to imagine if you were asked to comply with such an arrangement and were asked to come to the Capitol every first Tuesday of every month to pay your bills and twice a month, again expected to be at the Capitol to go out to do your shopping activities. This certainly does not consider your or their job conflicts, personal and family time conflicts, or encourage in any fashion a move toward independence, nor show an understanding of the complexities of providing services to this variable group.

We have had contact with county social services, and they indicate that likely only a very few of the individuals identified to be cut would be eligible for their services. Additionally, even for those who might be eligible, the counties state that they are limited in the ability to provide additional service needs due to their own financial constraints. The city of Fargo and some local businesses express similar views. The Division describes anticipating that local banks could pick up helping individuals with their bank statements and their local pharmacies could assist in helping people fill medication trays. Again, unfortunately, these businesses state their desire to help, but would see the need to charge for such services as they, too, are not in a position to absorb such time consuming activities.

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We feel there are major deficiencies in the Division's plan to provide supports for these individuals and, as a result, we are extremely concerned that if services are cut for these folks, the result will not only be many more struggles for them and a lower quality of life, but that significant increases in costs for the state, county and cities will occur. We would anticipate increases in placements in nursing homes, hospitals, and group living situations. Also, there are very real possibilities of people losing their apartments and, therefore, the creation of homeless or transient individuals, with all the complications that brings to cities. More than two-thirds of the individuals slated to be cut suffer from secondary medical problems which include diabetes, seizure disorders, heart problems, high blood pressure, brain damage, hemophilia and psychiatric illness. By way of example, using average costs, if those individuals with these secondary medical illnesses were placed in nursing homes, group homes, etc., the total cost would be more than 2.3 million dollars per year. And these numbers do not include other anticipated costs for counseling services, emergency room treatments, use of ambulances, and other expenses which we have been able to curtail by implementing active monitoring and support.

The other major area where we would anticipate problems involves job losses. We sincerely expect that without active follow up and supports on jobs, there will be many individuals losing employment. Currently 73 percent of those individuals slated to be cut are employed on competitive jobs in the community and, last year, earned a total of over $430,000. The result of these job losses will have significant impact in a number of areas. First, there will be the immediate impact on revenues coming back into our cities and state through expenditures and paying taxes, but also, and probably having more impact, would be the increased cost to state and county when benefits including housing assistance, food stamps, Supplemental Security Income, and medical assistance are adjusted, as incomes drop; as income is the basis used in determining those benefits. Also affected would be the copayments that these individuals pay toward their own services and medical costs. We expect that multiple job losses will be one of the first casualties of these cuts and one of the most expensive factors.

These job losses will also have a personal toll as these individuals, who without structured activity, will have much more free time to "float" around our communities. Invariably this normally means increased problems for our legal system and increases in psychological symptomology and medical care.

Aside from the ethical reasons to provide assistance to these vulnerable and needy North Dakota citizens, it is our belief that it is financially economical for the state of North Dakota to continue SLA services for the individuals described. To continue these services will cost the state of North Dakota $8.50 per day per individual, or approximately $250 per month. Because many of the individuals in this program are required to pay a copayment amount, the actual cost to the state will be, by our estimations, significantly less than that amount. Total cost to restore these services we estimate at $285,000 per year for all 106 individuals. For comparison purposes, costs for an individual to reside in a nursing home/group home setting, on average, are more than 12 times the cost of SLA services. We recognize that the state of North Dakota has significant financial concerns, but firmly believe when all factors are reviewed, maintaining SLA services will actually prove to be a significant cost savings for the state, as we believe it has proved itself for the last 20 years. .

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In summary, SLA services were developed to be a very low cost method of maintaining individuals with disabilities in the community over a long term, and to avoid much more costly placements. SLA has successfully performed that role for over 20 years. These 106 individuals are contributing members of our communities and only require supports and assistance in specific areas in order to continue living productive lives. Cutting the supports out from under these individuals, when they have progressed exactly as the system hoped they would, not only may raise issues regarding compliance with the Olmstead Act, but may send an interesting message to individuals with disabilities and their families. If individuals with disabilities are "punished" by loss of their services because they worked their way up the ladder to a level of relative independence, then we may well be encouraging individuals and their families to remain more dependent on the State in order to guarantee keeping services.

We respectfully request that you vote to restore SLA services for these citizens. Thank you.

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Representative Delzer and member of the Human Resources Committee:

My name is Julie Norman and I am from Fargo. I am here today to talk about Senate Bill 2012. Community Living Services takes me to the grocery store and takes me to Weight Watchers and to my doctor appointments. The nurse at CLS helps me with my finger and toenails because I have a bad eye and can't do it by myself. My case manager set up my computer and reading classes. She helps me make appointments and meetings. She also helps me write checks. I live in my own apartment.

ETC helped me find and keep my job. I clean lots of rooms at South High School. I like my job. I would be lost without their help. It's not fair to cut these programs. I would be happy to answer any questions.

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Theresa A. Lee 10-14-03

Operator's Signature Date

The Arc

The Arc of Cass County
P.O. Box 6461
Fargo, ND 58109-6461
(701) 293-8191

March 19, 2003

Governor John Hoeven
State Capitol
600 E. Blvd.
Bismarck, N. Dak. 58505-0250

Dear Governor Hoeven,

Enclosed are the signatures of 1,300 citizens concerned about the planned discontinuation of Supported Living services (SLA) for 106 individuals with developmental disabilities in North Dakota. The individuals affected, and their families, initiated this petition campaign to demonstrate the broad concern felt regarding this very troubling decision.

The signers of this petition, and those of us working on behalf of those effected, request your intervention to restore these very necessary services for this vulnerable group. Thank you for your help.

Sincerely,

Janell Malpert

Janell Malpert
Executive Director
Arc of Cass County

Seventy-one petition sheets attached originally - Sample kept

cc: Representative Rick Berg, House Majority Leader
Senator Bob Stenehjem, Senate Majority Leader
Representative Jeff Delzer, Chairman, Appropriations-Human Resources Div
Carol Olson, Executive Director, Dept. of Human Services
Gene Hysjulien, Director, Division of Developmental Disabilities

Providing Advocacy and Education for People with Developmental Disabilities
Location: 2533 University Drive South, Fargo, ND

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10-14-03
Date

PETITION

To Restore Supported Living Arrangement Services for People with Developmental Disabilities

My signature endorses my support for restoring Supported Living Arrangement (SLA) services for people with developmental disabilities in North Dakota.

NAME	ADDRESS	DATE
Krystle Krueger	apt. 309	3/12
Jay Fiddler	apt 810	3/12/03
Darrin Arneson	2525 N. Bdwy #211 Fgo, N.D.	3/12/03
Connie Nestoss	3501 30th Ave. S.W. Fgo, N.D.	3/12/03
Heidi Welk	2525 N Bdwy Fargo, ND.	3/12/03
Robert Lepage	101 22nd Ave N Fargo, ND 58102	3-12-03
Myron Mickelson	7193 4th ave east	3-12-03
Missy Person	301 30 Ave N Fgo	3-12-03
Mike Iverson	2822 9½ St N Fargo	3-12-03
Becky V	2525 Fargo ND	3/12/03
Harriet Leiton	2525 Broadway, Fargo, N.D.	3/12/03
Freda C. Kingsley	2525 N. Broadway	3-12-03
Jim Taylor	1105 11th St	3/12/03
[illegible]	1115 10th St	3/12/03
Angela [illegible]	—	3/12/03
Patricia Anderson	3009 7th St N	3/12/03
Jon Hartman	401 25th Ave N Fargo ND 58102	3/12/03
Laura Jacobs	2557 Willow Rd Fargo ND	3/12/03
Mike Hoss	1021 9 Ave N Fargo	3/12/03
Lois Oldrich	6801 Co. Rd 31 Fargo ND 58102	3/12/03
Sue Rostad	122 Civic Ct - Fargo	3-12-03
S. Hanneson	1258 N. 10th #103 Fgo. ND	3-12-03

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10-14-03 — Date

Hello Representative Delzer and members of the Human Resources Committee:

My name is Sandra Schimelpfenig and I'm from Fargo. I'm here today to talk to you about Senate Bill 2012 and the proposed cuts to SLA (Supportive Living Arrangement) services at Community Living Services. SLA is a supportive living program that helps me with grocery shopping and balancing my checkbook. It also helps me with other problems I have in the community.

Without Community Living Services, it would be real hard for me to deal with stuff. It would be very hard for me to balance my own checkbook. The SLA program also helps with taking me to doctor's appointments because I have a lot of health issues. I would miss my appointments and I also wouldn't understand what the doctor was saying.

I no longer have parents to help me out. That is why I'm in Community Living Services. Before coming to CLS, I lived in a group home. Before that I was living with my Mom and Dad. I have been receiving services for more than 20 years.

In closing, if you have any questions, I'd be happy to answer them.

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Operator's Signature Date

MARION THIEL

Mr. Chairman,

Our son, Jeff, is a down syndrome. He has been employed with Burleigh County Housing for almost 7 years. He works at the High Rise which is housing for low income elderly. Jeff helps serve their dinner and than does the clean up. Jeff duties includes all the clean up, the use of a commercial dishwasher, scrubbing the floor and he also delivers the meals to the shut ins.

Jeff's job coach initially taught Jeff how to be proficient at this job. As the years went on more duties were added. His job coach also arranges for a replacement if Jeff is ill, if an emergency arises, and when he goes on vacation. When he's gone his job is used in conjunction with Bismarck High Life Education as a training site for students. Jeff's coach also helps if any problems arise. She wears a beeper and is available at all times. Jeff's coach was also beneficial when he and his previous boss had job related problems. His boss's ability to work with a handicapped person were limited. The job coach was able to mediate and make things much better. Her expertise in this situation was definitely needed.

And last—my husband and I will not be around forever and yes we have made arrangements for Jeff but a parent or a guardian does not have the time and more so the resources to help as a job coach does.

Thank you.

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10-14-03
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RANDY

North Dakota Centers for Independent Living

(information packet * (2001-2002)

North Dakota Centers for Independent Living offer a wide range of services/programs for people with disabilities. Centers for Independent Living work with people of all ages and all disabilities. Below you will find the impact that Centers for Independent Living have in our communities and in the lives of people with disabilities.

- **Total number of consumers served** = 759
- **Age range of people served**
  06-17 = 36
  18-22 = 77
  23-64 = 427
  65-over = 118
  unknown = 101
- **Cross Disabilities Served in ND**
  Cognitive = 160
  Mental/Emotional = 116
  Physical = 173
  Hearing = 187
  Vision = 8
  Multiple Disability = 108
  Other = 7
  Total = 759
- **952 individual goals** were set by consumers and **90%** of these goals were achieved.
- **6,374 Information and Referrals** were provided by the Centers
- **10,138** people received **Community Education and/or Outreach Services**
- **Independent Living Centers provided:**
  1715 hours of community and systems advocacy
  730 hours of Outreach Services
  1005 hours of Community Education
  3076 hours of Collaboration/Networking with other agencies

Please see the attachments for additional information.

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Date

INSTITUTIONAL CARE COSTS SAVED BY NORTH DAKOTA CENTERS FOR INDEPENDENT LIVING

Part of the mission of independent living centers is to assist persons with disabilities in either leaving or preventing their placement in institutions. This effort by the four centers for independent living in North Dakota has saved the state $682,004.00. This savings is the difference between what it costs for individuals to live independently and the increased cost that North Dakota would have spent on institutionalized care.

The figure was computed using the average nursing home rate, adjusted for room and board, and the average cost of personal care attendant (PCA) service for the 53 individuals prevented from entering institutions or deinstitutionalized in the FY 10/01/01-9/30/02.

$	104.00	AVERAGE NURSING HOME COST PER DAY
	x 30%	ADJUSTMENT FOR ROOM AND BOARD
$	73.00	ADJUSTED COST PER DAY FOR NURSING HOME CARE
$	73.00	ADJUSTED NURSING HOME RATE
	x 365	DAYS OF THE YEAR
$	26,645.00	COST PER YEAR FOR NURSING HOME CARE

$	26,645.00	COST PER YEAR FOR NURSING HOME CARE
	13,777.00	AVERAGE COST PER YEAR FOR PCA SERVICES
$	12,868.00	COST SAVINGS
x	53	PEOPLE WITH DISABILITIES

$ 682,004.00 TOTAL SAVINGS

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

House Appropriations Committee - Human Resources Division
Chairman Delzer

RE: SB 2012 Human Services Budget

Chairman Delzer, Committee members:

I am Pat Danielson from Grand Forks. I want to urge you to vote to fund Independent Living Centers at the level proposed by Governor Hoeven. These four Centers located in four of North Dakota's larger cities give so much help to citizens with disabilities and citizens experiencing the effects of aging we cannot afford to lose them. They make maximum use of their limited budgets to do an excellent job of helping our citizens gain and maintain their personal independence. Fund these Centers for Independent Living at the level proposed by the governor. They are a great bang for the buck.

Pat Danielson 772-5990
809 N 6 ST
GF ND 58203

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Chairman Delzer and members of the Human Relations Committee, my name is Dave Stewart and I live independently in Bismarck.

I moved here from California in 1993. Once I arrived in Bismarck I didn't know where to go to receive services that fit my needs and desires. Through Vocational Rehabilitation, I was introduced to the Dakota Center for Independent Living.

The Dakota Center for Independent Living has helped open many doors for me throughout the years. I have been a consumer with the Dakota Center for Independent Living since 1995. The Dakota Center for Independent Living has been a big help to me. They have helped me learn how to balance my checkbook and manage my personal finances. They have helped me become active in social and recreational activities in the community. I went through Peer Support training classes that have helped me to better understand my disability. Currently, I am a Peer Support Mentor and try to help others understand their disability. I have also had the chance to be involved with a service that the Dakota Center for Independent Living offers called Partners in Policymaking. This program has helped me become a better self-advocate and taught me how to advocate what is right for me.

Without the Dakota Center for Independent Living, I honestly don't know where I would be today. Centers for Independent Living are a tremendous help to people with disabilities and I consider my self lucky to have been introduced to their agency.

Thank you for your time and attention. I would be happy to answer any questions at this time.

Dave Stewart
701-258-5518

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Chairman Delzer and members of the Human Relations Committee. My name is Doug Olauson and I currently live in District 32 which is in Bismarck.

I am a consumer at Dakota Center for Independent living and have been since 1993. I have been helped a lot in my life through services provided from the Dakota Center for Independent Living. The Dakota Center for Independent Living has helped me to get a place of my own and helped me locate items for my home. I have learned how to cook for myself and do daily chores around the house. I feel better about myself and my doctor says that I am getting healthier day-by-day.

DCIL has helped me communicate better with other agencies and other people in the community. Currently I am taking Peer Support classes, so that I can better learn and understand my disability. I am going to help others understand their disability and help them advocate for themselves out in the community.

Through a class called Partners in Policymaking, I have been able to become a better advocate for myself. I am very glad to have the Dakota Center for Independent Living. Without Centers for Independent Living, I don't know what I would do and don't know what others would do if those services were not provided.

Thank you for your time. I will answer any questions that you may have.

Doug Olauson
701-255-3488

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Exhibit #26

Senate Appropriations Committee Testimony January 14, 2003

Mr. Chair and members of the Committee, my name is Donene Feist, I am an Independent Living Advocate for Freedom Resource Center for Independent Living. I am also a parent of three children, two of which have special health care needs. In definition, a child with special health care needs is a child with a chronic medical condition such as diabetes, asthma and heart condition, developmental disability, physical disability or an emotional or behavioral disorder. I felt it important to be here today for the voices of the approximately 33,000 children with special health care needs and their families across the state. Families who live from Grand Forks to Hankinson, Fargo to Dickinson and Bowman, Williston to Grafton, Canadian Border to the South Dakota Border, and who's families reside in and off of the reservations and from the most rural of our state to the most urban.

First and foremost, I want to thank you for this opportunity. As a parent of a child with special health care needs the programs of which you have discussed today are imperative for children across the state.

Our family is a typical middle class family, who just happened to have two children with special health care needs. We did not anticipate what this was going to mean, nor did we plan that it would happen. My husband, employed as a plumber at our Rural Electric Cooperative, is involved in community activities such as the Grand Knight for our local Knights of Columbus and on a Board member of our City Park and Recreation program. Myself as a practicing nurse for many years has become involved in issues for children at a local, state and national level. Because of the new situation we were faced with, their were times when we could not afford the trip to McDonalds, a

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dollar in the church collection, or sometimes a gallon of milk had to come before purchasing a new pair of school shoes. Our situation was no different than many of the families across the state facing similar situations. Although we were faced with this new situation, we felt it vital to be an integral part of the community participating in school, church and community activities.

Let me begin with Home and Community Based Services. Many families have come to me from across the state who have not been able to obtain appropriate care for their child who was either medically fragile or had a disability. With their given circumstances, parents have had few options. Home and Community Based services are not just for the elderly and the adult disabled population. They are also for the many families who have a child with special health care needs and want to raise their child within their own home and community. Because of the lack of Home and Community Based Services in ND, families have had few choices, hence having to place their child outside of their home, filing bankruptcy to pay the medical costs for their child or move to another state. No family should have to face these decisions simply because they cannot receive therapies, respite care and medical services within their own community. With an increase in funding for Home and Community Based Services families will have better options. We fully support the increase in the Governor budget, which would bring forth a long awaited continuum of care not only for the elderly and disabled but also for families of children who have critical medical needs. This is a great beginning for families.

Secondly, we thank you for the removal of the Medicaid Asset Test. We hope you will continue this elimination, as through this process additional families of children

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Theresa A. Lee 10-14-03
Operator's Signature Date

with special health care needs received the necessary assistance that was vital for their families. As I referred to above, many families of children with special health care needs have been forced to make grave decisions. This has helped families greatly and we hope this will also be considered. We thank you for the Healthy Steps, SCHIP program. More children are being insured throughout the state. We hope in the days ahead you will again consider an increase of the FPL to 185%.

Thirdly, we hope you will maintain, or increase the state match for the Children Special Health Services, Medicaid and SCHIP budgets. As I work at a national level, know that for programs involving this population of children, we have not yet capitalized on the federal match that we could receive. Even though the child population is decreasing, the incident that a child is diagnosed with a disability or special health care need is rising each year. Children's Special Health Services is the one program, which addresses many of the needs for these children and families, by providing multidisciplinary clinics, payment for services for qualifying children that may not be covered through other private and public insurance as a third party pay, care coordination program assisting families navigate through this most difficult system, helping them to access services just to name a few.

Children with special health care needs and their families need comprehensive health benefits. Comprehensive, community based, and culturally competent care is necessary for them to have the right start from the beginning, and the opportunity to become productive citizens of this state.

The programs discussed today Medicaid, Children Special Health Services,

Healthy Steps, Home and Community Based Services, are vital for our families. We as a

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state need to address the needs of the 33,000 children in this state with special health care needs. We would also like to recommend that in this process there be a study across programs to obtain a better understanding of who these children are and how many children are enrolled in all of the above programs. Each of the agencies defines these children a bit differently. How do we embrace the needs of these families, when we cannot identify exactly who these children are? A national study called SLAITS, completed by the Federal Maternal and Child Health Bureau in 2002 will provide great insight to our children with special health care needs population, but we need to continue to this process. The results of this study will be available in 2003.

WE recognize that across the nation, many state Governments have had to make tough decisions with state budgets, we also know North Dakota is better than many. Our hope is that you will continue to provide the necessary support for our children with special health care needs, as they are one of the most vulnerable populations in the state, and often a population that is forgotten. We hope that you will do everything possible to assure that these children are not forgotten, and these necessary programs will not be decreased.

Thank you for this opportunity

Donene Feist
Freedom Resource Center for Independent Living
Suite 208A Jamestown Mall
Jamestown, North Dakota 58401
Or
PO Box 163, Edgeley, ND 58433 (701)-493-2333

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GENE HYSJULIEN. 03.17.03

North Dakota Department of Human Services
History of Independent Living Funding

Source	99-01	01-03	03-05
Federal	601,778	601,798	595,162
Match	66,865	66,866	66,130
Addl General	279,802	354,802	129,910
IGT	0	100,000	100,000
Other	0	1	0
SSA Reim	0	0	240,283
Total	948,445	1,123,467	1,131,485

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GENE HYSJULIEN. 03.17.03

North Dakota Department of Human Services
People Served at Each Independent Living Center
July 1, 2002 - Sept 30, 2002

	Dakota	Freedom	Independence	Options	Total
Direct Services	17	48	66	149	280
Info/Referral	622	730	297	867	2516
Community Ed/Outreach	182	1929	1475	2396	5962
Total People	821	2707	1838	3412	8778

Direct Service
Direct Services is based on a structured process of service delivery that are provided on a one-to-one basis to persons with significant disabilities. The Direct Service Program offers persons with disabilities more intense help in identifying and resolving the barriers that hinder them from living at the highest level of independence possible. This program utilizes a host of services incorporating legislative mandates of service delivery.

Information and Referral
The provision of information to persons with disabilites, service providers, and community members on disability and independent living topics and issues; and, referral assistance to link individuals with appropriate organizations, services, and resources.

Community Education and Outreach
This program area encompasses various services such as community eduction, outreach activities, and systems advocacy. Community education predominantly involves educating the general community on the issues and barriers affecting persons with disabilites. Outreach activities are primarily designed to tell people about our services and to increase usage of a center's services. Systems advocacy involves advocating for changes in major systems such as service delivery or building accessibility to enable persons with disabilites to utilize the service in the most cost effective manner possible

Only includes those served with funds within the Disability Services Division budget.

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10-14-03
Date

DAKOTA
Center for Independent Living

40 First Avenue West, Suite 203 • Park Square Mall • Dickinson, ND 58601

ND Legislators
State Capitol
Bismarck, ND 58501

March 31, 2003

Dear Legislative Member,

I am the coordinator for the Dakota Center for Independent Living satellite office in Dickinson. Our office offers many services to individuals with disabilities. We see the benefit of Home and Community Based Services on a daily basis. Many of the people we serve are able to stay in the community at their own home due to these services. Continuing to offer Home and Community Based Services allow valuable members of our community the ability to contribute to our community and lead an independent life

Thank your for your time and consideration and please support Home and Community Bases Services.

Sincerely,

Kim Braun

Kim Braun, Coordinator
Dakota Center for Independent Living

Voice/TTY (701)483-4363 FAX: (701)483-4361

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10-14-03
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Marilyn Drager
3560 105th Ave SW
Dickinson, ND 58601

March 31, 2003

ND State Legislators
State Capital
Bismarck, ND 58501

Dear Legislative Member,

I am employed with a service agency in the city of Dickinson, ND and I am an advocate for people with a disability. I am also a survivor of a spinal cord injury due to an automotive accident. Although I am 90% recovered from my injury there remains the possibility that I too will need Home and Community Based Services in order to maintain employment and living independently in my community in the coming years.

I urge all members of the North Dakota Legislators to keep these services available to all persons who need them. This will allow many of our citizens to remain in their homes, stay productive within the community in which they live and keep medical costs down.

Thank you for taking the time out of your busy schedule to read my letter.

Sincerely;

Marilyn Drager
Marilyn Drager

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I am a North Dakota constituent and have lived in Dickinson all my adult life. Until just 4 years ago I did not have a need for Home and Community Based Services. If our social worker would not have told us about it we would be in dire financial straits.Because My husband takes care of me in our home I am able to stay in my home and not be in an institution. I am employed at the Dakota Center for Independent Living and also do a lot of volunteer work in our community.

Please support Home And Community Based Services.

Thank you for you time and support.

Bonnie Olheiser

Bonnie Olheiser
1352-South Main
Dickinson, North Dakota 58601

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I live in Dickinson North Dakota and I come to the Legislative Working Group every Friday at The Prairie Rose Center located at the Community Action building.

I need eye glasses and exams in order to survive in my home. I have a payee but without one I would not be able to do anything. I need help with some things and I appreciate the Home and Community Based Services.

Thank you for your support it will be greatly appreciated.

Ruthie Hancock

Ruthie Hancock

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My name is Georgian Campbell and I have a nurse that comes in weekly to help me with my diabetes medicine. I also have a person from a service provider that comes in to read my newspapers for me weekly.

I am a member of the Dakota West Advisory Committee and I am involved with the ARC, People First and the Legislative Working Group in Dickinson.

If my services were gone I could not be in these groups because I would be sick. Please keep these services so I can remain active and continue to live in my own home.

Thank you for your time.

Georgian Campbell
946 Nachtwey Drive
Dickinson, North Dakota 58601

Georgianna Campbell

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Dear Legislator,

Please support Home and Community Based Services. I am able to be more independent with the help of these services since 1988. I have also had a leader dog since 1990. Home and Community Based Services are very important to myself and many others in our community.

I belong to a Legislative Working Group in Dickinson and I feel it is a responsibility as a citizen to be informed and involved.

Thank you four your time.

Larry Skwarok
2441-10th Ave. West #6
Dickinson, North Dakota 58601

-Larry Skwarok

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Dear Legislator,

I would really appreciate it if you would support Home and Community Based Services. I work at Green Thumb and volunteer in the Dickinson community. The Home and Community Based Services help me be able to continue to live independently.
Thank you for your time.

Arlene Schneider
1031 Enterprise Ave. #2
Dickinson, North Dakota 58601

Arlene Schneider

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I would be lost without Home and Community Based Services. I have one person that helps me clean twice a week. We need these services in order to live independently in our own community. If my service provider were gone I would need help going to the doctor, grocery shopping, and paying bills. Please support this program so I can stay in my apartment and my own community.

Rose Dukart
417-2nd St. #31
Dickinson, North Dakota 58601

Rose Dukart

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My name is Kent Wing and I utilize Home And Community Based Services each and every day.At one point in my life I was in an institution in Bismarck. I have lived in my own home 11 years with the assistance of Home and Community Based Services.
Please continue this program because I want to continue living in my own home and be able to contribute to my community, such as, helping with our Legislative Working group in Dickinson. I have staff working 24-hours a day so I am able to live here in Dickinson.

Kent Wing

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10-14-03 — Date

SB 2012
Subcommittee
2-4-03
Provided by:

NDDAC
North Dakota Disabilities Advocacy Consortium

James M. Moench
Director
348 N 35th St.
Bismarck, ND 58501
Phone: 701-223-0347
Toll Free: 1-877-766-6907
Fax: 701-250-7946
jimmoench@nddao.org
www.nddao.org

EMBARGOED FOR RELEASE:
Thursday, Jan 23, 2003

Contact: HHS Press Office
(202) 690-6343

PRESIDENT WILL PROPOSE $1.75 BILLION PROGRAM TO HELP TRANSITION AMERICANS WITH DISABILITIES FROM INSTITUTIONS TO COMMUNITY LIVING

In his budget next month, President Bush will propose a new $1.75 billion, five-year program to help Americans with disabilities transition from nursing homes or other institutions to living in the community.

The proposal is one of several new efforts to be included in the FY 2004 budget for the President's New Freedom Initiative, a nationwide effort to integrate people with disabilities more fully into society. Altogether, the President's New Freedom budget proposals will represent $2.1 billion in planned new spending over five years, with $417 million in new spending proposed for FY 2004.

The proposals build on recommendations made to the President last year in "Delivering on the Promise," a comprehensive survey of federal policies and rules that may impede community living for those with disabilities.

"The New Freedom Initiative was one of the earliest actions announced by the President in his first days in office," said HHS Secretary Tommy G. Thompson. "The President and I are committed to changing policies that unnecessarily confine people with disabilities in institutional settings. We want to work with the states and the disability community to change old programs and develop new ones that will serve people with disabilities in the settings that work best for them."

Proposals in the FY 2004 budget will include:

- "Money Follows the Individual" Rebalancing Demonstration -- $1.75 billion over five years, with $350 million proposed for FY 2004. This five-year demonstration would assist states in developing and implementing a strategy to "re-balance" their long term care systems so that there are more cost-effective choices between institutional and community options, including financing Medicaid services for individuals who transition from institutions to the community. Federal grant funds would pay the full cost of home and community-based waiver services for one year, after which the participating states would agree to continue care at the regular Medicaid matching rate. This significant demonstration would build upon existing state success stories in Texas,

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Wisconsin, Michigan and Washington. It also provide incentives to states for increased use of home and community-based services and would help provide information on costs of different approaches.

- New Freedom Initiative Demonstrations -- $220 million over five years, with $11 million proposed for FY 2004. This initiative would fund four demonstrations that promote home and community-based care alternatives. Two of the demonstrations provide respite care services for caregivers of adults with disabilities or long-term illness and children with substantial disabilities. Another demonstration provides community-based care alternatives for children who are currently residing in psychiatric residential treatment facilities. The President proposed these demonstrations for FY 2003, but it is not expected that Congress will include this in its final FY 2003 appropriations.

- Spousal Exemption -- $95 million over five years, with $16 million proposed for FY 2004. This proposal would continue Medicaid eligibility for spouses of disabled individuals who return to work. Under current law, individuals with disabilities might be discouraged from returning to work because the income they earn could jeopardize their spouse's Medicaid eligibility. This proposal would extend to the spouse the same Medicaid coverage protection now offered to the disabled worker.

The budget will also propose to establish a new state option enabling Medicaid presumptive eligibility for institutionally qualified individuals who are discharged from hospitals into the community. This would make it more feasible to discharge a person who has been hospitalized to the community, rather than to an alternative institutional setting, or to ensure that the institutional placement is of short duration.

Expanding on an existing effort, the FY 2004 budget will also include $40 million for "Systems Change Grants" to support states in their planning to create new systems to support people with disabilities in the community instead of in institutions.

In addition to the "Systems Change Grants," HHS has worked with 40 states and the District of Columbia to design and implement Ticket-to-Work provisions. And last year HHS offered an "Independence Plus" waiver template to help states develop consumer directed services.

Last year, the President named his New Freedom Commission on Mental Health, and charged it with conducting a comprehensive study of the United States mental health service delivery system, including both private and public sector providers, and advising him on methods of improving the system. Secretary Thompson also created a new Office on Disability within HHS in 2002 to coordinate activities across the Department and serve as a focused contact point for disability issues.

"Improving our programs for people with disabilities, including the need to tackle the institutional bias in some programs, is a daunting task," Secretary Thompson said. "It

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will require sustained effort over many years. We've made a start with the most comprehensive survey ever taken of problems and opportunities in federal programs, as well as new structures to support our efforts. The President's budget proposals will take us to the next level, with substantial demonstration activities and more help for Americans with disabilities to enter and stay in the workforce."

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North Dakota Department of Human Services
Projected Savings to the State Resulting from
Assistive Technology Services Provided
01-03 Biennium

Long-Term Care Savings Total # Served * 3,062	
Estimated number of individuals who avoided Nursing Home services	24
Current Average daily cost of Nursing Home services	115.03
Projected Annual Savings - All Funds	1,007,663
Projected Biennial Savings - All Funds	2,015,326
Estimated cost of Assistive Technology services provided	130,635
Projected Net Savings - All Funds	**1,884,691**
Education Savings Total # Served * 3,572	
Estimated savings due to ability to try devices prior to purchasing	603,108
Estimated savings due to Assistive Technology assessments, training, etc. provided by IPAT staff to schools	266,154
Total Projected savings for Education	869,262
Estimated cost of Assistive Technology services provided	147,480
Projected Net Savings - All Funds	**741,782**
Employment Services Savings Total # Served * 2,600	
Estimated savings due to ability to try devices prior to purchasing	301,553
Estimated savings due to Assitive Technology assessments, training, etc. provided by IPAT staff to VR Counselors/Businesses	286,154
Total Projected savings for Employment	587,707
Estimated cost of Assistive Technology services provided	158,124
Projected Net Savings - All Funds	**429,583**
Total Projected savings per Biennium	**3,056,056**
Projected DHS Savings	**1,884,691**
Projected School/DPI Savings	**741,782**
Projected Consumer/Private Business Savings**	**429,583**

NOTES:
* - number served is from 6/1/00 - 5/31/02 and may include some duplication between the three areas of service provided - Direct consumer assistance, Loan Library Usage, and Training.

** Projected Consumer/Private Business Savings may actually include some savings that would have been recognized by Vocational Rehabilitation, but it was not possible to determine what portion would have been DHS savings vs. private savings.

Savings for Long-Term Care are based on estimates provided by IPAT staff on the number of elderly consumers they served that most likely would have needed Nursing Home care if it weren't for the assistive technology devices and services they received. However, no in-depth study has been done to determine the accuracy of these estimates.

The savings in other areas are also estimates based on the experience of the IPAT staff and do not reflect data from studies or in-depth data keeping. There are other areas of possible savings that were unable to be determined, such as possible reduction in hours of aid services needed in schools due to a child having a communication aid or other device, or reduction in Home and Community Based long term care due to fewer aid hours needed as a result of the consumer having access to assistive technology aids and services.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Proper Medication Dosage Keeps Elderly Parent Living Independently
"Everyone's goal, young or old is to live independently and an automated pill dispenser enabled my 87 year old father, who was experiencing short term memory problems to continue to do just that. This device is available for trial use through the IPAT Equipment Loan Library."

Darlene Lysne - Wahpeton, ND

Older Adult Remains Active in Home & Community
"I have Multiple Sclerosis (MS) and experience balance problems, exhaustion and pain. With the help an adapted three-wheeled scooter and wheelchair I can be comfortable and useful in my home and attend events in Rugby.

Inga Stromme – Rugby, ND

Social Worker Increases Productivity at Work
"I have been a quadriplegic for 22 years and as a social worker, my one-handed typing technique learned years ago was barely adequate for my work needs. Through IPAT, I discovered voice recognition software and the benefits have been fantastic. I am much more efficient on the computer and yes, even report writing is much more enjoyable."

Judy Sielge, LSW - Merit Care – Fargo

Injured Farmer Uses AT to Continue Farming
"I farm south of Beach, North Dakota. Ten years ago, I received extensive burn injuries to my hands in a farming accident. Since then, I have used assistive technology (AT) to enable me to continue with my farming career. I have used the services of IPAT, Vocational Rehabilitation, and Agribility. I have found these services to be extremely helpful in my rehabilitation efforts.

Craig Fahlstrom - Beach, ND

High School Student Succeeds with AT
My name is Josh Coverstone, I am legally blind and have albinism. Assistive technology has helped me transition into a normal classroom setting, where with the use of my lap-top's custom magnification program, CCTV, and 8x monocular, I can participate in regular education classes like everyone else."

Josh Coverstone – Fargo, ND

Rural Teacher Meets Students AT Needs
"IPAT has been a terrific resource to tap into for those of us out in the rural schools that are not familiar with assistive technology. The expertise you share keeps us up-to-date and allows us to make better decisions for students. The loan library service has been invaluable in helping us make informed choices and sound financial decisions when making AT purchases."

Kelly Mabry – SLD Consultant
Burleigh County Multi-district Special Education Unit

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Exhibit 39

Senator Holmberg and Senate Finance Committee Members

My name is Bob Puyear and I live in Bismarck.

I am a member of the Consumer Advisory Committee (CAC) for the Interagency Program for Assistive Technology (IPAT). The CAC is made up of 12 members from various regions of the state. The members of the CAC provide input to IPAT regarding services that provides to the citizens and agencies across the state of North Dakota.

IPAT is a program under Disability Services-Vocational Rehabilitation in the Department out of Human Services. Funding for IPAT has been entirely from the Federal Tech Act program administered by the Department of Education. Its funding level currently is at 50 percent of what it was for the first eight years of its existence. Currently IPAT's funding level is $300,000.

IPAT servers all people with disabilities as well as those experiencing the effects of aging. Even though Voc Rehab servers people with disabilities, as their name implies, their primary goal is to ready people for the workplace.

The CAC is working with our federal legislators in an effort to maintain the current level of federal funding for IPAT. We are asking the Senate Finance Committee to support funding for IPAT. We feel this is justified based on the services it provides to all people with **disabilities** in North Dakota.

From June 1 2001 through May 31 2002 IPAT increased access to Assistive Technology by:

1. Providing direct consumer assistance to 2,915 individuals;
2. Demonstrating assistive technology equipment to 302 individuals;
3. Training 2,957 people;
4. Answering 1,549 quests for technical assistance from for a state and local agencies;
5. Collaborating with over 70 agencies/organizations for training;
6. **Total equals 7,793**

Getting the Story out

To try to get the story out about what IPAT does for people in the state we invited 15 legislators and aids from our congressional delegation to our October CAC face-to-face meeting. We are fortunate in having Sen. Ed Kringstad and Rep. Bob Martinson both from Bismarck and an aid from Sen. Dorgan and Senator Conrad's office.

CAC Member Stories

The following CAC members made presentations about how they use Assistive Technology and how important IPAT in assisting them with this technology.

"When Pigs Fly" by Wes Archer - Fargo

Wes's presentation was done by video because he was not able to attend our meeting! A copy this six-minute video will be provided to the Committee.

The following is an excerpt from what is stated in an article he wrote for IPAT's newsletter several years ago.

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Theresa A. Lee
Operator's Signature

10-11-03
Date

Dear Judy,

Greetings from Fargo, or to be more specific, Command Center One. I have a new headset for my tv/radio so I can listen or watch as I dictate a letter into my new voice activated computer system. ..... etc

I can't help thinking back to when I first met you. Here was this woman telling me about all this new equipment, and I'm thinking "yes, maybe when pigs fly?" Well I'm proud to announce, pigs are flying!! ... etc.

.... my computer system is working beautifully, and my only real complaint is that I can't learn fast enough.

..... I think of all the time I've wasted in the last 8 years, its a little frustrating.

Well, I guess what I'm trying to say is "Thank You." Thank you Judy, thank you Mike, and thank you IPAT. Keep up the good work, and stop in when you have time in Fargo.

Voice Recognition to the Rescue by Judy Siegle - Fargo

A technology whiz I am not. But the fact that I knew that my mouth could move faster and with much greater ease than the fingers on my one hand led me to consider the possibility of trying voice recognition computer software. I have been a quadriplegic for 22 years and as a social worker, my one-handed typing technique that I learned in rehab years ago was barely adequate for my work needs. I knew that I could be a lot more efficient with my communication. When I heard of another quadriplegic who had tried a couple of voice recognition systems, I thought that if she could do it, I could do it too!

Learning Disability by Charlet Bohl, Rugby

Charlotte has a daughter with the learning disability. A staff person from IPAT worked with her teachers to discover what technique/technology may allow her to learn in the most efficient manner. They found that if they use to scanner to digitize the words and then use their voice output device to speak to stand words she was able to learn as well as anyone else.

Charlotte's daughter is now is junior at Dickinson State University.

Adapting the Computer Keyboard by Shirley Brennan, Minot

One of IPAT's Regional Coordinators helped Shirley find a way to adapter her computer keyboard so that it was easier for her to use. He found a keyguard to put over the keyboard on her computer. This would allow her to rest her hand on a keyguard and in turn access the keyboard by placing her finger through a hole in the keyguard just above a specific key.

A Farmer Uses Adaptive Technology by Craig Fahlstrom, Dickinson

Craig farms in the Dickinson area and uses many ways to get around his disability. He has adapted his tools in the number of subtle ways so that he may still work on the farm. With Craig's ingenuity he is able to use machinery such as a tractor, combine, truck, all-terrain vehicle, and so forth. You will note in his written testimony that he does not mention any of the above but rather describes how important IPAT is and how dedicated to staff is.

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

Environmental Control by Bob Puyear, Bismarck

Bob uses Environmental Control to control his television, lights, fans, air conditioners, and battery charger for his cart. The nice thing about the Environmental Control System he uses is that there is no need to have any electrical work done by an electrician.

The system is made up of modules that simply plug-in to a 110 or 220 volt service that is standard in an all homes. Another advantage of the systems is that the modules can be purchased from RadioShack for a rather modest cost. My total systems as described above costs about $125.

The nice thing about such a system is that I can control all of these electronic devices from my recliner when I am seated in it. Or when I am seated upstairs using my computer.

The handouts provided for you today include:

1. Written testimony provided by six CAC members attending our October 2002 face-to-face meeting. As noted above Sen. Ed Kringstad and Rep. Bob Martinson were in the audience to hear these presentations.
2. Fourteen letters of support from around the state.
3. Selected features from IPAT's newsletter's that describe how various individuals use assistive technology and IPAT's services.

Please note IPAT will have it's Expo set up in the Great Hall on January 30th. Please plan to visit and ask questions.

This document was created using Dragon NaturallySpeaking voice recognition software.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Exhibit 40

Presentations Made At A

CAC Face-to-Face Meeting

Before Sen. Ed Kringstad and

Rep. Bob Martinson, Bismarck,

and Aides from

Sen. Dorgan's and Sen. Conrad's Offices

October 4 and 5, 2002

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Theresa A. Lee — 10-14-03

Operator's Signature — Date

Consumer involvement constitutes a primary component in identifying needs and systemic barriers to assistive technology access in North Dakota and frequent meetings of the IPAT Consumer Advisory Committee (CAC) ensures consumer input in the development of the goals, activities undertaken to achieve the goals, and in evaluating whether the goals have been achieved.

The CAC provides vital advice and counsel to IPAT, which is reflected in all IPAT activities. Members represent a variety of ages, disability interest groups, and geographic regions. The membership of the Advisory Committee is composed of individuals with disabilities, and parents, spouses, or guardians of individuals with disabilities who provide statewide representation and represent a broad-range of individuals with disabilities.

The purpose of the CAC is to assure that IPAT:

- is responsive to consumers
- includes persons with all disabilities and across all ages in every aspect of the project
- insures meaningful consumer involvement at all levels of the project
- provides statewide access to assistive technology and service
- addresses assistive technology issues involving all settings (living, learning, working, playing, home, and community)
- collaboratively develops a long-range plan for assistive technology in North Dakota

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Theresa A. Hall
Operator's Signature

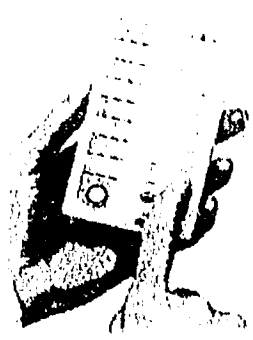
10-14-03
Date

Bob Puyear - Home Environmental Control System

I use what is called "environmental control" to help me control things in my home. This is important to me because I have very limited mobility. Problems with mobility have occurred slowly over many years. This reduced mobility has occurred as a result of my having Multiple Sclerosis for over 50 years and also as a result of my being 68 years old.

The environmental control modules that I have were purchased from www.smarthome.com and RadioShack. Generically, these modules are called X-10. The nice thing about these modules is that they can be plugged into the existing wiring system in the home and can be used without any modification to the wiring.

These modules are grouped into three types. Examples of these are diagrammed below:



The left module may be handheld as shown or placed on a table or other surface. This can control up to 256 devices. In the next diagram, the small, middle module with an antenna is plugged into an existing electrical outlet and receives signals from the handheld module. Specific signals are sent over the house wiring system to another module plugged into another electric outlet. The module furthest to the right receives a signal over the house wiring system to turn the light on or off, depending upon the signal it receives from the handheld device and the middle module.

The system I use at home consists of all three of these modules. The cost of the first two modules in the diagram cost $43. The module that the lamp is plugged into cost $13. A module to control a 220-volt wall air conditioner or any other 220-volt appliance will cost $21. With such a modular design, you may choose what you need to do and purchase only those that are needed. Many other modules are available so that you may design a system that meets your requirements.

I can visualize such a simple environmental control system being utilized in many other settings and by many other individuals. I believe the reason why many others with limited mobility such as myself do not use it is because they do not realize such devices are available.

This document was prepared using Dragon NaturallySpeaking voice recognition software. Another example of assistive technology making things happen!!

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10-14-03
Date

Charlet Bohl – Daughter with Learning Disability

My daughter, Mary Jo, is learning disabled. When she walks into a room, she has no physical signs to show this. An IPAT staff member came to high school on my invitation and provided an assessment, which shows what Mary Jo had to work on for her dream goal "to attend college."

The IPAT staff member met with the staff from Vocational Rehabilitation and college staff regarding Mary Jo's learning style and provided them with information which is a "must" for her to succeed in college and work.

Computer software, such as Write:OutLoud, Co:Writer, and Inspiration, became tools for her to help express her thoughts; and a kitchen timer was a tool used to keep her on task.

Mary Jo is now a junior at Dickinson State University. Thank you, IPAT, for helping!!

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Operator's Signature

10-12-03
Date

Craig Fahlstrom – Farming Accident

I farm south of Beach, North Dakota. Ten years ago, I received extensive burn injuries to my hands in a farming accident. Since then, I have used assistive technology (AT) to enable me to continue with my farming career. I have used the services of IPAT, Vocational Rehabilitation, and Agribility. I have found these services to be extremely helpful in my rehabilitation efforts.

Early on in my association with IPAT, I had a chance to attend a national conference on rural assistive technology in Indiana, along with two IPAT staff members. We attended various mini-sessions relating to AT specific to rural settings. After these sessions, I would sometimes quiz the IPAT staff concerning their knowledge in different areas. I concluded that the North Dakota IPAT staff were well informed and did not have to take a back seat to any other state.

My wife, Merrill, has also used IPAT's services. She is a speech-language pathologist for a rehab agency and has also worked for several years in the Dickinson Public School system. One story in particular I would like to share, concerns a Viet Nam war veteran who was in a Dickinson nursing home. He had no means of communication and was locked within his body. Through the efforts of Merrill and an IPAT staff member, they were able to initiate communication through the use of technology. He was able to use an eye blink switch to spell out his thoughts and feelings. I am sure this brightened this man's future and allowed him to communicate after so many years of silence.

In conclusion, I have found the North Dakota IPAT staff to be hard working, competent, and extremely dedicated. In light of the monetary uncertainty that they face, it is a testimony to their dedication that they continue their quest for providing quality services to the disabled. The project has a proven track record and it is something North Dakota should be proud of. I urge you to support the IPAT project and any dollars provided will be well spent.

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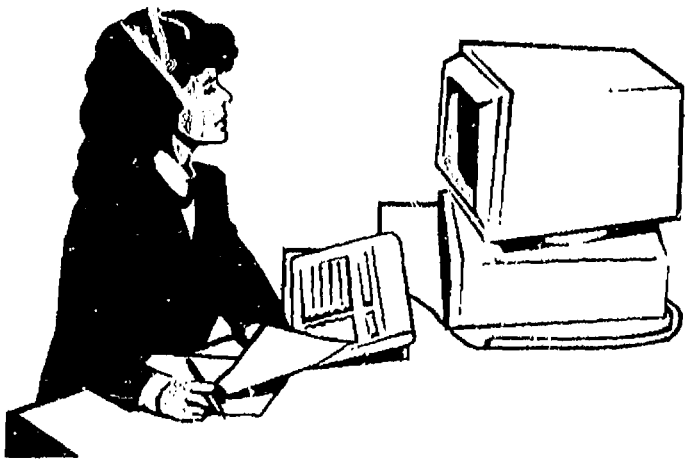
Theresa A. Lee
Operator's Signature

10-14-03
Date

Judy Siegle – Quadriplegia

I have been involved with IPAT in a couple of different ways prior to my being on the Consumer Advisory Committee. First of all, as a social worker on a rehabilitation unit at MeritCare Health System in Fargo, it was wonderful to know about IPAT and the technology assistance and services that could be provided to keep people in their home environments instead of nursing home placement. Environmental control units for quadriplegics allow them to manage lights, the television, and even temperature controls in their house. The ability to operate a phone and computer minimizes the hours needed for attendant care and greatly increases a person's quality of living. IPAT staff do assessment visits and make recommendations based on the client's abilities. They are masters in technology-assisted devices and help to find the right pieces of equipment to maximize the person's function and level of independence.

On a personal level, as a quadriplegic who has full muscle return of one hand, I have managed a one-hand typing technique for years. Fortunately, as a social worker, I did not have to do many reports! Currently, I am employed in the Public Relations Department as MeritCare, where preparing speeches and report writing are major parts of my job. Hearing of the benefits of voice recognition computer software, I ordered my own to improve my speed with typing. After much frustration, I contacted IPAT. They let me try a system out of their equipment loan library for six weeks. They installed it in my computer, taught me how to use it, and were available when I had questions. They were fantastic. The voice-recognition system for typing has increased my efficiency and decreased my stress level to a great degree! Thanks IPAT!



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Theresa A. Gee 10-14-03

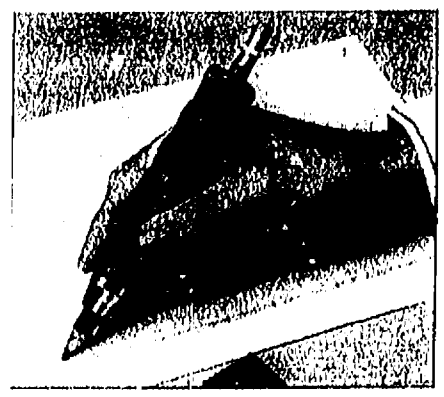
Operator's Signature Date

Shirley Brennan – Typing/Writing Difficulties

I use a key guard on the computer. The key guard is about 1/4 inch higher than the keys on the key board, so that makes it possible for me to type and not hit all the other keys, making mistakes.

Also, I use a large pencil that IPAT found for me, and it is easier to hold on to.

These two items make it so I am more efficient at my job.



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Theresa A. Lee — Operator's Signature

10-14-03 — Date

Wes Archer – "When Pigs Fly"

Greetings from Fargo, or to be more specific, Command Center One. I have a new headset for my TV/radio, so I can listen or watch as I dictate a letter into my new voice-activated computer system. We finally got the computer table situation on the right track. Jeff's original design wasn't at all functional, so we sent it back, and started over again. He put new wheels on it, and Mike Bishop save the whole program by designing a complete new top, which works beautifully, but which he is going to make even better later today.

I can't help thinking back to when I first met you. Here was this woman telling me about all this new equipment, and I'm thinking "yes, maybe when pigs fly!" Well I'm proud to announce, pigs are flying!!! I expect my rebuilt scanning director any day now and my computer system is working beautifully, and my only real complaint is that I can't learn fast enough. My tutor seems to think we're making good progress, and maybe we are, but when I think of all the time I've wasted in the last 8 years, it's a little frustrating.

Well, I guess what I'm trying to say is "Thank You." Thank you, Judy, thank you, Mike, and thank you, IPAT. Keep up the good work, and stop in when you have time in Fargo.

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Theresa L. Lee — Operator's Signature

10-14-03 — Date

Exhibit 41

The Arc

The Arc of Cass County
P.O. Box 6461
Fargo, ND 58109-6461
(701) 293-8191

September 19, 2002

To Whom It May Concern:

I am writing this letter to encourage you to support the continued funding of IPAT, which is North Dakota's assistive technology project. State assistive technology projects are scheduled to sunset after a period of ten years. The timeline for funding these projects is fast approaching. Without federal funds, IPAT can no longer survive in North Dakota.

The Arc is an organization that advocates for the rights of individuals with developmental disabilities and their families. The core of our mission is to support people with disabilities in the **least restrictive environment**. All people should live in places of *their own choosing*, hold jobs that fit *their interests* and take part in activities that *they enjoy*. Assistive technology is vital to making that happen.

IPAT provides statewide services to help reduce barriers for people with disabilities. They provide traveling equipment demonstrations and operate an Equipment Loan Library which lends assistive technology equipment for trial use. This valuable service fulfills an otherwise unmet need in our state.

We hope that you will share our concern for the possible loss of an assistive technology program in North Dakota and support our efforts to pursue continued funding.

Sincerely,

Janell Malpert

Janell Malpert
Assistant Director
The Arc of Cass County

Providing Advocacy and Education for People with Developmental Disabilities
Location: 2533 University Drive South, Fargo, ND

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Theresa A. Lee — Operator's Signature
10-14-03 — Date

October 2, 2002

TO WHOM IT MAY CONCERN:

My name is Lorna Johnstone and I live in Williston. I am involved in People First of North Dakota. I work as a maid in a motel and I also work at Opportunity Foundation Inc. as a janitor.

I have cerebral palsy. Because of this, it is difficult for me to write. While I attended school, I did not graduate from high school.

After I became involved in a local self-advocacy group and Partners In Policy Making, I decided I would begin to work toward my GED through the local Adult Learning Center.

Someone suggested I contact the IPAT representative in Minot to talk about the possibility of me using a computer. I had never thought I ever would be able to use one. He came to meet with me in the spring of this year. We talked about my needs. We met again a couple of more times and in August he brought me a computer to try. I really enjoy using it. I am still getting use to it. I hope to be able to do my homework on it. I also want to be able to email my friends.

IPAT is a good organization and I like working with Dud from Minot. I think my life will be better because of the computer. It will make it easier for me to write.

Sincerely,

Lorna Johnstone

Lorna Johnstone
811 15th ST W #201
Williston ND 58801
701-572-5187

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Theresa A. Lee
Operator's Signature

10-14-03
Date

OCT 0 3 2002

North Dakota

Department of Public Instruction
600 E Boulevard Ave., Dept. 201, Bismarck, ND 58505-0440
(701) 328-2260 Fax - (701) 328-2461
http://www.dpi.state.nd.us

Dr. Wayne G. Sanstead
State Superintendent

October 2, 2002

To Whom It May Concern:

The ND Department of Public Instruction, Office of Special Education, has worked together with the ND Interagency Program for Assistive Technology (IPAT) on a variety of projects, activities, and committees. This working relationship has been important to the provision of quality services to students with disabilities in ND schools and their families.

During the 2001-02 program year, IPAT regional coordinators provided technical assistance to 687 educators and/or family members of children ages 3-21. Assistance was provided in the following areas: general information, funding channels (i.e. Medicaid applications), equipment selection and set-up, strategies to use equipment, advocacy, AT resources and referral information.

IPAT played a key role in the development of the ND DPI Guidelines: Assistive Technology for Students with Disabilities. Staff from IPAT participated in the statewide training of the Guidelines. The Guidelines have been a well-used and valuable resource in schools across the State.

The NDDPI currently is a member of the Partnerships for Assistive Technology (PAT). PAT was formed by IPAT to advance the use of assistive technology by developing resources and promoting partnerships within and between public and private sectors in North Dakota. Twenty private and public entities located throughout ND participate in PAT.

As noted above, IPAT has provided a variety of essential assistive technology resources. These resources have assisted in the provision of a quality educational program for students with disabilities in ND schools.

Respectfully,

Robert Rutten

Robert Rutten
Director of Special Education

School for the Deaf
Devils Lake, ND
(701) 662-9000

School for the Blind
Grand Forks, ND
(701) 795-2700

State Library
Bismarck, ND
(701) 328-2492

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Easter Seals Goodwill ND, Inc.

Creating Solutions,
Changing Lives

State Office:
P.O. Box 1206
Mandan, ND 58554-7206
(701) 663-6828
Toll Free: 1-800-247-0698
Fax: (701) 663-6859

Regional Offices:

P.O. Box 1240
Minot, ND 58702-1240
(701) 838-0669
(701) 839-4121
Fax: (701) 838-5998

Best Kept Secret Store
(701) 838-1666

Goodwill Retail Store
P.O. Box 1240
1405 South Bdwy.
Minot, ND 58702-1240
(701) 852-1201

P.O. Box 14214
Grand Forks, ND 58208-4214
(701) 772-0704
(701) 772-0351
Fax: (701) 772-0336

P.O. Box 9376
Fargo, ND 58106-9376
(701) 237-9908
(701) 232-1333
Fax: (701) 234-9390

AgrAbility
P.O. Box 1206
Mandan, ND 58554
1-800-247-0698 ext 303

Goodwill Retail Store
P.O. Box 9376
Goodman Plaza
3207 Main Avenue
Fargo, ND 58106-9376
(701) 234-9101

P.O. Box 756
Jamestown, ND 58402-0756
(701) 251-1446
Fax: (701) 252-9527

P.O. Box 361
Dickinson, ND 58602-0361
(701) 264-1060
Fax: (701) 264-1099

SEP 30 2002

September 27, 2002

To Whom It May Concern:

I am writing this letter of support for the Interagency Program for Assistive Technology (IPAT). IPAT is the only program of its kind in North Dakota that is funded to ensure that people with disabilities, or those who are aging, have access to devices that will provide them assistance to lead independent lives. Funding for this program from the state is vital.

Easter Seals Goodwill ND, Inc. provides in-home support services to individuals with special needs. Since its inception, several of our consumers have benefited from the services IPAT has offered. To ensure that the proper piece of equipment will meet the needs of each individual, the trained staff of IPAT completes an evaluation. Informative Equipment Expos are held to learn more about the equipment before purchasing decisions are made. IPAT also provides the opportunity to use equipment on a short-term basis through their equipment loan program. These are just a few of the ways IPAT has assisted our consumers.

As you can see, there are several wonderful benefits from IPAT to individuals of North Dakota. I hope you share the concern I have at the prospect of loosing this program. There is a need for this program to continue in the state. By ensuring this program can continue; funding from the state is needed. Thank you for the time and support you are giving toward ensuring that IPAT remain in the great state of North Dakota.

Sincerely,

Cindy Gabbert

Cindy Gabbert, LSW
Lead Service Coordinator
Region V-Fargo

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Applied Medical, Inc
"Helping Others Help Themselves"

Applied Medical, Inc
1139 S. 12th St. • P.O. 1834
Bismarck, ND 58504 / 58501
Phone/Fax: 701-255-7920
Toll Free 1-800-794-7920

Southwest Physical Therapy
352 1st. St. East
Dickinson, ND 58601
701-225-0767 / 1-888-878-7978
FAX 701-225-7123

September 26, 2002

Teresa Larson
Protection and Advocacy
400 East Broadway
Suite 409
Bismarck, ND 58501-4071

RE: Support for Interagency Project for Assistive Technology (IPAT)

To whom it may concern:

I'm writing in support of The Interagency Project for Assistive Technology (IPAT) program. I have utilized IPAT for the last five years, utilizing their program to assist individuals with disabilities gain functional independence in their activities of daily living. IPAT loan library is an essential ingredient to identify types of assistive devices that can be incorporated and utilized in the community, home, school, work, and leisure/recreation for individuals with special needs. IPAT assists with "breaking" down barriers that would otherwise be unobtainable to certain individuals in our community. IPAT allows therapists, teachers, and parents to trial various types of quality equipment, identify which are successful for a particular individual, and allow them to order the correct device to meet an individual's needs.

Without the support of Federal and State grants, the ability to fund such a valuable program will be very difficult. Those individuals that need the most assistance will not be able to function as independently in the community. I have seen how effective this program has been in improving the quality of life of children, adolescents, and adults as well as increasing their independence to function effectively in their environment. The Interagency Project for Assistive Technology has been an important resource for me, my co-workers, our clients, and families. Please consider supporting this agency to further expand the abilities of individuals with special needs in our community. Please give them the opportunity to grow, develop, and function to their maximum ability within their environment.

Sincerely,

Jared Erie, OTR/L
Occupational Therapist
Administrator

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Theresa A. Lee
Operator's Signature

10-14-03
Date

October 2, 2002

TO WHOM IT MAY CONCERN:

My name is Janelle Olson. I live in Williston. For the past twenty-five years, I have been a user of adaptive equipment to accommodate my vision loss. The equipment has enabled me to secure and maintain employment. My background is in the field of education. For the past eighteen years I have been employed as an advocate for people who have disabilities.

IPAT has been and continues to be a valuable resource to me. I have contacted IPAT staff to obtain technical assistance regarding the equipment I am using. The staff has also offered suggestions about additional equipment that might benefit me.

I am a member of The North Dakota Association of the Blind. One of our projects is a yearly, weekend seminar. It is at this meeting adults with sight loss and their family members learn about available services. IPAT is a resource that can provide hope and information to people who are struggling to figure out how they will be able to live with no or limited vision.

I believe everything should be done to insure the on-going availability of IPAT's valuable services to the residents of North Dakota.

Sincerely,

Janelle F. Olson

Janelle F. Olson
915 2nd Ave W
Williston ND 58801

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

DAKOTA
Center for Independent Living

40 First Avenue West, Suite 203 • Park Square Mall • Dickinson, ND 58601

September 24, 2002

RE: Letter of Support

To Whom it May Concern:

The North Dakota Interagency Program for Assistive Technology (IPAT) is a very important part of allowing people with disabilities the opportunity to live independently. Without the support and technology of this program many people with disabilities could become institutionalized.

IPAT offers opportunities for people with disabilities to live independently, become employed, and allows them choices they would not have without the assistive technical devices and training that is offered through this agency.

To eliminate funding for this program would be detrimental to the State of North Dakota by keeping people with disabilities out of the workforce and possibly in an institutionalized setting. Allowing people with disabilities the access to technical and assistive equipment allows them to be gainfully employed, live in their home and become tax paying citizens.

Sincerely,

Nancy Klatt
Coordinator

Marilyn Drager
Marilyn Drager
Receptionist

Voice/TTY (701)483-4363 FAX: (701)483-4361

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Theresa A. Lee 10-14-03
Operator's Signature Date

October 2, 2002

To whom it may concern:

My son has Tourette Syndrome. He is in 7th grade. He was first identified as "Emotionally Disturbed" in 2nd grade, later diagnosed as Tourette Syndrome.

TS is a neurological condition. It tends to co-occur with ADHD, OCD, and some other psychiatric disorders. The most visible trait of a person with TS is the presence of vocal and motor tics, involuntary movements or sounds ranging from simple to complex in form. Many tics interfere directly school work (e.g. hand tics that disrupt hand movement when writing, head tics that disrupt visual tracking when reading, internal tics and obsessions that impair concentration, executive function difficulties that impair organization and planning skills).

My son was only 8 when I first began to wonder about assistive technology as a means to help him achieve. He was obviously performing below his ability level as measured by formal testing. His 1st grade teacher had said, "he's bright, he just doesn't produce!" Handwriting was always torture for him. In spelling tests he would inadvertently repeat letters. His penmanship is nonexistent. Math calculations come out wrong when numbers don't line up properly or specific digits are inadvertently omitted, even though he can perform the same calculations orally without error.

My son's teachers were often unaware what his ability was outside of the classroom, so they did not realize that there might be a reason he would need additional tools compared to other children. The work they saw relied heavily on the very traits most compromised by TS--fine motor control and coordination and executive functioning. At home, pursuing the same concepts in very different ways, we saw much greater ability. Regular teachers were not trained to be aware of the range of assistive devices--some extremely simple--that (along with modifications of other kinds) could make a tremendous difference in my son's education and overcome some of the daily obstacles he faced. It was not until IPAT opened an office in Fargo--and I happened to stumble on its existence (my son's teachers were unaware of its existence)that I was able to gather some specific information about devices that could address some of his difficulties and how to assess needs and determine solutions. In the end, the assessment process relied on a district assistive technology specialist. However, that person is the only AT specialist in a district serving over 10,000 students. I didn't learn of her existence until I had gathered enough information to raise AT issues with school personnel. Even then, there is one AT specialist for a district serving over 10,000 students. Simple arithmetic makes it clear even this large district does not have the necessary resources to meet the assistive technology needs of more than a handful of students. The reality is, recognition and assessment of needs must be done by many people whose primary training is not in this area, but who

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Theresa A. Lee
Operator's Signature

10-14-03
Date

need the guidance of someone with this training. Since IPAT is not part of the vast school administration, it is easy to access. IPAT provides the information a parent can use to make identification and meeting of needs a more efficient process (and remember, parents work for free and do not need three signatures in order to act!).

When the district eventually did determine that a portable electronic keyboard would help my son, IPAT helped arrange to procure the tool at minimal cost. (Not all AT is fancy electronics, and this keyboard was far cheaper than a laptop). Even then there was more to do: we had to figure out when and where work could be printed to turn in (the machine connects with a Mac or a PC but in middle school there is not a computer in every classroom). Some training helped my son realize how software features could reduce keystrokes and speed up his writing (the same problems that affect penmanship also tend to impact typing, but in different ways). Other features help his organizational challenges (the machine can hold 8 separate files, so each file could be started as the homework assignment for a class with the material typed in during homework time. And my terminally disorganized son was less likely to lose homework or see it torn up by a backpack zipper).

The solution is not a final one. As the curriculum advances his needs change. The keyboard is not a lot of help for mathematics. But soon after he received the keyboard on an equipment loan arranged by IPAT, he showed me 6 poems he had written on the keyboard for a class. They were remarkable. Seeing his words in print rather than his typical script (ranging from illegible to horrendously illegible) was a profound self-esteem boost.

Without IPAT we were stuck in the bureaucracy between the classroom--where teachers are trained to teach, not to assess disabilities--and the person with the training. IPAT helped us cross bridges and get to the other side.

Sheri McMahon
717 7th Ave N
Fargo, ND 58102

Sheri McMahon

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Theresa A. Lee
Operator's Signature

10-14-03
Date

9/23/03

To whom it May Concern:

I was recently informed of the financial difficulties IPAT is having. This is tragic news to hear. This is an excellant service & program that is badly needed. We cannot afford it's loss. PLEASE do all you possibly can to help keep IPAT going.

Thanks to the help of Jeannie Krull and IPAT I am able to work in my home, care for myself and my home as well. Without their help alot of others like myself would not be able to live independatly. Keeping our pride and dignity by doing things for ourselves as long as we can means a great deal to us. Not all agencies have these devices that IPAT has, which is sad as they are greatly needed.

PLEASE do all you can to help keep IPAT going!! Thank You for having IPAT!!

Sincerely,
Deb Stevens
Kindred, N. Dak.

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Theresa A. Lee — Operator's Signature
10-14-03 — Date

September 30, 2002

To whom it may concern:

I have been a speech/language pathologist for 17 years. I have always worked with people with Developmental Disabilities ranging in age from birth to 70 years of age.

I have been working with IPAT in Grand Forks since 1995. My clients who are totally non-verbal are in great need of communication devices.

These clients' usually rely on North Dakota Medical Assistance funding to purchase their device. The regulations in obtaining funding for a device require a trial period of at least three different devices/systems. If the IPAT loan library were not available, it would be difficult and expensive to meet this requirement. As result, many people who medically need communication alternatives would not be granted the necessary funding.

Crystal D. Steffens

Crystal D. Steffens, M.S. CCC-SLP
Speech/Language Pathologist
302 Grassy Hills Lane
Grand Forks, ND 58201

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Theresa A. Bell
Operator's Signature

10-14-03
Date

North Dakota Vision Services
School For The Blind

500 Stanford Road • Grand Forks, ND 58203-2799 • Phone (701) 795-2700 • Fax (701) 795-2727

September 20, 2002

To Whom It May Concern:

This letter is in support of the Interagency Project for Assistive Technology.

There is a significant need for this loan program to provide specialized equipment to better meet the needs of persons of all ages. Training and evaluation has also been available to individuals assuring that the appropriate adaptive equipment was made available. In-service training of personnel enables these professionals to fully utilize the equipment. The equipment, staff, and training have all contributed to an improved quality of life for many persons with disabilities.

The mission of IPAT has been in compliance with the mission of North Dakota Vision Services/School for the Blind (NDVS/SB). We have been and continue to be committed to working collaboratively with this grant. IPAT and NDVS/SB have an agreement whereby they lease space for their loan library and fund a portion of an FTE whose job responsibility is the circulation of the equipment. This has proved to be an excellent collaborative effort since the origin of IPAT.

On a personal level, my mother was able to loan a walker from the IPAT Loan Library. Based on the security and independence that it offered her, she purchased her own. This service has facilitated her in being able to remain in her own home at the current age of 92.

Thank you for the opportunity to provide support for service provided via IPAT.

Sincerely,

Carmen Grove Suminski
Superintendent

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Theresa A. Lee
Operator's Signature

10-14-03
Date

JILL LUNDE
511 2nd Street NE
Hankinson ND 58041-4028

September 20, 2002

To whom it may concern,

It has come to my attention that IPACT is loosing their funding. I really feel this that this would have an adverse affect on the children it helps. My personal experience with IPACT has been nothing but a positive one. Without the services that IPACT offers I highly doubt that assisitive technology would have even been considered let alone tried in my son's case. Where Learning Disabilities are concerned finding the right piece of technology is mostly a trial and error process and IPACT have been essential in the process where my son has been concerned. I strongly believe the impact of loosing this service is only harming the children that it helps. It is so easy for the school system to overlook the special needs of children and try to get them to fit in a generic mold, rather than go the extra mile to assist the children who need different means of learning. This is the era of a high technology with the potential to help so many children and without IPACT may never get the opportunity to experience it to it's full potential, especially in the smaller school districts. I hope you will consider keeping IPACT intact so they can continue helping children find their full potential. Thank you.

Cordially,

Jill Lunde

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Theresa A. Lee 10-14-03
Operator's Signature Date

OCT 1 1 2002

INDEPENDENT COMMUNICATION THERAPY

SPEECH LANGUAGE

October 4, 2002

Teresa Larsen, Executive Director
Protection and Advocacy Project
400 E. Broadway Suite 409
Bismarck, ND 58501

SUBJ: IPAT Funding

To Whom It May Concern:

I am a Speech-Language Pathologist who has worked in the Grafton, Park River, Warren, Grand Forks, and East Grand Forks area over the past 18 years. During the past 18 years, I have devoted my time serving individuals with developmental disabilities in day activity programs, and the elderly in nursing homes and hospitals. The population I have served has greatly benefited from the Interagency Loan Library in so many ways. Prior to IPAT's services in helping people with disabilities, I had to assess and treat these individuals without the accessibility of assistive technology. The quality of providing optimal communication services suffered as options were not readily available. Technology was only available through a rental agreement at the expense of the individual consumer. On many occasions, the expense of renting the piece of technology was too expensive for the individual to endure.

Fortunately, IPAT has served to help people with disabilities in communication, education, living, and working environments. Specifically, in the area of communication, IPAT has been a window of opportunity for individuals wanting to try out a particular communication device or low-tech piece of equipment for the purposes in determining its effectiveness and benefits for the person's specific needs. This service has been invaluable and one not found anywhere else. If this service were to quickly disappear, the impact would surely be disastrous.

The sole purpose of my writing today, is to educate and inform you of the benefits of IPAT's services so that one will understand just how crucial the technology is to the individuals I serve.

Respectfully,

Diane Woolsey, CCC-SLP
Speech Language Pathologist
Independent Communication Therapy

901 South 11th Street • Grand Forks, ND 58201 • 701-740-5740

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Theresa A. Lee 10-14-03
Operator's Signature Date

October 8, 2002

To Whom It May Concern:

I am a Speech-Language Pathologist who has been employed for the past three years, by a Rehab agency in Dickinson, North Dakota. Prior to my employment at Rehab Visions, I worked at the hospital in Dickinson, North Dakota for 2 years, and in the Dickinson Public School system for 10 years. Throughout my career, I have worked with infants, pre-school children, school age children, and adults with disabilities. In my quest for providing the best possible services for my patients, I have accessed the use of IPAT (Interagency Project for Assistive Technology). I have utilized IPAT's services on a consultative basis for technology needs for my patients, attended invaluable workshops and inservices provided by their agency, and utilized their loan library for trials of technological equipment for my patients. I have found their services informative, current, cutting edge, and invaluable to those I serve. They have made excellent recommendations, referrals, and suggestions for appropriate technology for my patients. I have had the opportunity to utilize the equipment from their loan library to insure that my patient has the most appropriate technology to meet their unique needs. This has enabled my patients to make the best decision regarding purchase of costly technological equipment.

It is my understanding that due to funding concerns, that IPAT may no longer be in existence or that their services will be significantly reduced. It is my opinion that not only should IPAT's funding continue at the current rate, but be increased to further meet the needs of the disabled.

Please feel free to contact me if you should have any further questions regarding the value of IPAT and their services. My home number is (701) 483-5546, and work number is (701) 483-9400.

Sincerely,

Merrill Fahlstrom, MS, CCC-SLP

Merrill Fahlstrom, MS, CCC-SLP
Speech-Language Pathologist

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Theresa A. Lee 10-14-03

Operator's Signature Date

OCT 0 1 2002

September 30, 2002

To Whom It May Concern:

I am writing in support of continued funding for the Interagency Program for Assistive Technology (IPAT). Both my daughter and I have received services through IPAT.

My daughter received services that helped her find the needed technology to overcome her learning disability. She used recorded books as well as other inexpensive equipment recommended by IPAT. This equipment helped her with written language and mathematics. Her ability to learn was vastly improved through the use of this technology. She went on to the university and was tutoring other students in the use of computers and assisting them with other subjects. She will soon finish her student teaching program and will become an elementary teacher, giving her the opportunity to pass on the gift of knowledge. I don't feel this would have been possible without the services of IPAT.

My daughter encouraged me to use IPAT's services to find the technology needed to compensate for my own learning disability. Through the use of IPAT's loan library, I found the right equipment to help me in the performance of my work-related duties. I feel it would be a tragedy to deprive other individuals with disabilities the same opportunities that my daughter and I were provided. I encourage you to support continued funding for the IPAT program.

Sincerely:

David L. Boner

David L. Boner

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Theresa A. Lee 10-14-03

Operator's Signature Date

To: The Honorable Representative Ralph Regula
(202) 225-3876

RE: Support of the Assistive Technology Act, which funds North Dakota's Interagency Program for Assistive Technology (IPAT)

Dear Representative Regula,
Thank you for your support for the Assistive Technology Act. In the past, you have supported appropriations legislation that ensures the continuation of these important projects and we need your help again! The Congress will shortly enact an omnibus spending bill for FY 2003. It is essential that this bill include language that will waive the sunset provision for the Title I projects of the tech Act and ensure that funding is available for every state, at least at last year's level.

I am legally blind as a result of diabetes. I have increasing difficulties with my feet and lower legs. I have utilized the services as provided by the Interagency Program for Assistive Technology (IPAT). They came into the business that I managed at the time and did a needs assessment. I have tried, through IPAT, screen magnifiers and page magnifiers, neither of which worked for me. IPAT saved me money by allowing me trial use of this equipment. If not for them, ,I would have bought these items which did not work.

IPAT has the equipment for people to try before they buy. This ensures that the products will work for them. I plan to continue to use IPAT's services whenever and wherever they can help me with their expertise. This is a very valuable service to me and to many others like me across North Dakota and the other states. Please keep this project in tact.

Thank you for your support and your representation of people with disabilities.

Sincerely,
Bob Vandal
419 N 21 Street
Bismarck, ND 58501

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Theresa A. Lee
Operator's Signature

10-14-03
Date

To: The Honorable Representative Ralph Regula
(202) 225-3876

RE: Support of the Assistive Technology Act, which funds North Dakota's Interagency Program for Assistive Technology (IPAT)

Dear Representative Regula,

I am a person who uses assistive technology daily. I have had speech impairment for the past 24 years due to an illness. It is very important that I have access to this type of technology to help me to communicate on a day-to-day basis. I had been using a communicator called, The Canon Communicator, for quite some time. Eighteen plus years. It was about two years ago when I had learned the paper to run the device had become obsolete. I was terrified. Especially knowing I would need to find a new device ASAP. I was contacted with Jeannie Krull of the Fargo office of IPAT—Interagency of Assistive Technology, who was a tremendous help. We then began the long process of finding a communicator suitable to my needs. We ended up going with The LightWriter. Even though it doesn't have paper out-put like I was used to, I have grown to really like it. (I have had it a year in March 2002.) It has an LCD screen so the person I'm sitting across from, can read as I type. Or they can wait and have the voice speak it for me. I have chosen one of the male voices as most of the female voices aren't as clear as a couple of the male voices. I can program messages under each letter of the alphabet; messages that I use frequently and messages I may want to tell someone as soon as I see them. It even has a wide variety of National Anthems programmed into the machine, as well as Happy Birthday. My nephews get a kick out of that. Devices such as the LightWriter make it a little easier for me to communicate and connect with the younger generation who don't quite understand why Auntie Joey can't speak. The LightWriter works excellent in the car too.

Assistive Technology is important to me as well as many others. They make such a difference in my life and without them or the services we receive from the IPAT staff, it would be a huge loss.

Please take my letter into consideration.
Sincerely,
Joanna (Joey) Tehle
Fargo, ND

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Theresa A. Lee
Operator's Signature

10-14-03
Date

GENE HYSTULIEN. 03.17.03

North Dakota Department of Human Services
IPAT Equipment Loan Library Payments
11/1/95 - 9/30/02

Beginning Date	Ending Date	Amount
11/1/1995	9/30/1996	7,074
10/1/1996	9/30/1997	21,674
10/1/1997	9/30/1998	23,107
10/1/1998	9/30/1999	23,700
10/1/1999	9/30/2000	23,909
10/1/2000	9/30/2001	25,627
10/1/2001	9/30/2002	28,057
Total		153,148

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Theresa A. Lee 10-14-03
Operator's Signature Date

Interagency Program for Assistive Technology
Division of Vocational Rehabilitation
Department of Human Services

Adams
Barnes
Benson
Billings
Bottineau
Bowman
Burke
Burleigh
Cass
Cavalier
Dickey
Divide
Dunn
Eddy
Emmons
Foster
Golden Valley
Grand Forks
Grant
Griggs
Hettinger
Kidder
LaMoure
Logan
McHenry
McIntosh
McKenzie
McLean
Mercer
Morton
Mountrail
Nelson
Oliver
Pembina
Pierce
Ramsey
Ransom
Renville
Richland
Rolette
Sargent
Sheridan
Sioux
Slope
Stark
Steele
Stutsman
Towner
Traill
Walsh
Ward
Wells
Williams

IPAT Begins

In 1993, the North Dakota Division of Vocational Rehabilitation, Department of Human Services was awarded a grant from the U.S. Department of Education, to develop a State Assistive Technology (AT) Project specific to the assistive technology needs of North Dakota residents. The Interagency Program for Assistive Technology (IPAT) began operation in the winter of 1994, and is North Dakota's State AT Project.

Who Needs Assistive Technology?

People who have been injured in accidents need AT
People who are impacted by disease, both sudden and chronic, need AT
People experiencing the effects of aging need AT
People who are born with disabilities need AT

Why is AT Important to People?

People with disabilities – regardless of age or disabling condition – do not want to be left behind, or denied access to the benefits of living in the Technology Age. AT is important because it helps to level the playing field, and offers people opportunities for increased independence and productivity.

1. AT helps children actively participate in school. School staff and parents alike, depend on IPAT services to identify and use the AT that will help a child succeed in school.

2. AT allows people with disabilities an opportunity to work, or continue to work. This is of critical importance to both individuals *and* the North Dakota economy. IPAT assists many adults wanting to go to work, and partners with the agencies supporting them, such as Vocational Rehabilitation.

3. AT offers people experiencing the effects of aging an opportunity to age in place, stay at home, and maintain control over their lives. IPAT helps individuals identify, get, and use the AT they need in partnership with Aging Services.

4. AT makes it possible for people with disabilities to access mainstream technology. IPAT helps the North Dakota Information Technology Department understand what accessible technology is and how it works with mainstream technology. These efforts help insure that future IT policies, purchases, and services will address the needs of the 20% of the state's population with disabilities.

The demands for an assistive technology program designed to support the AT needs of all people with disabilities in North Dakota, including those individuals experiencing the effects of aging, continue to increase. The Interagency Program for Assistive Technology is in place to meet this need.

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Operator's Signature

10-14-03
Date

What Has IPAT Done?

IPAT has established and provides the following AT services to *all* people with disabilities in North Dakota. These services were either non-existent, or limited to specific geographic areas, and/or specific age groups prior to IPAT:

Access to Equipment

- ✓ IPAT Equipment Loan Library – maintains a large inventory of devices for free trial use available to *all* state residents;
- ✓ IPAT Equipment Expo! – will travel to *any* North Dakota community for a hands-on demonstration of AT devices;
- ✓ IPAT Used Equipment Bulletin Board – links sellers and buyers of used AT devices through a comprehensive on-line database;
- ✓ IPAT Traveling Picture Show – portable, easy-to-assemble AT display featuring North Dakota residents using AT, available for set-up by *all*.

Information Dissemination

- ✓ Information topics include, but are not limited to: equipment features, funding avenues, services, resources, advocacy, and AT laws/policies.
- ✓ Dissemination activities include, but are not limited to: AT bi-monthly newsletter, information packets, videotapes, and IPAT's website.
- ✓ Specific publications are developed in response to an ongoing expressed need for information. Key IPAT publications include: *A Picture of AT Use in ND; Doodads, Gadgets & Thingamajigs; AT Funding Avenues in ND; Technology for ALL: A Guide to Solving the Puzzle;* and, *Solutions: AT for Individuals with Hidden Disabilities.*

Training

- ✓ IPAT staff are looked to as the AT leaders within the state, and are asked to present at many established statewide conferences. In addition, staff provide frequent AT trainings at the local and regional levels upon request.

Technical Assistance

- ✓ Assistance from IPAT's regional coordinators is available via phone, e-mail, Internet, and on-site consultations to help individuals, providers, and agencies in making decisions regarding potential AT equipment solutions, funding, set-up, and use. This is a critical outreach service to the state's large rural population.

Interagency Coordination

- ✓ IPAT facilitates the coordination of AT services between and amongst agencies and public/private entities including, but not limited to: Education, Vocational Rehabilitation, Aging Services, Developmental Disabilities, Information Technology Department, and Medicaid/Medicare.

- ✓ IPAT also participates on various statewide task forces to ensure that the AT needs of all North Dakotans are considered prior to policy or practice implementation. A sampling includes: Department of Public Instruction AT Guidelines Task Force, Information Technology Department ADA Task Force, Blue Cross/Blue Shield Alternative/Augmentative Communication Task Force, and North Dakota Pediatric Quorum.

IPAT

Judie Lee, IPAT Director
1-800-265-4728
jlee@polarcomm.com
www.ndipat.org

April, 2002

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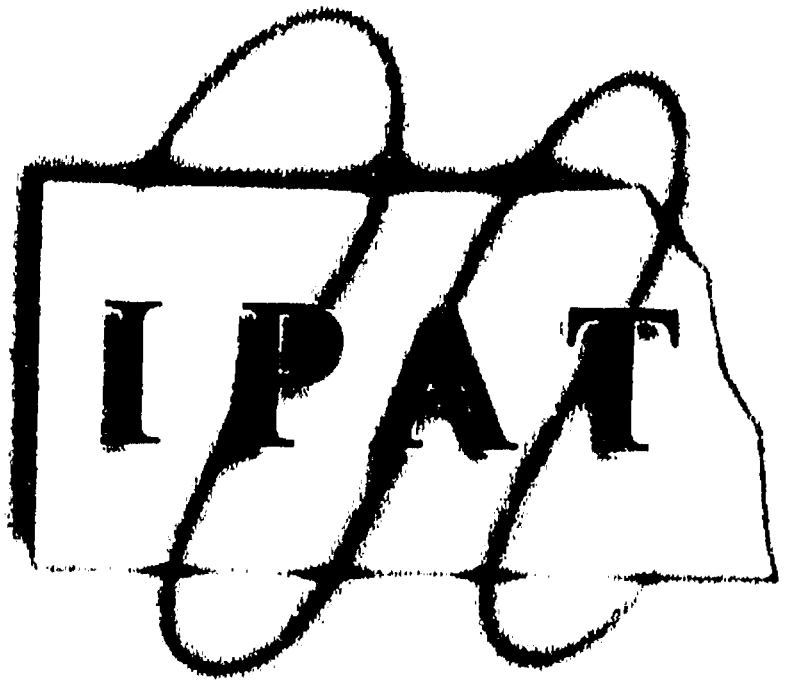
Consumer Advisory Committee (CAC)



Interagency Program for Assistive Technology

Department of Human Services
Division of Vocational Rehabilitation

Members

Share AT Experiences

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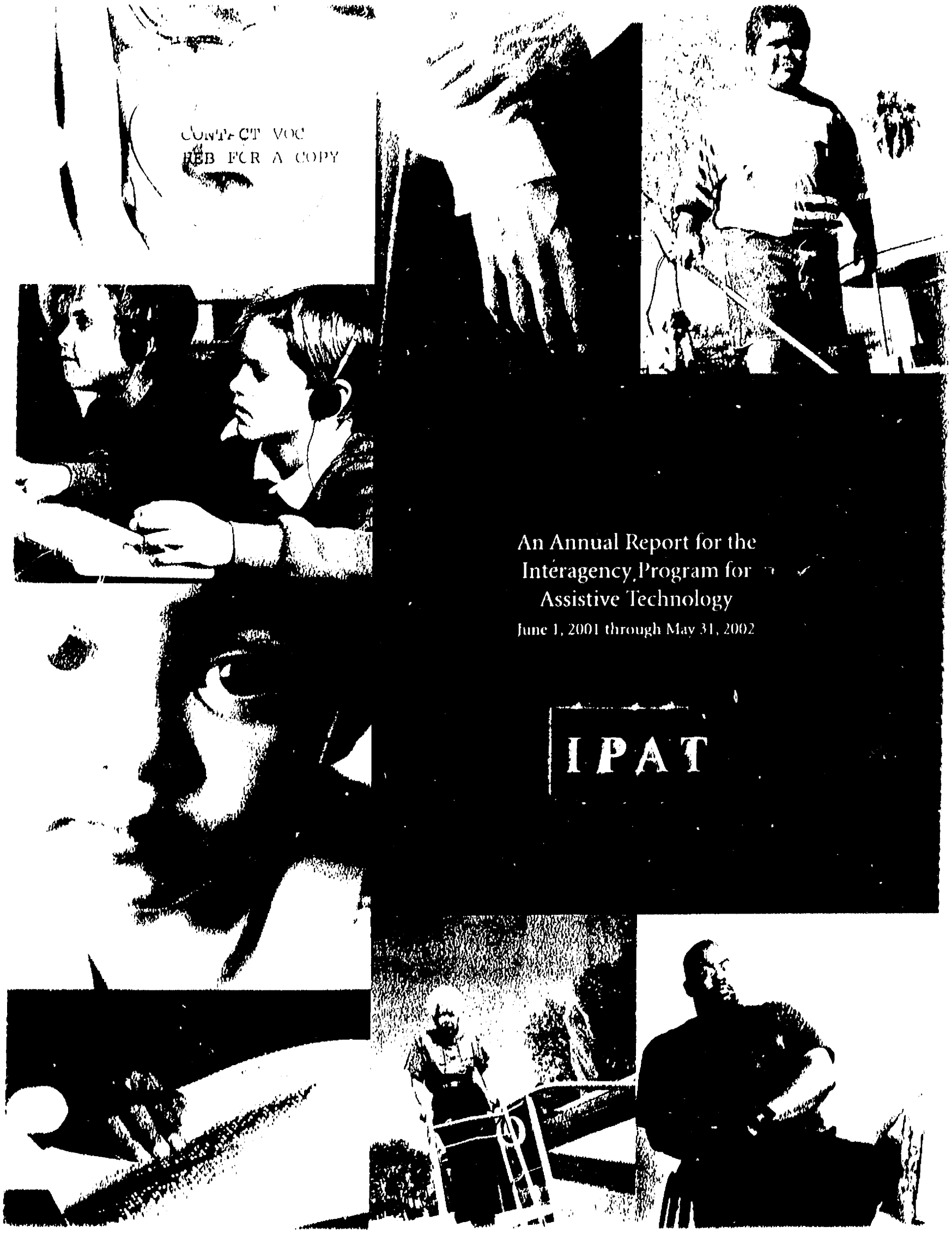

An Annual Report for the Interagency Program for Assistive Technology

June 1, 2001 through May 31, 2002

IPAT

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Exhibit 50

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
SENATOR RAY HOLMBERG, CHAIRMAN
JANUARY 16, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Alex C. Schweitzer, of the Department of Human Services. I am here today to provide you an overview of the North Dakota State Hospital budget area.

- **The North Dakota State Hospital provides the following services for Adults, Children and Adolescents:**

  - **Care and Treatment for Adults with Serious Mental Illness:**

    The State Hospital currently operates 118 inpatient beds for adult individuals with psychiatric illness, 22 inpatient beds for forensic admissions (that includes 10 sex offenders) and 16 transitional living beds for adults with serious mental illness, for a total of 156 beds. The average daily occupancy runs at about 115 patients or about 74% occupancy.

  - **Care and Treatment for Adults with Substance Abuse Problems:**

    The State Hospital operates 25 beds for adult individuals who are substance abusers or have a dual diagnosis of chemical dependency or mental illness and 25 beds for an intensive residential program for DUI offenders under a contract from the Department of Corrections, for a total of 50 beds.

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The average daily occupancy runs at about 45 patients or about 90% occupancy.

- Care and Treatment of Children and Adolescents:

The State Hospital operates 24 inpatient beds for children and adolescents with serious emotional disorders and substance abuse problems. The hospital subcontracts with the Jamestown School system for educational services for its child and adolescent population. The average daily occupancy runs at about 12 patients or about 42% occupancy.

- The State Hospital shares the campus with the James River Correctional Center and provides many contracted services to the prison. We also rent space to various governmental and private agencies.

- Operational trends that impact the 2003 – 2005 Executive Budget request:

- Patient admissions and census continue to decrease because of the availability of community-based services.

Treatment of individuals with mental illness or chemical dependency has evolved from an institutional model to a community based behavioral model. As a result, the State Hospital's average daily patient census has dropped from 300 in the 1990's to 160 in 2002. (See Attachment A). This budget request continues to reinforce the DHS priority of promoting

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community based options for people with mental illness and substance abuse problems.

- Decrease in employees.

As a result of the decrease in patient census, the hospital has also seen a decrease in employees. The hospital employed 630 full time equivalents in the 1995 – 1997 biennium. The hospital was down to 507 full time equivalents by the 2001 – 2003 biennium. The proposed budget submitted for 2003 – 2005 shows 416.90 full time equivalents.

- The utilization of space and buildings at the State Hospital.

The Executive Budget recommendation (2003 – 2005) for the Department of Human Services and Department of Corrections and Rehabilitation offers a way to utilize facilities and resources of the State Hospital to provide space for a women's correctional facility, more efficient facility management and additional services for individuals with substance abuse problems who are involved in the correctional system.

The hospital currently has five (5) patient care areas vacant, underutilized dining and kitchen space, and programs and services spread between numerous buildings.

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- Recommended Service and Building Changes:

  - Transfer the General Kitchen, Central Dining Room and Laundry buildings, equipment and some employees to the Department of Corrections.

  - The hospital will contract food preparation services from the James River Correctional Center under the supervision of the hospital's dietician.

  - Transfer the LaHaug Building from DHS – State Hospital to the Department of Corrections and Rehabilitation, for use as a women's correctional center.

  - Provide traditional State Hospital services in two buildings; the Adolescent Building and the GM Building for 135 patients.

    - The Adolescent Program located in the Adolescent Building will have eight (8) beds, with an expected average daily occupancy of 8 patients and will have four (4) extra beds available for patient referrals that exceed the 8-bed capacity.

    - The Adult Program for the mentally ill and chemically dependent will have 127 beds, with an expected average daily occupancy of 127 patients (with 111 patients in the hospital and 16 in Transitional Living) and will have 6 extra beds available for patient referrals that exceed the 127-bed capacity.

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- Provide residential addiction services for 90 patients from the correctional system in the former Nurses Education Building at a cost of $1.3 million to the DOCR.

- Transfer eight (8) developmentally disabled patients from the State Hospital to the North Dakota Developmental Center.

- Administrative and Support Services to occupy the Learning Resource Center.

- Comparison of projected average daily State Hospital population:

  - Traditional inpatient psychiatric and chemical dependency treatment services: 135 patients as compared to a current average daily population of 160. (The count of 160 includes 25 DUI patients.)

  - Chemical Dependency Treatment Services for corrections system: 90 patients, as compared to the current population of 25 in the DUI program.

- Recommended Staffing Changes:

  - Transfer dietary and laundry departments to DOCR.

    - Retain 9 dietary staff at the State Hospital.

    - Transfer 6 dietary staff and 4 laundry staff to DOCR.

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- Transfer 5 maintenance personnel from the State Hospital to DOCR.

- **Reduce the State Hospital's FTEs by 90.10 (from 507 in 2001-2003 budget to 416.90 in the proposed 2003-2005 budget). The budget request shows a decrease of 73.10 positions in administrative and support positions and only 17 positions in clinical/medical. The decrease in support personnel is indicative of the decrease in space and infrastructure. The following actions will be taken to avoid lay-offs:**

  - **53.4 FTEs are currently vacant or will be vacated through the DHS early retirement program and attrition.**

  - **36.7 positions are unfunded in the 2003 – 2005 budget.**

  - **Up to 15 FTE's can be transitioned through transfer to the James River Correctional Center, into the 10-laundry/dietary slots and 5 maintenance slots.**

  - **Normal attrition of 10 percent per year, through resignations and retirements, will result in further opportunities for staff transfers.**

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Page Seven: **North Dakota State Hospital Testimony**

- **Overview of Budget Changes:**

DESCRIPTION	2001-2003 Budget	2003-2005 Request	Increase/ Decrease
FTEs	**507.00**	**416.90**	**(90.10)**
EXPENSES			
Operating	50,375,253	43,357,159	(7,018,094)
Capital Improvements	1,258,778	955,540	(303,238)
TOTAL EXPENSES	**$51,634,031**	**$44,312,699**	**$ (7,321,332)**
REVENUE			
General Funds	32,414,110	27,351,799	(5,062,311)
Cap. Improvements-General Funds	1,258,778	555,540	(703,238)
TOTAL GENERAL FUNDS	**33,672,888**	**27,907,339**	**(5,765,549)**
FEDERAL FUNDS	**4,818,217**	**4,054,165**	**(764,052)**
Other Funds	13,142,926	11,951,195	(1,191,731)
Cap. Improvements-Other Funds	-	400,000	400,000
TOTAL OTHER FUNDS	**13,142,926**	**12,351,195**	**(791,731)**
TOTAL REVENUE	**$51,634,031**	**$44,312,699**	**$ (7,321,332)**

The State Hospital's Medical Director and various clinical personnel have been actively involved in the planning process for this budget proposal. The administrative and medical leadership of the State Hospital are confident with our ability to provide quality and compassionate care, safety for patients, and to maintain the hospital's accreditation. We have co-existed with the Jamestown River Correctional Center since June 1998, with no disruption of services or major incidents.

This concludes my testimony. I would be glad to answer any questions on the State Hospital budget.

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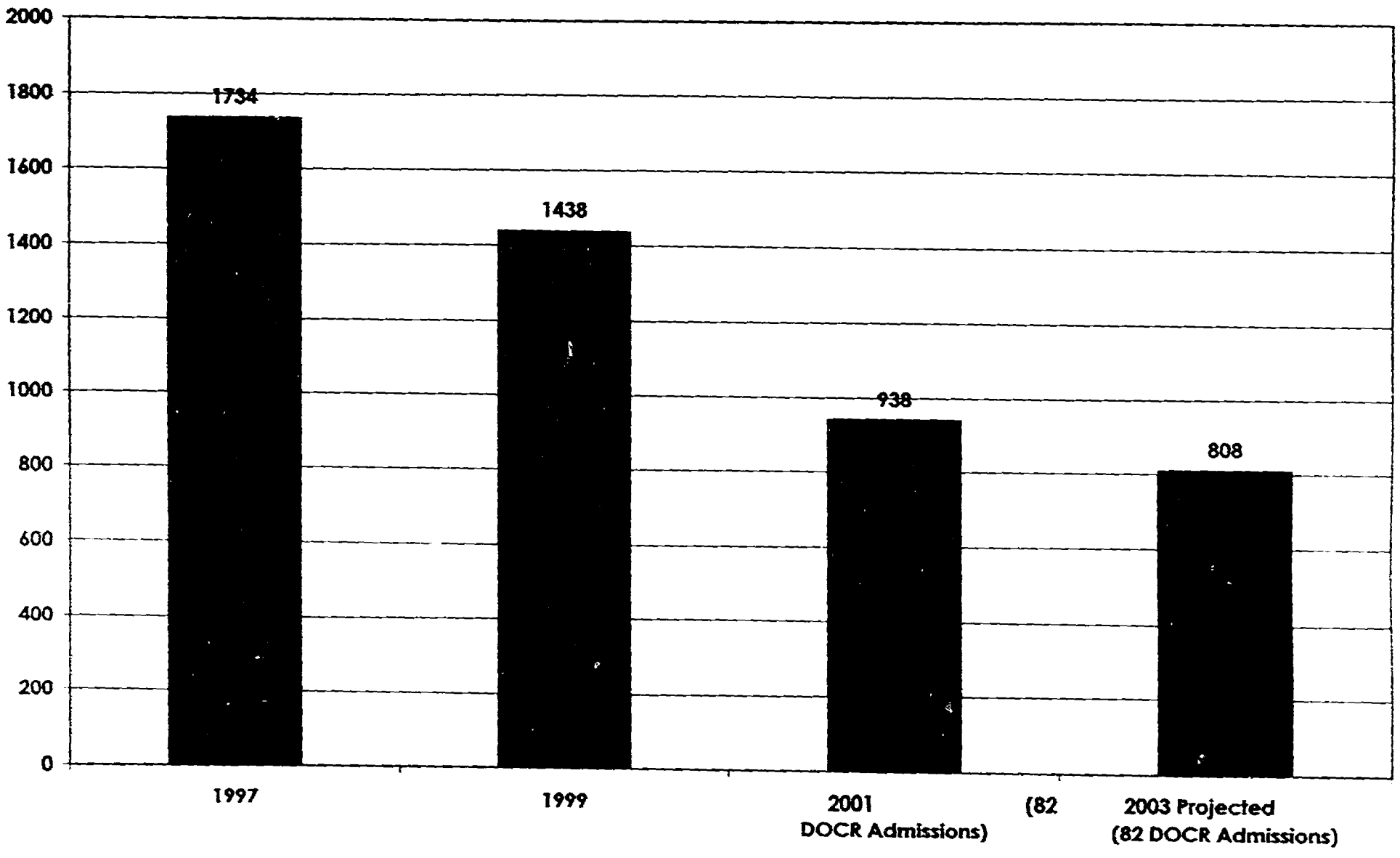
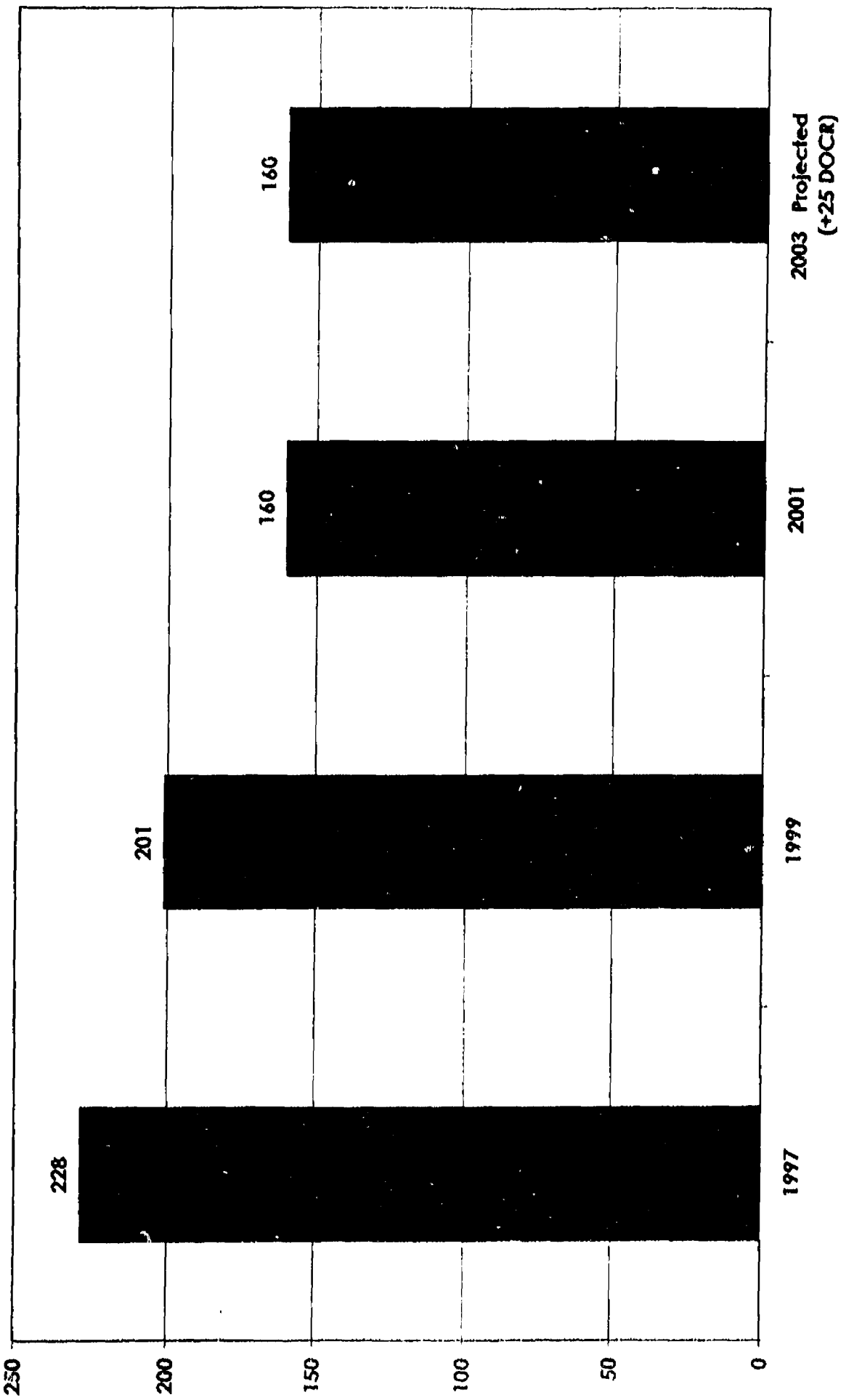


Attachment A

Attachment A



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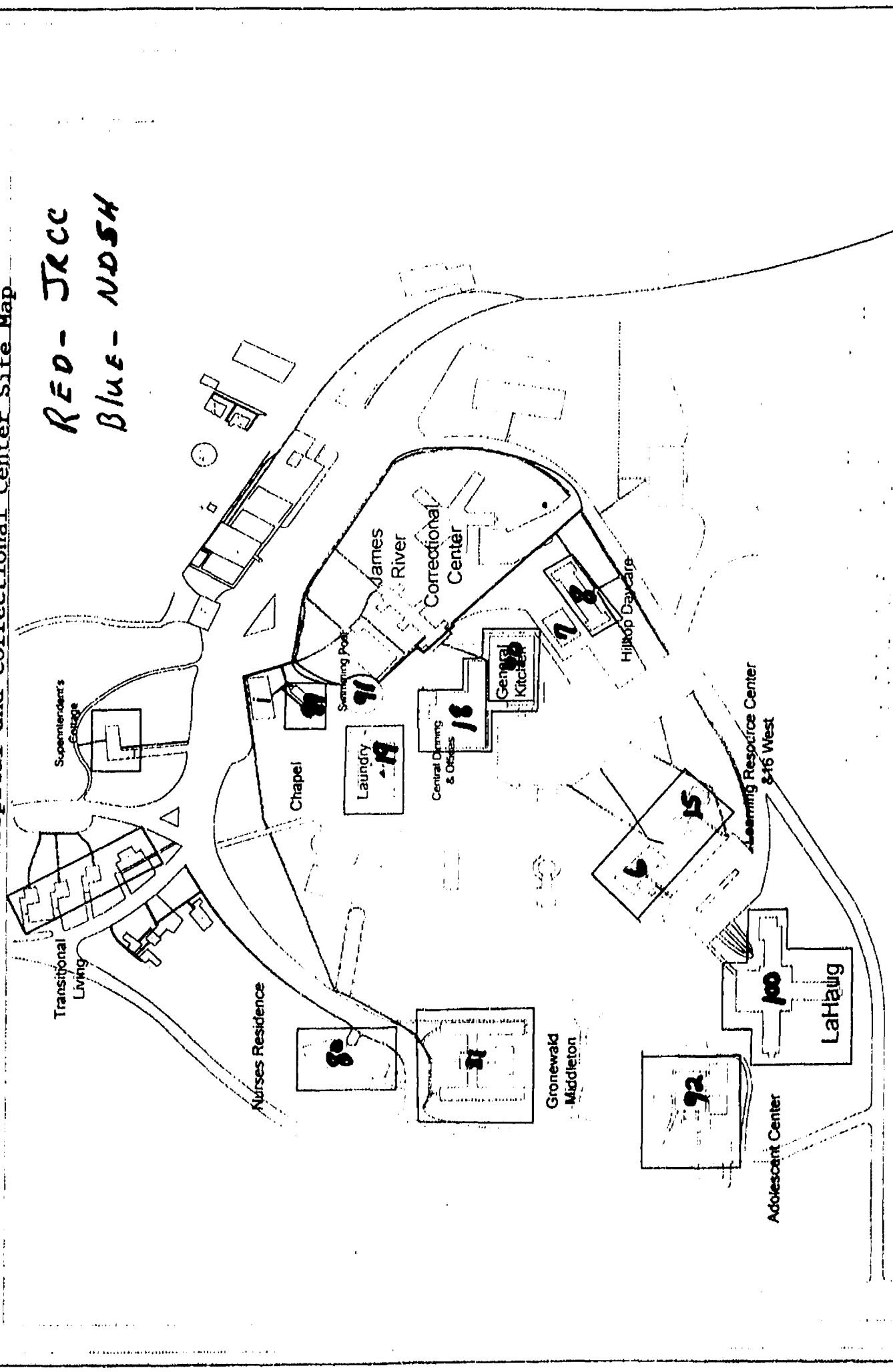
50A

Appendix D

Hospital and Correctional Center Site Map

RED - JRCC
Blue - NDSH



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TESTIMONY

SB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS COMMITTEE

REPRESENTATIVE KEN SVEDJAN, CHAIRMAN

FEBRUARY 26, 2003

Chairman Svedjan, members of the House Appropriations Committee, I am Alex C. Schweitzer, the Superintendent of the North Dakota State Hospital and North Dakota Developmental Center, of the Department of Human Services. I am here today to provide you an overview of the 2003 – 2005 budget request for these two institutions.

North Dakota State Hospital:

- **The North Dakota State Hospital provides the following services for Adults, Children and Adolescents:**

  - **Care and Treatment for Adults with Serious Mental Illness:**

    The State Hospital currently operates an inpatient psychiatric program for adults, a forensic program for adults (that includes 9 sex offenders) and an outpatient transitional living program for adults. The hospital operates 124 beds for the inpatient psychiatric program and 16 outpatient beds, for a total of 140 beds.

The average daily occupancy varies between 90 and 100 patients or about 65% to 70% occupancy.

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- <u>Care and Treatment for Adults with Substance Abuse Problems:</u>

  The State Hospital operates an inpatient substance abuse program for adults who have a dual diagnosis of chemical dependency and mental illness and a residential program for DUI offenders under a contract with the Department of Corrections. The hospital operates 25 beds for the inpatient substance abuse program and 25 beds for the residential (DUI) program, for a total of 50 beds.

  The average daily occupancy runs at about 45 patients or about 90% occupancy.

- <u>Care and Treatment of Children and Adolescents:</u>

  The State Hospital operates an inpatient program for children and adolescents with serious emotional disorders and substance abuse problems. The hospital contracts with the Jamestown School system for educational services for its children and adolescent population. The children and adolescent program has 24 beds.

  The average daily occupancy runs at about 10 patients or about 42% occupancy.

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- The State Hospital shares the campus with the James River Correctional Center and provides many contracted services to the prison. We also rent space to various governmental and private agencies.

- Operational trends that impact the 2003 – 2005 Executive Budget request:

  - <u>Patient admissions and census continue to decrease because of the availability of community-based services.</u>

    Treatment of individuals with mental illness or chemical dependency has evolved from an institutional model to a community based behavioral model. As a result, the State Hospital's average daily patient census has dropped from 300 patients in the 1990's to 160 patients in fiscal year 2002 and projected to be about 150 patients by June 2003. (See Attachment A).

  - <u>Decrease in employees.</u>

    As a result of the decrease in patient census, the hospital has also seen a decrease in employees. The hospital employed 630 full time equivalents in the 1995 – 1997 biennium. The proposed budget submitted for 2003 – 2005 shows 416.90 full time equivalents.

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- <u>The utilization of space and buildings at the State Hospital.</u>

  The Executive Budget recommendation (2003 – 2005) for the Department of Human Services and Department of Corrections and Rehabilitation offers a way to utilize facilities and resources of the State Hospital to provide space for a women's correctional facility, more efficient facility management and additional services for individuals with substance abuse problems who are involved in the correctional system.

  The hospital currently has five (5) patient care areas vacant, underutilized dining and kitchen space, and programs and services spread between numerous buildings.

- Recommended Service and Building Changes:

  - Transfer the General Kitchen, Central Dining Room and Laundry buildings, equipment and some employees to the Department of Corrections.

  - The hospital will contract food preparation services from the James River Correctional Center under the supervision of the hospital's dietician.

  - Transfer the LaHaug Building from DHS – State Hospital to the Department of Corrections and Rehabilitation, for use as a women's correctional center.

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- Provide traditional State Hospital services in two buildings; the Adolescent Building and the GM Building for 135 patients.

  - The Adolescent Program will have eight (8) beds, with an expected average daily occupancy of 8 patients and will have four (4) extra beds available for patient referrals that exceed the 8-bed capacity.

  - The Adult Program for the mentally ill and chemically dependent will have 127 beds, with an expected average daily occupancy of 127 patients (with 111 patients in the hospital and 16 in Transitional Living) and will have 6 extra beds available for patient referrals that exceed the 127-bed capacity.

- Provide residential addiction services for 90 patients from the correctional system in the former Nurses Education Building at a cost of $2.6 million to the DOCR.

- Transfer eight (8) developmentally disabled patients from the State Hospital to the North Dakota Developmental Center.

- Administrative and Support Services to occupy the Learning Resource Center.

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- Comparison of projected average daily State Hospital population:
  - Traditional inpatient psychiatric and chemical dependency treatment services: 135 patients as compared to a current average daily population of 160 patients in fiscal year 2002 and the 150 patients projected for June 30, 2003. (The count of 160 includes 25 DUI patients.)
  - Chemical Dependency Treatment Services for corrections system: 90 patients, as compared to the current population of 25 in the DUI program.
- Recommended Staffing Changes:
  - Transfer dietary and laundry departments to DOCR.
    - Retain 9 dietary staff at the State Hospital.
    - Transfer 6 dietary staff and 4 laundry staff to DOCR.
    - Transfer 5 maintenance personnel from the State Hospital to DOCR.
  - Reduce the State Hospital's FTEs by 90.10 (from 507 in 2001-2003 budget to 416.90 in the proposed 2003-2005 budget).
    - The budget request shows a decrease of 73.10 positions in administrative and support positions and only 17

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- positions in clinical/medical. The decrease in support personnel is the result of the decrease in space and infrastructure. The decrease in medical and clinical personnel is the result of census loss and how the hospital delivers service.

- The following information is on the status of these employees:

  - 54.1 FTEs are currently vacant or will be vacated through the DHS early retirement program and attrition.

  - 36 positions are unfunded in the 2003 – 2005 budget.

  - Up to 15 FTEs could be transitioned through transfer to the James River Correctional Center, into the 10-laundry/dietary slots and 5 maintenance slots.

  - Normal attrition of 10 percent per year, through resignations and retirements, and positions at the correctional center could result in further opportunities for staff transfers.

<u>Overview of Budget Changes:</u>

- The Senate made the following adjustments to the Executive Budget:

  - Removes the Governor's recommendation for state employees salary increases. The total for the State Hospital is $381,651.

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- Reduces funding from the general fund in the amount of $2 million dollars. The department may determine the specific areas to reduce.

North Dakota State Hospital Budget:

DESCRIPTION	2001-2003 BUDGET	2003 – 2005 EXECUTIVE BUDGET	INCREASE/ DECREASE	SENATE INC/DEC.	SENATE CHANGES
FTEs	507.00	416.90	(90.10)	-	-
EXPENSES					
Operating/Salaries	50,375,253	43,357,159	(7,018,094)	(2,381,651)	$40,975,508
Cap. Improvements	1,258,778	955,540	(303,238)	-	-
TOTAL EXPENSES	$51,634,031	$44,312,699	(7,321,332)	(2,381,651)	$41,931,048
REVENUE					
General Funds	32,414,110	27,351,799	(5,062,311)	(2,381,651)	24,970,148
Cap. Imp. Gen. Funds	1,258,778	555,540	(703,238)	-	-
TOTAL GEN. FUNDS	33,672,888	27,907,339	(5,765,549)	(2,381,651)	25,525,688
FEDERAL FUNDS	4,818,217	4,054,165	(764,052)	-	-
OTHER FUNDS	13,142,926	11,951,195	(1,191,731)	-	-
Cap. Imp. Other Funds	-	400,000	400,000	-	-
TOTAL OTHER FUNDS	13,142,926	12,351,195	(791,731)	-	-
TOTAL REVENUE	$51,634,031	$44,312,699	(7,321,332)	(2,381,651)	$41,931,048

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- **Impact of the Senate changes on the North Dakota State Hospital:**
  - **The hospital would reduce $358,627 in the following areas:**
    - **Put the clinical laboratories at the State Hospital and Developmental Center under one director. ($96,768).**
    - **Eliminate all overtime expense. ($102,724).**
    - **Reduce Operating Expenses. ($159,135).**
  - **The hospital would not be able to fill 16 vacant clinical full time equivalents that are currently being processed for filling and 9 clinical positions that are currently occupied for a reduction of $1,641,373.**
    - **The hospital has not yet identified which specific service units will be affected, given the short time frame to study the Senate's reductions. It's anticipated that these reductions would need to come in the clinical areas, as we have already identified a reduction of seventy-three (73) support full time equivalents in the Governor's budget recommendation.**

This concludes my testimony on the State Hospital budget. I would be glad to answer any questions on the State Hospital budget.

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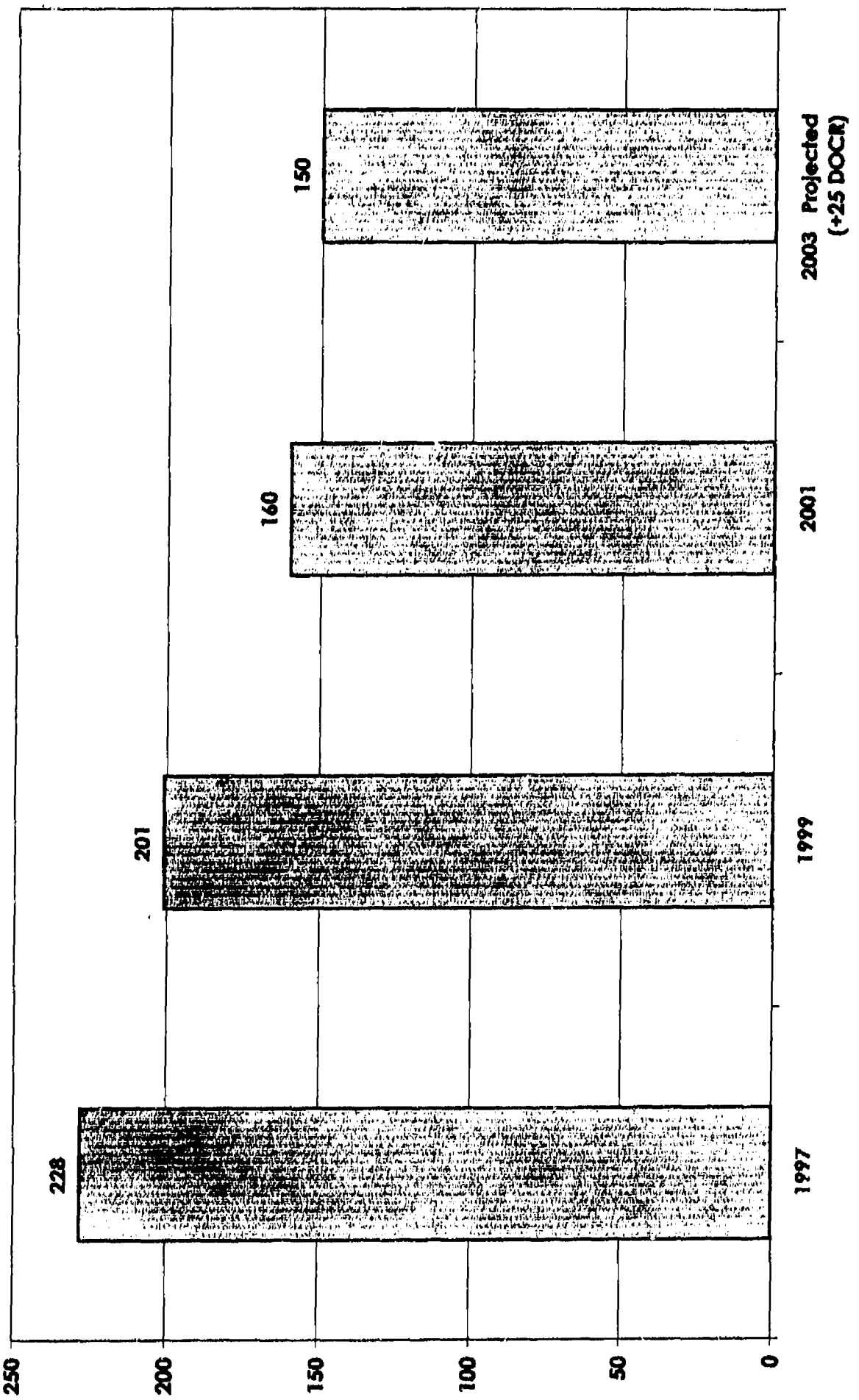
Theresa A. Lee
Operator's Signature

10-14-03
Date

ATTACHMENT A



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NORTH DAKOTA STATE HOSPITAL
UNFUNDED POSITIONS
2003-05 BIENNIUM

POSN	CLASS	BUDGET GRADE	BUDGET FTE	ACC	ACC DESCRIPTION	REVISED UNFUNDED FTEs	SUPPORT - ADMIN STAFF	DIRECT CARE STAFF	VACANT OR EARLY RETIREMENT FTEs	SUPPORT BUDGET SAVINGS	DIRECT CARE BUDGET SAVINGS	TOTAL BUDGET SAVINGS
4622	0810	7	0.500	9513	HUMAN RESOURCES	0.50	0.50		0.50	36,919		36,919
4910	0211	5	0.500	9513	HUMAN RESOURCES	0.50	0.50		0.50	27,408		27,408
TEMP	9008			9513	HUMAN RESOURCES					219,044		219,044
			1.000	**9513 Total**	**TOTAL HUMAN RESOURCES**	**1.00**	**1.00**	**-**	**1.00**	**283,371**	**-**	**283,371**
4023	0224	14	1.000	9515	ACCOUNTS PAYABLE	1.00	1.00		1.00	103,662		103,662
4041	0211	5	1.000	9515	ACCOUNTS PAYABLE	1.00	1.00			61,962		61,962
4474	0041	6	1.000	9515	ACCOUNTS PAYABLE	1.00	1.00			63,783		63,783
			3.000	**9515 Total**	**TOTAL ACCOUNTS PAYABLE**	**3.00**	**3.00**	**-**	**1.00**	**229,407**	**-**	**229,407**
4027	0211	5	1.000	9518	ACCOUNTS RECEIVABLE	1.00	1.00		1.00	61,681		61,681
4310	0041	6	0.600	9518	ACCOUNTS RECEIVABLE	0.60	0.60		0.60	41,024		41,024
4910	0211	5	0.500	9518	ACCOUNTS RECEIVABLE	0.50	0.50		0.50	27,408		27,408
			2.100	**9518 Total**	**TOTAL ACCOUNTS RECEIVABLE**	**2.10**	**2.10**	**-**	**2.10**	**130,113**	**-**	**130,113**
4037	0033	5	1.000	9519	HEALTH INFORMATION SERVICES	1.00	1.00		1.00	50,119		50,119
4077	0032	4	1.000	9519	HEALTH INFORMATION SERVICES	1.00	1.00		1.00	52,081		52,081
4371	0033	5	1.000	9519	HEALTH INFORMATION SERVICES	1.00	1.00		1.00	65,745		65,745
			3.000	**9519 Total**	**TOTAL HIS**	**3.00**	**3.00**	**-**	**3.00**	**167,944**	**-**	**167,944**
4091	5531	7	1.000	9521	SAFETY - SECURITY	1.00	1.00		1.00	64,176		64,176
4092	5531	7	1.000	9521	SAFETY - SECURITY	1.00	1.00			67,903		67,903
			2.000	**9521 Total**	**TOTAL SAFETY - SECURITY**	**2.00**	**2.00**	**-**	**1.00**	**132,078**	**-**	**132,078**
4149	8205	9	1.000	9551	PLANT SERVICES	1.00	1.00			87,212		87,212
4155	8233	11	1.000	9551	PLANT SERVICES	1.00	1.00			105,008		105,008
4157	8222	8	1.000	9551	PLANT SERVICES	1.00	1.00			80,010		80,010
4165	8343	10	1.000	9551	PLANT SERVICES	1.00	1.00			89,902		89,902
4245	8242	10	1.000	9551	PLANT SERVICES	1.00	1.00			83,569		83,569
4249	8209	7	1.000	9551	PLANT SERVICES	1.00	1.00			59,363		59,363
			6.000	**9551 Total**	**TOTAL PLANT SERVICES**	**6.00**	**6.00**	**-**	**-**	**505,063**	**-**	**505,063**
4746	8412	7	1.000	9552	GROUNDS	1.00	1.00			57,289		57,289
			1.000	**9552 Total**	**TOTAL GROUNDS**	**1.00**	**1.00**	**-**	**-**	**57,289**	**-**	**57,289**
4172	0033	5	1.000	9553	DIETARY	1.00	1.00			60,728		60,728
4174	7123	6	1.000	9553	DIETARY	1.00	1.00			63,559		63,559
4176	7123	6	1.000	9553	DIETARY	1.00	1.00			61,065		61,065
4180	7122	5	1.000	9553	DIETARY	1.00	1.00			55,348		55,348
4182	7123	6	1.000	9553	DIETARY	1.00	1.00			64,232		64,232
4183	7123	6	1.000	9553	DIETARY	1.00	1.00			63,027		63,027
4184	7123	6	1.000	9553	DIETARY	1.00	1.00			64,624		64,624
4186	7122	5	1.000	9553	DIETARY	1.00	1.00			56,917		56,917
4189	7122	5	1.000	9553	DIETARY	1.00	1.00			59,608		59,608
4190	7122	5	1.000	9553	DIETARY	1.00	1.00			56,329		56,329
4191	7122	5	1.000	9553	DIETARY	1.00	1.00			55,348		55,348
4192	7122	5	1.000	9553	DIETARY	1.00	1.00			57,534		57,534

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Operator's Signature

10-14-03
Date

NORTH DAKOTA STATE HOSPITAL
UNFUNDED POSITIONS
2003-05 BIENNIUM

POSN	CLASS	GRADE	BUDGET FTE	ACC	ACC DESCRIPTION	REVISED UNFUNDED FTEs	SUPPORT - ADMIN STAFF	DIRECT CARE STAFF	VACANT OR EARLY RETIREMENT FTEs	SUPPORT BUDGET SAVINGS	DIRECT CARE BUDGET SAVINGS	TOTAL BUDGET SAVINGS
4408	3111	9	1.000	9560	PRINT SHOP	1.00	1.00		1.00	89,342		89,342
			1.000	**9560 Total**	**TOTAL PRINT SHOP**	**1.00**	**1.00**	-	**1.00**	**89,342**	-	**89,342**
4328	9009	99	1.000	9601	MEDICAL STAFF	1.00		1.00	1.00		437,460	437,460
4331	9009	99	1.000	9601	MEDICAL STAFF	1.00		1.00			441,544	441,544
4335	9009	99	1.000	9601	MEDICAL STAFF	1.00		1.00	1.00		410,021	410,021
			3.000	**9601 Total**	**TOTAL MEDICAL STAFF**	**3.00**	-	**3.00**	**2.00**	-	**1,289,025**	**1,289,025**
4940	1026	14	1.000	9608	ADULT EDUCATION	1.00	1.00		1.00	101,841		101,841
			1.000	**9608 Total**	**TOTAL ADULT EDUCATION**	**1.00**	**1.00**	-	**1.00**	**101,841**	-	**101,841**
4221	4037	15	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00	1.00		1.00	161,422		161,422
4235	7010	3	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00	1.00			55,348		55,348
4365	4212	10	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		76,114	76,114
4381	4242	9	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		82,139	82,139
4388	3108	4	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		55,348	55,348
4453	4212	11	0.400	9614	ADULT PSYCHIATRIC SERVICES	0.40		0.40	0.40		36,421	36,421
4551	3062	11	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		94,835	94,835
4576	0042	7	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00	1.00		1.00	63,643		63,643
4598	3052	8	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		53,582	53,582
4603	3108	4	0.950	9614	ADULT PSYCHIATRIC SERVICES	0.95		0.95			52,500	52,500
4655	3062	11	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		86,343	86,343
4842	0033	5	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00	1.00			58,935		58,935
4864	7010	3	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00	1.00			59,047		59,047
4870	7010	3	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00	1.00			50,974		50,974
4886	3052	8	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		63,643	63,643
			14.350	**9614 Total**	**TOTAL APS**	**14.35**	**6.00**	**8.35**	**9.40**	**449,368**	**600,925**	**1,050,294**
4592	4101	4	1.000	9623	CHILD & ADOLESCENT SERVICES	1.00		1.00	1.00		47,410	47,410
4603	3108	4	0.050	9616	CHILD & ADOLESCENT SERVICES	0.05		0.05	0.05		2,763	2,763
4648	4102	6	1.000	9623	CHILD & ADOLESCENT SERVICES	1.00		1.00	1.00		48,893	48,893
4823	4102	6	1.000	9623	CHILD & ADOLESCENT SERVICES	1.00		1.00	1.00		53,022	53,022
			3.050	**Total**	**TOTAL CAS**	**3.05**	-	**3.05**	**3.05**	-	**152,088**	**152,088**
4453	4212	11	0.050	9619	CHEMICAL DEPENDENCY SERVICES	0.05		0.05			4,553	4,553
4461	4132	10	1.000	9619	CHEMICAL DEPENDENCY SERVICES	1.00		1.00	1.00		78,552	78,552
4475	0033	5	1.000	9619	CHEMICAL DEPENDENCY SERVICES	1.00	1.00		1.00	59,551		59,551
4769	4102	6	1.000	9619	CHEMICAL DEPENDENCY SERVICES	1.00		1.00	1.00		53,022	53,022
			3.050	**9619 Total**	**TOTAL CDS**	**3.05**	**1.00**	**2.05**	**3.00**	**59,551**	**136,127**	**195,678**
4453	4212	11	0.250	9624	ADULT TRANSITIONAL LIVING	0.25		0.25	0.25		22,763	22,763
			0.250	**9624 Total**	**TOTAL TL**	**0.25**	-	**0.25**	**0.25**	-	**22,763**	**22,763**
4453	4212	11	0.300	9609	CORRECTIONS REHAB & RECOVERY	0.30		0.30	0.30		27,315	27,315
			0.300	**9609 Total**	**TOTAL DOCC**	**0.30**	-	**0.30**	**0.30**	-	**27,315**	**27,315**
			90.10	**Grand Total**		**90.10**	**73.10**	**17.00**	**37.10**	**4,769,472**	**2,228,243**	**6,997,716**

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NORTH DAKOTA STATE HOSPITAL
UNFUNDED POSITIONS
2003-05 BIENNIUM

POSN	CLASS	BUDGET GRADE	BUDGET FTE	ACC	ACC DESCRIPTION	REVISED UNFUNDED FTEs	SUPPORT - ADMIN STAFF	DIRECT CARE STAFF	VACANT OR EARLY RETIREMENT FTEs	SUPPORT BUDGET SAVINGS	DIRECT CARE BUDGET SAVINGS	TOTAL BUDGET SAVINGS
4194	7122	5	1.000	9553	DIETARY	1.00	1.00		1.00	55,740		55,740
4195	7122	5	1.000	9553	DIETARY	1.00	1.00			56,609		56,609
4197	7113	3	1.000	9553	DIETARY	1.00	1.00			48,465		48,465
4198	7113	3	1.000	9553	DIETARY	1.00	1.00			53,638		53,638
4199	7113	3	1.000	9553	DIETARY	1.00	1.00			48,465		48,465
4201	7151	4	1.000	9553	DIETARY	1.00	1.00		1.00	60,084		60,084
4202	7113	3	1.000	9553	DIETARY	1.00	1.00			47,981		47,981
4203	7151	4	1.000	9553	DIETARY	1.00	1.00			59,047		59,047
4204	7151	4	1.000	9553	DIETARY	1.00	1.00		1.00	52,041		52,041
4205	7113	3	1.000	9553	DIETARY	1.00	1.00		1.00	49,064		49,064
4206	7151	4	1.000	9553	DIETARY	1.00	1.00			52,489		52,489
4208	7113	3	1.000	9553	DIETARY	1.00	1.00			48,465		48,465
4209	7113	3	1.000	9553	DIETARY	1.00	1.00			48,579		48,579
4210	7113	3	1.000	9553	DIETARY	1.00	1.00		1.00	48,893		48,893
4212	7113	3	1.000	9553	DIETARY	1.00	1.00		1.00	45,899		45,899
4213	7113	3	1.000	9553	DIETARY	1.00	1.00			48,380		48,380
4215	7113	3	1.000	9553	DIETARY	1.00	1.00			47,981		47,981
4217	7113	3	1.000	9553	DIETARY	1.00	1.00			49,264		49,264
			30.000	**9553 Total**	**TOTAL DIETARY**	**30.00**	**30.00**	-	**6.00**	**1,639,400**	-	**1,639,400**
4050	0632	8	1.000	9554	CENTRAL RECEIVING	1.00	1.00		1.00	62,942		62,942
			1.000	**9554 Total**	**TOTAL CENTRAL RECEIVING**	**1.00**	**1.00**	-	**1.00**	**62,942**	-	**62,942**
4232	7010	3	1.000	9555	HOUSEKEEPING	1.00	1.00			50,489		50,489
4233	7010	3	1.000	9555	HOUSEKEEPING	1.00	1.00			52,433		52,433
4237	7010	3	1.000	9555	HOUSEKEEPING	1.00	1.00			56,357		56,357
4243	7010	3	1.000	9555	HOUSEKEEPING	1.00	1.00			61,962		61,962
4250	7010	3	1.000	9555	HOUSEKEEPING	1.00	1.00			55,348		55,348
4588	7010	3	1.000	9555	HOUSEKEEPING	1.00	1.00			59,636		59,636
4865	7011	4	1.000	9555	HOUSEKEEPING	1.00	1.00			47,325		47,325
4871	7010	3	1.000	9555	HOUSEKEEPING	1.00	1.00			54,927		54,927
4913	7010	3	1.000	9555	HOUSEKEEPING	1.00	1.00			55,039		55,039
			9.000	**9555 Total**	**TOTAL HOUSEKEEPING**	**9.00**	**9.00**	-	-	**493,516**	-	**493,516**
4251	7203	3	1.000	9556	LAUNDRY	1.00	1.00			59,383		59,383
4254	7203	3	1.000	9556	LAUNDRY	1.00	1.00			51,957		51,957
4259	7211	6	1.000	9556	LAUNDRY	1.00	1.00			55,635		55,635
4817	7203	3	1.000	9556	LAUNDRY	1.00	1.00			57,169		57,169
			4.000	**9556 Total**	**TOTAL LAUNDRY**	**4.00**	**4.00**	-	-	**224,145**	-	**224,145**
4161	1206	7	1.000	9558	LIBRARY	1.00	1.00		1.00	76,198		76,198
			1.000	**9558 Total**	**TOTAL LIBRARY**	**1.00**	**1.00**	-	**1.00**	**76,198**	-	**76,198**
4271	4170	8	1.000	9559	CHAPLAINCY	1.00	1.00		1.00	67,903		67,903
			1.000	**9559 Total**	**TOTAL CHAPLAINCY**	**1.00**	**1.00**	-	**1.00**	**67,903**	-	**67,903**

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NORTH DAKOTA STATE HOSPITAL
UNFUNDED POSITIONS
2003-05 BIENNIUM

POSN	CLASS	JCLASS	BUDGET GRADE	BUDGET FTE	BUDGET ACC	ACC DESCRIPTION	REVISED UNFUNDED FTEs	SUPPORT - ADMIN STAFF	DIRECT CARE STAFF	VACANT OR EARLY RETIREMENT FTEs	SUPPORT BUDGET SAVINGS	DIRECT CARE BUDGET SAVINGS	TOTAL BUDGET SAVINGS
4598	3052	LPN II	8	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		53,582	53,582
4603	3108	ACTIVITY ASSISTANT I	4	0.950	9614	ADULT PSYCHIATRIC SERVICES	0.95		0.95			52,500	52,500
4655	3062	REGISTERED NURSE II	11	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		86,343	86,343
4842	0033	OFFICE ASSISTANT III	5	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00	1.00			58,935		58,935
4864	7010	CUSTODIAN	3	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00	1.00			59,047		59,047
4870	7010	CUSTODIAN	3	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00	1.00			50,974		50,974
4886	3052	LPN II	8	1.000	9614	ADULT PSYCHIATRIC SERVICES	1.00		1.00	1.00		63,643	63,643
				14.350	9614 Total	TOTAL APS	14.35	6.00	8.35	9.40	449,368	600,925	1,050,294
4592	4101	MH CARE SPEC I	4	1.000	9623	CHILD & ADOLESCENT SERVICES	1.00		1.00	1.00		47,410	47,410
4603	3108	ACTIVITY ASSISTANT I	4	0.050	9616	CHILD & ADOLESCENT SERVICES	0.05		0.05	0.05		2,763	2,763
4648	4102	MH CARE SPEC II	6	1.000	9623	CHILD & ADOLESCENT SERVICES	1.00		1.00	1.00		48,893	48,893
4823	4102	MH CARE SPEC II	6	1.000	9623	CHILD & ADOLESCENT SERVICES	1.00		1.00	1.00		53,022	53,022
				3.050	Total	TOTAL CAS	3.05	-	3.05	3.05	-	152,088	152,088
4453	4212	SOCIAL WORKER III	11	0.050	9619	CHEMICAL DEPENDENCY SERVICES	0.05		0.05			4,553	4,553
4461	4132	ADDICTION COUNS I	10	1.000	9619	CHEMICAL DEPENDENCY SERVICES	1.00		1.00	1.00		78,552	78,552
4475	0033	OFFICE ASSISTANT III	5	1.000	9619	CHEMICAL DEPENDENCY SERVICES	1.00	1.00		1.00	59,551		59,551
4769	4102	MH CARE SPEC II	6	1.000	9619	CHEMICAL DEPENDENCY SERVICES	1.00		1.00	1.00		53,022	53,022
				3.050	9619 Total	TOTAL CDS	3.05	1.00	2.05	3.00	59,551	136,127	195,678
4453	4212	SOCIAL WORKER III	11	0.250	9624	ADULT TRANSITIONAL LIVING	0.25		0.25	0.25		22,763	22,763
				0.250	9624 Total	TOTAL TL	0.25	-	0.25	0.25	-	22,763	22,763
4453	4212	SOCIAL WORKER III	11	0.300	9609	CORRECTIONS REHAB & RECOVERY	0.30		0.30	0.30		27,315	27,315
				0.300	9609 Total	TOTAL DOCC	0.30	-	0.30	0.30	-	27,315	27,315
				90.10	Grand Total		90.10	73.10	17.00	37.10	4,769,472	2,228,243	6,997,716

Department of Human Services
Summary by Division, Line Item and Budget Object Code as Submitted to the House
2003 - 2005 Budget

BOC	Budget Object Code Description	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
1000	FULL TIME EQUIVALENTS (FTES)	507.000	(90.100)	416.900	-	416.900
	420-01 STATE HOSPITAL FTE TOTALS	**507.000**	**(90.100)**	**416.900**	**-**	**416.900**
5005	LAND & BUILDINGS	403,676	(3,676)	400,000	-	400,000
5020	OTHER CAPITAL PAYMENTS	814,654	(259,114)	555,540	-	555,540
5030	EQUIPMENT OVER $5000	40,448	(40,448)	-	-	-
	CAPITAL IMPROVEMENTS BUDGET	**1,258,778**	**(303,238)**	**955,540**	**-**	**955,540**
5991	LAND & CPTL IMPRV - GENERAL FUNDS	1,258,778	(703,238)	555,540	-	555,540
5993	LAND & CPTL IMPRV - OTHER FUNDS	-	400,000	400,000	-	400,000
	CAPITAL IMPROVEMENTS FUNDING	**1,258,778**	**(303,238)**	**955,540**	**-**	**955,540**
1001	SALARIES	31,035,618	(4,502,291)	26,533,327	(2,067,049)	24,466,278
1002	TEMPORARY, OVERTIME & SHIFT DIFF.	1,152,063	(521,199)	630,864	(102,724)	528,140
1008	BENEFITS	10,555,709	(1,051,687)	9,504,022	(52,743)	9,451,279
3002	IT-DATA PROCESSING	2,400	-	2,400	-	2,400
3003	IT-TELEPHONE	292,088	(42,088)	250,000	(50,000)	200,000
3004	TRAVEL	293,823	(43,823)	250,000	-	250,000
3005	IT - SOFTWARE/SUPPLIES	2,460	22,540	25,000	-	25,000
3006	UTILITIES	1,274,225	934	1,275,159	-	1,275,159
3007	POSTAGE	19,168	30,832	50,000	(25,000)	25,000
3008	IT CONTRACTUAL SERVICES & REPAIRS	4,400	-	4,400	-	4,400
3011	LEASE/RENT - EQUIPMENT	44,589	(8,999)	35,590	-	35,590
3012	LEASE/RENT - BLDG/LAND	6,168	(2,516)	3,652	-	3,652
[illegible]3	PROFESSIONAL DEVELOPMENT	222,359	(22,359)	200,000	(84,135)	115,865
	OPERATING FEES & SERVICES	258,629	(58,629)	200,000	-	200,000
	REPAIRS	286,657	(46,448)	240,209	-	240,209
3018	PROFESSIONAL SERVICES	890,892	(190,892)	700,000	-	700,000
3019	INSURANCE	154,708	(4,708)	150,000	-	150,000
3021	OFFICE SUPPLIES	116,766	(16,766)	100,000	-	100,000
3024	PRINTING	121,943	(46,943)	75,000	-	75,000
3025	PROFESSIONAL SUPPLIES & MATERIALS	160,727	(60,727)	100,000	-	100,000
3027	FOOD & CLOTHING	994,366	(455,250)	539,116	-	539,116
3029	MEDICAL, DENTAL & OPTICAL	1,540,389	110,031	1,650,420	-	1,650,420
3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	684,084	(284,084)	400,000	-	400,000
3033	MISCELLANEOUS SUPPLIES	191,283	(41,283)	150,000	-	150,000
3034	OFFICE EQUIP & FURN - UNDER $5000	34,000	(34,000)	-	-	-
3036	OTHER EQUIPMENT - UNDER $5000	35,739	(35,739)	-	-	-
7090	SPECIAL LINE OTHER	-	288,000	288,000	-	288,000
	HSCS AND INSTITUTIONS BUDGET	**50,375,253**	**(7,018,094)**	**43,357,159**	**(2,381,651)**	**40,975,508**
7091	HSCS & INSTITUTIONS - GENERAL FUNDS	32,414,110	(5,062,311)	27,351,799	(2,381,651)	24,970,148
7092	HSCS & INSTITUTIONS - FEDERAL FUNDS	4,818,217	(764,052)	4,054,165	-	4,054,165
7093	HSCS & INSTITUTIONS - OTHER FUNDS	13,142,926	(1,191,731)	11,951,195	-	11,951,195
	HSCS AND INSTITUTIONS FUNDING	**50,375,253**	**(7,018,094)**	**43,357,159**	**(2,381,651)**	**40,975,508**
xx91	GENERAL FUNDS	33,672,888	(5,765,549)	27,907,339	(2,381,651)	25,525,688
xx92	FEDERAL FUNDS	4,818,217	(764,052)	4,054,165	-	4,054,165
xx93	OTHER FUNDS	13,142,926	(791,731)	12,351,195	-	12,351,195
	420-01 STATE HOSPITAL TOTALS	**51,634,031**	**(7,321,332)**	**44,312,699**	**(2,381,651)**	**41,931,048**

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Theresa A. Lee
Operator's Signature

10-14-03
Date

NORTH DAKOTA STATE HOSPITAL
BUDGET OBJECT CODE EXPLANATION
2003-05 BIENNIUM BUDGET REQUEST

BOC	DESCRIPTION	2001-03 BUDGET	2003-05 REQUEST	SENATE ADJ	2003-05 TO HOUSE	INC (DEC)	COMMENT	ACTUAL 1/31/2003	MONTHLY AVERAGE	BIANNUALIZED
3002	IT - Data Processing	2,400	2,400		2,400	-	Charges to microfilm medical records	2,158.20	119.90	2,877.60
3003	IT - Telephone	292,088	250,000	(50,000)	200,000	(92,088)		197,193.14	10,955.17	262,924.19
3004	Travel	278,544	250,000		250,000	(28,544)	Suggested Motor Pool Budget $305,875. NDSH will reduce the number of vehicles and vehicle usage to $200,000 (36%). We will get 2 GEM vehicles, turn back 4 pickups, 1 bus, garbage truck? And evaluate usage of all vehicles	209,145.53	11,619.20	278,860.71
3005	IT - Software and Supplies	-	25,000		25,000	25,000	Printer toner cartridges. Based on current usage. NDSH has 46 printers. $120 each	17,036.65	946.48	22,715.53
3006	Utilities	1,278,372	1,275,159		1,275,159	(3,213)	Calculated by plant services staff	953,557.95	52,975.44	1,271,410.60
3007	Postage	48,022	50,000	(25,000)	25,000	(23,022)	Original budget request 4% increase, but actual usage is $25,000.	10,000.00	555.56	13,333.33
3008	IT Contractural Services & Repair	4,400	4,400		4,400	-	Online Dakota information network for library.	2,359.50	131.08	3,146.00
3011	Lease/Rent - Equipment	41,417	35,590		35,590	(5,827)	Cable Services - $8,000 Equipment Rental - $10,700 Alex's car and lab equipment - $15,000	26,424.60	1,468.03	35,232.80
3012	Lease/Rent - Buildings/Land	3,652	3,652		3,652	-	For recruitment efforts and also for family members visiting patients who cannot afford lodging.	2,635.21	146.40	3,513.61
3013	Professional Development	231,089	200,000	(84,135)	115,865	(115,224)	$100 per FTE, plus	134,928.45	7,496.03	179,904.60
3014	Operating Fees & Services	178,021	200,000		200,000	21,979		224,292.90	12,460.72	299,057.20
3016	Repairs	306,813	240,209		240,209	(66,604)		239,184.29	13,288.02	318,912.39
3018	Professional Services	951,317	700,000		700,000	(251,317)	Current usage minus Dr. Laraway	646,193.38	35,899.63	861,591.17
3019	Insurance	154,708	150,000		150,000	(4,708)	Reduced number of buildings	121,338.14	6,741.01	161,784.19
3021	Office Supplies	115,828	100,000		100,000	(15,828)	Reduction due to reduced FTEs	72,143.17	4,007.95	96,190.89
3024	Printing	120,995	75,000		75,000	(45,995)		52,157.66	2,897.65	69,543.55
3025	Prof Supplies & Materials	159,130	100,000		100,000	(59,130)		116,077.95	6,448.78	154,770.60
3027	Food & Clothing	1,000,340	539,116		539,116	(461,224)		784,954.53	43,608.59	1,046,606.04
3029	Medical, Dental & Optical	1,539,343	1,650,420		1,650,420	111,077		1,316,693.98	73,149.67	1,755,591.97
3030	Bldg, Grounds, Vehicle Maint Supplies	683,701	400,000		400,000	(283,701)		646,296.69	35,905.37	861,728.92
3033	Miscellaneous Supplies	178,926	150,000		150,000	(28,926)		208,922.41	11,606.80	278,563.21
4002	Office Equipment & Furniture	34,000	-		-	(34,000)		5,400.00	300.00	7,200.00
4020	Other Equipment	71,478	-		-	(71,478)		71,801.30	3,988.96	95,735.07
7090	Special Line - Other	-	288,000		288,000	288,000		-	-	-
	TOTAL	**7,674,584**	**6,688,946**	**(159,135)**	**6,529,811**	**(1,144,773)**		6,060,895.67	336,716.42	8,081,194.17

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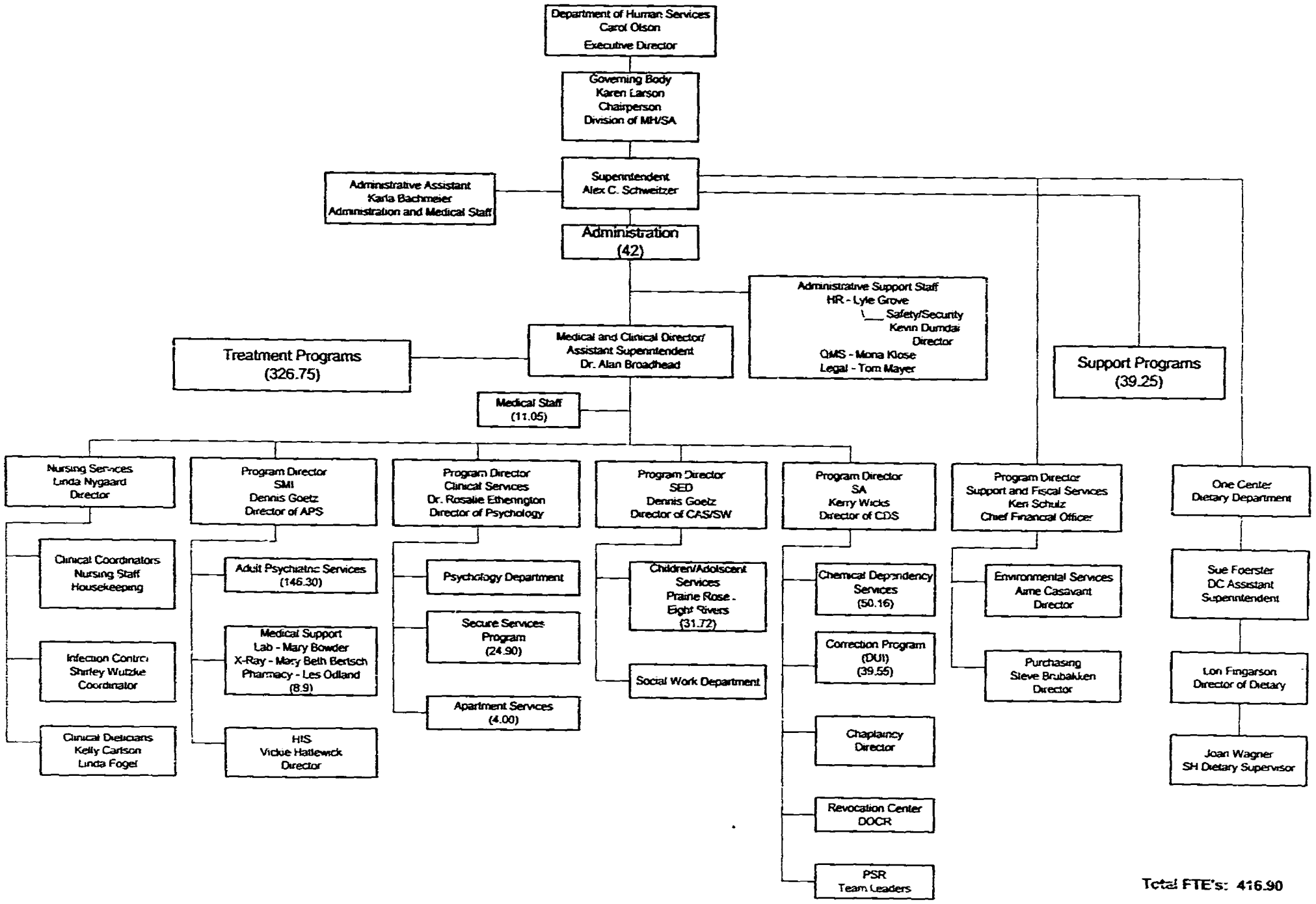
Operator's Signature

10-14-03
Date

North Dakota State Hospital

March 2003



Total FTE's: 416.90

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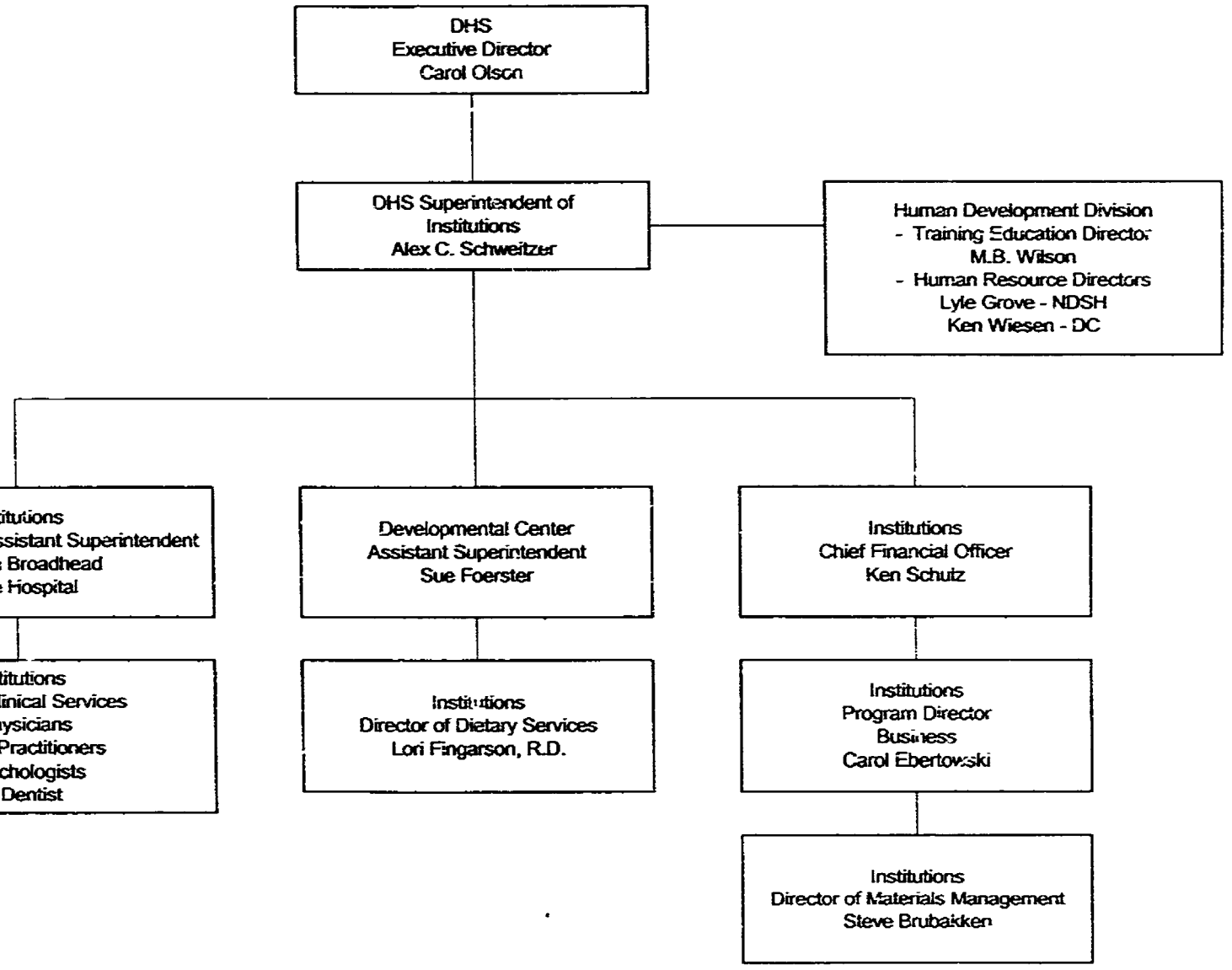
10-14-03
Date

Senior Leadership Team
DHS Institutions
NDSH/NDDC

March 2003



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10-14-03
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North Dakota State Hospital

Business Administration:

Administration	1.00
Human Resources	5.00
Accounts Payable	5.00
Accounts Receivable	4.00
Health Information Services	18.00
Safety/Security	2.00
Quality Management Services	3.00
Volunteers	1.00
Staff Development	3.00
Total	42.00

Support:

Plant Operations	17.00
Grounds	3.00
Dietary	9.00
Central Receiving	3.00
Housekeeping	3.00
Library	1.00
Chaplaincy	2.25
Barber/Beauty Shop	1.00
Total	39.25

Ancillary Services:

Dental	.50
Pharmacy	4.00
Laboratory	3.40
X-Ray	1.00
Total	8.90

Treatment Programs:

Medical Staff	11.05
Secure Services	24.90
Psychology Testing	1.00
Apartment Program	4.00
Adult Education	2.40
Corrections Program	39.44
Central Service	1.00
Nursing Administration	1.00
Adult Psychiatric Services	146.30
Adolescent Inpatient Services	31.72
Adult Chemical Dependency Services	50.16
Adult Transitional Living	13.67
Total	326.75

Total FTE's: 416.90

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NORTH DAKOTA STATE HOSPITAL

LENGTH OF STAY BY UNIT

JANUARY 2002 - DECEMBER 2002

L600	# of discharges	LOS
Jan	6	549
Feb	7	576
March	6	1281
April	5	459
May	8	368
June	5	200
July	4	903
August	4	1083
Sept	4	401
October	5	296
November	2	89
December	5	501
Total	61	6706

DAYS: 110

SECURE	# of discharges	LOS
Jan	0	0
Feb	0	0
March	0	0
April	0	0
May	0	0
June	0	0
July	0	0
August	0	0
Sept	9	553
October	3	66
November	6	32
December	5	88
Total	23	739

SECURE SERVICES UNIT

DAYS: 32

GM2	# of discharges	LOS
Jan	31	623
Feb	19	394
March	27	676
April	40	733
May	25	527
June	20	569
July	41	779
August	24	513
Sept	17	461
October	19	567
November	31	731
December	24	468
Total	318	7041

Dual diagnosis

DAYS: 22

DOCC	# of discharges	LOS
Jan	4	352
Feb	5	521
March	9	916
April	5	508
May	9	1070
June	7	714
July	9	698
August	5	629
Sept	12	1153
October	6	562
November	7	573
December	8	790
Total	86	8486

DUI Program

DAYS: 98

P.Rose	# of discharges	LOS
Jan	8	665
Feb	8	248
March	11	561
April	10	318
May	6	219
June	5	170
July	10	576
August	9	456
Sept	5	90
October	6	203
November	6	251
December	8	309
Total	91	4066

Adolescents

DAYS: 45

8 Rivers	# of discharges	LOS
Jan	1	148
Feb	0	0
March	0	0
April	0	0
May	3	1267
June	0	0
July	0	0
August	1	407
Sept	0	0
October	0	0
November	0	0
December	0	0
Total	5	1822

Adolescent (discontinued)

DAYS: 364

Prepared by NDSH, H.I.S. Dept. on 1/24/03 @ 3:15 p.m.
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Theresa A. Lee — Operator's Signature

10-14-03 — Date

ALEX SCHWEITZER · 03.14.03

NORTH DAKOTA STATE HOSPITAL

LENGTH OF STAY BY UNIT

JANUARY 2002 - DECEMBER 2002

L100A	# of discharges	LOS
Jan	1	3
Feb	1	11
March	0	0
April	0	0
May	1	3
June	5	38
July	4	43
August	1	5
Sept	0	0
October	0	0
November	0	0
December	0	0
Total	13	103

DAYS-AVG 8

Jail transfers

L100	# of discharges	LOS
Jan	3	23
Feb	1	15
March	4	215
April	5	142
May	0	0
June	4	125
July	3	396
August	2	16
Sept	1	8
October	0	0
November	0	0
December	0	0
Total	23	940

DAYS: 41

Traditional unit

300A	# of discharges	LOS
Jan	0	0
Feb	0	0
March	0	0
April	0	0
May	1	543
June	0	0
July	0	0
August	1	306
Sept	1	193
October	0	0
November	0	0
December	0	0
Total	3	1042

DAYS: 347

Chronic Ward

L300	# of discharges	LOS
Jan	1	17
Feb	1	14
March	2	557
April	3	207
May	4	19817
June	4	195
July	3	57
August	6	1335
Sept	2	25
October	0	0
November	3	4426
December	3	172
Total	32	26822

DAYS: 838

Admission unit

L400	# of discharges	LOS
Jan	4	55
Feb	6	142
March	8	132
April	9	140
May	10	474
June	19	861
July	11	476
August	12	164
Sept	6	55
October	6	78
November	4	54
December	4	224
Total	99	2855

Days: 29

Chronic Ward

L500	# of discharges	LOS
Jan	7	1283
Feb	4	327
March	3	152
April	5	1315
May	7	843
June	5	247
July	7	860
August	3	171
Sept	2	223
October	6	972
November	2	94
December	4	1303
Total	55	7790

DAYS: 142

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Theresa A. Hall
Operator's Signature

10-14-03
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ALEX SCHWEITZER, 03.14.03

NORTH DAKOTA STATE HOSPITAL
DAILY ROOM AND BOARD RATES

WARD	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03
Adult Psychiatric Admissions	465.63	496.04	458.27	472.70	485.66	400.11	386.71
Other Adult Psychiatric Wards	269.20	289.34	337.95	345.20	349.33	387.48	390.83
Apartment Program						378.20	566.92
Adolescent Inpatient (Prairie Rose)	488.52	460.46	463.46	474.64	517.15	461.60	567.83
Adolescent Residential (Eight Rivers)*	241.00	322.61	333.65	378.88	437.36	453.88	641.52
Chemical Dependency Inpatient	266.68	233.45	300.03	346.88	405.60	439.37	619.78
Chemical Dependency Residential*			230.79	252.13	317.59		
Secure Services	459.29	496.64	490.21	541.27	457.87	421.16	352.99
Adult Transitional Living - Therapeutic		93.00	130.00	188.39	189.48	182.53	227.73
Adult Transitional Living - Room & Board		8.73	8.73	9.00	9.00	8.00	7.15

* Discontinued Programs

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Theresa A. Lee — 10-12-03

Operator's Signature — Date

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ALEX SCHWEITZER. 03.14.03

NORTH DAKOTA STATE HOSPITAL
REVENUE COMPARISON

REVENUE SOURCES		2001-03	TO OMB 2003-05	OMB ADJUST.	GOVERNOR'S 2003-05 BUDGET	VARIANCE	COMMENTS
General Funds		32,454,558	25,872,278	1,479,521	27,351,799	(5,102,759)	
Cap. Improvements - General Funds		1,218,330	555,540		555,540	(662,790)	
TOTAL GENERAL FUNDS		**33,672,888**	**26,427,818**	**1,479,521**	**27,907,339**	**(5,765,549)**	
FEDERAL FUNDS							
Medical Assistance		4,814,277	4,052,165		4,052,165	(762,112)	FMAP decreasing, Disproportionate Share payments decreasing, reduced Adolescent inpatient program
HIV Testing		3,940	2,000		2,000	(1,940)	Less demand for testing
TOTAL FEDERAL FUNDS		**4,818,217**	**4,054,165**		**4,054,165**	**(764,052)**	
OTHER FUNDS							
Unidenified Other Authority		1,141,211	-		-	(1,141,211)	Adjustment to 2001-03 budget to underfund salaries
Client Collections		1,117,848	1,248,950		1,248,950	131,102	Based on current collections
Insurance		3,630,782	2,000,002		2,000,002	(1,630,780)	Insurance collections have steadily declined in the last 2 years
Estates & Collection Agencies		454,168	610,004		610,004	155,836	Based on current collections
Meals & Lodging (Non-Patients)		244,835	159,100		159,100	(85,735)	Rent of apartments and houses to staff and sale of meals to non-patients
State Land Department Payments		374,856	325,200		325,200	(49,656)	Estimate from Land Department
Medicare		2,804,808	3,500,000		3,500,000	695,192	Based on current collections
Miscellaneous		244,375	433,388		433,388	189,013	Estmate for 2003-05 to meet targeted budget numbers
DOCR CONTRACT FUNDS					-	-	
Laboratory		27,959	23,999		23,999	(3,960)	Based on current collections
X-Ray		8,278	5,002		5,002	(3,276)	Based on current collections
Physicians		160,945	198,702		198,702	37,757	Based on current collections
Dietition		2,850	1,000		1,000	(1,850)	Based on current collections
Engineering Labor		44,998	-		-	(44,998)	Contract for engineering labor will be discontinued
Utilities		470,257	850,000		850,000	379,743	Added utilities for Dietary, Laundry and Lahaug buildings
Treatment Programs		2,414,756	2,595,848		2,595,848	181,092	Programs to be provided on the NDSH campus
TOTAL DOCR CONTRACT FUNDS		**3,130,043**	**3,674,551**		**3,674,551**	**544,508**	
Sale of Lahaug Building to DOCR			400,000		400,000	400,000	Payment from DOCR for Lahaug Building - to be used for remodeling
TOTAL OTHER FUNDS		**13,142,926**	**12,351,195**		**12,351,195**	**(791,731)**	
					-		
TOTAL REVENUE		**$ 51,634,031**	**$ 42,833,178**	**$ 1,479,521**	**$ 44,312,699**	**$ (7,321,332)**	

NDSH Rev for House, 3/7/2003, by Ken Schulz

ALEX SCHWEITZER. 03.14.03

NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
		BUSINESS ADMINISTRATION				
4001	UNCLASSIFIED	SCHWEITZER, ALEX C	1.000		1.000	9511
		ADMINISTRATION	**1.000**	**0.000**	**1.000**	**9511 Total**
4010	PERSONNEL DIRECTOR II	GROVE, LYLE	1.000		1.000	9513
4022	ACCOUNT TECHNICIAN II	WALKER, DIANE J	1.000		1.000	9513
4039	PERSONNEL ASSISTANT	WALKER, WANDA J	1.000		1.000	9513
4093	ADMIN ASSISTANT I	KLEESE, CONNIE L	1.000		1.000	9513
4490	PERSONNEL OFFICER I	HASTINGS, DIANE L	1.000		1.000	9513
4622	PERSONNEL ASSISTANT	VACANT	0.500	(0.500)	0.000	9513
4910	ACCOUNT TECHNICIAN I	VACANT	0.500	(0.500)	0.000	9513
		HUMAN RESOURCES	**6.000**	**(1.000)**	**5.000**	**9513 Total**
4091	SECURITY OFFICER I	VACANT	1.000	(1.000)	0.000	9521
4092	SECURITY OFFICER I	DEVARY, JOHN	1.000	(1.000)	0.000	9521
4152	SAFETY OFFICER	DUMDAI, KEVIN A	1.000		1.000	9521
4175	SECURITY OFFICER I	PEARSON, JON S	1.000		1.000	9521
		SAFETY/SECURITY	**4.000**	**(2.000)**	**2.000**	**9521 Total**
4071	INSTRUCTOR	GIEDT, DORIS J	1.000		1.000	9611
4403	REGISTERED NURSE III	WYNNE, KATHY H	1.000		1.000	9611
4850	ADMIN ASSISTANT II	BJONE, LINDA L	1.000		1.000	9611
		STAFF DEVELOPMENT	**3.000**	**0.000**	**3.000**	**9611 Total**
4491	VOL SRVC COORD	STECKLER, KARON K	1.000		1.000	9605
		VOLUNTEERS	**1.000**	**0.000**	**1.000**	**9605 Total**
4020	ACCOUNTING MANAGER II	SCHULZ, KENNETH D	1.000		1.000	9515
4021	ACCTING/BDGT SPEC II	DEWALD, CHERYL A	1.000		1.000	9515
4023	ACCOUNTING MANAGER I	VACANT	1.000	(1.000)	0.000	9515
4024	STOREKEEPER I	MONSON, BERNICE F	1.000		1.000	9515
4029	ACCOUNT TECHNICIAN I	HEIDT, SANDRA M	1.000		1.000	9515
4041	ACCOUNT TECHNICIAN I	SCHULTZ, GAIL M	1.000	(1.000)	0.000	9515
4049	FLEET & EQUIP TECH III	HEIDT, RONALD J	1.000		1.000	9515
4474	ADMIN ASSISTANT I	MCCLEERY, LINDA L	1.000	(1.000)	0.000	9515
		ACCOUNTS PAYABLE	**8.000**	**(3.000)**	**5.000**	**9515 Total**
4027	ACCOUNT TECHNICIAN I	VACANT	1.000	(1.000)	0.000	9518
4028	ACCOUNT TECHNICIAN II	GEROUX, JOANN J	1.000		1.000	9518
4036	ACCOUNT TECHNICIAN I	HEINTZ, DARLENE R	1.000		1.000	9518
4064	ACCOUNT TECHNICIAN I	ROEMMICH, SUSAN R	1.000		1.000	9518
4066	ACCOUNT TECHNICIAN I	FRANSON, JORENE A	1.000		1.000	9518
4310	ADMIN ASSISTANT I	VACANT	0.600	(0.600)	0.000	9518
4910	ACCOUNT TECHNICIAN I	VACANT	0.500	(0.500)	0.000	9518
		ACCOUNTS RECEIVABLE	**6.100**	**(2.100)**	**4.000**	**9518 Total**
4031	OFFICE ASSISTANT III	SROZINSKI, BARBARA	1.000		1.000	9519
4033	OFFICE ASSISTANT III	GERMAIN, SHIRLEY A	1.000		1.000	9519
4034	OFFICE ASSISTANT III	MUSGRAVE, SHERRY R	1.000		1.000	9519
4037	OFFICE ASSISTANT III	VACANT	1.000	(1.000)	0.000	9519
4038	OFFICE ASSISTANT III	MAINE, RHONDA J	1.000		1.000	9519
4042	OFFICE ASSISTANT III	WAHL, DARLENE J	1.000		1.000	9519
4044	OFFICE ASSISTANT III	GINSBACH, LORRAINE M	1.000		1.000	9519
4056	OFFICE ASSISTANT III	SUKO, CONNIE R	1.000		1.000	9519
4066	OFFICE ASSISTANT III	BERG, BARBARA J	1.000		1.000	9519
4070	MED RECORD ADMIN III	HATLEWICK, VICKIE L	1.000		1.000	9519
4073	OFFICE ASSISTANT III	COMER, THERESA	1.000		1.000	9519
4074	OFFICE ASSISTANT III	WEBER, PATRICIA S	1.000		1.000	9519
4076	OFFICE ASSISTANT III	BITZ, SHARON L	1.000		1.000	9519
4077	OFFICE ASSISTANT II	VACANT	1.000	(1.000)	0.000	9519
4343	MED RECORD TECH II	HARTMANN, PAMELA J	1.000		1.000	9519
4371	OFFICE ASSISTANT III	VACANT	1.000	(1.000)	0.000	9519
4481	OFFICE ASSISTANT III	FUCHS, ALICE M	1.000		1.000	9519
4733	OFFICE \SSISTANT II	WOLFF, BEVERLY J	1.000		1.000	9519
4856	OFFICE ASSISTANT III	PETERSON, SALLY A	1.000		1.000	9519
4857	OFFICE ASSISTANT III	MOSER, CAROL A	1.000		1.000	9519
4858	OFFICE ASSISTANT III	KLEESE, JOANNE	1.000		1.000	9519
		HEALTH INFORMATION SERVICES	**21.000**	**(3.000)**	**18.000**	**9519 Total**
4521	REGISTERED NURSE III	WUTZKE, SHIRLEY J	1.000		1.000	9523

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NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
4523	REGISTERED NURSE III	EISSINGER, DEBRA J	1.000		1.000	9523
4549	HSPA V	KLOSE, MONA P	1.000		1.000	9523
		QUALITY SUPPORT	**3.000**	**0.000**	**3.000**	**9523 Total**
		TOTAL BUSINESS ADMINISTRATION	**53.100**	**(11.100)**	**42.000**	
		SUPPORT FUNCTIONS				
4102	GEN TRADES/MAINT WORKER II	DUTENHAFER, JASON J	1.000		1.000	9551
4131	PHYSICAL PLANT DIR III	CASAVANT, AIME	1.000		1.000	9551
4132	HEATING PLANT SUPER II	DUFF, DUANE P	1.000		1.000	9551
4133	HEATING PLANT OP II	FROEHLICH, TERRY L	1.000		1.000	9551
4136	HEATING PLANT OP II	SNELL, JOHN A	1.000		1.000	9551
4137	HEATING PLANT OP II	HETLETVEDT, MARK	1.000		1.000	9551
4138	HEATING PLANT OP II	ALBRECHT, TERRENCE L	1.000		1.000	9551
4143	PLUMBER II	WOLSKY, DUANE D	1.000		1.000	9551
4144	PLUMBER I	WALTZ, DENNIS D	1.000		1.000	9551
4145	PLUMBER II	KRAUSE, DAVID W	1.000		1.000	9551
4147	ELECTRICIAN III	KARTES, JOHN C	1.000		1.000	9551
4149	BRICKLAYER, MAINTENANCE	CLEMENS, FRANK R	1.000	(1.000)	0.000	9551
4150	ELECTRICIAN II	SHEETZ, TERRY A	1.000		1.000	9551
4151	HEATING PLANT OPERATOR II	GREENLUND, TIM R	1.000		1.000	9551
4155	PLUMBER III	SMITH, BRIAN D	1.000	(1.000)	0.000	9551
4157	CARPENTER II	CARR, RAY R	1.000	(1.000)	0.000	9551
4158	CARPENTER III	JOHNSON, RODNEY W	1.000		1.000	9551
4164	MAINTENANCE MECH II	GARDNER, BRENT B	1.000		1.000	9551
4165	MAINTENANCE MECH III	WILLMAN, GARY E	1.000	(1.000)	0.000	9551
4168	PAINTER II	PRICE, DALE A	1.000		1.000	9551
4245	ELECTRICIAN II	GEORGE, LANNY P	1.000	(1.000)	0.000	9551
4249	GEN. TRADES MAINT WKR I	LEE, LARRY E	1.000	(1.000)	0.000	9551
4473	HEATING PLANT OP II	CASAVANT, GERALD E	1.000		1.000	9551
		PLANT OPERATIONS	**23.000**	**(6.000)**	**17.000**	**9551 Total**
4101	LANDSCP & GRNDS SPVSR	FARSDALE, ROBERT H	1.000		1.000	9552
4110	EQUIPMENT OPERATOR II	HOFLAND, CURTIS L	1.000		1.000	9552
4160	EQUIPMENT OPERATOR II	GRABINGER, TIMOTHY N	1.000		1.000	9552
4746	EQUIPMENT OPERATOR II	HARR, DEAN A	1.000	(1.000)	0.000	9552
		GROUNDS	**4.000**	**(1.000)**	**3.000**	**9552 Total**
4076	FOOD SERVICE ASSISTANT	HUEBNER, JANINE J	1.000		1.000	9553
4170	FOOD SERVICES DIR III	WAGNER, JOAN C	1.000		1.000	9553
4171	DIETITIAN II	FOGEL, LINDA R	1.000		1.000	9553
4172	OFFICE ASSISTANT III	VACANT	1.000	(1.000)	0.000	9553
4174	COOK II	KOLLMAN, KEITH	1.000	(1.000)	0.000	9553
4176	COOK III	WEBER, PAUL J	1.000	(1.000)	0.000	9553
4180	COOK I	VACANT	1.000	(1.000)	0.000	9553
4181	FOOD SERV OP SUPER III	HOFF, LARRY J	1.000		1.000	9553
4182	COOK II	VACANT	1.000	(1.000)	0.000	9553
4183	COOK III	RONNGREN, JUDY A	1.000	(1.000)	0.000	9553
4184	COOK III	BATSCH, WARREN K	1.000	(1.000)	0.000	9553
4185	COOK III	ROWELL, DEAN A	1.000		1.000	9553
4186	COOK II	VACANT	1.000	(1.000)	0.000	9553
4189	COOK II	ROLFZEN, DIANE C	1.000	(1.000)	0.000	9553
4190	COOK II	JOHNSON, CINDY L	1.000	(1.000)	0.000	9553
4191	COOK II	VACANT	1.000	(1.000)	0.000	9553
4192	COOK II	FISHER, JUDY A	1.000	(1.000)	0.000	9553
4194	COOK II	VACANT	1.000	(1.000)	0.000	9553
4195	COOK II	VACANT	1.000	(1.000)	0.000	9553
4197	FOOD SERVICE ASSISTANT	CELLEY, MARGARET L	1.000	(1.000)	0.000	9553
4198	FOOD SERVICE ASSISTANT	RIEDERER, GARY L	1.000	(1.000)	0.000	9553
4199	FOOD SERVICE ASSISTANT	OBERLANDER, SHELBY M	1.000	(1.000)	0.000	9553
4200	FOOD SERV OP SUPER II	LINSTAEDT, LAUREEN A	1.000		1.000	9553
4201	FOOD SERV OP SUPER I	VACANT	1.000	(1.000)	0.000	9553
4202	FOOD SERVICE WORKER III	VACANT	1.000	(1.000)	0.000	9553
4203	FOOD SERV OP SUPER I	DUNN, THERESA	1.000	(1.000)	0.000	9553

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NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
4204	FOOD SERV OP SUPER I	VACANT	1.000	(1.000)	0.000	9553
4205	FOOD SERV WORKER III	VACANT	1.000	(1.000)	0.000	9553
4206	FOOD SERV OP SUPER I	BARNICK, PAULETTE M	1.000	(1.000)	0.000	9553
4207	FOOD SERV OP SUPER I	RIEMER, BERNICE F	1.000		1.000	9553
4208	FOOD SERVICE ASSISTANT	DEAN, BRUCE A	1.000	(1.000)	0.000	9553
4209	FOOD SERVICE ASSISTANT	GUTHMILLER, LINDA J	1.000	(1.000)	0.000	9553
4210	FOOD SERV WORKER III	VACANT	1.000	(1.000)	0.000	9553
4212	FOOD SERV WORKER III	VACANT	1.000	(1.000)	0.000	9553
4213	FOOD SERVICE ASSISTANT	ISZLER, LORETTA	1.000	(1.000)	0.000	9553
4215	FOOD SERVICE ASSISTANT	DOBITZ, ANGIE M	1.000	(1.000)	0.000	9553
4217	FOOD SERVICE ASSISTANT	CHAPIN, GAYLE A	1.000	(1.000)	0.000	9553
4218	FOOD SERVICE ASSISTANT	PETREK, STACY D	1.000		1.000	9553
4445	DIETICIAN II	SIMENSON, JOANN M	1.000		1.000	9553
		DIETARY	**39.000**	**(30.000)**	**9.000**	**9553 Total**
4050	STOREKEEPER II	VACANT	1.000	(1.000)	0.000	9554
4051	STOREKEEPER I	OCHSNER, BRUCE A	1.000		1.000	9554
4052	STOREKEEPER I	CICHOS, JUDITH M	1.000		1.000	9554
4053	PURCHASING AGENT II	BRUBAKKEN, STEVEN J	1.000		1.000	9554
		CENTRAL RECEIVING	**4.000**	**(1.000)**	**3.000**	**9554 Total**
4408	ACTIVITY THERAPIST I	SERBA, ROBERT	1.000	(1.000)	0.000	9561
		UPHOLSTERY SHOP	**1.000**	**(1.000)**	**0.000**	**9561 Total**
4231	CUSTODIAL SUPVSR I	BERTSCH, TERRI L	1.000		1.000	9555
4232	CUSTODIAN	FUERSTENBERG, BRENT J	1.000	(1.000)	0.000	9555
4233	CUSTODIAN	WEISBECK, DANIEL E	1.000	(1.000)	0.000	9555
4237	CUSTODIAN	KOUSHKOUSKI, MARCIA G	1.000	(1.000)	0.000	9555
4243	CUSTODIAN	VACANT	1.000	(1.000)	0.000	9555
4247	CUSTODIAN	DEEDE, JOHN A	1.000		1.000	9555
4250	CUSTODIAN	BENSON, DELPHINE D	1.000	(1.000)	0.000	9555
4586	CUSTODIAN	BJERKE, SUE A	1.000	(1.000)	0.000	9555
4865	CUSTODIAN, INSTITUTIONS	VACANT	1.000	(1.000)	0.000	9555
4869	CUSTODIAN	TAXIS, JERRY L	1.000		1.000	9555
4871	CUSTODIAN	CARLSON, KATHY D	1.000	(1.000)	0.000	9555
4913	CUSTODIAN	VACANT	1.000	(1.000)	0.000	9555
		HOUSEKEEPING	**12.000**	**(9.000)**	**3.000**	**9555 Total**
4251	LAUNDRY WORKER III	MORLOCK, LUCILLE J	1.000	(1.000)	0.000	9556
4254	LAUNDRY WORKER III	JANKE, ALICE F	1.000	(1.000)	0.000	9556
4259	LAUNDRY MANAGER I	ODEGARD, SIGURD M	1.000	(1.000)	0.000	9556
4817	LAUNDRY WORKER III	GAUB, ROBERT L	1.000	(1.000)	0.000	9556
		LAUNDRY	**4.000**	**(4.000)**	**0.000**	**9556 Total**
4161	LIBRARY ASSOCIATE II	HAUGEN, GENE	1.000	(1.000)	0.000	9558
4291	LIBRARY ASSOCIATE II	VACANT	1.000		1.000	9558
		LIBRARY	**2.000**	**(1.000)**	**1.000**	**9558 Total**
4270	DIR CHAPLAINCY SERV	BACKSTROM, JOEL N	1.000		1.000	9559
4271	CHAPLAIN INTERN	VACANT	1.000	(1.000)	0.000	9559
4272	CHAPLAIN INTERN	HELLER, KATHLEEN A	0.240		0.240	9559
4272	CHAPLAIN INTERN	TIU, JIMMY L	0.510		0.510	9559
4300	DENTAL ASSISTANT	KAISER, JERILYN K	0.500		0.500	9559
		CHAPLAINCY	**3.250**	**(1.000)**	**2.250**	**9559 Total**
4179	BEAUTICIAN	ROEMMICH, KAREN R	1.000		1.000	9562
		BARBER & BEAUTY SHOP	**1.000**	**0.000**	**1.000**	**9562 Total**
		TOTAL SUPPORT FUNCTIONS	**93.250**	**(54.000)**	**39.250**	
		ANCILLARY SERVICES				
4300	DENTAL ASSISTANT	KAISER, JERILYN K	0.500		0.500	9571
		DENTAL	**0.500**	**0.000**	**0.500**	**9571 Total**
4301	PHARMACIST II	ODLAND, LESLIE M	1.000		1.000	9572
4302	PHARMACIST I	SLUSSER, JOAN W	1.000		1.000	9572
4314	PHARMACIST I	SCHMOKER, CRAIG C	1.000		1.000	9572
4853	REGISTERED PHARMACY TECH	SCHAFER, MARILYN F	1.000		1.000	9572
		PHARMACY	**4.000**	**0.000**	**4.000**	**9572 Total**
4305	MED TECHNOLOGIST II	BOWDER, MARY E	1.000		1.000	9573

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NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
4306	MEDICAL LAB TECH II	VACANT	0.600		0.600	9573
4306	MEDICAL LAB TECH II	WILSON, ANN M	0.400		0.400	9573
4410	PHLEBOTOMY TECHNICIAN	LARSON, SARA A	0.400		0.400	9573
4476	MEDICAL LAB TECH II	LEE, CHERYL R	1.000		1.000	9573
		LABORATORY	**3.400**	**0.000**	**3.400**	**9573 Total**
4308	CHIEF RADIOLOGICAL TEC	BERTSCH, MARY B	1.000		1.000	9574
		X-RAY	**1.000**	**0.000**	**1.000**	**9574 Total**
		TOTAL ANCILLARY SERVICES	**8.900**	**0.000**	**8.900**	
		TREATMENT PROGRAMS				
4163	ADMIN ASSISTANT III	BACHMEIER, KARLA	1.000		1.000	9601
4304	PHYSICIAN - NOT CLASSIFIED	BALINGHASAY, CELESTINO P	0.850		0.850	9601
4320	MEDICAL DIRECTOR	BROADHEAD, ALAN J	1.000		1.000	9601
4324	PHYSICIAN - NOT CLASSIFIED	CASTILLO, MARIO A	0.950		0.950	9601
4325	PHYSICIAN - NOT CLASSIFIED	ROBLES, MARIA DIANA	0.500		0.500	9601
4326	PHYSICIAN ASSISTANT	PERKINS, RANDALL J	0.750		0.750	9601
4328	PHYSICIAN - NOT CLASSIFIED	VACANT	1.000	(1.000)	0.000	9601
4329	PHYSICIAN - NOT CLASSIFIED	PRYATEL JR, WILLIAM	1.000		1.000	9601
4331	PHYSICIAN - NOT CLASSIFIED	VACANT	1.000	(1.000)	0.000	9601
4333	PHYSICIAN - NOT CLASSIFIED	LARAWAY, RICHARD	1.000		1.000	9601
4335	PHYSICIAN - NOT CLASSIFIED	VACANT	1.000	(1.000)	0.000	9601
4391	PHYSICIAN - NOT CLASSIFIED	ABORDO, BAYANI Y	1.000		1.000	9601
4503	PHYSICIAN ASSISTANT	MURPHY, BERTHA	1.000		1.000	9601
4531	NURSE PRACTITIONER	WILLIAMS, SYLVIA J	1.000		1.000	9601
4547	NURSE PRACTITIONER	WEISENBURGER, ALLAN R	1.000		1.000	9601
		MEDICAL STAFF	**14.050**	**(3.000)**	**11.050**	**9601 Total**
4348	PSYCHOMETRIST I	NYGREN, SUSAN R	1.000		1.000	9604
		PSYCHOLOGY-TESTING	**1.000**	**0.000**	**1.000**	**9604 Total**
4940	DIR OF EDUCATION-NDSH	VACANT	1.000	(1.000)	0.000	9608
4941	INSTRUCTOR	REDMANN, GENE L	0.800		0.800	9608
4942	INSTRUCTOR	MCCOY, COLLEEN M	1.000		1.000	9608
4943	INSTRUCTOR	HEINLE, SONIA M	0.600		0.600	9608
		ADULT EDUCATION	**3.400**	**(1.000)**	**2.400**	**9608 Total**
4859	STOREKEEPER I	FLIETH, SALLY J	1.000		1.000	9610
		CENTRAL SERVICE	**1.000**	**0.000**	**1.000**	**9610 Total**
4500	DIR OF NURSING - NDSH	NYGAARD, LINDA A	1.000		1.000	9612
		NURSING ADMINISTRATION	**1.000**	**0.000**	**1.000**	**9612 Total**
4035	ADMIN ASSISTANT I	LIEN, CYNTHIA G	1.000		1.000	9614
4048	MH CARE SPEC II	THOMPSON, DALE J	0.650		0.650	9614
4086	TREATMENT UNIT DIRECTOR	GOETZ, DENNIS E	0.450		0.450	9614
4134	ADMIN ASSISTANT III	BLOCK, ROBERTA L	1.000		1.000	9614
4159	NURSE PRACTITIONER	JOHNSON, ROXANNE M	1.000		1.000	9614
4221	TREATMENT UNIT DIRECTOR	HANSEN, JOANNE	1.000	(1.000)	0.000	9614
4235	CUSTODIAN	TRIEU, DANITA	1.000	(1.000)	0.000	9614
4236	CUSTODIAN	SUKO, DeELDA	1.000		1.000	9614
4340	DIRECTOR OF PSYCHOLOGY	ETHERINGTON, ROSALIE R	0.700		0.700	9614
4342	LICENSED PSYCHOLOGIST II	SHALEEN, LORI	1.000		1.000	9614
4344	LICENSED PSYCHOLOGIST II	MILLER, ADAM D	0.850		0.850	9614
4347	LICENSE EXEMPT PSYCH II	PINE, LAWRENCE D	1.000		1.000	9614
4360	SUPERVISOR/CLINICIAN	REYERSON, MAURICE H.	1.000		1.000	9614
4363	SOCIAL WORKER II	PETERSEN, HEATHER L	1.000		1.000	9614
4365	SOCIAL WORKER II	VACANT	1.000	(1.000)	0.000	9614
4373	SOCIAL WORKER II	HANZAL, YVONNE M	1.000		1.000	9614
4381	VOC EVALUATOR II	VACANT	1.000	(1.000)	0.000	9614
4382	THERAP REC SPEC II	BURLEY, DEBRA A	0.250		0.250	9614
4383	THERAP REC SPEC III	CURTIS, MICHELE J	0.950		0.950	9614
4385	THERAP REC SPEC II	THOMPSON-WIDMER, CARRIE L	1.000		1.000	9614
4386	THERAP REC SPEC II	SMITH, STEPHANIE A	1.000		1.000	9614
4388	ACTIVITY ASSISTANT II	VACANT	1.000	(1.000)	0.000	9614
4390	OCCUPATIONAL THERAPIST	LARSON, JODY K	0.950		0.950	9614
4393	THERAP REC SPEC II	WILSON, RANDALL S	0.750		0.750	9614

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NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
4394	THERAP REC SPEC II	HOLBEN, JAMES L	1.000		1.000	9614
4395	OCCUPATIONAL THERAPIST	LEE, DIANE	1.000		1.000	9614
4404	VR COUNSELOR III	SAAR, SCOTT H	0.630		0.630	9614
4407	VOC EVALUATOR IV	DIEDE, MARK J	0.600		0.600	9614
4414	VOC EVALUATOR II	HECK, SANDRA F	0.850		0.850	9614
4415	SOCIAL WORKER II	CLIMER, PENNEY L	0.750		0.750	9614
4416	VOC EVALUATOR II	BOND, JAMES A	1.000		1.000	9614
4417	VOC EVALUATOR II	CLEMENS, MICHAEL R	0.600		0.600	9614
4418	CERTIFIED OT ASST. II	BENDER, CARMEN C	0.800		0.800	9614
4423	OFFICE ASSISTANT III	DOERR, GLORIA P	1.000		1.000	9614
4426	CERTIFIED OT ASST. II	DAVIS, CAROL J	0.750		0.750	9614
4453	SOCIAL WORKER III	VACANT	0.400	(0.400)	0.000	9614
4454	THERAP REC SPEC II	SPERLE-GEE, CYNTHIA R	0.050		0.050	9614
4458	REGISTERED NURSE II	DEWEY, PETER A	1.000		1.000	9614
4466	REGISTERED NURSE III	MARCY, CECILIA M	1.000		1.000	9614
4469	MH CARE SPEC II	REIMERS, HEIDI J	1.000		1.000	9614
4472	CERTIFIED OT ASST. II	NEVA, MICHELLE M	0.430		0.430	9614
4472	CERTIFIED OT ASST. II	VACANT	0.200		0.200	9614
4504	REGISTERED NURSE II	LULAI, RITA B	1.000		1.000	9614
4511	CLINICAL COORDINATOR	BROWN, BARBARA L	1.000		1.000	9614
4512	REGISTERED NURSE II	EMO, BARBARA M	1.000		1.000	9614
4513	REGISTERED NURSE III	BALDWIN, REBECCA J	1.000		1.000	9614
4514	REGISTERED NURSE II	BJORNSON, ZENAIDA	1.000		1.000	9614
4516	REGISTERED NURSE II	SONDAG, VIKKI A	1.000		1.000	9614
4517	REGISTERED NURSE III	TEMME, GILBERT B	1.000		1.000	9614
4518	REGISTERED NURSE II	DAMIEN, PAULA	1.000		1.000	9614
4520	REGISTERED NURSE II	UNDERDAHL, ARDIS L	1.000		1.000	9614
4522	ADMIN ASSISTANT I	ODEGARD, SHARON M	1.000		1.000	9614
4532	CLINICAL COORDINATOR	KEMMET, MELODY K	1.000		1.000	9614
4534	REGISTERED NURSE II	MC KAY, RUTH A	1.000		1.000	9614
4538	REGISTERED NURSE II	BRUMFIELD, AMANDA M	0.500		0.500	9614
4538	REGISTERED NURSE II	MC DANIEL, JOY C	0.500		0.500	9614
4539	REGISTERED NURSE II	FINCK, LINDA D	1.000		1.000	9614
4543	REGISTERED NURSE II	WIDMER, CELESTE K	1.000		1.000	9614
4545	REGISTERED NURSE II	BRANDENBURG, DIANA M	1.000		1.000	9614
4551	REGISTERED NURSE II	VACANT	1.000	(1.000)	0.000	9614
4553	REGISTERED NURSE II	DREHER, DARLA R	1.000		1.000	9614
4561	REGISTERED NURSE II	MCDOWELL, TODD J	1.000		1.000	9614
4571	LICENSED PSYCHOLOGIST II	COOMBS, LINCOLN D	1.000		1.000	9614
4572	REGISTERED NURSE II	VACANT	1.000		1.000	9614
4576	ADMIN ASSISTANT II	VACANT	1.000	(1.000)	0.000	9614
4577	LPN II	MICHEL, DONNA M	1.000		1.000	9614
4581	LPN II	HOFFART, SUSAN K	1.000		1.000	9614
4582	MH CARE SPEC II	VACANT	1.000		1.000	9614
4584	MH CARE SPEC III	PROPECK, BETTY	1.000		1.000	9614
4586	MH CARE SPEC II	FOLMER, CARMEL Q	1.000		1.000	9614
4598	LPN II	VACANT	1.000	(1.000)	0.000	9614
4602	MH CARE SPEC II	PERGOTSKI, EDWARD C	1.000		1.000	9614
4603	ACTIVITY ASSISTANT II	FORD, BROOKE R	0.950	(0.950)	0.000	9614
4608	MH CARE SPEC I	MOSER, MAVIS A	1.000		1.000	9614
4610	MH CARE SPEC II	PFAFF, SARA L	1.000		1.000	9614
4613	MH CARE SPEC II	WOEHL, RENEE M	1.000		1.000	9614
4614	MH CARE SPEC II	KRUEGER, AMANDA J	1.000		1.000	9614
4615	MH CARE SPEC I	MCDONALD, JACQUELINE I	1.000		1.000	9614
4616	MH CARE SPEC II	DEWALD, BRENDA L	1.000		1.000	9614
4620	MH CARE SPEC II	JENSEN, JANET C	1.000		1.000	9614
4627	LPN II	HALLOCK, JO A	1.000		1.000	9614
4630	MH CARE SPEC II	BRITZMAN, KENNETH V	1.000		1.000	9614
4633	MH CARE SPEC II	SUBART, RICHARD N	1.000		1.000	9614
4641	MH CARE SPEC II	NATHAN, JONATHAN M	1.000		1.000	9614
4650	ACTIVITY ASSISTANT II	HETLETVEDT, THOMAS C	0.900		0.900	9614
4653	MH CARE SPEC II	MCGILLIVRAY, MICHAEL	1.000		1.000	9614
4655	REGISTERED NURSE II	VACANT	1.000	(1.000)	0.000	9614
4656	MH CARE SPEC II	ALBER, KENNETH W	0.500		0.500	9614

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Theresa A. Lee
Operator's Signature

10-14-03
Date

NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
4656	MH CARE SPEC II	ANDERSON, MARILYN A	0.500		0.500	9614
4660	MH CARE SPEC II	CHRISTIANSEN, CHERYL J	0.600		0.600	9614
4660	MH CARE SPEC II	THOM, WILFERT	0.400		0.400	9614
4661	MH CARE SPEC I	BRIESE, WILLIAM D	1.000		1.000	9614
4663	MH CARE SPEC II	OLSON, LOWELL B	1.000		1.000	9614
4667	MH CARE SPEC II	CEBULA, STANLEY	1.000		1.000	9614
4671	MH CARE SPEC II	DODDS, ARTHUR D	1.000		1.000	9614
4674	MH CARE SPEC II	SOMMERDORF, DAVID P	1.000		1.000	9614
4675	MH CARE SPEC II	SUKO, NEIL M	1.000		1.000	9614
4680	ADMIN ASSISTANT II	DAVIS, CHERYL A	1.000		1.000	9614
4682	MH CARE SPEC I	VACANT	1.000		1.000	9614
4685	MH CARE SPEC II	HOYT, CLIFF	1.000		1.000	9614
4693	LPN II	WANZER, JACQUELINE M	1.000		1.000	9614
4701	MH CARE SPEC II	JOHNSON, LAURA A	1.000		1.000	9614
4705	MH CARE SPEC II/WARD CLERK	MASSINE, SCOTT A	1.000		1.000	9614
4706	MH CARE SPEC II	HARR, MERRILY J	1.000		1.000	9614
4710	MH CARE SPEC II	GUTTORMSON, DENNIS A	1.000		1.000	9614
4711	MH CARE SPEC II	HOFF, MARVIN D	1.000		1.000	9614
4713	MH CARE SPEC II	CULP, LARRY B	1.000		1.000	9614
4715	MH CARE SPEC I	BLOCK, ROGER	1.000		1.000	9614
4719	MH CARE SPEC II	HAUGLAND, SIGURD A	1.000		1.000	9614
4724	LPN I	HOLLOWAY, CHERYL E	1.000		1.000	9614
4725	MH CARE SPEC II	GUTTORMSON, WANDA M	1.000		1.000	9614
4726	MH CARE SPEC II	NEUMILLER, NANCY K	1.000		1.000	9614
4735	MH CARE SPEC I	WOLFF, THERESA A	1.000		1.000	9614
4738	MH CARE SPEC II	GREENWOOD, MARCY E	1.000		1.000	9614
4740	MH CARE SPEC II	VACANT	1.000		1.000	9614
4742	MH CARE SPEC II	KOEBERNICK, GARY R	1.000		1.000	9614
4745	ACTIVITY ASSISTANT II	SAMSON, JOHNNY Z	0.540		0.540	9614
4749	MH CARE SPEC II	LESMEISTER, KERRIE L	1.000		1.000	9614
4756	MH CARE SPEC II	VACANT	1.000		1.000	9614
4759	MH CARE SPEC II	BRADY, LEORA B	1.000		1.000	9614
4773	MH CARE SPEC II	OLSON, DUANE M	1.000		1.000	9614
4777	MH CARE SPEC II	SCHMIERER, DENNIS G	1.000		1.000	9614
4778	MH CARE SPEC II	McDANIEL, GINGER D	1.000		1.000	9614
4780	MH CARE SPEC II	SCHULZ, GLENN E	1.000		1.000	9614
4781	MH CARE SPEC II	SLAUGHTER, MARILYN A	1.000		1.000	9614
4782	MH CARE SPEC II	GRAY, VIOLET M	1.000		1.000	9614
4784	MH CARE SPEC II	WENZEL, STEVEN J	1.000		1.000	9614
4787	MH CARE SPEC II	MUTSCHLER, LUCY K	1.000		1.000	9614
4790	LPN II	PRICE, JANE M	1.000		1.000	9614
4791	MH CARE SPEC II	BRIESE, MYHRA G	1.000		1.000	9614
4793	MH CARE SPEC II	SCHOOLER, ANNETTE K	1.000		1.000	9614
4799	MH CARE SPEC II	GALL, CHERYL F	1.000		1.000	9614
4800	ACTIVITY ASSISTANT II	BURLEY, KEVIN C	1.000		1.000	9614
4806	MH CARE SPEC II	KOENIG, RHONDA J	1.000		1.000	9614
4816	MH CARE SPEC II	JOHNSON, JERRY L	1.000		1.000	9614
4819	MH CARE SPEC II	ALBRECHT, LISA J	1.000		1.000	9614
4820	MH CARE SPEC II	KLEVEN, JOLENE R	1.000		1.000	9614
4822	MH CARE SPEC II	PFARR, MARIE	1.000		1.000	9614
4827	MH CARE SPEC II	HORNUNG, JUDY M	1.000		1.000	9614
4828	MH CARE SPEC I	LEIGH, JESSE J	1.000		1.000	9614
4832	MH CARE SPEC II	WEIPPERT, BONNIE M	1.000		1.000	9614
4833	MH CARE SPEC II	BUERKLEY, TAMARA L	1.000		1.000	9614
4836	MH CARE SPEC II	MITTLEIDER, PAULETTE K	1.000		1.000	9614
4838	MH CARE SPEC II	PORTER, JAMES M	1.000		1.000	9614
4840	MH CARE SPEC II	UECKER, LESLIE M	0.500		0.500	9614
4842	OFFICE ASSISTANT III	VACANT	1.000	(1.000)	0.000	9614
4852	MH CARE SPEC II	WIDMER, KEVIN F	0.650		0.650	9614
4864	CUSTODIAN	TINKER, DENNIS R	1.000	(1.000)	0.000	9614
4866	CUSTODIAN	FINCK, PERRY D	1.000		1.000	9614
4870	CUSTODIAN	VACANT	1.000	(1.000)	0.000	9614
4873	MH CARE SPEC II	BRANDAU, SUSAN A	0.500		0.500	9614
4875	LPN II	MOTZ, CAROL M	1.000		1.000	9614

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Theresa A. Lee — 10-14-03

Operator's Signature — Date

NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
4878	LPN II	GOODMANSON, MARION L	1.000		1.000	9614
4886	LPN II	VACANT	1.000	(1.000)	0.000	9614
4887	MH CARE SPEC II	HESS, JANE M	1.000		1.000	9614
4888	LPN II	BENZ, DONNA M	1.000		1.000	9614
4892	LPN I	LARSON, DEBORAH J	1.000		1.000	9614
4894	LPN II	SAGER, NANCY	1.000		1.000	9614
4895	LPN II	RUTHERFORD, LINDA K	1.000		1.000	9614
4899	LPN II	TESKY, EVA M	1.000		1.000	9614
4901	MH CARE SPEC II	SOLEIM, DALE E	1.000		1.000	9614
4903	LPN I	NATHAN, JULIE B	1.000		1.000	9614
4904	LPN II	DUTENHAFER, LINDA J	0.500		0.500	9614
4904	LPN II	FORESTER, SUSAN D	0.000		0.500	9614
4915	MH CARE SPEC II	CHRISTENSEN, GORDON R	1.000		1.000	9614
4916	MH CARE SPEC II	ANDERSON, KURT L	1.000		1.000	9614
4917	LPN II	KRENZEL, EVANDA K	1.000		1.000	9614
4919	MH CARE SPEC II	ALLICKSON, BONNIE J	1.000		1.000	9614
4921	MH CARE SPEC II	CHURCH, LOIS A	1.000		1.000	9614
4922	MH CARE SPEC II	NEIBAUER, SUSANNE M	1.000		1.000	9614
4923	MH CARE SPEC II	NITSCHKE, MARILYN E	1.000		1.000	9614
4927	MH CARE SPEC II	PETERSON, KEITH M	1.000		1.000	9614
4960	LPN II	KRAFT, DEBRA A	1.000		1.000	9614
4971	REGISTERED NURSE II	BROWN, PEGGY M	1.000		1.000	9614
4973	REGISTERED NURSE III	BELL, RITA R	0.400		0.400	9614
4973	REGISTERED NURSE II	VACANT	0.600		0.600	9614
		ADULT PSYCHIATRIC INPATIENT	**161.650**	**(14.350)**	**147.300**	**9614 Total**
4059	MH CARE SPEC II	COLLINS, TERRIE R	1.000		1.000	9606
4762	MH CARE SPEC II	PAINTNER, LILLIAN M	1.000		1.000	9606
4897	LPN II	HETLETVEDT, KATRINA K	1.000		1.000	9606
4906	MH CARE SPEC I	GROSS, BETTY J	1.000		1.000	9606
		APARTMENT PROGRAM	**4.000**	**0.000**	**4.000**	**9606 Total**
4003	MH CARE ASSOCIATE	LARSON, DANIEL J	1.000		1.000	9624
4324	PHYSICIAN - NOT CLASSIFIED	CASTILLO, MARIO A	0.050		0.050	9624
4362	THERAP REC SPEC II	BURLEY, DEBRA A	0.250		0.250	9624
4407	VOC EVALUATOR IV	DIEDE, MARK J	0.250		0.250	9624
4415	SOCIAL WORKER II	CLIMER, PENNEY L	0.250		0.250	9624
4453	SOCIAL WORKER III	VACANT	0.250	(0.250)	0.000	9624
4472	CERTIFIED OT ASST. II	NEVA, MICHELLE M	0.370		0.370	9624
4505	MH CARE ASSOCIATE	FREEH, ROSEMARY	1.000		1.000	9624
4536	MH CARE SPEC II	VANDENEYKEL, RICHARD W	1.000		1.000	9624
4540	MH CARE SPEC II	JESKE, MONICA L	1.000		1.000	9624
4552	MH CARE SPEC II	NELSON, PEGGY H	1.000		1.000	9624
4554	REGISTERED NURSE II	HAAKENSON, LYNNE D	0.500		0.600	9624
4559	REGISTERED NURSE II	VACANT	0.200		0.200	9624
4559	REGISTERED NURSE II	HATLEWICK, JUDITH A	0.800		0.800	9624
4591	MH CARE SPEC I	KAPP, LINDA L	1.000		1.000	9624
4628	MH CARE SPEC I	STADLER, JESSICA A	1.000		1.000	9624
4652	LPN II	GERINGER, AUDREY E	1.000		1.000	9624
4716	MH CARE SPEC II	WALKER, AMY L	1.000		1.000	9624
4815	MH CARE SPEC II	PODOLL, RICHARD A	1.000		1.000	9624
4834	MH CARE SPEC II	LARSON, JOANN E	1.000		1.000	9624
		ADULT TRANSITIONAL LIVING	**13.920**	**(0.250)**	**13.670**	**9624 Total**
4030	ADMIN ASSISTANT I	MCMILLAN, RULEEN M	1.000		1.000	9616
4046	CLINICAL COORDINATOR	SCHULZ, LEAH A	0.230		0.230	9616
4048	MH CARE SPEC II	THOMPSON, DALE J	0.050		0.050	9616
4086	TREATMENT UNIT DIRECTOR	GOETZ, DENNIS E	0.500		0.500	9616
4100	SOCIAL WORKER III	CASON, MARILYNN A	1.000		1.000	9616
4103	MH CARE ASSOCIATE	VACANT	1.000		1.000	9616
4246	CUSTODIAN	SOMA, VICTORIA B	1.000		1.000	9616
4257	CUSTODIAN	OST, ARLENE F	1.000		1.000	9616
4325	PHYSICIAN - NOT CLASSIFIED	ROBLES, MARIA DIANA	0.500		0.500	9616
4340	DIRECTOR OF PSYCHOLOGY	ETHERINGTON, ROSALIE R	0.150		0.150	9616
4344	LICENSED PSYCHOLOGIST II	MILLER, ADAM D	0.150		0.150	9616
4361	SUPERVISOR/CLINICIAN	McCOMMON, GUY M	1.000		1.000	9616
4362	THERAP REC SPEC II	BURLEY, DEBRA A	0.500		0.500	9616

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Theresa A. Bell
Operator's Signature

10-14-03
Date

NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
4383	THERAP REC SPEC III	CURTIS, MICHELE J	0.050		0.050	9616
4390	OCCUPATIONAL THERAPIST	LARSON, JODY K	0.050		0.050	9616
4397	CERTIFIED OT ASST. II	BOND, SUSAN D	0.100		0.100	9616
4404	VR COUNSELOR III	SAAR, SCOTT H	0.130		0.130	9616
4407	VOC EVALUATOR IV	DIEDE, MARK J	0.100		0.100	9616
4414	VOC EVALUATOR II	HECK, SANDRA F	0.050		0.050	9616
4417	VOC EVALUATOR II	CLEMENS, MICHAEL R	0.100		0.100	9616
4418	CERTIFIED OT ASST. II	BENDER, CARMEN C	0.200		0.200	9616
4443	ADDICTION COUNS III	CROWSTON, JOHN E	0.050		0.050	9616
4454	THERAP REC SPEC II	SPERLE-GEE, CYNTHIA R	0.250		0.250	9616
4471	MH CARE SPEC II	WALKER, ROBERT L	1.000		1.000	9616
4515	REGISTERED NURSE II	STROM, KAM W	1.000		1.000	9616
4583	MHC ASSOCIATE	VACANT	1.000		1.000	9616
4587	REGISTERED NURSE II	CLEMENS, CYNTHIA R	1.000		1.000	9616
4590	LPN II	FLORHAUG, DAWN L	1.000		1.000	9616
4603	ACTIVITY ASSISTANT II	FORD, BROOKE R	0.050	(0.050)	0.000	9616
4612	MH CARE SPEC II	KLOSTREICH, DIANE M	1.000		1.000	9616
4644	REGISTERED NURSE III	GEISZLER, GWEN D	1.000		1.000	9616
4650	ACTIVITY ASSISTANT II	HETLETVEDT, THOMAS C	0.100		0.100	9616
4657	MH CARE SPEC II	GIENGER, VIONA	1.000		1.000	9616
4666	MH CARE SPEC II	KAPP, TERESA L	1.000		1.000	9616
4681	MH CARE SPEC II	MALEY, TAMERA J	1.000		1.000	9616
4687	MH CARE SPEC II	VACANT	1.000		1.000	9616
4689	MH CARE SPEC II	VACANT	1.000		1.000	9616
4690	MH CARE SPEC II	RICE, PHILIP R	1.000		1.000	9616
4714	REGISTERED NURSE II	URLAUB, MARK A	1.000		1.000	9616
4745	ACTIVITY ASSISTANT II	SAMSON, JOHNNY Z	0.460		0.460	9616
4758	MH CARE SPEC II	BRITZMAN, CONNIE P	1.000		1.000	9616
4795	MH CARE SPEC II	BRIESE, MYRA M	1.000		1.000	9616
4824	LPN II	VACANT	1.000		1.000	9616
4852	MH CARE SPEC II	WIDMER, KEVIN F	0.050		0.050	9616
4896	LPN II	WEBER, CORRINNE R	1.000		1.000	9616
4957	OFFICE ASSISTANT II	GROTHMAN, MYRA J	1.000		1.000	9616
4965	REGISTERED NURSE III	SCHLENKER, RHONDA J	1.000		1.000	9616
4972	REGISTERED NURSE III	KLUSMANN, COLLEEN K	1.000		1.000	9616
		ADOLESCENT INPATIENT(PRAIRIE ROSE)	**30.820**	**(0.050)**	**30.770**	**9616 Total**
4592	MH CARE SPEC I	VACANT	1.000	(1.000)	0.000	9623
4648	MH CARE SPEC II	VACANT	1.000	(1.000)	0.000	9623
4823	MH CARE SPEC II	VACANT	1.000	(1.000)	0.000	9623
		ADOLESCENT RESIDENTIAL(EIGHT RIVERS)	**3.000**	**(3.000)**	**0.000**	**9623 Total**
4046	CLINICAL COORDINATOR	SCHULZ, LEAH A	0.770		0.770	9619
4048	MH CARE SPEC II	THOMPSON, DALE J	0.300		0.300	9619
4058	LICENSED PSYCHOLOGIST II	OWENS, SANDIE K	1.000		1.000	9619
4086	TREATMENT UNIT DIRECTOR	GOETZ, DENNIS E	0.050		0.050	9619
4241	CUSTODIAN	JOHNSON, PHYLLIS M	1.000		1.000	9619
4242	CUSTODIAN	GRENZ, HELEN E	1.000		1.000	9619
4340	DIRECTOR OF PSYCHOLOGY	ETHERINGTON, ROSALIE R	0.150		0.150	9619
4397	CERTIFIED OT ASST. II	BOND, SUSAN D	0.900		0.900	9619
4400	THERAP REC SPEC II	LA DOUCEUR, KRISANNE L	0.500		0.500	9619
4403	SOCIAL WORKER II	SMITH, JOAN F	1.000		1.000	9619
4404	VR COUNSELOR III	SAAR, SCOTT H	0.240		0.240	9619
4405	VR COUNSELOR III	SOLEIM, LORAN D	0.800		0.800	9619
4407	VOC EVALUATOR IV	DIEDE, MARK J	0.050		0.050	9619
4414	VOC EVALUATOR II	HECK, SANDRA F	0.100		0.100	9619
4417	VOC EVALUATOR II	CLEMENS, MICHAEL R	0.300		0.300	9619
4425	OT	WALKER, KAREN L	0.800		0.800	9619
4440	TREATMENT UNIT DIRECTOR	WICKS, KERRY W	0.700		0.700	9619
4443	ADDICTION COUNS III	CROWSTON, JOHN E	0.950		0.950	9619
4449	ADDICTION COUNS II	MONEK, ANITA L	1.000		1.000	9619
4450	ADDICTION COUNS III	RANDALL, TIMOTHY L	1.000		1.000	9619
4453	SOCIAL WORKER III	VACANT	0.050	(0.050)	0.000	9619
4454	THERAP REC SPEC II	SPERLE-GEE, CYNTHIA R	0.700		0.700	9619
4456	ADDICTION COUNS II	CUDMORE-KREMER, SHAWN M	1.000		1.000	9619
4461	ADDICTION COUNS I	VACANT	1.000	(1.000)	0.000	9619

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10-14-03
Date

NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
4475	OFFICE ASSISTANT III	BAUSKE, GERALDINE E	1.000	(1.000)	0.000	9619
4477	OFFICE ASSISTANT III	GUMKE, TAMMY R	1.000		1.000	9619
4510	REGISTERED NURSE II	KEMMET, MARLENE K	1.000		1.000	9619
4524	REGISTERED NURSE II	JASPER, CANDACE J	1.000		1.000	9619
4525	REGISTERED NURSE II	MC DOWELL, CANDACE L	0.500		0.500	9619
4526	REGISTERED NURSE II	MEIDINGER, STELLA R	0.500		0.500	9619
4527	REGISTERED NURSE II	VACANT	1.000		1.000	9619
4530	REGISTERED NURSE II	CASAVANT, JAMES J	1.000		1.000	9619
4541	REGISTERED NURSE III	SCHMIDT, JOAN K	1.000		1.000	9619
4548	REGISTERED NURSE III	FETTIG, TRACY A	0.500		0.500	9619
4548	REGISTERED NURSE II	VACANT	0.500		0.500	9619
4550	REGISTERED NURSE II	VACANT	0.400		0.400	9619
4550	REGISTERED NURSE II	ANDERSON, ROBERTA J	0.600		0.600	9619
4554	REGISTERED NURSE II	HAAKENSON, LYNNE D	0.500		0.500	9619
4558	REGISTERED NURSE II	VACANT	1.000		1.000	9619
4560	REGISTERED NURSE II	WIDMER, TERESA R	1.000		1.000	9619
4589	LPN I	LOCKE, MICHELLE K	1.000		1.000	9619
4597	MHC ASSOCIATE	DAVIS, BRETT B	1.000		1.000	9619
4599	MH CARE SPEC II	SCHLECHT, CONNIE	1.000		1.000	9619
4601	MH CARE SPEC II	HILLIUS, MARLEIN J	1.000		1.000	9619
4617	LPN II	VACANT	1.000		1.000	9619
4654	MH CARE SPEC I	CUMBER, MICHAEL J	1.000		1.000	9619
4692	MH CARE SPEC II	HARR, DALE D	1.000		1.000	9619
4709	MH CARE SPEC I	BRANDENBURG, JOAN E	1.000		1.000	9619
4723	MH CARE SPEC II	CALHOON, DAVID H	1.000		1.000	9619
4729	MH CARE SPEC I	COFIELD, JAMES L	1.000		1.000	9619
4737	MH CARE SPEC II	VACANT	1.000		1.000	9619
4739	MH CARE SPEC I	STEBBINS, SHIRLEY A	1.000		1.000	9619
4744	MH CARE SPEC II	BEAR, WANDA K	1.000		1.000	9619
4761	MH CARE SPEC I	SCHOCK, WALLACE D	1.000		1.000	9619
4769	MH CARE SPEC II	VACANT	1.000	(1.000)	0.000	9619
4770	MH CARE SPEC II/WARD CLERK	FLIFLET, TRACY L	1.000		1.000	9619
4789	MH CARE SPEC I	ERICKSON, LAURA J	1.000		1.000	9619
4797	MH CARE SPEC II	HARRINGTON, GERALD R	1.000		1.000	9619
4802	MH CARE ASSOCIATE	EVERSON, DANIEL D	1.000		1.000	9619
4805	MH CARE SPEC II	FREDRICKS, MARTIN C	1.000		1.000	9619
4847	MH CARE SPEC II	KOUSHKOUSKI, SALOME	1.000		1.000	9619
4852	MH CARE SPEC II	WIDMER, KEVIN F	0.300		0.300	9619
4891	LPN II	PRYATEL, MARILYN J	1.000		1.000	9619
4893	LPN II	FROEHLICH, DELLA C	1.000		1.000	9619
4959	LPN II	DODDS, SUSAN M	1.000		1.000	9619
4962	SOCIAL WORKER II	ENZMINGER, DONNA M	1.000		1.000	9619
		ADULT CHEMICAL DEPENDENCY INPATIENT	**53.160**	**(3.050)**	**50.110**	**9619 Total**
4177	MHC ASSOCIATE	WHITE, LISA M	1.000		1.000	9609
4272	CHAPLAIN INTERN	HELLER, KATHLEEN A	0.250		0.250	9609
4304	PHYSICIAN - NOT CLASSIFIED	BALINGHASAY, CELESTINO P	0.150		0.150	9609
4326	PHYSICIAN ASSISTANT	PERKINS, RANDALL J	0.250		0.250	9609
4362	ADDICTION COUNSELOR II	PETERSON, DEBRA I	0.500		0.500	9609
4362	ADDICTION COUNSELOR II	RAICHE, THERESA J	0.500		0.500	9609
4400	THERAP REC SPEC II	LA DOUCEUR, KRISANNE L	0.500		0.500	9609
4405	VR COUNSELOR III	SOLEIM, LORAN D	0.200		0.200	9609
4425	OT	WALKER, KAREN L	0.200		0.200	9609
4440	TREATMENT UNIT DIRECTOR	WICKS, KERRY W	0.300		0.300	9609
4441	ADDICTION COUNS II	MOROVITS, BARBARA M	1.000		1.000	9609
4447	ADDICTION COUNS III	SPRENGER, JOLEEN K	1.000		1.000	9609
4448	ADDICTION COUNS III	WHITE, DARLENE S	1.000		1.000	9609
4451	MH CARE SPEC II	HOHERZ, RUTH M	1.000		1.000	9609
4453	SOCIAL WORKER III	VACANT	0.300	(0.300)	0.000	9609
4455	ADDICTION COUNS II	HILBER, BARBARA J	1.000		1.000	9609
4460	ADDICTION COUNS II	OSTER, SHAROLD E	1.000		1.000	9609
4462	MH CARE SPEC I	HUNTER, KAREN M	1.000		1.000	9609
4465	MENTAL HLTH CARE ASSOC	JASKOWSKI, KATHLEEN M	1.000		1.000	9609
4468	MH CARE SPEC II	TOLSON, DIAN L	1.000		1.000	9609
4480	MH CARE SPEC I	DALBEC, ANGELA J	1.000		1.000	9609

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Vanessa A. Bell — 10-14-03
Operator's Signature — Date

NORTH DAKOTA STATE HOSPITAL
2003-05 BUDGETED FTEs

POSN	CLASSIFICATION	EMPLOYEE	2001-03 BUDGET	UNFUNDED	2003-05 BUDGET	ACC
4556	REGISTERED NURSE II	PFENNIG, JOANN M	1.000		1.000	9609
4595	MHC ASSOCIATE	CARR, SHARI L	1.000		1.000	9609
4600	LPN II	BUERKLEY, SHIRLEY A	1.000		1.000	9609
4619	REGISTERED NURSE II	DICK, MARILYN G	1.000		1.000	9609
4636	MHC ASSOCIATE	VACANT	1.000		1.000	9609
4637	MH CARE SPEC II	BRAATEN, CARMON O	1.000		1.000	9609
4642	MH CARE SPEC I	PETERSEN, SUMMER S	1.000		1.000	9609
4646	MH CARE SPEC II	SCHLENKER, DALLAS D	1.000		1.000	9609
4659	MH CARE SPEC II	ANDERSON, DANIEL A	1.000		1.000	9609
4672	MH CARE SPEC II	LARSON, MARVEL G	1.000		1.000	9609
4695	MH CARE SPEC II	RUMER, TAMI K	1.000		1.000	9609
4743	LPN II	ODENBACH, RUTH A	1.000		1.000	9609
4767	MH CARE SPEC II	CEBULA, CHRIS A	1.000		1.000	9609
4772	LPN II	VACANT	1.000		1.000	9609
4792	MH CARE SPEC II	DAVIS, RODNEY L	1.000		1.000	9609
4826	MH CARE SPEC I	BRANDT, RODNEY E	1.000		1.000	9609
4841	OFFICE ASSISTANT III	KAMLITZ, KIMBER L	1.000		1.000	9609
4844	OFFICE ASSISTANT III	WALTZ, LARAY J	1.000		1.000	9609
4873	MH CARE SPEC II	FLITTON, HERBERT H	0.500		0.500	9609
4881	LPN II	SAMUELSON, CLAUDIA	1.000		1.000	9609
4884	LPN II	BOATMAN, LINDA S	1.000		1.000	9609
4885	LPN II	SOUTHAM, CAROL J	1.000		1.000	9609
4924	MH CARE SPEC II	JABLONSKI, LAURIE	1.000		1.000	9609
4925	MH CARE SPEC II	TRAUTMAN, ANITA F	1.000		1.000	9609
4928	MH CARE SPEC I	REINHARDT, STEVEN J	1.000		1.000	9609
4941	INSTRUCTOR	REDMANN, GENE L	0.200		0.200	9609
4958	REGISTERED NURSE II	KLOSE, KARIN T	1.000		1.000	9609
		CORRECTIONS REHAB & RECOVERY	**39.850**	**(0.300)**	**39.550**	**9609 Total**
4061	MH CARE SPEC II	TANBERG, MARY A	1.000		1.000	9603
4341	LICENSED FORENSIC PSYCH	BELANGER, JOSEPH T	1.000		1.000	9603
4366	SOCIAL WORKER III	ANDERSON, SUSAN J	1.000		1.000	9603
4393	THERAP REC SPEC II	WILSON, RANDALL S	0.250		0.250	9603
4426	CERTIFIED OT ASST. II	DAVIS, CAROL J	0.250		0.250	9603
4625	MH CARE SPEC II	SOMMERDORF, DARYL J	1.000		1.000	9603
4629	MH CARE SPEC II	ALBRECHT, TONY J	1.000		1.000	9603
4631	REGISTERED NURSE II	LORENZ, JOANNE A	1.000		1.000	9603
4647	MH CARE SPEC II	FIELD, LYNDEN	1.000		1.000	9603
4649	MH CARE SPEC II	HARR, LINDA L	1.000		1.000	9603
4688	REGISTERED NURSE II	SANDRY, LAURA M	1.000		1.000	9603
4702	MH CARE SPEC II	JOHNSON, NATHANAEL G	1.000		1.000	9603
4712	REGISTERED NURSE II	HEINERT, TYRA L	1.000		1.000	9603
4716	REGISTERED NURSE II	BUCHHOLTZ, KATHY L	0.500		0.500	9603
4718	REGISTERED NURSE II	EBELE, ALYCE M	0.500		0.500	9603
4731	MH CARE SPEC I	KRAMLICH, PHYLLIS A	1.000		1.000	9603
4776	MH CARE SPEC II	GRENZ, MICHAEL J	1.000		1.000	9603
4808	MH CARE SPEC II	REULE, JEROME J	1.000		1.000	9603
4812	MH CARE SPEC II	SWITTERS, RANDY A	1.000		1.000	9603
4821	REGISTERED NURSE II	JORISSEN, MARJORIE M	1.000		1.000	9603
4830	MH CARE SPEC II	LARSON, JASON S	1.000		1.000	9603
4846	MH CARE SPEC II	SCHELSKE, LAVERNE R	1.000		1.000	9603
4849	OFFICE ASSISTANT III	GRENZ, ADELINE V	1.000		1.000	9603
4861	CUSTODIAN	ORTEGON, ANA J	1.000		1.000	9603
4882	LPN II	MUNSON, BRENDA K	1.000		1.000	9603
4883	LPN II	YAGER, TERRI J	1.000		1.000	9603
4902	REGISTERED NURSE II	FALLGATTER, KATHERINE R	1.000		1.000	9603
4943	INSTRUCTOR	HEINLE, SONIA M	0.400		0.400	9603
		SECURE SERVICES	**24.900**	**0.000**	**24.900**	**9603 Total**
		TOTAL TREATMENT PROGRAMS	**351.750**	**(25.000)**	**326.750**	

		TOTAL ALL PROGRAMS	**507.000**	**(90.100)**	**416.900**	**Grand Total**

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Exhibit 52

TESTIMONY: SENATE BILL 2012
SENATE APPROPRIATIONS COMMITTEE
RAY HOLMBERG, CHAIRMAN
JANUARY 16, 2003

Chairman Holmberg and members of the Senate Appropriations Committee: my name is Carlotta McCleary. I am Chair of the North Dakota Mental Health Planning Council. On behalf of the Council, I am here today to voice our concern with the proposed reorganization at the State Hospital.

As proposed in SB 2012, it is planned that select State Hospital buildings will be transferred to the Department of Corrections. In particular, the LaHaug Building – the newest building on campus – will be transformed into a women's prison. As a result, State Hospital treatment services will be scattered throughout three other buildings: the Adolescent Center, the GM Buildings, and the Nurses Education Building. The Adolescent Center would house both adult and children services. LaHaug, in addition to the women's prison, would house the clinic, lab, x-ray, dental, and pharmacy services for the State Hospital. This arrangement would require patients of the State Hospital to go to the prison to receive medical care. With this proposal, it appears that prisoners are taking priority over individuals who are diagnosed with a mental illness.

In addition, the Council is concerned that this proposal will only further increase the stigma associated with mental illness. With a combined campus, North Dakota will be perpetuating the false image that people diagnosed with mental illness are also criminals.

On behalf of the Council, I urge the Legislature to maintain the LaHaug and Adolescent Center buildings for State Hospital patients. In addition we encourage the State to study alternatives to a shared campus between the State Hospital and the Department of Corrections and to develop a long-term plan for the State Hospital. During the interim, we encourage the Legislature to maintain the LaHaug and the Adolescent Center buildings exclusively for State Hospital patients.

Thank you.

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Exhibit 55

NDPEA NORTH DAKOTA PUBLIC EMPLOYEES ASSOCIATION

AMERICAN FEDERATION OF TEACHERS LOCAL 4660 AFL-CIO

33 EAST BROADWAY AVE, SUITE 1220
BISMARCK, NORTH DAKOTA 58501-3396

701-223-1964
1-800-472-2698

EMAIL: ndpea@btlgate.com
WEBSITE: www.ndpea.org

TESTIMONY ON SENATE BILL 2012
Before the Senate Appropriations Committee
North Dakota Public Employees Association, AFT Local 4660, AFL-CIO
January 16, 2003

Chairman Holmberg, Vice Chairman Bowman, members of the Senate Appropriations Committee, my name is Chris Runge and I am the Executive Director of the North Dakota Public Employees Association, American Federation of Teachers Local 4660. I am here to provide testimony on SB 2012, the budget of the Department of Human Services.

The North Dakota Public Employees Association, like many other organizations that have appeared before you, are similarly concerned with the monumental task you face as you work through this budget. We, too, want to work with you and the department to shape the most effective and efficient budget that will continue to provide quality services for our some of our most vulnerable citizens. Also, we are not unsympathetic to the needs of the Corrections Department.

Quality Services from Quality People

Testimony

260-C

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We would like to add our thoughts, suggestions and concerns to this process as you do you work on this budget. We are concerned that services to vulnerable citizens continue to be provided at an adequate level. In particular, we are concerned with the changes being recommended at the State Hospital. The proposal, as you just heard, entails the transfer of buildings, employees and patients in a move to downsize the State Hospital and save money. The future of the State Hospital is really what we are talking about here today.

We agree with the advocates who have testified as to their concerns and echo those as well. We ask that you consider the quality of care and the rights of the patients and their families. We believe that the current plan compromises the continued availability of services, programs and are concerned that this move will severely restrict access to needed services. Now I know that the administration is firm in their commitment to "make this work", however, rank and file staff are concerned with this plan. They are concerned that patient care will suffer under this plan even though they have been told to make it work. The employees at the State Hospital should not have to make this work. simply because that's the decision that has been made. What happens if it doesn't work?

Months ago, we started working on this issue when the dietary and laundry facilities were being considered for transfer to the Corrections Department. The employees in these jobs are not high wage earners, but many have been at the

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hospital for years and do not want to see their jobs moved to the Corrections Department. These employees take pride in their work. They have provided meals, friendship and support to the patients as many patients have worked in the kitchen and dining room as have community citizens with disabilities. With this proposal, that will end. These employees provide more than meals to the patients, something the inmates at the prison will never be able to provide. Why should these employees, as taxpaying citizens and caregivers for the mentally ill, be forced into competing with prisoners for their jobs?

It just seems to us that the patients and employees are taking second place to the needs of the Corrections Department. While their needs are real, those needs should not come at the expense of providing quality services to citizens with mental illnesses. The employees want to continue to provide quality services to the patients at the State Hospital in the current setting as they have over the years in a compassionate and therapeutic environment. This proposal will not serve the patients in the most optimum environment.

We support the position paper of the advocacy groups and have attached it to this testimony. As we move through this process, we strongly urge you to reconsider this proposal. We agree that a study should be undertaken to determine the future of the State Hospital in its current location on the hill but also believe the hospital should remain in Jamestown where the professionals and qualified staff

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already are available. We strongly urge you to continue with the LaHaug and Child and Adolescent buildings under the auspices of the State Hospital. We finally ask that you continue the dietary and laundry facilities with the State Hospital and suggest that a contract could be developed with the Corrections Department to provide meals and laundry to the prisoners.

Thank you and I am available to answer any questions that you may have.

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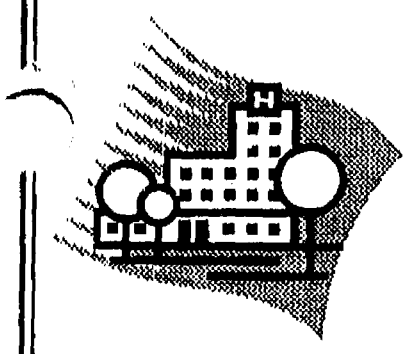

The Future of North Dakota's State Hospital

The Department of Corrections and the Department of Human Service propose that the LaHaug Building be transferred from the State Hospital for use as a women's correctional center. Under this scenario, State Hospital treatment services would be downsized to three buildings on the Jamestown campus: the Adolescent Building, the GM Building, and the Nurses Education Building.

Why are we concerned?

1. **It will compromise the NDSH safety net**
   - ♦The proposal provides space for the average census, not for increases in need due to season, economics, or national emergency
   - ♦The proposed limits would require an aggressive increase in total regional and community based services
   - ♦The cuts in funding to the State Hospital greatly exceed any possible, requested increases in community based services
   - ♦Patients unable to access the State Hospital may be diverted into the criminal justice system
   - ♦The State Hospital may lose entire wards, programs, and services
   - ♦Medicare & Medicaid certification would be uncertain

2. **It will compromise patient dignity, confidentiality & privacy**
   - ♦People with differing needs, vulnerabilities, and behaviors sharing bathrooms
   - ♦People with unrelated, conflicting needs and behaviors sharing rooms
   - ♦Providing intensely personal and confidential medical services in shared facilities
   - ♦Shared space that may not accommodate people using wheelchairs

3. **It will compromise medical services availability**
   - ♦Both Corrections and the State Hospital would deliver medical services in the LaHaug basement
   - ♦State Hospital patients could access medical services by appointment only, requiring evacuation by Corrections
   - ♦Most medical treatment for State Hospital residents would occur outside the treatment setting
   - ♦Commingling of adult & adolescent patients and adult inmates may in fact occur if either requires urgent care while the other uses the LaHaug basement
   - ♦Alternatively, patients would be denied access to onsite urgent medical care when the facility was used by inmates

4. **It will make the service system more restrictive for patients**
   - ♦Lack of access to outdoors, chapel, and solitude for patients
   - ♦Rigidity of schedules to minimize mixing adults & adolescents, and prisoners
   - ♦Adolescents eat off-unit, in smaller quarters, according to a fixed schedule
   - ♦Gym in LaHaug replaced with smaller recreation room & basement activity rooms

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5. **<u>It will compromise safety and security issues for patients</u>**

- ♦Community Bathrooms increase risks of patient-on-patient abuse, staff overload, and possible neglect
- ♦Shared patient rooms worsen the same risks, and cause negative interactions c patient behaviors
- ♦Tendency to increase physical and chemical restraints to address these concerns
- ♦Loss of direct, but non-invasive, line of sight visibility in current setting
- ♦Lack of generally available, recreational facilities that protect residents from outsiders and flight risks such as exposure

We should not attempt to "shoe horn" patients into what's left over after other programs and services take what they need from the State Hospital. The State Hospital's role, in providing mental health and substance abuse services, should be defined by what treatment services are needed by North Dakota communities. What do the Human Services Centers, and their partners, need from the State Hospital? The number of patient beds to be made available should be based on recent trends of highs and lows, and predictions of future need – not on how many people can be squeezed into fewer buildings.

***<u>REQUESTED ACTION</u>*:**

I. That a study be performed of alternatives to the State Hospital and Corrections sharing a campus.

II. That a long term, strategic plan be established for the State Hospital.

III. That, in the mean time, the LaHaug and Child/Adolescent buildings be maintained in their current, distinct status for State Hospital patients.

IV. That adolescents and adults be provided mental health services in separate settings that address their separate needs, including the possibility of providing all services to adolescents in the community or regionally.

<u>This position and requested action is endorsed and supported by</u>:

- The Mental Health Association in North Dakota
- The Federation of Families for Children's Mental Health
- The Protection & Advocacy Project

1.11.03

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Operator's Signature

10-14-03
Date

Employees of The Dietary Department at The State Hospital
"Why Patient Privilledges? - Why Our Jobs?"

The ND Department of Corrections and Rehabilitation have proposed to the Legislature of this coming year (2003), that they want the dietary and laundry departments of the ND State Hospital.

At first the DOCR wanted only a few buildings at the State Hospital for housing inmates. They have been expanding and now want the dietary and laundry departments. This will lead to job cuts for the State Hospital as DOCR want jobs for the inmates, but what about the rights of the patients, families and State Hospital employees. At present the patients are able to earn the right to go to and work in the Dining Room, a privilege they enjoy earning. If the DOCR take over the departments they have asked for the patients would be kept on the wards at all times. Jobs in the dietary department would be held by inmates, jobs now held by tax paying residents of Jamestown and the surrounding community.

Prisoners commit crimes against our community, punishable crimes, yet they want jobs to keep them busy. Why punish the mentally handicapped, Chemical Dependent patients who need help and law abiding citizens trying to work for a living? The mentally handicapped and the Chemical Dependent patients deserve the care and privileges promised. What is wrong with this picture were patients lose rights while prisoners gain? Jobs and patient care should not be destroyed to keep prisoners busy. The loss of these jobs may mean the loss of citizens in Jamestown or more unemployed. Can Jamestown and the surrounding communities afford this? Find another way!

The Dietary Department of the ND State Hospital should remain the same to protect the rights and privileges of all concerned.

We the undersigned have read, agree and support the statements in this document.

Sample of 25 petitions with attached sheets of signatures

	Name	Address	Town /State	Zip Code
1	Theresa Dunn	1206 6 Ave NW	Jmst ND	58401
2	Joe Dunn	1206 6th Ave NW	Jmst ND	58401
3	[illegible]	705 2nd AVE SW	" "	" "
4	Kathy Wiest	705 2nd Ave SW	" "	"
5	Michael Wiest	402 2ND Ave NW		
6	Marlys Wiest	610 NW 4	Jamestown ND	58401
7	[illegible]	1405 5TH ST NW	Jmst. ND	58401
8	[illegible]	1611 1st St South	Montpelier, ND	58472

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Exhibit 53

50th Anniversary Celebration

Mental Health Association in North Dakota

Honorary Chairs
Past Presidents,
National Mental
Health Association
Richard Weber
Bismarck, 1995-96
Michael Unjhem
Fargo, 1987-88
Geridee Wheeler
Bismarck, 1967-68

Chairperson Holmberg and members of the Committee:

I am Dr. Glenn Johnson, president of the board of the Mental Health Association in North Dakota. I am here today to testify in support of mental health services in North Dakota and the state hospital, and against provisions of SB 2012 that call for moving patients out of the LaHaug Building of the state hospital and giving that building to the Dept. of Corrections to be used as a prison.

First, I would like to bring your attention the fact that the Mental Health Association has been very active in North Dakota for the past 50 years in advocating for, and monitoring the provision of, mental health services both in the various North Dakota communities and at the state hospital in Jamestown. I am also personally acquainted with the state hospital's functioning and, I believe, I am in a position to understand the implications of the current plan to close down the LaHaug Building and give it up to other uses. I have been a member of the Governing Body of the State Hospital since 1997 and I worked as a psychologist at the state hospital from 1986 through 1993. During that time I held a variety of administrative and front line positions. I was the lead psychologist and assistant director of the PsychoSocial Unit from 1986 to 1990 and was the lead psychologist at the Child and Adolescent Unit from 1990 to 1993. I was a member of the Professional Growth & Development Committee of the state hospital from

State Office • Mental Health Association in North Dakota • 1459 Interstate Loop • PO Box 4106 • Bismarck, ND 58502-4106 • 701-255-3692 • 701-255-2411 fax
Regional Office • Mental Health Association in North Dakota • 124 North 8th Street • Fargo, ND 58102-4915 • 701-237-5871 • 701-237-0562 fax

mha-nd.org • HELP LINE 1-800-472-2911

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1986 to 1993. I was the hospital's Director of Training in Clinical Psychology from 1987 to 1993 and I was a member of the Executive Committee of the Medical Staff from 1987 to 1992.

Over the past few months since the governor announced the plan to divest the hospital of the LaHaug Building and make do with the remaining buildings left to the hospital, I and others of the Mental Health Association have met to discuss concerns about this plan on several occasions with Carol Olson, the DHS Director, Mr. Schweitzer, the hospital's superintendent, and Dr. Broadhead, the hospital's medical director. I have also had numerous informal meetings with other hospital staff members.

Though the hospital and DHS administrators feel that the many cuts in services and space can be implemented and reasonably managed while maintaining quality services, safety-net flexibility and Medicare and JCAHO accreditation, the Mental Health Association remains very concerned that this plan represents several potential problems and dangers to the mental health care system in North Dakota. We are concerned that this plan cuts the state hospital's services and size down to the "bare bones," so to speak, and that:

1) it does not adequately take into consideration the potential for upward fluctuations in the need for beds because maximum numbers of beds in the plan are based on average daily census numbers, not maximum daily census numbers;

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2) it does not adequately take into consideration the current plan for reducing services in the communities which are related to cuts in the human service centers' budgets; and

3) it will result in further pressure on the human service centers to be very, very cautious with their decisions about who to place at the state hospital versus who to try to keep in the community, thus pushing the human services to tend to err not on the side of caution with regard to the human lives they are to assess but rather to err on the side of caution about how many they refer to the state hospital.

Further, we are concerned that this plan leaves the state hospital with very few options for adding wards in the future

1) if there are further downward trends in funding resources which result in further cuts to community services (which may be possible if there is war, further stock market difficulties, further big business scandals or further terrorism); or

2) if there are future upward trends in the levels of stress and anxiety in the communities in general (which may be the case if there is war or further terrorism); and

3) that this will, again, result in even greater pressure on the human service centers to be very, very cautious with their decisions about how often thy place someone at the state hospital.

With regard to this latter concern, Mr. Schweitzer has assured us that if there is a need to open an additional ward in the future, the residential portion of

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the chemical dependency program for the Dept. of Corrections will be shut down and that space will be utilized. This possible solution to the possibility of needing an additional ward in the future represents the degree to which the hospital will have "painted itself into a corner." Not only would it be unfortunate to have to close down or reduce a needed and viable mental health treatment service, this solution – if indeed it actually would be implemented – would solve only the problem of adding one additional ward.

The further reduction in numbers of buildings and utilized physical space at the state hospital also troubles us for a variety of additional reasons:

1) it is not known for sure whether the resulting "bare bones" state hospital, "shoe-horned" into a huge prison complex and sharing medical facilities with the prison, will ultimately be accreditable by JCAHO and Medicare. Though attempting to keep within the letter of the accreditation guidelines, this co-mingling of facilities and services for patients and prisoners will ultimately need to be seen and approved of by accreditors.

2) the co-location and "time share" plan for using medical facilities located in the LaHaug basement for both prison populations and hospital populations seems to carry significant risk of compromising medical services availability for patients (as well as prisoners).

3) the further up-sizing of the prison's physical size and the further down-sizing of the hospital results in further restrictions for patients with regard to the availability of outside space for walks and other recreational activities.

4) the further up-sizing of the prison and the further down-sizing of the hospital results in further potential for anxiety and confusion for already

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confused patients with regard to their safety, whether they are at risk of being imprisoned and whether or not they are being hospitalized to be healed or imprisoned to be punished.

5) the further up-sizing of the prison and the further down-sizing of the co-located hospital results in increased stigma for the mentally ill and confusion among the general public about the dignity, welfare and atmosphere of care which is appropriate for individuals whose lives are compromised and challenged by mental illness.

6) the further up-sizing of the prison and downsizing of the hospital threatens the hospital's ability to recruit and retain quality professionals.

The Mental Health Association in North Dakota understands that there are significant financial difficulties facing the state. We are basically asking that the services to individuals with mental illness – and especially the state hospital – not be seen as an available resource to severely curtail simply on the basis of past trends and without regard to the potential for future crises, changes and needs. Cutting the hospital to the "bare bones" and essentially "burning the bridges" that might be there for retreat by giving away buildings, seems a potentially dangerous move.

If the state hospital fails in its function as the safety net for mental health services, only the morgues and prisons remain to do the job.

I appreciate this opportunity to speak with you. I would be happy to respond to any questions. Thank you.

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TESTIMONY: SENATE BILL 2012
HOUSE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES DIVISION
JEFF DELZER, CHAIRMAN
MARCH 6, 2003

Chairman Delzer and members of the Committee: my name is Carlotta McCleary. I am the chair of the North Dakota Mental Health Planning Council. On behalf of the Council, I am here to support mental health services appropriated for in SB 2012.

North Dakota has a long history of providing quality mental health services to our most vulnerable citizens. Through the use of innovative and intensive approaches during the past decade, the State has been able to decrease the number of people accessing institutional care by 70 percent while increasing the use of community-based services by 82 percent (Department of Human Services, 2002). Individuals whose illnesses that, at one time, could only be managed at the State Hospital are now remaining in their home communities through the assistance of community-based care. Now is not the time to turn our backs on individuals diagnosed with mental illnesses in North Dakota and lose the strides we have made. The Council encourages you to maintain funding levels for mental health services at the level proposed by the Governor.

The Council is, however, concerned with the proposed reorganization at the State Hospital. In particular, we are concerned that the impact of prison facilities being co-located at the State Hospital will only further the stigma associated with mental illness. With a combined campus, North Dakota is perpetuating the false image that people diagnosed with mental illness are also criminals.

On behalf of the Council, I urge you to make funding for mental health services a priority. We encourage the State to study the long-term needs of the community-based mental health system in North Dakota and the role the State Hospital should play. During the interim, we encourage the Legislature to maintain the LaHaug and the Adolescent Center buildings exclusively for State hospital patients. The Council would be more than happy to assist in any way we can. More than ever, we need your continued support and commitment to improve the availability, accessibility, and quality of services for individuals with mental illness throughout North Dakota.

Thank you.

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TESTIMONY: SENATE BILL 2012
HOUSE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES DIVISION
JEFF DELZER, CHAIRMAN
March 6, 2003

Chairman Delzer and members of the Committee: my name is Carlotta McCleary. I am a Parent Coordinator for the Federation of Families for Children's Mental Health. On behalf of the Federation of Families, I am here today to testify in support of SB 2012.

The Federation of Families is a parent run organization that focuses on the needs of children and youth with emotional, behavioral or mental disorders and their families. The Federation believes that Partnerships has played a vital roll in keeping our children at home with their families and in the community. Partnerships uses the wraparound process that looks at the individual strengths and needs of the child and family. It then wraps services or formal supports along with informal supports to meet the needs of the child and family. The outcomes for the children and families have been extremely positive. More children have been successfully maintained in the community with community -based services who otherwise would have been placed out of the home. A reduction in the availability of services could change the outcome for these children and their families.

In reference to the State Hospital the Federation would further like to encourage the state to study alternatives to a shared campus between the State hospital and the Department of Corrections and to develop a long-term plan for the State hospital. During the interim,

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we encourage the Legislature to maintain the LaHaug and the Adolescent Center buildings exclusively for State hospital patients.

Community based services are absolutely vital to keeping children out of the more restrictive settings. A wide range of therapeutic, educational and social services are essential to address the needs of children and their families. Please don't make families go back to choosing between very limited outpatient services or restrictive and often unnecessary psychiatric hospitalization or residential care.

Thank you.

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Exhibit 64

DEPARTMENT OF CORRECTIONS AND REHABILITATION

3303 East Main, PO Box 1898 • Bismarck, ND 58502-1898
(701) 328-6390 • FAX (701) 328-6651 • TDD 1-800-366-6888
Website: www.discovernd.com/docr

Claire Little

Prepared for the Senate Appropriations Committee
Need for Food Service/ Laundry space by the JRCC

The need for the transfer of the Food Service/Dining and Laundry facilities is not only for additional food service space to feed inmates at the JRCC. The JRCC is in great need for additional space for many activities. Following are a few examples:

1. The JRCC needs additional space to provide education services. Currently the JRCC has just one 12X12 room to provide all education programming for the entire JRCC.
2. The JRCC needs additional space to provide treatment programming. Currently the JRCC has only several small stairwell rooms that can hold just 8 persons to conduct treatment groups. These small rooms provide no confidentiality since they are located in the stairwells which are the main traffic areas for inmates moving through the building. All addiction counseling, etc. must be provided in these stairwell rooms.
3. The JRCC has no chapel. Presently the JRCC must close down visiting in order to provide religious services. Also, both are provided in a room in the high security unit that now provides services to the mentally ill inmate population. This is not only very disruptive to the programming for the mentally ill inmates, but we are also concerned about having families including small children moved through the high security unit each time they come to visit an inmate at the JRCC.
4. The dayrooms on each floor now utilized to feed the inmates at the JRCC have a rated capacity of 40; we need to exceed this fire rated capacity each day since there are 80 inmates on each floor who must be fed in the dayroom. To feed in shifts would be unmanageable.
5. The food service area at the JRCC is very small and has no space for storage of food and thus does not allow for bulk purchasing.

We are also confident that we can prepare the food for the entire State Hospital campus and the JRCC at a cost savings, meet all of the special dietary needs of both patients and inmates, and not mix inmate and patients in the process.

1. We have worked closely with State Hospital/Grafton Developmental Center dietician Laurie Fingerson, to assure that we can meet all Hospital standards as well as ACA standards. The JRCC will continue to contract with Ms. Fingerson to assure all dietary needs are met for both State Hospital patients and inmates. We already have an approved menu plan by Ms. Fingerson.
2. Six state hospital dietary staff will be transferred to the JRCC and will continue to work in the food service area.

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3. The JRCC received a 100% compliance rating by the State Health Department during its most recent food service/kitchen inspection.
4. Inmates and state hospital patients at no time will be mixed.
5. All inmates working in the food service area receive a full health and behavioral screening and all inmates are supervised at all times when working in the food service area.

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Exhibit 34

TESTIMONY
SB 2012-DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
JANUARY 15, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Karen Romig Larson, Director of the Division of Mental Health and Substance Abuse Services. I am here today to provide you an overview of the Division's budget.

- **Includes: operations of the Division, including licensure, granting, prevention activities, purchase of Extended Employment Services for persons with Serious Mental Illness, management of data related to mental health and substance abuse, and development of outcome measures for mental health and substance abuse services.**

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	1,308,303	1,463,206	154,903
Operating	3,792,013	3,195,307	(596,706)
Grants	3,386,559	3,586,810	200,251
Total	8,486,875	8,245,323	(241,552)
General	1,604,102	1,476,397	(127,705)
Federal	6,676,909	6,568,926	(107,983)
Other	205,864	200,000	(5,864)
FTEs	12.50	12.00	(0.50)

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- **Reduced FTE's by .5. This position was a data management position. The Division proposes to utilize existing staff with some re-assignment of duties to fulfill this role.**

- **Increase in salaries is inclusive of the proposed employee salary and the placement of the federally funded grant for the Olmstead Commission in the Division's budget. This grant includes funds for temporary salary.**

- **Reduction in operating costs are due to the transfer of Substance Abuse Prevention and Treatment Block Grant funds to the eight Regional Human Service Centers to provide targeted services to women, adolescents and Native Americans.**

- **The Real Choices Grant from the Center for Medicaid and Medicare Services was placed in the Division's budget with the approval of the Olmstead Commission to carry out the approved activities of that grant. It is fully federally funded.**

- **The Maintenance of Effort (MOE) requirement for both the Substance Abuse Prevention and Treatment Block Grant and for the Community Mental Health Block Grant will require most careful scrutiny and monitoring. This MOE requires maintaining the nonfederal expenditures on a two state fiscal year average. While it is completely based on actual expenditure, we must and do project the MOE situation in the budgeting process to better plan our utilization of the Block Grant funds. Projections indicate a serious shortfall in meeting the Mental Health Block Grant MOE.**

- **Overall, the Division's budget shows a $127,705 reduction in General Funds.**

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DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

BUDGET DETAIL
TO
SENATE APPROPRIATIONS SUBCOMMITTEE
JANUARY 31, 2003

I. **Alcohol and Drug Abuse Administration**

4.5 FTE's

Licensure for 74 addiction treatment providers, 8 regional human service centers (including receiving applications, responding to complaints, conducting biennial site visits, writing reports, maintaining licensure list and information, conducting followup site visits as required, reviewing and amending administrative rules as needed).

Management of SAPT Block Grant: Annual application, annual reporting, monitoring of implementation and technical assistance to the human service centers for approved use and service delivery. Conducting of the annual Synar Compliance Survey, a required field research activity to determine rate of tobacco sales to minors througout ND, to assure continued full funding of the grant.

Inter- and intra-agency committees: Participation in collaborative work groups such as Fetal Alcohol Syndrome Task Force, ND Drug and Alcohol Commission, tobacco control work groups, Treatment Provider Coalition, ND Indian Addiction Counselor Association.

Training, inservices, conferences, and counselor stipends: Provision of funding and training events for professionals on alcohol and drug abuse treatment practice. Provision of stipends for addiction counselor trainees to assist in underwriting the cost of training.

Development, implementation, and tracking of incidence, prevalence, and treatment utilization and outcome data: Management of minimum data set, treatment outcome data, data reporting to the federal government, technical assistance to the treatment field on reporting, and data accuracy.

Information/Referral: Assistance to general public in accessing treatment services both in state and out-of-state as requested (generally several times daily)

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Coordination with Alcohol and Drug Abuse Program Supervisors: Quarterly meetings with supervisors of the human service center addiction treatment programs. Technical assistance on use of block grant funds, targeted enhancement services, and core services.

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	484,176	513,608	29,432
Operating	1,927,022	1,084,668	(842,354)
Grants	525,000	0	(525,000)
Total	2,936,198	1,598,276	(1,337,922)
General	131,049	144,802	13,753
Federal	2,804,043	1,453,474	(1,350,569)
Other	1,106	0	(1,106)
FTEs	4.50	4.50	0.00

II. Mental Health Administration

5.0 FTE's

Licensure: 8 regional human service centers and 7 adolescent residential treatment centers (including receiving applications, responding to complaints, conducting biennial site visits, writing reports, maintaining current licensure lists and information, conducting followup site visits as required, reviewing and amending administrative rules as needed).

Management of CMHS Block Grant and PATH Grant: Annual application, annual reporting, monitoring of implementation and technical assistance to the human service centers for approved use of funds.

Management of Voluntary Treatment Program: Management of applications, collection of documentation, approval of applications, monitoring of ongoing utilization of the program.

Inter- and intra-agency committees: Participation in collaborative work groups such as the Institutional Review Board, Suicide Task Force, Compulsive Gambling Coalition, ND Homeless Coalition. Cooperative development of Single Plan of Care for children's mental health with DJS, CFS, County Social Services, and human service centers.

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Training, inservices, conferences: Provision of funding and training events for professionals on mental health treatment practice.

Mental Health Planning Council: Staffing, reporting, and funding activities of the Council.

Development, implementation, and tracking of treatment utilization and outcome data: Management and aggregation of utilization and outcome data from the human service centers on adult and children's mental health services, reporting as required to the federal government, and technical assistance to the field on reporting and data accuracy.

Information/Referral: Assistance to general public in accessing treatment services both in state and out-of-state as requested (generally several times daily).

Coordination with Mental Health Program Supervisors: Quarterly meetings with Extended Care Coordinators, Clinical Services Forum, and Partnership Program Coordinators, RIS/Aftercare Coordinators from the human service centers and state hospital. Technical assistance on utilization of block grant and PATH funds and for core services.

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	584,015	545,954	(38,061)
Operating	641,430	667,339	25,909
Grants	75,000	0	(75,000)
Total	1,300,445	1,213,293	(87,152)
General	587,632	474,677	(112,955)
Federal	708,168	738,616	30,448
Other	4,645	0	(4,645)
FTEs	5.50	5.00	(0.50)

III. Alcohol and Drug Abuse Prevention

2.5 FTE's

Operation of the Prevention Resource Center: Management and distribution of clearinghouse materials (brochures, pamphlets, posters, fact sheets), videoes, and the lending of specific library materials for substance abuse and

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mental health information. Provides searches and assistance in locating research and other information for North Dakotans.

Contract for prevention services throughout the state: Prepare requests for proposals, review proposals, award contracts, process reimbursements, monitor contracts, and report to federal awarding agencies. (12 Regional Prevention Coordinators, 31 contracts for effective model prevention programs.

Inter- and intra-agency committees: Participation in collaborative groups such as the Interagency Substance Abuse Prevention and Treatment Task Force and work group on the Youth Behavioral Risk Survey.

Management of Tribal Youth Program: Processing applications for funding, monitoring of contracts, providing technical assistance to programs, processing reimbursements, and processing reports.

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	240,112	259,644	19,532
Operating	984,261	870,000	(114,261)
Grants	2,014,941	2,553,292	538,351
Total	3,239,314	3,682,936	443,622
General	14,503	0	(14,503)
Federal	3,024,698	3,482,936	458,238
Other	200,113	200,000	(113)
FTEs	2.50	2.50	0.00

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IV. **Management of Extended Services for Mental Health**

Budgeting, allocating, monitoring, approving payments: Develop allocation of appropriated funds to the human service centers, monitor draw down of funds, reassign funds as demand for services would indicate at each center, track and approve payment for services, and provide technical assistance to the human service centers for use and reporting.

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Operating	39,779	300	(39,479)
Grants	732,139	771,618	39,479
Total	771,918	771,918	0
General	631,918	631,918	0
Federal	140,000	140,000	0

V. **Compulsive Gambling Program**

Contracting for prevention and treatment of compulsive gambling: Issue request for proposals, award contracts, process reimbursement, provide technical assistance, receive reports. One contract is issued for prevention services and one contract is issued for treatment services.

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Operating	199,521	225,000	25,479
Grants	39,479	0	(39,479)
Total	239,000	225,000	(14,000)
General	239,000	225,000	(14,000)

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VI. **Real Choice Grant (Olmstead)**

Comprehensive review and presentation of current data and research:

Development of review of available North Dakota data on need for and delivery of community based services.

Awarding of Pilot Project Contracts: Issuance of request for proposals, award contracts, monitor, and provide technical assistance.

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	0	144,000	144,000
Operating	0	348,000	348,000
Grants	0	261,900	261,900
Total	0	753,900	753,900
Federal	0	753,900	753,900

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Budget Change Detail for Mental Health and Substance Abuse Services

I. Alcohol and Drug Abuse Administration		
Salary	29,432	Increase for salary package
Operating	(488,973)	Federal funding transferred to human service center budgets for enhanced alcohol and drug abuse services
	(4,685)	Reduction in rent because of reduced conference room space
	(1,150)	Reduction in miscellaneous operating costs
	80,991	Increase in federal data grant
	(428,537)	Decrease due to ending of federal needs assessment grant
	(842,354)	
Grants	(525,000)	Federal funding transfer to West Central Human Service Center budget for Alcohol and Drug Abuse residential program
Total Change	(1,337,922)	
II. Mental Health Administration		
Salary	(38,061)	Combination of decrease by unfunding 0.5 FTE plus increase from salary package.
Operating	(691)	Reduction in miscellaneous operating
	26,600	Increase for professional development costs
	25,909	
Grants	(75,000)	Reduction in Federation of Families contract with resulting transfer of funds to voluntary treatment budget in Children & Family Services budget
Total Change	(87,152)	
III. Alcohol and Drug Abuse Prevention		
Salary	19,532	Increase for salary package
Operating	(114,261)	Shifting budget for contracts from operating purchase of service to grants
Grants	538,351	Shifting budget for contracts from operating purchase of service to grants, plus increase in federal grant funds
Total Change	443,622	
IV. Extended Services for Mental Health		
Operating	(39,479)	Shifting budget for contracts from operating purchase of service to grants
Grants	39,479	Shifting budget for contracts from operating purchase of service to grants
Total Change	0	

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V.	Compulsive Gambling		
	Operating	25,479	Shifting budget for contracts from grants to operating purchase of service
	Grants	(25,479)	Shifting budget for contracts from grants to operating purchase of service
		(14,000)	Reduction to meet 95% budget
		(39,479)	
	Total Change	(14,000)	
VI.	Real Choice Grant (Olmstead)		
	Salary	144,000	New federally funded grant
	Operating	348,000	New federally funded grant
	Grants	261,900	New federally funded grant
	Total Change	753,900	

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TESTIMONY
SB 2012-DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS
REPRESENTATIVE KEN SVEDJAN, CHAIRMAN
FEBRUARY 26, 2003

Chairman Svedjan, members of the House Appropriations Committee, I am Karen Romig Larson, Director of the Division of Mental Health and Substance Abuse Services. I am here today to provide you an overview of the Division's budget.

- **Includes: operations of the Division including: application, reporting, and monitoring of recurring federal grants; licensure of addiction treatment programs and residential treatment programs; requesting proposals, awarding and monitoring grants and contracts; coordination of prevention services; coordination with Human Service Centers on treatment services for mental illness and substance abuse; purchase of Extended Employment Services for persons with Serious Mental Illness; management of data related to mental health and substance abuse; and development of outcome measures for mental health and substance abuse services.**

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	1,308,303	1,463,206	154,903
Operating	3,792,013	3,195,307	(596,706)
Grants	3,386,559	3,586,810	200,251
Total	8,486,875	8,245,323	(241,552)
General	1,804,102	1,476,397	(127,705)
Federal	6,676,909	6,568,926	(107,983)
Other	205,864	200,000	(5,864)
FTEs	12.50	12.00	(0.50)

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The Governor's budget includes the following changes:

- **Reduced FTE's by .5. This position was a data management position. The Division proposes to utilize existing staff with some re-assignment of duties to fulfill this role.**

- **Increase in salaries is inclusive of the proposed employee salary and the placement of the federally funded grant for the Olmstead Commission in the Division's budget. This grant includes funds for temporary salaries.**

- **Reduction in operating costs are due to the transfer of Substance Abuse Prevention and Treatment Block Grant funds to the eight Regional Human Service Centers to provide targeted services to women, adolescents and Native Americans.**

- **The Real Choices Grant from the Center for Medicaid and Medicare Services was placed in the Division's budget with the approval of the Olmstead Commission to carry out the approved activities of that grant. It is fully federally funded.**

- **The Maintenance of Effort (MOE) requirement for both the Substance Abuse Prevention and Treatment Block Grant and for the Community Mental Health Block Grant will require most careful scrutiny and monitoring. This MOE requires maintaining the nonfederal expenditures on a two state fiscal year average. While it is completely based on actual expenditure, we must and do project the MOE situation in the budgeting process to better plan our utilization of the Block Grant funds. Projections indicate a serious shortfall in meeting the Mental Health Block Grant MOE.**

- **Overall, the Division's budget shows a $127,705 reduction in general funds.**

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	2003 - 2005 Request	2003 - 2005 "To House"	Senate Increase / Decrease
Salary	1,463,206	1,448,924	(14,282)
Operating	3,195,307	3,195,307	0
Grants	3,586,810	3,586,810	0
Total	8,245,323	8,231,041	(14,282)
General	1,476,397	1,438,565	(37,832)
Federal	6,568,926	6,554,644	(14,282)
Other	200,000	237,832	37,832
FTEs	12.00	12.00	0.00

The Senate adjustments require an additional reduction of $37,832 in general funds which is the Mental Health and Substance Abuse Division's share of the $4 million reduction made in the Program/Policy Management Subdivision of the budget. The following are potential program reductions:

- Reductions in operating funds which will reduce attendance at out of state meetings unless mandated by grant award stipulations and a reduction in training and conference funds.

In addition the reduction of $14,282 in salaries reflects the elimination of proposed salary increases for the 2003-05 biennium.

The use of technology for data and outcome management for mental health and substance abuse services, has emerged as an increasingly critical element of the Division's responsibility. This has occurred in response to both federal grant requirements and the need to acknowledge the results of the services being delivered. While the technology support for these activities is contained in the Division of Information Technology budget, our Division actively works with them in the development and management of a number of data/outcome efforts. These include:

- Collection of federally prescribed minimum data for both mental health and substance abuse services at the Human Service Centers.

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- Obtaining outcome measures for mental health services provided to clients through the Mental Health Statistical Improvement Program (MHSIP).
- Obtaining outcome measures for substance abuse services provided to clients through the Addiction Severity Index (ASI) follow-up project.
- Utilizing additional functional information for children with Serious Emotional Disorders through use of the Child and Adolescent Functional Assessment Survey (CAFAS).
- Development of a multi-agency web-based Single Plan of Care (SPOC) for children with Serious Emotional Disorders to assure an integrated approach to caring for children who are often served in more than one agency.

It has only been through the cooperative efforts between our Division and the Division of Information Technology that these activities are possible. Not only does this provide us with necessary information about the clients our system serves, it enables us to provide our federal funding agency the performance-based justification for the recurring federal grants we receive.

This concludes my testimony. I will answer any questions you may have.

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NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Program	Program Requirements	Services	Funding Mix
Projects for Assistance in Transition from Homelessness	Provide services to individuals who are or at risk of homelessness and are mentally ill or dually diagnosed.	Full case management, screening, diagnostic, and treatment services of target population	Federal
Substance Abuse Services – Enforcing Underage Drinking Laws	Provide prevention campaigns to reduce underage drinking.	Law enforcement; alcohol media literacy; media campaigns to reduce underage drinking; training, and education programs in the schools.	Federal
Substance Abuse Services – Substance Abuse Prevention	Carry out substance abuse prevention activities.	Planning, carrying out, and evaluation activities to prevent and treat substance abuse and for related activities	Federal General
Substance Abuse Services – Governor's Portion of the Safe and Drug Free Schools and Communities	Carrying out youth drug and violence prevention activities in schools and communities.	Activities that complement and support local educational agency activities including developing and implementing activities to prevent and reduce violence associated with prejudice and intolerance, dissemination of information about drug and violence prevention, development and implementation of community-wide drug and violence prevention planning and organizing.	Federal

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Mental Health Association In North Dakota

Senate Bill 2012: Mental Health Association Testimony
Before House Appropriations Committee - Human Resources Division
March 10, 2003

Mr. Chairman and members of the Committee, my name is Allan Stenehjem. I am the executive director of the Mental Health Association in North Dakota (MHAND). I am grateful for this opportunity to review with you our concerns about funding levels for mental healthcare services in the DHS Budget, SB 2012.

MHAND is a non-profit volunteer citizens organization affiliated with the National Mental Health Association which is the oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. During the 50 years since MHAND was founded, North Dakota's leadership in the mental health community has impacted consumers nationwide through the service of three North Dakotans who have served as president at the national level. Our three presidents were Geridee Wheeler, who is presently executive director of the Dacotah Foundation in Bismarck, Michael Unhjem, CEO of Blue Cross/ Blue Shield of North Dakota and most recently, Richard Weber, who is the former Vice President of Administrative Services at Basin Electric Power Cooperative.

One of the primary missions of MHAND is to ensure the availability of appropriate, accessible and adequately funded treatment and support services for people with mental illnesses throughout the state of North Dakota.

During the last three decades, our organization has worked closely with the Legislature, the Department of Human Services, families, and consumers to move our state's delivery system from an over reliance on institutional or custodial care to a community based system of care. The guiding principle for the development of the community based mental health care system, is that the money should follow the patient. Meaning, that with each downsizing of the state hospital patient count, the cost savings should be transferred to the regional human service centers which would then be serving those clients. We are

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concerned that budget reductions proposed for the Department of Human Services will dismantle the very system that was built in the spirit of cooperation and collaboration. This system of care was built not by a lawsuit, such as the system of care for people with developmental disabilities. Rather, it was built with careful study, fiscal responsibility and best practices.

We are aware of the difficult job with which you are faced and the economic challenges for our state. Fiscal history supports our concern that the proposed budget cuts in community based services will result in future catastrophic expenditures for institutional care.

In furtherance of our mission, the MHAND appears today to support the funding of mental health service . However, we believe that the proposed funding level needs to increase in several critical areas to eliminate existing gaps in services and to include within this budget, funding for some program areas that were reduced by the Senate. No discussion of the budget can begin without a review of some of the basic reasons why public sector mental health services are important.

Prevalence of Mental Illnesses

Studies conducted by the National Institute of Mental Health, the Center for Mental Health Services, and the Surgeon General concluded that 1 of every 5 American adults (54 million) will experience a serious mental health disorder during their lifetime. These studies also concluded that 1 of every 5 children and adolescents under the age of 18 has a diagnosable mental disorder and 1 in 10 may suffer from a serious emotional disorder. The significance of having 20 percent of children and adults suffering, often in silence, from mental illnesses is measured, not only, in their own pain and suffering, and family dysfunction, but also in tremendous economic losses to this country, which are estimated by NIMH to be over $250 billion dollars annually. For example:

- Each year, depression costs the US economy $43.7 billion, including $31.3 billion for indirect costs, such as decreased productivity and lost work days, and $12.4 billion in direct costs, such as medication and physician time. (NMHA, 2000)

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- Schizophrenia (one of the most debilitating of the mental illnesses) alone costs $32.5 billion in direct and indirect costs. (NIMH, 1999)

These national studies have also concluded that only 16% - 20% of Americans experiencing a mental illness will seek treatment, even though the success rate for treatment of these illnesses range from 75% to 90%.

Many people may have difficulty accepting the national prevalence studies, however, common sense and the results of national studies provide a basis for understanding the pervasiveness of mental illness.

- Between 40% and 65% of patients who suffer from coronary heart disease and have experienced a heart attack also experience depression (NMHA, 1998).
- As many as 70% of patients with complications from diabetes are affected by depression (NMHA, 1998).
- 1 in 4 people with cancer also suffers from clinical depression (NMHA, 1998).
- It is estimated that 18% to 25% of seniors are in need of mental healthcare for depression, anxiety, psychosomatic disorders, adjustment to aging, and schizophrenia (MHASP, 1999).
- Up to half of all visits to primary care physicians are due to conditions caused or exacerbated by mental or emotional problems (Collaborative Family Healthcare Coalition, 1998).
- Major depression is the 2nd leading cause of disability in the United States and worldwide (NIMH, 1999; WHO, 1998). Depression ranks among the top 3 workplace problems, following only family crisis and stress (Enhanced Employee Assistance Program Survey, 1996).

Historical Look at Mental Health Service Demands

In North Dakota, the demands on the mental health treatment service delivery system have grown steadily. The 1999 ND Legislative Council final report on the "Budget Committee on Government Services" indicated that between 1991 and 1999, the regional human service centers experienced a 41% increase in the number of adults with serious mental

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illness receiving services. The number of children with serious mental illnesses or emotional disorders served by the regional human service centers had increased by 29% between 1993 and 1999. (1993 being the first year children were tracked separately by the DHS). In the 2001 NDLC report on the "Budget Committee on Human Services" it was reported that the number of clients increased by 836 between the years of 1999 and 2000, and caseloads increased by 1450 statewide during the same period.

But we all must remember that the number of people presently being served is, at best, only 20% of those in need of these services. The other 80% who could benefit from treatment services continue to suffer in silence, and contribute to the loss of productivity at work, and other direct and indirect economic losses in ND. The Surgeon General has reported that the unmet needs for children's mental health services remains as high now as it was 20 years ago.

Over the course of your study of the DHS budget, questions may arise as to the reasons why caseloads at the human service centers continue to increase. Generally speaking, the main reason is that we have decreased our reliance upon the hospitalization of people with mental illnesses, which has resulted in an increase in the caseload at the community level. In addition, not only have we discharged a considerable number of patients from the hospital but we have also diverted new admissions to the hospital through the Regional Intervention Services (RIS) program at the human service centers. More specifically, the clients served by the public sector are usually those whose mental illness is more serious, resulting in a chronic life long condition that requires continual treatment, support, and services. These clients rarely have choices in treatment providers, given the level of their disability and reliance upon public assistance programs, such SSI, SSDI, Medicaid and housing assistance.

Caseloads will never remain stagnant nor are they likely to decrease, due to improved diagnosis and better consumer awareness. Mental illness does not occur during one phase of life, nor for one age or socioeconomic group, but rather may occur throughout the life cycle. Some people will seek treatment during a crisis and some will require services for

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the long term. One finite example of a new client in the human service system is a young adult diagnosed with schizophrenia. The illness manifests itself usually between the ages of 16 and 25 and is one of the most disabling of the mental illnesses. This client will require intense medication management upon diagnosis to find the appropriate treatment to control symptoms and produce the least amount of side effects. During the course of this client's life, services such as case management support, and other core services will be necessary. While treatment services may be intensive and costly during certain times of this patient's care, the necessary life long, but lower-cost maintenance services will ultimately save money by avoiding repeated inpatient hospitalizations.

Noridian Mutual Insurance (formerly BC/BS of ND) and the ND Department of Human Services recently implemented a pilot project in Regions 5 and 7 of this state that provides case management services for people with mental illnesses as a "covered" insurance item for its policy holders. This step is the result of years of cost study by the company which indicated that ongoing low cost maintenance services do, in fact save money. The benefit to the bottom line can be documented in dollars and cents, however, the benefit to the patient's quality of life is immeasurable.

Continuum of Care Principle

The guiding principle for the funding of mental health services within the regional human service centers is to reduce the level of reliance on service delivery at the institutional level of the state hospital and to redirect dollars to the communities in order to provide care and treatment in the least restrictive setting. In the late 80's the ND Legislature enacted N.D.C.C. § 50-06-06.5 which required each human service center to develop a plan for the delivery of a "full continuum of services" for people with serious mental illnesses. This step had the full and enthusiastic support of the Mental Health Association. Little did we know, however, that the catch phrase "continuum of service" would create an unintended result.

In the past, this phrase led many to believe that a patient must move sequentially through the continuum as opposed to today's wiser view that each patient has individualized needs

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that the system must be equipped to meet. Our thinking needed to be updated to recognize that a "cookie cutter" approach to service delivery needed to be replaced by the availability of a "full array of services" accessible by all those in need. Some may also have mistakenly believed that there was an end to the continuum of care or that the ultimate goal was to "graduate" a client out of the system entirely. However, just like diabetes and heart disease, many of the serious mental illness require life long services to maintain stability and avoid relapses requiring hospitalization.

This modern philosophy has been best represented by the approach used in the children's mental healthcare system. "Wrap Around Services" has been the catch phrase in the development of programs and services for children and adolescents. This philosophy has merit for adults, as well, and should be our new guiding principal in viewing the adequacy of funding for our state's mental healthcare delivery system. Our concern about the funding level for the children's wrap around services will be addressed later in more detail.

Full Array Services

People with mental illness have the right to live, work and interact in the communities of their choice. As we increasingly rely upon the delivery of services at the community level it is vital to offer the full array of services that will best avoid unnecessary or repeated and costly hospitalization. The "full array of services" include:

- **Early Identification and Intervention**
- **Appropriate Assessment and Referral**
- **Case Management Services**
    a. Broker of appropriate services and levels of care
    b. Liaison with other community providers
    c. Advocate for least restrictive care
    d. Liaison with State Hospital for implementation of discharge plans and community transitions
- **Crisis Management Services**
    a. Crisis Intervention by RIS professionals
    b. Short term alternative care services
    c. Emergency Hospitalization

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- **Medical Management Services**
  - a. Psychiatric Services
  - b. Psychological Services
  - c. Nursing Services
  - d. Medication monitoring
- **Residential Services (Short term and long term care)**
  - a. Transitional Living
  - b. Independent Supported Living
  - c. Specialized Long Term Care
- **Employment Services**
  - a. Vocational Skills Training
  - b. Job Readiness Skills Training
  - c. Supported Employment
  - d. Transitional Employment
- **Community Support Services**
  - a. Family Support Services
  - b. Natural Support Services (i.e. Rhinelander Program)
  - c. Respite Care
  - d. Social Skill Services (i.e. Psychosocial Rehabilitation Centers)

Although the above listing represents those services generally available at the regional human service centers, there remains a great deal of disparity between the 8 regions in the funding of these services. Proposed reductions by the Senate serve to increase these disparities. You will note that for every single position in developmental disabilities cut from this budget, there are an average of 5 direct positions eliminated from mental health and substance abuse programs. We do not mean to imply that developmental disabilities services are unimportant or unworthy. Rather, it surprises and concerns us that, given the U.S. Supreme Court ruling in Olmstead v. L.C., any cuts to mental health services would be considered at all. A state's failure to comply with the court's ruling may result in litigation; a costly answer to a simple problem.

In addition to the legal necessity for adequate funding of a full array of services, DHS must be positioned to deliver these services to people with special needs and circumstances. First of all, core services must be available to all its citizens regardless of where they live.

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This is particularly important for those who choose to reside in our rural areas. Mental healthcare services must not be provided only at the regional human service centers, but also, be provided on an outreach basis throughout the center's service area. While our citizens continue to relocate to more urban parts of the state, there remain those who need services where they are difficult to access. Secondly, careful attention must be paid to special needs populations to ensure that services are available based on their unique needs, such as people with mental illness who are also experiencing substance abuse problems, or those who have a dual diagnosis of mental illness and mental retardation. And last, but by no means least, vulnerable children and adolescents present special needs that must be given a priority in your funding decisions. We are jeopardizing our future by ignoring the mental healthcare needs of children, young people and their families.

2003 - 2005 Budget Request

Our support for SB 2012 is guarded, because the level of funding for mental healthcare services, particularly for community based and wrap around services for children and adults, in our view, is inadequate to meet the needs of our state's citizens. There are several core services that remain either unfunded or under-funded. The level of funding for mental healthcare services has, in past biennia, for the most part presented a "no-growth" budget. This budget, as now proposed, constitutes a "backward growth" or net loss of critical services.

Despite our reservations about the requested funding level, we are appreciative of Carol Olson's leadership of the DHS and her ongoing commitment to communication with advocacy groups such as ours. It is through open communication that we are able to work together more effectively to influence change. Karen Larson, director of the DHS Division of Mental Health and Substance Abuse, has also been helpful to MHAND. Her understanding of the needs of the mental health system is surpassed only by her compassion for those in need of these services.

State Hospital Budget Needs

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Our organization has, for decades, requested that North Dakota reduce its reliance upon the state hospital as the primary care giver in the mental healthcare delivery system and increase the funding of community based services. In light of the previously mentioned U.S. Supreme Court decision, Olmstead v. L.C., the role of state hospitals will continue to decline. However, until the specialized services presently available only at the state hospital are transferred to the regional centers, and until adequate funding is provided to the regional centers, we recognize that the state hospital has and will continue to have a role in the overall delivery system.

The leadership of DHS and the State Hospital recognizes this changing role in the current budget request. Although, their continued effort to redirect funds to the regional centers that divert admissions to the state hospital is commendable, it is inadequately funded. We cannot overemphasize that the effort to divert admissions will only be successful when each of the regional human service centers has adequate funding to assume the responsibility of care for all mental healthcare services. The DHS budget, as now proposed, simply does not allow for this. The raw numbers of those people in need is not decreasing. The money needs to follow the client. The $250,000 budgeted for the admission diversion effort should have been $2.5 million, in order to continue the state's commitment to a community based delivery system.

Until such time as the substantial commitment in staff, time, and funding becomes a reality at the regional human service centers, we must be vigilant in protecting the state hospital's ability to meet the needs currently unmet by the regional centers. The patients served by the state hospital are generally the most seriously ill who are in need of specialized services that are not available at the regional centers. People who present dual diagnoses of mental illness/mental retardation or mental illness/substance abuse are examples of those in need of such specialized services.

We would be remiss in our testimony about the State Hospital if we did not mention the issue of co-location of the prison on State Hospital grounds. MHAND strongly opposed the placement of a medium security prison on the State Hospital campus during the 1997

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10-14-03
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Legislative session. We remain strongly opposed to the theory that co-location "makes no difference" to those people with mental illness and substance abuse problems who are at the State Hospital for care and treatment. We support a thorough, strategic and thoughtful study of the future needs and role of the State Hospital. Such a study will afford the voices of many to be heard and assure that all viewpoints, at the very least, are considered.

Human Service Center Needs

You heard testimony from the DHS relating to the Regional Human Service Centers' efforts to partner with other community organizations and nonprofit associations, like ours, to meet the gaps in services which occur when state budgets decrease. We applaud these collaborative efforts, which are steps to further the role and mission of the DHS to serve vulnerable people. People with mental illness are clearly some of the most vulnerable in our communities. However, the level of funding requested in the HSC budgets is simply not adequate to provide services that are needed now, nor will it be adequate as demand is sure to increase. Again, short term attempts to save money will surely result in future increases in spending for more costly, intensive and inpatient services, necessitated by the lack of community services which could have avoided re-hospitalizations.

Of greatest importance to people with mental illness is the service of the case manager, who provides support, therapy, and assurance of appropriate adjunct services, often, over the client's lifetime. A review of the DHS testimony will show that FTE reductions, across the 8 centers, total more than 83.75 of which **26 are direct service MH/SA positions** that have been eliminated. Careful review will show that the majority of these positions are designated to work with people with mental illness and dual diagnoses, along with intensive in-home services for children. Simply increasing caseloads of the existing staff to meet client needs is a worrisome way of making our system work. Our concern is that we are setting ourselves up for failure. We urge this committee to restore funding for case management and treatment services to meet current demands. We believe a close examination of the level of staff support necessary to meet existing client needs will support our request.

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Our ability to move from institutional to community based care for people with mental illness is due, in no small part, to the development and availability of safe and effective psychotropic medications. These medications now stand to be excluded from funding in the Medicaid budget. This proposal will create no less than a crisis to those people who have lived and worked in communities statewide over the years. This is yet another example of short-term savings that will ultimately result in pushing costs higher in the future, by assuring increases in inpatient hospitalization. Additionally, psychological services in the private sector are proposed for exclusion from Medicaid reimbursement, another example of critical services being pulled out from under people who have relied on these services to maintain their mental health and community based lifestyle.

As we have testified during the last several legislative sessions, the development of the Regional Intervention Services (RIS) at each center is a key component of the state hospital diversion program. RIS units are designed to review all voluntary and involuntary admissions to the State Hospital; provide appropriate treatment and referral services; and be available 24/7 in order to respond to crisis. Feedback from consumers and family members indicates that this works better in some areas of the state than others. RIS units are presently identified, structured, and operated differently in each region. The ultimate goal for our state's mental health delivery system should be that any citizen, regardless of where he or she lives, can expect a standard level of care and accessibility to services. In light of the department's past focus on alignment, we urge the establishment of uniform standards of care for the operations of these units, and offer our assistance in this effort.

Employment Services

As one of the core mental healthcare services, employment training is a critical component for people with mental illnesses to reintegrate into the community. Work is an important part of all of our lives. For people with mental illnesses, the ability to work is an essential part of their recovery. Employment training provides clients with the necessary skills to achieve success in real jobs in the community. As a result, the client's self-esteem goes up and the stigma attached to their illness is reduced. While ND enjoys a relatively low unemployment rate, studies of the disability community reveal that their unemployment rate

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is as high as 60% - 70%. Supportive employment services are necessary to allow this community to join and remain in the work force.

The Extended Services part of the DHS budget does not include training dollars for people with mental illnesses, depriving these people to gain employment skills. While some people may be able to treat and maintain their mental illness to the extent that they are able to gain permanent employment, some will only be able to remain in the workforce with continued employment support services. We urge you to restore funding of this core service.

Psychosocial Rehabilitation Centers (PSR)

While most of us value our leisure time and often complain about the lack of it, people with mental illness have a particular problem with appropriate use of leisure time, which too often leads to isolation. Complicating their reintegration into the community is the stigma they suffer during their attempts to socialize in the general population. It is not unusual during the progression of many of the serious mental illnesses that people lose their ability to socialize and act appropriately in public, becoming more and more reclusive. The services offered by the regional psychosocial rehabilitation centers offers them a safe environment to socialize, relax and to relearn the skills necessary to successfully integrate into the community.

SB 2012 includes funding for the PRC's but the level of funding is inadequate for several reasons. Three regions (Northeast, South Central, and Southeast) have budgeted a modest increase, which is good. Four regions (North Central, Northwest, West Central, and Lake Region) receive no increase in funds over the current biennium. Badlands budget decreases funding for its PRC. This means not only that the HSC's cannot meet rising costs for inflation or provide even a minimal increase in salary for present staff, but, more importantly, it means that during the time the state has been and continues to divert more clients into the community, these centers have no ability to meet the additional needs. Frankly, we believe this defies common sense.

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Children's Mental Healthcare Services

There exists no question of the positive impact the Partnership Project and Intensive In-Home services have had on the lives of children and their families. The success of these projects is shown in the data presented to you by the department during past legislative sessions, which highlighted increases in school performance, decreases in encounters with law enforcement, and decreases in psychiatric inpatient days. The success is also evident in the testimony presented during the last session by parents who had been able to keep their children at home and their families intact.

As federal funds end, we appreciate the department's work to maintain core services for children with serious emotional disorders at each regional center, but are gravely concerned that the level of funding is less than in past biennia. The *Surgeon General's Report on Children's Mental Health*, which was released in 2001 included the following information from the US Surgeon General, Dr. David Satcher:

> *"Children and families are suffering because of missed opportunities for prevention and early identification, fragmented services, and low priorities for resources. Overriding all of this is the issue of stigma, which continues to surround mental illness."*
>
> *"Mental healthcare is dispersed across multiple systems: schools, primary care, the juvenile justice system, child welfare and substance abuse treatment. But the first system is the family, and this agenda reflects the voices of youth and family."*

Mental health is a critical component of children's learning and general health. Fostering social and emotional health in children as a part of healthy child development must therefore be a national priority. Both the promotion of mental health in children and the treatment of mental disorders should be major public health goals. To achieve these goals, the Surgeon General's National Agenda for Children's Mental Health takes as it's guiding principles a commitment to:

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- Promoting the recognition of mental health as an essential part of child health;
- Integrating family, child and youth-centered mental health services into all systems that serve children and youth;
- Engaging families and incorporating the perspectives of children and youth in the development of all mental healthcare planning; and
- Developing and enhancing a public-private health infrastructure to support these efforts to the fullest extent possible.

We cannot overemphasize the importance of the **"wrap around services"** provided by the Partnership Project, given the national studies on prevalence for mental disorders amongst our children and adolescents and the above referenced findings of the Surgeon General. The National Mental Health Association prepared the following summary of findings released by the Center for Mental Health Services. The CMHS compared child mental health disorders to other children's health problems in order to give an overall picture of the seriousness of this public health problem. <u>These findings also underscore the fact that a child's mental health is as important as his or her physical health</u>.

1.	<u>Total population of all children aged 0 - 17</u>	70.5 million (M)
	■ Children with diagnosable mental disorder	**13.7M**
	■ Children with serious emotional disturbances	6M
	■ Children with heart disease	1.3M
	■ Children with diabetes	96,000
	■ Children with cancer (under 14 years of age)	152,000
2.	<u>Population of children aged 9 - 17 years:</u>	33.7M
	■ Children aged 9 - 17 years with a serious emotional disturbance	**3.5 - 4M**

The prevalence rates for serious emotional disorders in children should be enough to motivate us to act. Children should not be left to needlessly suffer from an illness that can in fact be successfully treated. However, there is another real motivation for providing these services; and that is purely economic. The Surgeon General reported that:

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"Too often, children who are not identified as having mental health problems and who do not receive services end up in the juvenile justice system."

The message is simple. We either provide adequate funding for children's mental healthcare, or we pay later through the funding of the juvenile justice system, not to mention, incurring the economic losses associated with juvenile crime.

MHAND strongly supports restoration of full funding of children's "wrap around services", including intensive in home services, in each of the 8 regions. While the commitment for children's mental healthcare is there, we caution you that the demands for these services within the regions may well exceed the level of the funding presently contained in SB 2012.

Mr. Chairman and members of the sub-committee, I want to thank you for this opportunity to share the concerns of the MHAND with you. I know that this budget will consume a large part of your time during the next several weeks. As always, the MHAND stands willing to assist the committee in answering any of your questions or concerns.

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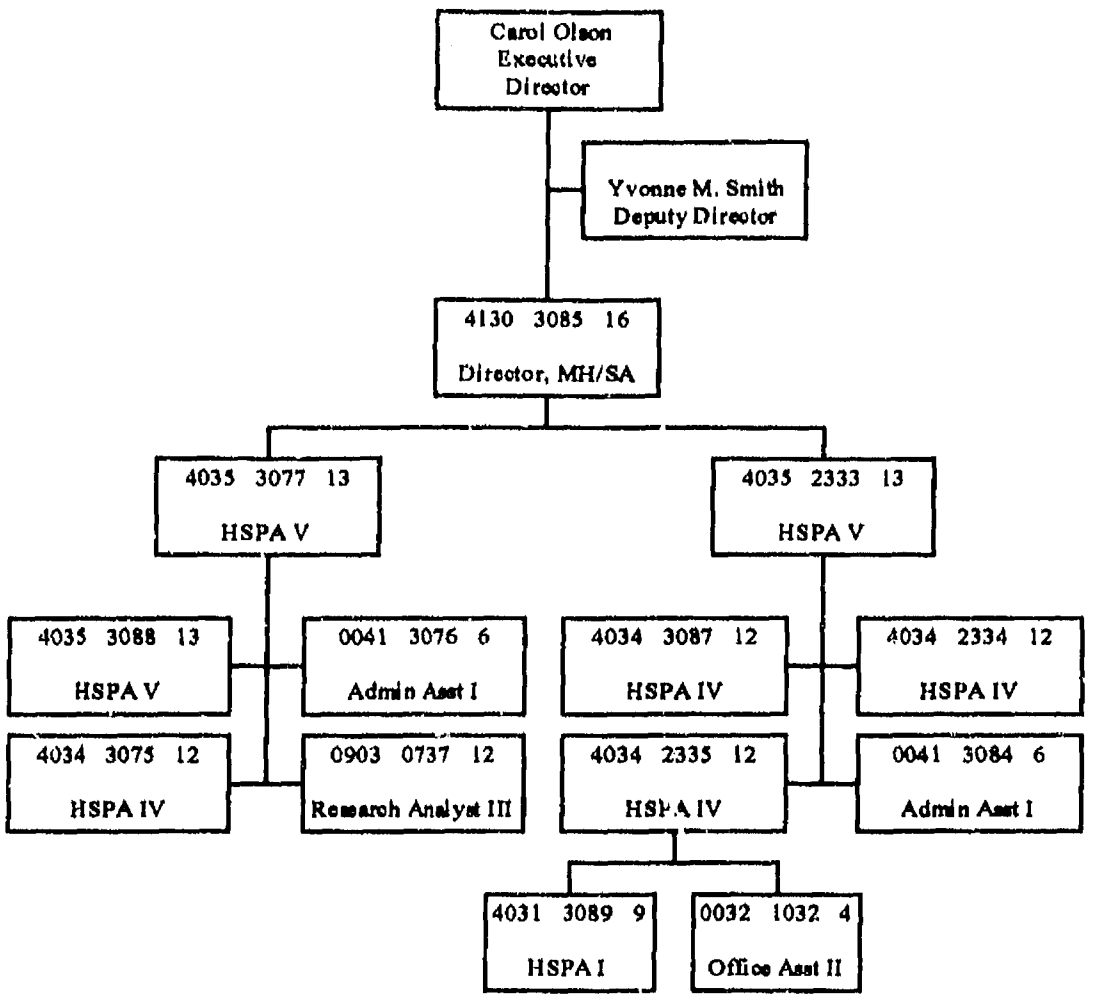
KAREN ROMIG LARSON • 08.2003

North Dakota Department of Human Services
Mental Health/Substances Abuse Division



Effective 3/03

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KAREN ROMIG LARSON 03.20.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		12.500	(0.500)	12.000	0.000	12.000
300-47 MENTAL HEALTH & SUBSTANCE ABUSE				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**12.500**	**(0.500)**	**12.000**	**0.000**	**12.000**
10	Salaries and Wages	B	1001	SALARIES	716,334	990,329	(3,384)	986,945	(12,233)	974,712
10	Salaries and Wages	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	24,031	17,520	480	18,000	0	18,000
10	Salaries and Wages	B	1008	BENEFITS	192,438	300,454	13,807	314,261	(2,049)	312,212
10	Salaries and Wages	S	1900	PAYROLL SUSPENSE		0	144,000	144,000	0	144,000
300-47 MENTAL HEALTH & SUBSTANCE ABUSE				**Salaries and Wages TOTALS**	**932,803**	**1,308,303**	**154,903**	**1,463,206**	**(14,282)**	**1,448,924**
10	Salaries and Wages	F	1991	SALARY - GENERAL FUNDS		572,597	(126,438)	446,159	0	446,159
10	Salaries and Wages	F	1992	SALARY - FEDERAL FUNDS		729,842	287,205	1,017,047	(14,282)	1,002,765
10	Salaries and Wages	F	1993	SALARY - OTHER FUNDS		5,864	(5,864)	0	0	0
300-47 MENTAL HEALTH & SUBSTANCE ABUSE				**Salaries and Wages TOTALS**	**0**	**1,308,303**	**154,903**	**1,463,206**	**(14,282)**	**1,448,924**
30	Operating Expenses	B	3002	IT-DATA PROCESSING	83	300	0	300	0	300
30	Operating Expenses	B	3003	IT-TELEPHONE	1,842	3,770	50	3,820	0	3,820
30	Operating Expenses	B	3004	TRAVEL	51,074	121,477	(16,809)	104,668	0	104,668
30	Operating Expenses	B	3005	IT - SOFTWARE/SUPPLIES	1,355	1,600	(400)	1,200	0	1,200
30	Operating Expenses	B	3007	POSTAGE		1,180	(380)	800	0	800
30	Operating Expenses	B	3012	LEASE/RENT - BLDG/LAND	72,279	98,150	(17,420)	80,730	0	80,730
30	Operating Expenses	B	3013	PROFESSIONAL DEVELOPMENT	79,819	99,163	18,587	117,750	0	117,750
30	Operating Expenses	B	3014	OPERATING FEES & SERVICES	1,151,271	3,315,396	(620,457)	2,694,939	0	2,694,939
30	Operating Expenses	B	3016	REPAIRS	64	1,150	(400)	750	0	750
30	Operating Expenses	B	3021	OFFICE SUPPLIES	1,034	4,150	(500)	3,650	0	3,650
30	Operating Expenses	B	3024	PRINTING	5,172	15,800	(1,800)	14,000	0	14,000
30	Operating Expenses	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	124,615	126,877	45,323	172,200	0	172,200
30	Operating Expenses	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES		1,000	(1,000)	0	0	0
30	Operating Expenses	B	3033	MISCELLANEOUS SUPPLIES	5,983	1,000	(1,000)	0	0	0
30	Operating Expenses	B	3034	OFFICE EQUIP & FURN - UNDER $5000		1,000	(500)	500	0	500
300-47 MENTAL HEALTH & SUBSTANCE ABUSE				**Operating Expenses TOTALS**	**1,494,591**	**3,792,013**	**(596,706)**	**3,195,307**	**0**	**3,195,307**
30	Operating Expenses	F	3991	OPERATING - GENERAL FUNDS		399,887	(1,267)	398,620	(37,832)	360,788
30	Operating Expenses	F	3992	OPERATING - FEDERAL FUNDS		3,392,126	(595,439)	2,796,687	0	2,796,687
30	Operating Expenses	F	3993	OPERATING - OTHER FUNDS		0	0	0	37,832	37,832
300-47 MENTAL HEALTH & SUBSTANCE ABUSE				**Operating Expenses TOTALS**	**0**	**3,792,013**	**(596,706)**	**3,195,307**	**0**	**3,195,307**

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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
60	Grants	B	6006	GRANTS, BENEFITS & CLAIMS	2,508,460	3,386,559	200,251	3,586,810	0	3,586,810
300-47 MENTAL HEALTH & SUBSTANCE ABUSE				**Grants TOTALS**	**2,508,460**	**3,386,559**	**200,251**	**3,586,810**	**0**	**3,586,810**
60	Grants	F	6991	GRANTS - GENERAL FUNDS		631,618	0	631,618	0	631,618
60	Grants	F	6992	GRANTS - FEDERAL FUNDS		2,554,941	200,251	2,755,192	0	2,755,192
60	Grants	F	6993	GRANTS - OTHER FUNDS		200,000	0	200,000	0	200,000
300-47 MENTAL HEALTH & SUBSTANCE ABUSE				**Grants TOTALS**	**0**	**3,386,559**	**200,251**	**3,586,810**	**0**	**3,586,810**
90	Funding Totals	F	9991	GENERAL FUNDS	876,044	1,604,102	(127,705)	1,476,397	(37,832)	1,438,565
90	Funding Totals	F	9992	FEDERAL FUNDS	4,014,286	6,676,909	(107,983)	6,568,926	(14,282)	6,554,644
90	Funding Totals	F	9993	OTHER FUNDS	45,524	205,864	(5,864)	200,000	37,832	237,832
		300-47 MENTAL HEALTH & SUBSTANCE ABUSE TOTALS			**4,935,854**	**8,486,875**	**(241,552)**	**8,245,323**	**(14,282)**	**8,231,041**

KAREN ROMIG LARSON. 03.20.03

Dues and Professional Development Budgeted for 2003 - 2005

	Year 1	Year 2	Biennium Total
Mental Health			
National Association of State Mental Health Program Directors	8,551.00	8,551.00	17,102.00
WICHE Work Group	6,000.00	6,000.00	12,000.00
Miscellaneous other dues and conferences	6,949.00	6,949.00	13,898.00
Subtotal ==>			$43,000.00
Substance Abuse			
National Association of State Alcohol and Drug Program Directors	5,500.00	5,500.00	11,000.00
Substance Abuse Librarians and Information Specialists (SALIS)	75.00	75.00	150.00
Addiction counselor stipends	25,000.00	25,000.00	50,000.00
Miscellaneous other dues and conferences	3,050.00	3,050.00	6,100.00
Subtotal ==>			$67,250.00
Total Dues and Professional Development for Division ==>			$110,250.00

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Operator's Signature Date

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2003 - 2005 Budget Request
Mental Health and Substance Abuse Division
Object Code 3014 - Operating Fees and Services

Mental Health Program Administration

50,000	Minckoff consultation (training at each HSC)
50,000	DBT trainer (training at each HSC)
120,000	ND Federation of Family contract
348,000	Real Choices projects
15,000	MHA consumers network contract
25,000	UND conferences
24,000	MHA help line contract
44,961	Certification of wrap around
40,000	Infrastructure contracts
130,430	Children's MH training contracts

Compulsive Gambling

150,000	Lutheran Social Services contract
75,000	Compulsive Gambling contract

Alcohol and Drug Abuse Program Administration

659,027	Target population enhancements
120,000	2 - alcohol summits

Drug and Alcohol Services Information System (DASIS)

172,991	Contracts for outcome study, data reporting and infrastructure

Prevention Resource Center

26,000	SYNAR contract
26,530	UPS costs for PRC

Governor's Fund High Risk Youth

50,000	Contracts for existing services

Combatting Underage Drinking

568,000	Contracts for existing services
$2,694,939	Total Operating Fees and Services

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2003 - 2005 Budget Request
Mental Health and Subetance Abuse Division
Object Code 6006 - Grants

Mental Health Program Administration
261,900 Real Choices projects

Mental Health Extended Services
771,618 Employment services

Prevention Coordination
1,396,118 Contracts for the regional prevention coordinators

Governor's Fund High Risk Youth
807,174 Contracts for existing services

Combatting Underage Drinking
150,000 Contract for media campaign

Native American Youth Alcohol and Drug Education
200,000 Contracts with the tribes

$3,586,810 Total Grants

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Prevention Contract Schedule

CONTRACTS:

01 - 03 Biennium

Provider	Contract #	Year 1 Amount	Contract #	Year 2 Amount
Beginning Balance		2,005,432.00		1,359,807.67
Tobacco Free North Dakota	810-04197	11,341.20		
Drug Free North Dakota	810-04416	112,696.93	810-04879	133,101.00
First District Health	810-04417	54,657.30		
Region VI CSCC	810-04418	51,261.78		
Region VII CSCC	810-04421	53,563.36	810-04829	76,000.00
Spirit Lake Tribe	810-04422	49,124.46	810-04830	65,000.00
Community Action & Develop.	810-04423	35,212.24	810-04817	60,424.00
Southeastern ND Comm. Act.	810-04424	43,403.66	810-04806	82,659.00
Region IV CSCC	810-04431	44,473.96	810-04824	80,000.00
Region III CSCC	810-04447	41,650.68	810-04800	73,920.00
Community Action & Develop.	810-04448	52,214.00	810-04821	70,882.00
Standing Rock Sioux Tribe	810-04514	24,003.57	810-04795	69,220.00
Turtle Mountain Comm. Coll.	810-04515	58,740.00	810-04825	65,000.00
Drug Free North Dakota	810-04756	13,281.19		
Kranzler Kingsley Comm.			810-04820	200,000.00
Three Affiliated Tribes			810-04826	60,000.00
Community Action Opport.			810-04886	79,978.00
Community Action Reg. VI			810-04870	70,757.00
Total Contracts		645,624.33		1,186,941.00
Ending Balance		1,359,807.67		172,866.67

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Safe and Drug Free Schools Contract Schedule

CONTRACTS:

01 - 03 Biennium

Provider	Contract #	Year 1 Amount	Contract #	Year 2 Amount
Beginning Balance		798,317.00		355,239.83
Hazen Public Schools	810-04425	41,168.36	810-04833	33,620.00
Cass County	810-04426	24,651.01	810-04842	18,750.00
Morton County	810-04428	24,616.60	810-04840	18,750.00
Morton County			810-04995	16,667.00
Trenton Indian Service Area	810-04429	49,942.13	810-04844	37,500.00
Community Action & Develop.	810-04449	34,665.88	810-04841	33,737.00
Dickinson Public Schools	810-04460	35,000.00	810-04834	26,250.00
Jamestown Asset Builders	810-04453	46,000.00	810-04839	34,500.00
Jamestown Asset Builders			810-05003	16,666.00
Valley City Public Schools	810-04511	38,161.78	810-04843	34,331.00
Dickinson Police Dept.	810-04513	7,793.76	810-04869	6,630.00
Dickinson Public Schools	810-04516	30,000.00	810-05001	16,661.00
Trinity Health	810-04532	26,000.00	810-04838	19,500.00
Trinity Health			810-04996	6,500.00
Mountain Plains Youth Serv.	810-04556	15,000.00	810-05008	16,505.00
Rehab Services, Inc.	810-04563	24,290.28	810-04887	18,750.00
Rehab Services, Inc.			810-05009	10,619.00
Sargent County	810-04574	2,918.76		
University of North Dakota	810-04683	13,996.68		
Attorney General	810-04733	28,871.93		
Stanley Comm. School Dist.			810-04997	2,193.00
Stark County			810-04999	7,568.00
Griggs County			810-05002	14,464.00
Kensal Public School Distr.			810-05000	13,300.00
McClusky School District			810-05010	2,520.00
The Village Family Serv. Ctr.			810-05011	16,643.00
ND SADD Inc.			810-05013	15,060.00
Total Contracts		443,077.17		437,684.00
Ending Balance		355,239.83		(82,444.17)

Updated 03/06/03

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Other MH/SA Division Contracts
01 - 03 Biennium

	Contract Date	Contract Number	Amount
Mental Health:			
ND Federation of Families	07/01/01 -06/30/03	510-04232	270,000.00
Mental Health Association	02/15/02 - 12/31/02	510-04712	30,458.00
Mental Health Association	02/15/03 - 12/31/03	510-04998	30,500.00
Council on Compulsive Gambling	07/01/01 - 06/30/03	510-04466	62,500.00
Lutheran Social Services	07/01/01 - 06/30/03	510-04467	125,000.00
		Subtotal =>	$518,458.00
Substance Abuse:			
UND	05/15/02 - 09/30/02	810-04763	37,048.03
Shella Orth	07/01/01 - 06/30/03	810-04209	92,000.00
North Charles Mental Health	01/02/99 - 09/29/02	810-02983	384,925.00
Kraft Statistical Consultation	08/01/99 - 09/29/02	810-03444	28,789.00
ND Highway Patrol	06/01/01 - 05/31/02	810-04145	300,908.00
ND Highway Patrol	02/01/02 - 05/31/02	810-04710	46,530.00
ND Highway Patrol	06/01/02 - 05/30/03	810-04765	282,000.00
ND Supreme Court	06/01/02 - 05/30/03	810-04831	92,000.00
Standing Rock Sioux Tribe	12/17/01 - 06/30/03	810-04685	36,000.00
Spirit Lake Tribe	02/01/02 - 06/30/03	810-04708	36,000.00
Fort Berthold Housing Authority	12/17/01 - 06/30/03	810-04713	40,000.00
Turtle Mountain Band of Chippewa	11/01/02 - 06/30/03	810-04953	44,000.00
Betty J. Larson	04/15/02 - 04/14/03	920-04692	14,400.00
Progress Enterprises, Inc.	01/01/02 - 06/30/03	930-04689	45,789.00
Spirit Lake Tribe	04/01/02 - 06/30/03	930-04752	100,000.00
Pride Inc.	07/13/01 - 06/30/03	970-04510	524,552.00
		Subtotal =>	$2,104,941.03
		Total ==>	$2,623,399.03

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Brenda Ukisz, 03.24.03

Department of Human Services
Federal $ Funding Mental Health/Substance Abuse
2003-05 Budget to House

	Grant	Federal
S003	Community Mental Health Services	756,216
S010	Olmstead Grant	753,900
S011	Mental Health Data Infrastructure	133,333
S012	Drug Free Schools And Communities	857,174
S013	Combatting Under Age Drinking	720,000
S018	DASIS	172,991
S019	Substance Abuse Prevention & Treatment	3,151,030
S029	PATH	10,000
	Total Federal Funds	6,654,644

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Exhibit 2-8

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
January 14, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Blaine Nordwall, Director of Economic Assistance Policy of the Department of Human Services. I am here today to provide you an overview of the Economic Assistance Policy budget area.

- Economic Assistance Policy is responsible for eligibility policy for the Medicaid, Basic Care and Healthy Steps programs, and for all aspects of state level administration of Child Care Assistance, Energy Assistance, Food Stamps, and Temporary Assistance for Needy Families (including the Job Opportunities and Basic Skills program). This work involves:

    - Distributing benefits to recipients
    - Directing and supervising County Social Service Board administration of EAP programs
    - Implementing all applicable State and Federal law
    - Providing training, written instructions, and interpretations concerning program requirements
    - Operating electronic eligibility determination and reporting systems
    - Preparing required State and Federal reports

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- Overview of the budget changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	4,470,067	4,428,482	(41,585)
Operating	11,154,028	10,982,683	(171,345)
Capital Improvements	1, 724	3,872	2,148
Grants - Economic Assistance	125,529,400	165,551,359	40,021,959
Total	141,155,219	180,966,396	39,811,177
General	4,530,366	4,647,355	116,989
Federal	117,345,454	154,016,414	36,670,960
Special	19,279.399	22,302,627	3,023,228
FTEs	47.80	46.80	(1.00)

- The function of Economic Assistance Policy is to provide supportive services for working families, impoverished elders, and children.

- The Economic Assistance Policy request includes the costs associated with administering the eligibility aspects of all economic assistance programs, including Medicaid, Basic Care, Healthy Steps, Child Care Assistance, Energy Assistance, Food Stamps, TANF, and JOBS. It also includes the grant costs for all economic assistance programs except Medicaid, Basic Care, and Healthy Steps.

- **Child Care Assistance** payments called for in this request total $27 million, an increase of $5.8 million over the '01-'03 biennium. Over 70% of families receiving Child Care Assistance are not receiving TANF. These

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benefits primarily serve working families, and are the most valuable benefit we provide for the many of those families. We have seen an increase in caseload throughout the current biennium, from 4364 children served in July of 2001 to **5229 children served by Child Care Assistance in November of 2002.** The October caseload was the highest ever at 5,301. During this time, no material policy changes were made that could have impacted caseloads. Child Care Assistance is provided through subsidies paid directly to the child care provider (unless the provider agrees to have payment made to the family.)

- **Food Stamps** caseloads have increased approximately 10% over the last two years, to **37,627 individuals provided with Food Stamp benefits in November 2002.** Federal farm bill changes, together with cost of living increases, have led to a 42% increase in requested grant expenditures for Food Stamp benefits, from $58.3 million to nearly $82.9 million. This request is funded entirely from federal funds, and reflects an increase that will serve to feed needy families and increase business for North Dakota grocers. Food Stamp benefits are distributed monthly through a contractor (CitiGroup) using an Electronic Benefit Transfer ("EBT") card. An EBT card functions much as a debit card, limited to use in participating grocery stores to purchase food.

- **Energy Assistance** (the Low Income Home Energy Assistance Program, or LIHEAP) operates by heating season. The request for the '03-'05 biennium reflects an increase of $3.9 million, to $17.5 million. This request is funded entirely by the federal LIHEAP block grant. The amounts spent in each heating season reflect both the severity of the weather and the price of fuel. The program has operated throughout the '01-'03 biennium in a manner that requires recipient households to share in a proportion of their heating costs, giving them an incentive to conserve energy. As of December 31, 2002, the department had approved **Energy**

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Assistance for 10,032 households, consisting of 23,201 individuals. Energy Assistance also provides emergency furnace repair and weatherization services through the Division of Community Services. The amount available for furnace repair and weatherization services varies, depending on the severity of need during the heating season. Following last winter's relatively mild conditions, the Energy Assistance program was able to contribute $3.9 million for these purposes. Energy Assistance is provided through subsidies paid directly to participating fuel and energy suppliers.

- **Temporary Assistance for Needy Families** (TANF) caseloads declined from 1993 (as the AFDC program) through February 2000. After several months of only slight caseload variation, North Dakota has experienced about a 17% increase in the past two years (to **3229 TANF cases in November, 2002**). TANF did not change in any material way during that time, strongly suggesting that the program is quite sensitive to the state of the economy. This results in a nearly $3.9 million increase in projected TANF grants for the '03-'05 biennium. Congress has not reauthorized TANF. The program is operating on a continuing resolution that expires at the end of March, 2003. We do not know if the next Congress will actually take up the issues surrounding TANF reauthorization, or use continuing resolutions while a consensus develops for change to the program. Our best guess is that, should reauthorization take place, the TANF block grant amount will not increase, but the work activity requirements will become substantially more strict. If the caretakers in TANF households must spend more time in required work activities, we anticipate greater demand for Child Care Assistance. TANF benefits are provided through monthly warrant-checks paid directly to the children's caretaker.

- **Job Opportunities and Basic Skills** (JOBS), the part of the TANF program that provides services to promote job readiness and employment,

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is largely accomplished through a contract with Job Services North Dakota. The request, entirely funded through the TANF block grant, increased over $4.2 million. (Over $2.9 million of the increase is in operating expenses and is not apparent in the budget overview due to offsetting reductions.)

- **Indian County allocation**, calculated as required by N.D.C.C. § 50-01.2-03.2, increased by $89,000, to $2.6 million.

- The budget includes a reduction of 1 FTE, a staff administrator position, through retirement. Staff assignments were altered, and some tasks discontinued in order to accomplish this change. The significant caseload increases in Food Stamps, Medicaid, and TANF have so far had a limited impact on state level administration of Economic Assistance programs. The caseload increases do impact County Social Service Board activities associated with seeing clients and processing applications.

This concludes my testimony.

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TESTIMONY

SB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

REPRESENTATIVE SVEDJAN, CHAIRMAN

February 26, 2003

Chairman Svedjan, members of the House Appropriations Committee, I am Blaine Nordwall, Director of Economic Assistance Policy of the Department of Human Services. I am here today to provide an overview of the Economic Assistance Policy budget area.

- The function of Economic Assistance Policy is to provide supportive services for working families, impoverished elders, and children. The Economic Assistance Policy request includes the costs associated with administering the eligibility aspects of all economic assistance programs, including Medicaid, Basic Care, Healthy Steps, Child Care Assistance, Energy Assistance, Food Stamps, and Temporary Assistance for Needy Families (TANF), including the Job Opportunities and Basic Skills program (JOBS). It also includes the grant costs for Child Care Assistance, Energy Assistance, Food Stamps, TANF, and JOBS. The work of Economic Assistance Policy involves:

    - Distributing benefits to recipients
    - Directing and supervising County Social Service Board administration of EAP programs
    - Implementing all applicable State and Federal law
    - Providing training, written instructions, and interpretations concerning program requirements
    - Operating electronic eligibility determination and reporting systems
    - Preparing required State and Federal reports

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- Overview of the budget changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	4,470,067	4,428,482	(41,585)
Operating	11,154,028	10,982,683	(171,345)
Capital Improvements	1, 724	3,872	2,148
Grants	125,629,400	165,551,359	40,021,959
Total	141,155,219	180,966,396	39,811,177
General	4,530,366	4,647,355	116,989
Federal	117,345,454	154,016,414	36,670,960
Special	19,279.399	22,302,627	3,023,228
FTEs	47.80	46.80	(1.00)

- **Senate Adjustments** result in a reduction of $540,362 in available grant funding as the Economic Assistance Policy Division's share of the $4 million funding shift made by the Senate in the Program/Policy Management portion of the budget. The Department has put forward a reduction of that amount in Child Care Assistance benefits for the committee's consideration. The Senate adjustments also removed proposed salary increases included in the Executive budget. Those changes are summarized below.

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Date

	2003 - 2005 Request	2003 - 2005 "To House"	Senate Increase / Decrease
Salary	4,428,482	4,380,504	(47,978)
Operating	10,982,683	10,982,683	0
Capital Improvements	3,872	3,872	0
Grants	165,551,359	165,551,359	0
Total	180,966,396	180,918,418	(47,978)
General	4,647,355	4,630,559	(16,796)
Federal	154,016,414	153,444,870	(571,544)
Special	22,302,627	22,842,989	540,362
FTEs	46.80	46.80	0

- **Child Care Assistance** payments called for in this request now total $27 million, an increase of $5.8 million over the '01-'03 biennium. Child Care Assistance is provided through subsidies paid directly to the child care provider (unless the provider agrees to have payment made to the family.) These benefits primarily assist working families. Over 70% of families receiving Child Care Assistance are not receiving TANF. Caseloads have increased throughout the current biennium, from 4364 children served in July of 2001 to **5143 children served by Child Care Assistance in January of 2003.** The October 2002 caseload, at 5301 children, was the highest ever. During this time, no material policy changes were made that could have impacted caseloads.

- **Food Stamps** caseloads have increased approximately 10% over the last two years, to **16,899 households provided with Food Stamp benefits in January 2003.** Caseload increases, federal farm bill changes, and cost of living increases result in a 42% increase in the request for Food Stamp benefits, from $58.3 million to nearly $82.9 million. Federal funds pay all of the cost of Food Stamp benefits. Food Stamp benefits are distributed monthly through a contractor (CitiGroup) using an Electronic Benefit Transfer ("EBT") card. An EBT

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card functions much as a debit card, limited to use in participating grocery stores to purchase food.

- **Energy Assistance** (the Low Income Home Energy Assistance Program, or LIHEAP) operates by heating season. The request for the '03-'05 biennium reflects an increase of $3.9 million, to $17.5 million. This request is funded entirely by the federal LIHEAP block grant. The amounts spent in each heating season reflect both the severity of the weather and the price of fuel. The program requires recipient households to share in a proportion of their heating costs, giving them an incentive to conserve energy. As of December 31, 2002, the department had approved **Energy Assistance for 10,032 households, consisting of 23,201 individuals**. Energy Assistance also provides emergency furnace repair and weatherization services through the Division of Community Services. The amount available for furnace repair and weatherization services varies, depending on the severity of need during the heating season. In 2002, the Energy Assistance program contributed $3.9 million for these services. Energy Assistance is provided through subsidies paid directly to participating fuel and energy suppliers.

- **Temporary Assistance for Needy Families** (TANF) caseloads declined from 1993 (as the AFDC program) through February 2000. After several months of only slight caseload variation, North Dakota has experienced about a 17% increase in the past two years (to **3312 TANF cases in January, 2003**). TANF did not change in any material way during that time, strongly suggesting that the program is quite sensitive to the state of the economy. This results in a nearly $3.9 million increase in projected TANF grants for the '03-'05 biennium. Congress has not reauthorized TANF. The program is operating on a continuing resolution that expires at the end of March 2003. Congress has taken up the issues surrounding TANF reauthorization, but it is not clear if there is a consensus for change to the program. Our best guess is that, should reauthorization take place, the TANF block grant amount will not increase, but

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the work activity requirements will become substantially more strict. If the caretakers in TANF households must spend more time in required work activities, we anticipate greater demand for Child Care Assistance. TANF benefits are provided through monthly warrant-checks paid directly to the children's caretaker.

- **Job Opportunities and Basic Skills** (JOBS), the part of the TANF program that provides services to promote job readiness and employment, is largely accomplished through a contract with Job Services North Dakota. The request, entirely funded through the TANF block grant, increased over $4.2 million. (Over $2.9 million of the increase is in operating expenses and is not apparent in the budget overview due to offsetting reductions.)

- **Indian County allocation**, calculated as required by N.D.C.C. § 50-01.2-03.2, increased by $89,000, to $2.6 million.

- The budget includes a reduction of 1 FTE, a staff administrator position, through retirement. Staff assignments were altered, and some tasks discontinued in order to accomplish this change. The significant caseload increases in Food Stamps, Medicaid, and TANF have so far had a limited impact on state level administration of Economic Assistance programs. The caseload increases do impact County Social Service Board activities associated with seeing clients and processing applications.

- Technology plays a major role in allowing us to accomplish all of this work. County Social Service staff use two major computer systems, one called "Vision," to determine TANF eligibility and eligibility for children and family groups in Medicaid, and one called "Technical Eligibility Computer System" (TECS), to determine Food Stamps eligibility and eligibility for disabled and elderly groups in Medicaid. County staff also use simpler mainframe systems to determine eligibility for Child Care Assistance, Energy Assistance, and Basic Care Assistance. We also use all of these systems to generate payment of benefits to

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recipients or service providers, to provide management information, and to generate required federal reports. These systems must also interact with computer systems maintained by other programs within DHS, and other State and federal agencies. We can successfully deliver over $165 million in grants only because of available technology. While this technology is critical to these programs, all technology costs are in the Division of Information Technologies budget, which Roger Hertz will be testifying on.

This concludes my testimony.

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NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE POLICY DIVISION

Program	Program Requirements	Services	Funding Mix
Basic Care-Room and Board	Supplement the income of eligible beneficiaries living in basic care facilities	N/A	General and Swap
Basic Care-Personal Care	Supplement the income of eligible beneficiaries living in basic care facilities	N/A	Federal General
Child Care Assistance	Subsidize costs of purchased child care for needy families on a sliding fee scale.	Seventy percent of mandatory and matching funds must be spent on families with income less than 85% of State's median income. Priority must be given to families of children with special needs, and low income families. State must spend at least 4% of all Child Care Assistance funds (except MOE) on "quality initiative."	Federal General Swap
Food Stamps	Subsidized costs of purchased food for needy families.	N/A	Federal
Energy Assistance	Subsidized costs of purchased home energy for needy families.	Heating assistance, an energy crisis component, and weatherization services are required. Optional services (provided in North Dakota) are furnace repair/replacement, energy assistance for homeless shelters, and purchase of air conditioners for individuals with a medical need.	Federal

Note: Counties provide for the administration of economic assistance programs under the Swap legislation.

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NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION

Program	Program Requirements	Services	Funding Mix
Medical Assistance	Purchase or subsidize the purchase of medical care for needy individuals and families. Coverage must be made available to poverty level eligible children and pregnant women and aged, blind, and disabled individuals eligible to receive Supplemental Security Income benefits. Coverage is optional for most other coverage groups. Specified eligibles may be provided only with Medicare cost sharing benefits.	All identified medical needs must be met for eligible children. For most other eligibles, inpatient hospital services, outpatient hospital services, rural health clinic services, federally-qualified health center services, other laboratory and X-ray services, nursing facility services, family planning services, physicians services, nurse-midwife services, and services furnished by a certified pediatric nurse practitioner or certified family nurse practitioner are mandatory, and numerous other medical remedial services are optional.	Federal General
State Children's Health Insurance Program	Purchase insurance coverage for targeted low-income children.	Insurance coverage must meet benchmarks established by federal law or approved by Secretary of HHS.	Federal General
Children's Special Health Care Services	Provide or purchase rehabilitation services to certain children under age 16 who are not eligible for Medical Assistance, provide services for children with special health care needs, and provide food products to certain individuals with phenylketonuria or maple syrup urine disease.		Federal General

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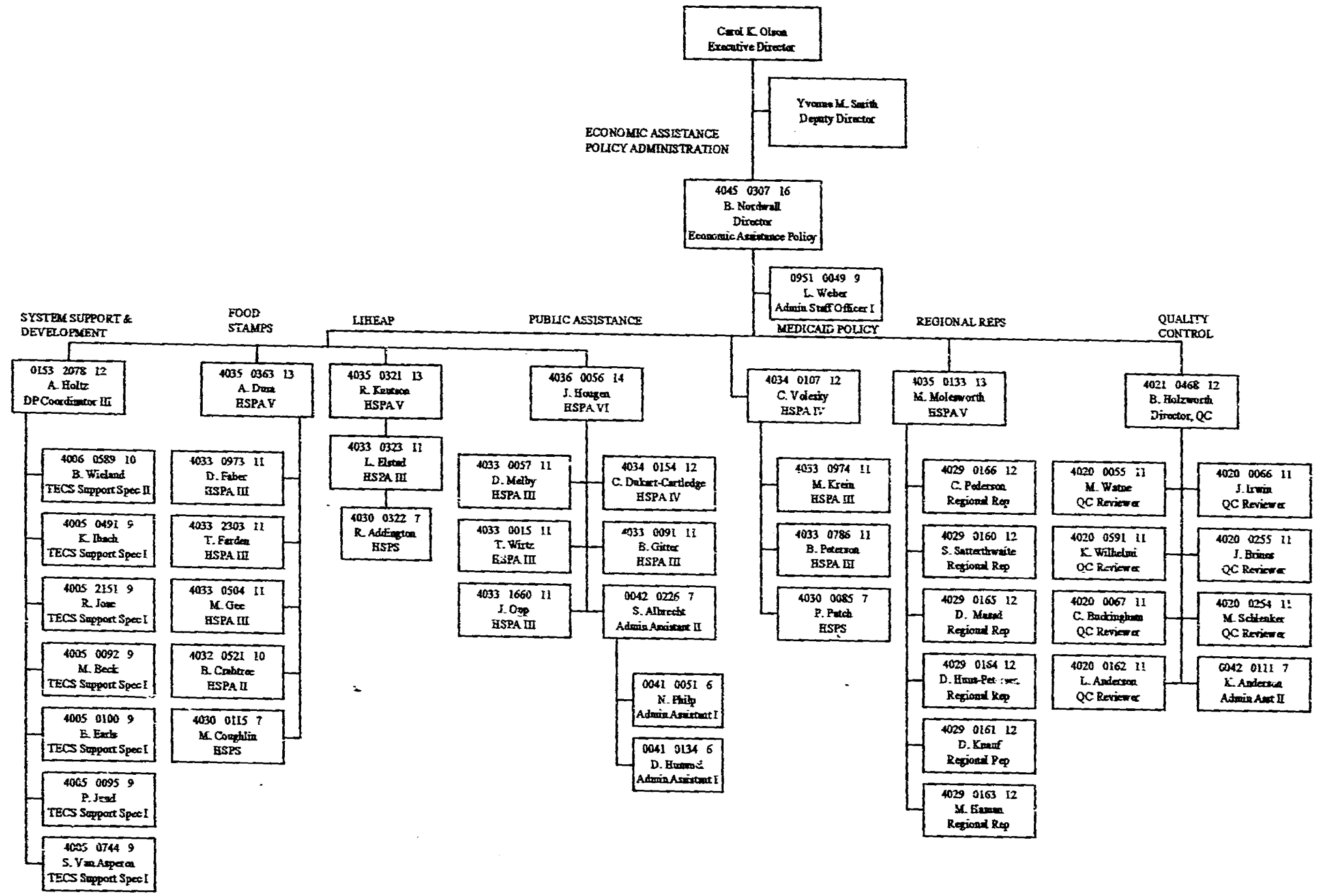
North Dakota Department of Human Services
Economic Assistance Policy Division



Revised 8/23/02

NE Norwall. 03.10.03

BLAINE NORDWALL 03-10-03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

BOC	Budget Object Code Description	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
1000	FULL TIME EQUIVALENTS (FTES)	47.800	(1.000)	46.800	-	46.800
	200-01 ECONOMIC ASSISTANCE POLICY / GRANTS FTE TOTALS	**47.800**	**(1.000)**	**46.800**	**-**	**46.800**
1001	SALARIES	3,296,002	19,511	3,315,513	(41,094)	3,274,419
1002	TEMPORARY, OVERTIME & SHIFT DIFF.	126,476	(102,524)	23,952	-	23,952
1008	BENEFITS	1,047,589	41,428	1,089,017	(6,884)	1,082,133
	SALARIES AND WAGES BUDGET	**4,470,067**	**(41,585)**	**4,428,482**	**(47,978)**	**4,380,504**
1991	SALARY - GENERAL FUNDS	86,468	(39,054)	47,414	(16,796)	30,618
1992	SALARY - FEDERAL FUNDS	2,688,827	183,763	2,872,590	(31,182)	2,841,408
1994	SALARY - RETAINED FUNDS	1,694,772	(186,294)	1,508,478	-	1,508,478
	SALARIES AND WAGES FUNDING	**4,470,067**	**(41,585)**	**4,428,482**	**(47,978)**	**4,380,504**
3002	IT-DATA PROCESSING	8,300	650	8,950	-	8,950
3003	IT-TELEPHONE	17,194	2,696	19,890	-	19,890
3004	TRAVEL	205,706	(7,563)	198,143	-	198,143
3005	IT - SOFTWARE/SUPPLIES	13,346	(8,246)	5,100	-	5,100
3006	UTILITIES	5,500	(4,694)	806	-	806
3007	POSTAGE	37,290	(8,010)	29,280	-	29,280
3011	LEASE/RENT - EQUIPMENT	5,000	(5,000)	-	-	-
3012	LEASE/RENT - BLDG/LAND	99,720	(21,477)	78,243	-	78,243
3013	PROFESSIONAL DEVELOPMENT	44,365	(2,258)	42,107	-	42,107
3014	OPERATING FEES & SERVICES	10,391,554	(89,761)	10,301,793	-	10,301,793
3016	REPAIRS	10,184	(6,521)	3,663	-	3,663
3019	PROFESSIONAL SERVICES	4,300	(4,300)	-	-	-
3021	OFFICE SUPPLIES	68,537	(22,111)	46,426	-	46,426
3022	PRINTING	201,715	(6,082)	195,633	-	195,633
3025	PROFESSIONAL SUPPLIES & MATERIALS	35,743	15,842	51,585	-	51,585
3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	3,624	(3,560)	64	-	64
3034	OFFICE EQUIP & FURN - UNDER $5000	1,950	(950)	1,000	-	1,000
	OPERATING EXPENSES BUDGET	**11,154,028**	**(171,345)**	**10,982,683**	**-**	**10,982,683**
3992	OPERATING - FEDERAL FUNDS	10,196,304	(92,164)	10,104,140	-	10,104,140
3994	OPERATING - RETAINED FUNDS	424,966	(75,052)	349,914	-	349,914
3995	OPERATING - COUNTY FUNDS	532,758	(4,129)	528,629	-	528,629
	OPERATING EXPENSES FUNDING	**11,154,028**	**(171,345)**	**10,982,683**	**-**	**10,982,683**
5020	OTHER CAPITAL PAYMENTS	1,724	2,148	3,872	-	3,872
	CAPITAL IMPROVEMENTS BUDGET	**1,724**	**2,148**	**3,872**	**-**	**3,872**
5992	LAND & CPTL IMPRV - FEDERAL FUNDS	1,135	1,038	2,173	-	2,173
5994	LAND & CPTL IMPRV - RETAINED FUNDS	589	1,110	1,699	-	1,699
	CAPITAL IMPROVEMENTS FUNDING	**1,724**	**2,148**	**3,872**	**-**	**3,872**
6006	GRANTS, BENEFITS & CLAIMS	125,529,400	40,021,959	165,551,359	-	165,551,359
	GRANTS-ASSISTANCE PAYMENTS BUDGET	**125,529,400**	**40,021,959**	**165,551,359**	**-**	**165,551,359**
7291	EA GRANTS - GENERAL FUNDS	4,443,898	156,043	4,599,941	-	4,599,941
7292	EA GRANTS - FEDERAL FUNDS	104,459,188	36,578,323	141,037,511	(540,362)	140,497,149
7293	EA GRANTS - OTHER FUNDS	2,225,000	3,108,470	5,333,470	540,362	5,873,832
7294	EA GRANTS - RETAINED FUNDS	14,401,314	179,123	14,580,437	-	14,580,437
	GRANTS-ASSISTANCE PAYMENTS FUNDING	**125,529,400**	**40,021,959**	**165,551,359**	**-**	**165,551,359**
xx91	GENERAL FUNDS	4,530,366	116,989	4,647,355	(16,796)	4,630,559
xx92	FEDERAL FUNDS	117,345,454	36,670,960	154,016,414	(571,544)	153,444,870
xx93	OTHER FUNDS	2,225,000	3,108,470	5,333,470	540,362	5,873,832
xx94	RETAINED FUNDS	16,521,841	(81,113)	16,440,528	-	16,440,528

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10-14-03
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Department of Human Services
Summary by Division, Line Item and Budget Object Code as Submitted to the House
2003 - 2005 Budget

BOC	Budget Object Code Description	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
xx95	COUNTY FUNDS	532,758	(4,129)	528,629	-	528,629
	200-01 ECONOMIC ASSISTANCE POLICY / GRANTS TOTALS	**141,155,219**	**39,811,177**	**180,966,396**	**(47,978)**	**180,918,418**

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BLAINE NORDWALL · 03.11.03

North Dakota Department of Human Services
Summary of Actual Expenditures by Subdivision, Line Item and Budget Object Code
For the 2001 - 2003 Biennium through January 31, 2003

Subdivision	Line	FB	BOC	BOCD	Rounded
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	10	B	1001	SALARIES	2,673,559
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	10	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	47,787
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	10	B	1008	BENEFITS	770,686
	10 Total			**SALARIES AND WAGES TOTALS**	**3,392,032**
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3002	IT-DATA PROCESSING	3,791
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3003	IT-TELEPHONE	13,663
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3004	TRAVEL	112,509
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3005	IT - SOFTWARE/SUPPLIES	7,890
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3006	UTILITIES	616
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3007	POSTAGE	18,983
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3008	IT CONTRACTUAL SERVICES & REPAIRS	215
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3012	LEASE/RENT - BLDG/LAND	62,038
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3013	PROFESSIONAL DEVELOPMENT	22,998
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3014	OPERATING FEES & SERVICES	6,093,634
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3016	REPAIRS	1,189
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3018	PROFESSIONAL SERVICES	625
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3021	OFFICE SUPPLIES	10,899
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3024	PRINTING	125,608
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	3,700
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	68
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	30	B	3034	OFFICE EQUIP & FURN - UNDER $5000	1,029
	30 Total			**OPERATING EXPENSES TOTALS**	**6,479,455**
[illegible] ECONOMIC ASSISTANCE POLICY / GRANTS	50	B	5020	OTHER CAPITAL PAYMENTS	2,098
	50 Total			**CAPITAL IMPROVEMENTS TOTALS**	**2,098**
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	72	B	6008	GRANTS, BENEFITS & CLAIMS	109,885,036
	72 Total			**GRANTS-ASSISTANCE PAYMENTS TOTALS**	**109,885,036**
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	90	F	9991	GENERAL FUNDS	4,350,275
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	90	F	9992	FEDERAL FUNDS	99,023,568
200-01 ECONOMIC ASSISTANCE POLICY / GRANTS	90	F	9993	OTHER FUNDS	16,384,778
	90 Total			**SUBDIVISION TOTALS**	**119,758,621**

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BLAIN CORDWALL - 03-11-03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
2003-2005 BUDGET

PROGRAM	ACC		CASELOAD	BUDGET	TOTAL EXPENDITURES	GENERAL	FEDERAL	OTHER	RETAINED
TANF (Temporary Assistance for Needy Families)	3045	2001-2003 Biennium Anticipated Ending Caseload	3,200						
		2003 - 2005 Biennium Anticipated Beginning Caseload	3,136	2003-2005 EXECUTIVE BUDGET	29,507,940	3,950,382	13,341,867	3,834,256	8,381,435
		2003 - 2005 Biennium Anticipated Ending Caseload	3,251						
		Increase/Decrease In Caseload (Per Month)	5						
JOBS - Transportation	3048	2001-2003 Biennium Anticipated Ending Caseload	1,344						
		2003 - 2005 Biennium Anticipated Beginning Caseload	1,411	2003-2005 EXECUTIVE BUDGET	3,204,454		3,204,454		
		2003 - 2005 Biennium Anticipated Ending Caseload	1,658						
		45%-50% TANF Caseload	0						
CHILDCARE	3049	2001-2003 Biennium Anticipated Ending Caseload	4,845						
		2003 - 2005 Biennium Anticipated Beginning Caseload	4,537	2003-2005 EXECUTIVE BUDGET	27,061,205		21,335,096	1,499,214	4,226,895
		2003 - 2005 Biennium Anticipated Ending Caseload	4,853	SENATE CHANGES	-		(540,362)	540,362	
		Seasonal Caseload		2003-2005 BUDGET TO HOUSE	27,061,205		20,794,734	2,039,576	4,226,895
JOBS - Bis/Man Transit	3056	2001-2003 Biennium Anticipated Ending Caseload	9						
		2003 - 2005 Biennium Anticipated Beginning Caseload	16	2003-2005 EXECUTIVE BUDGET	31,916		31,916		
		2003 - 2005 Biennium Anticipated Ending Caseload	29						
		1% of JOBS Participants							
FOOD STAMPS	3066	2001-2003 Biennium Anticipated Ending Caseload	16,904						
		2003 - 2005 Biennium Anticipated Beginning Caseload	16,382	2003-2005 EXECUTIVE BUDGET	82,877,890		82,877,890		
		2003 - 2005 Biennium Anticipated Ending Caseload	16,532						
		Seasonal Caseload							
LIHEAP (Low Income Home Energy Assistance Program)	3090	2001-2003 Biennium Anticipated Ending Caseload	Seasonal						
		2003 - 2005 Biennium Anticipated Beginning Caseload	Seasonal	2003-2005 EXECUTIVE BUDGET	17,563,788		17,563,788		
		2003 - 2005 Biennium Anticipated Ending Caseload	Seasonal						

Note: Senate Adjustment were made to ACC #3049. No other adjustments were made.

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BLAINE NORDWALL 03.11.03

ND Department of Human Services
Budget Level: 200-01 ECONOMIC ASSISTANCE POLICY / GRANTS
Includes Only Line Item: 72 - Grants-Assistance Payments

Accounting Cost Center	Line Item	Funding	Current Budget 2001 - 2003	To the Senate 2003 - 2005	Changes
3031 Program Management	72 Grants-Assistance Payments	2 Federal Funds	504,000	0	(504,000)
		Program Management Total -->	504,000	0	(504,000)
3040 Indian County Allocation	72 Grants-Assistance Payments	1 General Funds	456,993	649,559	192,566
3040 Indian County Allocation	72 Grants-Assistance Payments	4 Retained Funds	2,068,007	1,964,607	(103,400)
		Indian County Allocation Total -->	2,525,000	2,614,166	89,166
3045 TEEM Benefit	72 Grants-Assistance Payments	1 General Funds	3,950,382	3,950,382	0
3045 TEEM Benefit	72 Grants-Assistance Payments	2 Federal Funds	11,150,551	13,341,867	2,191,316
3045 TEEM Benefit	72 Grants-Assistance Payments	3 Other Funds	2,225,000	3,834,256	1,609,256
3045 TEEM Benefit	72 Grants-Assistance Payments	4 Retained Funds	8,300,123	8,381,435	81,312
		TEEM Benefit Total -->	25,626,056	29,507,940	3,881,884
3048 JOBS - Transportation	72 Grants-Assistance Payments	1 General Funds	36,523	0	(36,523)
3048 JOBS - Transportation	72 Grants-Assistance Payments	2 Federal Funds	1,795,310	3,204,454	1,409,144
3048 JOBS - Transportation	72 Grants-Assistance Payments	4 Retained Funds	12,370	0	(12,370)
		JOBS - Transportation Total -->	1,844,203	3,204,454	1,360,251
3049 Child Care	72 Grants-Assistance Payments	2 Federal Funds	17,233,719	21,335,096	4,101,377
3049 Child Care	72 Grants-Assistance Payments	3 Other Funds	0	1,499,214	1,499,214
3049 Child Care	72 Grants-Assistance Payments	4 Retained Funds	4,013,314	4,226,895	213,581
		Child Care Total -->	21,247,033	27,061,205	5,814,172
3056 JOBS - Trans - Bismarck Transit	72 Grants-Assistance Payments	2 Federal Funds	16,176	31,916	15,740
		JOBS - Trans - Bismarck Transit Total -->	16,176	31,916	15,740

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ND Department of Human Services
Budget Level: 200-01 ECONOMIC ASSISTANCE POLICY / GRANTS
Includes Only Line Item: 72 - Grants-Assistance Payments

Accounting Cost Center	Line Item	Funding	Current Budget 2001 - 2003	To the Senate 2003 - 2005	Changes
3057 TANF Recipient - Workers Comp	72 Grants-Assistance Payments	2 Federal Funds	25,000	25,000	0
		TANF Recipient - Workers Comp Total -->	25,000	25,000	0
3063 Food Stamp - E & T Particip. Pymts.	72 Grants-Assistance Payments	2 Federal Funds	7,500	7,500	0
3063 Food Stamp - E & T Particip. Pymts.	72 Grants-Assistance Payments	4 Retained Funds	7,500	7,500	0
		Food Stamp - E & T Particip. Pymts. Total -->	15,000	15,000	0
3066 Food Stamp - EBT Issuance	72 Grants-Assistance Payments	2 Federal Funds	58,326,932	82,877,890	24,550,958
		Food Stamp - EBT Issuance Total -->	58,326,932	82,877,890	24,550,958
3067 Food Stamp - Nutrition Education Plan	72 Grants-Assistance Payments	2 Federal Funds	1,800,000	2,650,000	850,000
		Food Stamp - Nutrition Education Plan Total -->	1,800,000	2,650,000	850,000
3090 Low Income Home Energy Assist. Prog.	72 Grants-Assistance Payments	2 Federal Funds	13,600,000	17,563,788	3,963,788
		Low Income Home Energy Assist. Prog. Total -->	13,600,000	17,563,788	3,963,788
		Total General Funds -->	4,443,898	4,599,941	156,043
		Total Federal Funds -->	104,459,188	141,037,511	36,578,323
		Total Other Funds -->	2,225,000	5,333,470	3,108,470
		Total Retained Funds -->	14,401,314	14,580,437	179,123
		Total County Funds -->	0	0	0
		Total IGT Funds -->	0	0	0
		Total Funds -->	125,529,400	165,551,359	40,021,959

BLAINE NORDWALL 03.19.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
2001-2003 BUDGET

PROGRAM	ACC		CASELOAD	BUDGET	TOTAL EXPENDITURES	GENERAL	FEDERAL	OTHER	RETAINED
TANF (Temporary Assistance for Needy Families)	3045	2001 - 2003 Budgeted Beginning Caseload	2,721	2001-2003 BIENNIUM BUDGET	25,626,056	3,950,382	11,150,551	2,225,000	8,300,123
		2001 - 2003 Biennium Budgeted Ending Caseload	2,896						
		Seasonal Caseload							
JOBS - Transportation	3048	2001 - 2003 Budgeted Beginning Caseload	881	2001-2003 BIENNIUM BUDGET	1,844,203	36,523	1,795,310		12,370
		2001 - 2003 Biennium Budgeted Ending Caseload	1,136						
		30%-40% TANF Caseload	0						
CHILDCARE	3049	2001 - 2003 Budgeted Beginning Caseload	4,384	2001-2003 BIENNIUM BUDGET	21,247,033		17,233,719		4,013,314
		2001 - 2003 Biennium Budgeted Ending Caseload	4,929						
		Seasonal Caseload							
JOBS - Bis/Man Transit	3056	2001 - 2003 Budgeted Beginning Caseload	10	2001-2003 BIENNIUM BUDGET	16,176		16,176		
		2001 - 2003 Biennium Budgeted Ending Caseload	10						
		1% of JOBS Participants							
FOOD STAMPS	3066	2001 - 2003 Budgeted Beginning Caseload	16,226	2001-2003 BIENNIUM BUDGET	58,326,932		58,326,932		
		2001 - 2003 Biennium Budgeted Ending Caseload	15,965						
		Seasonal Caseload							
LIHEAP (Low income Home Energy Assistance Program)	3090	2001 - 2003 Budgeted Beginning Caseload	Seasonal	2001-2003 BIENNIUM BUDGET	13,600,000		13,600,000		
		2001 - 2003 Biennium Budgeted Ending Caseload	Seasonal						

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BURNS NORDWALL · 03.11.03

TANF Budget and Policy Proposal

Approximately 60% of TANF block grant expenditures have historically been made through the Economic Assistance Policy budget. The '03-'05 biennial budget follows that pattern. Satisfactory budgeting for these expenditures must address three concerns:

1. Biennial budgets must seek to stay with in the total of two annual TANF block grants;
2. TANF, Child Care Assistance and JOBS programs must be designed to meet the increased work activity requirements virtually certain to be a part of Federal TANF reauthorization; and
3. Increasing caseloads must be managed so as to avoid overspending.

Solutions

- Reductions in the "Standard of Need." The existing Standard of Need provides income amounting to about 34% of poverty levels. Reductions must be designed to impact least those who lack co-supports. TANF benefit components assume approximately 40% of the standard of need is necessary to provide housing. Recipients who share housing or receive housing assistance are somewhat better off than those who do not. A change to consider this factor is an equitable way to reduce TANF expenditures.
- Consideration of Supplemental Security Income to family members living with TANF households. TANF currently does not consider the income or expenses of a family member who receives SSI benefits. TANF expenditures would be reduced by considering children of TANF heads of household to be members of TANF households.

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- Reducing TANF block grant contributions to Child Care Assistance. Reductions in Child Care Assistance benefits would be necessary to allow reductions in TANF block grant contributions. Possible policy changes include: (1) Raising the minimum co-payment required of non-TANF Child Care Assistance recipients; (2) Reducing or eliminating transitional Child Care Assistance (known as "Pro-work") provided to former TANF recipients; (3) Capping total payments made to relatives providing child care; (4) Reducing the income level at which families would become eligible for Child Care Assistance; and (5) Eliminating Child Care Assistance for educational pursuits other than high school and GED.
- Implement a TANF diversion program under which likely short-term beneficiaries agree to limit participation in the TANF program to four months or less.
- Implement a Pay for Performance program to increase work participation rates.
- Limit or eliminate incentive payments such as the High School graduation incentive and payments for health screenings.
- Reduce the percentage of earned income that is disregarded.

Savings

Precise predictions of actual savings cannot be made without examining the costs of implementing a fully developed plan. We are confident that the total savings achievable through a combination of these solutions would range from $2.5 to $3.0 million.

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TANF BENEFIT DETERMINATIONS (2003)

The TANF benefit is determined by first reducing the household's total gross income by allowable expenses to produce the "adjusted income." The adjusted income is subtracted from the TANF Standard of Need to determine the amount of any TANF benefit. The household is not eligible if the adjusted income is greater than the TANF Standard of Need.

If a household has no income, the household receives a benefit based on the TANF Standard of Need. The TANF Standard of Need is 34% of the poverty level.

STANDARD OF NEED

No. of Eligible Care Takers	Number of Children											
	0	1	2	3	4	5	6	7	8	9	10	For each added child
0	0	213	288	360	435	507	582	655	729	802	876	72
1	282	378	477	573	670	767	864	961	1,058	1,155	1,251	96
2	378	477	573	670	767	864	961	1,058	1,155	1,251	1,349	96

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BRENDA WEST · 05.11.05

TANF Block Grant
Revenue / Estimated Expenditures
2003 - 2005 Biennium

	TANF Block Grant	Estimated Expenditures 2003 - 2005	Estimated CarryForward to 2005 - 2007
REVENUE			
FY 2003	14,438,347 2)	14,438,347	
FY 2004	26,399,809 2)	26,399,809	
FY 2005	19,799,856 2)	17,562,721	2,237,135
	60,638,012	**58,400,677**	**2,237,135**

ESTIMATED EXPENDITURES	Total	Federal	General	Special
Assistance to Needy Families				
Teem Benefit	29,532,940	13,366,867	3,950,382	12,215,691
TANF Child Care	1,150,530	1,150,530		
Subtotal	30,683,470	14,517,397	3,950,382	12,215,691
Job Preparation				
TANF Work Activity - Sp Pymts	346,554	346,554		
JOBS - Transportation	3,236,370	3,236,370		
JOBS - Client Services	5,967,858	5,967,858		
JOBS - Support Services	1,590,985	1,590,985		
Subtotal	11,141,767	11,141,767		
Formation & Maintenance of Families				
Family Focused Services	1,569,250	1,569,250		
Child Abuse & Neglect Investigations	2,270,901	2,270,901		
~~Parent Aid~~	~~1,002,250~~	~~1,002,250~~		
Intensive In-Home Services	650,000	650,000		
Foster Care Emergency Assistance	13,794,557	13,794,557		
Subtotal	19,286,958	19,286,958		
Other				
Systems Maint. & Operations	2,150,231	2,150,231		
County:				
Emergency Assistance - Case Mgmt.	4,037,427	4,037,427		
TANF Assessments	444,786	444,786		
Subtotal	6,632,444	6,632,444		
Administration				
JOBS Contract Administration	666,771	666,771		
State Office Administration	2,191,862	2,191,862		
County Administration	3,219,961	3,219,961		
Human Service Center Administration	743,717	743,717		
Subtotal **	6,822,311	6,822,311		
Child Care MOE	2,034,072			2,034,072
Subtotal	2,034,072			2,034,072
Total Estimated Expenditures	**76,601,022**	**58,400,677**	**3,950,382**	**14,249,763**

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Administration Ceiling	Total	Federal	Non-Federal
Federal Expenditures	58,400,877	58,400,877	
General Fund	3,950,382		3,950,382
Special Fund	14,249,763		14,249,763
Total Estimated Expenditures	76,601,022	58,400,877	18,200,145
15% Administration Limitation	11,490,154	8,760,132	2,730,022
Less: Administration Expenditures **	6,822,311	6,822,311	
Admin. Exp. Under (Over) Ceiling	**4,667,843**	**1,937,821**	**2,730,022**

** TANF Admin. Expenditures are estimated to be 9.1%.

MOE Expenditures		Total	1999 - 2001	2003 - 2005	2005 - 2007
FFY 03 TANF	2)	2,719,067		2,719,067	
Child Care					
	Sub total	2,719,067		2,719,067	
FFY 04 TANF	2)	8,052,324		8,052,324	
Child Care		1,017,036		1,017,036	
	Sub total	9,069,360		9,069,360	
FFY 05 TANF	2)	8,052,324		5,394,682	2,657,642
Child Care		1,017,036		1,017,036	
	Sub total	9,069,360		6,411,718	2,657,642
Budgeted Non - Federal Expenditures		**20,857,787**	**0**	**18,200,145**	**2,657,642**

2) FFY 2002 is the sixth and final year of the TANF block grant allotment as authorized under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. It is unknown what federal funds will be appropriated with the passage of new federal legislation. Also unknown is the amount of state match or MOE that may be required.

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10-14-03
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ENERGY ASSISTANCE BENEFIT DETERMINATIONS (2003)

Income Limit.....60% of the State Median Income:

1 Person..... $16,580

2 Persons..... $21,681

3 Persons..... $26,783

4 Persons..... $31,884

Countable Asset Limit..... $8,000 (+ $2,000 for each member age 60 or above, up to two.)

Benefit Calculation..... An eligible household will pay a **percentage of its income** for heating costs according to the following scale:

0% to 20% of median income pay **2% of household income**

21% to 40% of median income pay **4% of household income**

41% to 60% of median income pay **6% of household income**

Each household is assigned an **Estimated Cost of Heat** based on locality, type of fuel, type of structure and size of structure.

The household's portion of each heating bill is:

$$\frac{\text{Income X Percentage of Income}}{\text{Estimated Cost of Heat}}$$

EXAMPLE: An elderly couple has income of $9,000 per year. This is about 25% of the median state income for a two-person household, so they will pay 4% of their income for heating costs. Their estimated cost of heat is $800 per year. They will pay:

$9,000 X 4% = $360 divided by $800 = 45%

The Energy Assistance Program will pay the remainder of each bill, amounting to 55% of the total heating costs.

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NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
2003-2005 BIENNIUM
FOOD STAMPS PROGRAM

Month Paid	Households Receiving Benefits	Budgeted Average Cost 2001-2003	Total Expenditures 2001-2003 Costs	Average Benefit per Household 2003-2005 Costs	Total Expenditures 2003-2005	Difference
Jul-03	16,382	150.17	2,460,085	187.09	3,064,905	604,820
Aug-03	16,490	150.17	2,476,303	179.91	2,966,652	490,349
Sep-03	16,388	150.17	2,460,986	184.11	3,017,160	556,174
Oct-03	15,553	150.17	2,335,594	208.41	3,241,459	905,865
Nov-03	15,395	150.17	2,311,867	209.21	3,220,777	908,910
Dec 03	15,846	150.17	2,379,594	212.28	3,363,847	984,253
Jan-04	16,102	150.17	2,418,037	209.20	3,368,525	950,488
Feb-04	16,271	150.17	2,443,416	213.39	3,472,148	1,028,732
Mar-04	16,534	150.17	2,482,911	205.32	3,394,803	911,892
Apr-04	16,551	150.17	2,485,464	209.64	3,469,707	984,243
May-04	16,568	150.17	2,488,017	207.74	3,441,871	953,854
Jun-04	16,465	150.17	2,472,549	205.32	3,380,658	908,109
Jul-04	16,450	150.17	2,470,297	206.95	3,404,304	934,008
Aug-04	16,558	150.17	2,486,515	199.67	3,306,056	819,541
Sep-04	16,456	150.17	2,471,198	203.98	3,356,640	885,442
Oct-04	15,621	150.17	2,345,806	229.24	3,580,961	1,235,155
Nov-04	15,463	150.17	2,322,079	230.24	3,560,128	1,238,049
Dec-04	15,914	150.17	2,389,805	232.70	3,703,203	1,313,398
Jan-05	16,170	150.17	2,428,249	229.31	3,707,897	1,279,648
Feb-05	16,339	150.17	2,453,528	233.27	3,811,453	1,357,925
Mar-05	16,602	150.17	2,493,122	224.93	3,734,316	1,241,194
Apr-05	16,619	150.17	2,495,675	229.21	3,809,183	1,313,508
May-05	16,636	150.17	2,498,228	227.29	3,781,218	1,282,990
Jun-05	16,532	150.17	2,482,680	225.01	3,720,019	1,237,339
TOTAL	389,905	150.17	58,552,103	212.56	82,877,890	24,325,787

FOOD STAMP BENEFIT DETERMINATIONS (2003)

Total household income must be below the gross income test. If a household meets the gross income test, allowable income deductions are applied to determine if it also meets the net income test. Households meeting both tests are entitled to a food stamp benefit.

Households receiving TANF or SSI benefits are automatically income eligible.

HH SIZE	GROSS INCOME	NET INCOME	HH SIZE	GROSS INCOME	NET INCOME
1	$ 960	$ 739	5	$2,295	$1,765
2	$1,294	$ 995	6	$2,629	$2,022
3	$1,628	$1,252	7	$2,962	$2,279
4	$1,961	$1,509	8	$3,296	$2,535
			Ea. Add. Mem.	+ 334	+ 257

Each household's Food Stamp Benefit is determined by subtracting 30% of the household's net adjusted income from the "Thrifty Food Plan." The Thrifty Food Plan amount based on household size is:

HH SIZE	DOLLAR AMOUNT	HH SIZE	DOLLAR AMOUNT	HH SIZE	DOLLAR AMOUNT
1	$139	4	$465	7	$733
2	$256	5	$553	8	$838
3	$366	6	$663	Ea. Add. Mem.	+ 105

EXAMPLE: A household of four has a net adjusted income of $1000. Thirty percent of that income ($300) is subtracted from the Thrifty Food Plan amount for a household of four ($465) to determine that household's Food Stamp benefit ($165).

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

Brenda Wiesz. 03.24.03

Department of Human Services
Adjustment to move Ruth Meiers funding

	Total	General	Federal	Other
Reductions:				
CFS - Room and Board	(405,600)	(51,739)	(280,651)	(73,210)
Medical Services - Rehabilitation	(1,539,833)	(493,277)	(1,046,556)	-
Addition:				
Northeast HSC - 13.3 FTEs	1,945,433	545,016	1,327,207	73,210

Ruth Meiers adjustment.xls 3/24/2003 bmw

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Exhibit 33

TESTIMONY

SB 2012 - DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS

RAY HOLMBERG, CHAIRMAN

JANUARY 15, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Paul Ronningen, Director, Children and Family Services of the Department of Human Services. I am here today to provide you an overview of the Division of Children and Family Services (CFS) budget.

The Division of Children and Family Services oversees the following major program areas:

1. Child Protective Services
2. Foster Care Services
3. Family Preservation Services
4. Adoption Services
5. Early Childhood Services
6. Refugee Services

These services are provided either by the county social services or through contract with non-profit providers.

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10-14-03
Date

Overview of the budget for CFS:

	2001-03 Budget	2003-05 Request	Increase/ Decrease
Salary	1,841,677	1,822,782	(18,895)
Operating	1,903,607	1,681,973	(221,634)
Grants	93,870,279	97,082,259	3,211,980
Total	97,615,563	100,587,014	2,971,451
General	13,395,714	14,882,898	1,487,184
Federal	74,361,789	73,789,598	(572,191)
Other	9,858,060	11,914,518	2,056,458
FTE's	18.00	17.00	(1.00)

Summary of Changes in the Children and Family Services Budget
2003-2005 Biennium

Over the past several months, the Department has been struggling with building a balanced budget for the 2003-2005 biennium. We are faced with rising service demands in foster care and subsidized adoption, reduced federal funding, and a projected shortfall in the availability of state general funds. Our challenge is to preserve the safety net for the most vulnerable children, recognizing that clients and service providers will be impacted by the necessary changes. The following changes have been incorporated into the CFS budget proposal. Each has a direct impact on the funding of child welfare services.

1. Child Abuse and Neglect

Child Abuse and Neglect assessments are projected to rise slightly during the next biennium. As you can see in Chart 1A, the total number of child abuse and neglect

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assessments are projected to climb from 4,029 in Calendar Year 2001 to 4,184 in Calendar Year 2002. During the 2003 biennium, approximately 4,200 assessments are anticipated. These assessments are completed by county social services with a reimbursement of $400/assessment.

2. Foster Care Services

The unduplicated count for foster care placements in North Dakota remains relatively flat for FY 2001 at 1,929 children while for FY 2002 the unduplicated count is projected at 1,935 (Chart 2A). The 2003-05 budget projects an unduplicated foster care population of 1012 children per month. However, there is a rise in the number of children entering the program (Chart 2B) while a significant number of children are leaving foster care to subsidized adoption (Chart 4A).

A) Foster Care Court Costs have been budgeted with the federal Title IV-E funds, which can be accessed if local matching funds are provided. The local match is approximately 74% while the federal share is 26% for Title IV-E eligible children. (Reduction of $75,000 in general funds). Non Title IV-E eligible youth will be 100% county funds.
B) Federal Funds for foster care transportation, which pays for administrative reimbursements to families to visit their child in foster care, can be accessed if local matching funds are provided. The local match is 74% while the federal share is 26%. (Reduction of $15,000 of general fund.)
C) The Native American Training Institute will not receive any general fund money. (A reduction of $27,000 in general fund.)
D) Inflationary Increases (foster care and subsidized adoptions) were frozen during the second year of the 2001-05 biennium. No inflationary increases are included in the base budget for the 2003-05 biennium for providers.
E) The subsidized guardianship budget will be frozen at 30 youth for the biennium.

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3. Family Preservation Services

Family Preservation Services are community-based services that enable children to remain safely at home or return home from foster care earlier. During SFY 2002, 1,200 families accessed this programming. The demand is projected to increase to 1,250 families for SFY 2003 and to 1300 families for SFY 2005 (See Chart 3).

A) The county match for Family Preservation Services: Parent Aide, Prime Time, Safety Permanency Funds and Family Social Work did increase from 10% to 20% this January. To maintain current programming at the 20% match rate, counties will need to increase their participation by an additional $475,147 for the 2003-05 biennium.

B) Contracts for Intensive In-Home Services with the Village Family Service Center and Lutheran Social Services will decrease from 19 contract positions to 14.5 positions, an overall reduction of 4.5 positions for the 2003-05 biennium.

C) The Respite Care Program is budgeted with $125,000 of federal Title IV-B money. The local match to access these dollars will be 25% or $41,666, of which $37,500 was provided by state general funds this biennium. (This is a general fund reduction of $37,500 from the 2001 biennium.)

4. Adoption Services

The subsidized adoption program has had tremendous growth since the passage of the Adoption and Safe Families Act in 1997. Chart 4A shows the growth of 238 children in this program from CY 1999 to CY2001. By the end of the 2003-05 biennium, the number of children in the subsidized adoption program will increase to approximately 700 youth. (See Chart 4B)

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The Adults Adopting Special Kids (ASSK) budget will contain three less workers next biennium. (A reduction of $200,000 in general funds.) This will result in 60 less children moving to subsidized adoption during the 2003 biennium (three staff x 10 adoptions x 2 years = 60 children). The demand for this service however continues to increase.

5. Early Childhood Services

The county conducts the licensing of early childhood programs. During the upcoming biennium, the Department is project that the number of licenses will remain constant at 2,953. See Chart 5.

6. Refugee Services

During the past federal fiscal year, North Dakota resettled 48 refugees with another 40 individuals who are "secondary migrants" (initially resettled in a different state and moved to North Dakota). Prior to September 11, 2001, North Dakota resettled approximately 500-650 refugees per year. This is a 100% federally funded program.

Also, the CFS Division has reduced the number of staff from 18 FTE's to 17 FTE's during this biennium.

In addition to the budget adjustments listed above, the Children Services Coordinating Committee (CSCC) is anticipating a significant reduction in their ability to draw down Title IV-E funds for case management activities. Overall, there will be approximately 5.5 million dollars less "refinancing dollars" for the CSCC's. Much of this money has been given out in mini-grants by the Regional Children Services Coordinating Committees for prevention and early intervention services. This translates into a reduction of $550,000 (10% of the total) available to the Division of Children and Family Services for programming.

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Finally, the Access and Visitation Grants will be coordinated through the Child Support Division in the 2003-05 biennium instead of Children and Family Services. This aligns the funding sources with the coordinating entity.

I would like to thank the committee for the opportunity to present the budget regarding Children and Family Services. If you have any questions, I would be willing to answer them at this time.

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12-20-02

Date

Chart 1A

Chart 1A

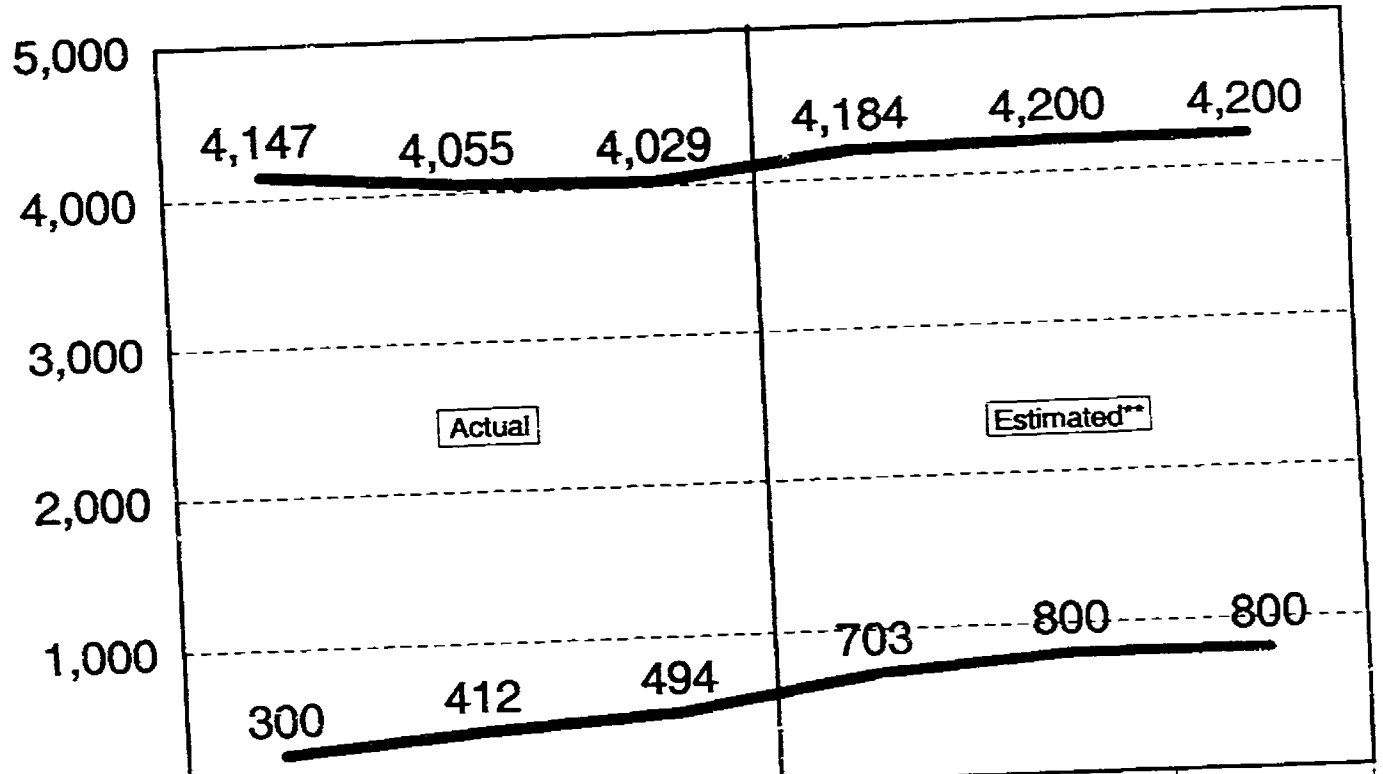
North Dakota Department of Human Services

Children and Family Services

Child Protection Services

The purpose of the Child Protection Program is to provide protection for children who have been or are at risk of being neglected and/or abused so they can be free of neglect and/or abuse.

Child Abuse and Neigect Assessments by Year



	CY1999	CY2000	CY2001	CY2002*	CY2003	CY2004
Full Assessments	4,147	4,055	4,029	4,184	4,200	4,200
Reimb Admin Asmnts	300	412	494	703	800	800

* Estimated based on nine months (January 2002 - September 2002) of data.

** Estimated on 1/9/2003.

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10-14-03
Date

Chart 1B

North Dakota Department of Human Services

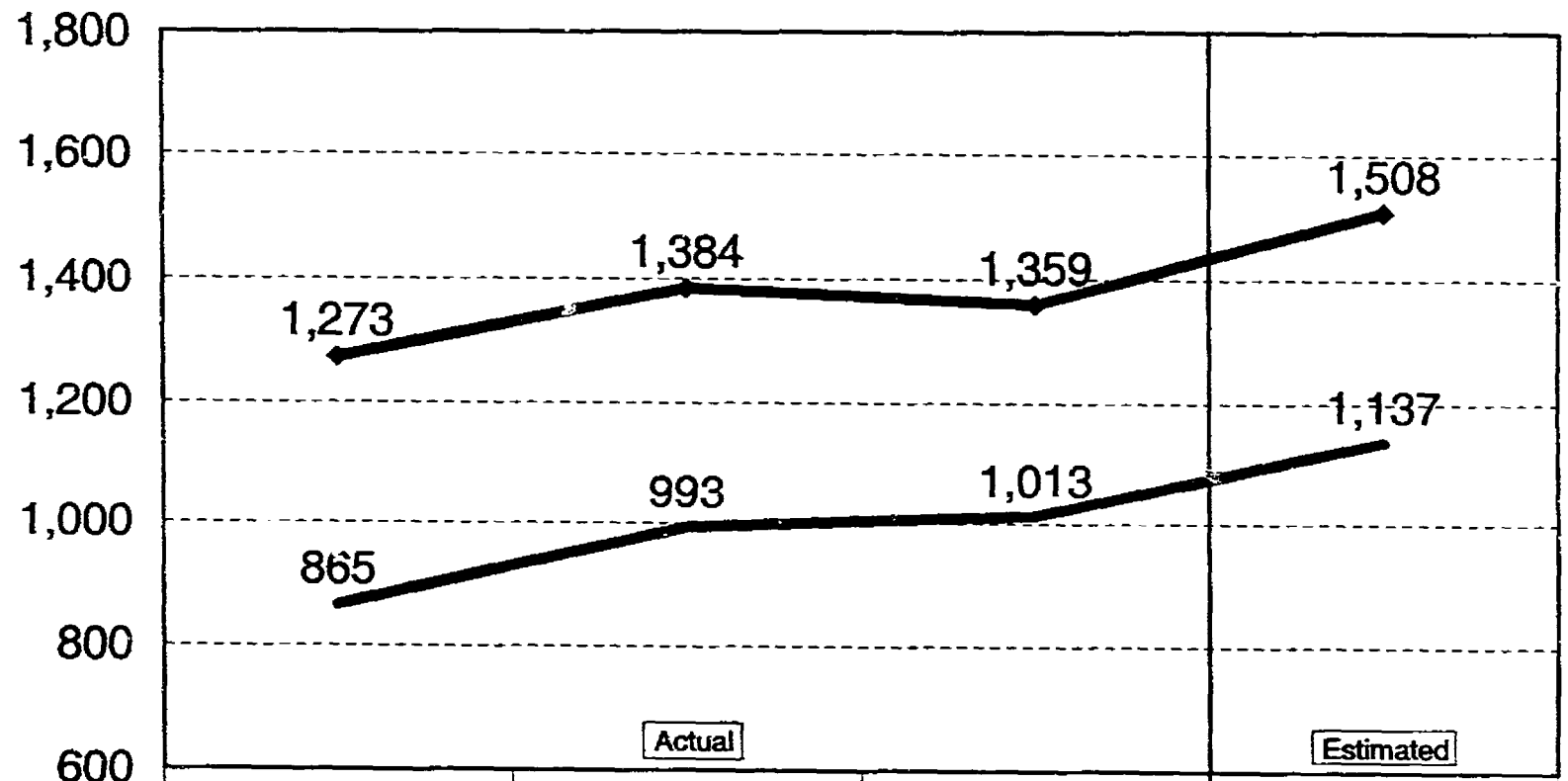
Children and Family Services

Child Protection Services

The purpose of the Child Protection Program is to provide protection for children who have been or are at risk of being neglected and/or abused so they can be free of neglect and/or abuse.

Chart 1B

"Services Required" Subjects (Perpetrators) and Victims by Year



	CY1999	CY2000	CY2001	CY2002*
Victims	1,273	1,384	1,359	1,508
Subjects	865	993	1,013	1,137

* Estimated based on nine months (January 2002 - September 2002) of data.

Chart 2A

North Dakota Department of Human Services

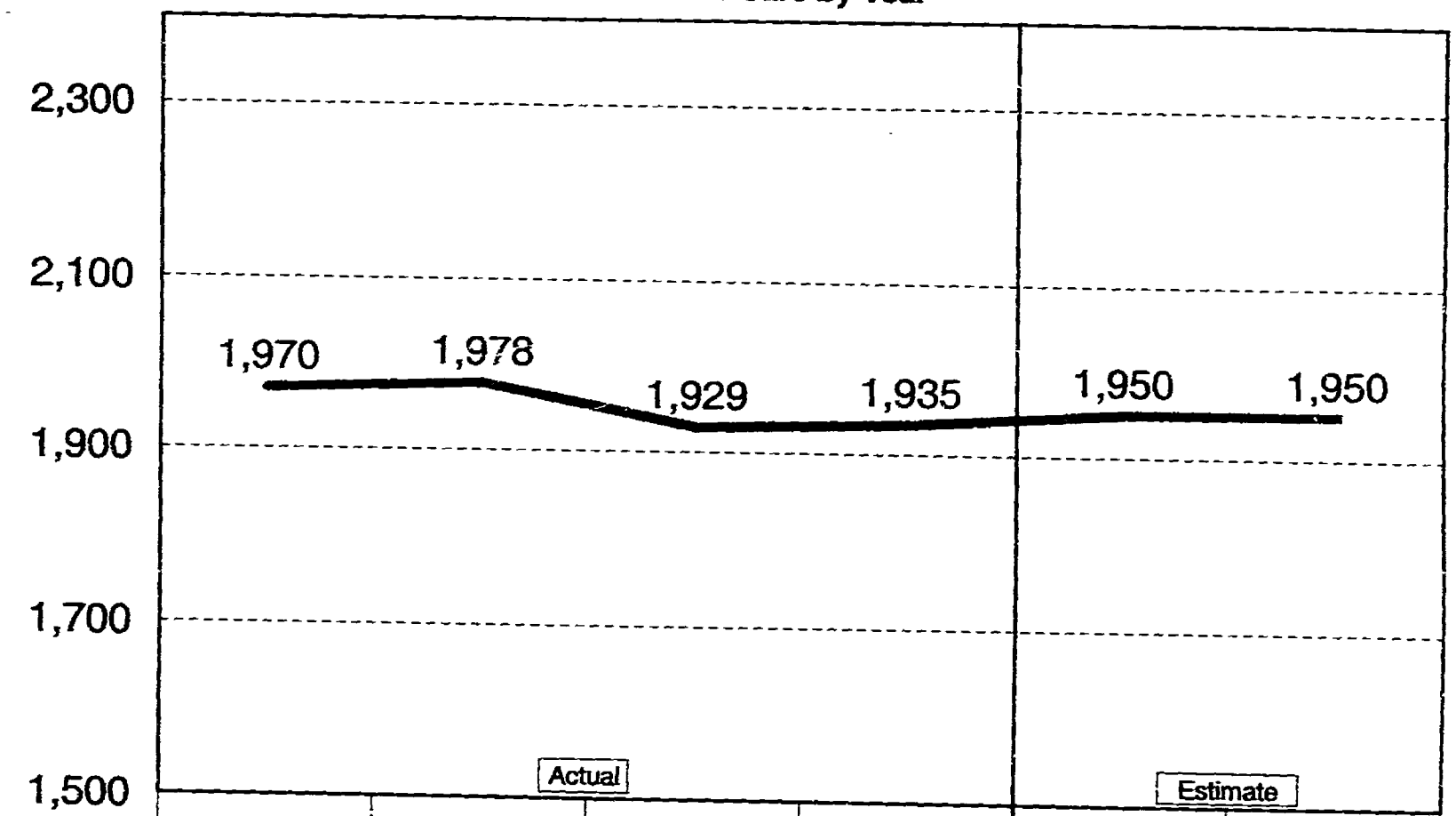
Children and Family Services

Foster Care Services

The purpose of the Foster Care Program is to provide substitute temporary living environments for children who cannot remain with their family so they can be safe in an alternative living environment.

Chart 2A

Children in Foster Care by Year



	Actual				Estimate	
	FFY 1999	FFY 2000	FFY 2001	FFY 2002*	FFY 2003	FFY 2004
Children	1,970	1,978	1,929	1,935	1,950	1,950

* Preliminary

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Chart 2B

North Dakota Department of Human Services

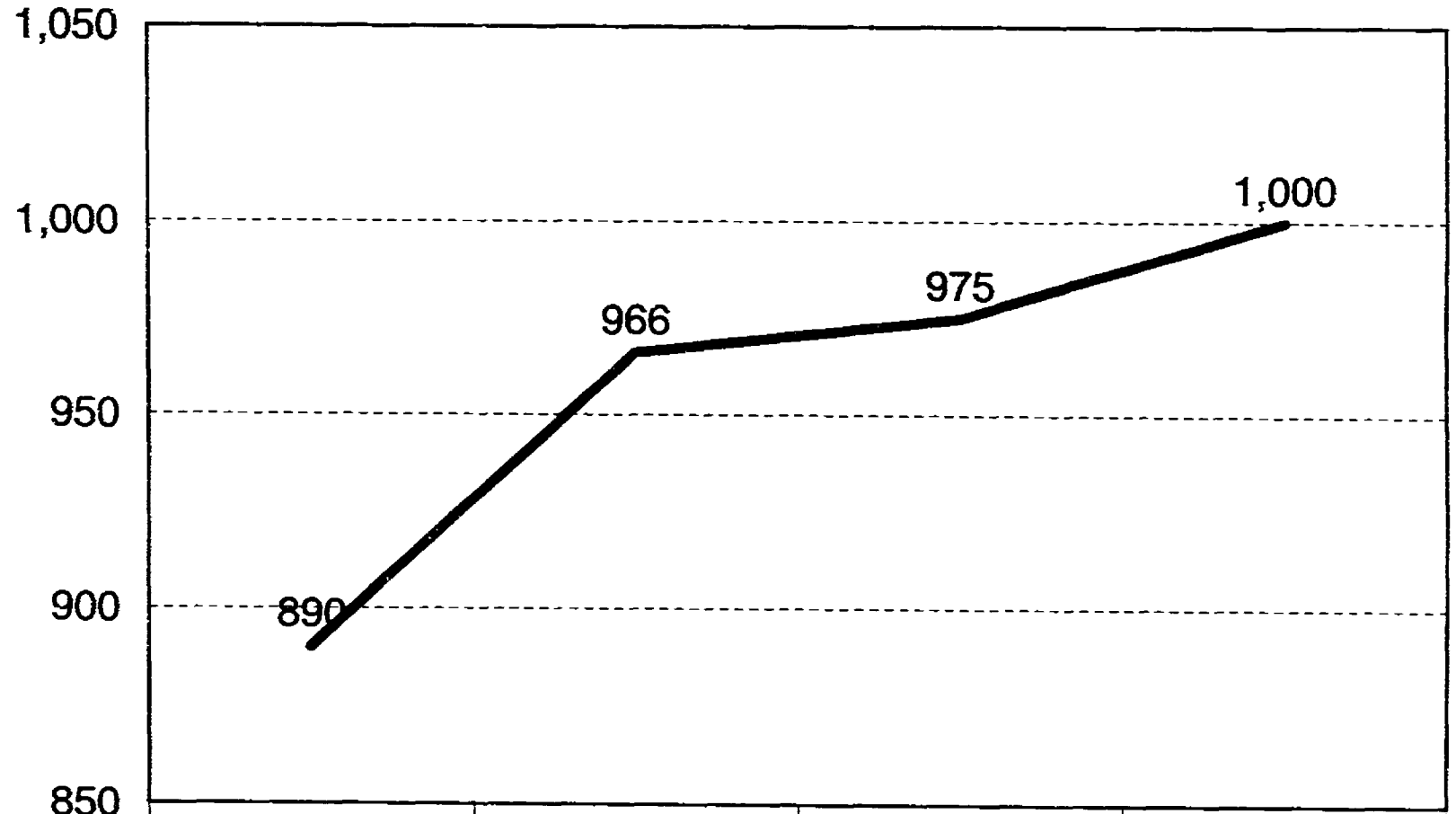
Children and Family Services

Foster Care Services

The purpose of the Foster Care Program is to provide substitute temporary living environments for children who cannot remain with their family so they can be safe in an alternative living environment.

Chart 2B

Number of Children Who Entered Foster Care by Year



	FFY1999	FFY2000	FFY2001	FFY2002
Entered	890	966	975	1,000

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Chart 3

North Dakota Department of Human Services

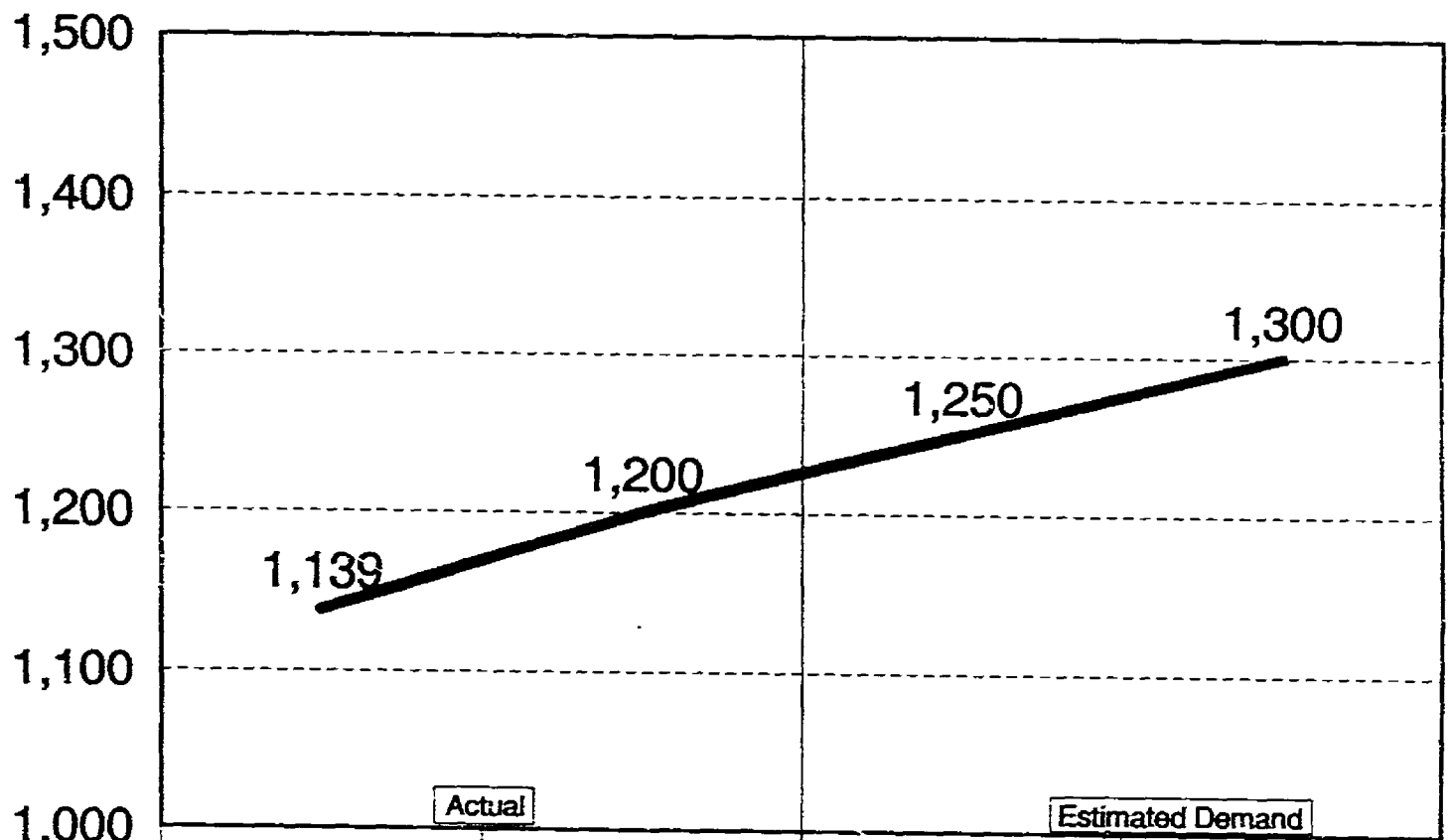
Children and Family Services

Chart 3

Family Preservation Services

The purpose of the Family Preservation Program is to provide therapeutic intervention to families whose children have been or are at risk of abuse, neglect, and out of home placement so children can be safe in their environment.

Family Preservation Services - Number of Families by Year



	SFY 2001	SFY 2002	SFY 2003	SFY 2004
Unduplicated	1,139	1,200	1,250	1,300

Note: Safety/Permanency is not included in the unduplicated Family Preservation numbers.

Chart 4A

North Dakota Department of Human Services

Children and Family Services

Adoption Services

The purpose of the Adoption Program is to recruit, approve and support families for children in need of adoption so they can have a permanent home.

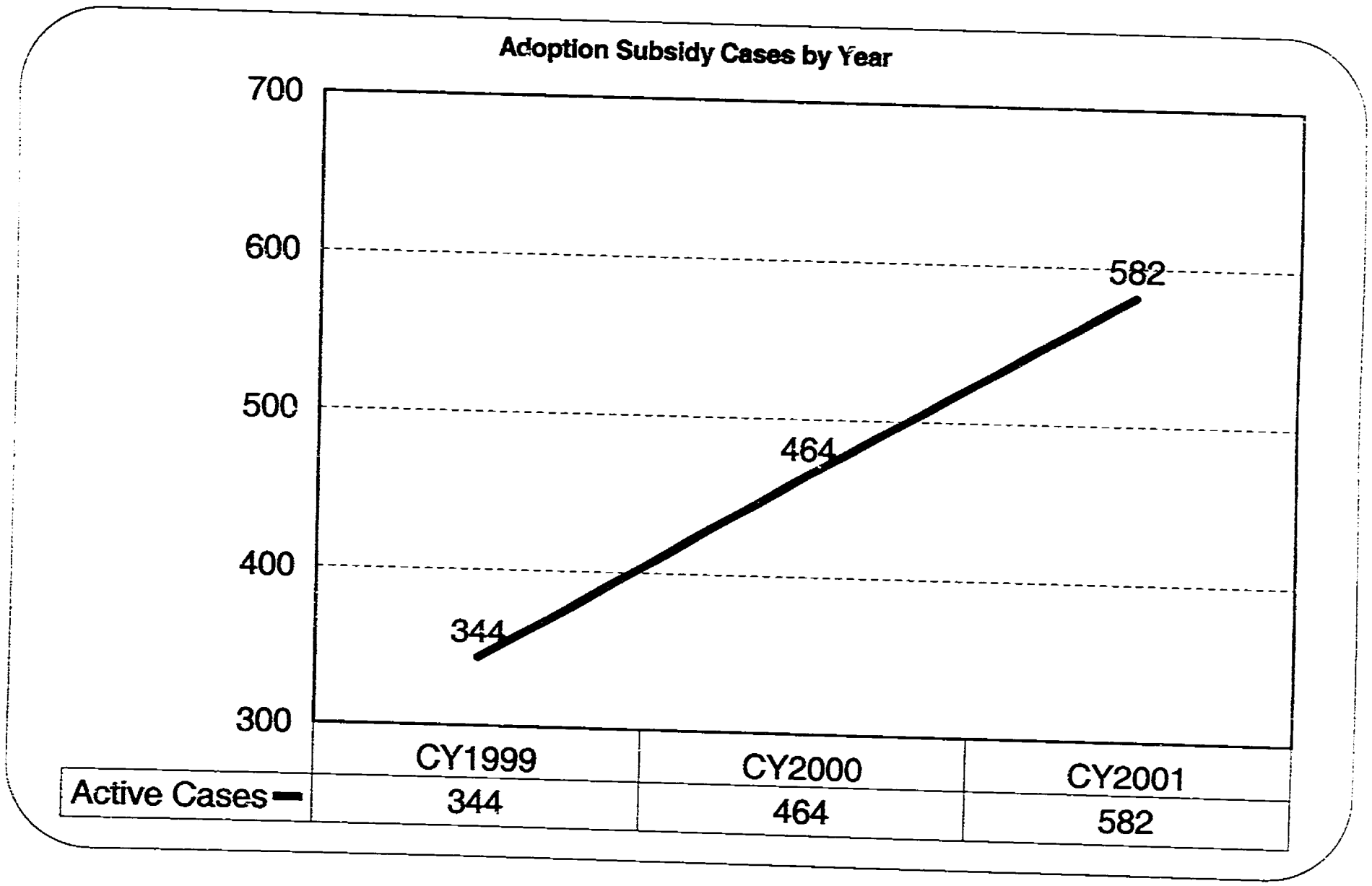


Chart 4A

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Date

Chart 4B

Chart 4B

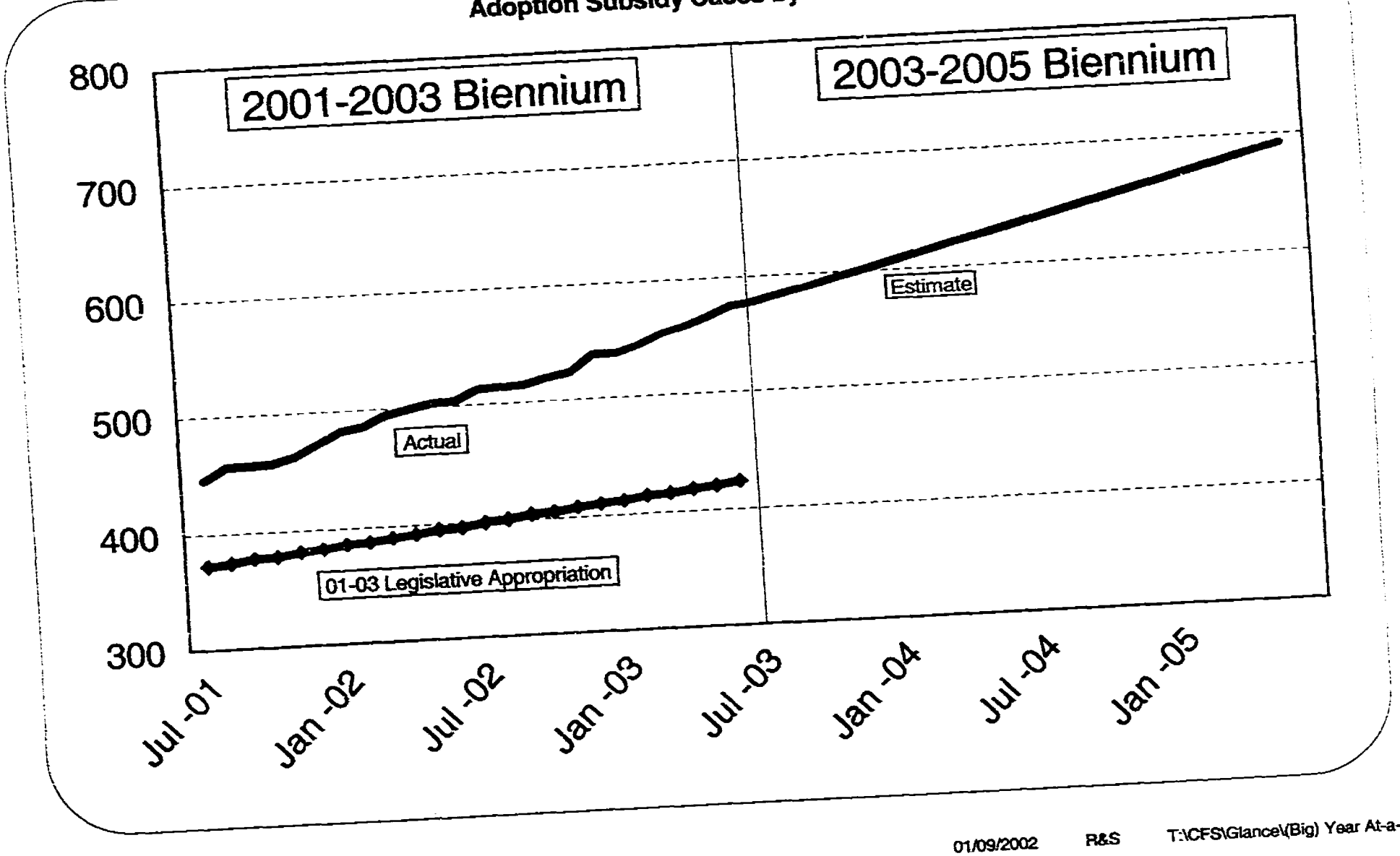
North Dakota Department of Human Services

Children and Family Services

Adoption Services

The purpose of the Adoption Program is to recruit, approve and support families for children in need of adoption so they can have a permanent home.

Adoption Subsidy Cases by Month



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TESTIMONY

SB 2012 - DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

REPRESENATATIVE SVEDJAN, CHAIRMAN

FEBRUARY 26, 2003

Chairman Svedjan, members of the House Appropriations Committee, I am Paul Ronningen, Director, Children and Family Services of the Department of Human Services. I am here today to provide you an overview of the Children and Family Services budget.

The Division of Children and Family Services oversees the following major program areas:

- Child Protective Services
- Foster Care Services
- Family Preservation Services
- Adoption Services
- Early Childhood Services
- Refugee Services

Theses services are provided either by the county social services or through contract with non-profit providers and focus on safety, permanency and well being of children and their families.

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Overview of the budget for CFS:

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Salary	1,841,677	1,822,782	(18,895)
Operating	1,903,607	1,681,973	(221,634)
Grants	93,870,279	97,082,259	3,211,980
Total	97,615,563	100,587,014	2,971,451
General	13,395,714	14,882,898	1,487,184
Federal	74,361,789	73,789,598	(572,191)
Other	9,858,060	11,914,518	2,056,458
	97,615,563	100,587,014	2,971,451
FTE's	18.00	17.00	(1.00)

The Governor's budget included changes in services based on what was defined as core service for each population group we serve. The areas affected are as follows:

1. Foster Care Services

The unduplicated count for foster care placements in North Dakota was relatively flat for FY 2001 at 1,929 children while for FY 2002 the unduplicated count is projected at 1,935 (Chart 1). The 2003-05 budget projects an unduplicated foster care population of 1012 children per month. The Governor's budget to the Senate, included the following:

A) Foster Care Court Costs have been budgeted with the federal Title IV-E funds, which can be accessed if county matching funds are provided. The county match is approximately 74% while the federal share is 26% for Title IV-E eligible children. (Reduction of $75,000 in state general funds). Non Title IV-E eligible youth will require 100% county funds.

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B) Federal Funds for foster care transportation, which pays for administrative reimbursements to families to visit their child in foster care, can be accessed if county matching funds are provided. The local match is 74% while the federal share is 26%. (Reduction of $15,000 of state general fund.)

C) The Native American Training Institute will not receive any general fund money. (A reduction of $27,000 in state general fund.)

D) Inflationary increases (foster care and subsidized adoptions) were frozen during the second year of the 2001-03 biennium. No inflationary increases are included in the base budget for the 2003-05 biennium for providers.

E) The subsidized guardianship budget is budgeted at 30 youth for the biennium.

2. Family Preservation Services

Family Preservation Services are community-based services that enable children to remain safely at home or return home earlier from foster care. During SFY 2002, 1,200 families accessed this programming. The demand is projected to increase to 1,250 families for SFY 2003 and to 1300 families for SFY 2004 (See Chart 2).

A) The county match for Family Preservation Services: Parent Aide, Prime Time, Safety Permanency Funds and Family Social Work did increase from 10% to 20% this January. To maintain current programming at the 20% match rate, counties will need to increase their participation by an additional $475,147 for the 2003-05 biennium.

B) Contracts for Intensive In-Home Services with the Village Family Service Center and Lutheran Social Services will decrease from 19

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contract positions to 14.5 positions, an overall reduction of 4.5 positions for the 2003-05 biennium.

C) The Respite Care Program is budgeted with $125,000 of federal Title IV-B money. The county match to access these dollars will be 25% or $41,666, of which $37,500 was provided by state general funds this biennium. (This is a state general fund reduction of $37,500 from the 2001-03 biennium.)

3. Adoption Services

The subsidized adoption program has had tremendous growth since the passage of the Adoption and Safe Families Act in 1997. By the end of the 2003-05 biennium, the number of children in the subsidized adoption program will increase to approximately 700 youth. (See Chart 3)

The Adults Adopting Special Kids (ASSK) budget submitted to the Senate contained three less workers next biennium. (A reduction of $200,000 in general funds.) This would have resulted in 60 less children moving to subsidized adoption during the 2003 biennium (three staff x 10 adoptions x 2 years = 60 children). The demand for this service however continues to increase.

Also, the Children and Family Services Division has reduced the number of staff from 18 FTE's to 17 FTE's during this biennium along with a part time hourly position. The two high school work-study positions employed in the Division will be terminated July 1st.

In addition to the budget adjustments listed above, the Children Services Coordinating Committee (CSCC) is anticipating a significant reduction in their ability to draw down Title IV-E funds for case management activities. Overall, there will be approximately 5.5 million dollars less "refinancing

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dollars" for the CSCC's. Much of this money has been given out in mini-grants by the Regional Children Services Coordinating Committees for prevention and early intervention services. This translates into a reduction of $550,000 (10% of the total) available to the Division of Children and Family Services for programming.

Finally, the Access and Visitation Grants will be coordinated through the Child Support Division in the 2003-05 biennium instead of Children and Family Services. This aligns the funding sources with the coordinating entity.

Overview of the CFS Budget from the Senate to the House:

	2003-05 Request	2003-05 "To House"	Senate Increase/ Decrease
Salary	1,822,782	1,803,359	(19,423)
Operating	1,681,973	1,681,973	0
Grants	97,082,259	97,083,984	1,725
Total	100,587,014	100,569,316	(17,698)
General	14,882,898	13,972,317	(910,581)
Federal	73,789,598	74,277,146	487,548
Other	11,914,518	12,319,853	405,335
Total	100,587,014	100,569,316	(17,698)
FTE's	17.0	17.0	

The Senate adjustments include the following changes:

a. The Senate added back $200,000 in general fund for the AASK program.

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In addition, the Senate eliminated $4.0 million dollars in general funds from the Program/Policy Management area. Based on this overall reduction, the Division of Children and Family Services allotment was $405,335. The Department has put forth the following potential program reductions for consideration by this committee:

a. Reduce the reimbursement to counties for child abuse and neglect assessments from $400 per assessment to $375 per assessment. This is a reduction of $225,375 to the counties for conducting this work.
b. Reduce the Child Care and Development Block Grant dollars that are committed to quality child care by $90,044.
c. We anticipate that the remaining $89,916 will need to come out of the grants line item. However, we have not yet identified where to make the reductions.

Finally, technology plays a critical role in conducting our day-to-day operations in Children and Family Services. Technology is increasingly helpful in creating treatment and case plans for our clients and enabling the monitoring of client progress. Our computer systems facilitate the payments to providers, capture information that is required for federal funding and enable us to conduct research. We are able to better track our budget information, keep track of important information such as our list of child abuse and neglect perpetrators, and gauge our quality of services by computing our strategic plan measures.

As an example, prior to 1999 foster care and adoption payments were manual, depended on paper correspondence between state and county offices, and were prone to error. Today, we electronically generate

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approximately 1.4 million in foster care and $500,000 in subsidized adoption payments per month. Thus, we have immensely improved the fiduciary accountability and responsibility of our payment processes. As you can see, technology has played a critical role in the Division of Children and Family Services. All the technology costs are in the Division of Information Technologies budget, thus, Roger Hertz will provide further testimony in this area.

I would like to thank the committee for the opportunity to present the budget regarding Children and Family Services. If you have any questions, I would be willing to answer them at this time.

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NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN & FAMILY SERVICES DIVISION

Program	Program Requirements	Services	Funding Mix
Adoption Assistance	Financial assistance (monthly assistance, medical assistance and reimbursement for non-recurring expenses of adoption) provided to families who adopt children with special needs.	Federally funded, as well as state funded adoption assistance is required by both federal and state statute. For state funded adoption assistance – assistance continues to age 18 and may continue to age 21 if the adopted child is regularly attending school.	Federal General County
Adoption Services	Adoption assessment and preparation of families, placement, post placement follow up and post finalization services, and child preparation for children being placed from the foster care system. All adoption services as noted are required to be provided by either federal or state statute. The Department is a respondent in all adoptions adjudicated in this state.	Includes the range of pre-placement, placement and post-placement services, as well as technical assistance to agencies, attorneys and courts, licensure of child placing agencies and post finalization services including adoption search services.	Federal General
Child Protection Services Assessments	Federal law requires State to enact State laws which respond to this Federal Act for	Child Abuse and Neglect. Requires CPS Assessments, Child Protection Services, Child Abuse and Neglect Information Index, Child Fatality Review Panel, State Institutional Child Protection Team.	Federal General Refinancing CSCC money
Early Childhood Services	Child Care and Development Fund requires 4% plus earmarks for quality , programming.	Requires Licensing, Carecheck and Child Care Resource and Referral.	Federal Bush Foundation

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Program	Program Requirements	Services	Funding Mix
Family Preservation Services	Federal rules requires state to dedicate Title IV-B sub part 2 funding to actual service delivery of: 1. Family preservation, 2. Community based family support, 3. Time limited family reunification and, 4. Adoption promotion and support services. Require reasonable efforts to be made with respect to a child's safety and health, reasonale efforts to prevent removal and reasonable efforts to reunify the child and family. Requires protective services for the abused and neglected children and other appropriate services.	States are required to have in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.	Federal General County
Foster Care for Children	Foster care is 24-hour substitute care of children placed away from parents or guardians and for whom the State agency has placement and care responsibility. The goal is to arrive at a planned permanent living arrangement to achieve permanency for the child.	It includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions and preadoptive homes.	Federal General County Child Support Collections
Independent Living	Programs and services for youth in foster care age 16 and over to help the child prepare for the transition from foster care to independent living.		Federal
Legal Guardianship of a Minor	Permanency option for children for whom adoption is not viable		Federal General
Refugee Services	Provides for the effective resettlement of refugees and assists them to achieve economic self-sufficiency as quickly as possible.		Federal
Interstate Compact on the Placement of Children/Adoption	Ensures protection and services to children who are placed across state lines for foster care or adoption. "For purposes of section 674 (e) (2) of the Social Security Act (42 U.S.C. 674 (e)(2)), approve families, outside of the jurisdiction of the state of North Dakota, for placement of children for adoption"	State is required to process interstate requests for placement and adoption assistance for children both leaving ND and being placed into ND.	Federal General

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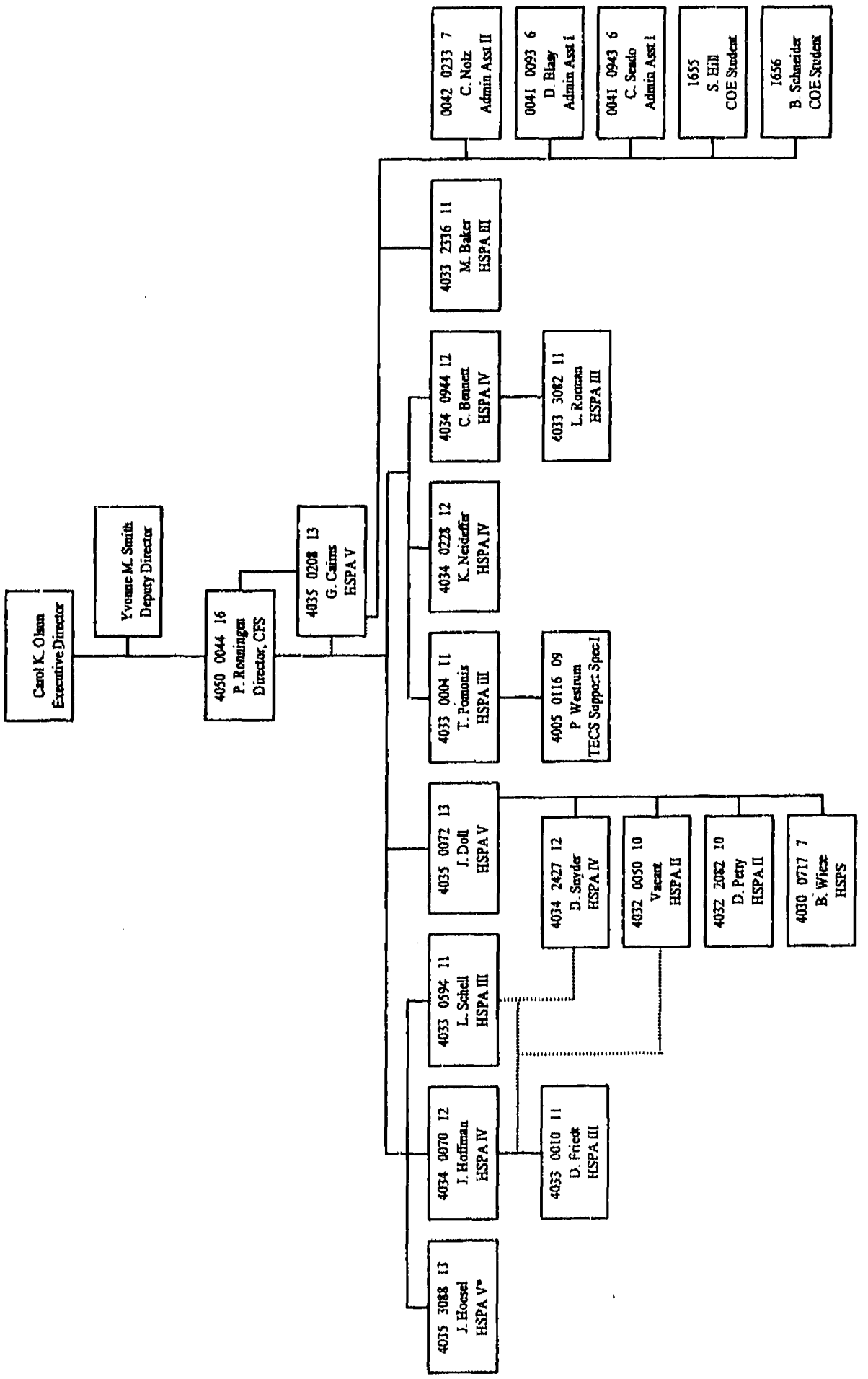
North Dakota Department of Human Services
Children & Family Services Division



Revised 8/23/02

*Position is payrolled through Mental Health, and jointly supervised by Paul Ronningen & Karen Larson

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Paul Ronningen. 03.18.03

ND Department of Human Services
Children and Family Services
Operating Fees and Services

Prosecution Witness Fees	
CA\N, Foster Care and Early Childhood	625
Licenses	
E. C. accredited facilities	
Fargo YMCA	525
Motion Picture Licensing Corp.	4,200
Research Fees	
Backgrounds checks	
Foster Care families	38,255
Adoption families	3,575
Early Childhood - day care workers	2,350
Purchase of Service Agreement	
Awards- adoption & foster care families	3,925
County Reimbursement - cost allocation plan	368,625
Don Schmid - IV-E consultant	7,800
Family Support - various contracts, moved to grant line	131,625
FC Conference Speakers	37,500
Kraft Statistical Consulting - head start federal program report	13,000
Kransler Kingsley - various consulting work	6,050
National Association for Family Child Care	2,500
National Association for the Young	1,675
National School Age Care Alliance	650
ND Supreme Court	30,910
Project Home	3,000
Speakers for training sessions - Ex. Dr. Perry	10,925
Tribal IV-E Training	7,160
Ward County	3,375
Wheelock College - visit child care facilities to access training needs	64,225
Advertisement	
Foster Care recruitment	19,850
Freight	3,650
Miscellaneous	4,058
Total	770,033

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ND Department of Human Services
Budget Level: 300-46 CHILDREN AND FAMILY SERVICES
Include Only Line Item: 60 Grants

Accounting Cost Center	Line Item		Funding	Current Budget 2001-2003	Changes	To the Senate 2003-2005	Changes	To the House 2003-2005
Early Childhood Services	60	Grants	2 Federal Funds	2,583,225	(188,225)	2,395,000	(90,044)	2,304,956
			3 Other Funds	1,304,826	595,174	1,900,000	90,044	1,990,044
			Early Childhood Services Total -->	**3,888,051**	**406,949**	**4,295,000**	**0**	**4,295,000**
Family Preservation Services (Family Focus, Prime Time, Parent Aid & Respite Care)	60	Grants	1 General Funds	1,407,201	(1,035,701)	371,500	0	371,500
			2 Federal Funds	5,722,477	(380,727)	5,341,750	0	5,341,750
			5 County Funds	41,633	275,367	317,000	0	317,000
			Family Preservation Services Total -->	**7,171,311**	**(1,141,061)**	**6,030,250**	**0**	**6,030,250**
4136 Independent Living Program	60	Grants	1 General Funds	142,682	(142,682)	0	0	0
			2 Federal Funds	703,244	391,756	1,095,000	0	1,095,000
			Independent Living Program Total -->	**845,926**	**249,074**	**1,095,000**	**0**	**1,095,000**
4254 Child Abuse Stds. - Cty. Reimb.	60	Grants	1 General Funds	0	1,019,805	1,019,805	(855,781)	164,024
			2 Federal Funds	3,377,500	(801,505)	2,575,995	630,406	3,206,401
			3 Other Funds	0	0	0	225,375	225,375
			Child Abuse Stds. - Cty. Reimb. Total -->	**3,377,500**	**218,300**	**3,595,800**	**0**	**3,595,800**
4263 Foster Care - IV-E	60	Grants	1 General Funds	3,334,917	353,826	3,688,743	0	3,688,743
			2 Federal Funds	9,487,656	190,101	9,677,757	0	9,677,757
			3 Other Funds	124,255	408,830	533,085	0	533,085
			5 County Funds	772,575	24,360	796,935	0	796,935
			Foster Care - IV-E Total -->	**13,719,403**	**977,117**	**14,696,520**	**0**	**14,696,520**
4265 Foster Care - Regular	60	Grants	1 General Funds	1,115,006	(1,115,006)	0	0	0
			2 Federal Funds	11,376,140	2,418,417	13,794,557	0	13,794,557
			3 Other Funds	1,749,531	(116,623)	1,632,908	0	1,632,908
			5 County Funds	4,226,554	94,718	4,321,272	0	4,321,272
			Foster Care - Regular Total -->	**18,467,231**	**1,281,506**	**19,748,737**	**0**	**19,748,737**
4266 Foster Care Services - RCCF	60	Grants	1 General Funds	635,893	(51,335)	584,558	0	584,558
			2 Federal Funds	1,664,617	(237,375)	1,427,242	0	1,427,242
			5 County Funds	95,940	(7,740)	88,200	0	88,200

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ND Department of Human Services
Budget Level: 300-46 CHILDREN AND FAMILY SERVICES
Include Only Line Item: 60 Grants

Accounting Cost Center	Line Item	Funding	Current Budget 2001-2003	Changes	To the Senate 2003-2005	Changes	To the House 2003-2005
		Foster Care Services - RCCF Total -->	**2,396,450**	**(296,450)**	**2,100,000**	**0**	**2,100,000**
4267 Foster Care Training	60 Grants	1 General Funds	159,950	370,130	530,080	0	530,080
		2 Federal Funds	2,284,050	(745,180)	1,538,870	0	1,538,870
		Foster Care Training Total -->	**2,444,000**	**(375,050)**	**2,068,950**	**0**	**2,068,950**
4270 Subsidized Guardianship	60 Grants	1 General Funds	51,450	36,750	88,200	0	88,200
		2 Federal Funds	154,350	110,250	264,600	0	264,600
		Subsidized Guardianship Total -->	**205,800**	**147,000**	**352,800**	**0**	**352,800**
4272 Foster Care - Therapeutic	60 Grants	1 General Funds	2,050,795	903,987	2,954,782	(89,916)	2,864,866
		2 Federal Funds	5,465,487	1,800,025	7,265,512	0	7,265,512
		3 Other Funds	0	0	0	89,916	89,916
		5 County Funds	313,478	132,358	445,836	0	445,836
		Foster Care - Therapeutic Total -->	**7,829,760**	**2,836,370**	**10,666,130**	**0**	**10,666,130**
4119 Special Needs Adoption (AASK Program & Incentive Funds)	60 Grants	1 General Funds	969,094	12,944	982,038	200,000	1,182,038
		2 Federal Funds	937,268	(354,306)	582,962	118,725	701,687
		Special Needs Adoption Total -->	**1,906,362**	**(341,362)**	**1,565,000**	**318,725**	**1,883,725**
4268 Subsidized Adoption - IV-E	60 Grants	1 General Funds	783,431	541,718	1,325,149	0	1,325,149
		2 Federal Funds	2,369,184	1,362,315	3,731,499	0	3,731,499
		5 County Funds	243,443	188,638	432,081	0	432,081
		Subsidized Adoption - IV-E Total -->	**3,396,058**	**2,092,671**	**5,488,729**	**0**	**5,488,729**
4269 Subsidized Adoption - Regular	60 Grants	1 General Funds	1,085,423	915,601	2,001,024	0	2,001,024
		5 County Funds	361,801	305,207	667,008	0	667,008
		Subsidized Adoption - Regular Total -->	**1,447,224**	**1,220,808**	**2,668,032**	**0**	**2,668,032**
Refugee Services	60 Grants	2 Federal Funds	3,255,000	745,000	4,000,000	0	4,000,000
		Refugee Services Total -->	**3,255,000**	**745,000**	**4,000,000**	**0**	**4,000,000**
County Reimbursement	60 Grants	1 General Funds	117,978	97,480	215,458	(158,500)	56,958

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ND Department of Human Services
Budget Level: 300-46 CHILDREN AND FAMILY SERVICES
Include Only Line Item: 60 Grants

Accounting Cost Center	Line Item	Funding	Current Budget 2001-2003	Changes	To the Senate 2003-2005	Changes	To the House 2003-2005
		2 Federal Funds	12,052,696	27,465	12,080,161	(158,500)	11,921,661
		3 Other Funds	33,469	(33,469)	0	0	0
		4 Retained Funds	153,060	20,966	174,026	0	174,026
		County Reimbursement Total -->	12,357,203	112,442	12,469,645	(317,000)	12,152,645
Others	60 Grants	1 General Funds	686,425	(323,925)	362,500	0	362,500
		2 Federal Funds	10,105,600	(4,747,600)	5,358,000	0	5,358,000
		3 Other Funds	309,500	115,000	424,500	0	424,500
		4 Retained Funds	0	0	0	0	0
		5 County Funds	61,475	35,192	96,667	0	96,667
		Others Total -->	11,163,000	(4,921,333)	6,241,667	0	6,241,667
		Total General Funds -->	12,540,245	1,583,592	14,123,837	(904,197)	13,219,640
		Total Federal Funds -->	71,538,494	(409,590)	71,128,904	500,587	71,629,491
		Total Other Funds -->	3,521,581	968,912	4,490,493	405,335	4,895,828
		Total Retained Funds -->	153,060	20,966	174,026	0	174,026
		Total County Funds -->	6,116,899	1,048,100	7,164,999	0	7,164,999
		Total Funds -->	93,870,279	3,211,980	97,082,259	1,725	97,083,984

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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		18.000	(1.000)	17.000	0.000	17.000
300-46 CHILDREN & FAMILY SERVICES				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**18.000**	**(1.000)**	**17.000**	**0.000**	**17.000**
10	Salaries and Wages	B	1001	SALARIES	1,046,106	1,352,547	(1,326)	1,351,221	(16,635)	1,334,586
10	Salaries and Wages	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	30,677	62,280	(38,640)	23,640	0	23,640
10	Salaries and Wages	B	1008	BENEFITS	312,747	426,850	21,071	447,921	(2,788)	445,133
300-46 CHILDREN & FAMILY SERVICES				**Salaries and Wages TOTALS**	**1,389,530**	**1,841,677**	**(18,895)**	**1,822,782**	**(19,423)**	**1,803,359**
10	Salaries and Wages	F	1991	SALARY - GENERAL FUNDS		630,905	(37,027)	593,878	(6,384)	587,494
10	Salaries and Wages	F	1992	SALARY - FEDERAL FUNDS		1,210,772	18,132	1,228,904	(13,039)	1,215,865
300-46 CHILDREN & FAMILY SERVICES				**Salaries and Wages TOTALS**	**0**	**1,841,677**	**(18,895)**	**1,822,782**	**(19,423)**	**1,803,359**
30	Operating Expenses	B	3002	IT-DATA PROCESSING	1,836	1,450	0	1,450	0	1,450
30	Operating Expenses	B	3003	IT-TELEPHONE	2,391	4,460	50	4,510	0	4,510
30	Operating Expenses	B	3004	TRAVEL	158,307	288,625	(18,450)	270,175	0	270,175
30	Operating Expenses	B	3005	IT - SOFTWARE/SUPPLIES	1,315	1,500	0	1,500	0	1,500
30	Operating Expenses	B	3007	POSTAGE	577	1,925	225	2,150	0	2,150
30	Operating Expenses	B	3011	LEASE/RENT - EQUIPMENT	3,090	7,000	950	7,950	0	7,950
30	Operating Expenses	B	3012	LEASE/RENT - BLDG/LAND	3,128	8,875	200	9,075	0	9,075
30	Operating Expenses	B	3013	PROFESSIONAL DEVELOPMENT	90,939	176,975	(18,900)	158,075	0	158,075
30	Operating Expenses	B	3014	OPERATING FEES & SERVICES	770,033	1,164,957	(160,809)	1,004,148	0	1,004,148
30	Operating Expenses	B	3016	REPAIRS	260	20,775	(18,000)	2,775	0	2,775
30	Operating Expenses	B	3018	PROFESSIONAL SERVICES	150	5,300	(1,500)	3,800	0	3,800
30	Operating Expenses	B	3019	INSURANCE	30	30	0	30	0	30
30	Operating Expenses	B	3021	OFFICE SUPPLIES	4,657	17,870	4,350	22,220	0	22,220
30	Operating Expenses	B	3024	PRINTING	73,648	153,075	(3,050)	150,025	0	150,025
30	Operating Expenses	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	24,655	43,375	(7,350)	36,025	0	36,025
30	Operating Expenses	B	3033	MISCELLANEOUS SUPPLIES	922	5,415	650	6,065	0	6,065
30	Operating Expenses	B	3034	OFFICE EQUIP & FURN - UNDER $5000		2,000	0	2,000	0	2,000
300-46 CHILDREN & FAMILY SERVICES				**Operating Expenses TOTALS**	**1,135,848**	**1,903,607**	**(221,634)**	**1,681,973**	**0**	**1,681,973**
30	Operating Expenses	F	3991	OPERATING - GENERAL FUNDS		224,564	(59,381)	165,183	0	165,183
30	Operating Expenses	F	3992	OPERATING - FEDERAL FUNDS		1,612,523	(180,733)	1,431,790	0	1,431,790
30	Operating Expenses	F	3993	OPERATING - OTHER FUNDS		66,520	18,480	85,000	0	85,000
300-46 CHILDREN & FAMILY SERVICES				**Operating Expenses TOTALS**	**0**	**1,903,607**	**(221,634)**	**1,681,973**	**0**	**1,681,973**

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
60	Grants	B	6006	GRANTS, BENEFITS & CLAIMS	72,557,371	93,870,279	3,211,980	97,082,259	1,725	97,083,984
300-46 CHILDREN & FAMILY SERVICES				Grants TOTALS	72,557,371	93,870,279	3,211,980	97,082,259	1,725	97,083,984
60	Grants	F	6991	GRANTS - GENERAL FUNDS		12,540,245	1,583,592	14,123,837	(904,197)	13,219,640
60	Grants	F	6992	GRANTS - FEDERAL FUNDS		71,538,494	(409,590)	71,128,904	500,587	71,629,491
60	Grants	F	6993	GRANTS - OTHER FUNDS		3,521,581	968,912	4,490,493	405,335	4,895,828
60	Grants	F	6994	GRANTS - RETAINED FUNDS		153,060	20,966	174,026	0	174,026
60	Grants	F	6995	GRANTS - COUNTY FUNDS		6,116,899	1,048,100	7,164,999	0	7,164,999
300-46 CHILDREN & FAMILY SERVICES				Grants TOTALS	0	93,870,279	3,211,980	97,082,259	1,725	97,083,984
90	Funding Totals	F	9991	GENERAL FUNDS	8,986,499	13,395,714	1,487,184	14,882,898	(910,581)	13,972,317
90	Funding Totals	F	9992	FEDERAL FUNDS	57,480,641	74,361,789	(572,191)	73,789,598	487,548	74,277,146
90	Funding Totals	F	9993	OTHER FUNDS	8,615,609	3,588,101	987,392	4,575,493	405,335	4,980,828
90	Funding Totals	F	9994	RETAINED FUNDS		153,060	20,966	174,026	0	174,026
90	Funding Totals	F	9995	COUNTY FUNDS		6,116,899	1,048,100	7,164,999	0	7,164,999
				300-46 CHILDREN & FAMILY SERVICES TOTALS	75,082,749	97,615,563	2,971,451	100,587,014	(17,698)	100,569,316

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PAUL RANNINGEN. 03.18.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION
2003-2005 BUDGET

PROGRAM	ACC		CASELOAD	BUDGET	TOTAL EXPENDITURES	GENERAL FUNDS & GENERAL FUND EQUIVALENTS	FEDERAL	COUNTY	OTHER
FOSTER CARE IV-E	4263	2001 - 2003 Biennium Anticipated Ending Caseload	540						
		2003 - 2005 Biennium Anticipated Beginning Caseload	514	2003-2005 EXECUTIVE BUDGET	14,696,520	3,688,743	9,677,757	796,935	533,085
		2003 - 2005 Biennium Anticipated Ending Caseload	514						
		Increase/Decrease In Caseload (Per Month)	0						
FOSTER CARE REGULAR	4265	2001 - 2003 Biennium Anticipated Ending Caseload	415						
		2003 - 2005 Biennium Anticipated Beginning Caseload	498	2003-2005 EXECUTIVE BUDGET	19,748,737	-	13,794,557	4,321,272	1,632,908
		2003 - 2005 Biennium Anticipated Ending Caseload	498						
		Increase/Decrease In Caseload (Per Month)	0						
FOSTER CARE SERVICES	4266	2001 - 2003 Biennium Anticipated Ending Caseload	250						
		2003 - 2005 Biennium Anticipated Beginning Caseload	250	2003-2005 EXECUTIVE BUDGET	2,100,000	584,558	1,427,242	88,200	
		2003 - 2005 Biennium Anticipated Ending Caseload	250						
		Increase/Decrease In Caseload (Per Month)	0						
IV-E SUBSIDIZED ADOPTION	4268	2001 - 2003 Biennium Anticipated Ending Caseload	413						
		2003 - 2005 Biennium Anticipated Beginning Caseload	407	2003-2005 EXECUTIVE BUDGET	5,488,728	1,325,149	3,731,498	432,081	
		2003 - 2005 Biennium Anticipated Ending Caseload	476						
		Increase/Decrease In Caseload (Per Month)	3						
REGULAR SUBSIDIZED ADOPTION	4269	2001 - 2003 Biennium Anticipated Ending Caseload	165						
		2003 - 2005 Biennium Anticipated Beginning Caseload	170	2003-2005 EXECUTIVE BUDGET	2,668,032	2,001,024	-	667,008	
		2003 - 2005 Biennium Anticipated Ending Caseload	216						
		Increase/Decrease In Caseload (Per Month)	2						
SUBSIDIZED GUARDIANSHIP	4270	2001 - 2003 Biennium Anticipated Ending Caseload	20						
		2003 - 2005 Biennium Anticipated Beginning Caseload	30	2003-2005 EXECUTIVE BUDGET	352,800	88,200	264,600		
		2003 - 2005 Biennium Anticipated Ending Caseload	30						
		Increase/Decrease In Caseload (Per Month)	0						
THERAPEUTIC FOSTER CARE	4272	2001 - 2003 Biennium Anticipated Ending Caseload	258						
		2003 - 2005 Biennium Anticipated Beginning Caseload	207	2003-2005 EXECUTIVE BUDGET	10,666,130	2,954,782	7,265,512	445,836	
		2003 - 2005 Biennium Anticipated Ending Caseload	207						
		Increase/Decrease In Caseload (Per Month)	0						

Note: No Senate adjustments were made to the executive budget.

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10-14-03
Date

PAUL RONNINGEN 05.16.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION
2001-2003 BUDGET

PROGRAM	ACC		CASELOAD	BUDGET	TOTAL EXPENDITURES	GENERAL	FEDERAL	COUNTY	OTHER
FOSTER CARE IV-E	4263	2001 - 2003 Budgeted Beginning Caseload	487	2001-2003 BIENNIUM BUDGET	13,719,403	3,334,917	9,487,656	772,575	124,255
		2001 - 2003 Biennium Budgeted Ending Caseload	475						
		Increase/Decrease in Caseload (Per Month)	0						
FOSTER CARE REGULAR	4265	2001 - 2003 Budgeted Beginning Caseload	414	2001-2003 BIENNIUM BUDGET	18,467,231	1,115,006	11,376,140	4,226,554	1,749,531
		2001 - 2003 Biennium Budgeted Ending Caseload	426						
		Increase/Decrease in Caseload (Per Month)	0						
FOSTER CARE SERVICES	4266	2001 - 2003 Budgeted Beginning Caseload	284	2001-2003 BIENNIUM BUDGET	2,396,450	635,893	1,664,617	95,940	
		2001 - 2003 Biennium Budgeted Ending Caseload	287						
		Increase/Decrease in Caseload (Per Month)	0						
IV-E SUBSIDIZED ADOPTION	4268	2001 - 2003 Budgeted Beginning Caseload	262	2001-2003 BIENNIUM BUDGET	3,396,058	783,431	2,369,184	243,443	
		2001 - 2003 Biennium Budgeted Ending Caseload	296						
		Increase/Decrease in Caseload (Per Month)	1						
REGULAR SUBSIDIZED ADOPTION	4269	2001 - 2003 Budgeted Beginning Caseload	110	2001-2003 BIENNIUM BUDGET	1,447,224	1,085,423	-	361,801	
		2001 - 2003 Biennium Budgeted Ending Caseload	128						
		Increase/Decrease in Caseload (Per Month)	1						
SUBSIDIZED GUARDIANSHIP	4270	2001 - 2003 Budgeted Beginning Caseload	15	2001-2003 BIENNIUM BUDGET	205,800	51,450	154,350		
		2001 - 2003 Biennium Budgeted Ending Caseload	20						
		Increase/Decrease in Caseload (Per Month)	0						
THERAPEUTIC FOSTER CARE	4272	2001 - 2003 Budgeted Beginning Caseload	160	2001-2003 BIENNIUM BUDGET	7,829,760	2,050,795	5,465,487	313,478	
		2001 - 2003 Biennium Budgeted Ending Caseload	160						
		Increase/Decrease in Caseload (Per Month)	0						

PAUL RONNINGEN. 03.19.03

BUSH FOUNDATION FUNDING FOR EARLY CHILDHOOD SERVICES

INFANT/TODDLER TRAINING ENRICHMENT PROGRAM

- DHS has received funding since 1993, to train those who care for infants and toddlers in our state.

- In addition to the ten years of funding, The Bush Foundation has committed to another ten years of funding towards this project.

- After ten years (2013), the training will be part of our trainings of the training delivery system to child care providers and will no longer need funding.

- The Bush Foundation provides certain parameters and objectives such as:
  - ✓ Data to collect/evaluation component,
  - ✓ Emphasis may be placed on training more trainers, or focus on consultations.

  But the overall objective as outline in our grant is the training of those who care for infants and toddlers.

- A group of individuals from Child Care Resource and Referral and the State Infant/Toddler Coordinator prepare the grant in a way that it will work for our state.

North Dakota Early Childhood Professional Development Initiative

- We are moving into the second year of funding for this project.

- Bush Foundation has committed to ten years of funding or until the Professional Development plan is implemented.

- Once the plan is implemented funds will no longer be needed.

- Wheelock College, consultants with expertise in Professional Development Plans, was hired to jump start our project. At this point, we have little or no need for their continued services. The State Coordinator and the ND Professional Development Leadership Team are in charge of creating the plan with statewide input.

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Theresa A. Lee
Operator's Signature

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10-14-03
Date

BLANE NARDUAU 03-11-03

Child Care S[illegible] Fee Schedule
North Dakota Depa[illegible] of Human Services
DN 241 (09-2000)

Monthly Gross Income
Table No. 1
Effective September 1, 2000

HOUSEHOLD SIZE	LEVEL 1 10% paid by Family 90% paid by program			LEVEL 2 15% paid by Family 85% paid by program			LEVEL 3 25% paid by Family 75% paid by program			LEVEL 4 35% paid by Family 65% paid by program			LEVEL 5 50% paid by Family 50% paid by program			LEVEL 6 60% paid by Family 40% paid by program			LEVEL 7 70% paid by Family 30% paid by program			HOUSEHOLD SIZE
	Lower Limit	Upper Limit	Max. Family Paymt.	Lower Limit	Upper Limit	Max. Family Paymt.	Lower Limit	Upper Limit	Max. Family Paymt.	Lower Limit	Upper Limit	Max. Family Paymt.	Lower Limit	Upper Limit	Max. Family Paymt.	Lower Limit	Upper Limit	Max. Family Paymt.	Lower Limit	Upper Limit	Max. Family Paymt.	
1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1
2	$0	$ 399	$ 22	$ 400	$ 665	$ 64	$ 666	$931	$ 108	$ 932	$1,196	$ 160	$ 1,197	$1,462	$ 199	$ 1,463	$1,728	$ 239	$ 1,729	$1,994	$ 279	2
3	$0	$ 493	$ 27	$ 494	$ 821	$ 79	$ 822	$1,150	$ 133	$ 1,151	$1,478	$ 197	$ 1,479	$1,806	$ 246	$ 1,807	$2,135	$ 296	$ 2,136	$2,463	$ 345	3
4	$0	$ 587	$ 32	$ 588	$ 978	$ 94	$ 979	$1,369	$ 158	$ 1,370	$1,760	$ 235	$ 1,761	$2,151	$ 293	$ 2,152	$2,542	$ 352	$ 2,543	$2,933	$ 411	4
5	$0	$ 680	$ 37	$ 681	$ 1,134	$ 109	$ 1,135	$1,587	$ 184	$ 1,588	$2,041	$ 272	$ 2,042	$2,495	$ 340	$ 2,496	$2,948	$ 408	$ 2,949	$3,402	$ 476	5
6	$0	$ 774	$ 43	$ 775	$ 1,290	$ 124	$ 1,291	$1,806	$ 209	$ 1,807	$2,323	$ 310	$ 2,324	$2,839	$ 387	$ 2,840	$3,355	$ 465	$ 3,356	$3,871	$ 542	6
7	$0	$ 792	$ 44	$ 793	$ 1,320	$ 127	$ 1,321	$1,848	$ 214	$ 1,849	$2,375	$ 317	$ 2,376	$2,903	$ 396	$ 2,904	$3,431	$ 475	$ 3,432	$3,959	$ 554	7
8	$0	$ 809	$ 45	$ 810	$ 1,349	$ 130	$ 1,350	$1,889	$ 219	$ 1,890	$2,428	$ 324	$ 2,429	$2,968	$ 405	$ 2,969	$3,507	$ 486	$ 3,508	$4,047	$ 567	8
9	$0	$ 827	$ 45	$ 828	$ 1,378	$ 132	$ 1,379	$1,930	$ 223	$ 1,931	$2,481	$ 331	$ 2,482	$3,032	$ 414	$ 3,033	$3,584	$ 496	$ 3,585	$4,135	$ 579	9
10	$0	$ 845	$ 46	$ 846	$ 1,408	$ 135	$ 1,409	$1,971	$ 228	$ 1,972	$2,534	$ 338	$ 2,535	$3,097	$ 422	$ 3,096	$3,660	$ 507	$ 3,661	$4,223	$ 591	10
11	$0	$ 862	$ 47	$ 863	$ 1,437	$ 138	$ 1,438	$2,012	$ 233	$ 2,013	$2,587	$ 345	$ 2,588	$3,161	$ 431	$ 3,162	$3,736	$ 517	$ 3,737	$4,311	$ 604	11
12	$0	$ 880	$ 48	$ 881	$ 1,466	$ 141	$ 1,467	$2,053	$ 238	$ 2,054	$2,639	$ 352	$ 2,640	$3,226	$ 440	$ 3,227	$3,812	$ 528	$ 3,813	$4,398	$ 616	12
13	$0	$ 897	$ 49	$ 898	$ 1,496	$ 144	$ 1,497	$2,094	$ 242	$ 2,095	$2,692	$ 359	$ 2,693	$3,290	$ 449	$ 3,291	$3,889	$ 539	$ 3,890	$4,487	$ 628	13
14	$0	$ 915	$ 50	$ 916	$ 1,525	$ 146	$ 1,526	$2,135	$ 247	$ 2,136	$2,745	$ 366	$ 2,746	$3,355	$ 458	$ 3,356	$3,965	$ 549	$ 3,966	$4,575	$ 641	14
15	$0	$ 933	$ 51	$ 934	$ 1,554	$ 149	$ 1,555	$2,176	$ 252	$ 2,177	$2,798	$ 373	$ 2,799	$3,419	$ 466	$ 3,420	$4,041	$ 560	$ 4,042	$4,663	$ 653	15

Table No. 2
Allowable Maximums for Full Time Care--Tier One
(25 or more hours per week)

Provider Type / Provider Codes	Infant (Birth to 2 yrs)	Toddler (2 to 3 yrs)	Other (3 to 13 yrs)
CENTER/GROUP C, E, G, H, K, M	$460 per month $115 per week	$440 per month $110 per week	$400 per month $100 per week
LICENSED FAMILY F, I	$440 per month $110 per week	$400 per month $100 per week	$380 per month $95 per week
SELF-CERT. FAMILY/ REGISTERED S, R	$440 per month $110 per week	$370 per month $93 per week	$360 per month $90 per week
APPROVED RELATIVE Q	$280 per month $70 per week	$260 per month $65 per week	$260 per month $65 per week

Table No. 3
Allowable Maximums for Part-Time Care --Tier Two
(14 up to 25 hours per week)

Infant (Birth to 2 yrs)	Toddler (2 to 3 yrs)	Other (3 to 13 yrs)
$276 per month $ 69 per week	$264 per month $ 66 per week	$240 per month $ 60 per week
$264 per month $ 66 per week	$240 per month $ 60 per week	$228 per month $ 57 per week
$264 per month $ 66 per week	$222 per month $ 56 per week	$216 per month $ 54 per week
$168 per month $ 42 per week	$156 per month $ 39 per week	$156 per month $ 39 per week

Table No. 4
Allowable Maximums for Part-Time Care --Tier Three
(7 up to 14 hours per week)

Infant (Birth to 2 yrs)	Toddler (2 to 3 yrs)	Other (3 to 13 yrs)
$138 per month $ 35 per week	$132 per month $ 33 per week	$120 per month $ 30 per week
$132 per month $ 33 per week	$120 per month $ 30 per week	$114 per month $ 29 per week
$132 per month $ 33 per week	$111 per month $ 28 per week	$108 per month $ 27 per week
$ 84 per month $ 21 per week	$ 78 per month $ 20 per week	$ 78 per month $ 20 per week

Level 1	Upper income limit is 15% of 2000 Monthly Median Income
Level 2	Upper income limit is 25% of 2000 Monthly Median Income
Level 3	Upper income limit is 35% of 2000 Monthly Median Income
Level 4	Upper income limit is 45% of 2000 Monthly Median Income
Level 5	Upper income limit is 55% of 2000 Monthly Median Income
Level 6	Upper income limit is 65% of 2000 Monthly Median Income
Level 7	Upper income limit is 75% of 2000 Monthly Median Income

Instructions for Use of Family Maximum Payment

If a family's share of child care expenses, when calculated using the sliding fee scale percentages, still exceeds the corresponding Family Maximum Payment, then use the Family Maximum Payment as the family's share of the child care allowable billing. Apportion the program's payment among the children.

Allowable Maximums for Part-Time Care -- Tier Four
(less than 7 hours per week) $ 2.50 per hour

The Sliding Fee Schedule applies to Non-TANF families.

Families with TANF eligible caretakers, or in JOBS, or in Tribal NEW and families within six months after TANF case closure receive Child Care Assistance at 100% of allowable costs.

Blaine Nordwall • 03.10.03

CHILD CARE ASSISTANCE PROGRAM BENEFIT DETERMINATIONS (2003)

The Child Care Assistance Program (CCAP) subsidizes child care costs incurred by low-income parents. Payments are made directly to the child care provider, unless the provider requests payment be made to the parent.

CCAP caps the total payments it will make per child per month based on provider type (child care center, family home care, self certifications and care by approved relatives). Any amount over the cap is the responsibility of the parents.

CCAP pays 100% of child care costs for TANF recipients, up to the cap amount. For non-TANF recipients, CCAP pays based on income of the parents, the size of the family, and the type of provider. The sliding fee schedule has seven income levels for each size family. Assistance is available for 90% to 30% of the cap amount. Non-TANF clients always pay at least 10% of the cap. For example, the parent of a one-year old baby in a family of two with gross income of $1,994 or less could be eligible. If this family has gross income of $1,994, CCAP would pay 30% of the cap amount. The family would pay 70% of the cap amount (plus any amount over the cap).

For a family of three the gross income limit is $2,463; for a family of four the gross income limit is $2,993; and for a family of five the gross income limit is $3,402.

In December 2002, CCAP provided assistance for 3,628 children whose non-TANF parents paid a portion of the cap amount. In the December 2002, CCAP provided assistance for 1,191 children whose parents were on TANF.

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Theresa A. Bell
Operator's Signature

10-14-03
Date

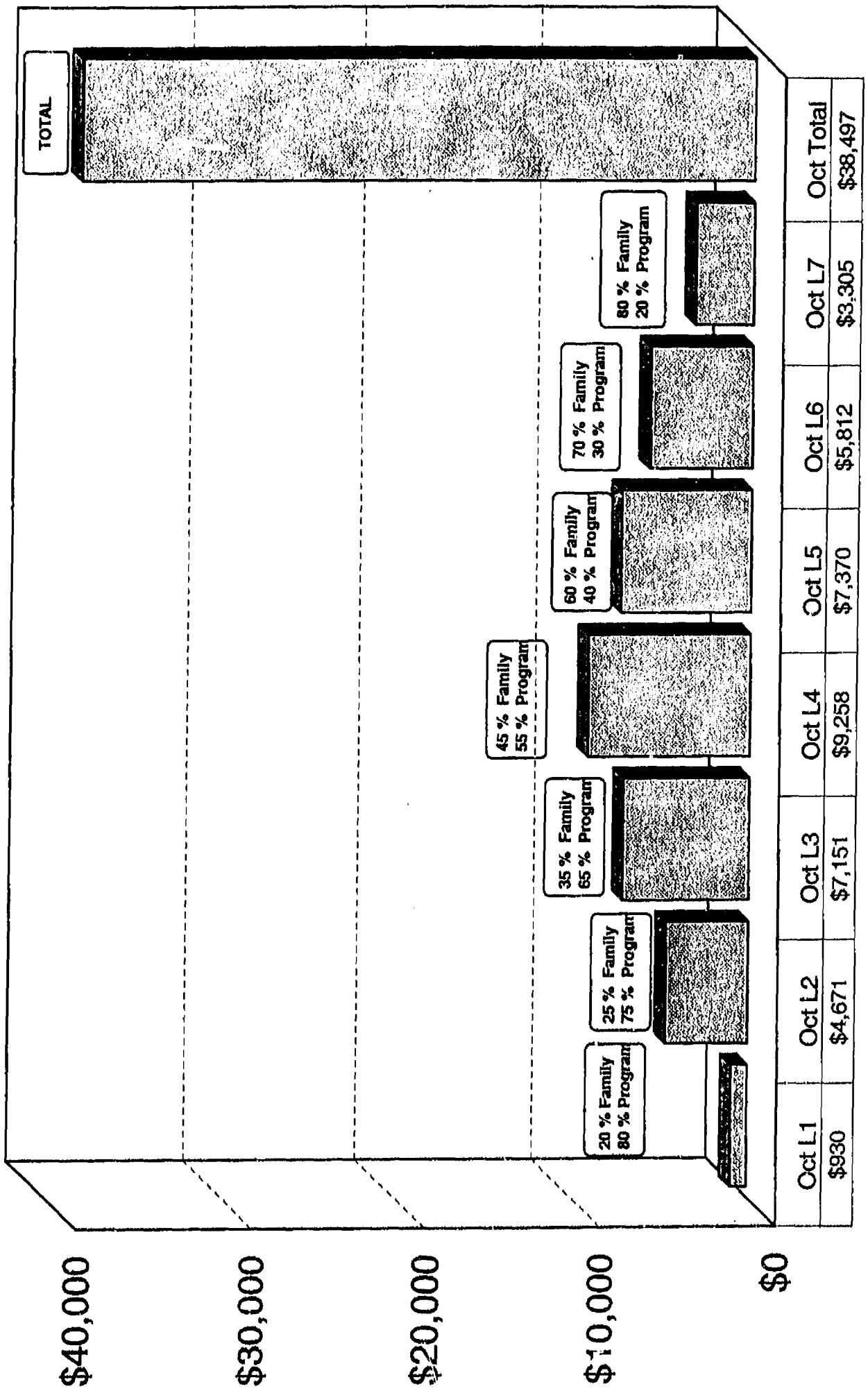
BLAINE NORDWALL 03.19.03

Child Care Assistance Savings

Sliding Fee Schedule Adjustments

All Levels

October 2002



Oct L1	Oct L2	Oct L3	Oct L4	Oct L5	Oct L6	Oct L7	Oct Total
$930	$4,671	$7,151	$9,258	$7,370	$5,812	$3,305	$38,497

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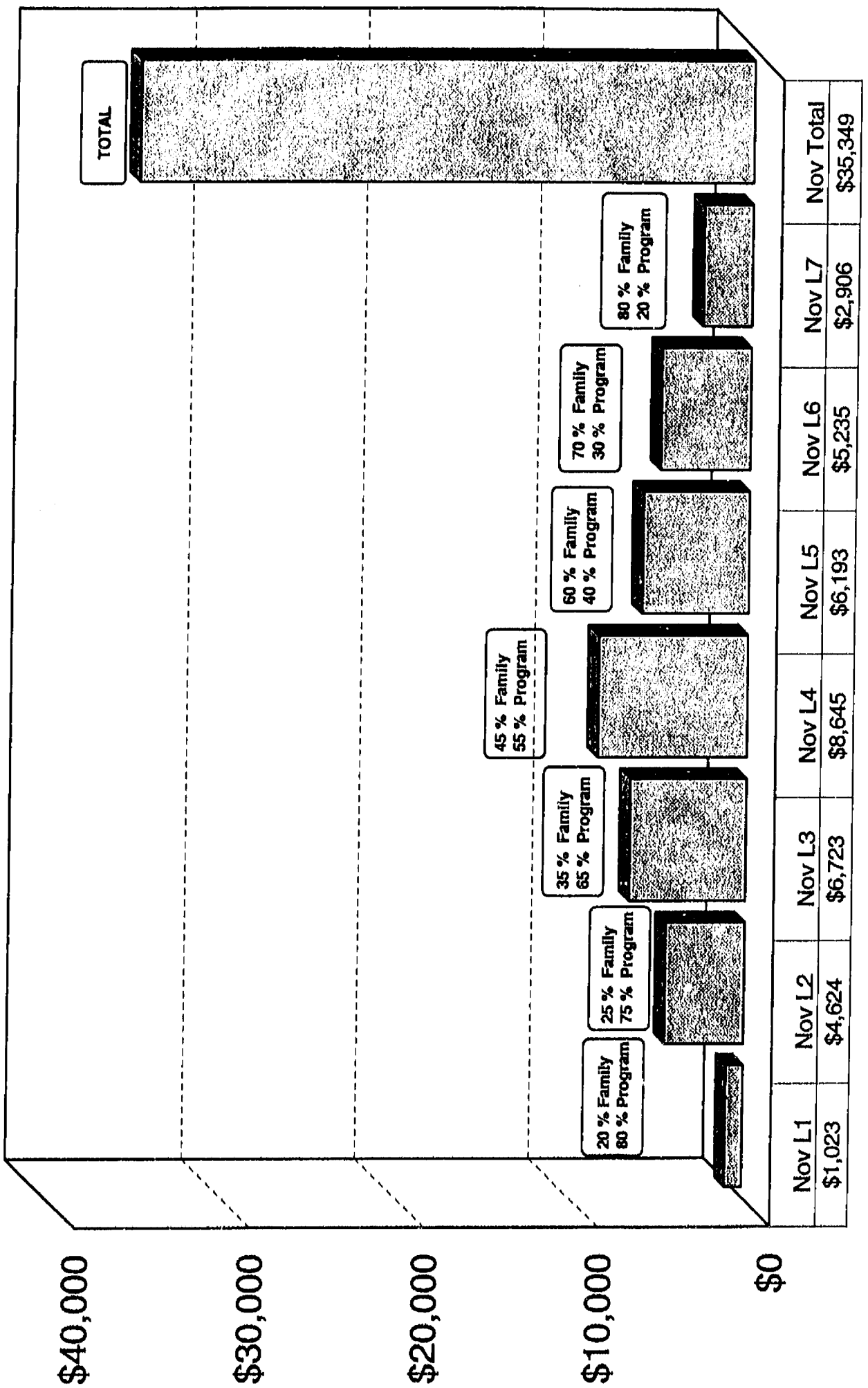
BLAINE NORDWALL, 03.19.03

Child Care Assistance Savings

Sliding Fee Schedule Adjustments

All Levels

November 2002



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Theresa A. Lee
Operator's Signature

10-14-03
Date

DAVE ZENTNER

Department of Human Services
Children's Special Health Services
Summary of Biennium 2001-2003 Grant Line
As of January 31, 2003

	Paid out
MMIS (note 1)	196,828
PKU Formula	113,758
Contracts (note 2)	340,051
Total	650,637

Note 1: This amount includes hospital cost settlements:

Biennium 2001-2003	77,212
Biennium 1999-2001	15,958
Biennium 1997-1999	13,702

-- this occurs when provider costs were less that what Medical Services paid, a recoupment would be set up in the MMIS system for the difference.

Note 2: Contracts are done for the following:

Family Support 45,021

Information, training and emotional support on behalf of children with special health care needs and their families.

Multidisciplinary Clinics 207,823

Pediatric evaluations and coordinated care recommendations for children with special health care needs and their families.

Care Coordination 87,207

Links families with children that have complex health needs to services and resources in their community, and when needed, across multiple service delivery settings.

3/13/2003 3:26 PM ... File: U:\backup\1_Jerry\WORK\CSHS Unit\2003-2005 Biennium\Budget Prep\House Grant Line Info.xls Sheet: Sheet1 ... Jerry J Houn, Fiscal Admin.

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ATTACHMENT B

Licensed North Dakota Residential Treatment Centers

Facility	Bed Capacity
Dakota Boys Ranch - Fargo	16
Dakota Boys Ranch - Minot	16
Luther Hall - Fargo	16
Ruth Meiers Adolescent Center - Grand Forks	12
Manchester House - Bismarck	8
Western Plains Residential Center- Dakota Boys Ranch Mandan	16
	Total = 84

February 2003
Department of Human Services

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RTC 2003 Rates as of March 17, 2003	Maintenance	Rehabilitation	Total Rate
Luther Hall-LSS	44.05	218.23	262.28
Dakota Boys Ranch-RTC-Minot	72.47	230.43	302.90
Dakota Boys Ranch-Western Plains-Mandan	73.29	269.49	342.78
Dakota Boys Ranch-RTC-Fargo	50.38	168.79	219.17
Pride Manchester	100.46	345.46	445.92
Ruth Meiers RTC	48.04	171.46	219.50

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MAINTENANCE/SERVICE DAILY RATES
GROUP/RCCF'S
(As of 3/19/03)

Licensed Group/RCCF's		Daily Maintenance Rate		Daily Service Rate		
Facility	# Beds	Effective Date	Daily Rate	DHS Reimbursement	*Facility Service Costs	Time Period
Centre – Grand Forks	8	02/25/02	$108.49	$11.51	$13.24	FYE 2/28/03
Charles Hall Youth Services - Bismarck	27	07/01/02	88.86	11.51	15.87	FYE 12/31/01
Dakota Boys Ranch RCCF						
• Minot RCCF	39	01/01/03	142.82	11.51	19.56	FYE 06/30/02
• Minot TL	12	01/01/03	142.82	11.51	19.56	FYE 06/30/02
• Fargo Youth Home	10	01/01/03	142.82	11.51	19.56	FYE 06/30/02
• Fargo Safe Home	8	01/01/03	175.79	.91	.91	FYE 06/30/02
Eckert Youth Home	16	07/01/02	95.67	11.51	21.17	FYE 12/31/01
Harmony House	7	01/01/03	67.72	11.51	17.65	FYE 06/30/02
Home on the Range	79	04/01/02	99.89	11.51	15.18	FYE 09/30/01
• Red River Victory Ranch	8	04/01/02	99.89	11.51	15.18	FYE 09/30/01
Oppen Home - Minot	6	01/01/03	147.77	11.51	24.58	FYE 06/30/02
Prairie Harvest – Grand Forks	8	07/01/02	128.81	11.21	11.21	FYE 12/31/01
Prairie Learning Center	50	07/01/02	91.17	11.51	13.62	FYE 12/31/01
New Outlooks	10	No rate established by NDDHS. (Used primarily by school districts for boarding care.)				
Total	288					

Approved Group Home						
Lake Oahe Group Home	8	04/01/02	110.34	3.89	3.89	FYE 09/30/01

*Department computation

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OUT-OF-STATE PLACEMENTS - 2003

Facility	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Chamberlain	4	4										
Northwood	4	5										
Leo Hoffman	1	1										
Bar None	5	5										
St.Cloud/ Catholic Char.												
Gilfillian	1	1										
Kairos House	1	1										
Dakota House												
McLeod Trtmt Ctr	1	1										
MilleLacs	1	1										
Canyon Hills												
Our Home	1	1										
Cleo Wallace	1	1										
Keystone Adolesc. Ctr		1										
Springfield												
Valley Lake Boys Home	1	2										
Mesabi	12	12										
Total	33	35										
PATH	17	16										
Northwood*	4	3										
TOTAL	54	54										

* Therapeutic Family Foster Home

Kelly Lake Home

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OUT-OF-STATE PLACEMENTS - 2002

Facility	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Chamberlain		1	1	2	2	2	2	2	2	2	3	4
Northwood	6	5	5	5	6	7	7	8	6	6	5	4
Leo Hoffman	1	1	1	1	2	2	1					1
Bar None	3	3	3	3	3	3	4	4	5	5	6	6
St.Cloud/ Catholic Char.	1	1	1	1	1	1	1	1	1			
Gilfillian	12	11	10	10	10	8	6	3	1	1	1	1
Ramsey Youth Services	1	1	1	1	1	1	1	1				
St. Josephs Home for Chldn	1	1	1	1	1	1	1					
McLeod Trtmt Ctr	1	1	1	1	1	1						1
MilleLacs	2	2	2	2	2	2	2	2	1	1		
Our Home									1	1	1	1
Cleo Wallace	1	1	1					1	1	1	1	1
Summit Oaks			1	1	1	1						
Kairos House												2
Evergreen	1	1										
Mesabi	11	9	9	9	12	12	13	12	12	12	11	11
Sky Ranch												1
Total	41	38	37	37	42	41	38	34	30	29	28	33
PATH	13	14	16	16	16	16	16	16	16	16	18	16
Northwood*	3	3	3	3	3	3	3	3	4	4	3	4
TOTAL	57	55	56	56	61	60	57	53	50	49	49	53

* Therapeutic Family Foster Home

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OUT-OF-STATE PLACEMENTS - 2001

Facility	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Chamberlain	2	2	2	2	2	2	1	1				
Northwood	9	9	9	9	9	9	8	7	7	6	6	6
Leo Hoffman	3	2	1	1	1	1	1	1	1	1	1	1
Bar None	4	3	3	3	3	4	4	5	4	4	4	3
St.Cloud/ Catholic Char.				1	1	1	1	1	1	1		
Gilfillian	8	9	9	10	11	11	12	14	14	12	11	13
Ramsey Youth Services												1
St. Josephs Home for Chldn	1	1	1	1	1	1	1	1	1	1	1	1
McLeod Trtmt Ctr							1	1	1	1	1	1
MilleLacs	1				1	1	1	2	2	2	2	2
Canyon Hills	1	1	1	1	1	1	1	1	1			
Our Home	1	1	1	2	2	2	1					
Cleo Wallace	2	2	2	2	2	2	1	1	2	2	1	1
Midway Group Home					1	1	1					
Springfield									1	1	1	1
Evergreen								1	1	1	1	1
Mesabi	6	7	8	10	9	9	10	11	11	11	11	10
Total	38	37	37	42	44	45	44	47	47	43	40	41
PATH	16	16	16	16	16	15	15	14	13	13	13	13
Northwood*	2	2	2	2	1	2	1	3	3	3	4	3
Chldns Home*	1	1	1	1	1	1						
TOTAL	57	56	56	61	62	63	61	64	63	59	57	57

* Therapeutic Family Foster Home

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EXCERPTS FROM ACFY PA 01-01 - RELATED TO ADOPTION ASSISTANCE

- The amount of the adoption assistance payment cannot exceed the amount the child would have received if s/he had been in a foster family home, but otherwise must be determined through agreement between the adoptive parents and the State or local title IV-E agency. Unlike other public assistance programs in the Social Security Act, the title IV-E adoption assistance program is intended to encourage an action that will be a lifelong social benefit to certain children and not to meet short-term monetary needs during a crisis. Further, the adoptive parents' income is not relevant to the child's eligibility for the program.

- The amount of the assistance may be adjusted periodically if the family's or child's circumstances change, but only with the concurrence of the adoptive family.

- The use of a means test is prohibited in the process of selecting a suitable adoptive family, or in negotiating an adoption assistance agreement, including the amount of the adoption assistance payment.

- In addition, the State cannot arbitrarily reject a request for an increase in the amount of subsidy (up to the amount the child would have received in foster care) in cases where the adoptive parents make life choices such as resigning one's job to stay at home with the adopted child or to return to school. Adoptive parents can request a fair hearing if the State rejects such requests.

- Adoption assistance payments made on behalf of a child cannot exceed the amount the child would have received if s/he had been in a foster family home. Accordingly, a State may negotiate an adoption assistance agreement that automatically allows for adjustments to the adoption assistance payment when there is an increase in the foster care board rate.

- If a State's foster care payment schedule includes higher level-of-care rates that are paid across-the-board for certain children, the State may pay up to that amount in adoption assistance if that specific child would have received the higher level-of-care rate in foster care.

March 19, 2003
Submitted by: Julie Hoffman, Adoptions Administrator

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TITLE IV-E ELIGIBILITY

The IV-E program, authorized by Title IV, Part E of the Social Security Act, provides funds to states to help maintain certain children in foster care or in adoptive families. To begin, there are two major categories of IV-E status: ELIGIBILITY and REIMBURSABILITY.

ELIGIBILITY: Determined one time at initial entry to foster care.

- The child must be a U.S. Citizen or Qualified Alien.
- Legal Removal – Initial court order must state "continuation in the home is contrary to the welfare of the child." The order must also state "reasonable efforts were made/or not required to prevent the child's removal from the home." The court order must remove the child from the home and place responsibility for the care of the child with a public agency.
- AFDC Relatedness – Based on AFDC rules of July 16,1996
  - Removed from the home of a specified relative in the month of removal or 6 months prior to the removal month.
  - Deprivation
  - Need (Asset/Income Tests)

REIMBURSABILITY: Determined Monthly

- Legal Responsibility
- Court Certification of "reasonable efforts"
- Not in receipt of AFDC or SSI
- Reimbursable Placement
- Need
- Deprivation
- Under 18 or under 19 for children in school who will graduate prior to their 19th birthday.

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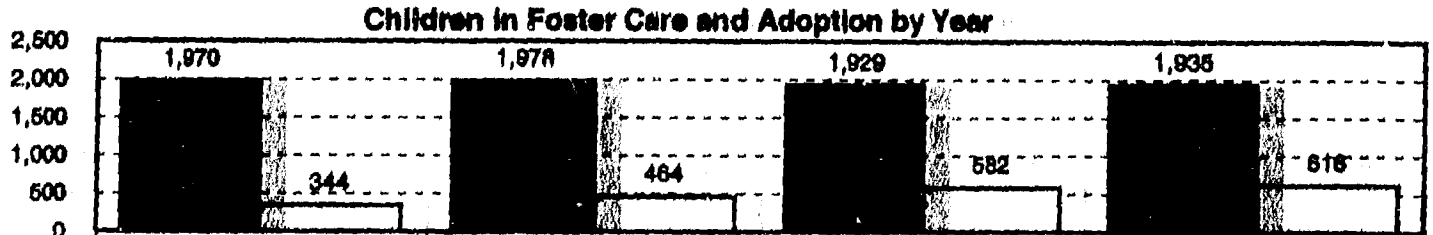
North Dakota Department of Human Services

Children and Family Services

Foster Care and Adoption Trends

Question: Why is the number of children in Foster Care not decreasing while the number of children in the Subsidized Adoption program is increasing?

Children in Foster Care and Adoption by Year

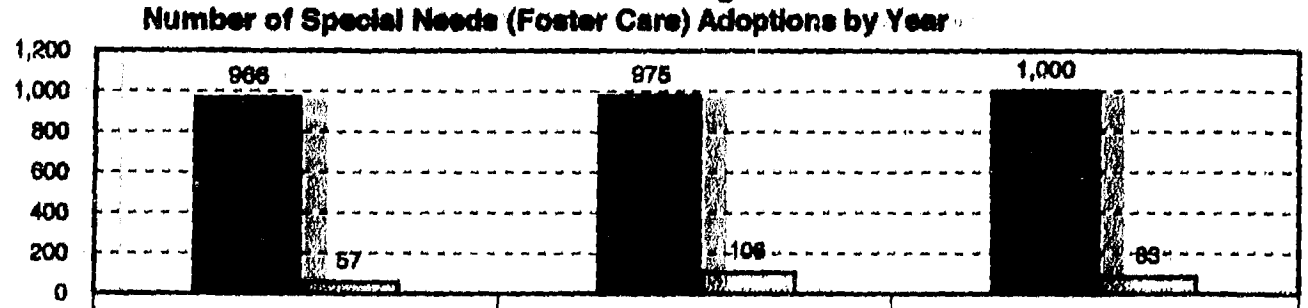


	1999	2000	2001	2002*
Foster Care	1,970	1,978	1,929	1,935
Adoption	344	464	582	616

Note: Foster Care Numbers reported by Federal Fiscal Years (FFY); Adoption Numbers reported by Calendar Years (CY)

Answer #1: The Children who are adopted out of Foster Care account for only a fraction of the total children in Foster Care. For example in FFY 2002, 83 children were adopted from Foster Care (Special Needs Adoptions) compared to 1,935 total children in Foster Care. Furthermore, the number of children entering Foster Care has been slightly increasing, offsetting the increases in children adopted from Foster Care (Special Needs Adoptions).

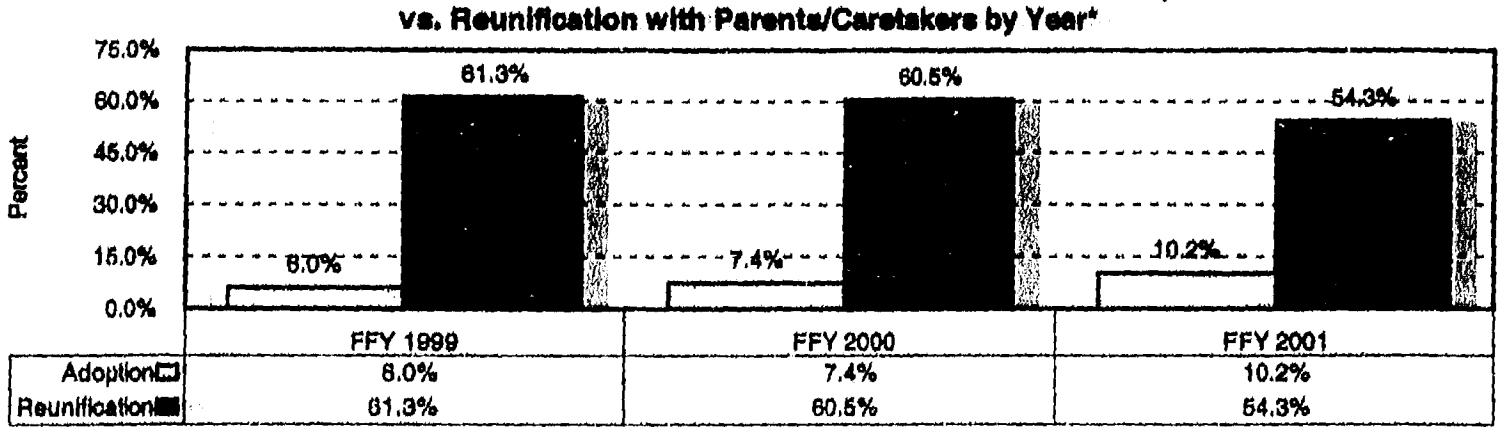
Foster Care - Number of Children Entering Foster Care vs. Number of Special Needs (Foster Care) Adoptions by Year



	FFY2000	FFY2001	FFY2002
Children Entering FC	966	975	1,000
Special Needs Adoptions	57	106	83

Answer #2: The goal for most children who enter Foster Care is reunification with their parent(s) or primary caretaker(s). Often the second alternative, when the child can not be reunified, is to pursue adoption for the child. We have increasingly seen cases with issues, such as methamphetamine use**, that make reunification more difficult. Thus, many children that may have been reunified in the past are now being placed for adoption, negating any decreases in the Foster Care caseload.

Foster Care - Percent of Children Who Exited Foster Care to Adoption vs. Reunification with Parents/Caretakers by Year*



	FFY 1999	FFY 2000	FFY 2001
Adoption	6.0%	7.4%	10.2%
Reunification	61.3%	60.5%	54.3%

* Preliminary

**According to preliminary statewide data, methamphetamine use was a factor for approximately one in five children who entered Foster Care in December 2002.

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NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION

PAID CASES BY MONTH FOR THE 2001-2003 BIENNIUM

	# 4263 FOSTER CARE IV-E	# 4265 FOSTER CARE EA/REG	#4266 FOSTER CARE SERVICES (GH/RCCF) [1]	#4268 SUBSIDIZED ADOPTION IV-E	#4269 SUBSIDIZED ADOPTION REG	#4270 SUBSIDIZED GUARDIANSHIP [1]	#4272 FOSTER CARE THERAPEUTIC [1]
July-01	461	433		329	117		
August-01	466	443	164	340	117	8	12
September-01	456	419	85	339	118	8	188
October-01	449	423	174	341	117	9	140
November-01	472	467	141	345	118	10	220
December-01	465	451	107	355	118	11	260
January-02	482	448	66	360	123	12	257
February-02	491	458	26	363	123	12	236
March-02	505	479	161	370	125	14	294
April-02	502	486	229	372	127	14	278
May-02	523	488	240	373	130	15	273
June-02	529	441	117	371	133	15	259
July-02	499	441	207	376	137	17	244
August-02	479	405	147	376	138	19	236
September-02	493	407	224	373	142	19	242
October-02	522	417	239	377	143	19	239
November-02	527	412	193	378	146	19	292
December-02	517	432	217	395	147	16	256
January-03	520	442	245	397	146	17	264
February-03	525	462	71	404	145	16	258
March-03							
April-03							
May-03							
June-03							
June Prior							

[1] One month lag time in payment process.

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AVERAGE RUNNING

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION

PAID CASES BY MONTH FOR THE 1999-2001 BIENNIUM

	# 4263 FOSTER CARE IV-E	# 4265 FOSTER CARE EA/REG	#4266 FOSTER CARE SERVICES (GH/RCCF) [1]	#4268 SUBSIDIZED ADOPTION IV-E	#4269 SUBSIDIZED ADOPTION REG	#4270 SUBSIDIZED GUARDIANSHIP [1] [2]	#4272 FOSTER CARE THERAPEUTIC [1]
July-99	502	433		219	95		
August-99	503	424	215	227	96		154
September-99	502	425	189	227	97		150
October-99	469	401	164	228	94		147
November-99	479	410	226	232	94		163
December-99	479	430	220	231	96		159
January-00	485	421	140	234	95		161
February-00	488	428	143	233	96		162
March-00	525	427	233	236	97		160
April-00	497	408	140	239	97		162
May-00	493	410	175	237	97		152
June-00	490	411	252	246	101		209
July-00	476	432	241	264	101		210
August-00	499	462	226	275	103		176
September-00	469	424	137	277	103		172
October-00	458	409	235	280	103		203
November-00	467	432	88	284	103	1	166
December-00	445	423	199	294	105	1	37
January-01	420	407	203	299	107	2	190
February-01	437	411	116	304	108	4	197
March-01	459	424	206	306	109	4	51
April-01	419	434	81	316	114	4	211
May-01	435	439	212	320	117	5	224
June-01	442	425	233	327	116	8	206
June Prior			193			8	199

[1] One month lag time in payment process.
[2] Program began November 2000.

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Exhibit 47

SENATE APPROPRIATIONS COMMITTEE

Senate Bill Number 2012

January 15, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Leanne Johnson. I am employed with Lutheran Social Services of North Dakota and serve as the A.A.S.K. Adoption Director. I am here today to present critical information as it relates to the appropriations bill for the Department of Human Services.

The A.A.S.K. program is a collaborative effort between Lutheran Social Services of North Dakota, The Village Family Service Center, Catholic Family Service and the North Dakota Department of Human Services. Turtle Mountain Child Welfare and Family Services is affiliated with A.A.S.K. This program is responsible for the adoption of children with special needs who are in the custody of the Department of Human Services or the Turtle Mountain tribe. These children have generally been in the custody of County Social Services or a Tribe prior to the termination of parental rights. Many times they have had multiple placements outside their birth home. They may be older children, children being placed along with a sibling for adoption, children with a mental, physical, emotional disability or children of minority race. Often, many children meet several of the "special needs" criteria. Parents adopting these children can be family members, grandparents or foster parents. In addition, parents wishing to start add to, or complete their family opens their hearts and homes to adopt these challenging children.

Since the AASK program began in 1993, 523 children have been placed for adoption, 86 children in Calendar Year 2002. 477 families have received a completed adoptive home assessment, 84 families during CY2002. It is also important to note that the percentage of foster parents who adopted

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rose to 89% during 2002. This is higher than the national average of between 65% and 80%. A "side effect", if you will, of the increased foster/adopt rate is that our program has experienced children who do not have an identified family are waiting longer as workers try to recruit families for them and trying to streamlining the foster/adopt process. The average age of the child being adopted in CY2002 was approximately 9 years of age, with the range being from fourteen months to sixteen years of age. A final statistic of interest and relevance is the program's disruption rate of roughly 2% - 11 children have disrupted from their adoptive placement prior to legal finalization since 1993. The national disruption rate for special needs adoption has ranged from 12% – 20%. We believe the lower disruption rate is largely due to the intense up-front services during the assessment and post- placement timeframe.

The program began to realize it's greatest increase in the need for special needs adoptive services in 1999 to 2000, just following the implementation of the Adoption and Safe Families Act, implemented in ND last legislative session. During those years the number of children placed for adoption nearly doubled and the number of adoptive family assessments also increased dramatically. In response to this need, the program began to expand its staff. Under the direction of the AASK Board, which includes members from the Department of Human Services, the program has increased staff by 4 professional staff since January 2001. The program is currently staffed at the level of 1 Director, 2 Program Supervisors and 11 Adoption Specialists, plus the equivalent of 6.75 office support staff personnel. (It is noteworthy that the current staffing level was just achieved in September 2002, due to the gradual addition of staff as well as staff turnover.) At this staffing pattern, we continue to experience high caseload numbers throughout parts of the state, a delay for some children to receive active adoption efforts and a significant waiting period for families wishing to secure an adoptive assessment. The need is most greatly felt in the

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Theresa A. Lee 10-14-03

Operator's Signature Date

Fargo region, but there are families awaiting services across the state. To be specific, currently we are working with:

- 120 children to move them toward adoptive placement, of which approximately 32 children do not have a family already identified and will need recruitment efforts,
- 19 families who have received adoptive placement and are receiving post-placement services until the legal finalization,
- 38 families who are approved adoptive placement resources, 23 of which do not have an identified child,
- 49 families in the process of their home assessment, 19 of which do not have an identified child at this time,
- In addition, the program is aware of an additional 119 children we are working with on a "concurrent" basis, in the early permanency planning stages. It is noteworthy to mention that of this number, 70 children have a family that has been identified as a potential adoptive resource for them. In addition, not all of these children may ultimately be adopted, as other permanency plans may be reached, such as returning to the birth family. However, AASK Specialists serve on those children's permanency planning teams.
- There are currently 11 children in the state, whose parental rights have been terminated and their case goal is adoption. However, due to treatment recommendations, active adoption efforts are not recommended at this time. AASK Specialists serve on these children's permanency planning teams.
- Finally, the program is aware of an additional 121 families who have expressed an interest in having an adoption assessment completed, 64 in the Fargo region alone. Most have already completed the initial training and are waiting to be assigned an AASK Specialists. Approximately 78 of those families have identified a child or children they are interested in adopting.

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

These numbers will only increase if there are less adoption workers to facilitate adoptive placements. Again, please understand that children will linger and get older while in foster care until adoption staff can serve their needs.

The average caseload for an adoption specialist is between 17 – 21 child and families cases in additional to 10 – 15 concurrent referrals, those children described above where adoption staff serve on the child's permanency planning team. In 2001, this caseload size was implemented to help focus workers on moving a limited number of cases in a more timely ways. Adoption specialists carry full, or above caseloads.

The Department of Human Services has informed me that the proposed budget as outlined in SB 2012 reflects a reduction in adoption services by 3 FTE's. This more than greatly concerns me. I have attempted every budgeting crunch that I can think of including, reasonable reductions in travel, training, equipment, and general expenditures but am unable to find a way to adequately fund the A.A.S.K. program within this framework. The proposed budget for adoption services would greatly impair the ability of the AASK program to serve the needs of the children and families in North Dakota.

At minimum, one might anticipate 60 less children being placed for adoption over the course of the biennium. These are real children and real families that will have to wait to be served. As the committee is aware, these children will remain in foster care. While the costs associated with foster care board payments and adoption subsidy payments are similar, the county and regional human service center administrative costs, court costs related to yearly hearings, and the cost for Medicaid coverage continue while a child is in foster care. Once a child is adopted, the adoptive family's health insurance becomes the primary payee and Medical

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Theresa A. Lee 10-14-03
Operator's Signature Date

Assistance is a backup to their primary insurance. While I don't have the figures of the exact fiscal impact, I maintain the cost savings to the State would be significant.

North Dakota's responsibility to the children in the state's custody cannot be denied. The mandates of the Adoption Safe Families Act remain intact. For example, the provisions in ASFA require the state to have a permanency plan filed with the courts within 15 of 22 months a child is in foster care and to make reasonable efforts to find and secure a permanent family for a child irregardless of budget limitations. North Dakota is already completing a Performance Improvement Plan as a result of the Children and Family Services Review completed in September 2001. With the budget recommendations of SB 2012 in place, what are we going to say when the Children and Family Services review team comes back to follow up on that plan? Granted, North Dakota met the permanency outcome for adoption during the 2001 review. However, if these cuts in fact happen, I cannot foresee a scenario where the state would meet that permanency outcome in the near future. Financial penalties to North Dakota may result.

I cannot give you exact implications of who or what will be cut as a result of the proposed budget, as that has not yet been determined. What I can share with you is that even after making the reasonable reductions described above, plus a reduction of 1.21 FTE's in office support staff to the A.A.S.K. budget, I still come up $317,100 short of the mark provided to me by the Department. This is the minimum additional funding the program needs to maintain professional staff serving to the children and families of North Dakota. This is not the amount necessary to fund the program at its current level. Funding the program at its current staffing level for both professional and support positions would require $440,882 above what has been allocated for adoption contracts in the next biennium.

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I've provided a lot of numbers and statistics. However, as we know children are not statistics. I'd like to take a few moments to tell you a shortened story about "Sally". "Sally" was placed in foster care when she was two and had many foster care moves before meeting her foster/adopt family when she was seven. "Sally" has 2 birth siblings that were adopted separately by their foster family. "Sally" anxiously awaited the day of her adoptive placement. On that day, she asked her adoption specialist many questions about what adoption meant. While explaining this, the adoption specialist told, "Sally" that she was no longer a foster child. "Sally" took this in and went on with the other activities. When leaving, "Sally" asked her adoption specialist one more time, saying, "You mean that I'm not a foster child anymore?" The worker replied, "no, you're not a foster child any more... you're an adopted child!" With a large smile on her face, "Sally" replied, "I'm real!" These real children must be our priority.

I am quite passionate about this subject, as you can likely gather. There is no doubt I could plead my case much longer. However, in consideration of the committee's time, I will close with the request that this committee strongly consider adding at least an additional amount of $317,100, if not the full $440,882 back into the adoption services line item. Thank you for the opportunity to provide information to your committee regarding this important matter. I am available to answer any questions.

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10-14-03
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HOUSE APPROPRIATIONS COMMITTEE

Senate Bill Number 2012

March 5, 2003

Chairman Svedjan and members of the House Appropriations Committee, my name is Leanne Johnson. I am employed with Lutheran Social Services of North Dakota and serve as the A.A.S.K. Adoption Director. I am here today to present critical information as it relates to the appropriations bill for the Department of Human Services.

The A.A.S.K. program, Adults Adopting Special Kids, is a collaborative effort between Lutheran Social Services of North Dakota, The Village Family Service Center, Catholic Family Service and the North Dakota Department of Human Services. Turtle Mountain Child Welfare and Family Services is affiliated with A.A.S.K. This program is responsible for the adoption of children with special needs who are in the custody of the Department of Human Services or the Turtle Mountain tribe. These children have generally been in the custody of County Social Services or a Tribe prior to the termination of parental rights. Many times they have had multiple placements outside their birth home. They may be older children, children being placed along with a sibling for adoption, children with a mental, physical, emotional disability or children of minority race. Often, many children meet several of the "special needs" criteria. Parents adopting these children can be family members, grandparents or foster parents. In addition, parents wishing to start add to, or complete their family opens their hearts and homes to adopt these challenging children.

Since the AASK program began in 1993, 522 children have been placed for adoption, 86 children in calendar year 2002. 477 families have received a completed adoptive home assessment, 84 families during CY2002. It is also important to note that the percentage of foster parents who adopted

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rose to 89% during 2002. This is higher than the national average of between 65% and 80%. A "side effect", if you will, of the increased foster/adopt rate is that our program has experienced children who do not have an identified family are waiting longer as workers try to recruit families for them and trying to streamlining the foster/adopt process. The average age of the child being adopted in CY2002 was approximately 9 years of age, with the range being from fourteen months to sixteen years of age. A final statistic of interest and relevance is the program's disruption rate of roughly 2% - 11 children have disrupted from their adoptive placement prior to legal finalization since 1993. The national disruption rate for special needs adoption has ranged from 12% – 20%. We believe the lower disruption rate is largely due to the intense up-front services during the assessment and post- placement timeframe.

The program began to realize it's greatest increase in the need for special needs adoptive services in 1999 to 2000, just following the implementation of the Adoption and Safe Families Act, implemented in ND last legislative session. During those years the number of children placed for adoption nearly doubled and the number of adoptive family assessments also increased dramatically. In response to this need, the program began to expand its staff. Under the direction of the AASK Board, which includes members from the Department of Human Services, the program has increased staff by 4 professional staff since January 2001. The program is currently staffed at the level of 1 Director, 2 Program Supervisors and 11 Adoption Specialists, plus the equivalent of 6.75 office support staff personnel. It is noteworthy that the current staffing level had just been achieved in September 2002, due to the gradual addition of staff as well as staff turnover. In the last few weeks, however, 2 Specialist positions have become vacant. Strictly due to the proposed cuts as put forth in the Governor's budget and the uncertainty of having this funding restored, these positions are not being filled. However, at the full staffing pattern,

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the program continues to experience high caseload numbers throughout most of the state, a delay for several children to receive active adoption efforts and a significant waiting period for families wishing to secure an adoptive assessment. The need is most greatly felt in the Fargo region, but there are families awaiting services across the state. To be specific, currently we are working with:

- 111 children to move them toward adoptive placement, of which approximately 24 children do not have a family already identified and need recruitment efforts,
- 15 families who have received adoptive placement and are receiving post-placement services until the legal finalization,
- 42 families who are approved adoptive placement resources, 20 of which do not have an identified child,
- 51 families in the process of their home assessment, 14 of which do not have an identified child at this time,
- In addition, the program is aware of an additional 136 children, children we are working with on a "concurrent" basis, in the early permanency planning stages. It is noteworthy to mention that of this number, roughly 100 children have a family that has been identified as a potential adoptive resource for them. In addition, not all of these children may ultimately be adopted, as other permanency plans may be reached, such as returning to the birth family. However, AASK Specialists serve on those children's permanency planning teams.
- Finally, the program is aware of an additional 116 families who have expressed an interest in having an adoption assessment completed, 50 in the Fargo region alone. Most have already completed the initial training and are waiting to be assigned an AASK Specialists. Approximately 65 of those families have identified a child or children they are interested in adopting.

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These numbers will only increase if there are less adoption workers to facilitate adoptive placements. Again, please understand that children will linger and get older while in foster care until adoption staff can serve their needs.

The average caseload for an adoption specialist is between 17 – 21 child and families cases in additional to 10 – 15 concurrent referrals, those children described above where adoption staff serve on the child's permanency planning team. In 2001, this caseload size was implemented to help focus workers on moving a limited number of cases in a more timely ways. Adoption specialists carry full, or slightly above caseloads.

The Department of Human Services has informed me that the proposed budget as outlined in the original SB 2012 reflects a reduction in adoption services by 3 FTE's. This more than greatly concerns me. I have attempted every budgeting crunch that I can think of including, reasonable reductions in travel, training, equipment, and general expenditures but am unable to find a way to adequately fund the A.A.S.K. program within this framework. The proposed budget for adoption services would greatly impair the ability of the AASK program to serve the needs of the children and families in North Dakota.

At minimum, one might anticipate 60 less children being placed for adoption over the course of the biennium. These are real children and real families that will have to wait to be served. As the committee is aware, these children will remain in foster care. While the costs associated with foster care board payments and adoption subsidy payments are similar, the county and regional human service center administrative costs, court costs related to yearly hearings, and the cost for Medicaid coverage continue while a child is in foster care. Once a child is adopted, the adoptive family's health insurance becomes the primary payee and Medical

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Assistance is a backup to their primary insurance. While I don't have the figures of the exact fiscal impact, I maintain the cost savings to the State would be significant.

North Dakota's responsibility to the children in the state's custody cannot be denied. The mandates of the Adoption Safe Families Act remain intact. For example, the provisions in ASFA require the state to have a permanency plan filed with the courts within 15 of 22 months a child is in foster care and to make reasonable efforts to find and secure a permanent family for a child irregardless of budget limitations. North Dakota is already completing a Performance Improvement Plan as a result of the Children and Family Services Review completed in September 2001. With the budget recommendations of the original SB 2012 in place, what are we going to say when the Children and Family Services review team comes back to follow up on that plan? Granted, North Dakota met the permanency outcome for adoption during the 2001 review. However, if these cuts in fact happen, I cannot foresee a scenario where the state would meet that permanency outcome in the near future. Financial penalties to North Dakota may result.

I cannot give you exact implications of who or what will be cut as a result of the proposed budget, as that has not yet been determined. What I can share with you is that even after making the reasonable reductions described above, plus a reduction of 1.21 FTE's in office support staff to the A.A.S.K. budget, I still come up $317,100 short of the mark provided to me by the Department. This is the minimum additional funding the program needs to maintain professional staff serving to the children and families of North Dakota. This is not the amount necessary to fund the program at its current level. Funding the program at its current staffing level for both professional and support positions would require $440,882 above what has been allocated for adoption contracts in the next bien nium.

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Operator's Signature 10-14-03 Date

The First Engrossment of SB restored approximately $318,725 to the adoption services line item. This restored funding will ensure that the professional adoption specialist positions will be maintained, a critical component to this programs ability to move more children into permanent adoptive homes in a timely manner.

I've provided a lot of numbers and statistics. However, as we know children are not statistics. I'd like to take a few moments to tell you a shortened story about "Sally". "Sally" was placed in foster care when she was two and had many foster care moves before meeting her foster/adopt family when she was seven. "Sally" has 2 birth siblings that were adopted separately by their foster family. "Sally" anxiously awaited the day of her adoptive placement. On that day, she asked her adoption specialist many questions about what adoption meant. While explaining this, the adoption specialist told, "Sally" that she was no longer a foster child. "Sally" took this in and went on with the other activities. When leaving, "Sally" asked her adoption specialist one more time, saying, "You mean that I'm not a foster child anymore?" The worker replied, "no, you're not a foster child any more... you're an adopted child!" With a large smile on her face, "Sally" replied, "I'm real!" These real children must be our priority.

I am quite passionate about this subject, as you can likely gather. There is no doubt I could plead my case much longer. However, in consideration of the committee's time, I will close with the request that this committee maintain the restored funding of $318,725 to the adoption services line item as found in the First Engrossment to SB 2012. Thank you for the opportunity to provide information to your committee regarding this important matter. I am available to answer any questions.

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10-14-03
Date

Exhibit 29

TESTIMONY

SB 2012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS

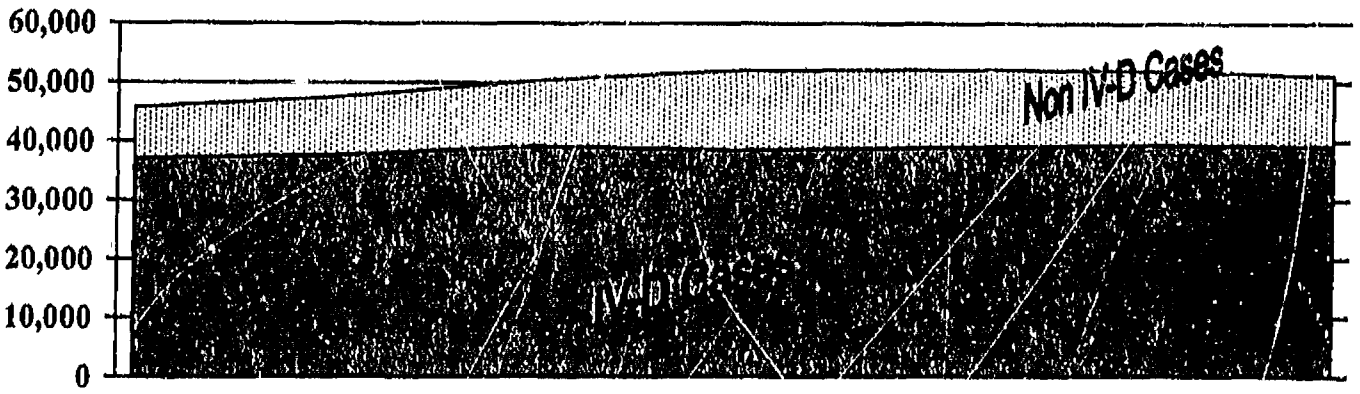
RAY HOLMBERG, CHAIRMAN

January 14, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am Mike Schwindt with the Department of Human Services. I am here today to provide you an overview of the Child Support Enforcement budget.

- Caseload – The total IV-D caseload continues to increase year, reaching 39,236 open cases at January 1, 2003. The nonIV-D portion included an additional 11,872 cases.
  - These cases include about 64,000 children, 36,000 custodial parents and 41,000 noncustodial parents.
  - Within the IV-D portion of the program, 12,000 cases are awaiting court orders which are the key to getting funds to the children.

Department of Human Services
Open Child Support Cases
December 1999 through December 2002



	Dec-99	Jun-00	Dec-00	Jun-01	Dec-01	Jun-02	Dec-02
Non IV-D	8,591	9,741	11,071	13,443	13,131	12,542	11,872
IV-D	37,161	37,735	39,244	38,590	39,047	39,564	39,236

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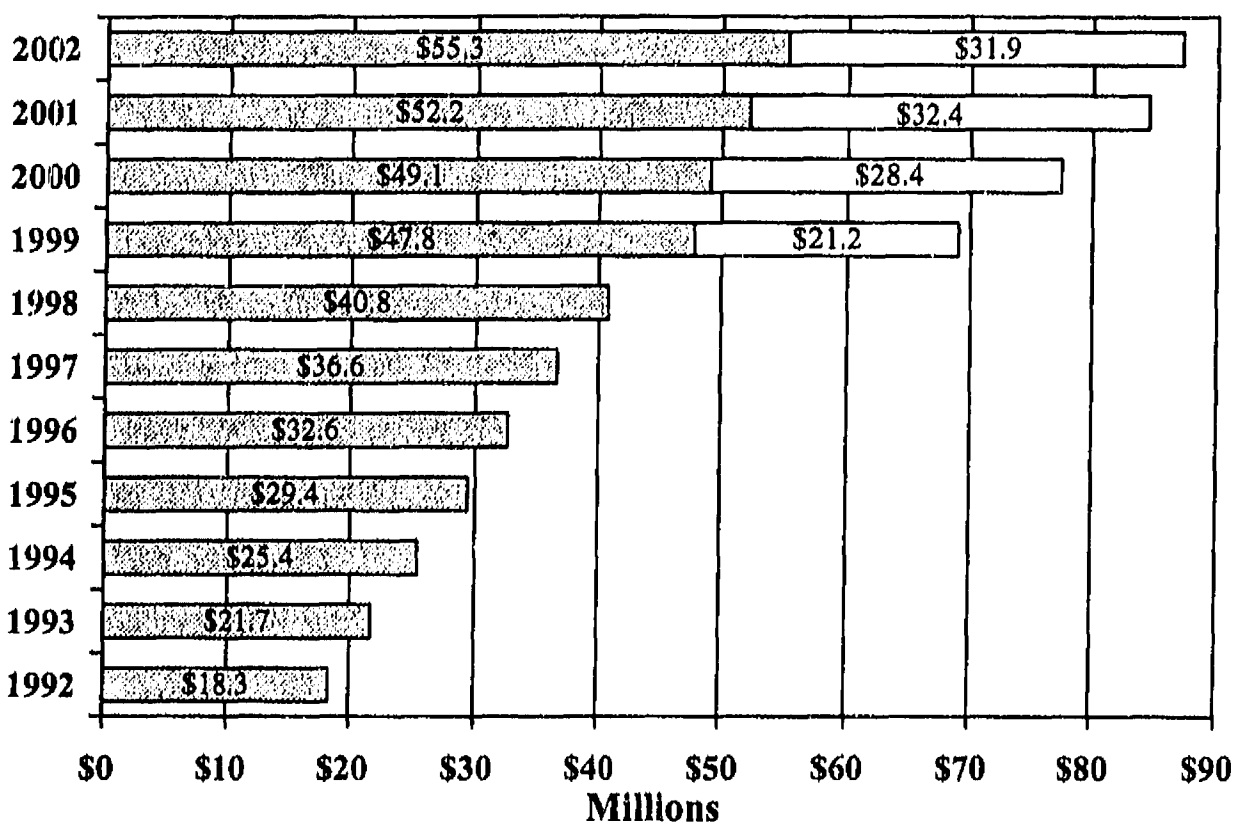
Theresa A. Lee 10-14-03
Operator's Signature Date

- Collections continue to increase:



For calendar year 2002, we received $87.2 million which is a 3% increase over the previous year. The IV-D portion reached $55.3 million, up 5.8% while the nonIV-D portion decreased 1.6% to $31.9 million.

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10-14-03
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- Overview of the budget changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase (Decrease)
Salaries	2,952,215	3,287,877	335,662
Operating	3,484,286	3,284,267	(200,019)
Grants	989,206	1,790,853	801,647
Total	**7,425,707**	**8,362,997**	**937,290**
General	222,439	257,741	35,302
Federal	4,814,059	5,085,993	271,934
Other	2,389,209	3,019,263	630,054
FTEs	38.00	38.00	(0.00)

- The health insurance and compensation package adjustment by OMB added almost $110,000 to the Salaries line. Temporary salaries increased $50,000, primarily for the State Disbursement Unit, and the balance continues the salaries for existing staff.
- The Grants line was increased to enable us to pass through the increased incentives earned to the counties.
- The Governor's budget includes changes in services based on what were defined as core services for the population group we serve. The affected areas are:
    - General Funds of $215,016 in the current appropriation for the Lake Region Regional Child Support Enforcement Unit (RCSEU) was excluded from the budget request to the Governor. Spending authority of $417,383 was requested so that we could transfer the matching federal funds in support of their operations.

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- General Funds of $53,879 in the current appropriation for the Supreme Court was also excluded from the budget request to the Governor. However, we agreed to accept additional charges for services provided by support staff which we expect will result in $53,474 of additional federal reimbursement to them.

- Authority of $200,000 for Access and Visitation grants is included in this budget request after transfer of program responsibility from the Children and Family budget. We are looking for the matching funds to be provided by an outside agency.

FACSES Certification status. You may recall that we achieved FSA 88 conditional certification in May 2000 and needed to achieve PRWORA certification by September 2001 to avoid penalties. We are pleased to report that the certification team, after identifying several small items that needed changing in December 2001, revisited us in September 2002 and determined that our system meets the certification requirement except for some small items on internal control. We expect those items to be resolved when we move to our new office next June.

Performance issues. This program is one of the few able to earn incentives based on how well we do our job. The other side of that coin is that there is a risk should we not perform well enough. Of the three areas where a penalty can be imposed, our greatest exposure is with the Paternity Establishment Percentage, (PEP). We need to increase the PEP by 2% each year until we achieve the 90% level. The penalty for failure is up to 2% of the TANF grant or about $500,000. We expect to establish the necessary paternities to achieve the goal and avoid the penalty but believe it is essential that you be aware of the exposure.

This concludes my testimony.

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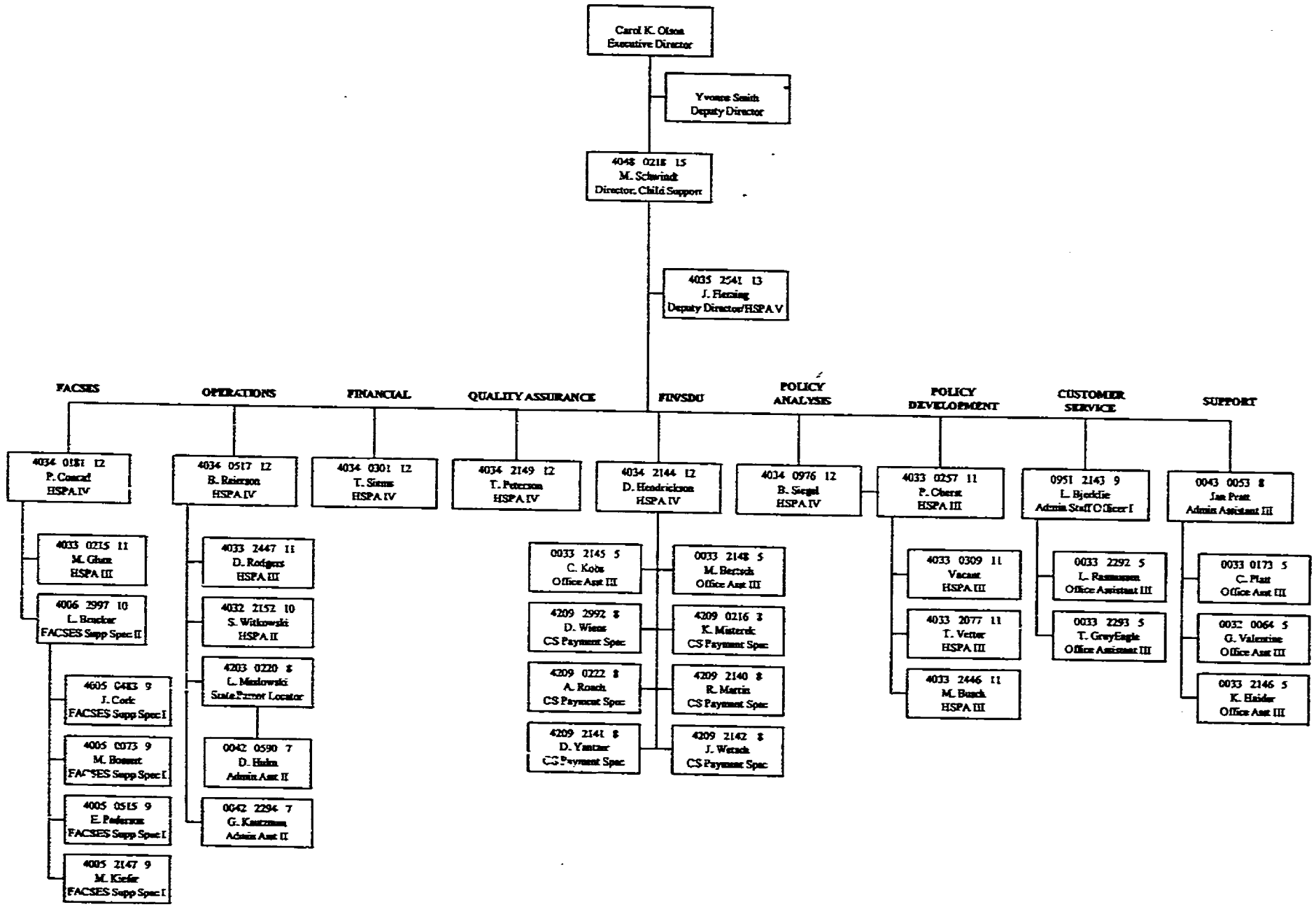
North Dakota Department of Human Services
Child Support Division



Revised 3/4/03

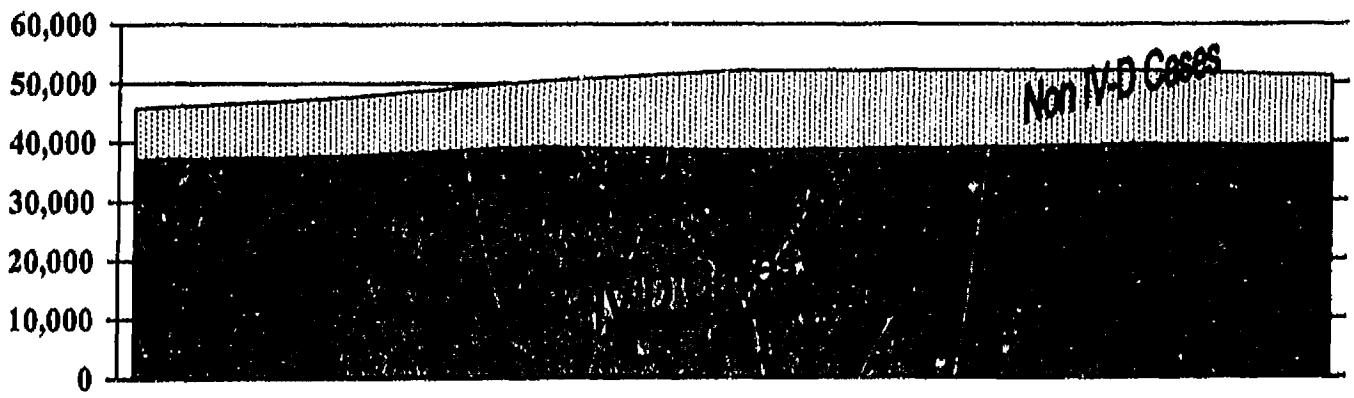
TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS
KEN SVEDJAN, CHAIRMAN
February 26, 2003

Chairman Svedjan, members of the House Appropriations Committee, I am Mike Schwindt with the Department of Human Services. I am here to provide you an overview of the Child Support Enforcement budget.

- Caseload – The total IV-D caseload continues to increase each year, reaching 39,236 open cases at January 1, 2003. The nonIV-D portion included an additional 11,872 cases.
  - These cases include about 64,000 children, 36,000 custodial parents and 41,000 noncustodial parents.
  - Within the IV-D portion of the program, 12,000 cases are awaiting court orders which are the key to getting funds to the children.

page 2 same as p2 in Senate

Department of Human Services
Open Child Support Cases
December 1999 through December 2002



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Federal	4,814,059	5,085,993	271,934
Other	2,389,209	3,019,263	630,054
FTEs	38.00	38.00	(0.00)

The budget, after adjustment for Senate action, is:

	2003-2005 Request	2003-2005 To House	Senate Increase (Decrease)
Salaries	3,287,877	3,254,953	(32,924)
Operating	3,284,267	3,499,283	215,016
Grants	1,790,853	1,790,853	(0.00)
Total	**8,362,997**	**8,545,089**	**182,092**
General	257,741	423,363	165,622
Federal	5,085,993	5,065,104	(20,889)
Other	3,019,263	3,056,622	37,359
FTEs	38.00	38.00	(0.00)

Adjustments based on Senate action resulted in a net general fund addition of $165,622, a decrease of $20,889 of federal funds and an increase of $37,359 of unidentified other funds.

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- By line item, the Governor's budget with related Senate adjustments include:
  - The health insurance and compensation package adjustment by OMB added almost $110,000 to the Salaries line. Temporary salaries increased $50,000, primarily for the State Disbursement Unit, and the balance continues the salaries for existing staff. The Senate deducted $32,924 to adjust out the Governor's salary increase.
  - Child Support's allocation of the $4 million funding shift was $38,081. When this amount is considered with the matching federal dollars, the total cut is about $110,000. We will decrease our Operating expenditures by reducing travel and contracts.
  - The Grants line was increased in the Governor's budget to permit the pass through of the increased incentives earned to the counties.
  - The Governor's budget includes changes in services based on what were defined as core services for the population group we serve. The areas are:
    - The Operating line, as approved by the Governor, excluded general funds of $215,016 for the Lake Region Regional Child Support Enforcement Unit (RCSEU) but included spending authority of $417,383 so that we could transfer the matching federal funds in support of their operations. The Senate added a section on legislative intent (Section 3) and restored the general funds to the current level.
    - General Funds of $53,879 in the current appropriation for the Supreme Court was excluded from the budget request to the Governor. However, we accepted additional charges for services provided by support staff which are projected to result in $53,474 of additional federal reimbursement to the Court.

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Theresa A. Bell
Operator's Signature

10-14-03
Date

- Authority of $200,000 for Access and Visitation grants is included in this budget request after transfer of program responsibility from the Children and Family budget. We are looking for the matching funds to be provided by an outside entity.

Technology is essential for us to establish, enforce, track and report all the actions needed to properly handle the 50,000 cases. Additionally, without the appropriate technology, receiving, processing, accounting for, and disbursing the $7 million that we receive each month would be next to impossible without a significant increase in staff. Simply put, we would be dead in the water without it. Technology funding for the Child Support Enforcement program is in the Division of Information Technology budget that Roger Hertz will be covering.

Our primary technology application is FACSES which is used by just about everyone working with the child support enforcement program including the clerks of court, the staffs from the eight RCSEUs, the County Social Service Board eligibility workers, and state office staff. If FACSES does not work properly, we will be penalized as will the TANF program and a significant portion of the 64,000 kids we serve won't get the support they need. It provides the vehicle for tracking the status of each case, reminds us when actions are needed, provides case histories and payment data, is used to search the state and national databases, and matches bank accounts, as well as generates documents, letters and management reports.

By tying in Web and interactive phone response capabilities:

- Parents can keep track of their accounts, see how much we received, and contact us when they have questions or need to tell us about their cases (about 40,000 phone calls plus another 19,000 web hits per month),

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- About 40% of the 11,000 new hires reports we receive each month from employers are received electronically, enabling us to enter that data without rekeying.

As noted earlier, the collections continue to climb.

- We are using scanning equipment to more efficiently process the 20,000 checks we receive each month. Two staff accomplish the bulk of the processing with part time help from several more.
- As we expand FACSES capabilities, electronic funds transfers (EFT) from employers and other states to parents and other states are readily accomplished with limited human intervention. We are approaching $1 million per month in receipts and just offered the direct deposit option to families.
- We are looking at the possibility of using debit cards which, complementing the EFT capabilities, would greatly reduce the need to issue and account for the 30,000 checks we send out each month at a significant savings of labor, paper and postage.

All these efforts boil down to providing service to individual families. For example, we recently received a phone call from a mother wondering what she was to do with a $188 check we sent her. After reviewing her case, I learned:

- The obligor had been located in another state as a result of a report through the automated national new hire data base,
- FACSES sent an alert to the caseworker,
- The caseworker issued an income withholding order to the employer,
- The employer withheld the funds from the next paycheck and forwarded the money to that state's SDU,
- That SDU sent us an electronic funds transfer, and
- We sent the money to the family, all within a two-week time span.

Without technology, the probability of us learning of the obligor's whereabouts are greatly diminished; in fact, had he not switched jobs, we could still be trying

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to find him as we had been for ten years. This obligor owes in excess of $50,000 to his families.

FACSES Certification. You may recall that we achieved FSA '88 conditional certification in May 2000, the 45th state to do so, and needed to achieve PRWORA certification by September 2001 to avoid penalties. We are pleased to report that FACSES was certified last month, the 19th system in the nation to achieve that status. We have only a couple small items on internal control still pending and those are expected to be resolved when we move to our new office this June.

Performance. This program is one of the few able to earn incentives based on how well we do our job. The other side of that coin is that there is a risk should we not perform well enough. Of the three areas where a penalty can be imposed, our greatest exposure is with the Paternity Establishment Percentage, (PEP). We need to increase the PEP by 2% each year until we achieve the 90% level. The penalty for failure is up to 2% of the TANF grant or about $500,000. We expect to establish the necessary paternities to achieve the goal and avoid the penalty but believe it is essential that you be aware of the exposure.

This concludes my testimony.

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10-14-03
Date

MIKE SCHWINDT · 03.11.03

FFY 2002 RANKINGS

	Obligation Rate	Rank	IV-D Pop	Rank	% of Current	Rank	% of Arrears	Rank	Cost Effective	Rank
Alabama	66.2%	38	65.4%	43	47.8%	45	47.9%	49		
Alaska	82.9%	11	80.7%	24	53.8%	34	67.4%	7		
Arizona	66.4%	37	51.0%	46	44.5%	49	50.6%	46		
Arkansas	78.5%	19	86.5%	15	50.1%	39	57.4%	37		
California	75.3%	23	74.7%	35	42.4%	50	54.9%	40		
Colorado	83.5%	8	88.7%	12	55.0%	33	66.1%	10		
Connecticut	64.3%	41	85.1%	18	55.0%	32	53.1%	42		
Delaware	70.3%	29	77.2%	29	60.7%	17	67.8%	6		
Florida	65.2%	39	86.1%	16	56.4%	28	62.8%	18		
Georgia	68.2%	34	50.1%	48	49.7%	40	60.8%	27		
Hawaii	59.2%	44	89.0%	11	51.1%	36	36.9%	50		
Idaho	78.6%	18	130.7%	1	55.4%	29	60.1%	32		
Illinois	40.8%	49	45.6%	50	39.1%	51	52.3%	44		
Indiana	70.6%	28	50.8%	47	48.5%	43	52.6%	43		
Iowa	87.8%	3	65.8%	42	59.1%	23	63.3%	17		
Kansas	63.9%	42	94.5%	9	55.1%	31	61.0%	26		
Kentucky	70.0%	30	82.5%	20	52.8%	35	50.0%	48		
Louisiana	64.4%	40	77.2%	28	55.1%	30	65.0%	13		
Maine	87.2%	4	93.6%	10	57.8%	27	61.3%	22		
Maryland	68.6%	33	76.0%	33	62.0%	14	64.3%	15		
Massachusetts	71.8%	26	76.9%	30	59.7%	21	58.3%	34		
Michigan	76.2%	21	80.7%	25	59.4%	22	60.8%	28		
Minnesota	78.0%	20	82.1%	22	73.0%	2	85.1%	12		
Mississippi	49.8%	47	69.8%	39	49.5%	41	59.8%	33		
Missouri	78.9%	16	86.0%	17	50.7%	37	50.0%	47		
Montana	83.1%	9	113.1%	3	58.5%	26	63.7%	16		
Nebraska	76.0%	22	82.5%	21	66.5%	7	61.7%	20		
Nevada	60.4%	43	86.7%	14	47.0%	46	62.0%	19		
New Hampshire	82.0%	13	106.7%	4	65.5%	9	71.6%	1		
New Jersey	78.9%	17	79.5%	26	65.0%	11	61.2%	23		
New Mexico	47.5%	48	57.6%	45	46.8%	47	60.3%	30		
New York	73.1%	25	63.5%	44	65.1%	10	60.4%	29		
North Carolina	73.2%	24	84.4%	19	61.3%	15	60.3%	31		
North Dakota	84.8%	7	87.4%	13	71.6%	3	66.1%	9		
Ohio	71.4%	27	75.2%	32	66.8%	6	66.5%	8		
Oklahoma	69.7%	31	46.6%	49	46.5%	48	56.8%	38		
Oregon	66.9%	35	74.0%	36	60.4%	18	61.0%	25		
Pennsylvania	83.0%	10	79.3%	27	74.7%	1	70.7%	2		
Rhode Island	51.2%	46	68.9%	40	61.1%	16	58.2%	35		
South Carolina	66.7%	36	81.4%	23	49.5%	42	51.8%	45		
South Dakota	92.0%	1	106.5%	6	67.7%	5	68.6%	4		
Tennessee	56.5%	45	66.9%	41	50.4%	38	54.5%	41		
Texas	69.0%	32	70.0%	38	59.9%	20	64.5%	14		
Utah	85.1%	6	106.6%	5	58.6%	25	66.0%	11		
Vermont	85.8%	5	119.2%	2	66.3%	8	70.6%	3		
Virginia	80.2%	14	76.7%	31	59.0%	24	56.4%	39		
Washington	91.0%	2	100.9%	7	64.0%	12	68.3%	5		
Washington, DC	29.7%	51	32.5%	51	46.0%	44	30.2%	51		
West Virginia	74.7%	50	74.6%	34	62.3%	13	57.5%	36		
Wisconsin	79.0%	15	94.5%	8	71.4%	4	61.1%	24		
Wyoming	82.7%	12	72.1%	37	60.0%	19	61.6%	21		

State	Ave Rank	Rank
South Dakota	4.0	1
Vermont	4.5	2
Washington	6.5	3
New Hampshire	6.8	4
North Dakota	8.0	6
Pennsylvania	10.0	6
Utah	11.8	7
Wisconsin	12.8	8
Montana	13.5	9
Minnesota	14.0	10
Colorado	15.8	11
Maine	15.8	12
Nebraska	17.5	13
Ohio	18.3	14
Alaska	19.0	15
New Jersey	19.3	16
Idaho	20.0	17
Delaware	20.3	18
Iowa	21.3	19
North Carolina	22.3	20
Wyoming	22.3	21
Maryland	23.8	22
Michigan	24.0	23
Florida	25.3	24
Texas	26.0	25
Kansas	27.0	26
New York	27.0	27
Virginia	27.0	28
Arkansas	27.5	29
Louisiana	27.8	30
Massachusetts	27.8	31
Oregon	28.5	32
Missouri	29.3	33
Nevada	30.5	34
Connecticut	33.3	35
Kentucky	33.3	36
West Virginia	33.3	37
Rhode Island	34.3	38
Hawaii	35.3	39
South Carolina	36.5	40
California	37.0	41
Georgia	37.3	42
Mississippi	40.0	43
Indiana	40.3	44
Tennessee	41.3	45
Oklahoma	41.5	46
New Mexico	42.5	47
Alabama	43.8	48
Arizona	44.5	49
Illinois	48.5	50
Washington, DC	49.3	51

2/6/2003

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

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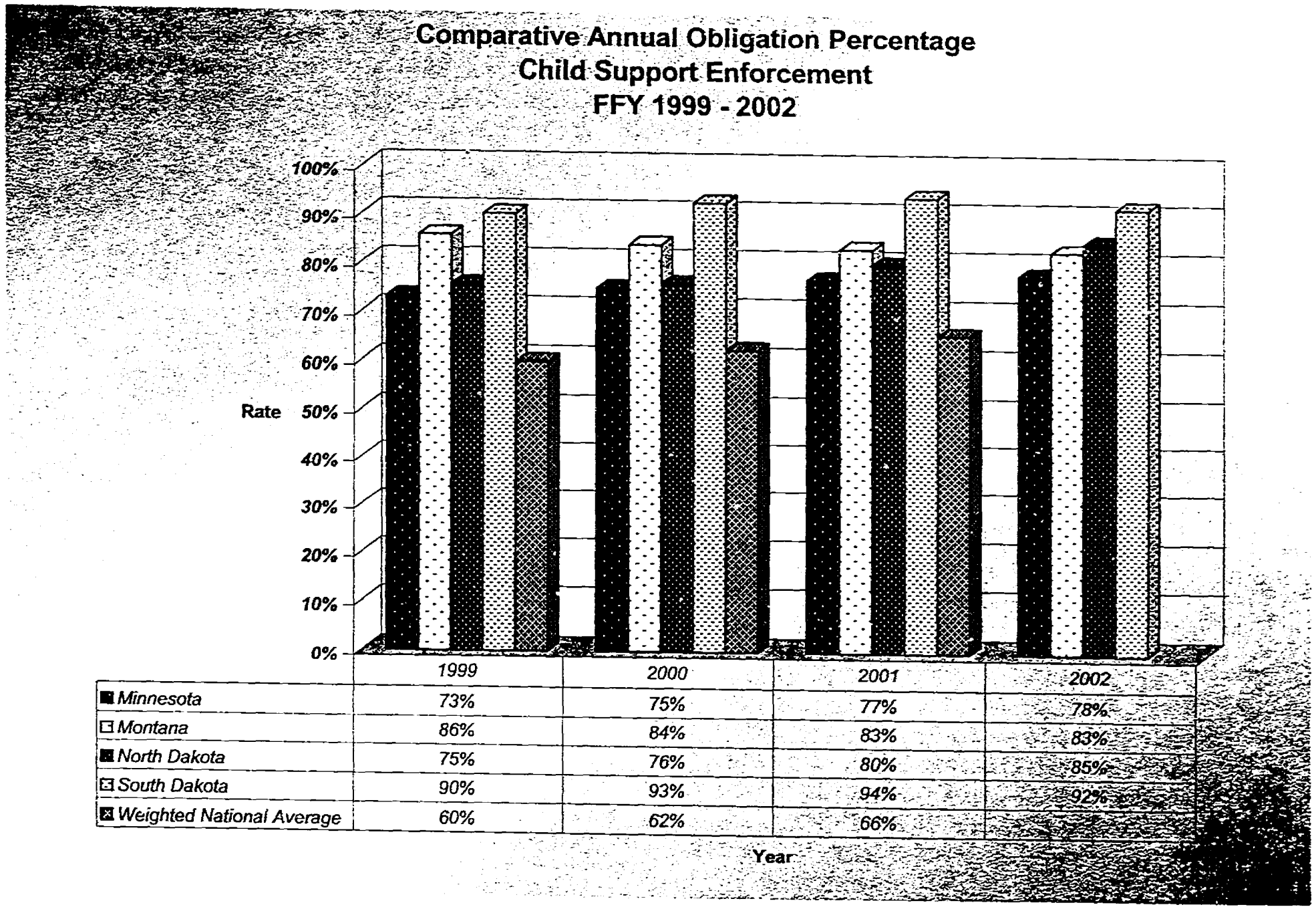

Lines 1 & 2

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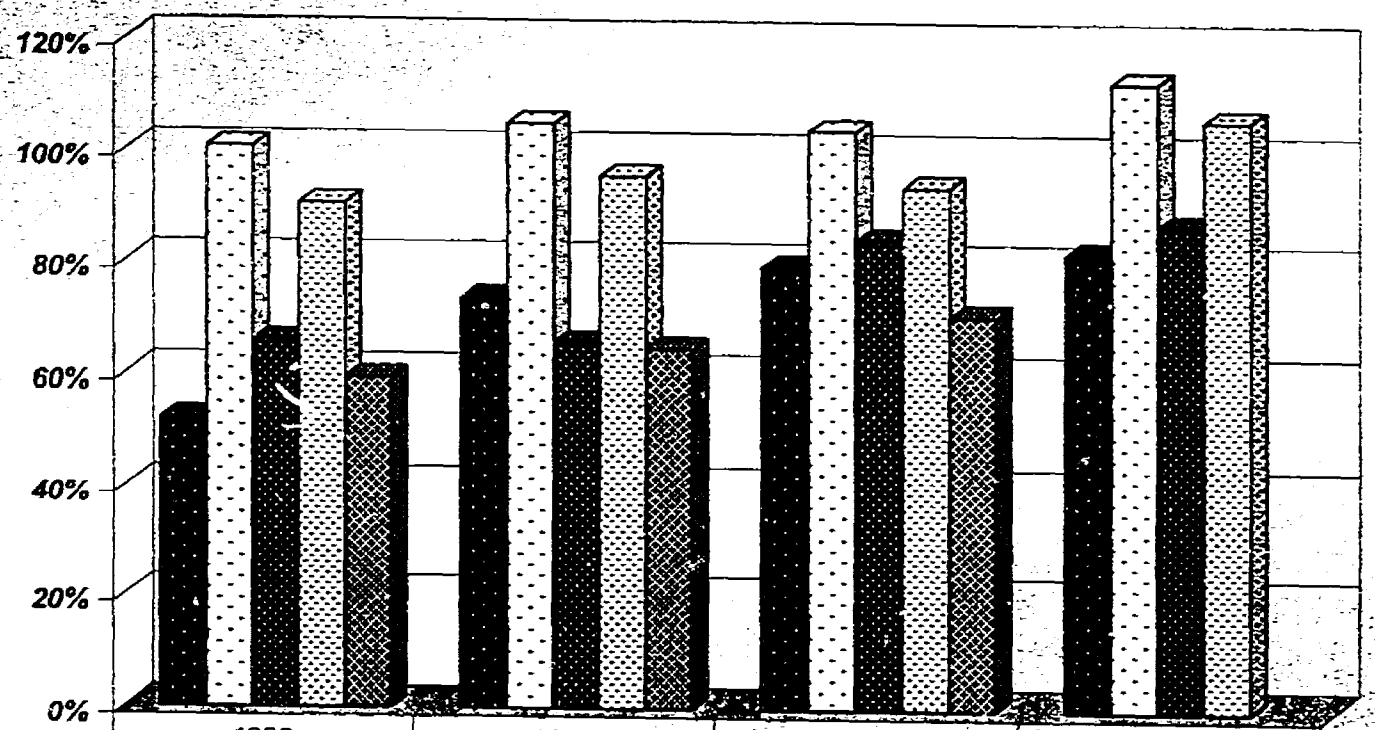
Comparative Annual PEP Percentage
Child Support Enforcement
FFY 1999 - 2002



	1999	2000	2001	2002
Minnesota	52%	74%	80%	82%
Montana	101%	105%	104%	113%
North Dakota	66%	66%	84%	87%
South Dakota	91%	96%	94%	101%
Weighted National Average	59%	65%	71%	

Year

Line: 552

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10-14-03
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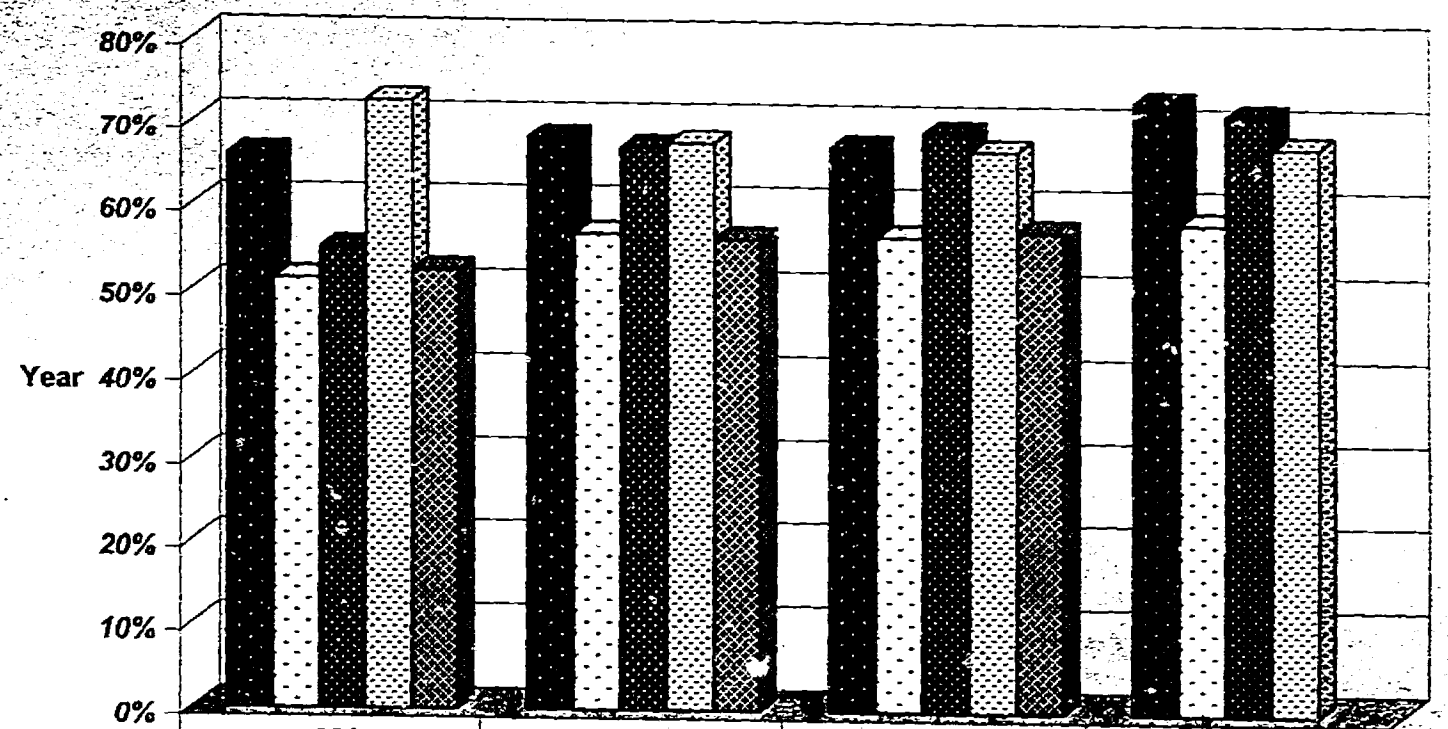
Comparative Annual Current Support Percentage
Child Support Enforcement
FFY 1999 - 2002



	1999	2000	2001	2002
Minnesota	66%	68%	67%	73%
Montana	51%	57%	57%	59%
North Dakota	55%	67%	69%	72%
South Dakota	73%	68%	67%	68%
Weighted National Average	52%	56%	57%	

Rate

LINES 20-25

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10-14-03
Date

Comparative Annual Arrears Percentage
Child Support Enforcement
FFY 1999 - 2002

	1999	2000	2001	2002
Minnesota	67%	70%	82%	65%
Montana	57%	67%	63%	64%
North Dakota	63%	58%	55%	65%
South Dakota	63%	76%	68%	69%
Weighted National Average	55%	60%	58%	

Rate

Obligation Rate			PEP			% of Current Support Paid			% of Cases Paying on Arrears		
State	2002	Rank	State	2002	Rank	State	2002	Rank	State	2002	Rank
South Dakota	92%		Idaho	131%		Pennsylvania	75%		New Hampshire	72%	
Washington	91%		Vermont	119%		Minnesota	73%		Pennsylvania	71%	
Iowa	88%		Montana	113%		North Dakota	72%	13	Vermont	71%	
Maine	87%		New Hampshire	107%		Wisconsin	71%		South Dakota	69%	
Vermont	86%		Utah	107%		South Dakota	68%		Washington	68%	
Utah	85%		South Dakota	107%		Ohio	67%		Delaware	68%	
North Dakota	85%	7	Washington	101%		Nebraska	67%		Alaska	67%	
Colorado	84%		Kansas	95%		Vermont	66%		Ohio	67%	
Montana	83%		Wisconsin	95%		New Hampshire	66%		North Dakota	66%	9
Pennsylvania	83%		Maine	94%		New York	65%		Colorado	66%	
Wyoming	83%		Hawaii	89%		New Jersey	65%		Utah	66%	
Alaska	83%		Colorado	89%		Washington	64%		Minnesota	65%	
New Hampshire	82%		North Dakota	87%	13	West Virginia	62%		Louisiana	65%	
Virginia	80%		Nevada	87%		Maryland	62%		Texas	65%	
Wisconsin	79%		Arkansas	87%		North Carolina	61%		Maryland	64%	
Missouri	79%		Florida	86%		Rhode Island	61%		Montana	64%	
New Jersey	79%		Missouri	86%		Delaware	61%		Iowa	63%	
Idaho	79%		Connecticut	85%		Oregon	60%		Florida	63%	
Arkansas	79%		North Carolina	84%		Wyoming	60%		Nevada	62%	
Minnesota	78%		Kentucky	83%		Texas	60%		Nebraska	62%	
Michigan	76%		Nebraska	83%		Massachusetts	60%		Wyoming	62%	
Nebraska	76%		Minnesota	82%		Michigan	59%		Maine	61%	
California	75%		South Carolina	81%		Iowa	59%		New Jersey	61%	
West Virginia	75%		Alaska	81%		Virginia	59%		Wisconsin	61%	
North Carolina	73%		Michigan	81%		Utah	59%		Kansas	61%	
New York	73%		New Jersey	80%		Montana	59%		Oregon	61%	
Massachusetts	72%		Pennsylvania	79%		Maine	58%		Georgia	61%	
Ohio	71%		Delaware	77%		Florida	56%		Michigan	61%	
Indiana	71%		Louisiana	77%		Idaho	55%		New York	60%	
Delaware	70%		Massachusetts	77%		Kansas	55%		New Mexico	60%	
Kentucky	70%		Virginia	77%		Louisiana	55%		North Carolina	60%	
Oklahoma	70%		Ohio	76%		Colorado	55%		Idaho	60%	
Texas	69%		Maryland	76%		Connecticut	55%		Mississippi	60%	
Maryland	69%		West Virginia	75%		Alaska	54%		Massachusetts	58%	
Georgia	68%		California	75%		Kentucky	53%		Rhode Island	58%	
Oregon	67%		Oregon	74%		Hawaii	51%		West Virginia	58%	
South Carolina	67%		Wyoming	72%		Missouri	51%		Arkansas	57%	
Arizona	66%		Texas	70%		Tennessee	50%		Oklahoma	57%	
Alabama	66%		Mississippi	70%		Arkansas	50%		California	55%	
Florida	65%		Rhode Island	69%		Georgia	50%		Tennessee	55%	
Louisiana	64%		Tennessee	67%		Mississippi	50%		Virginia	54%	
Connecticut	64%		Iowa	66%		South Carolina	50%		Connecticut	53%	
Kansas	64%		Alabama	65%		Indiana	49%		Indiana	53%	
Nevada	60%		New York	64%		Washington, DC	48%		Illinois	52%	
Hawaii	59%		New Mexico	58%		Alabama	48%		South Carolina	52%	
Tennessee	57%		Arizona	51%		Nevada	47%		Arizona	51%	
Rhode Island	51%		Indiana	51%		New Mexico	47%		Kentucky	50%	
Mississippi	50%		Georgia	50%		Oklahoma	47%		Missouri	50%	
New Mexico	48%		Oklahoma	47%		Arizona	45%		Alabama	48%	
Illinois	41%		Illinois	46%		California	42%		Hawaii	37%	
Washington, DC	30%		Washington, DC	33%		Illinois	39%		Washington, DC	30%	

2/24/03
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Theresa A. Lee 10-14-03
Operator's Signature Date

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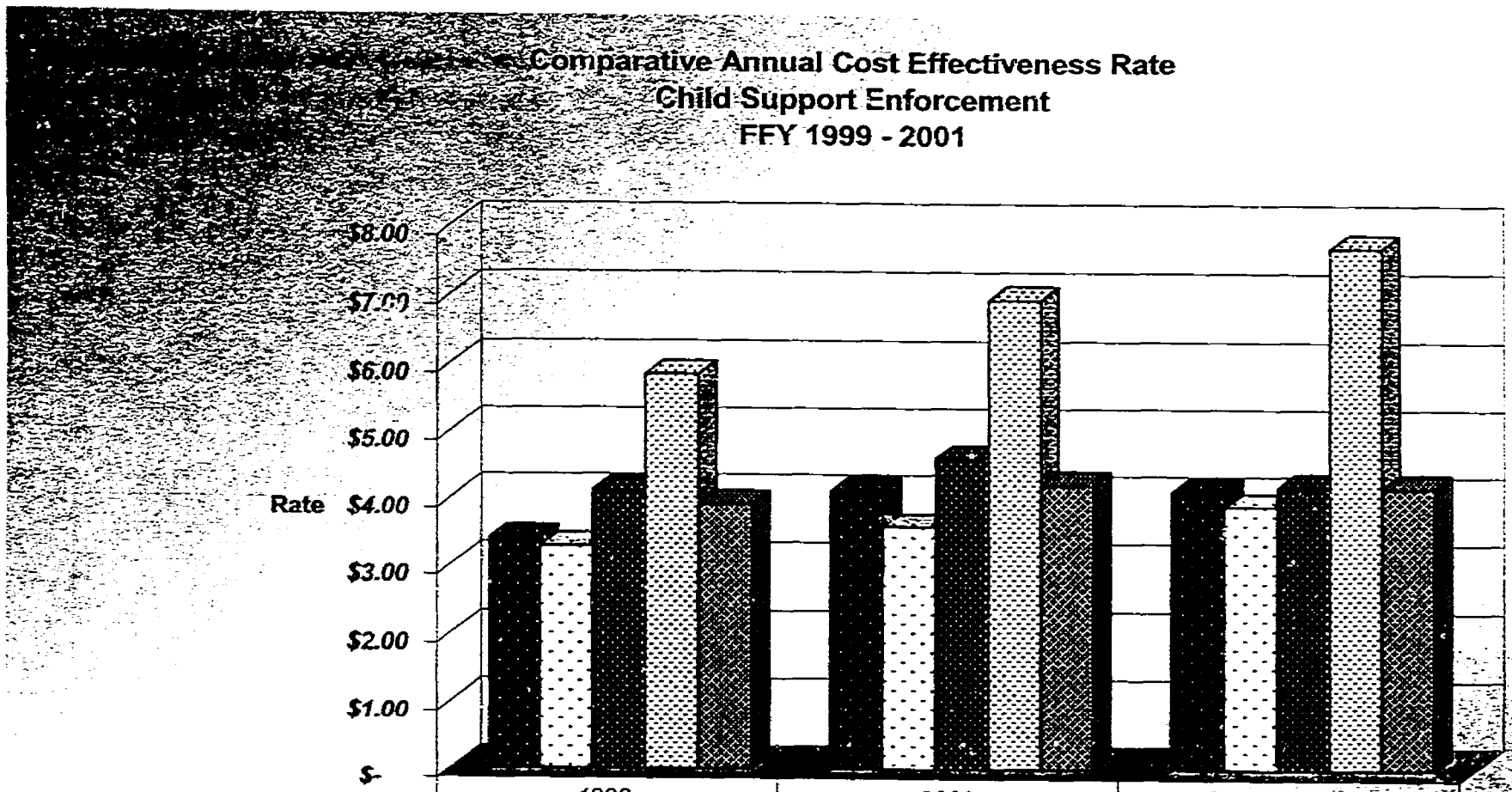
Comparative Annual Cost Effectiveness Rate
Child Support Enforcement
FFY 1999 - 2001



	1999	2000	2001
Minnesota	$3.40	$4.11	$4.13
Montana	$3.28	$3.58	$3.91
North Dakota	$4.11	$4.61	$4.19
South Dakota	$5.85	$6.95	$7.72
National Average	$3.92	$4.21	$4.18

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Operator's Signature

10-14-03
Date

Mike Schwindt, 03.11.03

North Dakota Department of Human Services
Summary of Actual Expenditures by Subdivsion, Line Item and Budget Object Code
For the 2001 - 2003 Biennium through January 31, 2003

	90 Total			SUBDIVISION TOTALS	-
200-02 CHILD SUPPORT ENFORCEMENT	10	B	1001	SALARIES	1,554,450
200-02 CHILD SUPPORT ENFORCEMENT	10	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	85,751
200-02 CHILD SUPPORT ENFORCEMENT	10	B	1008	BENEFITS	531,962
	10 Total			**SALARIES AND WAGES TOTALS**	**2,172,163**
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3003	IT-TELEPHONE	5,264
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3004	TRAVEL	24,755
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3005	IT - SOFTWARE/SUPPLIES	9,205
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3007	POSTAGE	1,629
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3008	IT CONTRACTUAL SERVICES & REPAIRS	1,047
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3011	LEASE/RENT - EQUIPMENT	9,823
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3012	LEASE/RENT - BLDG/LAND	131,689
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3013	PROFESSIONAL DEVELOPMENT	21,864
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3014	OPERATING FEES & SERVICES	1,381,226
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3016	REPAIRS	6,186
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3021	OFFICE SUPPLIES	9,988
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3024	PRINTING	24,634
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	4,884
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	500
200-02 CHILD SUPPORT ENFORCEMENT	30	B	3034	OFFICE EQUIP & FURN - UNDER $5000	3,190
	30 Total			**OPERATING EXPENSES TOTALS**	**1,635,884**
200-02 CHILD SUPPORT ENFORCEMENT	72	B	6006	GRANTS, BENEFITS & CLAIMS	806,824
	72 Total			**GRANTS-ASSISTANCE PAYMENTS TOTALS**	**806,824**
200-02 CHILD SUPPORT ENFORCEMENT	90	F	9991	GENERAL FUNDS	57,951
200-02 CHILD SUPPORT ENFORCEMENT	90	F	9992	FEDERAL FUNDS	2,608,641
200-02 CHILD SUPPORT ENFORCEMENT	90	F	9993	OTHER FUNDS	1,948,279
	90 Total			**SUBDIVISION TOTALS**	**4,614,871**

MIKE SCHWINDT. 03.011.03

Dep. nt of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the H

2003 - 2005 Budget

Major Divisio	Subdivision	Line Item	FB	BOC	Object Code Descri	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01 A	200 ECONO	01	A	1000	FULL TIME EQUIVALEN	38.000	-	38.000	-	38.000
01 A Total	200-02 CHILD SUPPOR				200-02 CHILD SUPPOR	38.000	-	38.000	-	38.000
10 B	200 ECONO	10	B	1001	SALARIES	2,129,941	176,878	2,306,819	(28,199)	2,278,620
10 B	200 ECONO	10	B	1002	TEMPORARY, OVERTIN	76,432	50,036	126,468	-	126,468
10 B	200 ECONO	10	B	1008	BENEFITS	745,842	108,748	854,590	(4,725)	849,865
10 B Total					SALARIES AND WAGES	2,952,215	335,662	3,287,877	(32,924)	3,254,953
10 F	200 ECONO	10	F	1991	SALARY - GENERAL FU	108,265	149,476	257,741	(49,394)	208,347
10 F	200 ECONO	10	F	1992	SALARY - FEDERAL FU	1,924,044	159,603	2,083,647	(20,889)	2,062,758
10 F	200 ECONO	10	F	1993	SALARY - OTHER FUND	370,641	229,045	599,686	37,359	637,045
10 F	200 ECONO	10	F	1994	SALARY - RETAINED R	549,265	(202,462)	346,803	-	346,803
10 F Total					SALARIES AND WAGES	2,952,215	335,662	3,287,877	(32,924)	3,254,953
30 B	200 ECONO	30	B	3003	IT-TELEPHONE	8,252	295	8,587	-	8,587
30 B	200 ECONO	30	B	3004	TRAVEL	71,640	(3,383)	68,257	-	68,257
30 B	200 ECONO	30	B	3005	IT - SOFTWARE/SUPPL	11,676	(4,092)	7,584	-	7,584
30 B	200 ECONO	30	B	3007	POSTAGE	1,300	328	1,628	-	1,628
30 B	200 ECONO	30	B	3008	IT CONTRACTUAL SER	1,250	1,330	2,580	-	2,580
30 B	200 ECONO	30	B	3011	LEASE/RENT - EQUIPM	15,875	(5,747)	10,128	-	10,128
30 B	200 ECONO	30	B	3012	LEASE/RENT - BLDG/LA	171,144	23,953	195,097	-	195,097
30 B	200 ECONO	30	B	3013	PROFESSIONAL DEVEL	9,377	11,731	21,108	-	21,108
30 B	200 ECONO	30	B	3014	OPERATING FEES & SE	3,086,530	(180,580)	2,905,950	215,016	3,120,966
30 B	200 ECONO	30	B	3016	REPAIRS	8,705	(2,323)	6,382	-	6,382
30 B	200 ECONO	30	B	3018	PROFESSIONAL SERVI	500	(500)	-	-	-
30 B	200 ECONO	30	B	3019	INSURANCE	120	(120)	-	-	-
30 B	200 ECONO	30	B	3021	OFFICE SUPPLIES	26,655	(6,239)	20,416	-	20,416
30 B	200 ECONO	30	B	3024	PRINTING	31,522	(3,986)	27,536	-	27,536
30 B	200 ECONO	30	B	3025	PROFESSIONAL SUPPL	6,300	(1,035)	5,265	-	5,265
30 B	200 ECONO	30	B	3030	BLDG, GRNDS, VEHICL	500	(500)	-	-	-
30 B	200 ECONO	30	B	3034	OFFICE EQUIP & FURN	32,900	(29,151)	3,749	-	3,749
30 B Total					OPERATING EXPENSES	3,484,286	(200,019)	3,284,267	215,016	3,499,283
30 F	200 ECONO	30	F	3991	OPERATING - GENERA	114,174	(114,174)	-	215,016	215,016
30 F	200 ECONO	30	F	3992	OPERATING - FEDERA	2,890,615	112,331	3,002,946	-	3,002,946
30 F	200 ECONO	30	F	3993	OPERATING - OTHER F	342,254	(316,754)	25,500	-	25,500
30 F	200 ECONO	30	F	3994	OPERATING - RETAINE	137,843	118,578	256,421	-	256,421
30 F Total					OPERATING EXPENSES	3,484,286	(200,019)	3,284,267	215,016	3,499,283
72 B	200 ECONO	72	B	6006	GRANTS, BENEFITS & (	989,206	801,647	1,790,853	-	1,790,853
72 B Total					GRANTS-ASSISTANCE	989,206	801,647	1,790,853	-	1,790,853
72 F	200 ECONO	72	F	7293	EA GRANTS - OTHER F	989,206	801,647	1,790,853	-	1,790,853
72 F Total					GRANTS-ASSISTANCE	989,206	801,647	1,790,853	-	1,790,853
90 F	200 ECONO	90	F	xx91	GENERAL FUNDS	222,436	35,302	257,741	165,622	423,363
90 F	200 ECONO	90	F	xx92	FEDERAL FUNDS	4,813,959	271,934	5,085,893	(20,889)	5,065,104
90 F	200 ECONO	90	F	xx93	OTHER FUNDS	1,702,101	713,938	2,416,039	37,359	2,453,398
90 F	200 ECONO	90	F	xx94	RETAINED FUNDS	687,108	(83,884)	603,224	-	603,224
90 F Total					200-02 CHILD SUPPOR	7,425,707	937,290	8,362,997	182,092	8,545,089

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10-14-03
Date

MIKE SCHWINDT · 03-11-03

DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT
BOC 3014 - OPERATING FEES AND SERVICES
03-05 BIENNIUM

BOC 3014	Total
Access and Visitation Grant	200,000
Lake Region Regional Child Support Enforcment Unit	632,399
IV-D Unit Tribal Operations	822,970
CSE Lien Network	44,000
Financial Institution Data Match	167,540
Incentive Training Fund	75,000
Supreme Court and States Attorney	1,039,452
Miscellaneous	139,605
TOTAL	3,120,966

3/11/2003, BOC 3014_CSE.xls, prepared by Helen Brand, Fiscal Administration

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10-14-03
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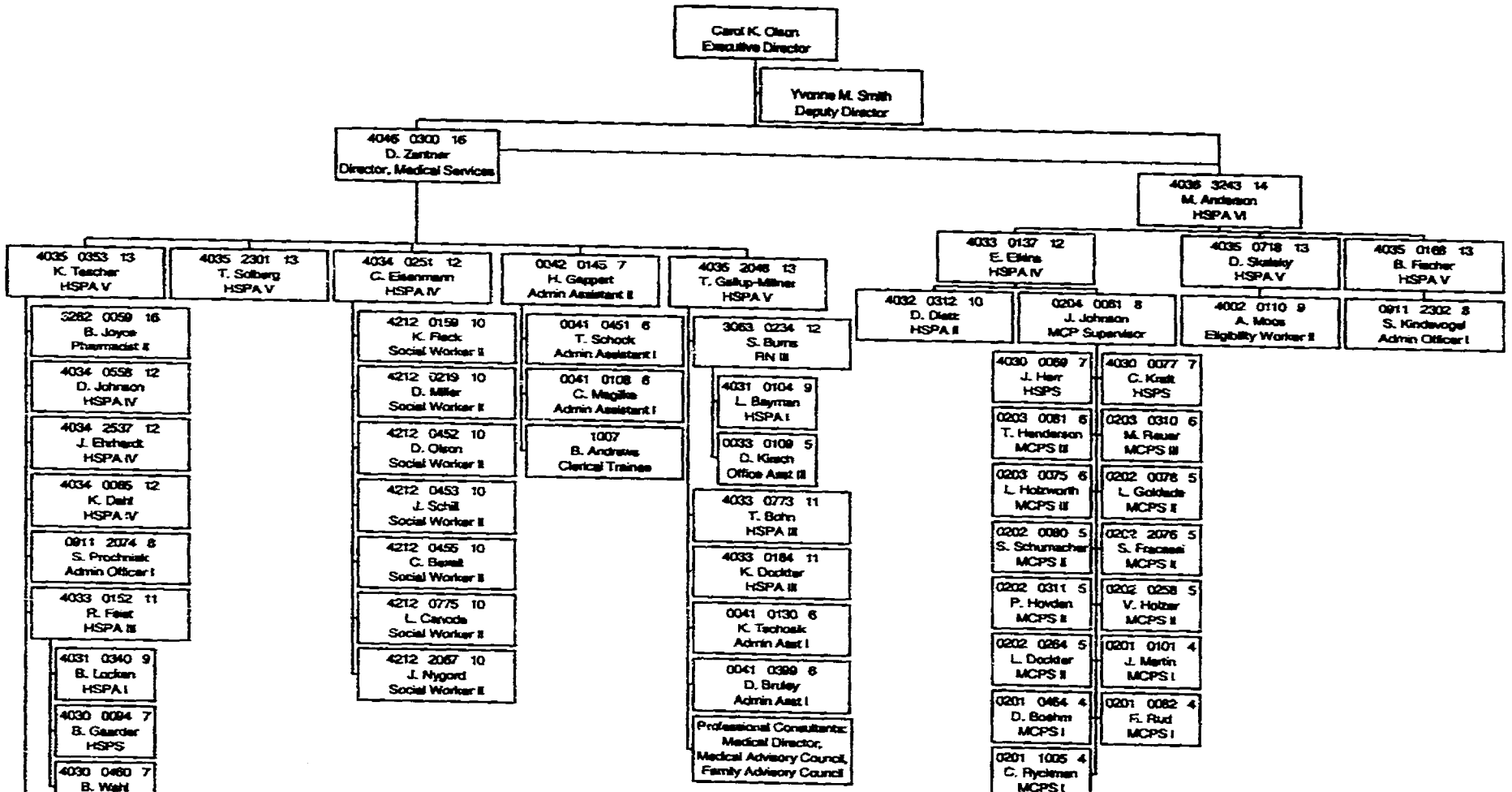
North Dakota Department of Human Services
Medical Services Division



Revised 3/4/03

FAX 2 PATTNER- 03-11-03

North Dakota Department of Human Services

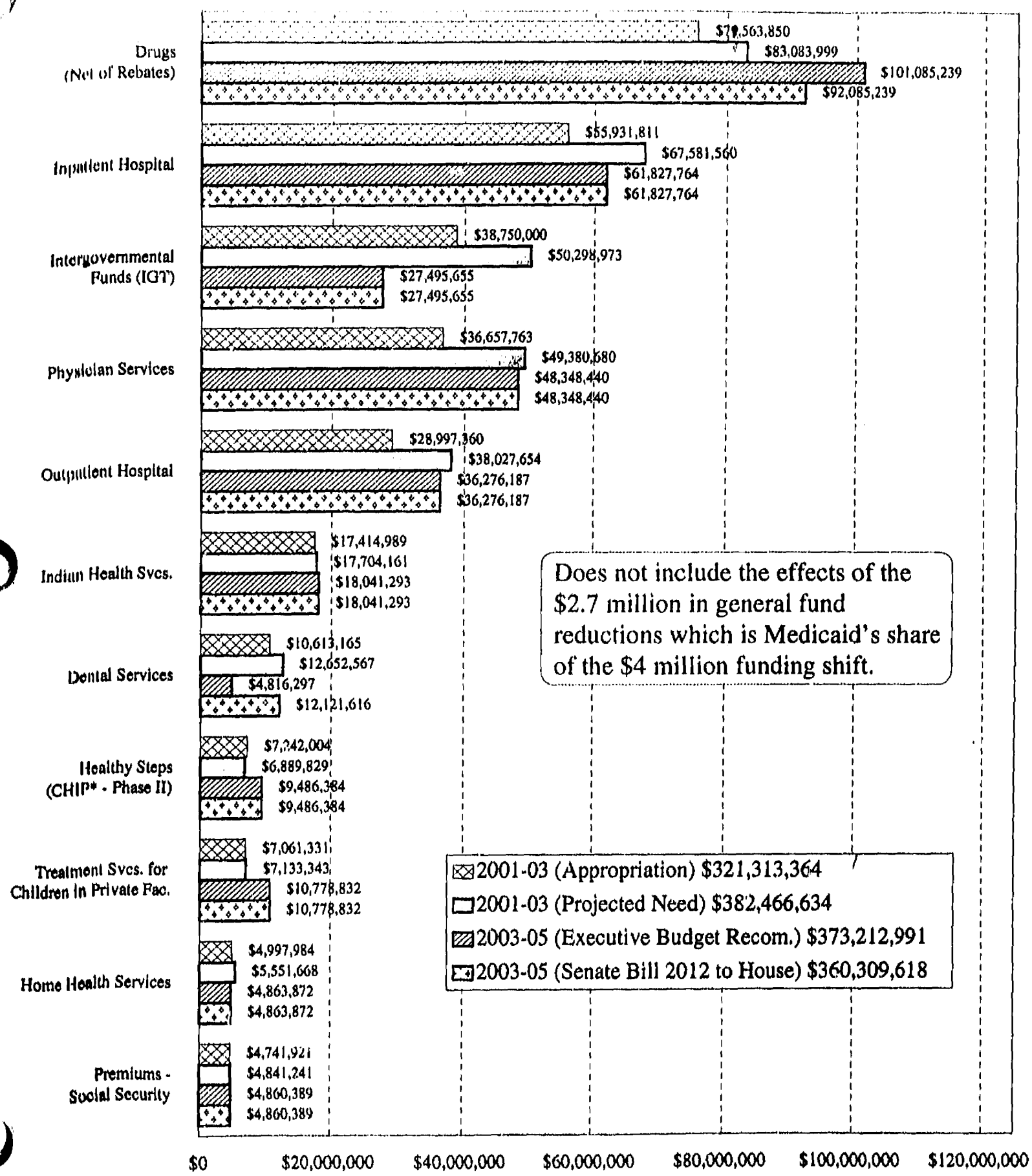
Medical Services

2001-03 and 2003-05 Biennium Comparisons

Senate Bill 2012 to House

2003 - 2005 Biennium

Exhibit E-1



*CHIP (Children's Health Insurance Program)

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Theresa A. Lee 10-14-03
Operator's Signature Date

North Dakota Department of Human Services

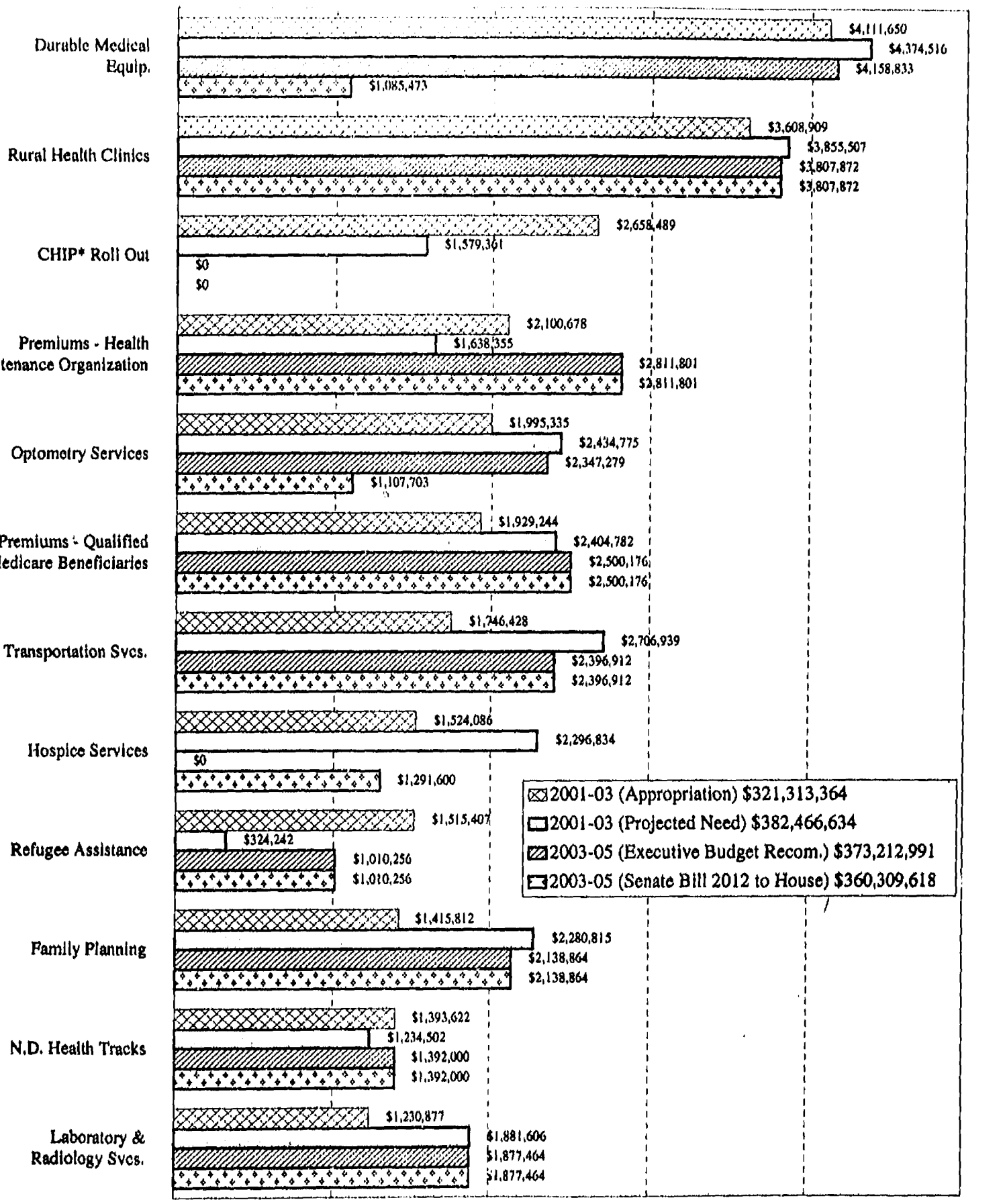
Exhibit E-2

Medical Services

2001-03 and 2003-05 Biennium Comparisons

Senate Bill 2012 to House

2003 - 2005 Biennium



*CHIP (Children's Health Insurance Program)

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Theresa A. Lee

Operator's Signature

10-14-03

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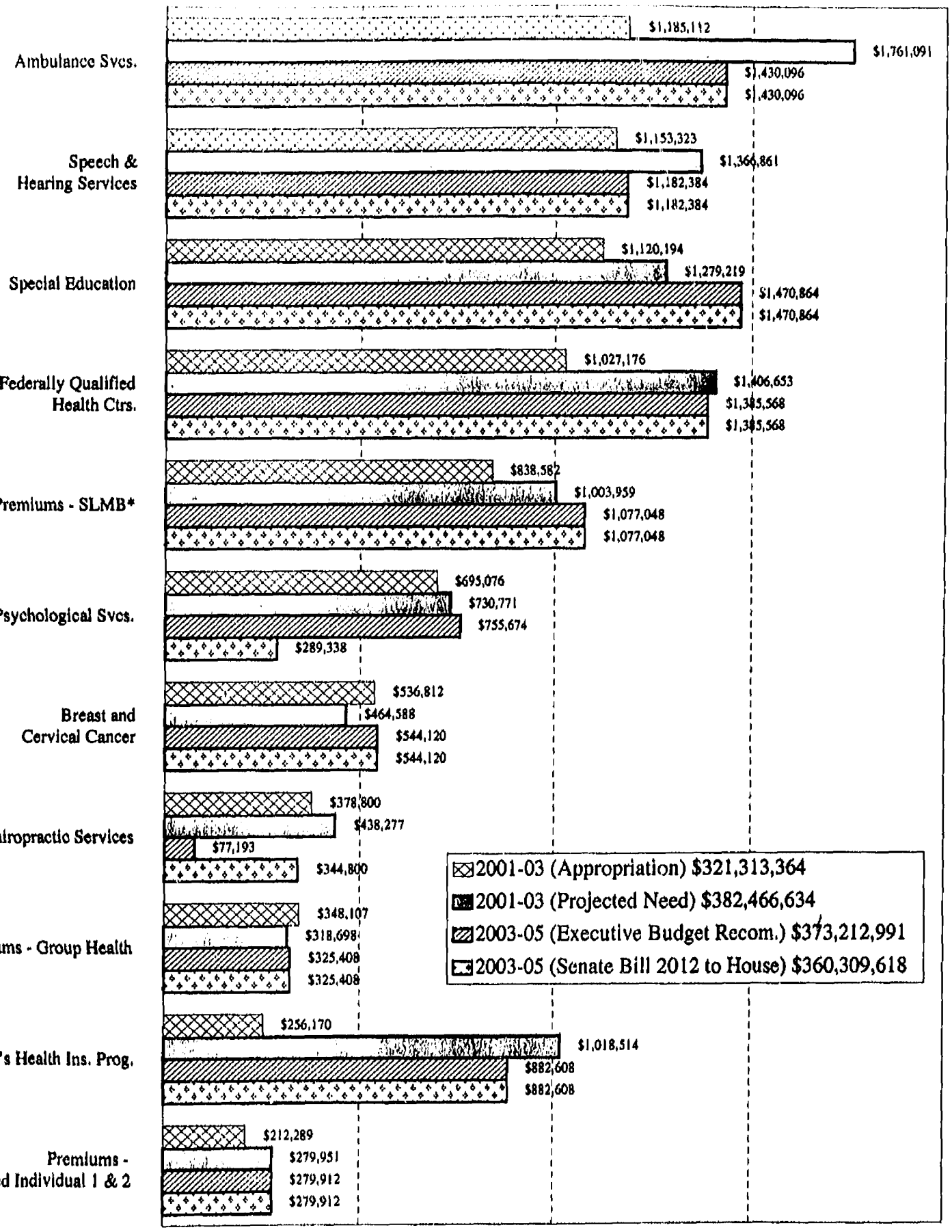
North Dakota Department of Human Services

Exhibit E-3

Medical Services
2001-03 and 2003-05 Biennium Comparisons
Senate Bill 2012 to House
2003 - 2005 Biennium



*SLMB (Special Low-Income Medicare Beneficiaries)

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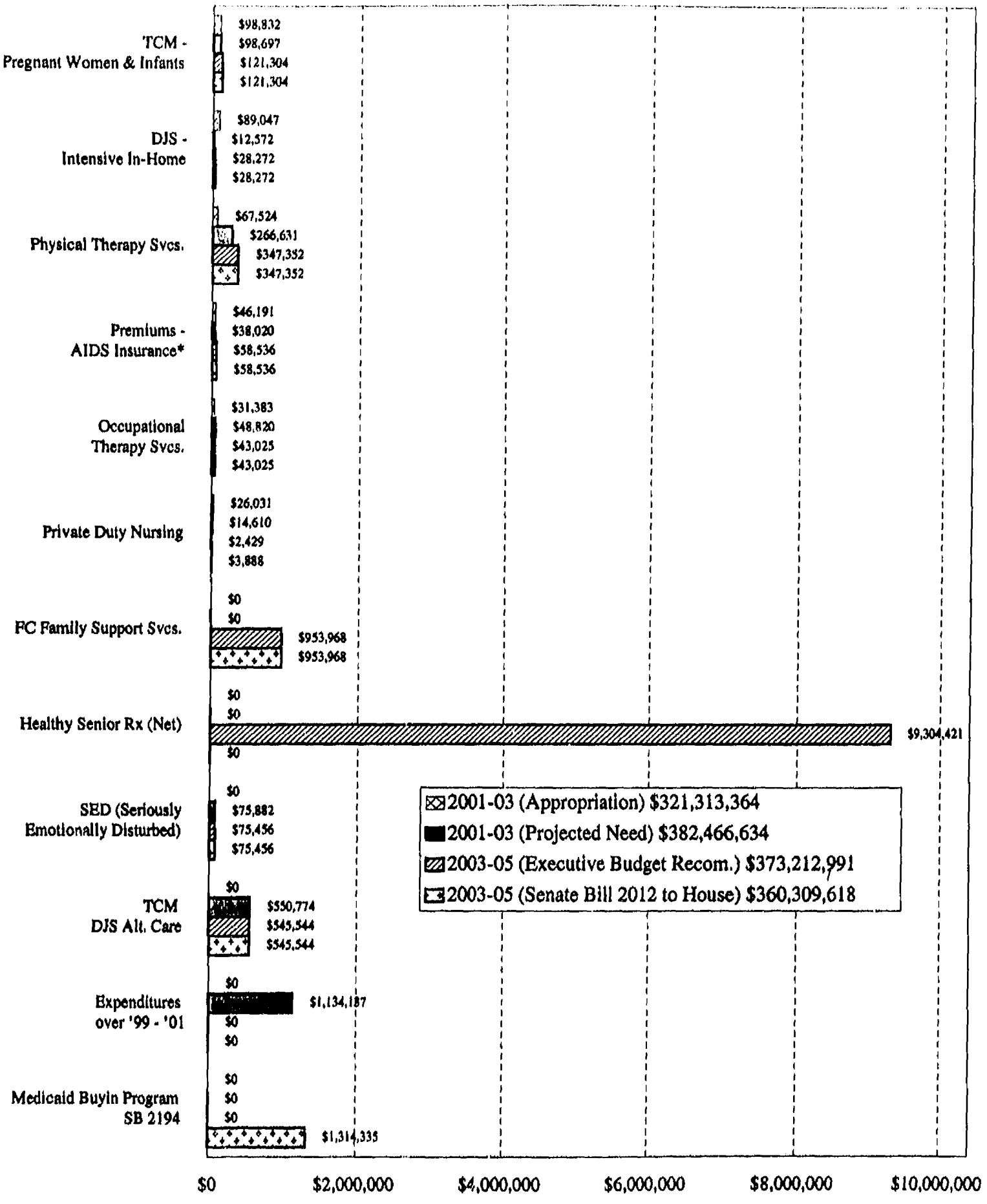
10-14-03 — Date

North Dakota Department of Human Services
Medical Services
2001-03 and 2003-05 Biennium Comparisons
Senate Bill 2012 to House
2003 - 2005 Biennium

Exhibit E-4



* AIDS (Acquired Immune Deficiency Syndrome)

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10-14-03
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DAVE ZENTNER - 03.11.02

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		52.000	1.000	53.000	0.000	53.000
200-03 MEDICAL SERVICES				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**52.000**	**1.000**	**53.000**	**0.000**	**53.000**
10	Salaries and Wages	B	1001	SALARIES	2,454,499	3,222,481	218,832	3,441,313	(42,233)	3,399,080
10	Salaries and Wages	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	80,172	95,448	24,512	119,960	0	119,960
10	Salaries and Wages	B	1008	BENEFITS	791,183	1,060,366	133,231	1,193,597	(7,068)	1,186,529
200-03 MEDICAL SERVICES				**Salaries and Wages TOTALS**	**3,325,854**	**4,378,295**	**376,575**	**4,754,870**	**(49,301)**	**4,705,569**
10	Salaries and Wages	F	1991	SALARY - GENERAL FUNDS		309,786	47,933	357,719	(17,315)	340,404
10	Salaries and Wages	F	1992	SALARY - FEDERAL FUNDS		2,703,226	253,566	2,956,792	(31,986)	2,924,806
10	Salaries and Wages	F	1994	SALARY - RETAINED FUNDS		1,309,891	69,309	1,379,200	0	1,379,200
10	Salaries and Wages	F	1996	SALARY - IGT FUNDS		55,392	5,767	61,159	0	61,159
200-03 MEDICAL SERVICES				**Salaries and Wages TOTALS**	**0**	**4,378,295**	**376,575**	**4,754,870**	**(49,301)**	**4,705,569**
30	Operating Expenses	B	3002	IT-DATA PROCESSING	39,360	37,000	2,494	39,494	0	39,494
30	Operating Expenses	B	3003	IT-TELEPHONE	1,409	7,074	(4,824)	2,250	0	2,250
30	Operating Expenses	B	3004	TRAVEL	40,917	96,881	(10,441)	86,440	0	86,440
30	Operating Expenses	B	3005	IT - SOFTWARE/SUPPLIES	8,374	4,496	1,456	5,952	0	5,952
30	Operating Expenses	B	3006	UTILITIES	102	1,570	(1,570)	0	0	0
30	Operating Expenses	B	3007	POSTAGE	2,541	5,902	(3,502)	2,400	0	2,400
30	Operating Expenses	B	3012	LEASE/RENT - BLDG/LAND	1,751	29,702	(2,238)	27,464	0	27,464
30	Operating Expenses	B	3013	PROFESSIONAL DEVELOPMENT	15,183	35,848	(13,228)	22,620	0	22,620
30	Operating Expenses	B	3014	OPERATING FEES & SERVICES	1,572,502	2,207,504	2,495,406	4,702,910	(431,700)	4,271,210
30	Operating Expenses	B	3016	REPAIRS	4,708	12,514	(6,302)	6,212	0	6,212
30	Operating Expenses	B	3018	PROFESSIONAL SERVICES	24,378	32,500	0	32,500	0	32,500
30	Operating Expenses	B	3021	OFFICE SUPPLIES	10,186	29,500	(7,284)	22,216	0	22,216
30	Operating Expenses	B	3024	PRINTING	91,753	125,541	(25,325)	100,216	0	100,216
30	Operating Expenses	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	20,501	31,179	(4,499)	26,680	0	26,680
30	Operating Expenses	B	3029	MEDICAL, DENTAL & OPTICAL	190	125	(77)	48	0	48
30	Operating Expenses	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES		1,260	(1,260)	0	0	0
30	Operating Expenses	B	3034	OFFICE EQUIP & FURN - UNDER $5000	8,160	18,180	(13,159)	5,021	0	5,021
200-03 MEDICAL SERVICES				**Operating Expenses TOTALS**	**1,842,015**	**2,676,776**	**2,405,647**	**5,082,423**	**(431,700)**	**4,650,723**
30	Operating Expenses	F	3991	OPERATING - GENERAL FUNDS		55,963	1,099,624	1,155,587	(234,448)	921,139
30	Operating Expenses	F	3992	OPERATING - FEDERAL FUNDS		1,888,524	1,327,711	3,216,235	(313,775)	2,902,460
30	Operating Expenses	F	3993	OPERATING - OTHER FUNDS		0	0	0	116,523	116,523
30	Operating Expenses	F	3994	OPERATING - RETAINED FUNDS		716,324	(7,230)	709,094	0	709,094
30	Operating Expenses	F	3996	OPERATING - IGT FUNDS		15,965	(14,458)	1,507	0	1,507
200-03 MEDICAL SERVICES				**Operating Expenses TOTALS**	**0**	**2,676,776**	**2,405,647**	**5,082,423**	**(431,700)**	**4,650,723**

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10-14-03
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Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
50	Capital Improvements	B	5020	OTHER CAPITAL PAYMENTS		819	(819)	0	0	0
200-03 MEDICAL SERVICES				**Capital Improvements TOTALS**	**0**	**819**	**(819)**	**0**	**0**	**0**
50	Capital Improvements	F	5992	LAND & CPTL IMPRV - FEDERAL FUNDS		410	(410)	0	0	0
50	Capital Improvements	F	5994	LAND & CPTL IMPRV - RETAINED FUNDS		409	(409)	0	0	0
200-03 MEDICAL SERVICES				**Capital Improvements TOTALS**	**0**	**819**	**(819)**	**0**	**0**	**0**
73	Grants-Medical Assistance	B	6006	GRANTS, BENEFITS & CLAIMS	420,689,106	488,453,214	61,033,202	549,486,416	(5,107,255)	544,379,161
200-03 MEDICAL SERVICES				**Grants-Medical Assistance TOTALS**	**420,689,106**	**488,453,214**	**61,033,202**	**549,486,416**	**(5,107,255)**	**544,379,161**
73	Grants-Medical Assistance	F	7391	MA GRANTS - GENERAL FUNDS		135,410,516	20,607,874	156,018,390	(4,163,240)	151,855,150
73	Grants-Medical Assistance	F	7392	MA GRANTS - FEDERAL FUNDS		342,156,031	38,207,283	380,363,314	(3,613,031)	376,750,283
73	Grants-Medical Assistance	F	7393	MA GRANTS - OTHER FUNDS		5,073,587	2,697,576	7,771,163	2,669,016	10,440,179
73	Grants-Medical Assistance	F	7394	MA GRANTS - RETAINED FUNDS		5,786,080	(479,531)	5,306,549	0	5,306,549
73	Grants-Medical Assistance	F	7396	MA GRANTS - IGT FUNDS		27,000	0	27,000	0	27,000
200-03 MEDICAL SERVICES				**Grants-Medical Assistance TOTALS**	**0**	**488,453,214**	**61,033,202**	**549,486,416**	**(5,107,255)**	**544,379,161**
75	Health Care Trust Fund	B	1001	SALARIES	60,770	43,488	(43,488)	0	0	0
75	Health Care Trust Fund	B	1008	BENEFITS	17,072	11,705	(11,705)	0	0	0
75	Health Care Trust Fund	B	3004	TRAVEL	102	1,750	(1,750)	0	0	0
75	Health Care Trust Fund	B	3005	IT - SOFTWARE/SUPPLIES		500	(500)	0	0	0
75	Health Care Trust Fund	B	3012	LEASE/RENT - BLDG/LAND		150	(150)	0	0	0
75	Health Care Trust Fund	B	3013	PROFESSIONAL DEVELOPMENT	293	1,200	(1,200)	0	0	0
75	Health Care Trust Fund	B	3014	OPERATING FEES & SERVICES	128,661	251,471	(251,471)	0	0	0
75	Health Care Trust Fund	B	3016	REPAIRS		25	(25)	0	0	0
75	Health Care Trust Fund	B	3021	OFFICE SUPPLIES		75	(75)	0	0	0
75	Health Care Trust Fund	B	3024	PRINTING		1,500	(1,500)	0	0	0
75	Health Care Trust Fund	B	3025	PROFESSIONAL SUPPLIES & MATERIALS		125	(125)	0	0	0
75	Health Care Trust Fund	B	3033	MISCELLANEOUS SUPPLIES		175	(175)	0	0	0
75	Health Care Trust Fund	B	6006	GRANTS, BENEFITS & CLAIMS	8,895,789	16,100,226	(16,100,226)	0	0	0
200-03 MEDICAL SERVICES				**Health Care Trust Fund TOTALS**	**9,102,687**	**16,412,390**	**(16,412,390)**	**0**	**0**	**0**
75	Health Care Trust Fund	F	7592	HEALTH CARE TRUST FUND - FEDERAL		71,158	(71,158)	0	0	0
75	Health Care Trust Fund	F	7593	HEALTH CARE TRUST FUND - OTHER		16,341,232	(16,341,232)	0	0	0
200-03 MEDICAL SERVICES				**Health Care Trust Fund TOTALS**	**0**	**16,412,390**	**(16,412,390)**	**0**	**0**	**0**

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10-14-03
Date

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
90	Funding Totals	F	9991	GENERAL FUNDS	124,272,815	135,776,265	21,755,431	157,531,696	(4,415,003)	153,116,693
90	Funding Totals	F	9992	FEDERAL FUNDS	297,152,459	346,819,349	39,716,992	386,536,341	(3,958,792)	382,577,549
90	Funding Totals	F	9993	OTHER FUNDS	13,534,388	21,414,819	(13,643,656)	7,771,163	2,785,539	10,556,702
90	Funding Totals	F	9994	RETAINED FUNDS		7,812,704	(417,861)	7,394,843	0	7,394,843
90	Funding Totals	F	9996	IGT FUNDS		98,357	(8,691)	89,666	0	89,666
				200-03 MEDICAL SERVICES TOTALS	434,959,662	511,921,494	47,402,215	559,323,709	(5,588,256)	553,735,453

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget LONGTERM CARE · NURSING HOMES · WAIVERS

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
73	Grants-Medical Assistance	B	6006	GRANTS, BENEFITS & CLAIMS	242,895,461	334,168,737	14,266,380	348,435,117	(1,821,299)	346,613,818
200-10 LONG TERM CARE				Grants-Medical Assistance TOTALS	242,895,461	334,168,737	14,266,380	348,435,117	(1,821,299)	346,613,818
73	Grants-Medical Assistance	F	7391	MA GRANTS - GENERAL FUNDS		91,109,949	(5,260,258)	85,849,691	(5,105,878)	80,743,813
73	Grants-Medical Assistance	F	7392	MA GRANTS - FEDERAL FUNDS		223,219,433	(616,533)	222,602,900	3,590,977	226,193,877
73	Grants-Medical Assistance	F	7393	MA GRANTS - OTHER FUNDS		382,080	(382,080)	0	0	0
73	Grants-Medical Assistance	F	7394	MA GRANTS - RETAINED FUNDS		2,400,992	(116,630)	2,284,362	0	2,284,362
73	Grants-Medical Assistance	F	7395	MA GRANTS - COUNTY FUNDS		682,151	259,801	941,952	(306,398)	635,554
73	Grants-Medical Assistance	F	7396	MA GRANTS - IGT FUNDS		16,374,132	20,382,080	36,756,212	0	36,756,212
200-10 LONG TERM CARE				Grants-Medical Assistance TOTALS	0	334,168,737	14,266,380	348,435,117	(1,821,299)	346,613,818
90	Funding Totals	F	9991	GENERAL FUNDS	76,053,547	91,109,949	(5,260,258)	85,849,691	(5,105,878)	80,743,813
90	Funding Totals	F	9992	FEDERAL FUNDS	160,318,477	223,219,433	(616,533)	222,602,900	3,590,977	226,193,877
90	Funding Totals	F	9993	OTHER FUNDS	6,523,437	382,080	(382,080)	0	0	0
90	Funding Totals	F	9994	RETAINED FUNDS		2,400,992	(116,630)	2,284,362	0	2,284,362
90	Funding Totals	F	9995	COUNTY FUNDS		682,151	259,801	941,952	(306,398)	635,554
90	Funding Totals	F	9996	IGT FUNDS		16,374,132	20,382,080	36,756,212	0	36,756,212
				200-10 LONG TERM CARE TOTALS	242,895,461	334,168,737	14,266,380	348,435,117	(1,821,299)	346,613,818

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Dave Zentner, 03.13.03

Department of Human Services

Summary of ACCs 3654 & 3655 by Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	FB	BOC	Budget Object Code Description	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	A	1000	FTEs	-	8.000	-	8.000	-	8.000
				-	**8.000**	-	**8.000**	-	**8.000**
10	B	1001	SALARIES	400,236	562,627	(43,360)	519,267	(6,435)	512,832
10	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	6,576	15,600	(10,600)	5,000	-	5,000
10	B	1008	BENEFITS	131,467	187,277	(1,701)	185,576	(1,081)	184,495
				538,279	**765,504**	**(55,661)**	**709,843**	**(7,516)**	**702,327**
10	F	1991	SALARY - GENERAL FUNDS	-	268,022	(4,959)	263,063	(2,776)	260,287
10	F	1992	SALARY - FEDERAL FUNDS	-	476,781	(30,001)	446,780	(4,740)	442,040
10	F	1994	SALARY - RETAINED FUNDS	-	20,701	(20,701)	-	-	-
				-	**765,504**	**(55,661)**	**709,843**	**(7,516)**	**702,327**
30	B	3003	IT-TELEPHONE	87	150	-	150	-	150
30	B	3004	TRAVEL	15,059	26,427	1,237	27,664	-	27,664
30	B	3005	IT - SOFTWARE/SUPPLIES	1,267	950	1,150	2,100	-	2,100
30	B	3007	POSTAGE	435	460	44	504	-	504
30	B	3012	LEASE/RENT - BLDG/LAND	780	1,500	(316)	1,184	-	1,184
30	B	3013	PROFESSIONAL DEVELOPMENT	6,549	8,200	(32)	8,168	-	8,168
30	B	3014	OPERATING FEES & SERVICES	6,088	36,365	(14,689)	21,676	-	21,676
30	B	3016	REPAIRS	142	575	(325)	250	-	250
30	B	3018	PROFESSIONAL SERVICES	24,378	32,000	500	32,500	-	32,500
30	B	3021	OFFICE SUPPLIES	2,268	5,550	(1,436)	4,114	-	4,114
30	B	3024	PRINTING	9,557	9,500	4,700	14,200	-	14,200
30	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	2,916	5,400	(1,372)	4,028	-	4,028
30	B	3029	MEDICAL, DENTAL & OPTICAL	190	125	(77)	48	-	48
30	B	3033	MISCELLANEOUS SUPPLIES	276	-	-	-	-	-
				69,992	**127,202**	**(10,616)**	**116,586**	-	**116,586**
30	F	3991	OPERATING - GENERAL FUNDS	-	33,931	3,731	37,662	-	37,662
30	F	3992	OPERATING - FEDERAL FUNDS	-	93,271	(14,347)	78,924	-	78,924
				-	**127,202**	**(10,616)**	**116,586**	-	**116,586**
73	B	6006	GRANTS, BENEFITS & CLAIMS	650,637	1,253,644	(200,514)	1,053,130	-	1,053,130
				650,637	**1,253,644**	**(200,514)**	**1,053,130**	-	**1,053,130**
73	F	7391	MA GRANTS - GENERAL FUNDS	-	479,458	(26,612)	452,846	-	452,846
73	F	7392	MA GRANTS - FEDERAL FUNDS	-	774,186	(173,902)	600,284	-	600,284
				-	**1,253,644**	**(200,514)**	**1,053,130**	-	**1,053,130**
90	F	9991	GENERAL FUNDS	507,535	781,411	(27,840)	753,571	(2,776)	750,795
90	F	9992	FEDERAL FUNDS	751,373	1,344,238	(218,250)	1,125,988	(4,740)	1,121,248
90	F	9994	RETAINED FUNDS		20,701	(20,701)	-	-	-
				1,258,908	**2,146,350**	**(266,791)**	**1,879,559**	**(7,516)**	**1,872,043**

Robert Teschar, CPA
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Page: 1 of 1

Exhibit C

North Dakota Department of Human Services
Medical Services
Senate Bill 2012
2003-05 Biennium
Mandatory Services

Inpatient Hospital

Outpatient Hospital

Ambulance Service

Family Planning

Federally Qualified Health Centers

Home Health Services

Indian Health Services

Laboratory and Radiology Services

North Dakota Health Tracks

Physician Services

Qualified Individual One Premiums

Qualified Individual Two Premiums

Qualified Medicare Beneficiary Premiums

Special Low-income Medicare Beneficiary Premiums

Social Security Administration Premiums

Refugee Assistance

Rural Health Clinics

Transportation Services

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Theresa A. Lee — 10-14-03

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Exhibit D

North Dakota Department of Human Services
Medical Services
Senate Bill 2012
2003-05 Biennium
Optional Services

Women's Way (Breast and Cervical Cancer)

Children's Health Insurance Program

Chiropractic Services

Dental Services

Drugs

Durable Medical Equipment

Healthy Steps

Hospice Services

Occupational Therapy

Optometry Services

Physical Therapy

Health Maintenance Organization Premiums

Acquired Immune Deficiency Syndrome Insurance Premiums

Group Health Premiums

Private Duty Nursing

Psychological Services

Special Education Services

Speech and Hearing Services

Targeted Case Management Department of Juvenile Services Alternative Care

Targeted Case Management Elderly and Disabled

Targeted Case Management Pregnant Women and Infants

Treatment Services for Children

Aged and Disabled Waiver

Traumatic Brain Injured Wavier

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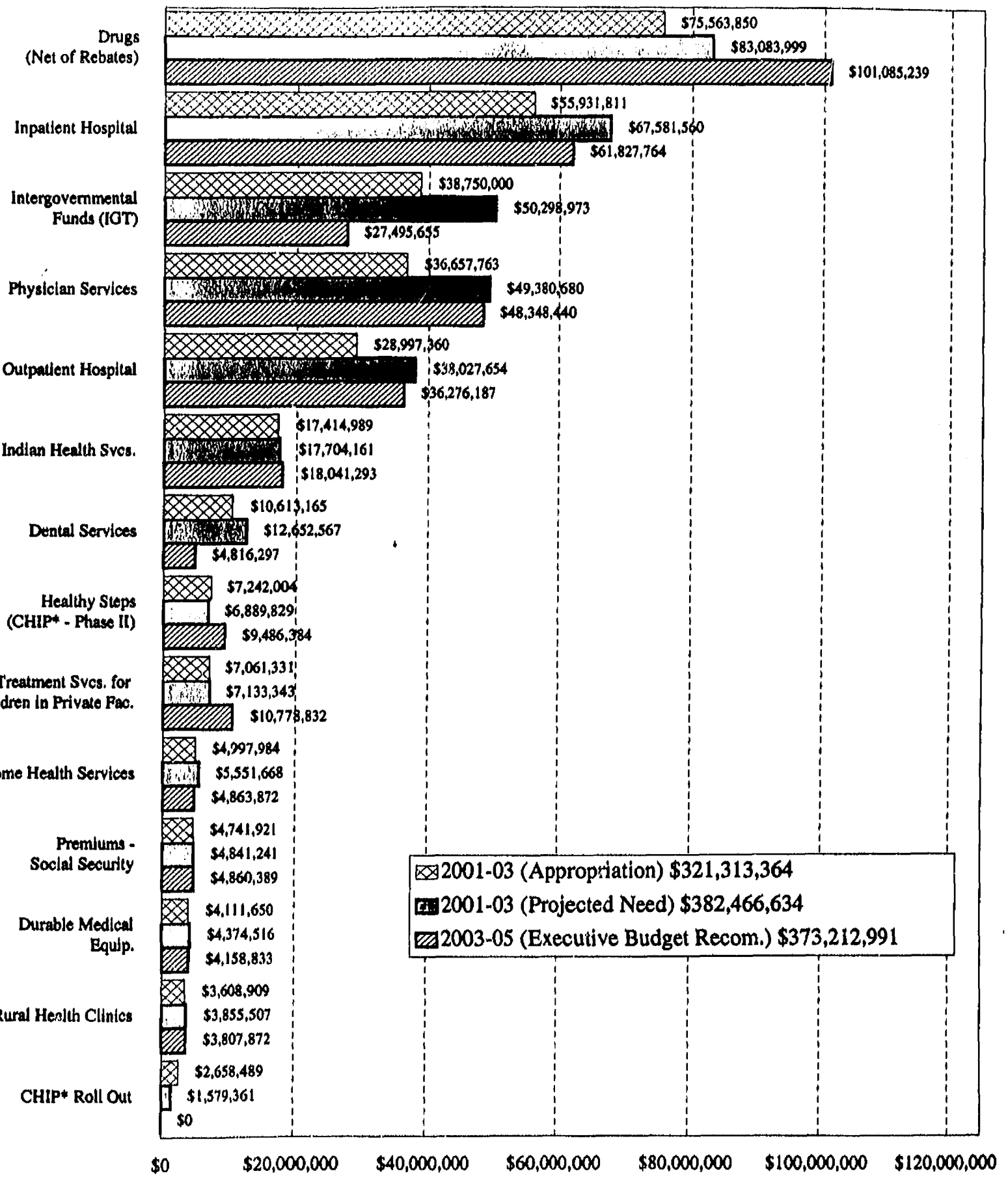
Date

North Dakota Department of Human Services
Medical Services
2001-03 and 2003-05 Biennium Comparisons
Senate Bill 2012
2003 - 2005 Biennium

Exhibit E-1



*CHIP (Children's Health Insurance Program)

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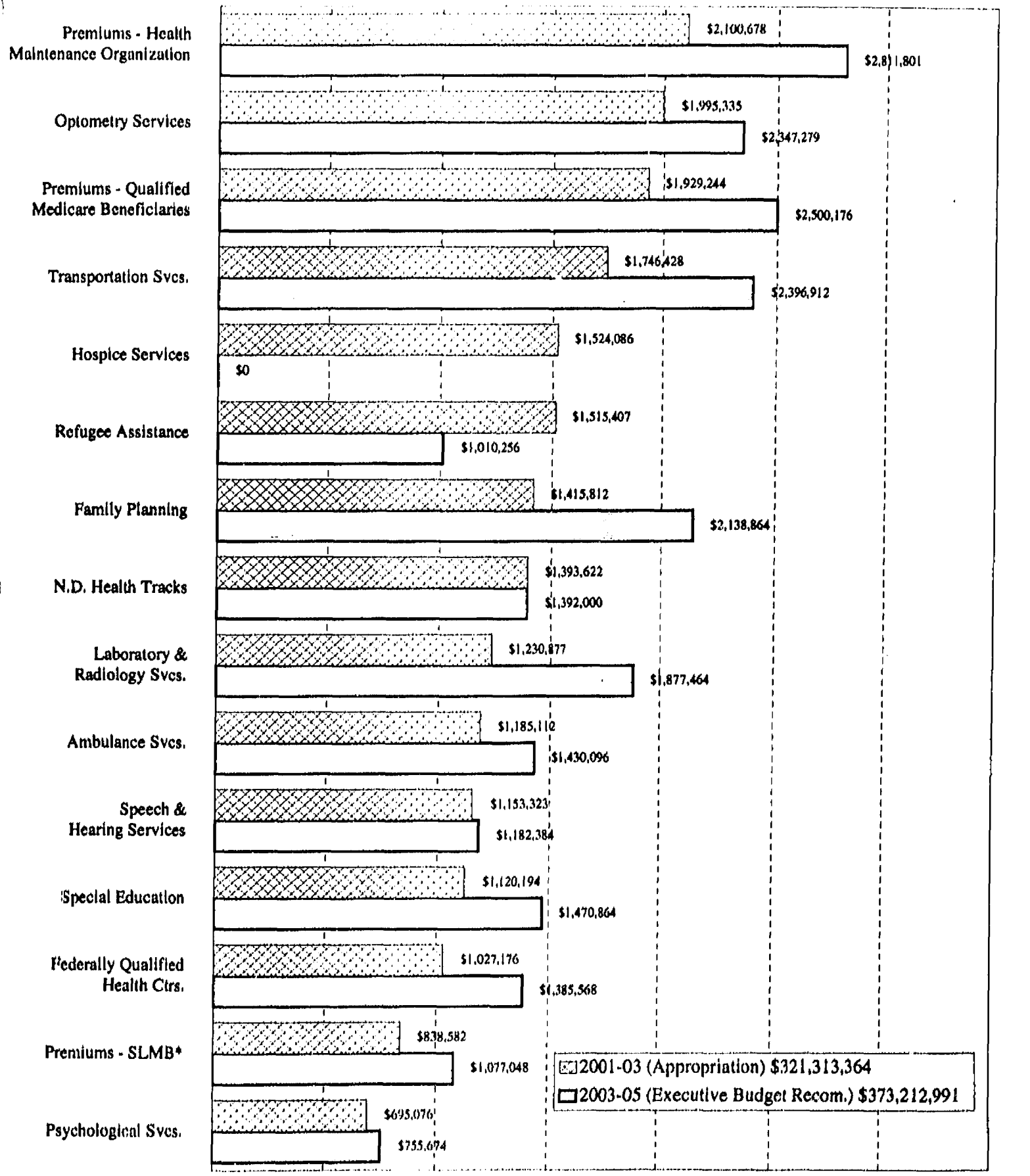
North Dakota Department of Human Services
Medical Services
2001-03 and 2003-05 Biennium Comparisons
Senate Bill 2012
2003 - 2005 Biennium

Exhibit E-2



*SLMB (Special Low-Income Medicare Beneficiaries)

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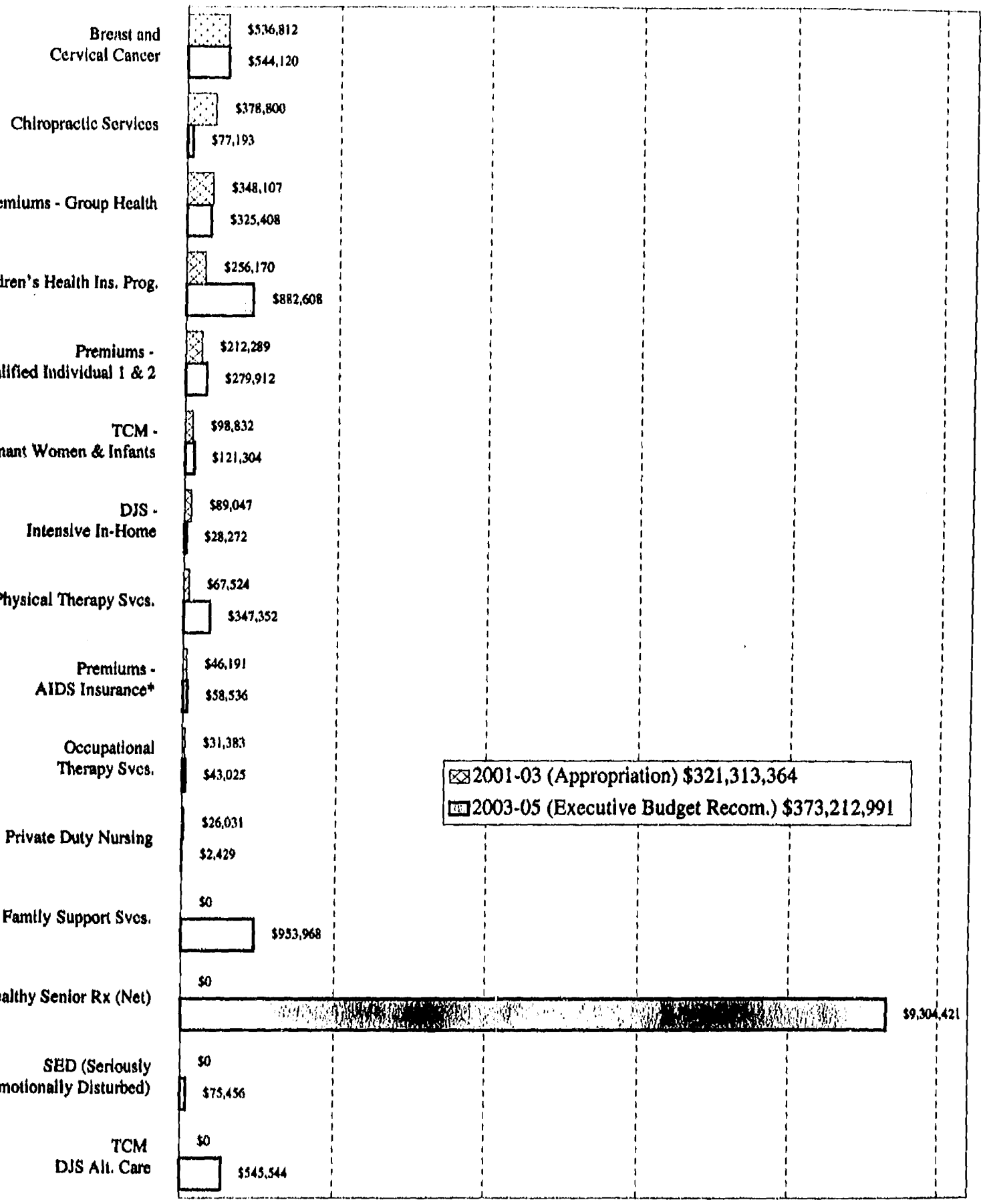
North Dakota Department of Human Services

Exhibit E-3

Medical Services
2001-03 and 2003-05 Biennium Comparisons
Senate Bill 2012
2003 - 2005 Biennium



* AIDS (Acquired Immune Deficiency Syndrome)

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Date

North Dakota Department of Human Services

Medical Assistance: ACC 3635 & 3636 — Table A: Summary by Service for the Biennium

Comparison of the 2001 - 2003 Legislative Appropriation to the Bill 2012 To The House

	Service	2001 - 2003 Legislative Appropriation				Bill 2012 To The House 2003-2005 Biennium				Difference			
		Total	State	Federal	Other	Total	State	Federal	Other	Total	State	Federal	Other
2	Inpatient Hospital	59,418,916	17,889,135	41,529,781	0	61,827,764	18,345,568	42,482,196	0	2,408,848	1,456,433	952,415	0
3	Outpatient Hospital	30,805,304	9,278,477	21,526,827	0	36,276,187	11,620,358	24,655,829	0	5,470,883	2,341,881	3,129,002	0
4	Ambulance Svcs.	1,259,002	379,204	879,798	0	1,430,096	458,106	971,990	0	171,094	78,902	92,192	0
5	Breast and Cervical Cancer	544,120	0	429,365	TOB 114,755	544,120	0	429,365	114,755	0	0	(0)	0
6	Children's Health Ins. Program	271,955	73,148	198,807	0	882,808	253,153	629,455	0	610,653	180,005	430,648	0
7	Chiropractic Svcs.	402,418	121,216	281,202	0	344,800	109,632	235,168	0	(57,618)	(11,584)	(46,034)	0
8	Collections from Estates	0	(1,829,542)	(2,422,080)	4,251,632	0	(582,548)	(1,235,860)	1,818,408	0	1,246,994	1,186,220	(2,433,224)
9	Dental Svcs.	11,274,881	3,395,967	7,878,914	0	12,121,616	3,860,555	8,261,061	0	846,735	464,588	382,147	0
10	DJS - Intensive in-home	93,996	0	93,996	0	28,272	0	28,272	0	(65,724)	0	(65,724)	0
11	Drugs - NET (Includes rebates)	79,115,722	18,535,818	55,281,956	SB 2149 5,297,948	92,085,239	24,715,089	62,556,533	4,813,637	12,969,517	6,179,251	7,274,577	(484,311)
11a	Drugs (Excludes rebates)	94,749,370	23,244,797	66,206,625	5,297,948	112,299,070	31,195,382	76,290,051	4,813,637	17,549,700	7,950,585	10,083,426	(484,311)
11b	Drug Rebates	(15,633,648)	(4,708,979)	(10,924,669)	0	(20,213,831)	(6,480,313)	(13,733,518)	0	(4,580,183)	(1,771,334)	(2,808,849)	0
12	Durable Medical Equipment	4,368,006	1,315,633	3,052,373	0	1,085,473	347,719	737,754	0	(3,282,533)	(967,914)	(2,314,619)	0
13	Family Planning	1,497,573	149,766	1,347,907	0	2,138,864	213,880	1,924,984	0	641,191	64,114	577,077	0
14	Federally Qualified Health Centers	1,091,219	328,672	762,547	0	1,385,568	443,841	941,727	0	294,349	115,169	179,180	0
15	Healthy Senior Rx - Net (Includes rebate	0	0	0	0	0	0	0	0	0	0	0	0
15a	Healthy Senior Rx - (Excludes rebates)	0	0	0	0	0	0	0	0	0	0	0	0
15b	Healthy Senior Rx Rebates	0	0	0	0	0	0	0	0	0	0	0	0
16		0	0	0	0	0	0	0	0	0	0	0	0
17	Home Health Svcs.	5,309,601	1,599,240	3,710,361	0	4,863,872	1,558,038	3,305,834	0	(445,729)	(41,202)	(404,527)	0
18	Hospice Svcs.	1,619,111	487,673	1,131,438	0	1,291,600	409,784	881,816	0	(327,511)	(77,889)	(249,622)	0
19	Indian Health Svcs.	18,382,944	0	18,382,944	0	18,041,293	0	18,041,293	0	(341,651)	0	(341,651)	0
20		0	0	0	0	0	0	0	0	0	0	0	0
21	Laboratory & Radiology	1,307,620	393,852	913,768	0	1,877,464	601,405	1,275,059	0	569,844	207,553	362,291	0
22	N.D. Health Tracks	1,480,512	445,934	1,034,578	0	1,392,000	446,104	945,896	0	(88,512)	170	(88,682)	0
23	Occupational Therapy	33,341	10,047	23,294	0	43,025	13,786	29,239	0	9,684	3,739	5,945	0
24	Optometry Svcs.	2,119,736	638,220	1,481,516	0	1,107,703	354,837	752,866	0	(1,012,033)	(283,383)	(728,650)	0
25	Physical Therapy	71,734	21,609	50,125	0	347,352	111,256	236,096	0	275,618	89,657	185,961	0
26	Physician Svcs.	36,943,322	11,729,616	27,213,706	0	46,348,440	15,487,442	32,860,998	0	9,405,118	3,757,826	5,647,292	0
27	Premiums - AIDS	49,812	49,812	0	0	58,536	58,536	0	0	8,724	8,724	0	0
28	Premiums - Group Health	369,811	111,387	258,424	0	325,408	104,230	221,178	0	(44,403)	(7,157)	(37,246)	0
29	Premiums - H.M.O.	2,231,652	672,176	1,559,476	0	2,811,801	902,306	1,909,495	0	580,149	230,130	350,013	0
30	Premiums - Qualified Individual 1	222,408	0	222,408	0	273,156	0	273,156	0	50,748	0	50,748	0
31	Premiums - Qualified Individual 2	1,680	0	1,680	0	6,756	0	6,756	0	5,076	0	5,076	0
32	Premiums - QMB	2,049,530	617,339	1,432,191	0	2,500,176	801,318	1,698,858	0	450,646	183,979	266,667	0
33	Premiums - SLMB	890,867	268,344	622,523	0	1,077,048	345,330	731,718	0	186,181	76,986	109,195	0
34	Premiums - SSA	5,037,574	1,517,354	3,520,220	0	4,860,389	1,557,599	3,302,790	0	(177,185)	40,245	(217,430)	0
35	Private Duty Nursing	27,655	8,329	19,326	0	3,888	1,244	2,644	0	(23,767)	(7,085)	(16,682)	0
36	Psychological Svcs.	738,413	222,409	516,004	0	289,338	92,684	196,654	0	(449,075)	(129,725)	(319,350)	0
37	Refugee Assistance	1,599,636	0	1,599,636	0	1,010,256	0	1,010,256	0	(589,380)	0	(589,380)	0
38	Rural Health Clinics	3,833,919	1,154,770	2,679,149	0	3,807,872	1,219,772	2,588,100	0	(26,047)	65,002	(91,049)	0
39	SED Partnership Grant	0	0	0	0	75,456	0	75,456	0	75,456	0	75,456	0
40	Special Education	1,182,456	0	1,182,456	0	1,470,864	0	1,470,864	0	288,408	0	288,408	0
41	Speech & Hearing Svcs.	1,225,231	369,039	856,192	0	1,182,384	378,763	803,621	0	(42,847)	9,724	(52,571)	0
42	TCM - DJS Alt. Care	0	0	0	0	545,544	0	545,544	0	545,544	0	545,544	0
43	TCM - Pregnant Women & Infants	104,994	31,626	73,368	0	121,304	39,384	81,920	0	16,310	7,758	8,552	0
44	Transportation Svcs.	1,855,315	558,818	1,296,497	0	2,396,912	767,803	1,629,109	0	541,597	208,985	332,612	0
45	Treatment Svcs. For Children	7,501,595	2,259,478	5,242,117	0	10,778,832	3,452,937	7,325,895	0	3,277,237	1,193,459	2,083,778	0
46	FC Family Support Services	0	0	0	0	953,968	305,582	648,386	0	953,968	305,582	648,386	0
47	Federal Funding Reimbursement Option	0	0	0	TAX DEPT 0	0	(5,838,000)	0	5,838,000	0	(5,838,000)	0	5,838,000
48	Medicaid Buyin Program SB 2194	0	0	0	0	1,314,335	421,113	893,222	0	1,314,335	421,113	893,222	0
49	CHIP Rollout	2,821,081	701,203	2,119,878	0	0	0	0	0	(2,821,081)	(701,203)	(2,119,878)	0
50	Shortfall Funding	(15,833,402)	(5,476,080)	(11,078,984)	MED OMB 721,662	0	(2,669,016)	0	2,669,016	15,833,402	2,807,064	11,078,984	1,947,354
	Total -- without CHIP Phase II & IGT	275,321,360	68,029,689	196,905,674	10,385,997	323,327,579	81,709,580	226,364,183	15,253,816	48,006,219	13,679,891	29,458,509	4,867,819
16	Healthy Steps (CHIP - Phase II)	7,242,004	1,526,757	5,715,247	0	9,486,384	2,127,162	7,359,222	0	2,244,380	600,405	1,643,975	0
20	IGT	38,750,000	11,650,000	27,100,000	0	27,495,655	8,682,211	18,813,444	0	(11,254,345)	(2,967,789)	(8,286,556)	0
	TOTAL	321,313,364	81,206,446	229,720,921	10,385,997	360,309,618	92,518,953	252,536,849	15,253,816	38,996,254	11,312,507	22,815,928	4,867,819

BudgetGivenToHouse.xls

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Operator's Signature

Date 10-14-03

DAVE ZENTNER, 03.11.03

North Dakota Department of Human Services

Medical Assistance: ACC 3635 & 3638 — Table B: Summary by Service for the Biennium

	Service	Comparison of the Executive Budget to the Bill 2012 To The House								Difference (Senate Adjustments)			
		Executive Budget Request (EBR) 2003-2005 Biennium				Bill 2012 To The House 2003-2005 Biennium							
		Total	State	Federal	Other	Total	State	Federal	Other	Total	State	Federal	Other
2	Inpatient Hospital	61,827,764	19,345,568	42,482,196	0	61,827,764	19,345,568	42,482,196	0	0	0	0	0
3	Outpatient Hospital	36,276,187	11,620,358	24,655,829	0	36,276,187	11,620,358	24,655,829	0	0	0	0	0
4	Ambulance Svcs.	1,430,086	458,106	971,980	0	1,430,086	458,106	971,980	0	0	0	0	0
5	Breast and Cervical Cancer	544,120	0	429,365	114,755	544,120	0	429,365	114,755	0	0	0	0
6	Children's Health Ins. Program	882,608	253,153	629,455	0	882,608	253,153	629,455	0	0	0	0	0
7	Chiropractic Svcs.	77,193	24,727	52,466	0	344,800	108,632	235,168	0	267,607	84,905	182,702	0
8	Collections from Estates	0	(582,548)	(1,235,860)	1,818,408	0	(582,548)	(1,235,860)	1,818,408	0	0	0	0
9	Dental Svcs.	4,616,297	1,542,804	3,273,493	0	12,121,616	3,860,555	8,261,061	0	7,505,319	2,317,751	4,987,568	0
10	DJS - Intensive in-home	28,272	0	28,272	0	28,272	0	28,272	0	0	0	0	0
11	Drugs - NET (Includes rebates)	101,085,239	27,595,069	68,676,533	4,813,637	92,085,239	24,715,069	62,556,533	4,813,637	(9,000,000)	(2,880,000)	(6,120,000)	0
11a	Drugs (Excludes rebates)	123,274,683	34,708,521	83,752,525	4,813,637	112,299,070	31,195,382	76,290,051	4,813,637	(10,975,613)	(3,513,139)	(7,462,474)	0
11b	Drug Rebates	(22,189,444)	(7,113,452)	(15,075,992)	0	(20,213,831)	(6,480,313)	(13,733,518)	0	1,975,613	633,139	1,342,474	0
12	Durable Medical Equipment	4,158,833	1,332,199	2,826,634	0	1,085,473	347,719	737,754	0	(3,073,360)	(984,480)	(2,088,880)	0
13	Family Planning	2,138,864	213,880	1,924,984	0	2,138,864	213,880	1,924,984	0	0	0	0	0
14	Federally Qualified Health Centers	1,385,568	443,841	941,727	0	1,385,568	443,841	941,727	0	0	0	0	0
15	Healthy Senior Rx - Net (Includes rebate	9,304,421	2,981,136	6,323,285	0	0	0	0	0	(9,304,421)	(2,981,136)	(6,323,285)	0
15a	Healthy Senior Rx - (Excludes rebates)	16,252,265	5,205,666	11,046,599	0	0	0	0	0	(16,252,265)	(5,205,666)	(11,046,599)	0
15b	Healthy Senior Rx Rebates	(6,947,844)	(2,224,530)	(4,723,314)	0	0	0	0	0	6,947,844	2,224,530	4,723,314	0
16		0	0	0	0	0	0	0	0	0	0	0	0
17	Home Health Svcs.	4,863,872	1,558,038	3,305,834	0	4,863,872	1,558,038	3,305,834	0	0	0	0	0
18	Hospice Svcs.	0	0	0	0	1,291,600	409,784	881,816	0	1,291,600	409,784	881,816	0
19	Indian Health Svcs.	18,041,293	0	18,041,293	0	18,041,293	0	18,041,293	0	0	0	0	0
20		0	0	0	0	0	0	0	0	0	0	0	0
21	Laboratory & Radiology	1,877,464	601,405	1,276,059	0	1,877,464	601,405	1,276,059	0	0	0	0	0
22	N.D. Health Tracks	1,392,000	446,104	945,896	0	1,392,000	446,104	945,896	0	0	0	0	0
23	Occupational Therapy	43,025	13,786	29,239	0	43,025	13,786	29,239	0	0	0	0	0
24	Optometry Svcs.	2,347,279	751,904	1,595,375	0	1,107,703	354,837	752,866	0	(1,239,576)	(397,067)	(842,509)	0
25	Physical Therapy	347,352	111,266	236,086	0	347,352	111,266	236,086	0	0	0	0	0
26	Physician Svcs.	48,348,440	15,487,442	32,860,998	0	48,348,440	15,487,442	32,860,998	0	0	0	0	0
27	Premiums - AIDS	58,536	58,536	0	0	58,536	58,536	0	0	0	0	0	0
28	Premiums - Group Health	325,408	104,230	221,178	0	325,408	104,230	221,178	0	0	0	0	0
29	Premiums - H.M.O.	2,811,801	902,306	1,909,495	0	2,811,801	902,306	1,909,495	0	0	0	0	0
30	Premiums - Qualified Individual 1	273,156	0	273,156	0	273,156	0	273,156	0	0	0	0	0
31	Premiums - Qualified Individual 2	6,756	0	6,756	0	6,756	0	6,756	0	0	0	0	0
32	Premiums - QMB	2,500,176	801,318	1,698,858	0	2,500,176	801,318	1,698,858	0	0	0	0	0
33	Premiums - SLMB	1,077,048	345,330	731,718	0	1,077,048	345,330	731,718	0	0	0	0	0
34	Premiums - SSA	4,860,389	1,557,599	3,302,790	0	4,860,389	1,557,599	3,302,790	0	0	0	0	0
35	Private Duty Nursing	2,425	779	1,650	0	3,888	1,244	2,644	0	1,459	465	994	0
36	Psychological Svcs.	755,674	242,085	513,608	0	289,338	92,684	196,654	0	(466,336)	(149,381)	(316,955)	0
37	Refugee Assistance	1,010,256	0	1,010,256	0	1,010,256	0	1,010,256	0	0	0	0	0
38	Rural Health Clinics	3,807,872	1,219,772	2,588,100	0	3,807,872	1,219,772	2,588,100	0	0	0	0	0
39	SED Partnership Grant	75,456	0	75,456	0	75,456	0	75,456	0	0	0	0	0
40	Special Education	1,470,864	0	1,470,864	0	1,470,864	0	1,470,864	0	0	0	0	0
41	Speech & Hearing Svcs.	1,182,384	378,763	803,621	0	1,182,384	378,763	803,621	0	0	0	0	0
42	TCM - DJS Alt. Care	545,544	0	545,544	0	545,544	0	545,544	0	0	0	0	0
43	TCM - Pregnant Women & Infants	121,304	39,384	81,920	0	121,304	39,384	81,920	0	0	0	0	0
44	Transportation Svcs.	2,396,912	767,803	1,629,109	0	2,396,912	767,803	1,629,109	0	0	0	0	0
45	Treatment Svcs. For Children	10,778,832	3,452,937	7,325,895	0	10,778,832	3,452,937	7,325,895	0	0	0	0	0
46	FC Family Support Services	953,968	305,582	648,386	0	953,968	305,582	648,386	0	0	0	0	0
47	Federal Funding Reimbursement Option	0	(5,838,000)	0	5,838,000	0	(5,838,000)	0	5,838,000	0	0	0	0
48	Medicaid Buyin Program SB 2194	0	0	0	0	1,314,335	421,113	893,222	0	1,314,335	421,113	893,222	0
49	CHIP Rollout	0	0	0	0	0	0	0	0	0	0	0	0
50	Shortfall Funding	0	0	0	0	0	(2,669,016)	0	2,669,016	0	(2,669,016)	0	2,669,016
	Total – without CHIP Phase II & IGT	336,230,952	88,536,642	235,109,510	12,584,800	323,327,579	81,708,580	226,364,183	15,253,816	(12,903,373)	(6,827,062)	(8,745,327)	2,669,016
16	Healthy Steps (CHIP - Phase II)	9,486,384	2,127,162	7,359,222	0	9,486,384	2,127,162	7,359,222	0	0	0	0	0
20	IGT	27,495,655	8,682,211	18,813,444	0	27,495,655	8,682,211	18,813,444	0	0	0	0	0
	TOTAL	373,212,991	99,346,015	261,282,176	12,584,800	360,309,618	92,518,953	252,536,849	15,253,816	(12,903,373)	(6,827,062)	(8,745,327)	2,669,016

BudgetGivenToHouse.xls

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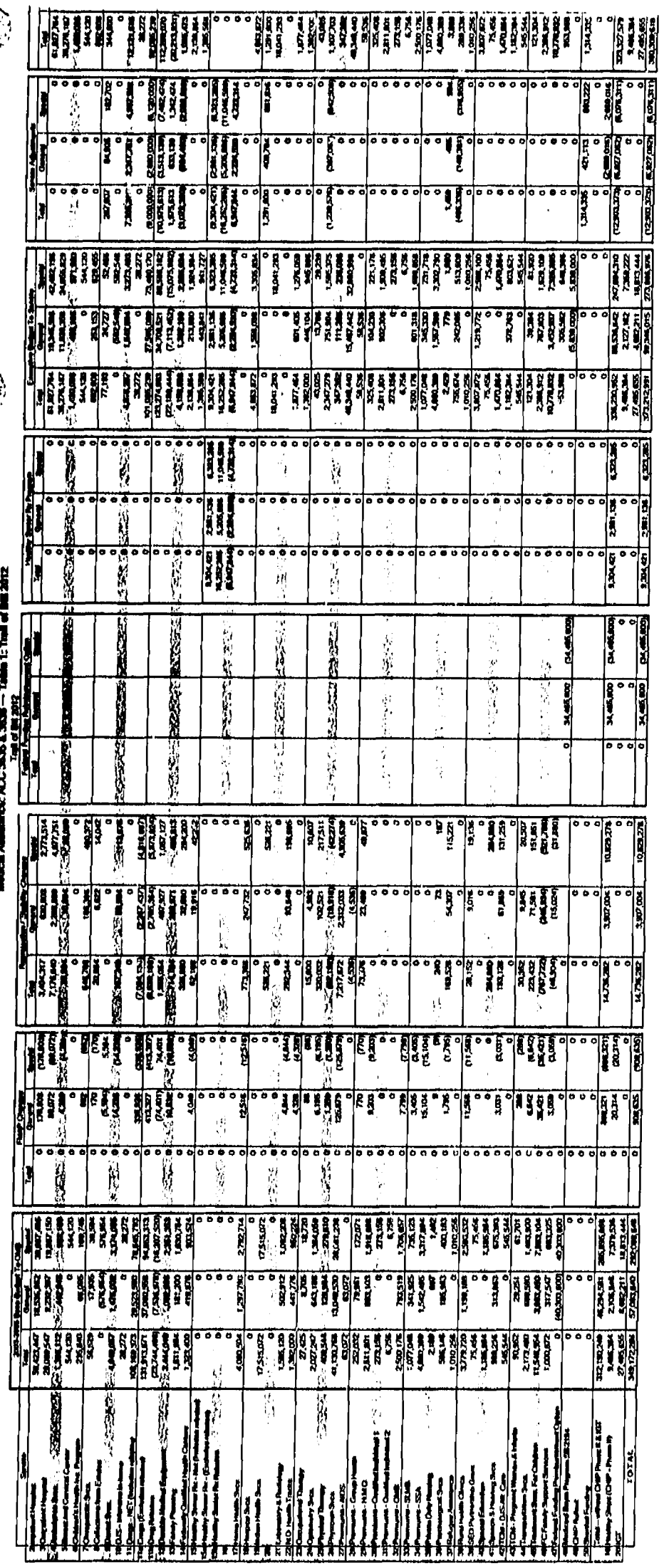

North Dakota Department of Human Services
Medical Assistance: ACC:3535 & 3536 — Table 12: Trail of Bill 2012
Trail of Bill 2012

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Theresa A. Bell — 10-14-03

Operator's Signature — Date

DAVE ZENTNER · 03.13.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

Medical Assistance: ACC 3635 & 3638 --- Table A: Summary by Service - Biennium-to-date (Through January 2003)

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

			Actuals Biennium-to-date (Through January 2003)			
	Service	Recipients To Date	Total	State	Federal	Other
2	Inpatient Hospital	11,708	49,586,977	15,107,379	34,479,598	0
3	Outpatient Hospital	66,730	27,800,202	8,462,314	19,337,888	0
4	Ambulance Svcs.	5,901	1,324,538	405,456	919,082	0
5	Breast and Cervical Cancer (WW)	50	326,684	0	256,346	70,338
6	Children's Health Ins. Program	3,507	667,644	159,829	507,815	0
7	Chiropractic Svcs.	12,782	310,041	94,606	215,435	0
8	Collections from Estates	N/A	0	(1,476,497)	(1,616,737)	3,093,234
9	Dental Svcs.	56,287	9,352,612	2,855,819	6,496,793	0
10	DJS - Intensive In-home	54	8,925	0	8,925	0
11	Drugs - NET (Includes rebates)	366,396	60,155,457	18,327,959	41,827,498	0
11a	Drugs (Excludes rebates)	366,396	79,314,319	24,173,790	55,140,529	0
11b	Drug Rebates	N/A	(19,158,862)	(5,845,831)	(13,313,031)	0
12	Durable Medical Equipment	19,800	3,151,257	962,217	2,189,040	0
13	Family Planning	28,698	1,645,780	164,610	1,481,170	0
14	Federally Qualified Health Centers	6,791	1,037,970	313,875	724,095	0
15	NOT USED	N/A	0	0	0	0
15a	NOT USED	N/A	0	0	0	0
15b	NOT USED	N/A	0	0	0	0
16	NOT USED	N/A	0	0	0	0
17	Home Health Svcs.	4,024	3,847,062	1,174,420	2,672,642	0
18	Hospice Svcs.	575	1,634,314	501,951	1,132,363	0
19	Indian Health Svcs.	28,009	12,629,723	0	12,629,723	0
20	NOT USED	N/A	0	0	0	0
21	Laboratory & Radiology	32,387	1,354,388	412,730	941,658	0
22	N.D. Health Tracks	17,400	845,023	257,194	587,829	0
23	Occupational Therapy	451	34,777	10,678	24,099	0
24	Optometry Svcs.	35,320	1,779,262	542,733	1,236,529	0
25	Physical Therapy	1,666	251,666	75,805	175,861	0
26	Physician Svcs.	277,577	35,736,867	10,874,737	24,862,130	0
27	Premiums - AIDS	73	27,223	27,223	0	0
28	Premiums - Group Health	707	233,303	71,229	162,074	0
29	Premiums - H.M.O.	10,390	1,245,127	380,870	864,257	0
30	Premiums - Qualified Individual 1	5,200	207,896	0	207,896	0
31	Premiums - Qualified Individual 2	121	3,035	0	3,035	0
32	Premiums - QMB	36,828	1,819,081	536,475	1,282,606	0
33	Premiums - SLMB	15,671	777,929	229,630	548,299	0
34	Premiums - SSA	72,306	3,609,675	1,125,898	2,483,777	0
35	Private Duty Nursing	174	9,861	3,078	6,783	0
36	Psychological Svcs.	2,892	517,266	157,568	359,698	0
37	Refugee Assistance	N/A	189,496	0	189,496	0
38	Rural Health Clinics	42,407	2,849,644	868,461	1,981,183	0
39	SED Partnership Grant	N/A	60,139	0	60,139	0
40	Special Education	N/A	912,447	0	912,447	0
41	Speech & Hearing Svcs.	5,015	989,275	302,807	686,468	0
42	TCM - DJS Alt. Care	2,667	430,329	0	430,329	0
43	TCM - Pregnant Women & Infants	396	55,336	16,895	38,441	0
44	Transportation Svcs.	27,052	1,951,469	592,429	1,359,040	0
45	Treatment Svcs. For Children	1,046	5,320,986	1,624,244	3,696,742	0
46	NOT USED	N/A	0	0	0	0
47	NOT USED	N/A	0	0	0	0
48	NOT USED	N/A	0	0	0	0
49	Chip Roll Out	N/A	0	0	0	0
50	Short Fall In Funding	N/A	0	0	0	0
51	Expenditures over 99-01 Appropriation	N/A	1,134,137	287,090	847,047	0
	Total -- without CHIP Phase II & IGT	N/A	235,824,823	65,451,712	167,209,539	3,163,572
16	Healthy Steps (CHIP Phase II)	43,947	5,538,441	1,163,626	4,374,813	0
20	IGT	N/A	50,298,973	15,128,509	35,170,464	0
	TOTAL		291,662,237	81,743,849	206,754,816	3,163,572

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Theresa A. Lee
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10-14-03
Date

INCOME LEVELS EFFECTIVE April 1, 2003

Family Size	Family / Coverage (1931)	Med. Needy	SSI	Children Age 6 to 19 and QMB 100% of Poverty	SLMB 120% of Poverty	Preg. Women Child to Age 6 133%of Poverty	QI 135%of Poverty	Healthy Steps 140% of Poverty	Transi-tional Medicaid 185% of Poverty
1	$ 300	$ 500	$ 552	$ 749	$ 899	$ 996	$1011	$ 1048	$ 1385
2	405	516	829	1011	1213	1344	1364	1415	1869
3	509	666		1272	1527	1692	1717	1781	2353
4	614	800		1534	1841	2040	2071	2147	2837
5	719	908		1796	2155	2388	2424	2514	3321
6	823	1008		2057	2469	2736	2777	2880	3805
7	928	1083		2319	2783	3084	3130	3246	4289
8	1033	1141		2581	3097	3432	3484	3613	4774
9	1137	1200		2842	3411	3780	3837	3979	5258
10	1242	1250		3104	3725	4128	4190	4345	5742
+1*	105	57		262	315	349	354	367	485

Community spouse asset allowance will be $90,660 effective 01/01/03.
Community spouse income level will be $2,267 effective 01/01/03.
Income level for each additional individual for Spousal Impoverishment is $494.

LTC income level increased from $40 to $50 effective with the benefit month of 01/01/02

* For each person in the unit above ten, add amount indicated

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Dave Zentner 03.13.03

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Department of Human Services
Medical Services - Operating Fees and Services
2001-03 Budget to the House

	Total Funds	General Funds	Federal Funds	Retained Funds	IGT Funds
Purchase of Service & Operating Agreements					
ND Health Care Review	577,373	-	433,030	144,343	-
Dental Consultant	15,000	-	11,250	3,750	-
Medical Consultant	101,400	-	76,050	25,350	-
Optometric Consultant	13,500	-	10,125	3,375	-
Merk-Medco (Provantage)	106,000	-	79,500	26,500	-
First Data Bank	91,140	-	66,955	24,185	-
Blue Cross/Blue Shield	30,000	-	15,000	15,000	-
Dri/Mcgraw Hill	11,000	-	5,500	5,500	-
Graphic Art Productions	26,938	-	13,469	13,469	-
Estimated Additional Contracts	35,000	-	17,500	17,500	-
Actuarial Expenditures	30,000	-	15,000	15,000	-
New Drug Program @ 75%	391,700	97,925	293,775	-	-
New Drug Program @ 50%	40,000	20,000	20,000	-	-
Prior Authorization	1,450,000	725,000	725,000	-	-
MAC & Education	550,000	275,000	275,000	-	-
First Mental Health Inc.	1,177,806	-	883,355	294,451	-
Healthy Steps Outreach	15,000	-	11,849	3,151	-
CSHS - Training Session Speakers	4,000	1,720	2,280	-	-
SSDI - Epidemiologist Consulting	12,900	-	12,900	-	-
Subtotal	4,678,757	1,119,645	2,967,538	591,574	0
Other Operating Fees & Services	24,153	2,054	14,289	7,592	218
Total Operating Fees Budget to Senate	4,702,910	1,121,699	2,981,827	599,166	218
Senate Adjustments					
Remove New Drug Program	(391,700)	(97,925)	(293,775)	-	-
Remove New Drug Program	(40,000)	(20,000)	(20,000)	-	-
Total Operating Fees Budget to House	4,271,210	1,003,774	2,668,052	599,166	218

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DAVE ZENTNER '03. 13.03

North Dakota Department of Human Services
Medical Services
Report on Current and Potential Limits on Services
For House Human Resources Division - Appropriations Committee - March 2003

Services	Current Limitation on Services	Current Limitation on Payment	Co-payment	Current Pre-Authorizations	Potential Additional Limits
MANDATORY					
Inpatient Hospital	Psychiatric Services - 21 days of each admission (not to exceed 45 days per year); Rehabilitation Services - 30 days per admission	Base Rate Ceiling $2709; Capital limited to $275 per discharge	$50 copay	Organ Transplants; cosmetic, obesity, Transfers to Long-Term Hospitals Referral required from Primary Care Provider (PCP); Out of state non-emergency services	
Outpatient Hospital	Outpatient Psychiatric (Chemical Dependency and Mental Illness) Ambulatory behavioral health care services are limited to either 30, 20 or 15 ;days per year, based on level of care.	Services must be provided by Psychiatrist, Psychologist, or in a Human Service Center.	$3 copay for non-emergency visits to the emergency room; $3 per month per hospital	Referral required from PCP	Could limit the number of non-emergency visits per year.
Ambulance Service					
Family Planning					
Federally Qualified Health Centers		Must pay at least PPS rate established 2001, inflated with MEI	$2 copay per visit		Could reduce alternate rates to PPS
Home Health Services		Payment/month cannot exceed cost of Nursing Facility care.		Referral required from PCP	
Indian Health Services					
Laboratory and Radiology Services					Could possibly limit the number of tests paid per year.
North Dakota Health Tracks					
Physician Services			$2 copay per visit	Certain specialized services require referral from PCP; out of state non-emergency services	Could limit the number of office visits per year for certain recipients.
Qualified Individual One Premiums					

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North Dakota Department of Human Services
Medical Services
Report on Current and Potential Limits on Services
For House Human Resources Division - Appropriations Committee - March 2003

Service	Current Limits on Service	Current Limits on Payment	Current Limits on Recipient Fee	Current Prior Authorizations	Potential Additional Limits
Qualified Individual Two Premiums					
Qualified Medicare Beneficiary Premiums					
Special Low-income Medicare Beneficiary Premiums					
Social Security Administration Premiums					
Refugee Assistance					
Rural Health Clinics		Must pay at least PPS rate established 2001, inflated with MEI	$2 copay per visit		Could reduce alternative rates to PPS
Transportation Services					
Nursing Facilities	15 Hospital Leave Days per year; 24 Therapeutic days per year.	Direct at 85th; other direct 90th; indirect 75th		Preadmission Screening and Annual Review	Could go 60/60/60
Durable Medical Equipment	Hearing Aids limited to once every 4 years; Wheelchairs limited to once every 5 years for adults; Nebulizers limited to once every 4 years.	Payment limited to $400 for hearing aids. Rent equipment when it is cost effective to do so.		Anything over $200.00; Referral from PCP	Could put additional limits on Durable Medical Equipment products.

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North Dakota Department of Human Services
Medical Services
Report on Current and Potential Limits on Services
For House Human Resources Division - Appropriations Committee - March 2003

Services	Current Limitations	Current Limitations	Current Limitations	Current Limitations	Potential Additional Limits
OPTIONAL					
Women's Way (Breast and Cervical Cancer)					
Children's Health Insurance Program	For SCHIP Medicaid Expansion- See Medicaid Rules for Children; For the SCHIP Stand Alone Program, see Healthy Steps (Below)				
Healthy Steps	Eligibility Limited to 140% of Federal Poverty Level	$1000 per year for dental; $2,000,000 overall payment limit.	$5 Per Emergency Room Visit; $50 Per Hospitalization; $2 Per Prescription		Enrollment Cap; Increased Co-payments; Decrease the income eligibility limit
Chiropractic Services	24 spinal manipulations per year; 8 x rays per year		$1 copay per visit	Additional adjustments or x-rays	
Dental Services	Dentures: reline or rebase once every 2 years; replacement once every 5 years. Adult Dental: 1 cleaning/visit per year; no root canals or partials.		$2 copay per visit	Some services are pre-authorized by Dental Consultant.	May be able to put a yearly limit on expenditures for each recipient.
Pharmaceutical Products	SEE ATTACHMENT 1	MAC list for all generic and corresponding brand name products. MAC on biologicals when AWP is arbitrary.		Required for Xenical	Additional Pre-Authorizations; Preferred Drug List; Expanding Quantity Limits
Hospice Services		Must pay Medicare Rate		Referral from PCP	Can reduce Nursing Facility room and board to 95% of rates
Occupational Therapy				Referral from PCP	

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North Dakota Department of Human Services
Medical Services
Report on Current and Potential Limits on Services
For House Human Resources Division - Appropriations Committee - March 2003

Services	Current Limits on Services	Current Limits on Payments	Copayments	Current Prior Authorizations	Potential Additional Limits
Optometry Services	Under 21: 1 exam per year and one pair of glasses per year; Over 21: 1 exam every 2 years and one pair of glasses every two years.	Contract for eyeglass services: frames $16; single vision lenses $9			Could have a co-payment for office visit.
Physical Therapy				Referral from PCP	
Managed Care Organization Premiums					
Acquired Immune Deficiency Syndrome Insurance Premiums					
Group Health Premiums					
Private Duty Nursing				Referral from PCP	
Psychological Services					Could have co-payment.
Special Education Services					
Speech and Hearing Services					Could limit the number of services per year; could have a co-payment.
Targeted Case Management Department of Juvenile Services Alternative Care					
Targeted Case Management Elderly and Disabled					
Targeted Case Management Pregnant Women and Infants					
Treatment Services for Children					Could limit payments to providers.
Aged and Disabled Waiver		Limit on payment for certain services			

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North Dakota Department of Human Services
Medical Services
Report on Current and Potential Limits on Services
For House Human Resources Division - Appropriations Committee - March 2003

Services	Current Limits on Service	Current Limits on Payments		Current Prior Authorizations	Potential Additional Limits
Traumatic Brain Injured Wavier		Limit on payment for certain services			
Podiatry					Could require co-payments and limit the number of visits per year.
Physician Directed Clinic Services					
Home Health Therapies (Physical, Speech and Language, Occupational, and Audiology)				Referral from PCP	
Audiology				Referral from PCP	Could require copay and limit the number of visits.
Prescribed Drugs					
Prosthetic Devices				Foot orthotics; Referral from PCP	
Diagnostic Services					
Screening Services					
Preventative Services	4 visits per year of a Dietitian covered for Diabetes and other specified diagnosis codes if ordered by Physician.				
Intermediate Care Facilities for the Mentally Retarded					
Inpatient Psychiatric Services Under Age 21				Require Certificate of Need	
Personal Care Services	Must be in Basic Care; no payment for leave days	Direct/Indirect at 80th percentile			Could reduce percentile limit
Targeted Case Management					
Primary Care Case Mngmt.					
Transportation Services					

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NORTH DAKOTA
DEPARTMENT OF HUMAN SERVICES

February 2003

2001- 2003 Biennium

Medical Assistance Payment Report

Fiscal Administration
Prepared by: Jeremy Fleckenstein

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Exhibit #26

TESTIMONY BEFORE THE SENATE APPROPRIATIONS COMMITTEE
REGARDING SENATE BILL 2012
JANUARY 14, 2003

Chairman Holmberg, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear today to provide an overview of the Medicaid Program except for Long Term Care.

- The Medicaid Program pays for a comprehensive array of medical services provided to low-income residents of North Dakota. The federal government requires states to cover certain low-income individuals and allows states to cover other optional eligibility groups. Attachments A and B provide information on the number of individuals eligible for the Program and the number who receive services through the program.

- The federal government also requires states to provide a basic mandatory group of services to eligible recipients. Other services may be provided by states at their own discretion. In addition, federal regulations require states to provide any medically necessary service to eligible children. Attachment C provides information about the mandatory services and Attachment D provides information about the optional services currently provided through the program.

- As you are aware, the current Medicaid budget is experiencing a shortfall estimated to be $16.3 million. In order to reduce the shortfall, the Department implemented several changes to the current program that included freezing inflation increases, reducing payments to hospitals, instituting a Maximum Allowable Cost process for payment of drugs, restricting the adult dental program, and implementing a $3 co-payment for brand name drugs. These changes have been incorporated into this budget.

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- The comparison of the proposed budget to the current biennium appropriation is shown below:

	2001 - 2003 Budget	2003 - 2005 Request	Increase/ Decrease
Salary	4,378,295	4,754,870	376,575
Operating	2,676,776	5,082,423	2,405,647
Capital Improvements	819	-	(819)
Grants - MA	324,326,848	376,025,961	51,699,113
Health Care Trust Fund	16,412,390	-	(16,412,390)
Total	347,795,128	385,863,254	38,068,126
General	82,070,895	101,312,167	19,241,272
Federal	236,425,353	269,322,415	32,897,062
Other	29,298,880	15,228,672	(14,070,208)
FTEs	52	53	1

- The proposed grant budget for the Medicaid Program exclusive of long term care totals $336.2 million, of which $88.5 million are general funds and $12.6 million are from other state sources. Attachment E illustrates by service the difference between the current biennium and the proposed budget for the 2003 – 2005 biennium.

- In order to contain costs within the prescription drug area the proposed budget provides for a Maximum Allowable Cost payment process that mirrors the system currently in use by Blue Cross/Blue Shield of North Dakota. It also proposes using a prior authorization system to ensure that the most cost effective drugs that are therapeutically appropriate are prescribed for Medicaid recipients. If these initiatives are not adopted, the Department would need an additional $9.6 million to pay for drug services, of which $2.7 million would be general funds.

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- The proposed grant budget for Healthy Steps is $9.5 million, of which $2.1 million are general funds. The budget was based on serving 2,563 children each month at a monthly premium to Blue Cross/Blue Shield of $154.22. The premium increase is about 22% for the biennium.

- The proposed budget for the Intergovernmental Transfer pool payments is $27.5 million, of which $8.7 million are general funds. This is the estimated amount the Department will generate for the last two years this funding source will be available from the federal government. No additional funds will be available after the final installment is received in July 2004.

- The proposed grant budget for the Children's Special Health Services Program totals about $1 million, of which about $452,000 are general funds.

- The Department, in consultation with the physicians serving on the Children's Special Health Services Medical Advisory Committee, periodically reviews and revises the list of chronic health conditions that qualify for coverage. This is done to assure that services align with the needs of children in North Dakota. This is a federal program requirement. Based on the recommendations of the physicians on the advisory committee, the Department is proposing to add seizure disorders (epilepsy) and metabolic disorders identified through Health Department screenings to the list of eligible conditions. These conditions are not common, and the Department will be able to provide these services within the $1 million grant budget. This program typically fills gaps in health coverage that could adversely affect children, and is an important resource for families that include children with qualifying chronic health conditions such as scoliosis, heart defects, cleft lip and palate, hearing loss and other similar childhood conditions.

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- The proposed budget includes $9.3 million, of which about $3 million are general funds to provide drug coverage for senior citizens who do not have any other drug coverage. The state will need to request a Section 1115 waiver from the federal government to cover this group through the Medicaid Program. Eligible individuals will be limited to only drug coverage under the waiver. Attachment F provides an overview of the Healthy Seniors Rx program.

- The proposed budget contains $9.8 million, of which $3.7 is state funds for program administration. Salary and fringe benefits total about $4.7 million, of which $1.8 is state funds. The Medical Services Division added one full time employee to our claims processing unit because of increased claim activity. The position was transferred from fiscal administration. A total of $5.1 million of which $1.9 are state funds are for operating expenses. Of this amount, about $4.7 million is used to pay medical consultants and other contractors who provide required utilization review functions for the Medicaid Program. Included in this amount is $2.4 million, of which $1.2 million is state funds in additional payments that are earmarked for administering the Healthy Senior Rx Program and administering the prior authorization, Maximum Allowable Cost and other cost saving measures that have been incorporated in the budget to reduce the growth of drug expenditures in the Medicaid Program.

- The grant budget takes into consideration current utilization trends and the most recent information available regarding future Federal Medical Assistance Percentage (FMAP). The current FMAP is 68.36%. The FMAP will decrease to 68.31% as of October 1, 2003 and is anticipated to be 67.47% as of October 1, 2004.

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- **The grant budget does not include the following items that have previously been part of the Medicaid budget.**

  a. **Elimination of adult dental, chiropractic, hospice and private duty nursing services. The estimated cost of restoring these services would be $8.9 million, of which $2.8 million would be state funds. The reductions for the individual services are detailed below:**

Service	Total Funds	State Funds
Dental	$7,305,319	$2,317,751
Hospice	1,291,600	409,784
Chiropractor	267,607	84,905
Private Duty Nursing	1,459	465

  b. **The Medicaid Program changed the way Medicare coinsurance and deductibles are paid. In the past these amounts were paid in full. They are now paid in the same manner as other third party payments. As a result, hospitals, physicians and some other providers will have their Medicare coinsurance and deductible payments reduced by $6.1 million of which $1.9 million is state funds. The Department originally anticipated increasing rates to providers to make up the difference.**

  c. **This budget does not include any inflationary increases for providers. Due to the budget shortfall in the current biennium, providers did not receive a scheduled increase in July 2002. The cost of providing a 2.3% inflation increase to hospitals, physicians, dentists and other providers would total $6.6 million, of which $2.1 million would be general funds.**

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d. The Department has also reinstated the 100-hour rule for working families. If the principal wage earner in a two-parent household works more than 100 hours a month, the adults in the family will be ineligible for Medicaid no matter the actual amount of family income. This change will reduce the number of eligible adult recipients by about 2,400 by January 2004. The estimated savings totals about $12.9 million, of which $4.1 million are state funds. This change was implemented through emergency rule making and is effective January 1, 2003. It was necessary to implement the change immediately because most families will be eligible for another 12 months of Medicaid eligibility because they would be otherwise ineligible for Medicaid because of income.

I would be happy to respond to any questions you may have.

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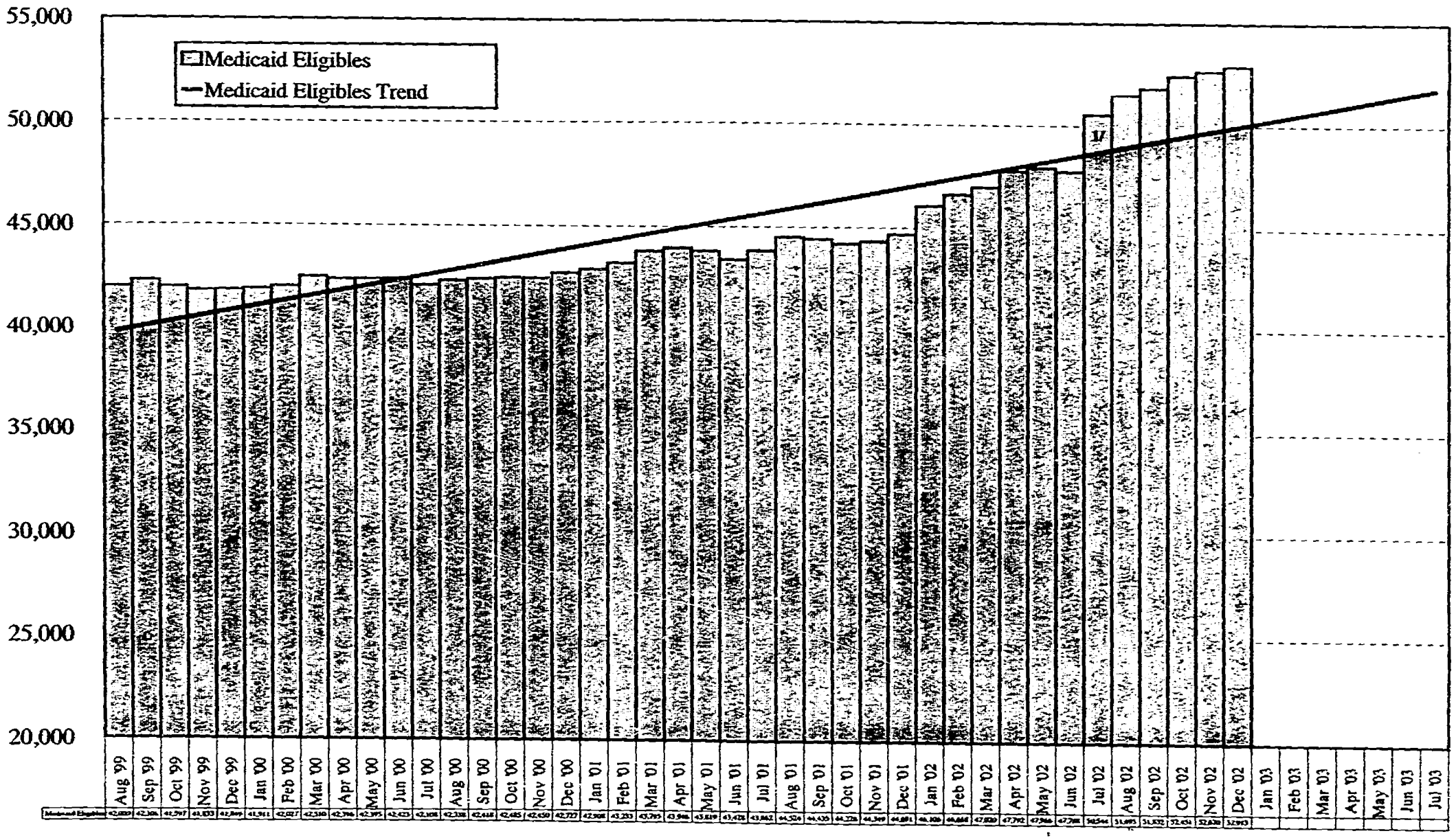
Exhibit A

North Dakota Department of Human Services
Net Medicaid Eligibles (Less QMB's Only, SLMB's Only & QI's)
1999-2001 Biennium and 2001-2003 Biennium



1/ Clients that closed at the end of the month were not being counted for that month and starting in July they are being counted (July 31, 2002 clients closed = 2,258). This does not represent an increase in Medicaid individuals or expenditures because such expenses for these individuals were included in our previously reported Medicaid expenditure totals.

FA-1/07/03-cj-hgw\0305legis\trends

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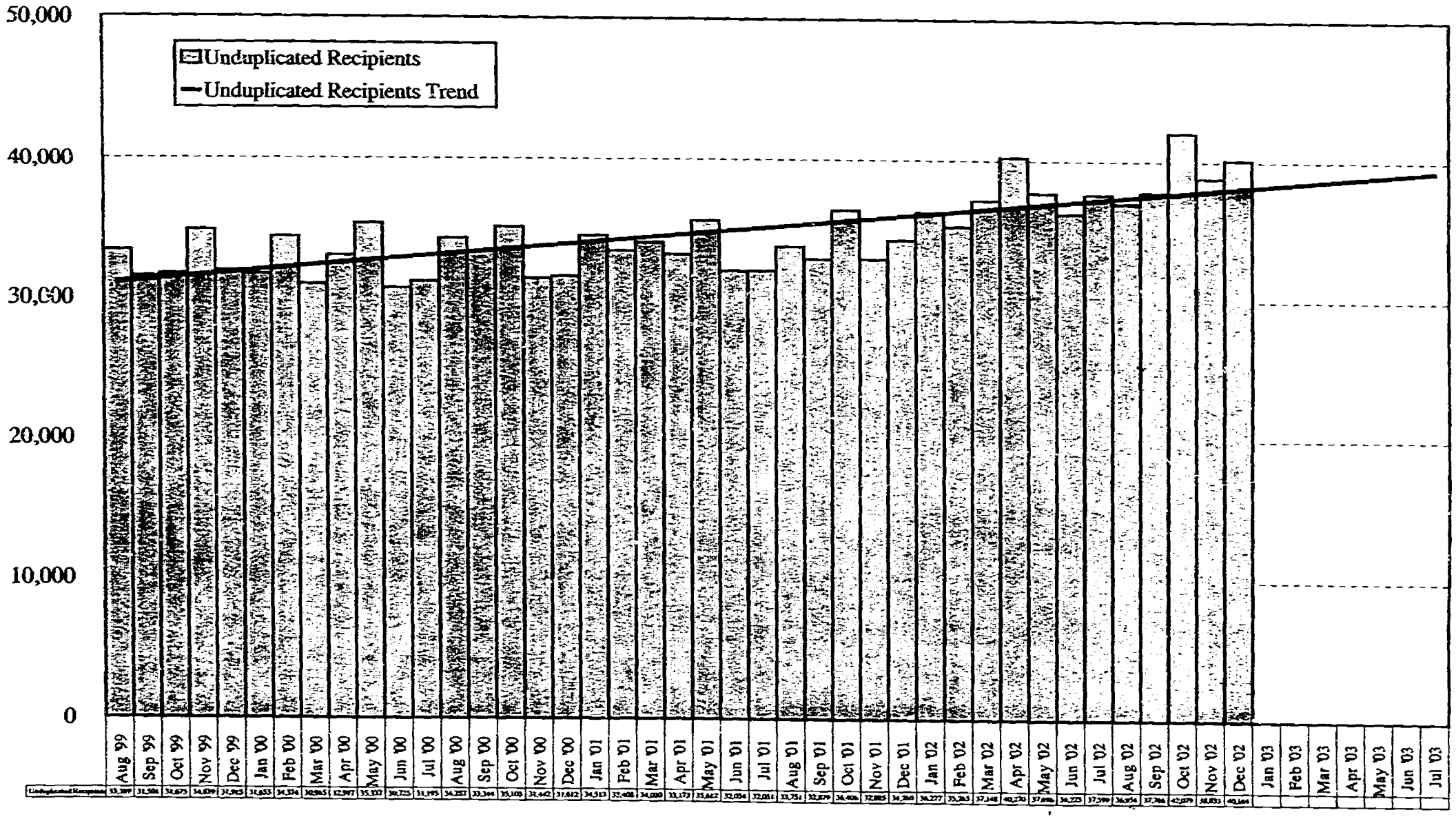
Exhibit B

North Dakota Department of Human Services
Medicaid Unduplicated Recipients
1999-2001 Biennium and 2001-2003 Biennium



FA-1/07/03-cj-bgw\0305legis\trends

TESTIMONY BEFORE THE HOUSE APPROPRIATIONS COMMITTEE
REGARDING SENATE BILL 2012
FEBRUARY 26, 2003

Chairman Svedjan, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear today to provide an overview of the Medicaid Program except for Long Term Care.

- The Medicaid Program pays for a comprehensive array of medical services provided to low-income residents of North Dakota. The federal government requires states to cover certain low-income individuals and allows states to cover other optional eligibility groups. Attachments A and B provide information on the number of individuals eligible for the Program and the number who receive services through the program.

- The federal government also requires states to provide a basic mandatory group of services to eligible recipients. Other services may be provided by states at their own discretion. In addition, federal regulations require states to provide any medically necessary service to eligible children. Attachment C provides information about the mandatory services and Attachment D provides information about the optional services currently provided through the program.

- The federal government also requires states to operate a certified Medicaid Management Information System (MMIS). The budget to operate the MMIS system for the Department is located within the Division of Information Technology. This system must be able to ensure that payments are made in accordance with federal and state policies to eligible recipients. It must be able to provide an array of reporting to the federal government and must be able to provide information for program management, utilization and fraud and abuse. If a state fails to maintain a certified system the federal

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matching rate for processing claims will be reduced. The MMIS is a very sophisticated system with more than 1,500 individual programs. It processes more than 2 million claims a year. The MMIS system was developed 24 years ago, and thus has undergone many modifications and "patches" to keep it operational. It must be maintained at its present capacity or disruptions in payments to providers will occur and payment accuracy will be jeopardized.

- As you are aware, the current Medicaid budget is experiencing a shortfall. In order to reduce the shortfall, the Department implemented several changes to the current program that included freezing inflation increases, reducing payments to hospitals, instituting a Maximum Allowable Cost process for payment of drugs and implementing a $3 co-payment for brand name drugs. These changes have been incorporated into this budget.

COMPARISON OF 2001-03 BUDGET TO EXECUTIVE BUDGET

	2001-2003 Budget	2003-2005 Request to the Senate	Increase/Decrease
Salary	$4,378,295	$4,754,870	376,575
Operating	2,676,776	5,082,423	2,405,647
Capital Improvement	819		(819)
Grants - MA	324,326,848	376,025,961	51,699,113
Health Care Trust Fund	16,412,390		(16,412,390)
Total	347,795,128	385,863,254	38,068,126
General	82,070,895	101,312,167	19,241,272
Federal	236,425,353	269,322,415	32,897,062
Other	29,298,880	15,228,672	(14,070,208)
FTE	52	53	1

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EXECUTIVE BUDGET HIGHLIGHTS

- **The Executive budget proposal for grants in the Medicaid Program exclusive of long-term care totaled $336.2 million, of which $88.5 million were general funds and $12.6 million were from other state sources.**

- **Prescription Drugs: In order to contain costs within the prescription drug area the proposed budget provides for a Maximum Allowable Cost payment process that mirrors the system currently in use by Blue Cross/Blue Shield of North Dakota. It also proposes using a prior authorization system similar to what is used in the PERS plan and other private insurance contracts to ensure that the most cost effective drugs that are therapeutically appropriate are prescribed for Medicaid recipients. If these initiatives are not adopted, the Department would need an additional $9.6 million to pay for drug services, of which $2.7 million would be general funds.**

- **Healthy Steps request is $9.5 million, of which $2.1 million are general funds. The budget was based on serving 2,563 children each month at a monthly premium to Blue Cross/Blue Shield of $154.22. The premium increase is about 22% for the biennium.**

- **Intergovernmental Transfer pool payments of $27.5 million, including $8.7 million in general funds are included. This is the estimated amount the Department will generate for the last two years this funding source will be available from the federal government. No additional funds will be available after the final installment is received in July 2004.**

- **Children's Special Health Services totals about $1 million, of which about $452,000 are general funds.**

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- **Healthy SeniorsRx budget includes $9.3 million, of which about $3 million are general funds to provide drug coverage for senior citizens who do not have any other drug coverage. The state would need to request a Section 1115 waiver from the federal government to cover this group through the Medicaid Program.**

- **Program Administration budget amounts to $9.8 million, of which $3.7 are state funds for program administration.**

  - **Salary and fringe benefits total about $4.7 million, of which $1.8 is state funds. The Medical Services Division added one full time employee to our claims processing unit because of increased claim activity. The position was transferred from fiscal administration.**
  - **A total of $5.1 million of which $1.9 are state funds are for operating expenses. Of this amount, about $4.7 million is used to pay medical consultants and other contractors who provide required utilization review functions for the Medicaid Program. Included in this amount is $2.4 million, of which $1.2 million is state funds in additional payments that are earmarked for administering the Healthy Senior Rx Program and administering the prior authorization, Maximum Allowable Cost and other cost saving measures that have been incorporated in the budget to reduce the growth of drug expenditures in the Medicaid Program.**

- **The grant budget takes into consideration current utilization trends and the most recent information available regarding future Federal Medical Assistance Percentage (FMAP). The current FMAP is 68.36%. The FMAP will decrease to 68.31% as of October 1, 2003 and is anticipated to be 67.47% as of October 1, 2004.**

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- **The Executive grant budget eliminated or modified the services that have previously been part of the Medicaid budget as follows:**

  - **Elimination of adult dental, chiropractic, hospice and private duty nursing services. The estimated cost of restoring these services would be $8.9 million, of which $2.8 million would be state funds. The reductions for the individual services are detailed below:**

Service	Total Funds	State Funds
Dental	$7,305,319	$2,317,751
Hospice	1,291,600	409,784
Chiropractor	267,607	84,905
Private Duty Nursing	1,459	465

  - **The Medicaid Program changed the way Medicare coinsurance and deductibles are paid. In the past these amounts were paid in full. They are now paid in the same manner as other third party payments. As a result, hospitals, physicians and some other providers will have their Medicare coinsurance and deductible payments reduced by $6.1 million of which $1.9 million is state funds. The Department originally anticipated increasing rates to providers to make up the difference.**

  - **This budget does not include any inflationary increases for providers. Due to the budget shortfall in the current biennium, providers did not receive a scheduled increase in July 2002. The cost of providing a 2.3% inflation increase to hospitals, physicians, dentists and other providers would total $6.6 million, of which $2.1 million would be general funds.**

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- **The Department has also reinstated the 100-hour rule for working families. If the principal wage earner in a two-parent household works more than 100 hours a month, the adults in the family will be ineligible for Medicaid no matter the actual amount of family income. This change will reduce the number of eligible adult recipients by about 2,400 by January 2004. The estimated savings totals about $12.9 million, of which $4.1 million are state funds. This change was implemented through emergency rule making and is effective January 1, 2003. It was necessary to implement the change immediately because most families will be eligible for another 12 months of Medicaid eligibility because they would be otherwise ineligible for Medicaid because of income.**

SENATE CHANGES

	2003-2005 Request to the Senate	2003-2005 "To House"	Senate Increase/Decrease
Salary	$4,754,870	$4,705,569	(49,301)
Operating	5,082,423	4,650,723	(431,700)
Capital Improvement			0
Grants - MA	376,025,961	363,172,588	(12,853,373)
Health Care Trust Fund			0
Total	385,863,254	372,528,880	(13,334,374)
General	101,312,167	94,283,342	(7,028,825)
Federal	269,322,415	260,231,327	(9,091,088)
Other	15,228,672	18,014,211	2,785,539
FTE	53	53	0

- **Restored the adult dental, hospice, chiropractor and private duty nursing optional services by increasing the budget by $8.9 million of which $2.8 million are general funds.**

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- **Added a Medicaid buy-in Program for the working disabled at a cost of $1.6 million of which about $.5 million are general funds. Most of these individuals are already working and eligible for Medicaid. The premiums they pay would be less than their current recipient liability amount.**

- **Eliminated funding for durable medical equipment, optometric services and psychological services for all adults eligible for the Medicaid Program. This change will reduce the Medicaid budget by about $4.8 million of which about $1.5 million are general funds. This change will eliminate coverage for such items as wheelchairs for the disabled, oxygen equipment and supplies for the chronically ill and eyeglasses for the elderly.**

- **Reduces the payment for drugs by $9 million of which about $2.9 million are general funds. This is a reduction of almost 9% of the drug budget will require the Department to drastically reduce the payments made to local pharmacists for both the ingredient cost of drugs and the dispensing fee. It will also require the Department to impose limits on the number of prescriptions each recipient can receive in any given month.**

- **Eliminates Governor Hoeven's plan to provide a prescription drug program for the elderly of our state. The reduction totals $9.7 million of which $3.1 million are general funds.**

- **Requires an additional $2.7 million in general fund reductions as the Medicaid Program share of the $4.0 million funding shift, which eliminated the general funds in the Program / Policy Management portion of the budget. When considering the federal funds that will no longer be accessed, the total reduction is approximately $8.3 million. The Department has put forth the following potential program reductions for consideration by this committee:**

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- **Reduce Spousal Impoverishment asset and income levels to the minimum allowable by federal regulations.**
  - **Currently, the community spouse is allowed a maximum of $90,660 in assets and a monthly income amount of $2,266 per month.**
  - **The minimum asset level is $18,132 and the minimum income level is $1,492.**
  - **This proposal would save about $4.4 million of which $1.4 million is general funds. The asset change would require a state law change and the income change would require a change in the administrative rule.**

- **Reduce the anticipated number of children who will enroll in the Healthy Steps Program from 2,563 to 2,200 per month. The Department had anticipated an increase in the number of children enrolling in the program because of the activities of the Dakota Medical Foundation through the Covering Kids grant.**
  - **If the number of eligible children exceeds 2,200 per month a waiting list would be implemented.**
  - **The potential savings totals about $1.3 million of which $.3 million is general funds.**

- **The Senate restored the dental program to adults to the level that was available at the start of this biennium. In August 2002, the Department limited adult dental to basic preventive and restorative services in order to reduce program expenditures.**
  - **If dental services were limited to basic preventive and restorative services the cost of dental could be reduced by about $1.7 million of which about $.5 million would be general funds.**

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- **Eliminate adult services for physical, occupational and speech therapy. While important services to disabled recipients they are no less important than the other optional services that were eliminated by the Senate.**
  - **The reduction would total $1.1 million of which about $357,000 would be general funds.**

- **Retain the savings that will be generated by paying Part B Medicare Crossover claims in the same manner as we pay when other third party insurance is the primary payer. The Department had intended to increase the base rate for physician services so that the change would not decrease the overall payment level to physicians.**
  - **If these funds are not returned to providers a reduction of $3.6 million can be realized of which about $1.1 million are general funds.**

- **Discontinue the $2 per month administrative fee paid to primary care physicians who manage the care of recipients enrolled in the primary care case management program for children and adults.**
  - **If the fee is eliminated the Department would have to rely on physicians to continue to provide this service without the benefit of any payment. Some providers may decide to no longer provide that service.**
  - **Estimated savings would total about $1.2 million of which about $385,000 would be general funds.**

- **Reduce payment rates for hospitals, physicians, and ambulance services.**
  - **For each 1% reduction in rates a total of about $1.5 million would be reduced of which about $487,000 would be general funds.**

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Date

- **The $4 million allocation to the Program / Policy Management portion of the budget also includes an $116,523 general fund reduction in administrative costs for the Medical Services Division. This reduction will make it difficult for the Division to carry out its required duties. When the loss of federal funds is included the reduction to the administrative budget will total about $341,000. We will be required to make reductions in travel, outside contracts, supplies, printing and professional supplies.**

I would be happy to respond to any questions you may have.

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DZ · 03.13.03

North Dakota Medicaid enrolled Rural Health Clinics (RHC) and Federally Qualified Health Center

Provider Name	County
COOPERSTOWN MEDICAL CENTER-RURAL HEALTH CLINIC	Griggs
TRINITY COMMUNITY CLINIC MOHAL	Renville
GRAFTON FAMILY RURAL HEALTH CLINIC	Walsh
GLEN ULLIN RURAL HEALTH CLINIC	Morton
NELSON COUNTY HEALTH SYSTEM	Nelson
ELGIN RURAL HEALTH CLINIC	Grant
JOHNSON CLINIC PC - DUNSEITH	Rolette
JOHNSON CLINIC PC - LEEDS	Benson
JOHNSON CLINIC PC - MADDOCK	Benson
KILLDEER MEDICAL RURAL HEALTH CLINIC	Dunn
WEST RIVER HEALTH CLINIC - NEW ENGLAND	Hettinger
WEST RIVER HEALTH CLINICS - MOTT	Hettinger
WEST RIVER HEALTH CLINICS - BOWMAN	Bowman
WEST RIVER HEALTH SCRANTON	Adams
ROLLA CLINIC PC	Rolette
TIOGA MEDICAL RURAL HEALT	Williams
TOWNER RURAL HEALTH CLINIC	McHenry
TIOGA MEDICAL-POWERS LAKE RURAL HEALTH CLINIC	Burke
TIOGA MEDICAL-RAY RURAL HEALTH CLINIC	Williams
MEDCENTER ONE INC - HEBRON	Morton
NAPOLEON CLINIC	Logan
BEACH RURAL HEALTH CLINIC	Golden Valley
ALTRU CLINIC - NORTHWOOD	Grand Forks
ALTRU CLINIC - ANETA CLINIC	Nelson
ALTRU CLINIC - LARIMORE CLINIC	Grand Forks
ROLETTE RURAL HEALTH CLINIC	Rolette
FOSTER CO RURAL HEALTH CLINIC	Foster
WILDROSE RURAL HEALTH CLINIC	Williams
SHEYENNE RURAL HEALTH CLINIC	Eddy
NEW ROCKFORD RURAL HEALTH	Eddy
GLENFIELD RURAL HEALTH CLINIC	Foster
FESSENDEN RURAL HEALTH CLINIC	Wells
TOWNER COUNTY MEMORIAL HOSPITAL - CANDO	Towner
MILNOR RURAL HEALTH CLINIC	Sargent
MOUNTRAIL COUNTY RURAL HEALTH CLINIC	Mountrail
WISHEK HOSPITAL CLINIC ASSOCIATION	McIntosh
MERITCARE LAMOURE RURAL HEALTH CLINIC	Lamoure
MERITCARE ENDERLIN RURAL HEALTH CLINIC	Ransom
WALHALLA RURAL HEALTH CLINIC	Pembina
MERITCARE HILLSBORO RHC	Traill
FIRST CARE RURAL HEALTH CLINIC - PARK RIVER	Walsh
CROSBY CLINIC	Divide
GARRISON FAMILY CLINIC	McLean
KULM COMMUNITY CLINIC	McIntosh
MEDCENTER ONE/Q & R NEW SALEM	Morton
COMMUNITY HEALTH CENTER - ELLENDALE	Dickey
JOHNSON CLINIC PC - RUGBY	Pierce

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	LINTON MEDICAL CENTER	Emmons
	NEW TOWN COMMUNITY CLINIC	Mountrail
	AMC CLINIC ASHLEY	McIntosh
	REGENT MEDICAL CLINIC	Hettinger
	MERITCARE CLINIC - WIMBLE	Barnes
	MERITCARE CLINIC - GACKLE	Logan
	MERITCARE CLINIC - EDGELE	Lamoure
	RAINY BUTTE MEDICAL CENTER - NEW ENGLAND	Hettinger
	LIGNITE CLINIC - CROSBY	Burke
	SOUTHEAST MED CNT FORMAN	Sargent
	SOUTHEAST MED CNT OAKES	Dickey
	SOUTHEAST MED CNT GWINNNER	Sargent
	SOUTHEAST MED CNT HANKINSON	Richland
	SOUTHEAST MED CNT LAMOURE	Lamoure
	SOUTHEAST MED CNT ELLENDALE	Dickey
	SOUTHEAST MED CNT EDGLEY	Lamoure
	SOUTHEAST MED CNT LIDGERWOOD	Richland
	TURTLE LAKE FAMILY CLINIC	McLean
	MCCLUSKY FAMILY CLINIC	McLean
	WASHBURN FAMILY CLINIC	McLean
	BOWBELLS CLINIC	Burke
	ST ALEXIUS MISSOURI SLOPE - BEULAH	Mercer
	SOUTHWEST HEALTH CARE - BOWMAN	Bowman
	KENMARE HEALTH CENTER	Ward
	CLINIC CARE - CAVALIER	Pembina
	CAVALIER COUNTY MEMORIAL - LANGDON	Cavalier
	MCKENZIE COUNTY CLINIC - WATFORD CITY	McKenzie
	LISBON AREA HEALTH SERVICE CLINIC	Ransom
	LISBON AREA HEALTH SERVICE CLINIC - ENDERLIN	Ransom
FQHC	FAMILY HEALTH CARE CENTER - FARGO	Cass

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Based upon 2000 census data from the state data center
(http://www.ndsu.nodak.edu/sdc/)

Grand Forks County	66,109
Walsh County	12,389
Pembina County	8,585
Nelson County	3,715

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10-14-03 — Date

DAVE ZENTNER · 03.13.03

"Diane Dunstan" <DDunstan@cms.hhs.gov>
03/12/2003 04:21 PM

To: <sozend@state.nd.us>
cc:
Subject: Re: Durable Medical Equipment

Dear Dave:

According to 42 CFR 440.70 (3), medical supplies, equipment and appliances suitable for use in the home must be covered under the mandatory home health benefit. Also, at 42 CFR 440.70(b) it explains, "Home health services include
the following services and items. Those listed in paragraphs (b) (1), (2) and (3) of this section are required services; those in paragraph (b)(4) of this section are optional. I think this section is important in understanding how medical equipment is a mandatory service. Please see (3) above, which references medical supplies, equipment and appliances.

I reviewed the brochure which you referenced in your e-mail. I can see how this is confusing, however it is by no means meant to be a substitute for any published Federal Regulations or policy issued. This brochure was only meant to
serve as a guide and we believe it's important to look at Federal Regulation as
the final authority.

I hope this information is helpful. Please let me know if you have further questions. Also, if you would like, I'd be more than happy to schedule a conference call which includes staff from Central Office/Baltimore.

Thanks,
Diane Dunstan
CMS - Medicaid
Denver Regional Office

>>> "David J. Zentner" <sozend@state.nd.us> 03/12/03 01:52PM >>>
This is a follow-up to our telephone conversation regarding the issue of durable medical equipment as a mandatory service.

I would appreciate receiving from you in writing your interpretation of the requirement that durable medical equipment must be included as a mandatory service for Medicaid eligible recipients based on 42CFR 440.70. Also the legislature requests an explanation of the language contained in a recent publication we received from CMS entitled Medicaid at a Glance 2002. The section of this publication listed under Mandatory State Plan Services indicates that Home health services for beneficiaries who are entitled to nursing facility services under the state's Medicaid plan are eligible to receive medical supplies and appliances for use in the home.]

How does this language relate to the requirement outlined in the federal regulation?

Your immediate attention to this request would be greatly appreciated.

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Operator's Signature

10-14-03
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DAVE ZENTNER- 03.13.03

§ 440.60 Medical or other remedial care provided by licensed practitioners.

(a) "Medical care or any other type remedial care provided by licensed practitioners" means any medical or remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law.

(b) Chiropractors' services include only services that—

(1) Are provided by a chiropractor who is licensed by the State and meets standards issued by the Secretary under §405.232(b) of this chapter; and

(2) Consists of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform.

§ 440.70 Home health services.

(a) "Home health services" means the services in paragraph (b) of this section that are provided to a recipient—

(1) At his place of residence, as specified in paragraph (c) of this section; and

(2) On his or her physician's orders as part of a written plan of care that the physician reviews every 60 days, except as specified in paragraph (b)(3) of this section.

(b) Home health services include the following services and items. Those listed in paragraphs (b) (1), (2) and (3) of this section are required services; those in paragraph (b)(4) of this section are optional.

(1) Nursing service, as defined in the State Nurse Practice Act, that is provided on a part-time or intermittent basis by a home health agency as defined in paragraph (d) of this section, or if there is no agency in the area, a registered nurse who—

(i) Is currently licensed to practice in the State;

(ii) Receives written orders from the patient's physician;

(iii) Documents the care and services provided; and

(iv) Has had orientation to acceptable clinical and administrative recordkeeping from a health department nurse.

(2) Home health aide service provided by a home health agency.

(3) Medical supplies, equipment, and appliances suitable for use in the home.

(i) A recipient's need for medical supplies, equipment, and appliances must be reviewed by a physician annually.

(ii) Frequency of further physician review of a recipient's continuing need for the items is determined on a case-by-case basis, based on the nature of the item prescribed;

(4) Physical therapy, occupational therapy, or speech pathology and audiology services, provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services. (See §441.15 of this subchapter.)

(c) A recipient's place of residence, for home health services, does not include a hospital, nursing facility, or intermediate care facility for the mentally retarded, except for home health services in an intermediate care facility for the mentally retarded that are not required to be provided by the facility under subpart I of part 483. For example, a registered nurse may provide short-term care for a recipient in an intermediate care facility for the mentally retarded during an acute illness to avoid the recipient's transfer to a nursing facility.

(d) "Home health agency" means a public or private agency or organization, or part of an agency or organization, that meets requirements for participation in Medicare, including the capitalization requirements under §489.28 of this chapter.

(e) A "facility licensed by the State to provide medical rehabilitation services" means a facility that—

(1) Provides therapy services for the primary purpose of assisting in the rehabilitation of disabled individuals through an integrated program of—

(i) Medical evaluation and services; and

(ii) Psychological, social, or vocational evaluation and services; and

(2) Is operated under competent medical supervision either—

(i) In connection with a hospital; or

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THE MEDICAID PROGRAM

The Medicaid Program provides medical benefits to low-income people who have no medical insurance or inadequate medical insurance. Although the Federal government establishes general guidelines for the program, the Medicaid program requirements are actually established by each State. Whether or not a person can be eligible for Medicaid will depend on the State where he or she lives.

KEY ELIGIBILITY GROUPS

States are required to include certain types of individuals or eligibility groups under their Medicaid plans and they may include others. Following are brief descriptions of some of the key mandatory and optional eligibility groups included under states' plans. These descriptions do not include all groups. For more information on all Medicaid groups contact your state. (Also see http://www.cms.gov/medicaid/eligibility for more information.)

Medicaid eligibility is divided into three groups: a) categorically needy, b) medically needy, and c) special groups. In addition to the Medicaid program, states have a health insurance program for children under age 19, the State Children's Health Insurance Program. In some states the Children's Health Insurance program is part of the state Medicaid programs, and in other states it is separate.

CATEGORICALLY NEEDY

- Families who today meet states' Aid to Families with Dependent Children eligibility requirements in effect on July 16, 1996.
- Pregnant women and children under age 6 with family income up to 133% of the Federal poverty level.
- Children ages 6 to 19 with family income up to 100% of the Federal poverty level.
- Caretakers (relatives who take care of children under age 18 (or 19 if still in high school)).
- SSI (Supplemental Security Income) recipients or aged, blind and disabled who meet requirements that are more restrictive than those of the SSI program (often called 1634 or 209(b) states) instead of all SSI recipients.
- Individuals and couples who are living in medical institutions who have monthly income up to 300% of the SSI income standard (Federal benefit rate).

MEDICALLY NEEDY

The medically needy have too much money (and in some cases resources like savings) to be eligible as categorically needy. If a state has a medically needy program, it must include pregnant women for a 60-day postpartum period, children under age 18, certain newborns for one year, certain protected blind persons and persons required to sign up for their employer's health plan if it is cost-effective. States may also include:

- Children under age 21, 20, 19, or 18 or under age 19 who are full-time students. If a state doesn't want to cover all of these children, it can limit eligibility to reasonable groups of such children.
- Caretaker relatives (relatives who live with and take care of children).
- Aged persons (age 65 and older).
- Blind persons (blindness is determined using the SSI program standards or state standards).
- Disabled persons (disability is determined using the SSI program standards or state standards).
- Persons who would be eligible if not enrolled in an HMO.

36 states have medically needy programs:

[illegible]nsas	Hawaii	Maine	Nebraska	Oklahoma	Utah
[illegible]rnia	Illinois	Maryland	New Hampshire	Oregon	Vermont
[illegible]ecticut	Iowa	Massachusetts	New Jersey	Pennsylvania	Virginia
Dist. of Columbia	Kansas	Michigan	New York	Rhode Island	Washington
Florida	Kentucky	Minnesota	North Carolina	Tennessee	West Virginia
Georgia	Louisiana	Montana	North Dakota		Wisconsin

SPECIAL GROUPS

- Medicare Beneficiaries—Medicaid pays Medicare premiums, deductibles and coinsurance for "Qualified Medicare Beneficiaries (QMB)"—individuals whose income is below 100% of the Federal poverty level and whose resources are no more than twice the value allowed under SSI. There are additional groups for whom Medicare related expenses are paid by Medicaid when the individuals' income is below varying poverty levels—120% and between 135% and 175%.
- Qualified Working Disabled Individuals—Medicaid can pay Medicare Part A premiums for certain disabled individuals who lose Medicare coverage because of work—individuals whose income is below 200% of the Federal poverty level and resources that are no more than twice the value allowed under SSI.
- States may also improve access to employment, training and placement of people with disabilities who want to work through expanded Medicaid eligibility. Eligibility can be extended to working disabled people between ages 16 and 65 who have income and resources greater than that allowed under the SSI program. States can extend eligibility even more to include working individuals who become ineligible for the group described above because their medical conditions improve. States may require such individuals to share in the cost of their medical care.
- There are two new eligibility groups that states may include under their Medicaid plans. One is for women who have breast or cervical cancer and the other for people with Tuberculosis (TB) who are uninsured. Women with breast or cervical cancer receive all plan services while TB patients receive only services related to treatment of TB. The charts below identify the states that include these groups under their Medicaid plans.

States including people with TB:

California	Florida	[illegible]	Oklahoma	Wyoming
Dist. of Columbia	Louisiana			

States including women with breast or cervical cancer:

Alabama	Florida	Kansas	Missouri	North Carolina	Utah
Arizona	Georgia	Kentucky	Montana	North Dakota	Vermont
Arkansas	Hawaii	Louisiana	Nebraska	Oregon	Virginia
California	Idaho	Maine	New [illegible]	Pennsylvania	Washington
Colorado	Illinois	Maryland	[illegible]	Rhode Island	West Virginia
Connecticut	Indiana	Michigan	[illegible]	South Carolina	Wisconsin
Delaware	Iowa	Mississippi	[illegible]	Tennessee	

- Some states have also expanded eligibility under Medicaid waivers. Often the expanded eligibility is only for people who enroll in managed care.

States with 1115 statewide expanded eligibility waivers:

Arizona	Dist. of Columbia	Maryland	Missouri	Oregon	Vermont
Arkansas	Hawaii	Massachusetts	New York	Rhode Island	Washington
Delaware	Kentucky	Minnesota	Oklahoma	Tennessee	Wisconsin

Note: No new eligibles are currently under the Kentucky program. [illegible] Oklahoma program [illegible] Utah's program hasn't been implemented. States also enroll [illegible] through 1915(b) waivers. Only two states, Alaska and Wyoming, do not include [illegible]

- All states provide community Long Term Care services for individuals who are Medicaid eligible and qualify for institutional care. Most states use eligibility requirements for such individuals that are more liberal than those normally used in the community.

To find out more about Medicaid in your State call the toll free number for your State. A list of toll free numbers can be reached through the CMS website, http://www.cms.hhs.gov/medicaid/mcontact.

Find out more about Medicare by calling 1-800-MEDICARE or going to http://www.medicare.gov.

STATE CHILDREN'S HEALTH INSURANCE PROGRAMS

State Children's Health Insurance Programs (SCHIPs) provide health insurance to children up to age 19. These programs are for children whose parents have too much money to be eligible for Medicaid, but not enough to buy private insurance. Most states offer this insurance coverage to children in families whose income is at or below 200% of the Federal poverty level. However, because states have different

income eligibility requirements, you need to find out about the program in your state. Not all the insurance programs provide the same benefits, but they all include shots (immunizations) and care for healthy babies and children at no cost. Families may have to pay a small amount (co-payment) for other services depending on their income.

While states call their child health insurance programs by different names, you should be able to find out about the program in your state by asking for the State Children's Health Insurance Program or calling 1-877-KIDS NOW (1-877-543-7669).

For more detailed SCHIP information see the following websites: http://www.cms.gov/schip/consumers and http://www.cms.gov/schip/stateplan.

MANDATORY STATE PLAN SERVICES

CATEGORICALLY NEEDY ELIGIBILITY GROUPS!

Medicaid eligibility groups classified as categorically needy are entitled to the following services unless waived under section 1115 of the Medicaid law. These eligibility groups do not apply to the SCHIP programs:

- Inpatient hospital (excluding inpatient hospital services for mental disease).
- Outpatient hospital (including Federally Qualified Health Centers (FQHCs) and if permitted under state law, rural health clinic and other ambulatory services provided by a rural health clinic which are otherwise included under states' plans.
- Other laboratory and x-ray.
- Certified pediatric and family nurse practitioners (when licensed to practice under state law).
- Nursing facility services for beneficiaries age 21 and older.
- Early and periodic diagnosis and screening (EPSDT) for children under age 21.
- Family planning services and supplies.
- Physicians' services.
- Medical supplies and surgical services of a dentist.
- Home health services for beneficiaries who are entitled to nursing facility services under the state's Medicaid plan.
  - Intermittent or part-time nursing services provided by home health agency or by a registered nurse when there is no home health agency in the area.
  - Home health aides.
  - Medical supplies and appliances for use in the home.
- Nurse mid-wife services.
- Pregnancy related services and service for other conditions that might complicate pregnancy.
- 60 days postpartum pregnancy related services.

Note: Under the EPSDT program, states are required to provide all medically necessary services. This includes services that would otherwise be optional services. If an optional service is only available through the EPSDT program, it will not appear on the state chart.

MEDICALLY NEEDY ELIGIBILITY GROUPS!

States must provide at least the following services when the medically needy are included under the Medicaid plans:

- Prenatal and delivery services.
- Post partum pregnancy related services for beneficiaries under age 18 and who are entitled to institutional and ambulatory services defined in a state's plan.
- Home health services to beneficiaries who are entitled to receive nursing facility services under the state's Medicaid plan.
- Specific services for beneficiaries in institutions for mental disease and/or intermediate care facilities for the mentally retarded if included as medically needy.

States may include any other services described under Medicaid law subject to any limits based on comparability of services. States may provide different services to different groups of medically needy (example under age 18 and aged). However, unless there is a waiver, the services provided to a particular group must be available to everyone within that group. The chart does not reflect different services for the different medically needy sub-groups–only that at least one group gets the service.

STATE CHART

OPTIONAL MEDICAID STATE PLAN SERVICES!

The services reflected on this chart are only the optional state plan services that states have elected to include under their plans and managed care waivers as of November 2002. (See http://www.cms.hhs.gov/medicaid/state plans, http://www.cms.hhs.gov/medicaid/managed care or the state for up-to-date information.) The eligibility groups that are entitled to each service are identified. The chart does not include services provided under the SCHIP programs or additional non-plan services that may be provided through waiver programs or managed care organizations. The chart also does not reflect the services that states are required to provide. A description of those services and the services for the optional medically needy eligibility groups are described above.

The chart identifies limits on services, but it doesn't reflect what type of limit is imposed. Generally, these limits are on the number of visits, days a service may be provided or items of services like prescriptions that may be filled in a specified time. It is important to note that states may under waiver authority, also be imposing additional limits on sub-groups of the eligibility categories listed.

FEDERAL/STATE MATCHING RATES FOR SERVICES!

The Medicaid program is funded through federal and state funds. States have different Federal matching rates to fund the services provided under their Medicaid programs. The statutory Federal matching rates for each state for Fiscal years 2002 and 2003 are reflected on the chart.

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Operator's Signature Date

FEDERAL POVERTY LEVEL CHARTS

The 2002 Poverty Level Charts are used by state Medicaid agencies in developing eligibility criteria for various Medicaid groups. In some cases the law requires states to use a percentage of poverty as the income threshold while in other cases states have elected to use percentages of poverty for their eligibility criteria.

2002 POVERTY LEVEL GUIDELINES

ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

Income Guidelines as Published in the Federal Register on 2/1/02

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY 100%	120%	133%	135%	150%	175%	185%	200%	250%
1	8 860.00	10 632.00	11 783.82	11 961.00	13 290.00	15 505.00	16 391.00	17 720.00	22 150.00
2	11 940.00	14 328.00	15 880.20	16 119.00	17 910.00	20 895.00	22 joo.00	23 880.00	29 850.00
3	15 020.00	18 024.00	19 976.60	20 277.00	22 530.00	26 285.00	27 797.00	30 040.00	37 550.00
4	18 100.00	21 720.00	24 073.00	24 435.00	27 150.00	31 675.00	33 485.00	36 200.00	45 250.00
5	21 180.00	25 416.00	28 169.47	28 593.00	31 770.00	37 065.00	39 183.00	42 360.00	52 950.00
6	24 260.00	29 112.00	32 265.80	32 751.00	36 390.00	42 455.00	44 881.00	48 520.00	60 650.00
7	27 340.00	32 808.00	36 362.70	36 909.00	41 010.00	47 845.00	50 578.00	54 680.00	68 350.00
8	30 420.00	36 504.00	40 459.60	41 067.00	45 630.00	53 235.00	56 277.00	60 840.00	76 050.00

For family units of more than 8 members, add $3 080 for each additional member.

MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY 100%	120%	133%	135%	150%	175%	185%	200%	250%
1	738.33	886.00	981.98	996.75	1 107.50	1 292.08	1 365.92	1 476.67	1 845.83
2	995.00	1 194.00	1 323.35	1 343.25	1 492.50	1 741.25	1 840.78	1 990.00	2 487.50
3	1 251.67	1 502.00	1 664.72	1 689.75	1 877.50	2 190.42	2 315.58	2 503.33	3 129.17
4	1 508.33	1 810.00	2 006.04	2 036.25	2 262.50	2 639.58	2 790.42	3 016.67	3 770.83
5	1 765.00	2 118.00	2 347.45	2 382.75	2 647.50	3 088.75	3 265.25	3 530.00	4 412.50
6	2 021.67	2 426.00	2 688.82	2 729.25	3 032.50	3 537.92	3 740.08	4 043.33	5 054.17
7	2 278.33	2 734.00	3 030.18	3 075.75	3 417.50	3 987.08	4 214.92	4 556.67	5 695.83
8	2 535.00	3 042.00	3 371.55	3 422.25	3 802.50	4 436.25	4 689.75	5 070.00	6 337.50

2002 POVERTY LEVEL GUIDELINES

ALASKA

Income Guidelines as Published in the Federal Register on 2/1/02

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY 100%	120%	133%	135%	150%	175%	185%	200%	250%
1	11 060.00	13 272.00	14 708.40	14 931.00	16 590.00	19 380.00	20 498.00	22 180.00	27 700.00
2	14 930.00	17 916.00	19 854.90	20 155.50	22 395.00	26 127.50	27 620.50	29 860.00	37 325.00
3	18 760.00	22 536.00	24 971.40	25 353.00	28 170.00	32 865.00	34 743.00	37 560.00	46 950.00
4	22 630.00	27 156.00	30 097.90	30 550.50	33 945.00	39 602.50	41 885.50	45 260.00	56 575.00
5	26 480.00	31 776.00	35 214.40	35 748.00	39 720.00	46 340.00	48 988.00	52 960.00	66 200.00
6	30 330.00	36 396.00	40 330.90	40 942.50	45 495.00	53 077.50	56 110.50	60 660.00	75 825.00
7	34 180.00	41 016.00	45 469.40	46 137.00	51 270.00	59 815.00	63 233.00	68 360.00	85 450.00
8	38 030.00	45 636.00	50 579.90	51 340.50	57 045.00	66 552.50	70 355.50	76 060.00	95 075.00

For family units of more than 8 members, add $ 3 850 for each additional member.

MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY 100%	120%	133%	135%	150%	175%	185%	200%	250%
1	923.33	1 108.00	1 228.03	1 244.50	1 383.00	1 613.83	1 706.17	1 846.67	2 308.33
2	1 244.17	1 493.00	1 654.74	1 679.63	1 866.25	2 177.29	2 301.71	2 488.33	3 110.42
3	1 565.00	1 878.00	2 081.45	2 112.75	2 347.50	2 738.75	2 895.25	3 130.00	3 912.50
4	1 885.83	2 263.00	2 508.18	2 546.63	2 829.75	3 300.71	3 488.79	3 771.67	4 714.58
5	2 206.67	2 648.00	2 934.87	2 979.00	3 310.00	3 861.67	4 082.33	4 413.33	5 516.67
6	2 527.50	3 033.00	3 361.59	3 412.13	3 791.25	4 423.13	4 675.88	5 055.00	6 318.75
7	2 848.33	3 418.00	3 788.31	3 845.25	4 272.50	4 984.58	5 269.42	5 696.67	7 120.83
8	3 169.17	3 803.00	4 214.99	4 278.38	4 753.75	5 546.04	5 862.96	6 336.33	7 920.83

2002 POVERTY LEVEL GUIDELINES

HAWAII

Income Guidelines as Published in the Federal Register on 2/14/02

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY 100%	120%	133%	135%	150%	175%	185%	200%	250%
1	10 200.00	12 240.00	13 566.00	13 770.00	15 300.00	17 850.00	18 870.00	20 400.00	25 500.00
2	13 740.00	16 488.00	18 274.20	18 549.00	20 610.00	24 045.00	25 419.00	27 480.00	34 350.00
3	17 280.00	20 736.00	22 982.10	23 328.00	25 920.00	30 240.00	31 968.00	34 560.00	43 200.00
4	20 820.00	24 984.00	27 690.60	28 107.00	31 230.00	36 435.00	38 517.00	41 640.00	52 050.00
5	24 360.00	29 232.00	32 398.80	32 886.00	36 540.00	42 630.00	45 066.00	48 720.00	60 900.00
6	27 900.00	33 480.00	37 107.00	37 665.00	41 850.00	48 825.00	51 615.00	55 800.00	69 750.00
7	31 440.00	37 728.00	41 815.20	42 444.00	47 160.00	55 020.00	58 164.00	62 880.00	78 600.00
8	34 980.00	41 976.00	46 523.40	47 223.00	52 470.00	61 215.00	64 713.00	69 960.00	87 450.00

For family units of more than 8 members, add $3 540 for each additional member.

MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY 100%	120%	133%	135%	150%	175%	185%	200%	250%
1	850.00	1 020.00	1 130.50	1 147.50	1 275.00	1 487.50	1 572.50	1 700.00	2 125.00
2	1 145.00	1 374.00	1 522.85	1 545.75	1 717.50	2 003.75	2 118.25	2 290.00	2 862.50
3	1 440.00	1 728.00	1 915.20	1 944.00	2 160.00	2 520.00	2 664.00	2 880.00	3 600.00
4	1 735.00	2 082.00	2 307.55	2 342.25	2 602.50	3 036.25	3 209.75	3 470.00	4 337.50
5	2 030.00	2 436.00	2 699.90	2 740.50	3 045.00	3 552.50	3 755.50	4 060.00	5 075.00
6	2 325.00	2 790.00	3 092.25	3 138.75	3 487.50	4 068.75	4 301.25	4 650.00	5 812.50
7	2 620.00	3 144.00	3 484.60	3 537.00	3 930.00	4 585.00	4 847.00	5 240.00	6 550.00
8	2 915.00	3 498.00	3 876.95	3 935.25	4 372.50	5 101.25	5 392.75	5 830.00	7 287.50

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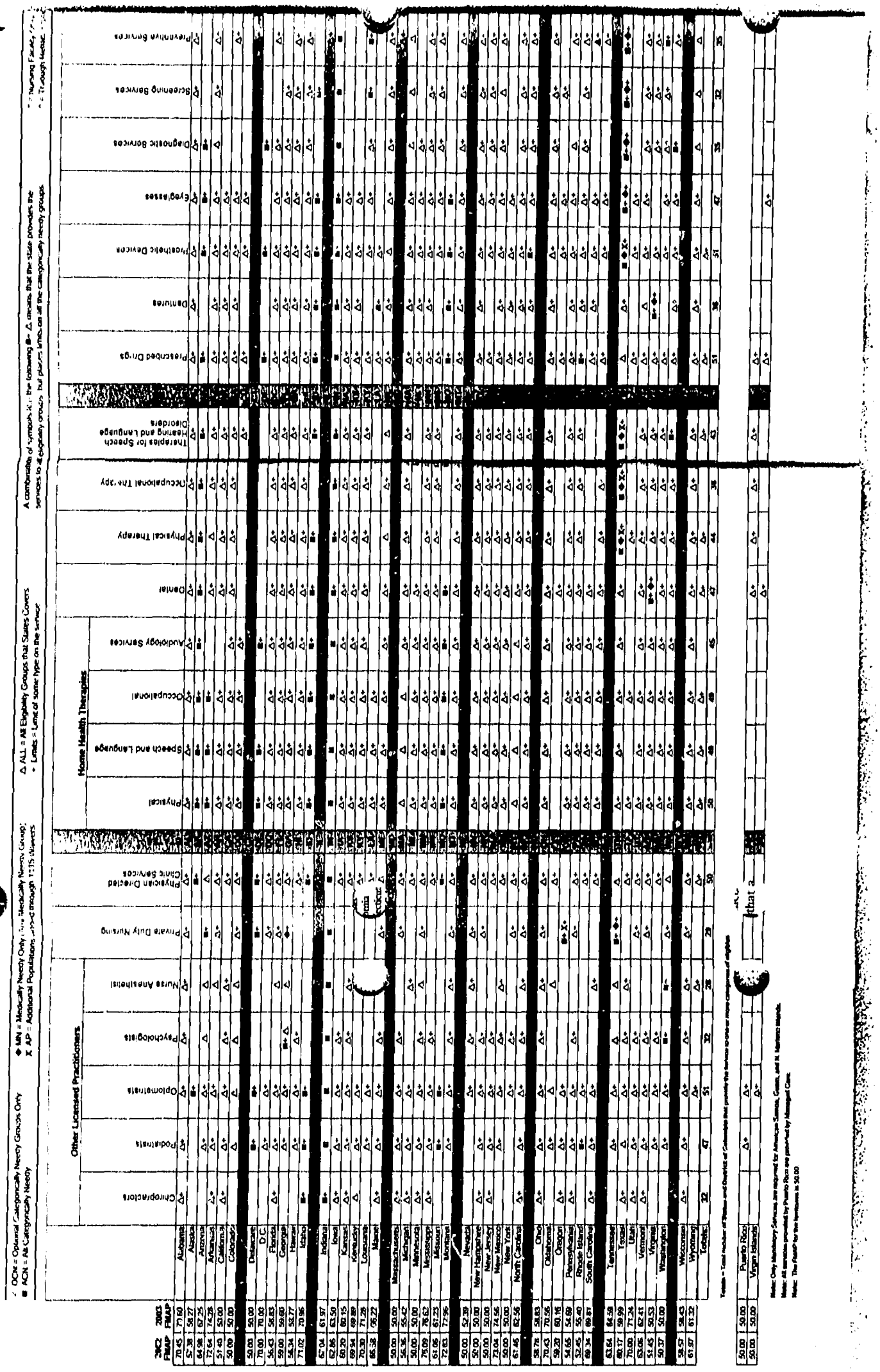
Operator's Signature

10-14-03
Date

MEDICAID SERVICES STAT



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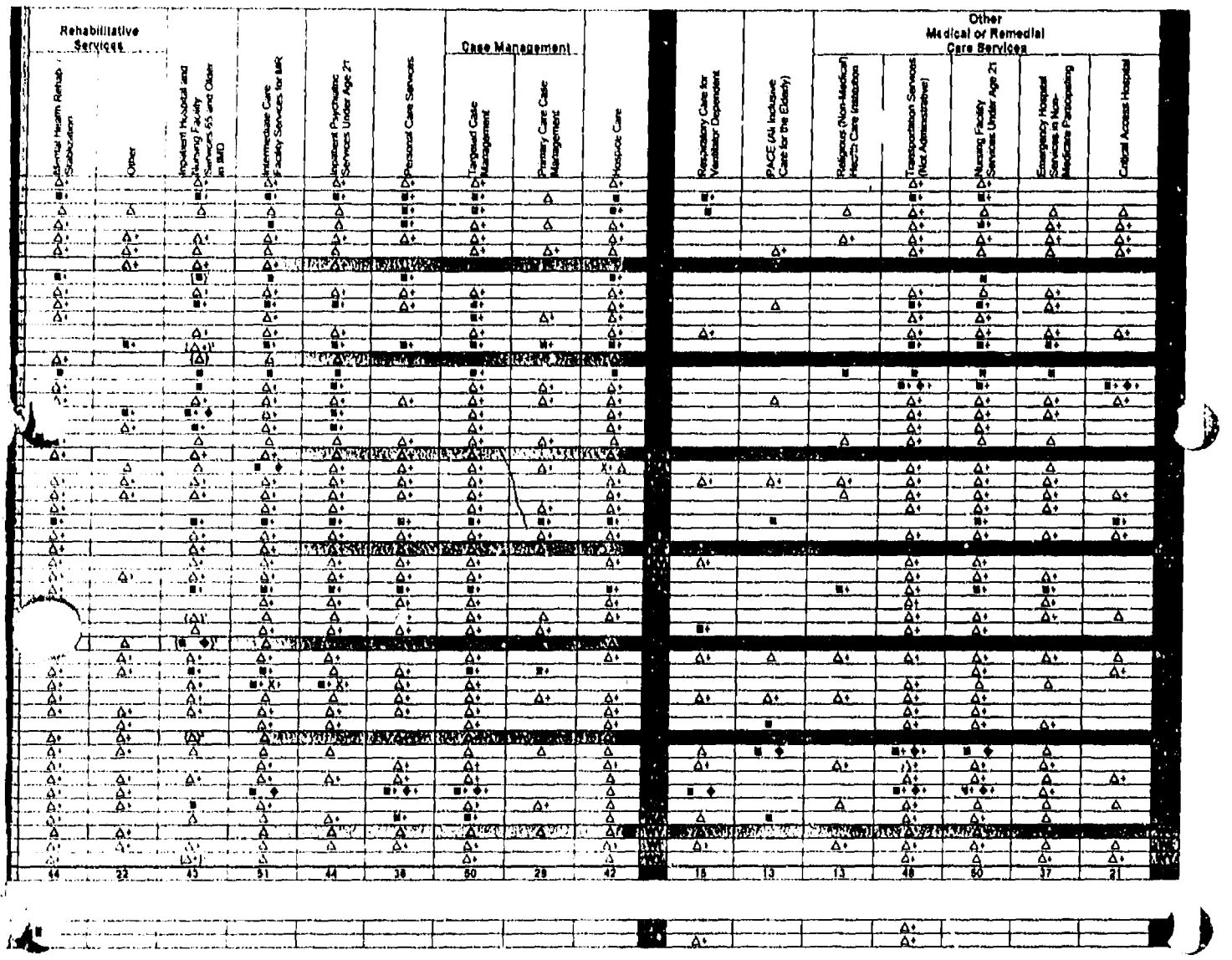
Vanessa A. Lee — 10-14-03

Operator's Signature — Date

E PLAN CHART

( ) = Delaware, Indiana, New York, North Dakota and Wyoming chose: Inpatient hospital services only provided to beneficiaries age 65 and older in institutions for mental disease

( )* = South Dakota and Idaho chose: Skilled nursing facility services only provided to beneficiaries age 65 and older in institutions for mental disease



Source: Approved Medicaid state plans and waivers as of November 2002

Publication No. CMS-11024-02
Use 410-786-1905 to fax requests for additional copies.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

BLAINE NERDWALL. 03.19.03

05-85-40. Income Levels

(N.D.A.C. Sections 75-02-02.1-40, 75-02-02.1-22(7), and 75-02-02.1-24(5))

Levels of income for maintenance must be used as a basis for establishing financial eligibility for Medicaid. The Medicaid income levels represent the amount of income reserved to meet the maintenance needs of an individual or family. **The income levels applicable to individuals and units are:**

1. **Categorically needy income levels.**

   a. Family Coverage group. The family size is increased for each unborn when determining the appropriate family size.

Number of Persons	Monthly Income Level
1	$ 300
2	405
3	509
4	614
5	719
6	823
7	928
8	1033
9	1137
10	1242
Effective April 1, 2003	

   For each person in the unit above ten, add $105.

   b. **Categorically needy aged, blind, and disabled recipients. Except for individuals subject to the nursing care income level, the income level which establishes SSI eligibility.**

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Operator's Signature

10-14-03
Date

DAVE ZENTNER. 03.19.03

North Dakota Department of Human Services
Medical Service Division
March 2003

Current Co-pay Status

Based on the current, average Medicaid payments for Physician, Chiropractic, and Dental office visits, we would be unable to increase the co-payment amounts.

Report on Potential Co-pays for Services

Service	Avg. Payment for 2002	Number of Visits 2002	Maximum Co-Pay	Potential Cost Savings
Optometric Services	$40.09	16240	$2.00	$32,480.00
Podiatry Services	$57.79	1015	$3.00	$3,045.00
Speech/Physical Therapy	$23.69	2923	$1.00	$2,932.00
Audiology Services	$28.86	233	$2.00	$466.00
Psychologist Services	$39.59	9145	$2.00	$18,290.00
TOTAL for one year				$57,213.00
TOTAL for Biennium				$114,426.00
General Fund Share (.3204)				$36,662.00

(3) Any co-payments it imposes do not exceed the amounts shown in the following table:

States payment for the service	Maximum copayment chargeable to recipient
$10 or less	$ .50
$10.01 to $25	1.00
$25.01 to $50	2.00
$50.01 or more	3.00

Excluded Recipients:

(1) All individuals under 21 years of age;

(2) Pregnant women; and

(3) Inpatient of any medical institution if Medicaid recipients are required to spend all income for the cost of care except personal needs allowances.

Excluded Services:

Family Planning
Emergency Services

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Theresa A. Lee 10-14-03
Operator's Signature Date

DAVE ZENTNER. 03.19.03

Recipients who have had >12 chiro visits and > 16 chiro visits

Calendar Year 2001

	# RECIPIENTS	DOLLARS
SUBTOTAL -- RECIPIENTS > 12 VISITS / YR:	217	$14,401.97
[redacted]	# RECIPIENTS	DOLLARS
	134	$12,123.24

Calendar Year 2002

	# RECIPIENTS	DOLLARS
SUBTOTAL -- RECIPIENTS > 12 VISITS / YR:	342	$19,961.59
[redacted]	# RECIPIENTS	DOLLARS
	193	$15,764.01

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Theresa A. Lee
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10-14-03
Date

MEDICAID and HEALTHY STEPS BENEFIT DETERMINATIONS (2003)

To be eligible for Medicaid a person must be a child under age twenty-one, pregnant, a caretaker of a deprived child, disabled, or over age sixty-five. There are numerous categories of Medicaid coverage.

Some categories of individuals are eligible for full Medicaid benefits, while others have to pay for part of their care. Some individuals are eligible only for specific benefits. Many Medicaid eligibles must also pay co-payments or deductibles for doctor and hospital visits.

Healthy Steps is a State Childrens' Health Insurance Program (SCHIP) that covers children up to age nineteen who are ineligible for Medicaid. Healthy Steps provides the same set of benefits for all of these children. There are co-payments for some services.

1. **ASSET LIMITS:** There are no asset limits for Healthy Steps or for Medicaid for children and families. For other individuals on Medicaid the limits on assets that are not counted are:
   - Aged, Blind or Disabled: $3,000 for a one person household, $6,000 for two person household, plus $25 for each additional person in the household
   - Nursing home and related services: $3,000 for a single person, $93,660 for a married person with a spouse in the community.

2. **ASSETS THAT ARE NOT COUNTED:**
   - The home occupied by the family
   - One automobile
   - Burial plans (with limits)
   - Self-employment property, tools, equipment and livestock
   - Non-saleable property
   - Personal effects and clothing
   - Household goods and furniture
   - Indian trust and restricted lands, and per capita and judgment funds
   - Other miscellaneous assets

3. **INCOME:** Depending on the amount of net income, individuals may be eligible for full Medicaid benefits or may be responsible for a portion of their medical bills. The "recipient liability" is the part of the cost of medical care an eligible Medicaid recipient is responsible to pay. Medicaid and Healthy Steps look at a family's total countable income and subtract allowed expenses to establish net income. Some of the more common allowable expenses are:
   - Taxes and other work related expenses
   - Health insurance premiums (for Medicaid only)
   - Dependent care expenses
   - Child support paid to a non household member
   - Other deductions may apply

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Theresa A. Bell
Operator's Signature

10-14-03
Date

Summary of Healty Steps Information Provided by BlueCross BlueShield of North Dakota

	Period		Income	Paid Claims	Adjustment to IBNR* Claims	Admin. Cost Conversion & Reserve	Net Gain (Loss)	Accumulated Gain/(Loss)
Health	10/1/99	6/30/00	$ 916,301	$ 587,270	$ 158,825	$ 104,135	$ 66,071	$ 66,071
	7/1/00	6/30/01	$ 2,342,789	$ 2,000,094	$ 145,737	$ 266,252	$ (69,294)	$ (3,223)
	7/1/01	6/30/02	$ 3,097,082	$ 2,544,553	$ 98,058	$ 353,071	$ 101,400	$ 98,177
	7/1/02	2/28/03	$ 1,849,217	$ 1,515,078	$ (42,023)	$ 210,813	$ 165,349	$ 263,526
Dental	10/1/99	6/30/00	$ 147,952	$ 151,604	$ 18,083	$ 10,758	$ (32,493)	$ (32,493)
	7/1/00	6/30/01	$ 378,039	$ 404,219	$ 16,571	$ 27,489	$ (70,240)	$ (102,733)
	7/1/01	6/30/02	$ 566,527	$ 449,326	$ 17,278	$ 41,246	$ 58,677	$ (44,056)
	7/1/02	2/28/03	$ 338,257	$ 312,127	$ (5,422)	$ 24,627	$ 6,925	$ (37,131)
Vision	10/1/99	6/30/00	$ 48,880	$ 49,594	$ 5,974	$ 5,443	$ (12,131)	$ (12,131)
	7/1/00	6/30/01	$ 124,636	$ 107,262	$ 5,451	$ 13,878	$ (1,955)	$ (14,086)
	7/1/01	6/30/02	$ 172,875	$ 116,118	$ 4,422	$ 19,107	$ 33,228	$ 19,142
	7/1/02	2/28/03	$ 103,216	$ 87,289	$ (1,655)	$ 11,408	$ 6,174	$ 25,316
		Total	$ 10,085,771	$ 8,324,534	$ 421,299	$ 1,088,227	$ 251,711	

	Period		Income	Paid Claims	Adjustment to IBNR* Claims	Admin. Cost Conversion & Reserve	Net Gain (Loss)	Accumulated Gain/(Loss)
All Services Combined	10/1/99	6/30/00	$ 1,113,133	$ 788,468	$ 182,882	$ 120,336	$ 21,447	$ 21,447
	7/1/00	6/30/01	$ 2,845,464	$ 2,511,575	$ 167,759	$ 307,619	$ (141,489)	$ (120,042)
	7/1/01	6/30/02	$ 3,836,484	$ 3,109,997	$ 119,758	$ 413,424	$ 193,305	$ 73,263
	7/1/02	2/28/03	$ 2,290,690	$ 1,914,494	$ (49,100)	$ 246,848	$ 178,448	$ 251,711
			$ 10,085,771	$ 8,324,534	$ 421,299	$ 1,088,227	$ 251,711	

* (IBNR) Incurred But Not Received

T:\skalsky\CHIPS\[Premiums -vs- Claims.xls]Sheet1

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Theresa A. Lee 10-14-03

Operator's Signature Date

Number of Individuals Enrolled in Healthy Steps
by Case as of February 1, 2003

Number Eligible Per Case	Number of Cases	Total
1	373	373
2	368	736
3	178	534
4	74	296
5	29	145
6	4	24
		2,108

T:\chips\Monthly County Summaries\[February 2003.xls]Monthly Rpt

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Operator's Signature

10-14-03
Date

House Appropriations Committee - Human Resources Division
Chairman Delzer

RE: SB 2012 Human Services Budget

Pat Danielson
809 N 1 ST
GFND 58203
772-3950

I am Pat Danielson from Grand Forks. I'm scared. I am a citizen with a disability who will be affected negatively by the cuts to Medicaid's Optional Services -- Durable Medical Equipment, Optometric Services, and Psychological Services.

My disability stems from Juvenile Rheumatoid Arthritis that hit me and did its damage when I was five years old. Now I live with pain from that disease process and limited range of motion and strength from the damage done to my developing musculo-skeletal system. Along the way I ended up with a leg length discrepancy of one inch. To compensate for that I must have all my shoes fit with a lift. Damage from arthritis makes me unable to reach my feet so I need velcro closures added to lace-up shoes. Because of my sore arthritic feet I need arch support and soft liners. The cost for having this done at the only place in town that modifies shoes is between $50 - $150, depending on the particular shoes. That is a cost I cannot pay on my fixed income of $545 per month. Without modified shoes, I cannot walk. If I can't walk I have to use a motorized wheelchair which I cannot pay for. If use a wheelchair full time my risks for other health problems increase. Then I can anticipate need for hospital care and home health services. I don't want to go there.

Psychological services are essential to my continued wellbeing. I incurred a major depression and was in and out of the hospital for treatment over a period of approximately ten years. With good psychological support I can maintain myself. Without it I will probably be in crisis again – in and out of the hospital. I am one of more than 500 people in North Dakota in this predicament. I won't be able to get services from the Regional Human Service Center because with my particular needs I am not eligible for their services.

I'm scared. If these services are cut out I am vulnerable to increased physical and mental illness. I could go from being a productive family and community participant, to just fighting with health issues -- and losing. I'm scared. This committee, this legislature, must consider the human costs along with the financial costs of cutting medicaid services to this degree. Don't cut it.

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Operator's Signature

10-14-03
Date

Exhibit ms #8

January 14, 2003

Testimony before Senate Appropriations Committee

Harvest Room

Senator Ray Holmberg, Chairman

Senate Bill 2012 - Medical Services

My name is Joe Cichy, and I represent the North Dakota Dental Association. The North Dakota Dental Association supports reinstating the adult dental medicaid program.

Based upon history in other states, the elimination of adult dental medicaid services dramatically increases the number of dental related emergency room visits which are inherently more expensive. Also, extracting a tooth that can be saved with no provision for any type of replacement is not an acceptable treatment plan and borders on malpractice. Many general dentists do not even do extractions so access will be limited to a few dentists and oral surgeons of which there are very few in North Dakota. Consequently, access for this population will be extremely limited.

Many nursing home patients will be negatively affected as they will not be able to have dentures repaired and their quality of life will be significantly diminished. Also, adult patients who are wards of the state, i.e. the developmentally disabled patients, are especially hard hit by the elimination of adult dental medicaid.

Finally, North Dakota does not have a significant public health dental clinic structure to deal with these patients if they are not seen by a private practice dentist. With North Dakota being a rural state, there is no public health clinic safety net to adequately address the needs of this population.

The NDDA does not believe the elimination of adult dental medicaid is good public policy. The North Dakota Dental Association believes it is important to reinstate and adequately fund the adult dental medicaid program to provide access and dental care to these disadvantaged citizens.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

January, 28,2003
Testimony before the Senate Appropriations Sub-committee
Harvest Room
Senator Bill Bowman, Chairman
Senate Bill 2012 re: Adult Dental Services

My name is Joe Cichy and I represent the North Dakota Dental Association. The NDDA supports adequate funding of adult dental medicaid in the Human Services budget.

The Human Services Department's 2003-2005 budget recommendation for Medical Services funding produces a number of questions about how North Dakota values dental care for its most vulnerable citizens. The Governor's budget request eliminates adult dental services for those who receive benefits through the Medicaid program. Specifically, about 7.3 million dollars is eliminated for adult dental services, about 70% of which would have been provided by the Federal government. Of the 17 line items listed in Medical Services Funding budget, dentistry takes the biggest hit in total dollars eliminated. The ramifications of this change are many and significant for North Dakota.

Adult dental services under Medicaid in North Dakota have always reimbursed dentists at a level that is below their cost of providing those services. Dentists have generally been asked to accept limitations on the types of services they can provide to these patients, many times producing ethical conflicts in treatment planning. Nonetheless, the North Dakota Dental Association is strongly opposed to eliminating adult dental medicaid services.

While affecting the oral health of thousands of adults, the elimination of adult dental services particularly affects patients who currently have severe difficulty accessing dental care. Patients with developmental disabilities, the elderly in long-term care, and patients with complicating medical conditions are potentially put at risk because of the more intimate relationship of their oral health problems to their overall health. Who will be responsible for the Alzheimer's patient on Medicaid who has an acute dental infection and needs specialized care to solve their problem? Who will be responsible for the patient about to have cardiovascular surgery who has a potentially life-threatening dental infection? With no preventive services,

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Theresa A. Lee
Operator's Signature

10-14-03
Date

how will our already financially-stressed residential care facilities be able to assure adequate dental care for their developmentally-delayed clients, as required by Federal regulation?

In other states where adult dental Medicaid services have been cut, there has been an increase in visits to hospital emergency rooms by indigent patients in search of relief from dental pain. In Maryland there was a 12% increase in emergency room visits which are much more costly than a visit to a dental office. Also, most emergency rooms lack dental services and are not capable of providing definitive services and the patients problems will likely recur with the patient cycling back through the emergency room. Currently in Fargo-Moorhead, already about 1,000 patients show up at emergency departments each year, again where no definitive dental care can be provided and where increased costs to the Medicaid program are incurred. Unlike other states, we do not have public health dental clinics across our state to provide a safety net for this population. North Dakota has only one community health center dental clinic, the Family Health Care Center in Fargo.

Nationally over 20 cents of the total health care dollar is spent on dentistry. However, in North Dakota, only 2.45% of the Medicaid budget is spent on dentistry. Perhaps it's a value judgment. The responsibility to provide basic dental care for the least fortunate among us is not just the responsibility of dentists, it is the responsibility of the citizens and their representatives, the legislature.

The NDDA strongly urges adequate funding of adult dental medicaid in the 2003-2005 Human Service budget.

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

Testimony to the Subcommittee Addressing Medicaid

01-28-03

Mr. Chairman, and members of the committee, my name is Gina Nolte, Executive Director of the Red River Valley Dental Access Project located in Fargo. The Red River Valley Dental Access Project is a 501 (c) (3) non-profit, non-governmental organization, which was formed to address the critical and growing problem of access to oral health care especially for low-income, uninsured and those who have Medical Assistance. The RRVDAP Board is comprised of concerned professionals and consumer representing private and public dentistry and healthcare, local human service programs, dental hygiene/assisting programs and additionally was developed with the involvement of ND and MN Departments of Human Services and Health, managed care, legislators and interested parties such as Dakota Medical Foundation.

The RRVDAP Board has worked diligently to develop strategies to address the issues related to accessing oral health care. This has included support of community and public health based dental clinics, Family HealthCare Center Dental Clinics in Fargo and Moorhead and Apple Tree Dental in Hawley, MN, with recruitment and other initiatives. Other strategies include the development and implementation of a weekly volunteer dentist "Urgent Care/Walk In Dental Clinic" to address the

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Theresa A. Lee 10-14-03
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emergency pain needs of low-income, uninsured or Medical Assistant patients who aren't able to access a dentist, and collaborating with public health, Head Start, WIC, Health Tracks and other entities to provide intensive education to children and families to prevent dental problems. Cuts to adult dental services would be a major step backwards and could negatively impact the remaining services.

The Fargo area has been very fortunate to have Family HealthCare Center, which provides dental care in both Fargo and Moorhead and Apple Tree Dental in Hawley, MN whose primary missions are to serve the underserved. 38% of Family HealthCare Center's dental clients are adults, contributing 41% of their revenue. These two organizations not only meet the basic dental needs of adults but also serve many children of which many travel 1-2 hours for services. Apple Tree Dental also provides nursing home services through a mobile clinic and is the only provider who routinely accepts ND MA for denture services in the area. These clinics and the services they provide could be vulnerable to cuts in services and in reimbursement.

The volunteer dentists urgent care program has seen over 230 patients since it's opening. As word has spread about the program, we have had over 20 people standing in line but because volunteer programs are limited we have had to turn people away. In 2001 over 839 visits in

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the Fargo emergency rooms or urgent care clinics had a primary diagnosis of dental problems. Hospitals are only able to provide antibiotics and pain medications and cannot remedy the dental situation that brought them in. It is estimate that at least 50% of those presenting were uninsured or Medical Assistance patients. If adult dental coverage was cut, it is expected that the emergency rooms would see an increase in dental visits.

Patients presenting to the FHC and ATD clinics, as well as the volunteer urgent care clinics reflect vulnerable populations that need to be served. Many patients are disabled, have severe mental illnesses, physical and mental disabilities, and chronic and serious health problems. Most private practice dentists do not accept medical assistance patients in their offices and appointments with FHC and ATD is booked out 4-5 months. I've seen a 32 year old recent heart by-pass surgery whose face was swollen and infected, a woman on dialysis, a man whose doctor wants him to have his dental infection cleared before he can start chemo, a deaf person, pregnant woman and others who are experiencing pain and need dental care. I receive at least 3 calls a day from people who are unable to find a dentist. A recent call I received was from a man who is awaiting a liver transplant, but whose dentures no longer fit, can't eat and he was loosing weight. His weight needs to be stabilized before he could get his transplant. They were not able to find any dentist who would take MA, and he could not get into Apple Tree Dental until April for denture work.

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Disparity in dental health care is staggering. Finding affordable dental care is very difficult if you are uninsured or have MA, and based on your payer, the type of service you receive is different. In the Fargo area, we continue to have issues of access because of this, but have options that many in the state do not have. Just because access has been a problem does not mean that it isn't an important need and in some cases an imperative need. Those of us who are able to access dental care don't think about it on a day-to-day basis. But what happens when we have a toothache, or our teeth aren't white enough.... we can do something about it. Dental care affects your physical, psychological and social health. The Oral Health in America: A Report of the Surgeon General, released in 2000, reported that employed adults lose more than 164 million hours of work each year due to dental disease or dental visits. A productive society is a healthy one and seeks to keep its citizens healthy.

Our state, our nation is facing very difficult issues and decisions. But if we do not take care of the health/oral health of our citizens, especially our most vulnerable citizens then who have we become? Oral Health Care is a basic need of each of us, not just those who can afford it. Thank you for your time, consideration and addressing the difficult tasks at hand.

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TESTIMONY IN OPPOSITION TO THE DELETION OF THE DME BENEFIT UNDER THE PROPOSED SB 2012

To: Chairman Delzer, and Appropriations Committee Members

From: Claude Dockter
Coordinator Clinical Services Great Plains Rehabilitation Services
Division of St. Alexius Medical Center.

Great Plains Rehabilitation Services (GPRS) has been a provider of Durable Medical Equipment in western North Dakota for greater than 14 years. Durable Medical Equipment is a very complex industry. At GPRS we provide the following services:

Home Respiratory Care Services (*home oxygen, compressors, nebulizers, positive pressure devices for obstructive sleep apnea*)
Home Medical Equipment (*wheelchairs, hospital beds, urinary catheters, dressings for wounds just to name a few of the 5,000 items classified as home medical equipment*)
Orthotics and Prosthetic Services (*custom shoes, braces and artificial limbs*)
Rehabilitation Technology Services (*power wheel chairs and seating systems*)
Accessibility Products (hand controls for vehicles, wheelchair ramps, elevators)
Infusion Services (home IV's)

The Durable Medical Equipment industry's focus is to allow citizens of North Dakota the ability to live a life at their highest function possible. GPRS is able to assist individuals to achieve an early discharge from hospitals or avoid premature admission to a nursing home or assisted living center. The Durable Medical Equipment benefit for Medical Assistance beneficiaries assists in providing a less expensive alternative for meeting their health care needs.

The proposed budget in SB 2012 eliminates the Durable Medical Equipment benefit for Medical Assistance beneficiaries. I would like to provide you with the potential financial impact this proposed budget may have on the healthcare system and remaining Medical Assistance benefits.

Home Oxygen Services is projected to cost Medical Assistance approximately $137,000.00 per biennium. It would cost Medical Assistance approximately $8.22 per day for a beneficiary to receive home oxygen services. Should this benefit be taken away the Medicaid beneficiaries will still require medical care. A potential solution would be admission to a nursing home which would cost approximately $129.00 per day. For $137,000.00 per biennium the state of North Dakota could pay for 22.8 people to receive home oxygen continuously. Those same 22.8 patients would cost the state of North Dakota $2,147,076.00 per biennium in nursing home costs should the Durable Medical Equipment benefit be deleted from the Medical Assistance budget.

Orthotic Procedures are projected to cost Medical Assistance approximately $598,956.00 per biennium. Orthopedic Procedures include but are not limited to braces for your neck, back, arms and legs. Individuals with head injuries, strokes, and other medical problems benefit from these types of procedures. The average cost to medical assistance for each Orthotic Procedures is approximately $800.00. Should this benefit be taken away the Medicaid beneficiaries will still require medical care. A percentage will require to be cared for in a nursing home. It would take only 7 people in a nursing home for 24 months ($94,170.00 each) to exceed the $598,956.00 of potential Medical Assistance costs for orthotic procedures.

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Prosthetic Procedures are projected to cost Medical Assistance approximately $330,000.00 per biennium. Prosthetic Procedures are artificial limbs for those who lose their body parts due to traumatic injury (farming accidents and motor vehicle accidents), or due to medical complications (diabetes or infection). Should this benefit be taken away the Medicaid beneficiaries will still require medical care. Without the Durable Medical Benefit the Medical Assistance beneficiary with a lower limb amputation will be left with very limited options. If the beneficiary is unable to secure a prosthetic device the next option would be a wheelchair or hospital bed, however neither of those solution are available due to the deletion of the Durable Medical Equipment benefit. The nursing home becomes a very viable option. It would take only 4 people in a nursing home for 24 months ($94,170.00 each) to exceed the $330,000.00 of potential Medical Assistance costs for prosthetic procedures.

Orthopedic Shoes and Footwear are projected to cost Medical Assistance approximately $250,000.00 per biennium. Orthopedic shoes and footwear include but are not limited to corrective orthotic shoe inserts, diabetic shoe inserts, custom diabetic shoes, and corrective custom shoes. Should this benefit be taken away the Medicaid beneficiaries will still require medical care. There is the potential of 5 Medicaid beneficiaries to require an amputation due to diabetic complications from improper foot care. Medical Assistance cost for one amputation is $8,900. Since the Durable Medical Equipment benefit is deleted the option for a prosthetic device is less viable which leaves the potential of a nursing home placement at a annual cost of $47,085.00. The financial impact of these 5 diabetic lower limb amputations ($55,900.00 each) could cost Medical assistance $279,925.00 thus exceeding the potential $250,000 per biennium.

Wheelchairs are projected to cost Medical Assistance approximately $360,000.00 per biennium. Wheelchairs include standard manual and customized power wheelchairs. These chairs not only provide individuals the opportunity to maneuver from point A to B. Some of these wheelchairs replace the useless limbs of those who suffer from neurological disorders and spinal cord injuries. The wheelchairs will allow these individuals to function at their highest potential. The individual may be able to earn a living and become self supporting and not have to rely on Medical Assistance benefits. Should this benefit be taken away the Medicaid beneficiaries will still require medical care. Medical Assistance cost for a wheelchair ranges from $600 for a manual up to $6,000 for a customized power chair. Each chair has a life span of 5 years. Two years in a nursing home confined to a hospital bed is $94,170.00. It would take just 4 patients in a nursing home to exceed the $360,000 in potential wheelchair costs for Medical Assistance.

Summary

The Durable Medical Equipment benefit allows the Medical Assistance beneficiary to receive the medical care needed to provide them with the highest quality of life. To take away the Durable Medical Equipment benefit will only shift those costs to a more expensive alternative. You will see as a result of deleting the Durable Medical Equipment benefit; increased hospital admissions, increased emergency room visits, increased medical complications requiring increased usage of prescription drugs, and an increase in nursing home admissions. I do believe changes need to be made, but elimination of benefits which allow services to be provided at a fraction of a cost in an alternative setting outside of the hospital and nursing home is not the right change. I urge you to re-instate the Durable Medical Equipment Benefit as part of the SB 2012.

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While not all inclusive, following is a list of equipment and supplies (DME) currently covered by Medical Assistance/Optional Services (*Manual for Durable Medical Equipment or Supplies*; March 1999; N.D. DHS). As passed by the Senate, all DME for adults is removed from the DHS budget.

- Alarms
- Alternating pressure pads, mattresses, and lambs wool
- Apnea monitors & recorders
- Assistive communication devices
- Bath benches, chairs, bars, poles
- Batteries for electric wheelchairs, hearing aids, glucometers, ventilators
- Beds – hospital & specialty
- Billrubin lamps or blankets
- BIPAP (intermittent positive airway pressure)/CPAP (continuous positive airway pressure) machines
- Breast pump
- Bronchial drainage systems/vests
- Canes, crutches, walkers
- Commodes & pans/bedpans
- CPM (continuous passive motion devices
- Diabetic supplies/equipment
- Diapers (4 years of age or older)
- Enteral & nutritional products & equipment
- Hearing aids/supplies
- Humidifiers (oxygen related only)
- Incontinence appliances & supplies
- Lamps (ultraviolet) or SADD (seasonal affective depressive disorder) lamps; psoriasis lamps
- Lifts, patient in-home
- Mattress, hospital bed/specialty bed
- Medical/surgical supplies
- Misc. supplies (includes but not limited to syringes, needles, alcohol or betadine wipes or swabs, lancets, catheters, insertion kits, drug delivery systems)
- Monitors – apnea, pulse oximeters, blood glucose
- Nebulizers
- Orthotics
- Osteogenesis (bone) stimulators
- Ostomy supplies
- Oxygen, oxygen equipment & supplies
- Parenteral solutions/supplies, pumps – intravenous, intrathecal or implantable
- Peak flow meters
- Percussors
- Pneumocardiograms or cardiorespiratory scans
- Prostheses
- Pumps - lumphedema, intrathecal, insulin
- Rails (hospital bed only)
- Restraints – wheelchair, belts, harnesses, vests

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- Seating systems
- Shoes – diabetic or customized orthopedic shoes designed to accommodate customized orthotics
- Slings/splints/rib belts
- Standing frames & tables
- Stockings – surgical, gradient pressure garments, elastic supportive hose
- Suction machine
- Tracheostomy supplies
- Traction equipment, trapeze bars
- TENS (transcutaneous electrical neuromuscular stimulator
- Vacuum assisted erection system
- Vacuum assisted wound closure systems
- Ventilators – volume, pressure intermittent
- Walkers
- Wheelchairs – manual, motorized & positioning

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10-14-03
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✓ on the right are things that are not life threatening
X things that are not durable

Kastrinos

From: Kastrinos [ekastrinos1@cableone.net]
Sent: Monday, March 03, 2003 9:09 AM
To: kkoppelm@state.nd.us
Subject: SB 2012

here is a list of of equipment and supplies (DME) currently covered by medical assistance. As pased by the senate, all DME is removed from the DHS budget. What were they thiking? Removal of some of these items will mean a difference between life and death in som circumstances. The first group are things that I use to sustain my daughter's life every day.

Alternating pressure pads, mattresses. lambs wool
Bath bences, chairs, bars, poles
Batteries for electric wheelchairs, (~~hearing aids~~ she doesn't use, glucometers,) ventilat ers (she cannot breathe without it)
Beds-hospital and specialty (she would have bed sores without this)
X Depends (4 years or older)
Enteral & nutritional products and equipment (she would starve to death
Lifts, patient-in-home
Mattress,hospital bed/specialty bed
X Medical and surgical supplies
X Misc. supplies (includes but not limited to syringes, needles, alchohol or betadyne wipes or swabs, lancets, insertion kits,
Monitors-apnes, pulse oximeters, blood glucose
Nebulizers
X Oxygen and supplies
X Pneumocardiograms or cardiorespiratory scans
Rails - hospital beds only)
Restraints -wheelchair, belts, harnesses, vests
Suction machine
Tracheostomy supplies
Ventilators-volume,pressure, intermittent (she will surely die without t
Wheelchairs-manual, motorized & positioning

These are things we need every day. Without a respirator or suctioning m machine or catheters, she will surely die

Alarms
Apnea monitors & recorders
Assistive communication devices ✓
Bilirubin lamps and blankets ✓
BIPAP/CPAP
Breast Pump ✓
Bronchisl drainage system, vests
Canes,crutches, walkers ✓
Commodes and bedpans ✓
CPM
X Diabetic supplies
Hearing aids and supplies ✓
Humidifiers(oxygen related
X Incontinence supplies and devices ✓
Lamps(ultraviolet) or SAD(seosonal affective depressiv disorder) ✓
Orthotics
Osteogenesis stimulators ✓
X Ostomy supplies
Parental solution/supplies pumps intravenous or implantable
Peak flow meters
Percussors (she uses this also)
Prostheses
X Pumps (insulin ✓

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seating systems
Shoes
Slings/splints/rib belts
Stockings-surgical
Traction equipment
TENS
Vacuum assisted erection system (this is a stupid item to begen with)
Walkers

The Senate must have just looked at numbers and not people. If they eliminate these things, they will be forcing people back into nursing homes. I know that nursing homes are big business in ND, but there is not a facility in Fargo that can take care of Chick. The only place she could go is to Jamestown or to Minnesota. Forcing people back to institutions is illegal and violates the Olmstead Act. Don't they realize that eliminating all DME will cost the state thousands of dollars more in Hospital costs? I sincerely hope that people in the House will be more intelligently informed.

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MeritCare
HealthCare Accessories

3223 32nd Ave. SW, Fargo, ND 58103 (701) 293-8211
121 E Century Ave., Bismarck, ND 58503 (701) 530-0200
1023 10th St. SE, Jamestown, ND 58401 (701) 251-1331
116 First St SW, Minot, ND 58701 (701) 852-4110
1705 Anne St NW., Ste # 1, Bemidji, MN 56601 (218) 759-9391

Date: March 3, 2003
To: ND House Representatives
From: Nancy Froslie – Customer Service/Rehab Manager
Barb Stockert – Reimbursement Manager
Re: Senate Bill 2012

We are writing this letter to express our concern over Senate Bill 2012, which is going to be voted on by the House of Representatives. We would like to ask that you vote against it

As employees for HealthCare Accessories, we know first hand of how these proposed cuts will hurt the handicapped and disabled citizens of North Dakota. Each and every day, we see citizens who come to HealthCare Accessories to obtain life-sustaining services such as home oxygen and enteral nutrition. Without these services, they would not be able to survive. Furthermore, individuals who get the aid of orthotics and prosthetics, ostomy and incontinence supplies and other durable medical equipment such as wheelchairs, would not be able to live a productive or healthy life. These are all items that many of us take for granted because we do not have to rely on them to survive or maintain an independent lifestyle.

We understand that cuts have to be made somewhere. However, we believe that cutting durable medical equipment is not the area. The citizens of North Dakota who needs these services aren't getting it because they want to, but because they have to. It is medically necessary.

People's lives can change in the blink of an eye. Many of us who are able to work have health insurance to help cover any medical expenses or needs. However, put yourself in the shoes of others. Imagine yourself, a family member or someone you know getting a disabling disease or injury. No longer will they be able to work, therefore, no longer will they have medical insurance. How will they survive? How will they pay for medical equipment or services? Where do they turn?

We would like to take the time to invite each of you out to a HealthCare Accessories nearest you. We have locations in Fargo, Bismarck, Minot and Jamestown. We would be happy to show you the medically necessary services that we provide to citizens all over North Dakota and help show you the effects the proposed cuts will have. To schedule a time to visit one of our locations, please contact us. We will be happy to work with any schedule you have.

Sincerely,

Nancy Froslie
Customer Service/Rehab Manager

Barb Stockert
Reimbursement Manager

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10-14-03
Date

March 5, 2003

Dear North Dakota Legislators:

I am writing you in regards to SB 2012. Please support Durable Medical Equipment funding.

I have been working with people with disabilities for over ten years in Fargo, North Dakota through Freedom Resource Center for Independent Living, Inc. and prior to that Fraser, Inc. I am writing to you to ask you not to cut Durable Medical Equipment from its funding. These are things people with disabilities need to stay independent in their homes, as well as to be able to live. For some, it may be a matter of life or death.

There are many wonderful items of equipment that have helped people with disabilities live independent lives, or at least have a quality life living where they choose. But, these pieces of equipment are absolutely unaffordable to your average citizen. They need a funding source to cover the expense. It is unrealistic and unfathomable to see this burden placed on individuals.

Thank you for your support and consideration,

Amanda Ghauri
Freedom Resource Center for Independent Living, Inc.
2701 9th Ave SW
Fargo, ND 58103

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EDGEWOOD VISTA

TESTIMONY ON SB 2012

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

Chairman Delzer and members of the House Appropriations Committee. My name is Penni Weston and I am the Administrator of Edgewood Vista in Bismarck. Our facility has 58 assisted living apartments, 28 licensed basic care beds and a 14 bed Alzheimer's unit. I am here today to ask for your support in restoring funding for durable medical equipment and the funding limits proposed in the Governor's budget for home and community based services.

In spite of what some people may believe, durable medical equipment IS a necessity for the vulnerable population. Let me explain what effect eliminating durable medical equipment to my vulnerable, elderly population will have. In order to live in basic care and assisted living a resident must be able to get from their apartment to our dining room, go to clinic appointments unattended, bathe with assistance in their shower or tub and get to the bathroom by themselves. In addition to these criteria, we offer them opportunities to attend activities in various locations throughout the building, church services in a facility chapel and courtyards where they can walk safely.

One of our residents, who I will call Hazel, was living in a local nursing home. She has Parkinson's disease which causes her to have shaking tremors, takes medications for a heart condition which causes her to get extremely dizzy when she stands up quickly and recently had a stroke which resulted in some weakness on her left side causing her to drag her left foot when she walks. She also has macular degeneration and can only recognize outlines of people and can't distinguish small objects. She spent several months in the nursing home receiving therapy for her stroke and was eventually able to leave that setting and move into our residential facility. Hazel currently uses the following durable medical equipment:

- Shower Chair – This enables her to take her own shower without staff assistance. If she could not sit while bathing she would have to bend over which makes her extremely dizzy, particularly with hot water running on her. Because she can sit down she is able to use both of her hands to wash herself instead of trying to perform this task with one hand while she hangs on to a grab bar inside the shower.
- Walker – This enables her to steady her balance while she is walking so that while she drags her left leg she does not get it caught in the

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carpet and trip causing a fall. The walker also allows her the ability to ambulate safely to the chapel, dining room and activity areas of the building where she can socialize with fellow residents. She is able to do this independently. She can also be taken to the clinic and left unattended to see her physician.

- Bedside Commode - Having a "toilet" at her bedside has prevented her from being incontinent of urine. She takes a heart medication that causes her to have to get up 2-3 times each night. Before getting the commode, she had fallen twice during the night on her way to the bathroom. She would get up quickly and got dizzy. Added to this her vision is poor and even worse in the dark. She often tried to get to the bathroom without her walker because she thought she could get there more quickly. She was very stiff and unsteady when she would get up due to her Parkinson's disease.

Without these 3 pieces of durable medical equipment, Hazel would require human "hands on" assistance each time she needed to go to the bathroom and whenever she needed to bathe. Because of her risk for falls and weakness she would either need to have meals brought to her room or else a staff person would need to push her to the dining room in a wheelchair. She now no longer is able to reside in a residential setting and would now need to be back in the nursing home.

The cost for her to live at Edgewood Vista with the required equipment is as follows: $1500 per month for room, board and personal care
$ 500 as a one time expense for the cost of her walker, shower chair and bedside commode.

The approximate cost for her to receive the care she needs without the DME in the nursing home would be greater than $3,000 per month.

This same example could be used for an individual who lives in their own home and receives services from the SPED, Expanded SPED and Medicaid Waiver programs. Not only is the cost to the state and the private pay consumer significantly less, it is where more than 90% of the elderly citizens want to live.

Please restore the funding for durable medical equipment and home and community based services. It is responsible social and fiscal policy. Thank you for the opportunity to testify and I would be happy to answer any questions.

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1705 Anne St NW., Ste # 1, Bemidji, MN 56601 (218) 759-9391

House of Representatives
Appropriations Committee
Bill 2012

March 6th, 2003

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We would like to thank you for the opportunity to meet with you.

We are Tracey Voegele, Branch Manager-Bismarck, Barb Stockert Reimbursement Manager, and myself Lori Morin, Operations Manager, Respiratory Therapist, from MeritCare HealthCare Accessories.

We are here to represent our customers that are receiving services presently covered by North Dakota Medical Assistance. In many of these situations, this may be their only medical pay source.

We are a ND based company with locations in Fargo, Jamestown, Bismarck, and Minot. We provide home medical equipment and services such as ventilators, oxygen, tracheosotomy supplies, enteral nutrition, suction equipment, ostomy, and catheters.

This list does not include frivolous niceties, these are necessary and in some cases life sustaining equipment for many ND residents. But, without amendments to the Bill 2012, the reimbursement for all of these services for adult citizens will cease. In addition, this will result in either a person's death, or their placement in a long term care facility.

We realize that nursing homes are a beneficial place of residence for the population that need specialized nursing care. But to flood the nursing homes with patients that could and would remain in their homes if they had the accessibilty equipment to do so, is an unneeded and illogical expense to the state of ND.

Per the ND Long Term Care Association, North Dakota has 85 nursing facilities that house 6,652 beds.

They are presently 93% occupied.

The 2002 cost for one day of care in the nursing facility is $127.05. This amounts to $3811.50 a month for one patient.

Presently, 55% of all people in long term care facilities are funded by Medical Assistance.

In the past 12 months, we at HealthCare Accessories have serviced 790 ND Medicaid receipients. The total services that they received averaged to $114.00 per receipient.

If just half of these people were placed in a nursing home (345) at $127.05 per day it would cost the state of ND $43,832.00 per day.

One must also look at the fact that the present 85 nursing facilities within the state do not have the room, staff, or housing necessary to accommodate all of these patients. New facilities would have to be built in order to care for just these people. In addition, ND has the highest proportion of older people in the nation. By the year 2015, ND's aging population is projected to grow 36.6% from the year 2000.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Many of the services that we provide are life sustaining to our customers. A good example is oxygen. Most of our customers that receive oxygen services are placed on an oxygen concentrator and a portable unit. The monthly cost for this equipment is less than $400.00/month, or approximately $4800.00 a year. This is just about the cost for one month of nursing home care.

Some of our customers receive a service of enteral nutrition. This is provided to patients that are unable to eat normally and is their sole source of nutrition. We can generally provide these customers with food and supplies for less than $700.00/month.

Some of our customer's are on ventilators. This is a piece of equipment that breathes for the patient because they are unable to do so on their own. Our charge for a ventilator is approximately $1000.00/month or 12,000/year.

Wheelchairs are another item that many of our customers need. These are their "legs". Without a wheelchair they would be bed confined—24 hours a day, seven days a week. We must look at the quality of life that these people would have if they did not have a wheelchair. If this was your mother, father, sister, or brother would you take away the only form of independence that they have?

We have some testimonies from some of our customer's that we would like to share with you....

As you can see, the equipment that these people receive is vital to their well being. To cut funding for life-sustaining equipment would either kill them, or require that they be placed in a nursing facility. We would like to propose that you re-look at Bill 2012, and make some of the following amendments:

To allow payment from ND Medical Assistance for all life-sustaining and medically necessary equipment.

In the last six months North Dakota Medical Assistance has paid $195,662.02 for hearing aids, .bath and toilet aids $10,162.80, and $47,043.51 for wound therapy pumps for ND residents.

This has been a plus for many Medicaid receipients because these are all items that are generally not covered by **any** other health insurance payor. In addition, these are not items that are truly medically necessary. They are nice, but they are not vital to a person's life.

We would like to suggest that before you cut adult home medical equipment totally, that you look at what other health plans offer and possibly consider establishing a fee schedule that is similar to Medicare's or Blue Cross.

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In addition, we would like to have you consider the fact that there are about 15 home medical equipment companies in North Dakota. To cut Medicaid reimbursement for ND adults would definitely impact the home care companies. Not only are you looking at lost revenue, but we would have to look at the fact that if we cannot provide the equipment and be reimbursed for it—we would have to lighten our staff. This would mean that we would have a number of people in ND that would be without jobs. This is truly something that ND does not need.

Before you vote, take a moment and really look at Bill 2012. Yes, we are aware that cuts need to be made, but please remember the people that have and need life sustaining equipment. Look at what the cost would be of having these people in nursing homes and the financial burden that this would place on the state. Consider taking away someone's independence, their legs, or their ability to breathe. Would this really be something that you, or I could live with?

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Operator's Signature

10-14-03
Date

March 5, 2003

Dear Representatives,

I am writing to you concerning Senate Bill 2012
I am asking that you please vote against it.
In August of 2001 I was diagnosed with lung cancer
and COPD. I had half a lung removed in April of 2002.
Since August of 2001 I have been on an Oxygen Concentrat
24 hours a day to breathe. The concentrator cost $280. a
month, portable unit $50 and tanks $10. (6 use 6 tanks a month) this
comes to $390. The only income I have is dis ability which
is $554 so that leaves me $164 to live on if this bill pass
My only course of action would be moving to a nursing home
which would triple this cost, and cost me my independence.
Please vote No on this bill so I can continue to be
self sufficint and not cost the state any more money the
necessary.

Thank-You,
Diane Hayden
1064 Buffalo
Mandan, ND 58554

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Theresa A. Lee
Operator's Signature

10-12-03
Date

Dim Writing this letter to let you know that Dim against Senate Bill 2012. My name is Paulette McArthur and I live at 4354 Claridge Loop (Century Park), Bismarck, N.Dak. 58503. For 8 years I have been living with a terrible disease that affected my lungs (Pulmonary Sarcoidosis). as of now, I am still waiting for a double lung transplant at Fairview University Hospital in Minneapolis, Minnesota.

As of now, I am on a oxygen concentrator, portable oxygen and nebulizer. I also go to Rehabilitation 3 days a week, as I need these items to live until I get my transplant. I need to see lots of doctors & take lots of medicine all these years. What about the Aid I need after the transplant? How will I or are we to live life?? You take all this away and I'll (will) surely pay the rest of my (our) lives. Dim speaking not only for myself, but also for all the people that need Aid in the whole State of North Dakota. Why take the lives out of our Senior Citizens???

Sincerely yours,
Paulette McArthur

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Theresa A. Fell — 10-14-03
Operator's Signature — Date

My name is Mark Boatman and I live in Jamestown, North DaKota. I have Duchene muscular dystrophy and I depend on Medicaid assistance for my health care needs. With my disability, there have been many of my required needs covered by medicaid. These needs are by no means luxurys, but are vital medical necessàties which I depend on and need, to carry out the necessary activities of daily living.

Without durable medical equipment and health care services provided by Medicaid, my survival and quality of life would be in severe jeopardy.

I strongly urge you not to cut Medicaid funding, or the consequences for myself and many others would be very critical.

Thank you
Mark Boatman

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10-14-03
Date

DME STUDY

Paid Claims 07/01/2002 th 12/31/02

Recipient Age> 21

Procedure Code Principal Start		End		Description	Amt Paid Sum
E0950	Standard Wheelchair	K0462	Temporary replacement eqpmnt	**Wheelchair & Accessories**	$ 96,568.03
E0424	Stationary compressed gas oxy	E1390	Oxygen concentr to 732 c	**Oxygen Equipment**	$ 56,851.50
K0538	Neg pressure wnd thrpy pump	K0540	Neg pres wnd thrp canister	**Pressure Wound Therapy**	$ 47,943.51
E0250	Hosp bed fixed ht w/ mattres	E0373	Nonpowered pressure mattress	**Hospital Bed & Accessories**	$ 41,816.09
E0600	Suction pump portab home modl	E0606	Drainage board postural	**Suction Pumps**	$ 18,048.43
K0112	Trunk vest supprt innr frame	K0195	Elevating whichair leg rests	**Spinal Orthotics**	$ 12,466.16
E0720	TENS two lead	E0765	Nerve stimulator for tx n&v	**TENS**	$ 11,802.70
E0241	Bath tub wall rail	E0249	Pad water circulating heat u	**Bath & Toilet Aids**	$ 10,162.80
E0550	Humidif externs supple w IPPB	K0534	Invasive assist w backup	**Humidifiers, Compressors, Nebulizers**	$ 8,713.05
E1399	Durable medical equipment misc	E1399	Durable medical equipment misc	**Durable Med Equip - Miscellaneous**	$ 8,506.91
E0180	Press pad alternating w pump	E0199	Dry pressure pad for mattres	**Decubitus Care Equipment**	$ 5,701.36
E0130	Walker rigid adjust/fixed ht	E0159	Brake for wheeled walker	**Walkers**	$ 5,450.46
E1340	Repair for DME, per 15 min	E1340	Repair for DME, per 15 min	**Durable Med Equip - Repair**	$ 4,466.37
E0110	Crutch forearm pair	E0116	Crutch underarm each no wood	**Crutches**	$ 3,855.86
E0621	Patient lift sling or seat	E0635	Patient lift electric	**Patient Lifts**	$ 2,257.83
E0650	Pneuma compresor non-segment	E0873	Pressure pneum appl half leg	**Pneumatic Compressor & Appliances**	$ 1,400.35
E0840	Tract frame attach headboard	E0948	Fracture frame attachmnts cerv	**Traction**	$ 1,128.06
E0160	Sitz type bath or equipment	E0179	Dry presure pad/cushion nonp	**Commodes & Accessories**	$ 1,119.40
E0690	Ultraviolet cabinet	E0890	Ultraviolet cabinet	**Ultraviolet cabinet**	$ 793.05
E0607	Blood glucose monitor home	E0608	Apnea monitor	**Monitoring Equipment**	$ 737.16
E0100	Cane adjust/fixed with tip	E0105	Cane adjust/fixed quad/3 prong	**Canes**	$ 584.28
K0268	Humidifier nonheated w PAP	K0268	Humidifier nonheated w PAP	**Miscellaneous**	$ 577.76
E0200	Heat lamp without stand	E0239	Hydrocollator unit portable	**Heat/Cold Application**	$ 245.04
E0776	IV pole	E0830	Ambulatory traction device	**Infusion Supplies**	$ 124.50
E0700	Safety equipment	E0710	Restraints any type	**Safety equipment**	$ 21.08
Totals					$340,441.74

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Procedure Code Principal		Amt Paid Sum
V5090	Hearing aid dispensing fee	$ 57,775.58
V5050	Hearing aid monaural in ear	$ 37,783.40
V5160	Dispensing fee binaural	$ 33,150.00
V5130	In ear binaural hearing aid	$ 20,291.34
V5014	Hearing aid repair/modifying	$ 18,366.63
V5140	Behind ear binaur hearing aid	$ 13,706.18
V5060	Behind ear hearing aid	$ 9,455.99
V5110	Hearing aid dispensing fee	$ 4,550.00
V5120	Body-worn binaural hearing aid	$ 326.98
V5299	Hearing service	$ 140.25
V5030	Body-worn hearing aid air	$ 113.77
Totals		$195,662.02

Procedure Code Principal					
Start	Proc Code CPT	End	Proc Code CPT		Amt Paid Sum
L5000	Shoe insert w arch toe filler	L7900	Vacuum erection system	Prosthetic Procedures	$ 72,133.24
L0100	Cranial Orthosis (Helmet)	L2999	Lower extremity orthosis NOS	Orthotic Procedures	$ 57,377.15
L3000	Foot insert UCB Berkeley shell	L3649	Orthopedic shoe modifica NOS	Orthopedic Shoes/Footwear	$ 42,625.00
L3650	Shoulder fig 8 abduct restrain	L4398	Foot drop splint recumbent	Orthotic Devices	$ 19,705.41
L8000	Mastectomy bra	L8499	Unlisted misc prosthetic serv	General Prothesis	$ 17,397.48
L8500	Artificial larynx	L9900	O&P supply/accessory/service	Prosthetic Implants	$ 2,797.93
Totals					$212,036.21

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Mr. Chairman, Committee Members, my name is Elaine Kastrinos and I am a concerned citizen and parent. Sitting beside me is my daughter, Chick. She had a car accident and is now a vent-dependent quad. She had insurance, but it soon ran out and she is now on Social Security Disability and receives help from ND Medical Assistance.

We understand that the state budget is tight. However the SB 2012 that was passed by the Senate last week is ludicrous. There are some unique situations such as Chicks. Some of the items that are being removed from the DHS budget are a matter of life and death for her and others.

Nursing homes are big business in ND and essential for some people. But individuals should have a choice of where they want to receive their cares. The Olmstead Decision states that a person must be allowed to live in the least restrictive environment. When Chick was in the nursing homes, she was verbally, emotionally and physically abused. At the second home she was in, she developed bed sores so bad that they required surgery and she was hospitalized for quite some time. She needed a special mattress. ND medical has since provided that and she hasn't had a sore since. This is being eliminated from the budget.At Courage Center, they had to call the Fire Dept. at least seven times to resuscitate her because they didn't know what they were doing. Every six weeks, Chick has to have her Trach changed. As an Outpatient, it costs $683.00. I learned how to do it myself and it now costs $89.00. I also change her GS tube for a savings of $250.00. By taking all these items out of the budget, you will be forcing people back into institutions. Without medical assistance, my daughter will surely die.

Even if I were to sell everything I own, I would only have enough money for the next few months. When the Senate passed this bill, they must have pulled numbers out of the air. I don't think they realize that there are human beings behind the numbers. Instead of eliminating all of the items, why don't you drop payment by 10%. There is such a great markup on product that they can afford to take the cut. The disabled cannot. I know many disabled people who are hungry because they have to decide from month to month if they should buy groceries or cathetors or meds? Without medical assistance, my daughter will surely die. Even if I sold everything I owned, it would only sustain her for o a few months.

Because of what has happened to her in the past, I will not allow my daughter to be institutionalized. The nursing homes do not have everything they need to take care of people like Chick and the things they need are being eliminated. What the heck are we going to do? It takes two years to become eligible for benefits under social security. If ND assistance hadn't helped us, she would have died six years ago.

I hope that when you vote on this matter, you realize that what happened to Chick could happen to you or someone you love. She was not drinking, speeding or doing drugs, she did not plan to be in a chair the rest of her life. What will you do if the assistance isn't there?

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Theresa A. Gee 10-14-03

Operator's Signature Date

My name is Julie Messner. I am a close friend of the Kastrinos, and I would like to share my observations as an RN and Certified Wound Care Nurse. My work experiences include acute care, pediatrics, long-term complex care services, home health, nursing home facilities, ventilator patients, spinal cord injury patients, and post-op surgical patients.

When I worked in a Fargo nursing home, the average age of the residents was 85. During the day shift, the patient-to-care-giver ratio was generally 1 RN and 2 or 3 CNAs per 24 residents. On the night shift, there was 1 RN and 1 CNA. None of these residents required a respirator. At the complex care facility, I worked with many paraplegic and quadriplegic patients. Most came to us from nursing homes with bedsores. Some sores needed several weeks to heal with special dressings and care, others required surgery. This skin grafting surgery will only be 80% as strong as the original skin. People with spinal cord injuries and altered nerve innervations experience the highest risk level of skin break down. The frequent need for turning, positioning, splints, cushions, special mattresses, and adequate nutrition continues for the rest of the patient's life.

Chick's condition is similar to that of Christopher Reeve. Her special needs, as I see them, are: breathing and airway maintenance, attention to skin care and prevention of break down with sores, adequate nutrition provided by oral and gastrostomy feeds, control of seizures and spasms, and quality of life.

It has been my observation that Chick's needs are being met at the highest level at home by her own parents. Larry and Elaine love their daughter and have chosen to care for her in their own home rather than confining her to a nursing home. They have received qualified training through various medical entities in the hospital and at home. They have chosen this option through a history of bad experiences in nursing homes.

Since she has been home, there has not been a single incident requiring the use of CPR. She has not been overnight in a hospital for nearly 3 years. Her suctioning and breathing needs are being promptly met. Her oxygen saturation levels are being constantly monitored and properly maintained. She has not had a pressure sore at home. Her body elimination needs are promptly met, preventing skin breakdown and infection. She is able to enjoy meals with her family and visitors. Elaine has a full understanding of Chick's seizures and gives medication quickly and accurately. I'm confident that if you asked Chick, she would say that her quality of life is great, and that she feels safe and happy at home. She is actively involved in assisting her parents with ideas for parties and events, and they act as her hands and feet.

I am sure that there are other people in North Dakota with medical conditions similar to Chick's. If they are presently in hospitals or nursing homes, they may welcome the opportunity to be cared for at home by loved ones and skilled caregivers. They deserve the chance to live a fuller, safer life in their own home.

Thank you

Julie Messner
214 11th Ave. E.
West Fargo, ND 58078
701-282-8072

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Operator's Signature

10-14-03
Date

SB 2012

Good Morning Mr. Chairman and Members of the Committee.

For the record, my name is Nancy Kopp. I appear before you today on behalf of the North Dakota Optometric Association and unofficially their adult Medicaid patients, to ask that you seriously consider restoring the funding for adult optometric services in the Medicaid Program which the Senate eliminated.

The legislative body has done an excellent job of providing healthcare services for the children of our state, whose families are economically disadvantaged, but there are critical human medical needs in the adult population also. We cannot assume that somehow they will be able to take care of their health needs themselves.

I will try to be brief in my comments.

1. Vision is probably the most important human sense most of us are blessed with. How would any one of you that requires vision correction with eyeglasses or contact lenses function throughout your day, if you could not afford the vision correction devices and had to do without?
2. I don't think it is unreasonable or frivolous to provide adult Medicaid recipients an eye exam once every two years and a $25.00 pair of eye

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glasses if needed. This is just a fraction of the dental services that are provided.

3. If adult optometric services are not restored, who is going to repair those eyeglasses that the optometric office staff is now providing at no charge?
4. While the adult population's eyesight does not normally fluctuate as much as a child's may, adults are at a greater risk of experiencing vision problems and/or disease of glaucoma, diabetes or cataracts. These are serious sight threatening conditions and if not diagnosed early, can create more of financial burden in time.
5. How are those on Medicare that depend on Medicaid to fund the 20% coinsurance benefit, afford the eyecare they require, as has repeatedly been stated, to keep them out of the long term care facility or emergency room?

We realize this is a time of revenue shortfalls and tight budgets, but perhaps instead of cutting one Medicaid service to enhance another, shouldn't all services take a reduction to some degree?

The NDOA optometrists have bent over backwards to provide eyecare service to the Medicaid recipients for years. If the cut of optometric services remains, those in need will be the ones who suffer, not the providers and

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when they call an optometrist to seek free care, they will be directed to their district legislators.

The NDOA has for the past 12 years, provided free eye exams and materials through its Vision USA program. This program though, is for individuals that are not eligible for Medicaid or have any other insurance. We most likely would not revise our eligibility requirements to accommodate the adults the Senators felt no need to provide optometric services for.

In closing, I would appreciate and strongly urge your committee to restore the appropriate funding for adult optometric services in the Medicaid program.

I would be happy to attempt to answer any questions you may have.

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10-14-03
Date

SB 2012 Exhibit #30

NDPhA
NORTH DAKOTA PHARMACEUTICAL ASSOCIATION

1906 E Broadway Ave.
Bismarck, ND 58501-4700
Tel. 701-258-4968
Fax 701-258-9312
e-mail ndpha@nodakpharmacy.com

Testimony before the Senate Appropriations Committee
Tuesday, January 14, 2003
Galen Jordre – Executive Vice President

North Dakota pharmacies are contributing to cost controls in the Medicaid program.
North Dakota pharmacies have been working with the Department on programs to maintain cost and promote rational medication use for the last 18 months. We have offered solutions and ideas with a large number being adopted by the Department. At the same time, when faced with budget constraints this last summer, the Department instituted several steps that reduced revenues that go to pharmacies participating in the Medicaid program. The prescription drug program will contribute approximately $900,000 out of the $2,500,00 savings that the Department is expecting to receive from reducing Medicaid expenditures.

Prior to the institution of the savings program, the NDPhA and individual pharmacists proposed the following solutions:

- Developed a plan for pharmacists to provide Disease State Management for three disease states.
- Provided information and plan promoting tablet splitting to save money where appropriate.
- Indicated support of prior authorization to promote rational medication use.
- Provided proposal to institute state MAC and seek rebates during a generic drug's period of initial exclusivity.

Some of these proposals were incorporated by the Department into the prescription drug program and have produced savings for the Department.

The package of cost saving measures instituted by the Medicaid program have affected pharmacies as follows:

- Institution of electronic drug edits by the Department has saved money and has also created extra workload for pharmacies. The Department moved the electronic edit for early refills to 80% of quantity dispensed. Patients cannot receive medications before 80% is used. Electronic edits limiting dispensing fees to once/month have saved money but at a cost to pharmacy.
- Implementation of the Maximum Allowable Cost program for a limited number of generic drugs is saving the Department $300,000 in general funds and costing pharmacies approximately $900,000. This is with a limited list of high volume generic products.

OFFICERS 2002 - 2003 | BOB TREITLINE, R.Ph. President | WADE BILDEN, R.Ph. President-Elect | CURTIS McGARVEY, R.Ph. Vice-President | GALEN JORDRE, R.Ph. Executive Vice President

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Theresa A. Lee 10-14-03
Operator's Signature Date

- Institution of co-payment of $3.00 for brand name drugs is saving the Department approximately $300,000 for the remainder of the biennium. Most of this amount comes from the beneficiaries but some comes from the pharmacies. Federal regulations prohibit pharmacies from demanding that payment of the co-payment be made in order to provide services.
- The NDPhA proposed a program to promote rational therapy with Proton Pump Inhibitors following nationally accepted guidelines. Research showed that an above average number of Medicaid beneficiaries were receiving these products and for a time period that was significantly longer than recommended in therapeutic guidelines. After a beneficiary received sixty days therapy there is an electronic prompt and the pharmacists consult with physicians to insure that continued therapy was warranted. No beneficiaries are denied products when needed and it is not a prior authorization process.

Expectations for the 2003-2005 budget

While we have not have the opportunity to examine 2003-2005 prescription drug budget in detail, we see that North Dakota participating pharmacies will continue to play a significant role in cost containment. We are currently working with the Department as it expands the Maximum Allowable Cost list for generic drugs. We anticipate that when fully implemented the list will reduce reimbursement to pharmacies by over $2,000,000 annually. Because the list estimates cost closely to the actual acquisition cost that pharmacies pay, we are working with the Department to develop a dispensing fee that will maintain incentive for pharmacies to promote generic drug use. In the Medicaid program there is approximately $60.00 difference between a generic prescription and a brand name prescription. The real savings result when there is greater utilization of generic drugs. Right now the generic rate for prescriptions in the Medicaid program is almost 49%. That number has increased by about 4% over the last four months that we have surveyed. A 1% increase in generic utilization can produce over $500,000 in reduced drug spending for the state. Actions by pharmacists produce those savings.

The NDPhA has indicated that it will support a prior authorization program as a method of promoting rational drug therapy within the Medicaid program. The Medicaid program, because of federal limitations cannot impose private marketplace restrictions like differential co-payments to promote rational therapy so prior authorization can be a valuable tool. We recognize that prior authorization will be more work for our members but we see the need to control utilization.

The NDPhA is ready to work with you as you examine the prescription drug budget. It is a large amount of money and a large increase but prescription drugs provide alternatives to more expensive medical treatments. We want you to look at pharmacies as partners in getting the most out of the dollars that you are going to spend on this program in order to better serve the citizens of the state.

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Exhibit 30 A

Common Manufacturer Discount Cards that may provide savings to eligible senior citizens.

Together Rx Card

Sponsors: Abbott Laboratories Inc., AstraZeneca PLC, Aventis SA, Bristol-Myers Squibb Co., GlaxoSmithKline PLC, Johnson & Johnson, Novartis AG
Enrollment Cost/Effective Date: Free/Card effective June 2002.
Who is Eligible: Medicare-enrolled senior citizens and the disabled are eligible if applicant:

- Has an annual income at or below $28,000 per person or $38,000 per couple.
- Lacks other prescription drug coverage, such as Medicaid, Medigap or employer-sponsored retiree coverage.

Discount/Benefit: An estimated 20 to 40 percent discount off select outpatient medicines.
Drugs Covered: The Together Rx Card covers about 150 medicines made by the sponsors, including drugs used to treat arthritis, diabetes, depression, hypertension, allergies and high cholesterol.
How to Apply: Call 1-800-865-7211 or visit www.Together-Rx.com
Web Site: www.Together-Rx.com

LillyAnswers Card

Sponsor: Eli Lilly
Enrollment Cost: Free
Who is Eligible: Medicare-enrolled senior citizens and the disabled are eligible if applicant:

- Has an annual income at or below $18,000 per person or $24,000 per couple.
- Lacks other prescription drug coverage, such as Medicaid, Medigap or employer-sponsored retiree coverage.

Discount/Benefit: Members pay a flat $12 fee for a 30-day supply of Lilly outpatient drugs.
Drugs Covered: All Lilly outpatient medicines, including Evista for osteoporosis; Humulin and Humalog for diabetes; Prozac for depression; and Zyprexa for schizophrenia.
How to Apply: Applications available by calling 1-877-RX-LILLY.
Web Site: www.lillyanswers.com

Pfizer Share Card

Sponsor: Pfizer
Enrollment Cost: Free
Who is Eligible: Medicare-enrolled senior citizens and the disabled are eligible if applicant:

- Has an annual income at or below $18,000 per person or $24,000 per couple.
- Lacks other prescription drug coverage, such as Medicaid, Medigap or employer-sponsored retiree coverage.

Discount/Benefit: Members pay a flat $15 fee for a 30-day supply of select Pfizer outpatient medicines.
Drugs Covered: Currently, 43 Pfizer-made outpatient drugs are covered, including Lipitor for lowering cholesterol; Norvasc for high-blood pressure; and Zoloft for depression. The card also covers Zyrtec for allergies and Aricept for Alzheimer's disease.
How to Apply: Applications available by calling 1-800-717-6005.
Web Site: www.pfizerforliving.com

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10-14-03
Date

NDPhA
NORTH DAKOTA PHARMACEUTICAL ASSOCIATION

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Bismarck, ND 58501-4700
Tel. 701-258-4968
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Testimony before the House Appropriations Committee
Galen Jordre, R.Ph. – Executive Vice President

The North Dakota Pharmaceutical Association (NDPhA) represents the 700 pharmacists licensed to practice pharmacy in this state. These pharmacists provide services to patients through 164 community retail pharmacies and 56 institutional pharmacies located in 72 different communities of our state. Almost 100% of our pharmacies participate in the Medicaid program and provide needed services to both ambulatory patients and those within nursing care facilities.

The budget you have before you today includes a decrease of $9,000,000 for prescription drugs from the Department of Human Service's recommended budget. This type of decrease cannot be sustained without decreasing the number of prescription medications that are available to recipients or further reducing reimbursements to providers of pharmacy services.

There is no doubt that prescription drug expenditures within the Medical Services budget are rapidly growing and exceed increases in other areas. The Medicaid program is affected to a greater extent than other programs because of greater numbers of low-income elderly and disabled. In spite of this, the original Department recommendation for an increase of $18,000,000 in prescription drug expenditures for the biennium is lower than national average increase predicted by the CMS. CMS has projected increases of 14.8% in 2003 and 14.4% in 2004. The reason for this is because the Department has implemented a number of reimbursement reductions and program changes in the last twelve months. We have estimated that the savings realized by the Department to be in the range of $6-8M per year. These changes have slowed the rate of increase in the rise of prescription drug costs and are listed on a separate page.

While these changes have produced savings for the Department, they have also reduced reimbursement and payments to pharmacies. The most significant portion of the budget recommendation affecting pharmacies is the State Maximum Allowable Cost (SMAC) program that is projected to produce over $6M in savings to the program during the biennium. The goal of the SMAC program is to more accurately reflect the true cost that pharmacies pay for generic drug products. The SMAC program replaces and expands upon the Federal Upper Limit (FUL) program that included approximately 450 medications. The SMAC list includes over an additional 600 drug products. The savings from the SMAC program will come directly from pharmacy reimbursement. Based on the number of generic prescriptions filled each year, this program change will reduce reimbursement to pharmacies on an average of over $4.00 per generic prescription dispensed.

Pharmacy reimbursement is made up of the cost of the drug and dispensing fee. Because of variability of manufacturer pricing practices, the Department estimates the acquisition cost that pharmacies pay for drug products. The estimated cost is slightly higher than what pharmacies pay. At the same time, the dispensing fee is lower than the actual cost of dispensing a prescription. Historically the combination of the cost estimate and dispensing fee has provided reasonable reimbursement for pharmacies. The implementation of the SMAC program has changed the equation.

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House Appropriations Committee Testimony
North Dakota Pharmaceutical Association

When faced with increased prescription drug budgets, one school of thought to control prescription drug costs is to focus on reimbursement reductions to pharmacies...BUT...

- *Program changes in the last twelve months have had a significant impact on revenues to North Dakota pharmacies.*
- *Pharmacies are not responsible for the increase in expenditures. The two main areas are prescription drug price increases and greater utilization by Medicaid recipients.*
- *The portion of the budget that is paid for pharmacy services has continually gone down as a percentage of the total dollars spent.*
- *Current pharmacy fees and payment methodology are equivalent to prevailing rates of predominant insurance program in the state.*
- *Any decreases made in acquisition cost calculations or dispensing fees come directly from the already thin pharmacy operating margins.*

Additional reductions in reimbursement will threaten the type of services that pharmacies provide to Medicaid beneficiaries and the availability of a network to provide pharmacy services. At a time when the greatest benefit to the Medicaid program would be increased use of generic medications, the SMAC program comes dangerously close to removing any incentives for pharmacies to actively advocate the use of generic products. Another area of impact would be the possible cessation of unit dose packaging that is used for patients who are in long-term care facilities. This type of dispensing is labor intensive but offers great benefit to the facility by streamlining medication distribution. An additional benefit to the Medicaid program is that in many systems, the Department is billed only for drugs that are actually taken by patients.

The option of reducing the number of prescriptions that each Medicaid recipient will have to be explored if the $9,000,000 reduction recommended by the Senate is to be included in the final budget. This would be very difficult because of the types of drugs that are used by recipients in the program. The low-income elderly have higher use of prescription drugs and limitations could cause them to miss needed medications, causing problems and increased costs in other areas of medical care. The number of recipients with severe mental illness makes it very difficult to limit medications for this group. Some states have imposed limits on the number of prescriptions that recipients may receive. Before implementation of that type program there should be careful analysis of how our Medicaid population compares to that of states where prescriptions are limited.

Pharmacies and pharmacists have contributed to controlling costs within the prescription drug program and will continue to do so in the years ahead. There are additional techniques that the Department can use to trim utilization and control costs and we will continue to point those out and work to implement them. Some of those proposals are included with this testimony. Making indiscriminate cuts in the prescription drug budget may backfire and produce other expenses in long-term care facilities, physician services, and hospitals. As you examine this budget, the NDPhA will work with you to find cost-effective solutions that will preserve the access that recipients have to needed drugs and pharmacy providers.

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CHANGES MADE BY THE DEPARTMENT IN THE LAST 12 MONTHS HAVE:
- **SLOWED THE RISE IN PRESCRIPTION DRUG BUDGET**
- **DECREASED PHARMACY REVENUES AND MARGINS**

The NDPHA and individual pharmacists proposed the following solutions:

Developed a plan for pharmacists to provide Disease State Management for three disease states. The NDPhA has provided names of pharmacists but the Department has not started the plan.

Provided Information and plan promoting tablet splitting to save money where appropriate. **Tablet splitting is projected to provide the Department $200,000 per year maximum savings.**

Indicated support of prior authorization to promote rational medication use. This approach is currently being considered by the legislature in HB 1430. **The approach favored by NDPhA should produce significant savings to the program through improved utilization of medications.**

The NDPhA proposed a program to promote rational therapy with Proton Pump Inhibitors following nationally accepted guidelines. Research showed that an above average number of Medicaid beneficiaries were receiving these products and for a time period that was significantly longer than recommended in therapeutic guidelines. After a beneficiary received sixty days therapy there is an electronic prompt and the pharmacists consult with physicians to insure that continued therapy was warranted. No beneficiaries are denied products when needed and it is not a prior authorization process. **The Proton Pump program is expected to produce $800,000 per year maximum savings** This program started in late August and we saw a decrease of $314,000 in expenditures for the top four Proton Pump Inhibitors from the first half of 2002 to second half of 2002.

The package of cost saving measures instituted by the Medicaid program have affected pharmacies as follows:

Institution of electronic drug edits by the Department has saved money and has also created extra workload for pharmacies. The Department moved the electronic edit for early refills to 80% of quantity dispensed. Patients cannot receive medications before 80% is used. **The 80% edit is projected to produce $250,000 per year maximum savings.**

Electronic edits limiting dispensing fees to once/month have saved money but at a cost to pharmacy. **The one dispensing fee per month edit is projected to produce $193,000 per year maximum savings.** Electronic edits have established quantity limitations on certain products. **These edits have produced $500,000 per year maximum savings.**

Implementation of the Maximum Allowable Cost program for a limited number of generic drugs will save the Department up to $500,000 in general funds in the current biennium costing pharmacies up to $1,500,000. **The expanded list in the governor's budget is expected to produce $4,000,000 per year maximum savings.**

Institution of co-payment of $3.00 for brand name drugs is saving the Department approximately $300,000 for the remainder of the biennium. Most of this amount comes from the beneficiaries but some comes from the pharmacies because federal regulations prohibit pharmacies from demanding that payment of the co-payment be made in order to provide services. **The co-payment is expected to produce $1,000,000 per year maximum savings.** In addition to the savings on co-payments, this requirement has prompted many switches to generic products. The generic rate for prescriptions in the Medicaid program is 49%, an increase of 4% over five months ago. **A 1% increase in generic utilization produces over $500,000 in reduced drug spending for the state. Actions by pharmacists produce those savings.**

Total impact of package of cost savings measures will be somewhere between $6,000,000 to $8,000,000 per year.

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OPTIONS FOR 2003-2005 BUDGET CYCLE:

The following are options that will impact the total drug spend during the next biennium. A number of these are in place and are steps that the Department continues to incorporate into the plan. Others would require a departure from past policy and would place new limitations on both recipients and providers.

- Restore the savings that the Department projected in SB 2088 that was defeated. SB 2088 would have allowed the Department to establish a preferred drug list, obtain supplemental rebates, and implement other cost containment measure. The enactment of HB 1430 that is now on the Senate side can still act as a vehicle for this purpose. In its present form, HB 1430 does not provide the $1,000,000 general fund ($3.9M total) savings that is included in SB 2012 predicated on the passage of SB 2088. HB 1430 can be amended back to include some of the features in SB2088 and also provide opportunities for instituting programs such as step therapy and prior authorization to promote rational medication use. If the Department is to institute savings through some of these processes, it will need support of the legislature to do so. The NDPhA supports a program of prior authorization and other therapy modifications when those programs are designed and approved of by a panel of physicians and pharmacists within the state.

- Generic drugs provide the greatest opportunity to shift drug spend and to produce savings. It is projected that the difference in cost between the average brand name drug and generic drug in the next biennium will be approximately $70.00. Each 1% increase in the rate of generic use should save the Department over $1M in the biennium. A shift has been accomplished through the establishment of the co-payment on brand name drugs. Additional shift can be accomplished through step therapy that would require first use of generic drugs in selected therapeutic classes of medications. An additional approach would be to require the use of generic drugs when available for a drug entity. These approaches would also require a prior authorization process in case a patient has a treatment failure on the generic product.

- Provide for limitations on the number of prescriptions that recipients may receive each month. This is a drastic proposal but effectively reduces spending. For example, when applied to all recipients in the program limiting payments to five prescriptions a month would produce savings of over $11M in the biennium. This would affect approximately 25% of the recipients who utilize pharmacy services and would have the greatest impact on the low-income elderly and those in long-term care facilities. The NDPhA would recommend that if any quantity limitation on prescriptions is considered, that the limitation be placed on brand name drugs and that unlimited generic drugs be allowed. This would provide recipients the option of obtaining generic drugs in therapeutic classes where they are available and not have them count against the number of brand prescriptions allowed. As established in Florida, this type program targets recipients age 21 and older who are not institutionalized. If instituted in that manner, lower levels of savings could be expected.

- It is said that the top 400 recipients in Medicaid utilize over 12% of the prescription drug budget. Many of these recipients have unique conditions requiring expensive medications but others are high utilizers of prescription drugs. One approach would be to establish a case management model where a physician and pharmacist are assigned to manage the care for these patients. This approach could also produce benefits of controlling utilization of other health care services. This approach has been used in Iowa with success.

- Establish formal policy of not allowing Medicaid recipients to privately pay for covered medications and create authority for the Department to remove recipients from the program when they are found to abuse the system. This is not a problem that is often seen but does occur when recipients are abusing controlled substances.

- Expand coverage of OTC products when they are available as equivalents to prescription products.

- Expand the list of medications that included in dose limitation/consolidation efforts. Maine has a very aggressive program that establishes limitations in this area and it produces the highest level of savings of any class of prior authorization. Examples would be limiting payment to one tablet daily for a higher strength a product as compared to paying for two a day of a lower dose.

- Restore for payment of blood glucose monitors and testing equipment.

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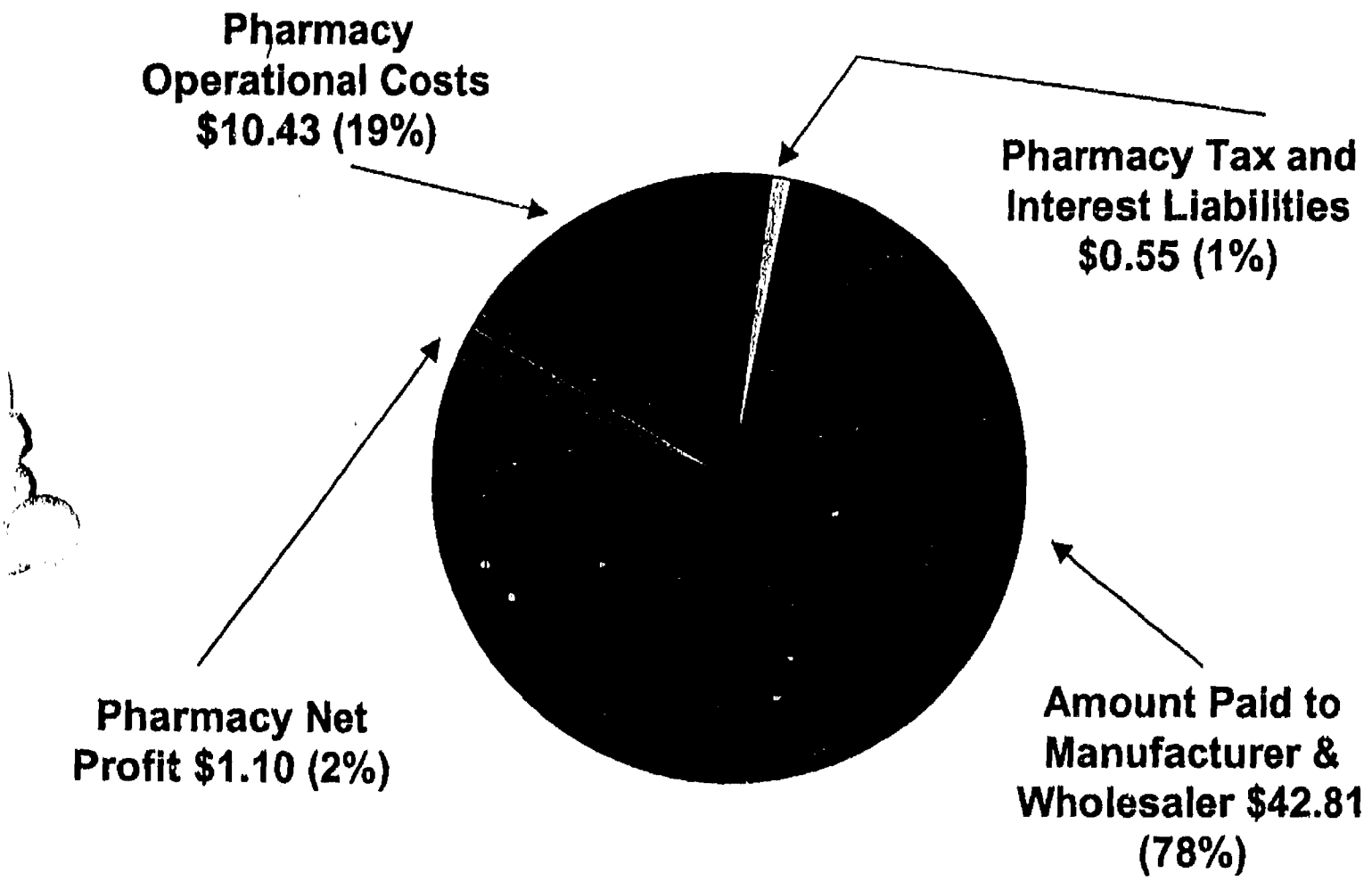
Chart 2

National Medicaid Rx Component
Average Rx Price: $54.89



Pharmacies' net profit on Medicaid prescriptions is only 2%

SOURCE: NACDS Economics Department, Verispan Scott-Levin and the Henry J. Kaiser Foundation "State Health Facts Online"

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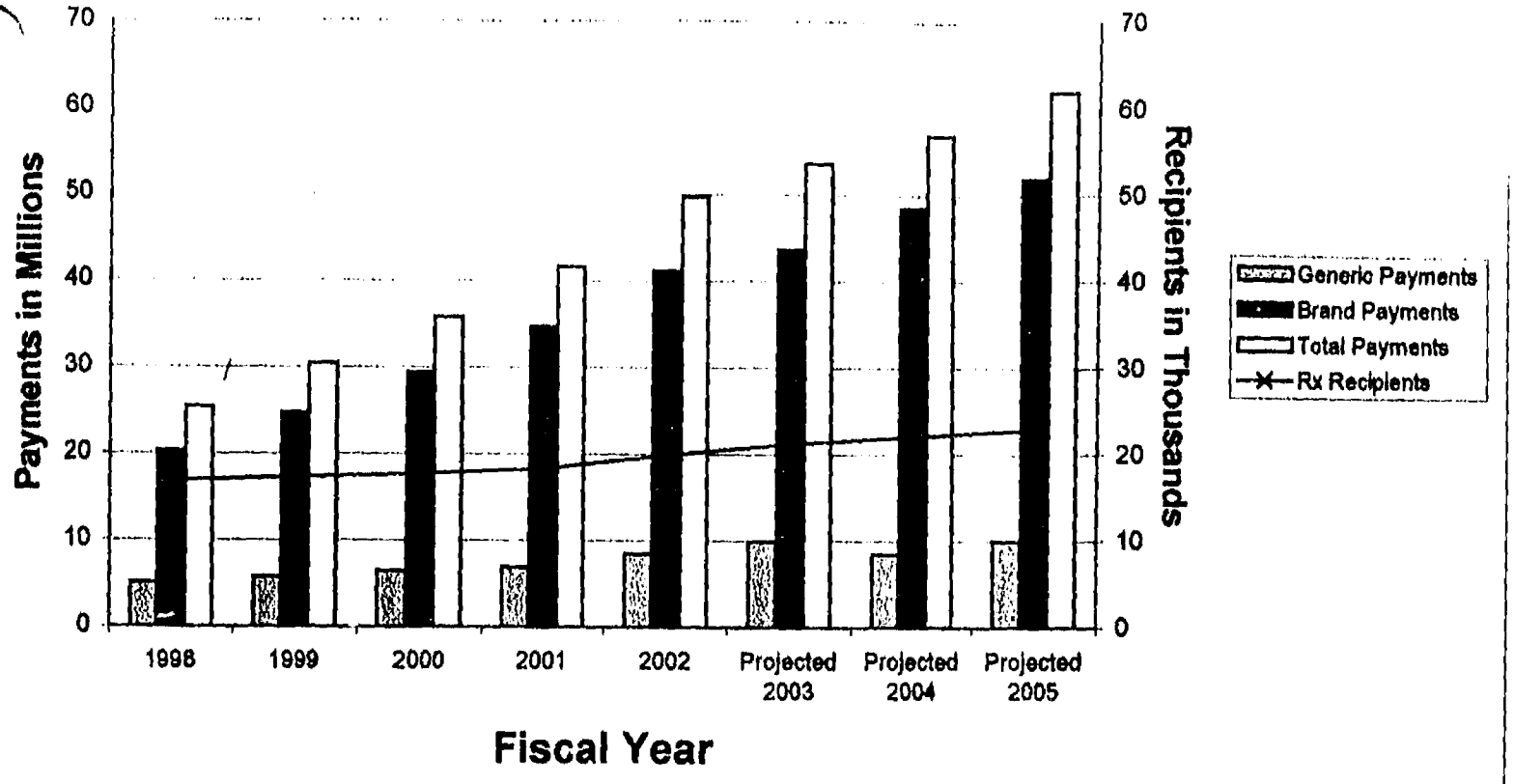
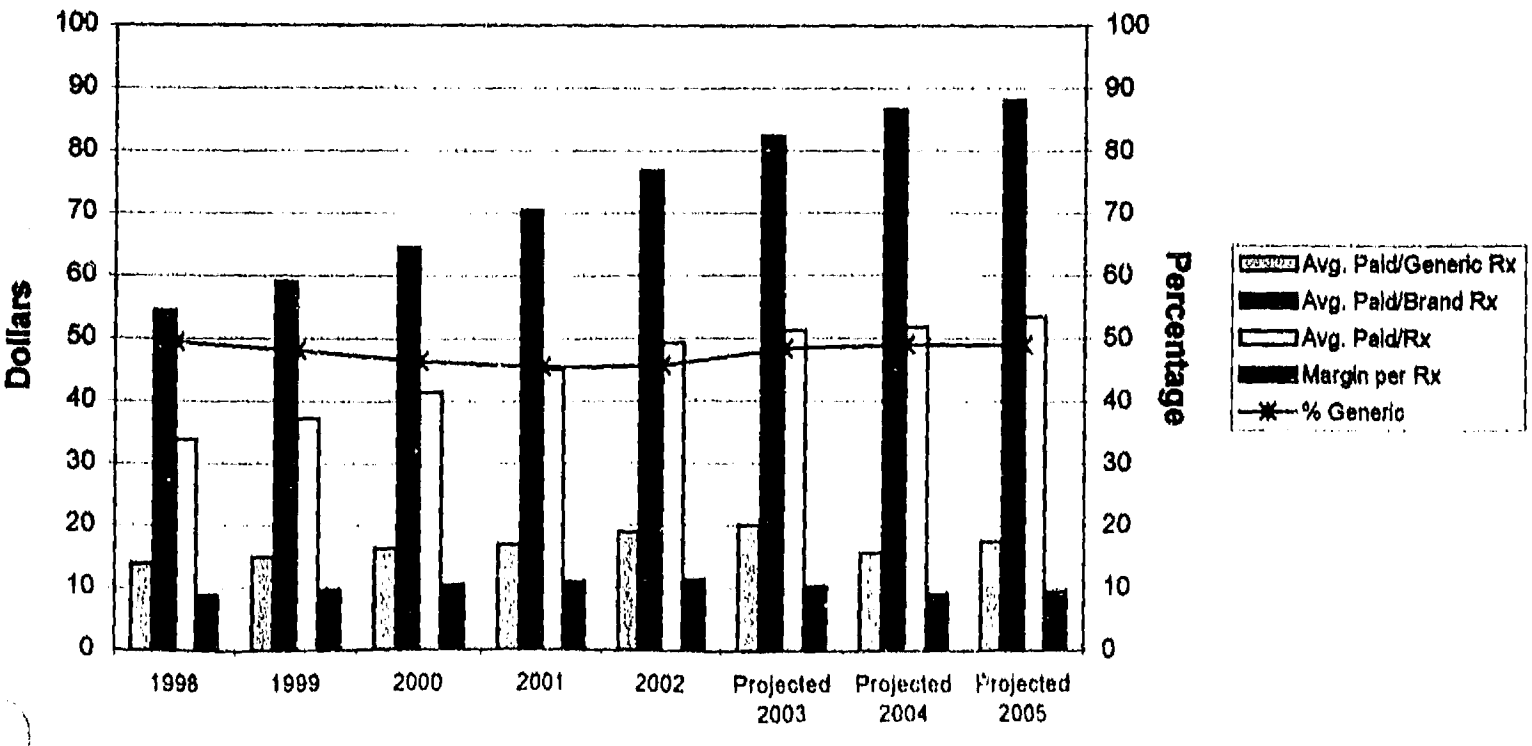
Medicaid Prescription Drug Payments



Average Paid for Medicaid Prescriptions



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Date

Michael F. Easley
Governor

Carmen Hooker Odom
Secretary

North Carolina
Department of Health and Human Services

For Release: IMMEDIATE
Date: July 1, 2002

Contact: Lois Nilsen

Prior Authorization Fights Medicaid Fraud

Oxycontin use down by 30 percent

RALEIGH -- Three months after N.C. Medicaid began to require prior authorization of certain high cost, overused drugs, the amount Medicaid paid out for Oxycontin decreased by 30 percent. If this trend holds, taxpayers could save $4 million dollars a year (more than $1.4 million in state and county dollars.)

Of the 11 classes of drugs requiring prior authorization, Oxycontin is the one most prone to abuse. Used to alleviate chronic extreme pain as experienced by some cancer or rheumatoid arthritis patients, it has also become a popular and profitable street drug. Since a single prescription can cost taxpayers $400 to $800, its abuse is costly.

"Prior authorization is not just a cost saving measure ... it's taking a bite out of fraud too," said Bo Nowell, Assistant director of Program Integrity for the NC Division of Medical Assistance. "Forgers are stopped before they can fill a prescription, since a pharmacist can only dispense what a doctor has approved. Pharmacists are identifying when one person gets multiple prescriptions of Oxycontin. And the spotlight is on the small number of doctors who prescribe without questions."

Prior authorization is one tool in the arsenal for N.C.'s fraud investigators in the NC Division of Medical Assistance, who work closely with the Attorney General's Medicaid Investigations Unit. The division also played a supportive role leading to the arrest last week of 32 people who had "rented" their Medicaid cards to drug dealers, who in turn bought Oxycontin at taxpayer's expense.

"It is always illegal to lend a Medicaid card to someone else," said Nowell. "The people who forge prescriptions and the few recipients who have abused their Medicaid benefit have cost taxpayers millions of dollars. At a time when Medicaid is having to consider cutting people, services and rates, this is intolerable."

In 2001, the division recovered $5,966,879 in fraudulent Medicaid benefits.

Representing the largest single line item in the Medicaid budget, prescription drugs for NC Medicaid patients will cost $1.1 billion this year ($350 million in state dollars). Over the last three state fiscal years, Medicaid prescription drug costs have increased 22.5 percent, 35.3 percent and 22.9 percent.

Other changes recently announced to save Medicaid prescription costs include the creation of a preferred drug list, which will begin in December, saving $15 million. The Department is also partnering with pharmacists to encourage the use of generic drugs over name brand, creating a savings of $22.4 million.

Last fall, the department began requiring a higher copayment for brand name drugs, saving more than $3 million, and reduced the dispensing fees for brand name drugs, saving $3.5 million.

If you suspect someone is abusing Medicaid to get illegal drugs, call the Attorney General's Medicaid Investigations Unit at (919) 881-2320. Pharmacists are encouraged to check the identity of anyone filling a prescription for narcotics, or call the prescribing physician. ####

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Top 40 Drugs in Medicaid Program – 2002

- Sixteen of the top 40 products are used for some condition related to mental states (checked with *) These drugs amounted to approximately $14M of expenditures.

- Impact of Proton Pump progam is shown in the differences in the top four products of this class (Prevacid, Prilosec, Protonix, Nexium) between the first half and the second half of the year. In the first half of the year there were 14,440 prescriptions amounting to $1,600,544 and in the second half there were 13,228 prescriptions amounting to $1,286,471 – a decrease of $314,083. This is with the program in effect for a little over three months.

Top 100 Drugs January 1, 2002 to June 30, 2002

Product Name	Scripts	Amount Paid	Quantity	Days Supply
*ZYPREXA	5,056	$1,272,934.60	207,043	141,067
*RISPERDAL	7,113	$ 984,315.47	350,178	195,877
*ZOLOFT	9,981	$ 677,035.41	353,717	283,011
*SEROQUEL	3,712	$ 604,059.47	321,523	102,646
PREVACID	5,157	$ 600,922.52	184,668	147,108
PRILOSEC	4,433	$ 570,467.45	162,868	126,804
*NEURONTIN	5,151	$ 508,515.30	580,133	141,531
*PAXIL	6,436	$ 456,004.40	218,249	182,500
*DEPAKOTE	4,661	$ 434,898.75	405,055	134,784
CELEBREX	5,596	$ 432,235.16	231,824	152,627
LIPITOR	6,531	$ 421,617.10	204,576	193,254
*CLOZARIL	2,753	$ 402,348.48	149,865	37,538
DURAGESIC	2,448	$ 295,627.68	16,855	41,776
*CELEXA	4,718	$ 288,666.98	175,809	135,472
PROTONIX	3,474	$ 283,425.43	111,135	96,766
*WELLBUTRIN SR	3,842	$ 282,242.58	236,907	111,394
*FLUOXETINE HCL	3,911	$ 262,927.51	171,076	112,533
OXYCONTIN	2,087	$ 255,347.82	132,178	45,139
*EFFEXOR-XR	3,045	$ 249,216.13	129,710	86,933
VIOXX	3,440	$ 238,354.17	116,742	90,814
*REMERON	3,346	$ 231,895.69	105,522	92,378
AUGMENTIN	3,117	$ 202,657.75	211,243	30,019
NORVASC	4,360	$ 190,945.07	145,479	126,710
TOPAMAX	1,311	$ 187,577.02	129,960	37,697
SINGULAIR	2,557	$ 179,187.73	83,318	75,159
ACTOS	1,588	$ 170,844.01	51,446	45,751
PLAVIX	1,821	$ 169,828.28	58,042	52,482
ARICEPT	1,464	$ 165,379.48	46,141	41,080
LAMICTAL	795	$ 151,684.84	79,102	22,475
ZYRTEC	3,447	$ 151,399.86	193,310	91,504
*BUSPIRONE HCL	1,663	$ 150,117.47	136,825	46,798
NEXIUM	1,376	$ 145,740.26	44,673	38,827
LEVAQUIN	2,356	$ 142,154.01	29,750	18,574
*AMBIEN	2,711	$ 139,729.28	85,069	66,614
*GEODON	863	$ 136,509.61	50,931	23,954
ZOCOR	1,397	$ 136,040.65	43,471	41,233
CONCERTA	2,194	$ 133,739.95	77,893	64,405
ZITHROMAX Z-PAK	3,456	$ 130,037.99	24,467	17,565
SYNTHROID	9,507	$ 127,025.35	308,821	280,264
ZESTRIL	3,994	$ 126,496.57	138,818	116,117

Top 100 Drugs July 1, 2002 to December 31, 2002

Product Name	Scripts	Amount Paid	Quantity	Days Supply
ZYPREXA	5214	$1,347,660.49	211,376	146207
RISPERDAL	7,422	$1,060,621.29	365,448	207,764
SEROQUEL	3,632	$ 674,138.85	315,166	101,941
ZOLOFT	10327	$ 634,678.53	349,015	294493
NEURONTIN	5,250	$ 523,433.70	574,206	147,896
PREVACID	4,587	$ 462,240.13	176,750	131,250
LIPITOR	6858	$ 422,744.43	204,977	202,508
PAXIL	6,446	$ 421,355.57	236,812	184,276
DEPAKOTE	4550	$ 419,996.56	398,908	133,350
PRILOSEC	3379	$ 390,980.34	142,540	98,073
CELEBREX	4,940	$ 377,484.15	202,963	137,589
DURAGESIC	2,629	$ 332,665.75	18,006	45,375
WELLBUTRIN SR	4,082	$ 316,297.08	241,220	118,649
CLOZARIL	1,950	$ 296,257.56	111,158	27,057
CELEXA	5,106	$ 289,230.38	189,272	146,759
PROTONIX	3,606	$ 272,722.17	127,627	100,767
EFFEXOR-XR	3,250	$ 264,113.76	133,835	92,982
OXYCONTIN	2,103	$ 260,992.65	144,245	47,133
TOPAMAX	1,641	$ 233,674.39	150,365	47,387
REMERON	3,485	$ 217,568.75	108,814	98,008
VIOXX	2,950	$ 204,522.04	103,370	79,303
SINGULAIR	2866	$ 197,618.07	93,370	85,086
PLAVIX	2,057	$ 195,051.84	65,500	59,177
NORVASC	4,588	$ 188,359.66	154,274	134,053
ARICEPT	1,604	$ 181,690.14	51,193	45,343
ACTOS	1,560	$ 178,054.45	48,752	45,465
LAMICTAL	882	$ 171,500.92	83,361	25,582
GEODON	983	$ 161,028.68	60,229	27,919
NEXIUM	1,656	$ 160,529.57	59,016	47,655
ZYRTEC	3744	$ 160,506.34	218,056	100540
CONCERTA	2,439	$ 152,944.18	85,986	71,729
ZOCOR	1576	$ 146,064.75	48,382	46,413
POTASSIUM CHLORIDE	7,669	$ 139,619.91	748,260	217,939
LEVAQUIN	2,322	$ 138,809.20	24,784	18,154
AMBIEN	2,653	$ 136,533.63	82,057	66,521
AUGMENTIN	2143	$ 134,376.05	128,211	20,276
KEPPRA	757	$ 130,268.56	93,674	22,056
FOSAMAX	2215	$ 128,212.46	16,610	58,166
DETROL LA	1,775	$ 127,728.14	57,949	51,433
FLUOXETINE HCL	4282	$ 122,835.06	194,440	125,137

IOWA MEDICAID PHARMACEUTICAL CASE MANAGEMENT (PCM)

Report Documents Significant Improvement
in Quality Care As a Result of Pharmacist-Physician Teamwork

Results from a major three-year study examining a new patient care payment system have been released by the University of Iowa and shared with state officials as well as the pharmacy and medical communities in Iowa. The study, conducted by the University of Iowa's Colleges of Public Health, Pharmacy and Medicine, investigated the potential quality and cost benefits associated with the **Iowa Medicaid Pharmaceutical Case Management (PCM) Program. Major findings of the study can be found in Table 1.**

The Iowa Medicaid PCM program began in 2000 with funds appropriated by the Iowa legislature. The program, designed by an advisory committee of physicians and pharmacists and advocated by the Iowa Pharmacy Association, seeks to improve the quality of medication use in Medicaid eligible patients who are at high risk for experiencing adverse effects from their medications. Eligible patients must be receiving treatment for at least one of twelve specified disease states and have four chronic, nontopical medications at an eligible pharmacy to qualify for services. See Table 2 for disease states.

The innovative care delivered through this program is based on a model of care known to improve medication safety in hospital and clinic settings where pharmacists and physicians practice under the same roof and have access to patient care records. The program provides the opportunity for physicians and pharmacists to closely manage the total medication regimens of their most complex patients in the community setting. Working together, they can find the best combination of medications, education, and monitoring for a particular patient with multiple disease states. Services are not limited to the enrollment disease states.

Iowa Medicaid PCM provides for a new payment system wherein both pharmacists and physicians are compensated for the additional care associated with drug therapy management services. The payment incentives associated with PCM serve to facilitate a new patient care model in the ambulatory setting that offers significant potential for improving both the quality and cost effectiveness of care rendered to a select group of Medicaid eligible patients. Several types of services were created for Pharmaceutical Case Management with corresponding levels of reimbursement (see Table 3). Pharmacists and physicians bill the fiscal agent for PCM services in the same manner that other medical services are billed (HCFA 1500 form). Eligible pharmacists receive a provider number from the fiscal agent.

The research report on Iowa Medicaid Pharmaceutical Case Management was submitted to the State of Iowa by the University of Iowa Colleges of Public Health, Pharmacy and Medicine. Elizabeth Chrischilles, Ph.D. served as Principal Investigator and Barry Carter, PharmD. served as Co-Principal Investigator.
The University's report concludes by stating that ... *"High-risk medication use among Medicaid patients taking four or more medications is a public health issue of significant importance. In a relatively short period of time, the PCM program has achieved numerous successes. It is anticipated that if the program can be maintained and nurtured into maturity, greater collegiality among providers will develop and improvements in longer-term health outcomes will be achieved."*

Reacting to the report issued by the University of Iowa. Thomas Temple, IPA's Executive Vice President said, "this study clearly shows that drug therapy management services play an essential role in assuring both medication safety and positive health outcomes. Further, the study holds significant implications which transcend the Medicaid program to pharmacy benefit plans in the private sector". Temple also stated that, "the results of the PCM study should provide ample support for the inclusion of drug therapy management services in a new Medicare pharmacy benefit."

A copy of the "Executive Summary" from the University of Iowa's Final Report available on IPA's website at www.iarx.org. For questions or to obtain a complete copy of the report, please contact Nancy Bell, R.Ph., at the Iowa Pharmacy Association, nbell@iarx.org.

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Table 1 - Study Findings

Among the major findings of the University of Iowa study were the following:

- A significant number of Medicaid patients are at a very high risk for adverse medication effects – effects which result in poor health and increased cost to the Medicaid program.
- The PCM program served to significantly improve medication safety in Medicaid eligible patients who are at high risk for adverse medication effects.
- The PCM program did not result in any increased cost to Medicaid, suggesting that payment for professional services was offset by reductions in emergency room and outpatient facility utilization; and
- Expansion of the PCM program can be extremely effective if obstacles to success can be minimized.

More specific results from the PCM study reveal the potential benefit of compensating pharmacists and physicians for drug therapy management services. In particular, the Iowa study found that:

- 30% of PCM patients had experienced an adverse drug reaction in the previous year, including drug-drug interactions.
- Approximately 75% of PCM patients taking antihypertensive medications had a drug-drug interaction.
- 35% of PCM patients 60 and older had been taking at least one medication considered to have a poor risk-benefit balance and to be inappropriate for use among older adults.
- Pharmacists detected an average of 2.6 medication–related problems per patient.
- The most common recommendation (52%) made by pharmacists was to start a new medication, indicating that many patients have untreated conditions. Pharmacists also recommended discontinuation of medications 33% of the time.
- PCM patients had a statistically significant 12.5% improvement in the Medication Appropriate Index (a structured measure of prescribing quality).
- Among PCM patients 60 and older, the percent using inappropriate medications decreased by 24%, a statistically significant reduction over patients who did not receive PCM services; and
- Physicians and pharmacists, responding to surveys, agreed that interprofessional discussions led to better quality of care, better health outcomes and increased continuity of care.

Table 2 - Qualifying Disease States for PCM Eligibilty

- congestive heart failure
- asthma
- diabetes
- hyperlipidemia
- hypertension
- GERD
- peptic ulcer disease
- depression
- osteoarthritis
- ischemic heart disease
- atrial fibrillation
- chronic lung disease.

Table 3 – PCM Services

Initial Assessment ($75)
Preventive Follow-up Assessment ($25)
New Problem Assessment ($40)
Follow-up Assessment ($25)

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Healthy SeniorsR_X

Providing affordable prescription drug coverage for North Dakota seniors

What is *Healthy SeniorsRx?*

Healthy SeniorsRx is a new program proposed by Governor John Hoeven in the 2003 Executive Budget to provide prescription drug assistance to North Dakota citizens age 65 and older who meet income criteria.

Modeled after a plan Blue Cross Blue Shield of North Dakota offers to its insured, *Healthy SeniorsRx* is a prescription drug plan for seniors that will save eligible individuals up to 66 percent of the cost of generic drugs and from 33 percent to 50 percent of the cost of brand name prescription drugs.

Who qualifies for *Healthy SeniorsRx?*

North Dakotans who are 65 years of age or older AND

- Have gross incomes up to 210 percent of the federal poverty level or less,
  Individuals: up to $18,620/year
  Couples: up to $25,000/year
  AND,
- Do not qualify for the North Dakota Medicaid Program, AND
- Do not have other pharmaceutical benefits.
  NOTE: Eligibility will be delayed for one year if a person elects to close his or her current benefit.

How many people will qualify?

At least 20,000 seniors could be eligible to save, on average, between one-third and two-thirds of the cost of prescription drugs.

Of the eligible individuals, officials expect approximately 15,000 seniors to enroll in the *Healthy SeniorsRx* prescription drug coverage program.

How do seniors apply?

- Applicants will be screened first for possible Medicaid eligibility.
- Other program details are still being worked out.

How much will the program cost?

Projected costs for the 2003-2005 Biennium:

General Fund:	$3,373,735
Federal Match:	$6,911,734
Total:	$10,285,469

When will *Healthy SeniorsRx* coverage be available?

While Governor Hoeven hopes seniors can begin applying for the prescription drug coverage program in 2003, several things have to happen before the program is launched.

- The Department of Human Services must apply for a Medicaid Section 1115 Waiver, which must be approved by the federal Centers for Medicare and Medicaid Services (CMS).
- The necessary funds must be appropriated.
- Once approval is obtained from CMS and funds are appropriated, the Department of Human Services must develop a computer system to determine eligibility.
- Other program details will have to be worked out with agencies and organizations involved in providing the service.

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How will the program work?

- Eligible seniors will receive a *Healthy SeniorsRx* ID card to present to pharmacists, who would provide discounts. The state would reimburse pharmacies for the discounts.
- Co-payments and co-insurance would be imposed for prescription drugs in order to increase the available funds for the program. Co-payments and co-insurance would mirror other private sector prescription benefit plans.

Prescription Type	Co-payment /Co-insurance
Generic drug	$6 + 20%
Brand name drug on preferred drug list	$15 + 50%
Brand name drugs, not on preferred drug list	$30 + 70%

- The program will utilize a preferred drug list to promote the use of cost-effective products in order to meet the needs of a larger number of enrollees.
- Drug manufacturers set the eligibility policies for their prescription assistance programs, which benefit the uninsured or underinsured. An individual participating in a manufacturer's program who becomes eligible for *Healthy SeniorsRx* may want to contact the manufacturer to determine what impact, if any, this will have on his or her participation in the manufacturer's program.

How will payments be handled?

A Pharmacy Benefits Manager (PBM) under contract with the state may handle the payment process.

- The use of a PBM would mirror more closely what private third-party payers such as Blue Cross/Blue Shield use to process and pay their pharmacy claims.
- Transfer of eligibility data to the PBM would occur weekly or monthly.

What could Medicaid prescription drug rebates mean to N.D.?

If North Dakota obtains federal approval of the Medicaid waiver and is able to implement to program, *Healthy SeniorsRx* would generate about $6.9 million in rebates on prescription drugs during the 2003-2005 Biennium.

How will pharmacy providers be paid?

- The payment process will be modeled after current private industry payment structures.
- Payment to pharmacies will be based on current PBM Networks (BCBS of North Dakota Network for in-state pharmacies and Prime National Network for out-of-state pharmacies).

Summary of Projected Biennial Costs Associated With *Healthy SeniorsRx* Program:

	Gross	State Share
Expenditures		
Eligibility file programming	$232,348	$116,174
Eligibility determination by counties ($20/elig)	$317,000	$158,500
ID Card Production ($2/pkt)	$31,700	$7,925
Claims Processing ($0.50/claim)	$360,000	$90,000
Outreach (brochures, media, etc.)	$40,000	$20,000
Prescription Drugs (pre-rebate)	$16,252,265	$5,205,666
Revenue		
Drug Rebates	+$6,947,844	+$2,224,530
TOTAL	**$10,285,469**	**$3,373,735**

Contacts:

David Zentner, Director of Medical Services Division, N.D. Department of Human Services, (701) 328-2321

Brendan Joyce, Pharm.D., Pharmacy Program Administrator, N.D. Department of Human Services, (701) 328-2322.

Prepared January 2003
North Dakota Department of Human Services
600 E. Boulevard Avenue, Department 325
Bismarck ND 58505-0250
(701) 328-1814 / TTY (701) 328-3480

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ALLEN KNUDSEN · 03.12.03

"Rivers, Cheryl" <Cheryl.Rivers@state.vt.us>

02/21/2003 11:03 AM

To: "Rivers, Cheryl" <Cheryl.Rivers@state.vt.us>
cc:
Subject: VT AP Story on VT. Michigan joint efforts

Friday, February 21, 2003

<<...OLE_Obj...>> Vermont, Michigan join forces to purchase drugs February 20, 2003 By AMY F. BAILEY The Associated Press LANSING, Mich. - Michigan and Vermont will pay less for prescription drugs for Medicaid recipients by joining together to buy medicine in bulk, the governors of both states said Thursday. The two states are the first purchasing medicine for low-income people on Medicaid, according to Teresa DiMarco, president of First Health Services Corp., which manages the states' pharmacy benefits under Medicaid and will negotiate drug prices for them under the new agreement. "I think this is a major victory," said Cheryl Rivers, executive director for the Montpelier, Vt.-based National Legislative Association on Prescription Drug Prices. "A lot of people said it couldn't be done." The combined purchasing power of Michigan and Vermont will be used to negotiate supplemental rebates with drug makers, which will be on top of rebates the manufacturers already pay states to participate in Medicaid. The agreement is expected to help both states manage the skyrocketing costs of Medicaid that have become increasingly difficult to manage. There isn't an estimate on how much Michigan and Vermont will save by buying for their combined Medicaid populations. However, some officials said it's likely Vermont would benefit more in the beginning because it has 139,000 Medicaid recipients to 1.4 million in Michigan. A spokesman for PhRMA, an organization that represents drug manufacturers, said it doesn't want a multistate group negotiating together for lower drug costs for Medicaid patients. Prescription drug costs for Medicaid recipients already are discounted by at least 15 percent, PhRMA spokesman Bruce Loot said. Michigan Gov. Jennifer Granholm expects the multistate drug-buying group will add to the savings the state has already seen from its "preferred drug list." Doctors in Michigan use the list of discounted drugs when treating patients who get state aid. Patients must get special approval for drugs not on the list. Drug companies must provide discounts to have their drugs on the list. Michigan saved $45 million on prescription drugs during the first year of its drug list, Granholm said. She expects the list and the multistate drug group will save the state $10 million on its prescription drug costs in the current fiscal year, which ends Sept. 30. A federal judge is considering whether Michigan's drug list limits patients' access to medicine. Drug companies and mental health advocates sued Michigan over the list. Although Michigan and Vermont will buy prescription drugs together, they will continue using their own drug lists, said Geralyn Lasher, spokeswoman for the Michigan Department of Community Health. "We know there's going to be so much overlap and that's where we will gain purchasing power," Lasher said. However, the agreement doesn't mean an increase for First Health, Lasher said. The company will continue to work under its contract with both states, she said. Vermont Gov. James Douglas, a Republican, said he and Democrat Granholm plan to lobby other governors to join their initiative during this weekend's National Governors Association meetings in Washington. They decided to begin the group with two states so they can test the concept and work out any administrative problems. Vermont and Michigan got together because they both use First Health Services, Douglas said. Douglas said he had no plans to reach out to a group that has been working in Vermont and the region to pool resources to buy prescription drugs to help facilitate discussion with other state. The National Legislative Association on Prescription Drug Pricing is a coalition of state legislatures that has bean

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working to pool their purchasing power in an effort to get better prices from drug manufacturers. But Douglas said he plans to focus on action with other governors around the country. "I'm going to talk with my counterparts," he said. "It's governors who can make this happen. It's governors who administer Medicaid programs and who can enter into these multi-state arrangements; it's not legislators." More news </News/AtAGlance/> Printable Version <javascript:printStory('61014')>

Cheryl Rivers
Executive Director
National Legislative Association on Prescription Drug Prices
133 State Street Room 313
Montpelier, Vt. 05602
Phone:802-828-0659 Fax: 802-828-0660
cheryl.rivers@state.vt.us

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SUMMARY OF PHARMACY PAID AMOUNTS FOR NURSING FACILITIES

	1999 Paid	2000 Paid	2001 Paid	2002 Paid
1 January	$743,620	$889,920	$1,234,016	$1,408,034
2 February	$784,230	$1,132,666	$1,016,812	$1,131,818
3 March	$973,495	$856,847	$1,001,228	$1,210,603
4 April	$809,825	$918,724	$988,739	$1,700,578
5 May	$815,423	$1,205,352	$1,355,021	$1,047,518
6 June	$990,745	$865,675	$994,518	$1,095,236
7 July	$653,153	$943,490	$1,070,800	$1,443,023
8 August	$1,142,344	$1,200,230	$1,346,022	$1,137,312
9 September	$829,763	$1,123,468	$1,090,313	$1,143,401
10 October	$824,019	$1,108,778	$1,402,043	$1,401,035
11 November	$1,092,438	$941,146	$1,044,340	$1,141,017
12 December	$817,969	$1,024,406	$1,269,767	$1,495,990
	$10,477,024	$12,210,702	$13,813,618	$15,355,562
	Increase	$1,733,678	$1,602,916	$1,541,945
	Percent Increase	16.55%	13.13%	11.16%

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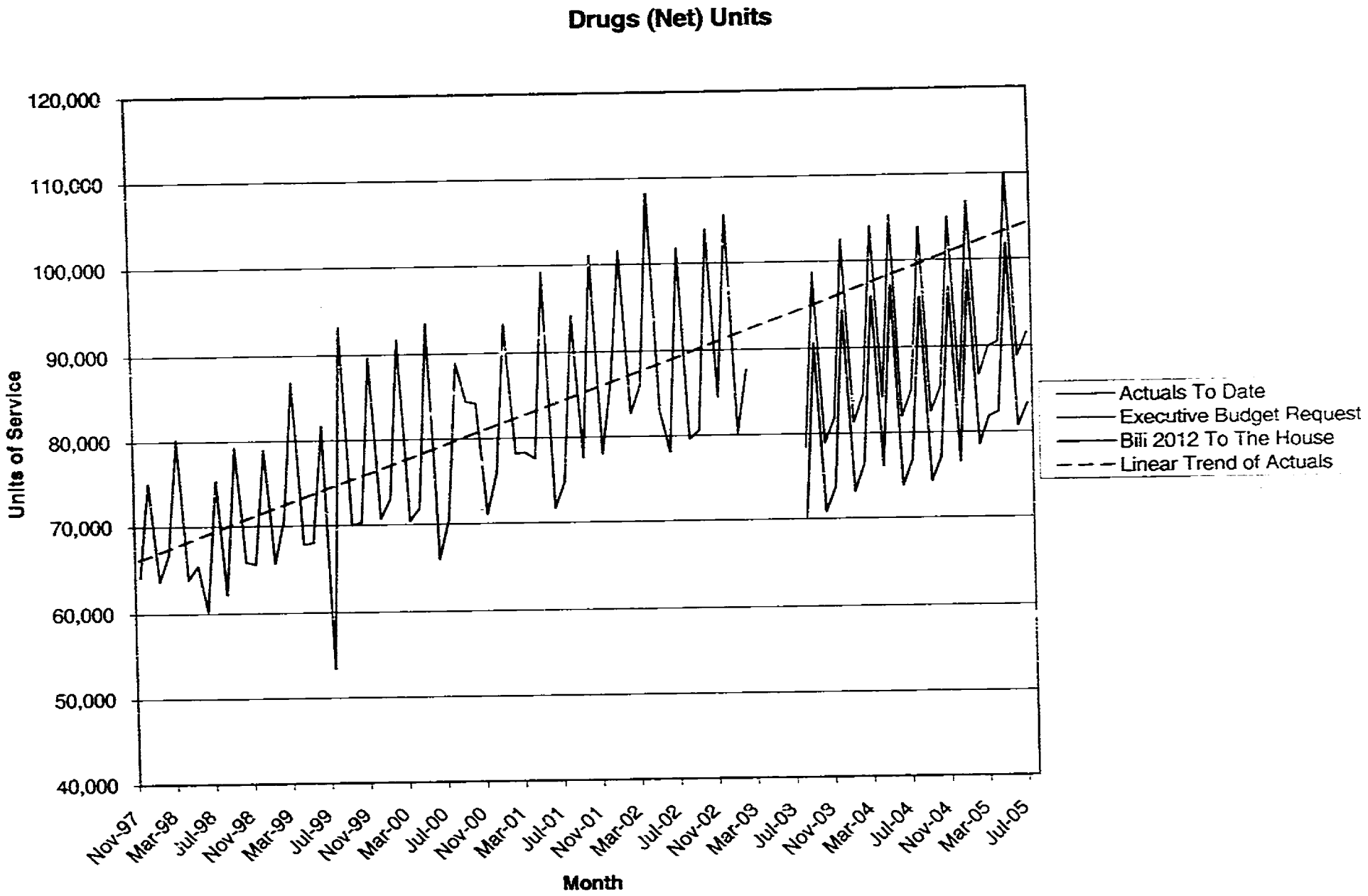

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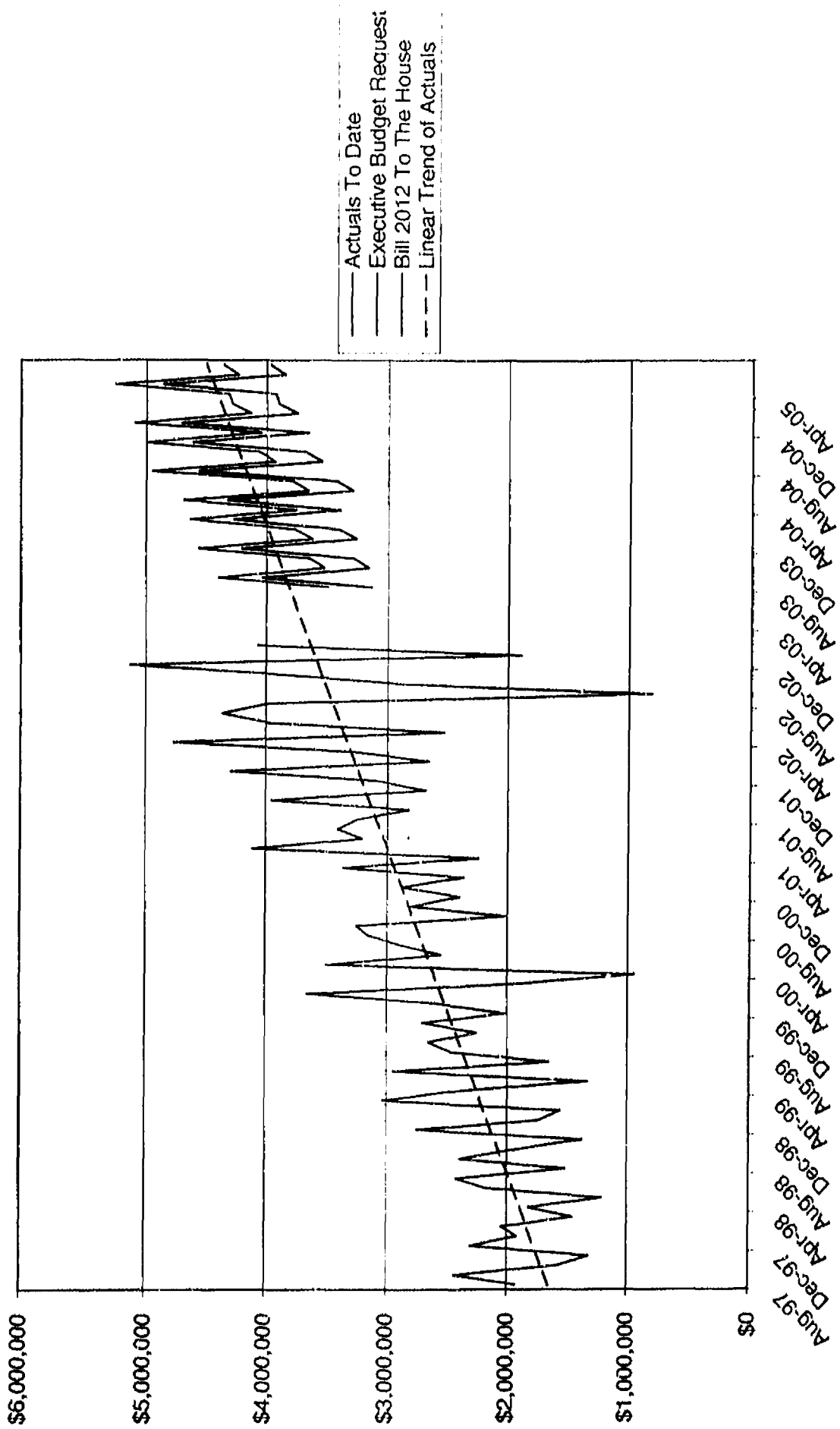

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Exhibit 32

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
SENATE APPROPRIATIONS
RAY HOLMBERG, CHAIRMAN
JANUARY 14, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Linda Wright and I am the Director of the Aging Services Division, Department of Human Services. I appear before you today to present the budget for the Division. You will note that the budget does not include Service Payments for Elderly and Disabled (SPED) and Expanded SPED as they are included in the Long Term Care budget.

Services Provided:

- The Older Americans Act federal funds and the State Funds to Providers included in the budget provide services for persons over age 60 in every county and on each Indian Reservation, except Three Affiliated Tribes. See attachment A.

- The Long-Term Care Ombudsman Program, funded by Older Americans Act federal funds and general funds, provides complaint resolution for residents of skilled nursing homes, basic care facilities, swing bed units, sub-acute care units and tenants of assisted living facilities. See attachment B.

- The Mill Levy Match is distributed to counties and cities who have passed a local senior citizens mill levy. The mill levy funds support services for older persons at the local level. See attachments C, D, and E.

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Budget Changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	1,458,462	1,536,228	77,766
Operating	1,169,254	9,968,389	8,799,135
Cptl Imprv	789	600	(189)
Grants	11,745,595	3,389,473	(8,356,122)
	14,374,100	**14,894,690**	**520,590**
General	3,316,114	2,811,848	(504,266)
Federal	10,590,987	11,624,442	1,033,455
Other	76,999	68,400	(8,599)
IGT	390,000	390,000	0
	14,374,100	**14,894,690**	**520,590**
FTEs	15.500	15.500	0.000

- The shifting of funds from grants to operating is due to changing our Older Americans Act contracts to purchase of service agreements. Attachment F is a listing of the Older Americans Act contract entities, who provide direct services to older persons throughout the state.

- The general funds request was reduced due to elimination of a portion of the telecommunications equipment distribution funding, deleting the total budget for the Governors Committee on Aging and decreasing the general fund share of administration.

  - The telecommunications equipment distribution program will provide TDD services to 528 hearing impaired individuals in the current biennium and 1248 information and referral services. An alternative source of funds may be an increase in the surcharge on telephones.

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- Attempts will be made to identify alternative sources of funding for the Governor's Committee on Aging, including funding for the bi-annual Statehouse Conferences on Aging.

- Maintenance of effort of general funds is required for receipt of Older Americans Act federal funds, and maintenance of effort from all funding sources is required for the Long Term Care Ombudsman Program. This budget meets the maintenance of effort requirement.

- In the current biennium, the Division has assumed added responsibilities of registration of assisted living facilities; administration of the telecommunications equipment distribution program; and full implementation of the National Family Caregivers Support Program without additional staff.

This concludes my testimony. I will be happy to answer any questions at this time.

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ATTACHMENT A

OLDER AMERICANS ACT SERVICES

CLIENTS AND EXPENDITURES BY SERVICE
FEDERAL FISCAL YEAR 2001

Source: National Aging Program Information System – State Program Report
and Department of Human Services Fiscal Reports

The following chart reflects only Federal/State and required match expenditures reported by Older Americans Act contract entities. The expenditures are for contract year 2000 – 2001; monies were spent in Federal Fiscal Year 2001. Other funding sources (program income and additional local dollars) were also used to provide these services.

UNDUPLICATED CLIENTS SERVED*	SERVICE UNITS*	SERVICE	OAA FEDERAL/ STATE**	REQUIRED MATCH	USDA	TOTAL
703	46,756	Chore	$55,150	$8,273		$63,423
326	326	Vision Services	27,823	0		27,823
4,542	94,852	Health Maintenance	234,622	35,193		269,815
17,329	149,507	Outreach	591,336	88,700		680,036
3,722	153,499	Transportation	297,422	44,614		342,036
571	571	Adult Protective Services	160,337	0		160,337
1,595	1,595	Info & Assistance	83,270	0		83,270
832	10,823	Legal Services	135,810	20,371		156,181
2,524	2,524	Preventive Health	87,408	13,111		100,519
203	8,631	In-home Services	35,915	5,387		41,302
11,174	876,429	Congregate Meals	1,515,400	227,310	527,714	2,270,424
5,165	524,142	Home-Delivered Meals	933,820	140,073	315,595	1,389,488
37,155***		TOTAL	$4,168,313	$583,032	$843,309	$5,584,654

*SPR Data pending – awaiting certification by the Administration on Aging.

**State dollars totaled $360,000.

***Total unduplicated count of clients for all services.

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ATTACHMENT B

NORTH DAKOTA
LONG-TERM CARE OMBUDSMAN PROGRAM
FEDERAL FISCAL YEAR 2001

STATISTICAL DATA

NUMBER OF COMPLAINTS RECEIVED	1088
NUMBER OF CASES OPENED	799
NUMBER OF NURSING FACILITIES - 85 NUMBER OF SWING BED FACILITIES - 38	123
NUMBER OF BEDS Nursing Facilities - 6721 Swing Bed Facilities - 755	7,476
NUMBER OF BASIC CARE FACILITIES	42
NUMBER OF BEDS	1,472

PROGRAM FUNDING

OLDER AMERICANS ACT TITLE VII	$33,923
OLDER AMERICANS ACT TITLE III	187,296
STATE FUNDS	19,614
TOTAL FUNDS	$240,833

The Long-Term Care Ombudsman Program receives, investigates and assists in resolving concerns on behalf of residents in long-term care facilities and tenants in assisted living facilities. Community Volunteer Ombudsmen assist in this effort.

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ATTACHMENT C

COUNTY ASSESSMENT VALUE AND MILLS FOR SENIOR CITIZENS
TAX YEAR 2001

COUNTY	ASSESSED VALUE	MILLS	COUNTY LEVY	CHECK AMOUNT
ADAMS	$6,716,414.00	0.1300%	$8,731.34	$4,716.17
BARNES	$30,529,609.00	0.1120%	$34,193.16	$18,477.03
BENSON	$11,722,281.00	0.1250%	$14,652.85	$7,917.99
BOTTINEAU	$21,018,522.00	0.1000%	$21,018.52	$11,357.82
BOWMAN *	$8,129,527.00	0.2000%	$16,259.05	$8,785.94
BURKE	$8,207,377.00	0.0930%	$7,632.86	$4,124.58
BURLEIGH	$129,431,526.00	0.1250%	$161,789.41	$87,426.48
CASS	$261,221,097.00	0.1000%	$261,221.10	$141,156.59
CAVALIER	$18,790,415.00	0.1450%	$27,246.10	$14,723.03
DICKEY	$14,119,132.00	0.1000%	$14,119.13	$7,629.59
DIVIDE	$9,003,453.00	0.1020%	$9,183.52	$4,962.52
EDDY	$6,086,760.00	0.1500%	$9,130.14	$4,933.67
EMMONS	$12,849,658.00	0.0500%	$6,424.83	$3,471.80
FOSTER	$11,766,607.00	0.1000%	$11,766.61	$6,358.35
GOLDEN VALLEY	$5,162,063.00	0.1000%	$5,162.06	$2,789.43
GRAND FORKS	$115,722,620.00	0.1000%	$115,722.62	$62,533.28
GRANT	$7,961,495.00	0.1000%	$7,961.50	$4,302.17
GRIGGS	$8,473,249.00	0.1000%	$8,473.25	$4,578.71
HETTINGER	$8,277,176.00	0.1550%	$12,829.62	$6,932.77
KIDDER	$8,559,069.00	0.1000%	$8,559.09	$4,625.09
LAMOURE	$14,526,692.00	0.1850%	$26,874.38	$14,522.17
LOGAN	$8,298,036.00	0.1300%	$8,187.45	$4,424.27
MCHENRY	$19,223,592.00	0.1140%	$21,914.89	$11,842.20
MCINTOSH	$9,174,338.00	0.0980%	$8,990.85	$4,858.41
MCLEAN	$22,438,812.00	0.2000%	$44,877.62	$24,250.62
MORTON	$48,965,010.00	0.2000%	$97,930.02	$52,918.65
MOUNTRAIL	$13,800,072.00	0.1000%	$13,800.07	$7,457.17
NELSON	$10,762,699.00	0.1000%	$10,762.70	$5,815.86
OLIVER	$4,861,136.00	0.0940%	$4,569.47	$2,469.21
PEMBINA	$28,462,697.00	0.1000%	$28,462.70	$15,380.45
PIERCE	$12,692,340.00	0.1010%	$12,819.26	$6,927.17
RAMSEY	$22,738,380.00	0.1000%	$22,738.38	$12,287.19
RANSOM	$15,129,889.00	0.1720%	$26,023.41	$14,062.32
RENVILLE	$9,231,296.00	0.0970%	$9,002.86	$4,864.89
RICHLAND	$42,720,612.00	0.1140%	$48,701.50	$26,316.93
ROLETTE	$8,903,186.00	0.1280%	$11,396.08	$6,158.12
SARGENT	$12,894,337.00	0.1000%	$12,894.34	$6,967.74
SHERIDAN	$5,953,800.00	0.1000%	$5,953.80	$3,217.27
SIOUX	$1,990,506.00	0.2000%	$3,981.02	$2,151.23
SLOPE	$4,944,137.00	0.0700%	$3,460.90	$1,870.19
STARK	$31,956,817.00	0.1000%	$31,956.82	$17,268.57
STEELE	$9,775,586.00	0.1000%	$9,775.59	$5,282.45
STUTSMAN	$44,460,222.00	0.1680%	$74,693.17	$40,362.11
TOWNER	$11,036,173.00	0.1000%	$11,036.17	$5,963.64
TRAILL	$23,041,200.00	0.1000%	$23,041.20	$12,450.82
WALSH	$29,151,318.00	0.1000%	$29,151.32	$15,752.56
WARD	$95,129,000.00	0.1000%	$95,129.00	$51,405.06
WELLS	$16,776,333.00	0.1000%	$16,776.33	$9,065.46
WILLIAMS	$34,385,962.00	0.1650%	$56,736.87	$30,659.02
CITIES				
BEULAH	Failed to Report			$0.00
HAZEN	$2,571,477.00	0.1940%	$4,988.67	$2,695.74
				$831,472.50
		Disbursement to County Levy		84.03721%

12/18/02

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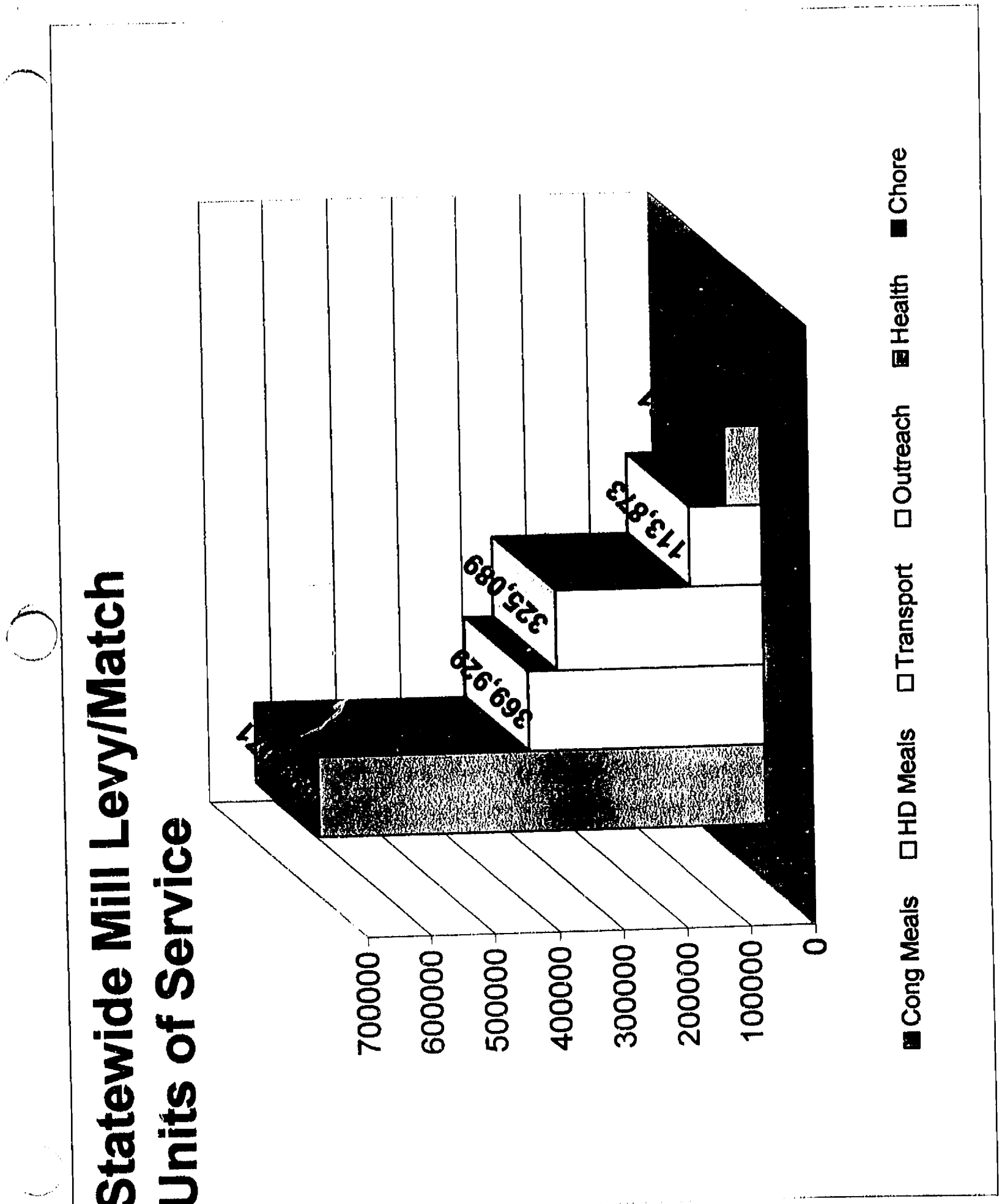
10-14-03 — Date

ATTACHMENT D



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10-14-03
Date

ATTACHMENT E

2001 ANNUAL MILL LEVY REPORT

County #	County	Counts of Seniors Served	
1	ADAMS	992	
2	BARNES	950	
3	BENSON	1,500	
5	BOTTINEAU	2,197	
6	BOWMAN	551	
7	BURKE	800	
8	BURLEIGH	12,161	
9	CASS	13,099	
10	CAVALIER	2,062	
11	DICKEY	525	
12	DIVIDE	328	
14	EDDY	159	
15	EMMONS	367	
16	FOSTER	275	
17	GLDN VAL	300	
18	GR FORKS	1,475	
19	GRANT	644	
20	GRIGGS	545	
21	HETTINGER	400	
22	KIDDER	636	
23	LAMOURE	500	
24	LOGAN	350	
25	MCHENRY	758	
26	MCINTOSH	182	
28	MCLEAN	500	
30	MORTON	1,139	
31	MOUNTRAIL	430	
32	NELSON	1,790	
33	OLIVER	70	
34	PEMBINA	700	
35	PIERCE	1,000	
36	RAMSEY	1,438	
37	RANSOM	350	
38	RENVILLE	1,208	
39	RICHLAND	697	
40	ROLETTE	993	
41	SARGENT	564	
42	SHERIDAN	55	
43	SIOUX	250	
44	SLOPE	183	
45	STARK	3,014	
46	STEELE	500	
47	STUTSMAN	276	
48	TOWNER	250	
49	TRAILL	1,200	
50	WALSH	796	
51	WARD	1,856	
52	WELLS	133	
53	WILLIAMS	1,166	
Cities	Beulah	0	Failed to Report
	Hazen	154	
Total Seniors Served		62,468 *	

* The total count of Seniors served in the state includes counts of seniors served by the local mill levy in addition to the mill levy matching funds.

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10-12-03 — Date

TESTIMONY

SB 2012 – DEPARTMENT OF HUMAN SERVICES

HOUSE APPROPRIATIONS

REPRESENTATIVE SVEDJAN, CHAIRMAN

FEBRUARY 26, 2003

Chairman Svedjan and members of the House Appropriations Committee, my name is Linda Wright and I am the Director of the Aging Services Division, Department of Human Services. I appear before you today to present the budget for the Division. You will note that the budget does not include Service Payments for Elderly and Disabled (SPED), Expanded SPED and the Medicaid Waivers for Aged and Disabled and Traumatic Brain Injury as they are included in the Long Term Care budget.

<u>Services Provided:</u>

- The Older Americans Act federal funds and the State Funds to Providers included in the budget provide services for persons over age 60 in every county and on each Indian Reservation, except Three Affiliated Tribes. See attachment A.

- The Long-Term Care Ombudsman Program, funded by Older Americans Act federal funds and general funds, provides complaint resolution for residents of skilled nursing homes, basic care facilities, swing bed units, sub-acute care units and tenants of assisted living facilities. See attachment B.

- The Mill Levy Match is distributed to counties and cities who have passed a local senior citizens mill levy. The mill levy funds support services for older persons at the local level. See attachments C, D, E, and F.

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Date

Budget Changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
Salary	1,458,462	1,536,228	77,766
Operating	1,169,254	9,968,389	8,799,135
Capital Payments	789	600	(189)
Grants	11,745,595	3,389,473	(8,356,122)
	14,374,100	**14,894,690**	**520,590**
General	3,316,114	2,811,848	(504,266)
Federal	10,590,987	11,624,442	1,033,455
Other	76,999	68,400	(8,599)
IGT	390,000	390,000	0
	14,374,100	**14,894,690**	**520,590**
FTEs	15.500	15.500	0.00

	2003 - 2005 Request	2001 - 2003 "To House"	Increase / Decrease
Salary	1,536,228	1,519,785	(16,443)
Operating	9,968,389	9,968,389	0
Capital Payments	600	600	0
Grants	3,389,473	3,389,473	0
	14,894,690	**14,878,247**	**(16,443)**
General	2,811,848	2,804,583	(7,265)
Federal	11,624,442	11,615,264	(9,178)
Other	68,400	68,400	0
IGT	390,000	390,000	0
	14,894,690	**14,878,247**	**(16,443)**
FTEs	15.500	15.500	0.00

- **The shifting of funds from grants to operating is due to changing our Older Americans Act contracts to purchase of service agreements. Attachment G is a listing of the Older Americans Act contract entities, who provide direct services to older persons throughout the state.**

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Operator's Signature Date

- **The general funds request was reduced due to elimination of a portion of the telecommunications equipment distribution funding, deleting the total budget for the Governors Committee on Aging and decreasing the general fund share of administration.**

  - **The telecommunications equipment distribution program will provide TDD services to 528 hearing impaired individuals in the current biennium and 1248 information and referral services. The funds remaining in the budget ($68,400) is the surcharge on telephones.**

  - **Attempts will be made to identify alternative sources of funding for the Governor's Committee on Aging, including funding for the bi-annual Statehouse Conferences on Aging.**

- **Maintenance of effort of general funds is required for receipt of Older Americans Act federal funds, and maintenance of effort from all funding sources is required for the Long Term Care Ombudsman Program. This budget meets the maintenance of effort requirement.**

- **The Older Americans Act contracts and payments are dependant on the technology included in the DoIT budget.**

- **In the current biennium, the Division has assumed added responsibilities of registration of assisted living facilities; administration of the telecommunications equipment distribution program; and full implementation of the National Family Caregivers Support Program without additional staff.**

- **The Senate did not make any additional changes to this portion of the budget; except removing the pay increase for staff.**

This concludes my testimony. I will be happy to answer any questions at this time.

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ATTACHMENT C

COMPARISON OF 2001 TO 2002 MILL LEVY/MATCH

Red = Decreased
Green = Increased
Black= Not Rep/Same

COUNTY	2001 ASSESSED VALUE	2002 ASSESSED VALUE	VALUATION DIFFERENCE	2001 MILLS	2002 MILLS	MILL LEVY INC/(DEC)
ADAMS	$6,716,414.00	$6,956,917.00	$240,503.00	0.1300%	0.1310%	0.0010%
BARNES	$30,529,609.00	$32,321,849.00	$1,792,240.00	0.1120%	0.1050%	-0.0070%
BENSON	$11,722,261.00	$12,175,932.00	$453,651.00	0.1250%	0.1240%	-0.0010%
BOTTINEAU	$21,078,522.00	$21,812,983.00	$734,461.00	0.1000%	0.1000%	0.0000%
BOWMAN	$8,129,527.00	$8,393,401.00	$263,874.00	0.2000%	0.2000%	0.0000%
BURKE	$8,207,377.00	$8,547,565.00	$340,188.00	0.0930%	0.0910%	-0.0020%
BURLEIGH	$129,431,528.00	$136,828,889.00	$7,397,361.00	0.1250%	0.1090%	-0.0160%
CASS	$261,221,097.00	$278,991,914.00	$17,770,817.00	0.1000%	0.1000%	0.0000%
CAVALIER	$18,790,415.00	$19,638,726.00	$848,311.00	0.1450%	0.1390%	-0.0060%
DICKEY	$14,119,132.00	$15,008,493.00	$889,361.00	0.1000%	0.1000%	0.0000%
DIVIDE	$9,003,453.00	$9,336,326.53	$332,873.53	0.1020%	0.0980%	-0.0040%
DUNN	$0.00	$12,227,722.00	$12,227,722.00	0.0000%	0.1040%	0.1040%
EDDY	$6,086,760.00	$6,240,757.00	$153,997.00	0.1500%	0.1380%	-0.0120%
EMMONS	$12,849,858.00	$13,360,790.00	$511,132.00	0.0500%	0.0500%	0.0000%
FOSTER	$11,766,807.00	$12,031,025.00	$264,418.00	0.1000%	0.1000%	0.0000%
GOLDEN VALLEY	$5,162,083.00	$5,360,948.00	$198,865.00	0.1000%	0.1000%	0.0000%
GRAND FORKS	$115,722,620.00	$120,149,071.00	$4,426,451.00	0.1000%	0.1000%	0.0000%
GRANT	$7,961,495.00	$8,134,760.00	$173,265.00	0.1000%	0.1000%	0.0000%
GRIGGS	$8,473,249.00	$8,760,162.00	$286,913.00	0.1000%	0.1000%	0.0000%
HETTINGER	$9,277,176.00	$8,834,557.00	($557,381.00)	0.1550%	0.1450%	-0.0100%
KIDDER	$8,559,089.00	$8,919,358.00	$360,269.00	0.1000%	0.1000%	0.0000%
LAMOURE	$14,526,692.00	$15,616,203.00	$1,089,511.00	0.1850%	0.1720%	-0.0130%
LOGAN	$6,298,036.00	$6,559,942.00	$261,906.00	0.1300%	0.1250%	-0.0050%
MCHENRY	$19,223,592.00	$20,056,244.00	$832,652.00	0.1140%	0.1060%	-0.0080%
MCINTOSH	$9,174,336.00	$9,413,282.00	$238,944.00	0.0980%	0.2000%	0.1020%
MCLEAN	$22,436,812.00	$23,415,966.00	$977,154.00	0.2000%	0.1370%	-0.0630%
MORTON	$48,965,010.00	$49,002,911.00	$937,901.00	0.2000%	0.1500%	-0.0500%
MOUNTRAIL	$13,800,072.00	$14,219,048.00	$418,976.00	0.1000%	0.1000%	0.0000%
NELSON	$10,762,698.00	$10,822,976.00	$60,277.00	0.1000%	0.1000%	0.0000%
OLIVER	$4,861,136.00	$5,204,960.00	$343,824.00	0.0940%	0.0830%	-0.0110%
PEMBINA	$28,462,697.00	$29,215,672.00	$752,975.00	0.1000%	0.1000%	0.0000%
PIERCE	$12,692,340.00	$13,122,098.00	$429,758.00	0.1010%	0.1000%	-0.0010%
RAMSEY	$22,736,380.00	$23,367,006.00	$626,626.00	0.1000%	0.1000%	0.0000%
RANSOM	$15,129,869.00	$15,663,185.00	$533,296.00	0.1720%	0.1660%	-0.0060%
RENVILLE	$9,261,296.00	$9,802,825.00	$521,529.00	0.0970%	0.1000%	0.0030%
RICHLAND	$42,720,612.00	$44,441,953.00	$1,721,341.00	0.1140%	0.1000%	-0.0140%
ROLETTE	$8,903,186.00	$9,196,187.00	$292,981.00	0.1280%	0.1270%	-0.0010%
SARGENT	$12,894,337.00	$13,661,842.00	$767,505.00	0.1000%	0.1000%	0.0000%
SHERIDAN	$5,953,800.00	$6,084,815.00	$131,015.00	0.1000%	0.1000%	0.0000%
SIOUX	$1,990,506.00	$2,010,135.00	$19,627.00	0.2000%	0.2000%	0.0000%
SLOPE	$4,944,137.00	$5,185,238.00	$241,099.00	0.0700%	0.0780%	0.0080%
STARK	$31,958,817.00	$35,027,085.00	$3,070,268.00	0.1000%	0.1000%	0.0000%
STEELE	$9,775,586.00	$10,129,833.00	$354,247.00	0.1000%	0.1000%	0.0000%
STUTSMAN	$44,460,222.00	$46,183,596.00	$1,723,374.00	0.1680%	0.1630%	-0.0050%
TOWNER	$11,036,173.00	$11,663,082.00	$626,909.00	0.1000%	0.1000%	0.0000%
TRAILL	$23,041,200.00	$24,508,420.00	$1,467,220.00	0.1000%	0.1000%	0.0000%
WALSH	$29,151,316.00	$30,356,416.00	$1,205,100.00	0.1000%	0.1000%	0.0000%
WARD	$95,129,000.00	$97,996,070.00	$2,867,070.00	0.1000%	0.1000%	0.0000%
WELLS	$16,776,333.00	$17,239,837.00	$463,504.00	0.1000%	0.1000%	0.0000%
WILLIAMS	$34,385,982.00	$35,044,122.00	$658,140.00	0.1650%	0.1570%	-0.0080%
CITIES						
BEULAH	$0.00	Does not participate				
HAZEN	$2,571,477.00	$2,637,067.00	$65,590.00	0.1940%	0.1950%	0.0010%

$1,317,793,749.00 $1,391,780,131.53
Statewide Assessment

-0.0840%

$831,472.50
Disbursement to County Levy

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10-14-03
Date

ATTACHMENT D

MILL LEVY MATCH COMPARISON FOR SENIOR CITIZENS
TAX YEAR 2002

COUNTY	2002 CHECK AMOUNT	2001 CHECK AMOUNT	DIFFERENCE
JAMS	$4,926.52	$4,718.17	$208.35
BARNES	$18,345.83	$18,477.03	($131.20)
BENSON	$8,161.61	$7,917.99	$243.62
BOTTINEAU	$11,791.44	$11,357.82	$433.62
BOWMAN	$9,074.44	$8,785.94	$288.50
BURKE	$4,204.71	$4,124.58	$80.13
BURLEIGH	$80,622.46	$87,426.48	($6,804.02)
CASS	$150,814.60	$141,156.59	$9,658.01
CAVALIER	$14,756.38	$14,723.03	$33.35
DICKEY	$8,113.14	$7,629.59	$483.55
DIVIDE	$4,946.00	$4,962.52	($16.52)
DUNN	$6,874.33	$0.00	$6,874.33
EDDY	$4,655.52	$4,933.67	($278.15)
EMMONS	$3,611.22	$3,471.80	$139.42
FOSTER	$6,503.61	$6,358.35	$145.26
GOLDEN VALLEY	$2,897.97	$2,789.43	$108.54
GRAND FORKS	$64,948.96	$62,533.28	$2,415.68
GRANT	$4,397.40	$4,302.17	$95.23
GRIGGS	$4,735.48	$4,578.71	$156.77
HETTINGER	$6,924.76	$6,932.77	($8.01)
KIDDER	$4,821.54	$4,625.09	$196.45
LAMOURE	$14,519.63	$14,522.17	($2.54)
LOGAN	$4,432.63	$4,424.27	$8.36
MCHENRY	$11,492.31	$11,842.20	($349.89)
MCINTOSH	$10,177.07	$4,858.41	$5,318.66
MCLEAN	$17,341.41	$24,250.62	($6,909.21)
MORTON	$40,464.01	$52,918.65	($12,454.64)
MOUNTRAIL	$7,686.39	$7,457.17	$229.22
NELSON	$5,850.57	$5,815.86	$34.71
OLIVER	$2,335.32	$2,469.21	($133.89)
PEMBINA	$15,793.11	$15,380.45	$412.66
PIERCE	$7,093.41	$6,927.17	$166.24
RAMSEY	$12,631.50	$12,287.19	$344.31
RANSOM	$8,975.07	$14,062.32	($5,087.25)
RENVILLE	$5,299.11	$4,864.89	$434.22
RICHLAND	$24,023.98	$26,316.96	($2,292.98)
ROLETTE	$6,313.39	$6,158.12	$155.27
SARGENT	$7,385.18	$6,967.74	$417.44
SHERIDAN	$3,289.27	$3,217.27	$72.00
SIOUX	$2,173.24	$2,151.23	$22.01
SLOPE	$2,186.35	$1,870.19	$316.16
STARK	$18,934.58	$17,268.57	$1,666.01
STEELE	$5,475.88	$5,282.45	$193.43
STUTSMAN	$40,693.69	$40,362.11	$331.58
TOWNER	$6,304.71	$5,963.64	$341.07
TRAILL	$13,248.51	$12,450.82	$797.69
WALSH	$16,409.76	$15,752.56	$657.20
WARD	$52,973.71	$51,405.06	$1,568.65
WELLS	$9,319.33	$9,065.46	$253.87
WILLIAMS	$29,741.76	$30,659.02	($917.26)
CITIES			
BEULAH	$0.00	$0.00	$0.00
HAZEN	$2,779.76	$2,695.74	$84.02
	$831,472.50	$831,472.50	$0.00

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Theresa A. Lee
Operator's Signature

10-14-03
Date

ATTACHMENT E

COUNTY ASSESSMENT VALUE AND MILLS FOR SENIOR CITIZENS
TAX YEAR 2002

COUNTY	ASSESSED VALUE	MILLS	COUNTY LEVY	CHECK AMOUNT
ADAMS	$6,956,917.00	0.1310%	$9,113.56	$4,926.52
BARNES	$32,321,849.00	0.1050%	$33,937.94	$18,345.83
BENSON	$12,175,932.00	0.1240%	$15,098.16	$8,161.61
BOTTINEAU	$21,812,983.00	0.1000%	$21,812.98	$11,791.44
BOWMAN *	$8,393,401.00	0.2000%	$16,786.80	$9,074.44
BURKE	$8,547,565.00	0.0910%	$7,778.26	$4,204.71
BURLEIGH	$136,826,689.00	0.1090%	$149,143.49	$80,622.46
CASS	$278,991,914.00	0.1000%	$278,991.91	$150,814.60
CAVALIER	$19,638,726.00	0.1390%	$27,297.83	$14,756.38
DICKEY	$15,008,493.00	0.1000%	$15,008.49	$8,113.14
DIVIDE	$9,336,326.53	0.0980%	$9,149.60	$4,946.00
DUNN	$12,227,722.00	0.1040%	$12,716.83	$6,874.33
EDDY	$8,240,757.00	0.1380%	$8,612.24	$4,655.52
EMMONS	$13,360,790.00	0.0500%	$6,680.40	$3,611.22
FOSTER	$12,031,025.00	0.1000%	$12,031.03	$6,503.61
GOLDEN VALLEY	$5,360,948.00	0.1000%	$5,360.95	$2,897.97
GRAND FORKS	$120,149,071.00	0.1000%	$120,149.07	$64,948.96
GRANT	$8,134,750.00	0.1000%	$8,134.75	$4,397.40
GRIGGS	$8,760,162.00	0.1000%	$8,760.16	$4,735.48
HETTINGER	$8,834,557.00	0.1450%	$12,810.11	$6,924.76
KIDDER	$8,919,358.00	0.1000%	$8,919.36	$4,821.54
LAMOURE	$15,616,203.00	0.1720%	$26,859.87	$14,519.83
LOGAN	$8,559,942.00	0.1250%	$8,199.93	$4,432.63
MCHENRY	$20,056,244.00	0.1060%	$21,259.62	$11,492.31
MCINTOSH	$9,413,262.00	0.2000%	$18,826.56	$10,177.07
MCLEAN	$23,415,866.00	0.1370%	$32,079.87	$17,341.41
MORTON	$49,902,911.00	0.1500%	$74,854.37	$40,464.01
MOUNTRAIL	$14,219,048.00	0.1000%	$14,219.05	$7,686.39
NELSON	$10,822,976.00	0.1000%	$10,822.98	$5,850.67
OLIVER	$5,204,960.00	0.0830%	$4,320.12	$2,335.32
PEMBINA	$29,215,672.00	0.1000%	$29,215.67	$15,793.11
PIERCE	$13,122,096.00	0.1000%	$13,122.10	$7,093.41
RAMSEY	$23,367,006.00	0.1000%	$23,367.01	$12,631.50
RANSOM	$15,863,185.00	0.1080%	$16,892.96	$8,975.07
RENVILLE	$9,802,825.00	0.1000%	$9,802.83	$5,299.11
RICHLAND	$44,441,953.00	0.1000%	$44,441.95	$24,023.98
ROLETTE	$9,196,167.00	0.1270%	$11,679.13	$6,313.39
SARGENT	$13,661,842.00	0.1000%	$13,661.84	$7,385.18
SHERIDAN	$6,084,815.00	0.1000%	$6,084.82	$3,289.27
SIOUX	$2,010,135.00	0.2000%	$4,020.27	$2,173.24
SLOPE	$5,185,236.00	0.0780%	$4,044.48	$2,186.35
STARK	$35,027,065.00	0.1000%	$35,027.09	$18,934.58
STEELE	$10,129,833.00	0.1000%	$10,129.83	$5,475.88
STUTSMAN	$46,183,596.00	0.1630%	$75,279.26	$40,693.69
TOWNER	$11,663,062.00	0.1000%	$11,663.08	$6,304.71
TRAILL	$24,506,420.00	0.1000%	$24,506.42	$13,248.51
WALSH	$30,356,418.00	0.1000%	$30,356.42	$16,409.76
WARD	$97,996,070.00	0.1000%	$97,996.07	$52,973.71
WELLS	$17,239,637.00	0.1000%	$17,239.64	$9,319.33
WILLIAMS	$35,044,122.00	0.1570%	$55,019.27	$29,741.76
CITIES				
BEULAH	Does not participate	0.0000%		$0.00
HAZEN	$2,637,067.00	0.1950%	$5,142.28	$2,779.76

*Bowman's mill levy was 2.02 for $167.88 more

$1,391,780,131.53		$1,538,140.94	$831,472.50
Statewide Assessment		County Levy	Disbursement
			$831,472.50
	Disbursement to County Levy		54.05698%
	2/18/03		

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Theresa A. Lee — Operator's Signature

10-14-03 — Date

ATTACHMENT F

2002 ANNUAL MILL LEVY REPORT

County #		Number Seniors Served
1	ADAMS	377
2	BARNES	932
3	BENSON	1400
5	BOTTINEAU	2002
6	BOWMAN	150
7	BURKE	440
8	BURLEIGH	5533
9	CASS	8957
10	CAVALIER	1952
11	DICKEY	515
12	DIVIDE	480
13	DUNN	0
14	EDDY	168
15	EMMONS	336
16	FOSTER	290
17	GLDN VAL	20
18	GR FORKS	1568
19	GRANT	206
20	GRIGGS	506
21	HETTINGER	330
22	KIDDER	616
23	LAMOURE	485
24	LOGAN	340
25	MCHENRY	666
26	MCINTOSH	184
28	MCLEAN	520
30	MORTON	1150
31	MOUNTRAIL	445
32	NELSON	1725
33	OLIVER	60
34	PEMBINA	660
35	PIERCE	1000
36	RAMSEY	1560
37	RANSOM	350
38	RENVILLE	330
39	RICHLAND	732
40	ROLETTE	201
41	SARGENT	547
42	SHERIDAN	168
43	SIOUX	1500
44	SLOPE	145
45	STARK	2339
46	STEELE	450
47	STUTSMAN	750
48	TOWNER	256
49	TRAILL	1205
50	WALSH	717
51	WARD	1846
52	WELLS	112
53	WILLIAMS	1606
Cities	Beulah	Does Not Report
	Hazen	154
		45981

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ATTACHMENT G

OLDER AMERICANS ACT FUNDED CONTRACT ENTITIES
January 1, 2003

REGIONAL CONTRACT ENTITIES

SERVICE AREA I	SERVICES
Jerry Engel, Project Director Williston Council for the Aging, Inc. 18 Main Williston, ND 58801 572-6751 – 572-7364 Fax E-Mail: heritage@dia.net	2003-101 – #190-04969 1/1/2003 – 12/31/2003 Congregate Meals Home-Delivered Meals Outreach Transportation
Randa Eldred, Public Health Nurse Upper Missouri District Health Unit 507 University Avenue Williston, ND 58801 577-3763 – 577-8536 Fax E-Mail: reldred@state.nd.us	2003-102 – #190-04967 1/1/2003 – 12/31/2003 Health Maintenance

SERVICE AREA II	SERVICES
Charlotte Zahn, Executive Director Minot Commission on Aging, Inc. 21 First Avenue SE Minot, ND 58701 852-0561 – 852-0564 Fax E-Mail: mcoapsc@ndak.net	2003-201 – #190-04977 1/1/2003- 12/31/2003 Congregate Meals Home-Delivered Meals Outreach Health Maintenance
Rick Thoms, Executive Director Souris Basin Transportation Board, Inc. PO Box 2211 Minot, ND 58702 852-8008 – 852-8419 Fax E-Mail: ndrtap@ndak.net	2003-202 - # 190-04957 1/1/2003– 12/31/2003 Transportation

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10-14-03
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SERVICE AREA III	SERVICES
Larry Leonard, Jr., Director Nutrition United, Inc. PO Box 274 Rolla, ND 58367 477-6421 – 477-6422 Fax E-Mail: nutusms@utma.com	2003-301 – #190-04971 1/1/2003 – 12/31/2003 Congregate Meals Home-Delivered Meals Outreach Transportation
Beatrice Delvo, Project Director Cavalier County Board of Commissioners 211 8th Avenue Langdon, ND 58249-2637 256-2828 – 256-2838 Fax E-Mail: ccsms@utma.com	2003-302 – #190-04964 1/1/2003 – 12/31/2003 Health Maintenance

SERVICE AREA IV	SERVICES
Colette Iseminger, Executive Director Greater Grand Forks Senior Citizens Association, Inc. 620 4th Avenue South Grand Forks, ND 58201 772-7245 – 772-0213 Fax E-Mail: gfscc@infi.net	2003-401 – #190-04979 7/1/2003 – 12/31/2003 Congregate Meals Home-Delivered Meals Outreach Health Maintenance

SERVICE AREA V	SERVICES
Brian Arett, Executive Director Fargo Park District PO Box 2217 Fargo, ND 58108 293-1440 – 241-9639 Fax E-Mail: barett@fsc.fargoparks.com	2003-501 – #190-04975 1/1/2003 – 12/31/2003 Congregate Meals Home-Delivered Meals Outreach Transportation

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SERVICE AREA VI	SERVICES
Joan F. Campbell, Director South Central Adult Services Council, Inc. PO Box 298 Valley City, ND 58072 845-4300 – 845-4073 Fax E-Mail: scasc@daktel.com	2003-601 – #190-04973 1/1/2003 – 12/31/2003 Congregate Meals Home-Delivered Meals Outreach
Sharon Unruh, Unit Administrator Central Valley Health Unit PO Box 880 Jamestown, ND 58402 252-8130 – 252-8137 Fax E-Mail: sunruh@csicable.net	2003-602 – #190-04966 1/1/2003 – 12/31/2003 Health Maintenance

SERVICE ARE VII	SERVICES
Ellen Owen, Director Burleigh County Council on Aging, Inc. 315 North 20th Street Bismarck, ND 58501 255-4648 – 222-3690 Fax E-Mail: bcsap@btinet.net	2003-701- #190-04972 1/1/2003 – 12/31/2003 Congregate Meals Home-Delivered Meals Outreach Health Maintenance
Harriet Steinley, Board President West River Transportation Council 3750 East Rosser Avenue Bismarck, ND 58501 224-1876 – 223-2572 Fax E-Mail: westriver@midco.net	2003-702 – #190-04983 1/1/2003 – 12/31/2003 Transportation

SERVICE AREA VIII	SERVICES
Lucille Kostelecky, Elder Care Director Stark County Council on Aging PO Box 629 Dickinson, ND 58601 456-1818 – 456-1820 Fax E-Mail: eldercar@ctctel.com	2003-801 – #190-04985 1/1/2003 – 12/31/2003 Congregate Meals Home-Delivered Meals Outreach
Carlotta Ehlis, Executive Officer Southwestern District Health Unit 2869 3rd Avenue West Dickinson, ND 58601 483-0171 – 483-4097 Fax E-Mail: cehlis@dickinson.ctctel.com	2003-802 – #190-04965 1/1/2003 – 12/31/2003 Health Maintenance

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STATE CONTRACT ENTITIES

CONTRACT ENTITY	SERVICES
Keith D. Ingle, President/CEO Lutheran Social Services of North Dakota PO Box 389 Fargo, ND 58107 235-7341 – 235-7359 Fax E-Mail: Unknown	20023-001 – #190-04822 5/1/2002 – 12/31/2003 Senior Companion
Linda Catalano, Executive Director Legal Assistance of North Dakota, Inc. PO Box 1893 Bismarck, ND 58502 222-2110 – 222-2149 Fax E-Mail: landao@legalassist.org	20023-002 – #190-04963 9/30/2002 – 12/31/2003 Legal Services
William D. Gosnold, Jr., Ph.D., Interim Director Office of Research & Program Development University of North Dakota PO Box 7134 Grand Forks, ND 58202-7134 777-4280 – 777-3086 Fax E-Mail: Unknown	2001-004 - #190-04636 9/30/2001 – 3/31/2003 Family Caregiver Support Program
Valrey V. Kettner, Assistant Vice President Office of Sponsored Programs Administration North Dakota State University PO Box 5756 Fargo, ND 58105-5756 231-8045 – 231-8098 Fax E-Mail: Unknown	2001-005 - #190-04642 9/30/2001 – 3/31/2003' Family Caregiver Support Program
Galen Jordre, Executive Vice-President North Dakota Pharmacy Services Corporation 1906 East Broadway Avenue Bismarck, ND 58501-4700 258-4922 – 258-9312 Fax E-Mail: ndpha@nodakpharmacy.com	20012-006 - #190-04635 9/30/2001 – 12/31/2003 Medication Management Services

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10-14-03
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TRIBAL CONTRACT ENTITIES

CONTRACT ENTITY	SERVICES
Shannon Moran, CHR/Aging Programs Director Trenton Indian Service Area PO Box 210 Trenton, ND 58853 774-0303 – 774-3953 Fax E-Mail: chr@dia.net	2003-901 – #190-04986 1/1/2003 – 12/31/2003 Transportation
Alfreda Morin, Director, Senior Meals Turtle Mountain Band of Chippewa PO Box 900 Belcourt, ND 58316 477-6609 – 477-0065 Fax E-Mail: Unknown	2003-902 – *CONTRACT PENDING* 1/1/2003 – 12/31/2003 Congregate Meals Outreach Transportation
Myrna Greene, Acting Project Director Spirit Lake Sioux Tribe PO Box 359 Fort Totten, ND 58335 766-1211 – 766-1711 Fax E-Mail: Unknown	2003-903 – *CONTRACT PENDING* 1/1/2003 – 12/31/2003 Outreach Transportation
Charles Murphy, Tribal Chairman Standing Rock Sioux Tribe PO Box D Fort Yates, ND 58538 854-7201 – 854-7299 Fax E-Mail: Unknown	2003-904 – *CONTRACT PENDING* 1/1/2003 – 12/31/2003 Home-Delivered Meals

OTHER CONTRACTS
Dakota Center for Independent Living - Telecommunications
Lake Region State College – Qualified Service Provider Training
ND Department of Health – Dietitian Services

MEMORANDUM OF UNDERSTANDING
Vocational Rehabilitation – Vision & Hearing Services
8 Human Service Centers - Family Caregiver Support Program

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Theresa A. Lee — 10-14-03
Operator's Signature — Date

YVONNE SMITH · 03.10.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION

Program	Program Requirements	Services	Funding Mix
Medicaid Waiver for the Aged & Disabled	Age 65 and over; If under age 65, determined disabled by SSA criteria; Medicaid recipient; Screened in need of nursing facility care; Provider is not spouse, nor parent, (if minor child)	Homemaker; Chore; Respite; HCBS Case Management; Personal Care Service; Adult Foster Care; Adult Day Care Non-Med Transportation; Environ Modification; Train Family Caregivers; Special Equipment; Adult Residential Svc.	Federal General
Medicaid Waiver for Traumatic Brain Injured	Medicaid Recipient; Diagnosis of TBI or Acquired Brain Injury; Screened at nursing facility level-of-care; Over age 18 and not under an IEP; Disabled as determined by SSD criteria; Capable of directing his/her own care or have a responsible party act in the recipient's behalf as determined by the interdisciplinary ICP team; Have had a neuropsychological evaluation	Homemaker; Chore; Respite; TBI Case Management; Personal Care Service; Prevocational Services; Supported Employment Service; Behavioral Management/Programming; Transitional Living; TBI Residential Care; Substance Abuse Counseling; Environ Modification; Training for Family Caregivers; Special Equipment; Non-Medical Transportation	Federal General
Targeted Case Management	Medicaid recipient; not a recipient of 1915 c Waiver Services; lives in community or basic care facility; Discharge from hospital within seven days	Case Management	Federal General IGT
Older Americans Act Programs	Age 60 and over	Information & Assistance; Legal Services; Congregate and Home-Delivered Meals; Supportive Services-Transportation, Outreach; Preventive Health Services; Family Caregiver Services; Ombudsman, Vulnerable Adult Protective Services	Federal General
Long-Term Care Ombudsman Program	Resident of Nursing Home or Swing-Bed Facility; tenant in an Assisted Living Facility	Ombudsman Services; State Ombudsman; Regional Ombudsman; Community Volunteer Ombudsman	Federal
Service Payments to Elderly & Disabled	Impaired in 4 ADLs, OR in 5 IADLs with total of 8 points (or living alone, 6 points); Impairments must have lasted or are expected to last 3 months or more; If under age 18, screened for nursing facility care; Not eligible for Waiver, OR is adversely impacted	Homemaker; Chore; Respite; HCBS Case Management; Personal Care Service; Adult Foster Care; Adult Day Care (7/93) Family Home Care; Environ Modification (10/99)	General IGT 5% County Match

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Expanded Service Payments to Elderly & Disabled	Eligible for Basic Care Assistance Program; Medical Assistance (recipient/ eligible); Not severely impaired in ADLs: toileting, transferring, eating; impaired in 3 of 4 IADLs: meal preparation; doing housework; doing laundry; taking meds or need supervision or structured environment	Homemaker; Chore; Respite; HCBS Case Management; Personal Care Service; Adult Foster Care; Adult Day Care (7/93) Family Home Care; Environ Modification (10/99)	General
Senior Mill Levy Match Program		Administration of disbursement of matching funds	General IGT
Telecommunication Service Program	Individual who is deaf, hearing impaired, speech impaired or mobility impaired so as to be unable to use a telephone readily purchased from a retail store; median income guidelines	Administration of contract with provider of telecommunications relay service	Telecommunication fees assessed by authority other than DHS

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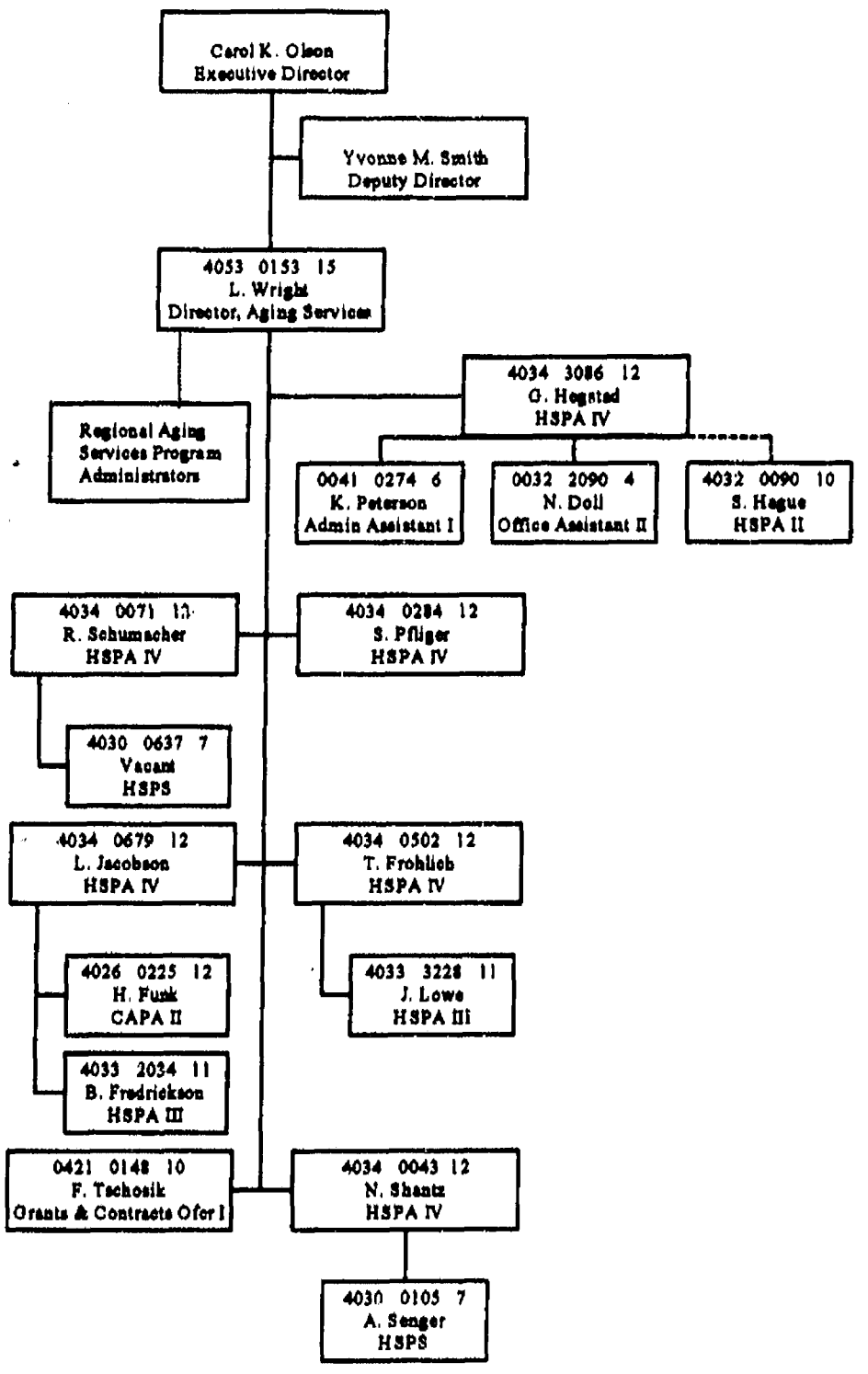
Theresa A. Lee — 10-14-03

Operator's Signature — Date

LINDA WRIGHT. 03.18.03

North Dakota Department of Human Services
Aging Services Division



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Theresa A. Bell 10-14-03
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LUNDAWRIGHT, 03.18.03

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
01	FTEs(Full Time Equivalents)	A	1000	FULL TIME EQUIVALENTS (FTES)		15.500	0.000	15.500	0.000	15.500
300-43 AGING SERVICES				**FTEs(Full Time Equivalents) TOTALS**	**0.000**	**15.500**	**0.000**	**15.500**	**0.000**	**15.500**
10	Salaries and Wages	B	1001	SALARIES	886,506	1,111,276	38,025	1,149,301	(14,083)	1,135,218
10	Salaries and Wages	B	1002	TEMPORARY, OVERTIME & SHIFT DIFF.	426	6,960	(6,960)	0	0	0
10	Salaries and Wages	B	1008	BENEFITS	267,102	340,226	46,701	386,927	(2,360)	384,567
300-43 AGING SERVICES				**Salaries and Wages TOTALS**	**1,154,034**	**1,458,462**	**77,766**	**1,536,228**	**(16,443)**	**1,519,785**
10	Salaries and Wages	F	1991	SALARY - GENERAL FUNDS		840,639	(161,736)	678,903	(7,265)	671,638
10	Salaries and Wages	F	1992	SALARY - FEDERAL FUNDS		609,224	248,101	857,325	(9,178)	848,147
10	Salaries and Wages	F	1993	SALARY - OTHER FUNDS		8,599	(8,599)	0	0	0
300-43 AGING SERVICES				**Salaries and Wages TOTALS**	**0**	**1,458,462**	**77,766**	**1,536,228**	**(16,443)**	**1,519,785**
30	Operating Expenses	B	3003	IT-TELEPHONE	3,120	5,675	(1,175)	4,500	0	4,500
30	Operating Expenses	B	3004	TRAVEL	40,482	50,270	(10,270)	40,000	0	40,000
30	Operating Expenses	B	3005	IT - SOFTWARE/SUPPLIES	1,800	1,000	(200)	800	0	800
30	Operating Expenses	B	3006	UTILITIES	292	600	(150)	450	0	450
30	Operating Expenses	B	3007	POSTAGE	555	1,257	(257)	1,000	0	1,000
30	Operating Expenses	B	3012	LEASE/RENT - BLDG/LAND	64,093	88,311	(1,796)	86,515	0	86,515
30	Operating Expenses	B	3013	PROFESSIONAL DEVELOPMENT	19,043	12,785	(1,085)	11,700	0	11,700
30	Operating Expenses	B	3014	OPERATING FEES & SERVICES	528,177	820,113	8,952,811	9,772,924	0	9,772,924
30	Operating Expenses	B	3016	REPAIRS	367	1,200	0	1,200	0	1,200
30	Operating Expenses	B	3018	PROFESSIONAL SERVICES	99,082	72,225	(72,225)	0	0	0
30	Operating Expenses	B	3021	OFFICE SUPPLIES	3,201	6,200	200	6,400	0	6,400
30	Operating Expenses	B	3024	PRINTING	18,039	23,320	(320)	23,000	0	23,000
30	Operating Expenses	B	3025	PROFESSIONAL SUPPLIES & MATERIALS	4,992	4,711	989	5,700	0	5,700
30	Operating Expenses	B	3029	MEDICAL, DENTAL & OPTICAL	104,800	69,982	(69,982)	0	0	0
30	Operating Expenses	B	3030	BLDG, GRNDS, VEHICLE MTCE SUPPLIES	32	605	(405)	200	0	200
30	Operating Expenses	B	3033	MISCELLANEOUS SUPPLIES	6,644	11,000	3,000	14,000	0	14,000
300-43 AGING SERVICES				**Operating Expenses TOTALS**	**894,719**	**1,169,254**	**8,799,135**	**9,968,389**	**0**	**9,968,389**
30	Operating Expenses	F	3991	OPERATING - GENERAL FUNDS		342,530	377,470	720,000	0	720,000
30	Operating Expenses	F	3992	OPERATING - FEDERAL FUNDS		758,324	8,421,665	9,179,989	0	9,179,989
30	Operating Expenses	F	3993	OPERATING - OTHER FUNDS		68,400	0	68,400	0	68,400
300-43 AGING SERVICES				**Operating Expenses TOTALS**	**0**	**1,169,254**	**8,799,135**	**9,968,389**	**0**	**9,968,389**

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Date

Department of Human Services

Summary by Division, Line Item and Budget Object Code as Submitted to the House

2003 - 2005 Budget

Line	Line Description	FB	BOC	BOCD	Actual Exp Thru 1/31/03 2001-2003	Current Budget 2001 - 2003	CHANGES	To the Senate 2003 - 2005	Senate Adjustments 2003 - 2005	To the House 2003 - 2005
50	Capital Improvements	B	5020	OTHER CAPITAL PAYMENTS	789	789	(189)	600	0	600
300-43 AGING SERVICES				**Capital Improvements TOTALS**	**789**	**789**	**(189)**	**600**	**0**	**600**
50	Capital Improvements	F	5992	LAND & CPTL IMPRV - FEDERAL FUNDS		789	(189)	600	0	600
300-43 AGING SERVICES				**Capital Improvements TOTALS**	**0**	**789**	**(189)**	**600**	**0**	**600**
60	Grants	B	6006	GRANTS, BENEFITS & CLAIMS	8,026,559	11,745,595	(8,356,122)	3,389,473	0	3,389,473
300-43 AGING SERVICES				**Grants TOTALS**	**8,026,559**	**11,745,595**	**(8,356,122)**	**3,389,473**	**0**	**3,389,473**
60	Grants	F	6991	GRANTS - GENERAL FUNDS		2,132,945	(720,000)	1,412,945	0	1,412,945
60	Grants	F	6992	GRANTS - FEDERAL FUNDS		9,222,650	(7,636,122)	1,586,528	0	1,586,528
60	Grants	F	6996	GRANTS - IGT FUNDS		390,000	0	390,000	0	390,000
300-43 AGING SERVICES				**Grants TOTALS**	**0**	**11,745,595**	**(8,356,122)**	**3,389,473**	**0**	**3,389,473**
90	Funding Totals	F	9991	GENERAL FUNDS	2,077,507	3,316,114	(504,266)	2,811,848	(7,265)	2,804,583
90	Funding Totals	F	9992	FEDERAL FUNDS	7,910,625	10,590,987	1,033,455	11,624,442	(9,178)	11,615,264
90	Funding Totals	F	9993	OTHER FUNDS	87,969	76,999	(8,599)	68,400	0	68,400
90	Funding Totals	F	9996	IGT FUNDS		390,000	0	390,000	0	390,000
				300-43 AGING SERVICES TOTALS	**10,076,101**	**14,374,100**	**520,590**	**14,894,690**	**(16,443)**	**14,878,247**

Brenda Weisz. 03.24.03

Department of Human Services
Aging Grant Funding in 2003-05 Budget Request to House

Grant	Budget Level		Federal $
S090 Title III Administration	100-15	ADMINISTRATION / SUPPORT	122,206
	100-20	DIVISION OF INFORMATION TECHNOLOGY	39,488
	300-43	AGING SERVICES	643,313
	300-51	DISABILITY SERVICES	4,080
	410-71	NORTHWEST HSC	31,269
	410-72	NORTH CENTRAL HSC	31,250
	410-73	LAKE REGION HSC	31,260
	410-74	NORTHEAST HSC	31,250
	410-75	SOUTHEAST HSC	31,287
	410-76	SOUTH CENTRAL HSC	31,250
	410-77	WEST CENTRAL HSC	31,250
	410-78	BADLANDS HSC	31,250
Subtotal			1,059,153
S091 Title III-B Supportive Services	100-15	ADMINISTRATION / SUPPORT	13,350
	100-20	DIVISION OF INFORMATION TECHNOLOGY	15,297
	300-43	AGING SERVICES	2,331,613
	300-51	DISABILITY SERVICES	2,843
	410-71	NORTHWEST HSC	10
	410-72	NORTH CENTRAL HSC	2,626
	410-73	LAKE REGION HSC	142
	410-74	NORTHEAST HSC	40,686
	410-76	SOUTH CENTRAL HSC	38,292
	410-77	WEST CENTRAL HSC	71,879
	410-78	BADLANDS HSC	77
Subtotal			2,516,815
S092 Title III-C1 Congregate Meals	300-43	AGING SERVICES	3,861,000
S093 Title III-C2 Home Meals	300-43	AGING SERVICES	1,747,350
S094 Title III-E NFCSP	100-15	ADMINISTRATION / SUPPORT	3,846
	100-20	DIVISION OF INFORMATION TECHNOLOGY	1,287
	200-10	LONG TERM CARE	225,720
	300-43	AGING SERVICES	1,068,079
	300-51	DISABILITY SERVICES	174
Subtotal			1,299,106
S096 Title VII Elder Abuse	410-75	SOUTHEAST HSC	80,800
S098 Title VII Ombudsman	300-43	AGING SERVICES	42,826
	410-72	NORTH CENTRAL HSC	61,000
	410-73	LAKE REGION HSC	57,551
	410-78	BADLANDS HSC	32,400
Subtotal			193,777
S099 Title III-D Preventive Health	300-43	AGING SERVICES	209,118
Total All Aging Grants			10,967,119

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10-14-03 — Date

Linda Wright 03.19.03

Aging Services
Operating Fees and Services
Object code 3014

Ombudsman activities	42,826
Title III Supportive & Nutrition contracts	9,622,198
Telecommunications equipment	68,400
Admin. Purchase of service contracts	39,500
Total	9,772,924

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Operator's Signature Date

Linda Wright. 03.19.03

Aging Services Contracts in 2001 - 2003 Biennium

	2001 - 2003 Contracts	2001 - 2003 Budget	Expended thru 01/31/03
Title III - Supportive and Nutrition Services			
Currently as grants, changed to operating			
Region 1	366,753		
Region 2	1,067,695		
Region 3	701,547		
Region 4	828,018		
Region 5	1,521,752		
Region 6	1,086,462		
Region 7	1,433,446		
Region 8	681,127		
Legal and other referral services	288,750		
American Indian Service Areas	157,635		
	8,133,185		
Other grants, remaining grants			
Senior companion services	75,000		
Non-Medical Transportation	135,000		
	210,000		
* Subtotal Title III - Support & Nutrition ==>	8,343,185	8,347,310	6,669,863
Title III - Preventive Health			
One time vision project in operating, will be grants	49,905		
Medication management - grants	159,618		
Subtotal Title III - Preventive Health ==>	209,523	209,523	120,657
Title III - Family Caregiver Program			
Currently as operating, will be grants			
UND contract	54,060		
NDSU contract	443,724		
	497,784		
Other grants, remaining grants			
Regional caregiver services	593,809		
Subtotal Title III - Family Caregiver ==>	1,091,593	1,128,600	376,859
State Funds to Providers			
Currently as grants, will be operating	720,000		
Subtotal State Funds (general funds) ==>	720,000	720,000	360,000
Total Title III contracts ==>	10,364,301	10,405,433	7,527,379
Aging Mill Levy, will stay as grants	1,662,945		
Total Aging Mill Levy ==>	1,662,945	1,662,945	831,473

* This figure includes the Cash in Lieu of Commodities grant

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Linda Wright. 03.19.03

Aging Services
Schedule of Grants
Object Code 6006

QSP Training	140,000
Mill Levy	1,662,945
Medication Management	209,118
Title III Supportive grants	330,000
Family Caregiver services	1,047,410
Total Grants	3,389,473

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Linda Wright 03.19.03

Aging Services/QSI Training

As per contract activity:

Development of Instruction Materials	$19,400.00
Training	$169.00
	$19,569.00

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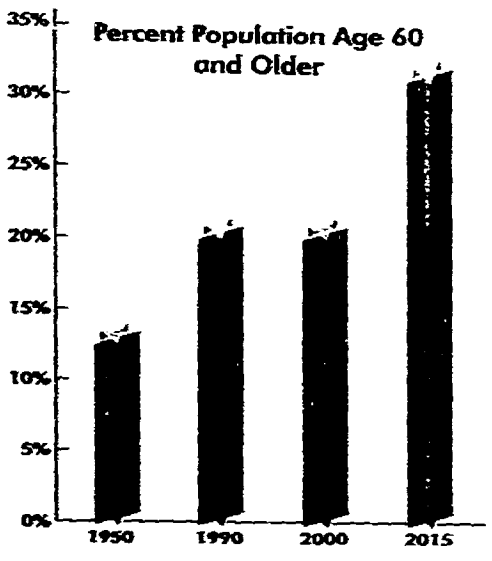
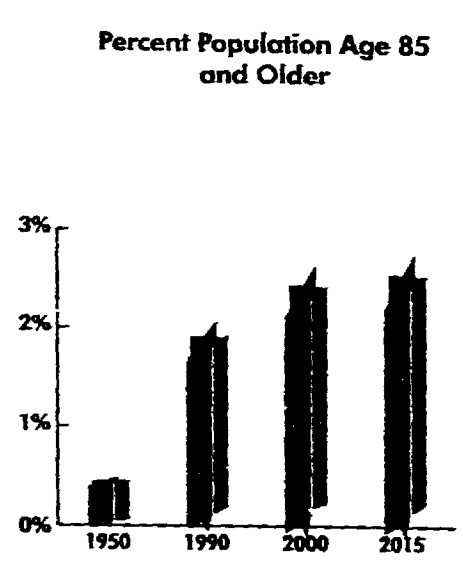
Percent of the North Dakota Population 60 Years of Age and Older and 85 Years of Age and Older

1950, 1990 and 2000 Census and 2015 Projections

- **In 1950,** 72,050 or 11.6% of North Dakota's residents were age 60 or older.
- **In 1990,** 118,175 or 18.5% of North Dakota's residents were age 60 or older.
- **In 2000,** 118,985 or 18.5% of North Dakota's residents were age 60 or older.
- **In the year 2015,** it is projected that 186,138 or 28.7% of North Dakota's residents will be age 60 or older.

- **In 1950,** 2,262 or 0.4% of North Dakota's residents were age 85 or older.
- **In 1990,** 11,240 or 1.8% of North Dakota's residents were age 85 or older.
- **In 2000,** 14,726 or 2.3% of North Dakota's residents were 85 or older.
- **In the year 2015,** it is projected that 15,392 or 2.4% of North Dakota's residents will be age 85 or older.





Source: U.S. Dept. of Commerce, Bureau of the Census, and the North Dakota Census Data Center

CHALLENGES FOR THE FUTURE

- Preparing for an aging "baby boom" generation
- Meeting the needs of an increasing population age 85 and older
- Responding to the shift of North Dakota's population from rural to urban settings, and meeting the service needs in a cost effective, efficient manner

Urban	1990 60+	2000 60+	Increase 60+
Bismarck	7,595	9,726	28.1%
Fargo	9,897	11,670	17.9%
Grand Forks	5,990	6,230	4.0%
Minot	6,237	7,011	12.4%

- Recognizing home and community based options as the preferred choice in the long-term care continuum
- Meeting the needs of family caregivers
- Addressing the increased needs of adult protective services

WE MUST CONTINUE . . .

- To develop the long-term care continuum so North Dakotans have increased home and community based options

CREDITS

- N.D. Department of Human Services
  Aging Services Division
  600 S. Second St., Suite 1C
  Bismarck ND 58504-5729
  Senior Info-Line: 1-800-451-8693
  E-Mail: dhssrinf@state.nd.us
  www.ndseniorinfoline.com

Revised 04-16-02 DN425

The Graying of North Dakota

2000-2015

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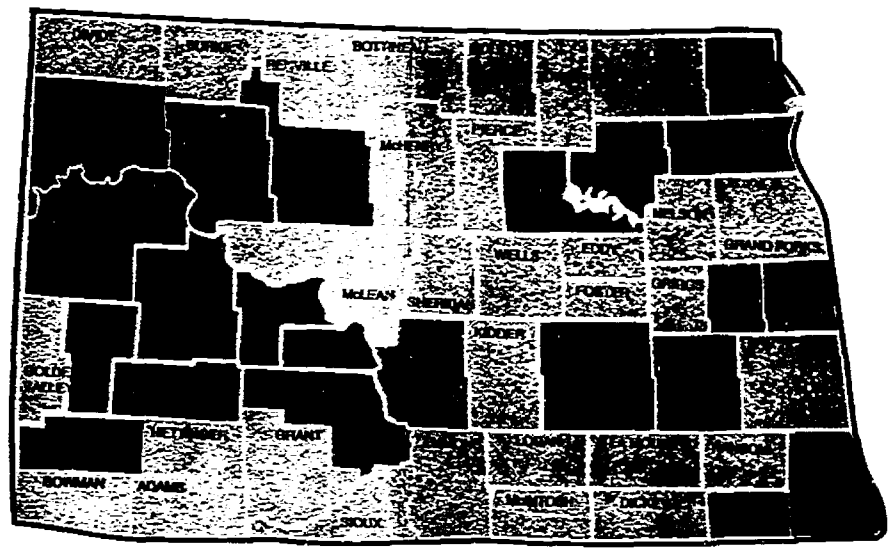
Percent of the North Dakota Population Age 60 and Older (2000)

Lt. Teal - Less than 15% of the total county population was age 60 or older.
Teal - 15-25% of the total county population was age 60 or older.
Gray - Older 25% of the total county population was age 60 or older.

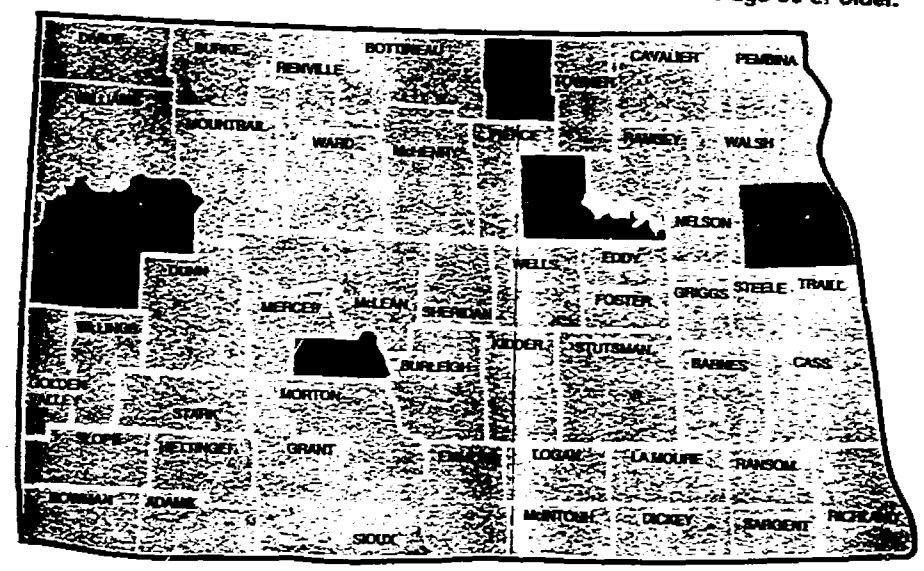


Source: U.S. Dept. of Commerce, Bureau of the Census

- **NORTH DAKOTA'S** total population in 2000 was 642,200.
- **In 2000,** 18.5% (118,985) of North Dakota's total population was 60 years of age or older.
- **In 2000,** only four counties reported less than 15% of their population to be age 60 or older.
- **In 2000,** 22 counties reported 15-25% of their population to be age 60 or older.
- **In 2000,** 27 or more than half of the 53 counties in North Dakota, reported more than 25% of their population to be age 60 or older.

Percent of the North Dakota Population Age 60 and Older (2015 Projected)

Lt. Teal - Less than 15% of the total county population is projected to be age 60 or older.
Teal - 15-25% of the total county population is projected to be age 60 or older.
Gray - Over 25% of the total county population is projected to be age 60 or older.



Source: U.S. Dept. of Commerce, Bureau of the Census

- **NORTH DAKOTA'S** total population in 2015 is projected to be 649,109.
- **In 2015,** 28.7% (186,138) of North Dakota's total population will be age 60 or older.
- **In 2015,** it is projected that only one county will report less than 15% of their population to be age 60 or older.
- **In 2015,** it is projected that only five counties will report 15-25% of their population to be age 60 or older.
- **In 2015,** it is projected that 47 counties, or nearly 90% of the 53 counties in North Dakota, will report more than 25% of their population to be age 60 or older.

Exhibit #2

AARP North Dakota

Senate Appropriations Committee
January 15, 2003

Regarding Senate Bill 2012

Vice Chairman Bowman and members of the committee, my name is David Braaten. I am a volunteer on the AARP North Dakota Government Affairs Committee. I appreciate the opportunity to comment on SB 2012. Clearly the Human Services budget is one of the most significant, substantial and complicated issues you address in every legislative session. Your decisions have a huge, direct impact on people across our state. There are many elements of this legislation that are of interest and concern and on which we will certainly be in touch with you in the weeks ahead. At this moment, I will focus my comments on one particular piece of SB 2012.

This bill includes an appropriation in the Aging Services Division of the DHS of $1,662,945 for Senior Mill Levy Match. The Senior Mill Levy Match program was established by the 1971 Legislative Assembly to provide funding for services for senior citizens. The original appropriation was $1.6 million, which was sufficient to provide dollar for dollar match of what was generated at the county or city level. The appropriation for the current biennium is $1,662,945. This provides about 54 cents for every dollar levied locally. This same dollar amount ($1,662,945) is the proposed appropriation in the budget submitted by Governor Hoeven for the 03-05 biennium.

Senior Mill Levy Match funds a significant number of services designed to assist senior citizens in maintaining their independence. These services include home delivered meals, congregate meals, transportation, outreach assistance, and health related services.

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

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10-14-03
Date

We recommend the 2003 Legislative Assembly restore the Senior Mill Levy Match program to its original dollar for dollar match at the local level. This recommendation takes into account the significant increase in the demand for services for people age 60 and over and the preference our citizens have to remain in their own home. It also reflects the cost effectiveness of providing services to help people stay independent and out of more costly institutional care.

The North Dakota Task Force on Long Term Care Planning, the Graying of North Dakota coalition, the Silver Haired Assembly and the Statehouse Conference on Aging have all gone on record in support of the Senior Mill Levy Match Program as "an integral part of the continuum of long term care services." It has been demonstrated over and over that providing services to people in their own homes is both more cost effective and more desirable from the standpoint of the person receiving services.

Without adequate funding service providers will be unable to meet the needs for services such as home delivered meals, transportation, outreach assistance, and chore services. Please consider restoring the Senior Mill Levy Match to its original dollar for dollar appropriation.

Thank you for your time.

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House Appropriations Committee
March 5, 2003

Regarding Senate Bill 2012

Chairman Delzer, and members of the committee, my name is Cheryl Jongerius. I am the current President of the North Dakota Senior Service Providers, an Association of 27 agencies that provide community based services for older adults. I appreciate the opportunity to comment on SB 2012. There are many elements of this legislation that are of particular interest and concern to older adults. At this moment, I will focus my comments on one specific area of SB 2012; **Senior Mill Levy Match.**

This bill includes an appropriation in the Aging Services Division of the Department of Human Services of $1,662,945 for Senior Mill Levy Match. When the Mill Levy Match program started more than 20 years ago the original legislative appropriation was sufficient to provide **dollar for dollar match** for every dollar generated at the county or city level. The current appropriation (2001-2003) is the same dollar amount proposed for the 2003 – 2005 biennium ($1,662,945) which provides about 54 cents for every dollar levied locally.

Senior Mill Levy Match funds support a significant number of services designed to assist senior citizens in maintaining their independence including home delivered meals, congregate meals, transportation, outreach assistance, and health related services.

We ask the 2003 Legislative Assembly restore the Senior Mill Levy Match program to its original **dollar for dollar match** at the local level. This recommendation takes into account the significant increase in the demand for services for older adults - particularly for the frailest persons over age 85; and the preference our citizens have to remain in their own home. It also reflects the cost effectiveness of providing services to help people stay independent, in their homes, and out of significantly more costly institutional care.

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The North Dakota Task Force on Long Term Care Planning, the Graying of North Dakota Coalition, the Silver Haired Assembly and the Statehouse Conference on Aging have all gone on record in support of the Senior Mill Levy Match Program as **"an integral part of the continuum of long term care services."** It has been demonstrated over and over that providing services to people in their own homes is more cost effective and more desirable from the standpoint of the person receiving services.

Without adequate funding service providers will be unable to meet the needs for services such as home delivered meals, transportation, outreach assistance, and chore services. Please consider restoring the Senior Mill Levy Match to its original dollar for dollar appropriation.

Thank you for your time in consideration of this request.

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10-14-03
Date

Exhibit 66

DEC 30 2002

Date: December 20, 2002

From: Marsha Carstensen
1251 – 54th Ave S Apt 107
Fargo, ND 58104
701-235-6332
marshalcar @aol.com

To: North Dakota Legislative Assembly

Subject: North Dakota Legislative Assembly SPED Reduction in the pay to family members.

I feel that there needs to be a revision to the North Dakota Legislative Assembly decision to cut the payment to Quality Service Providers if they are live-in family members. I think that the total income for the family unit should be considered. In most households there is more than one member providing income, in ours there is not. I am single.

My mother and I were in an automobile accident two years ago. As a result of that accident my mother requires constant supervision. She is 80 years old and already had multiple health problems – a stroke that limits the use of her right side; open heart surgery, congestive heart failure, atrial fibrillation, polymyalgia, diverticulitis; she has a pacemaker, asthma, emphysema and hypothyroidism. All of these conditions require constant monitoring and prescription adjustments. The accident left her with a fractured left shoulder, which required surgical replacement, but because of her heart conditions, surgery was not feasible and she was left with very limited mobility on her left side. She also sustained impact fractures to both knees, making walking difficult. This requires 24-hour supervision, as her doctors fear that she would not be able to survive a broken hip.

I too was injured in the accident. I suffered a les franc fracture to my right foot and I am limited to two hours a day on my feet. I am 50 years old and have carpal tunnel syndrome in both wrists, sciatica of the right hip and fibromyalgia affecting my neck and both shoulders.

On the SPED program, I was able to take care of my mother in our apartment and make $40.00 per day as an independent contractor for the state of North Dakota. Now, just because I am a family member, it has been reduced to $22.00 per day before taxes. I still do the same amount of work 24 hours a day, 7 days a week giving my mother exceptional care. I am doing my best to keep my mother out of a nursing home, which would cost the state far more that the extra $18.00 a day the state was paying me, and I am giving my mother quality one-on-one care that she would never receive in a nursing home.

I have tried to find a work-from-home job to make up for the loss of pay, but all of the employment agencies in Fargo, including Job Service tell me that there are none available.

If this situation cannot be remedied, I fear that I will have to drop my own health insurance in order to pay for my mother's prescriptions.

Thank you for your time and consideration.

Yours truly,

Marsha Carstensen

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Operator's Signature Date

Testimony on SB 2012

SPED, Expanded SPED, Aged & Disabled Waiver Services

House Appropriations Committee

March 5, 2004

Chairman Delzer and members of the House Appropriations Committee, thank you for the opportunity to testify on SB 2012, the Department of Human Services Appropriation Bill, in relation to services to people served in SPED, Expanded SPED, and under the Aged and Disabled Waiver. My name is Barbara Murry, and I'm the Chief Operations Officer at Pride, Inc., a provider of services in Bismarck and Mandan.

Pride, Inc. is a private non-profit agency and a Qualified Service Provider or QSP under Aging Services. Pride serves over 360 people with disabilities and has a small program for the elderly. Our Gracefully Aging Program is designed to assist adults that require support to remain living in their own homes. We are proud of the work we do and are committed to providing quality services.

I get at least one call a week for people who need more support to remain in their homes. I let them know our private pay rate, and tell them to be in touch with Morton or Burleigh County Social Services if they feel they are unable to afford services. The call I received this week was from a person I was already familiar with, as we had previously served her through the Case Aide program funded by the Mental Health Services at West Central Human Services. She used to receive support in working at spot job employment, as her mental illness prevented her from working with any regularity. Due to increasing health concerns and age, we had not served her in that program for a few years. She stated that she has been falling with increasing frequency and was recently

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10-14-03
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told by her doctor that she couldn't remain at home without help. She asked that I find staff to come in to her home. I was well aware that she is unable to pay for services and referred her to Burleigh County, letting her know that her physician should send them a letter describing her need. She called me back to tell me that her physician will send a letter to the county. However, I knew full well, that the county program is frozen and she will not get a referral for any assistance. I don't know what will happen to her.

Another person we support had services cut back during the last year, from 7 hours per week to 5 hours per week, because of the shortage of funds. She no longer gets any assistance in grocery shopping, but continues to get help bathing and preparing meals. Staff at Pride have had many concerns over the loss of services, as her only family support comes from a daughter who frequently takes her groceries and household supplies and doesn't show up to help when she promises to. Yet, we are unable to provide more.

I believe both of these people could be screened to receive skilled care in a nursing home. They, however, want to stay home. I urge you to increase funding to the community based services for the elderly who want to remain living as independently as possible.

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House Appropriations Committee
March 6, 2003

Regarding SB 2012
Human Services Budget

Chairman Delzer and members of the House Appropriations subcommittee on human services, my name is Fredrick Baker. I appreciate the opportunity to testify before you today. I Chair the North Dakota Governor's Committee on Aging which represents over 118,000 North Dakota citizens age 60 and older. The Governor's Committee on Aging is concerned with recent action taken by the Senate in cutting the SPED and Expanded SPED program budgets.

As validated by the U.S. Supreme Court with the Olmstead Decision in July of 1999, we have a responsibility to provide care for the elderly and disabled in the least restrictive environment.

The SPED and Expanded SPED programs provide essential services to persons in their own homes and communities, preventing or delaying institutional care. One of the committee's highest priority issues is Home and Community Based Services. We support the Governor's budget which included increases to SPED and Expanded SPED for the 2003-2005 biennium.

The Governor knows Home and Community Based Services is a high priority for older persons who need care. Being able to stay at home and receive care in the setting of their choice provides greater dignity and comfort to our older citizens. Their ability to survive hard times, be independent, pay taxes, and make dreams come true for the future good of North Dakota, should be awarded with reasonable choices. When these folks reach an age when they need our help, we need to be there for them. These programs have given thousands of older North Dakotans and individuals with disabilities the opportunity and choice to live at home for as long as possible. They need to be adequately funded.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

The Governor's Committee on Aging strongly requests the House Appropriations committee fully fund SPED and Expanded SPED. If the cuts made by the Senate stand, it is likely SPED and Expanded SPED programs will remain frozen for the next biennium, eliminating any chance for in-home care for hundreds of North Dakota citizens. The elders of North Dakota have met their responsibility in developing our state. Let us meet our responsibility by giving the elderly and the disabled the choice to remain at home.

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10-14-03
Date

LU A WRIGHT - 03.14.03

SPED and Expanded SPED
COST CUTTING MEASURES IMPLEMENTED
In 2001 - 2003 Biennium

1. Retroactive to October 1, 2001 through December 31, 2002, charge non-medical transportation services for clients over age 60 to the Older Americans Act. 90% of the clients currently receiving services are over age 60. Additional Older Americans Act federal funds were appropriated by Congress in Fiscal Year 2002. Transportation is an allowable OAA service.

2. Eliminate non-medical transportation under SPED/Expanded SPED. Provide through the (OAA) contracts, including escort/shopping assistance effective January 1, 2003.

3. Limit family members who are providing care to "family home care" only; do not allow personal care as an option. This would reduce the maximum reimbursement allowed per client per month from $1,200 to $700.

4. Lower the cap for Homemaker Services from $185 to $135.

5. Partially freeze the SPED program beginning June, 2002. Fully freeze the program effective December 1, 2002, with some exceptions. Partially freeze the Expanded SPED program beginning June, 2002.

6. Pay for qualified family home care situations with National Family Caregivers Support program funds. Payments of $325 per month or less for caregivers providing care to a family member age 60+ would be charged to the OAA National Family Support Program (retroactive from October 1, 2001 through June 30, 2003).

7. Effective July 1, 2002, for new clients, or for current clients at the first of the month following the next quarterly contact prior to October 1, 2002, Family Home Care providers will no longer be paid to perform environmental tasks. The tasks not covered are: managing money, communications, shopping, housework, laundry, transportation and meal preparation. These tasks are performed by the provider for him/herself in conjunction with living in the same household as the client.

8. Limit emergency response system only to persons living alone. There were 409 recipients in February 2002. 80% of those recipients live alone.

9. Freeze reimbursement for case management assessments for anyone other than current clients or those who qualify for the Medicaid Waiver or for exceptions to SPED or Expanded SPED.

10. Hold provider rates at existing levels not allowing the 2.3% inflationary rate increase approved by the Legislature for the second year of the biennium.

Total Cost Savings = $2.5 million

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Theresa A. Bell — Operator's Signature

10-14-03 — Date

2003 - 2005 Biennium

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

Total Estimated Cost Savings = $1,737,434

OTHER MEASURES (2001 - 2003 Biennium)

1. Eliminate shopping as a reimbursable task of live in personal care.

2. Capped reimbursement for personal care services provided in assisted living facilities, effective March 1, 2003.

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Theresa A. Lee 10-14-03

Operator's Signature Date

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Operator's Signature

10-14-03
Date

LINDA WRIGHT 03.14.03

January-03 **Spend-downs**

SPED..... *(SERVICE PAYMENTS FOR ELDERLY AND DISABLED)--ACC 4113*

Expanded SPED *(SERVICE PAYMENTS FOR ELDERLY AND DISABLED)--ACC4112*

Projected need amounts have been adjusted for the November 2002 Reprojection
Actuals have been adjusted for the use of OAA funds

2001 - 2003 Biennium

Completed by Jeremy Fleckenstein
2/12/03

RECEIVED
AGING SERVICES DIVISION

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Operator's Signature

10-14-03
Date

North Dakota Department of Human Services

Aging Services Division

SPED (Service Payments for Elderly and Disabled) – ACC 4113

Comparison of Recipients and Expenditures by Source of Funds Between Appropriation and Actual

2001 - 2003 Biennium (By Month)

Month	Persons Receiving (unduplicated monthly) App	est	Actual	Excess (Short) 2\	Weeks Used Est	Actual	Excess (Short) 2\	Cost Per Person App	Estimate	Actual	Excess (Short) 2\	"To GOVERNOR" Appropriation Total	State	County	Other	November '02 Reprojection Total	State	County	Other	Actual Expenditures 1\ Total	State	County	Other	Excess (Short) 2\ Total	State	County	Other
Aug-01	1,342	1,466	1,466	(124)	5	5	0	406.58	431.88	431.88	(25.30)	646,639	618,349	27,281	0	633,141	601,484	31,657	0	633,141	601,484	31,657		(87,511)	(83,135)	(4,376)	0
Sep-01	1,342	1,374	1,374	(32)	4	4	0	406.58	418.67	418.67	(12.09)	646,639	618,349	27,281	0	575,250	546,488	28,762	0	575,250	546,488	28,762		(29,620)	(28,139)	(1,481)	0
Oct-01	1,342	1,435	1,435	(93)	5	5	0	406.58	400.91	400.91	5.67	646,639	618,349	27,281	0	575,307	546,542	28,765	0	575,307	546,542	28,765		(29,677)	(28,193)	(1,484)	0
Nov-01	1,342	1,392	1,392	(50)	4	4	0	406.58	411.50	411.50	(4.92)	646,639	618,349	27,281	0	572,814	544,173	28,641	0	572,814	544,173	28,641		(27,184)	(25,824)	(1,360)	0
November 2001 Reprojection																											
Dec-01	1,342	1,417	1,468	(126)	4	4	0	406.58	415.74	411.88	(5.10)	646,639	618,349	27,281	0	599,194	569,849	29,465	0	604,350	574,133	30,217		(58,720)	(55,784)	(2,936)	0
Jan-02	1,342	1,417	1,422	(80)	5	5	0	415.52	424.89	424.83	(9.31)	667,636	639,747	27,881	0	602,884	571,881	30,183	0	604,102	573,897	30,205		(46,474)	(44,150)	(2,324)	0
Feb-02	1,342	1,417	1,489	(147)	4	4	0	415.52	424.89	423.83	(8.41)	667,636	639,747	27,881	0	602,884	571,881	30,183	0	831,230	598,869	31,561		(73,602)	(69,922)	(3,680)	0
Mar-02	1,342	1,417	1,469	(127)	4	4	0	415.52	424.89	439.46	(23.94)	667,636	639,747	27,881	0	602,884	571,881	30,183	0	645,566	613,298	32,278		(87,338)	(83,541)	(4,397)	0
Apr-02	1,343	1,417	1,576	(233)	5	5	0	415.52	424.89	434.78	(19.26)	668,843	639,141	27,902	0	602,884	571,881	30,183	0	686,210	650,850	34,260		(127,167)	(120,809)	(6,358)	0
May-02	1,343	1,417	1,576	(233)	4	4	0	415.52	424.89	358.84	56.68	668,843	639,141	27,902	0	602,884	571,881	30,183	0	565,525 4\	537,245	28,276		(7,482)	(7,108)	(374)	0
May 2002 Reprojection																136,559	129,732	6,827	0								
Jun-02	1,343	1,575	1,618	(273)	4	4	0	415.52	390.45	383.29	32.23	668,843	639,141	27,902	0	616,348	(311,965)	30,767	896,537	619,395 5\	47,269	30,970	541,157	(4,047)	(359,224)	(203)	355,380
Jul-02	1,343	1,576	1,748	(405)	5	5	0	415.52	390.45	466.20	(50.68)	668,843	63,793	39,279	465,031	616,348		30,767	884,582	814,925 6\		40,746	774,179	(199,576)		(9,979)	(189,597
Aug-02	1,343	1,548	1,539	(196)	4	4	0	415.52	377.00	429.13	(13.61)	668,843		27,902	639,141	583,686		29,180	554,416	660,426 6\		33,021	627,405	(76,830)		(3,841)	(72,989
August 2002 Reprojection																380,453	368,224	14,823	(82,794)								
Sep-02	1,343	1,520	1,468	(125)	4	4	0	415.52	374.41	386.12	19.40	668,843		27,902	639,141	668,183		26,465	640,848	581,511 6\		29,076	552,435	(12,408)		(621)	(11,787
Oct-02	1,343	1,492	1,510	(167)	5	5	0	415.52	371.81	310.26	105.26	668,843		27,902	639,141	554,741		27,737	527,904	468,490 7\		23,424	445,066	86,251		4,313	81,938
Nov-02	1,343	1,464	1,445	(102)	4	4	0	415.52	369.22	402.44	13.08	668,843		27,902	639,141	540,536		27,027	513,511	581,521		29,076	552,445	(40,983)		(2,049)	(38,934
November 2002 Reprojection																(32,860)		(1,643)	(31,217)								
Dec-02	1,343	1,371	1,484	(141)	5	5	0	415.52	390.97	347.58	67.94	668,843		27,902	639,141	536,639		26,881	509,219	515,809 8\		25,790	490,019	20,211		1,011	19,200
Jan-03	1,343	1,297	1,386	(43)	4			424.66	390.32			670,318		28,516	641,802	506,245		25,312	480,933	531,510		26,575	504,935	38,808		1,941	(24,002
Feb-03	1,343	1,223			4			424.66	389.58			670,318		28,516	641,802	478,456		23,923	454,533								
Mar-03	1,343	1,149			4			424.66	388.76			670,318		28,516	641,802	440,886		22,334	434,351								
Apr-03	1,343	1,075			5			424.65	387.81			670,305		28,515	641,790	416,986		20,845	396,061								
May-03	1,343	1,001			4			424.65	386.73			670,305		28,515	641,790	367,117		18,368	367,761								
Jun-03	1,343	927			4			424.65	385.48			670,305		28,515	641,790	367,349		17,887	339,473								
Jul-03	1,343	853			4			424.65	384.01			670,305		28,515	641,790	327,661		16,378	311,283								
Biennium	32,224	32,241	26,863	(2,697)	104	75	0	416.32	180.99	404.50	11.82	13,415,595	5,835,142	682,151	6,898,302	13,273,084	5,835,142	663,651	6,774,291	10,866,083	5,835,142	543,300	4,487,641	(763,949)	(905,829)	(38,198)	119,209
To Date	24,166	32,241	26,863	(2,697)	79	75	0	7,444	0.00	404.50	7,039.30	9,983,736	5,835,142	511,059	3,647,536	10,861,029	5,835,142	543,048	4,482,839	10,866,083	5,835,142	543,300	4,487,641	(763,949)	(905,829)	(38,198)	119,209
FY 02	16,108	17,321	18,031	(1,923)	53	53	0	412		417.44	(5.64)	6,833,206	5,835,142	343,032	655,031	7,323,193	5,475,918	385,156	1,461,119	7,526,816	5,835,142	376,338	1,315,336	(778,998)	(905,829)	(36,952)	165,783
FY 03	16,116	14,920	8,832	(774)	51	22	0	421		0.00	0.00	6,782,389	0	339,118	6,443,271	5,949,891	359,224	297,495	5,293,172	3,339,267	0	166,962	3,172,305	15,049	0	754	(46,574

The decrepancy in funding reflects a delay in Inter-Departmental Governmental transfer of funds.

2001 - 2003 Biennium	Total	State	County	Other
Legislative Appropriation (walk-thru)	13,415,595	5,835,142	682,151	6,898,302
Emergency Commission Action	0	0	0	0
Adjusted Appropriation	13,415,595	5,835,142	682,151	6,898,302
Projected Needs (Acual to-date plus remaining months of estimate.)	13,278,136	5,835,142	663,903	6,779,083
Reprojection positive/negative needs (Positive represents excess of funds and (negative) represents shortage of funds.)	137,457	0	18,248	119,209

NOTES:

1\ Actual claims processed through the MMIS System.

2\ Difference is the appropriation less the actual.

3\ This amount includes an adjustment for FHC Oct '02 Through Dec '02.

4\ This amount is net of a $53,723 refund.

5\ This amount is net of a $61,194 Non-Medical Transportation adjustment.

6\ The total includes TCMs paid at the incorrect match code.

7\ This amount includes an adjustment for Targeted Case Management claims from June, July and August that were previously paid at an incorrect match code and a FHC Adjustment.

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Operator's Signature

10-14-03
Date

North Dakota Department of Human Services

Aging Services Division

Expanded SPED (Service Payments for Elderly and Disabled) ACC – 4112

Comparison of Recipients and Expenditures by Source of Funds Between Appropriation and Actual

2001 - 2003 Biennium (By Month)

	Persons Receiving (unduplicated monthly)				Weeks Used			Cost Per Person				To GOVERNOR' Appropriation"				November '02 Reprojection				Actual Expenditures 1\				Excess (Short) 2\			
Month	Appr	Est.	Actual	Excess (Short) 3\	Est.	Actual	Excess (Short) 3\	Appr.	Est.	Actual	Excess (Short) 3\	Total	State	County	Other	Total	State	County	Other	Total	State	County	Other	Total	State	County	Other
Aug-01	177	180	180	0	5	5	0	275.95	335.56	335.56	(59.61)	48,843	48,843			60,400	60,400			60,400	60,400			(11,557)	(11,557)		0
Sep-01	177	158	158	0	4	4	0	275.95	307.43	307.43	(31.48)	48,843	48,843			48,574	48,574			48,574	48,574			269	269		0
Oct-01	177	163	163	0	5	5	0	275.95	291.66	291.66	(15.71)	48,843	48,843			47,540	47,540			47,540	47,540			1,303	1,303		0
Nov-01	177	167	167	0	4	4	0	275.95	311.50	311.50	(35.55)	48,843	48,843			52,020	52,020			52,020	52,020			(3,177)	(3,177)		0
November 2001 Reprojection																0	0										
Dec-01	177	167	164	3	4	4	0	275.95	311.54	307.52	(31.57)	48,843	48,843			52,027	52,027			50,434	50,434			(1,591)	(1,591)		0
Jan-02	177	167	173	(6)	5	5	0	282.02	318.39	386.68	(104.67)	49,918	49,918			53,172	53,172			66,897	66,897			(16,979)	(16,979)		0
Feb-02	177	167	185	(18)	4	4	0	282.02	318.39	355.48	(73.46)	49,918	49,918			53,172	53,172			65,783	65,783			(15,845)	(15,845)		0
Mar-02	177	167	183	(16)	4	4	0	282.02	318.39	333.90	(51.88)	49,918	49,918			53,172	53,172			61,103	61,103			(11,185)	(11,185)		0
Apr-02	177	167	193	(26)	5	5	0	282.02	318.39	335.36	(53.34)	49,918	49,918			53,172	53,172			64,725	64,725			(14,807)	(14,807)		0
May-02	177	167	180	(13)	4	4	0	282.02	318.39	334.82	(52.80)	49,918	49,918			53,172	53,172			60,268	60,268			(10,350)	(10,350)		0
May 2002 Reprojection																51,304	51,304										
Jun-02	177	180	184	(4)	4	4	0	282.02	317.29	281.54	0.48	49,918	49,918			57,112	57,112			51,804 [3]	51,804			5,308	5,308		0
Jul-02	177	180	209	(29)	5	5	0	282.02	317.29	374.78	(92.76)	49,918	49,918			57,112	57,112			78,329 [4]	78,329			(28,411)	(28,411)		0
Aug-02	177	173	189	(16)	4	4	0	282.02	316.78	327.95	(45.93)	49,918	49,918			54,803	54,803			61,983 [4]	61,983			(12,065)	(12,065)		0
August 2002 Reprojection																23,089	23,089										
Sep-02	177	166	181	(15)	4	4	0	282.02	316.78	313.67	(31.65)	49,918	49,918			52,585	52,585			56,774 [4]	56,774			(6,856)	(6,856)		0
Oct-02	178	159	181	(22)	5	5	0	282.02	316.78	130.93	151.09	50,200	50,200			50,368	50,368			17,322 [5]	23,699			32,878	26,501		0
Nov-02	178	152	165	(13)	4	4	0	282.02	316.78	308.79	(26.77)	50,200	50,200			48,151	48,151			50,950	50,950			(750)	(750)		0
November 2002 Reprojection																(26,058)	(19,681)										
Dec-02	178	158	169	(11)	5	5	0	282.02	308.58	245.93	36.09	50,200	50,200			48,757	48,757			41,563 [6]	41,563			8,637	8,637		0
Jan-03	178	151	159	(8)	4	4	0	288.22	308.58	273.05	15.17	51,303	51,303			46,596	46,596			43,415	43,415			7,888	7,888		0
Feb-03	178	144			4			288.22	308.58			51,303	51,303			44,436	44,436										
Mar-03	178	137			4			288.22	308.58			51,303	51,303			42,273	42,273										
Apr-03	178	130			5			288.22	308.55			51,303	51,303			40,112	40,112										
May-03	178	123			4			288.22	308.54			51,303	51,303			37,950	37,950										
Jun-03	178	116			4			288.22	308.53			51,303	51,303			35,789	35,789										
Jul-03	178	109			4			288.68	308.50			51,385	51,385			33,627	33,627										
Biennium	4,258	3,748	3,183	(194)	104	79	0	282.58	0.00	$307.84	($25.25)	$1,203,280	$1,203,280			$1,224,425	$1,230,802			979,864	986,241			(77,290)	(83,667)		
To Date	3,190	3,748	3,183	(194)	79	79	0	5,052	0.00	$307.84	4,744.37	895,380	895,380			1,224,425	1,230,802			979,864	986,241			(77,290)	(83,667)	0	0
FY 2002	2,124	2,030	2,139	(109)	53	53	0	279.49	$0.00	$330.93	(51.44)	593,641	593,641			691,948	691,948			707,857	707,857			(107,022)	(107,022)	0	0
FY 2003	2,134	1,718	1,044	(85)	51	26	0	285.68	$0.00	$0.00	0.00	609,639	609,639			532,477	538,854			272,007	278,384			29,732	23,355	0	0

2001 - 2003 Biennium	Total	State	County	Other
Legislative Appropriation (walk-thru)	1,203,280	1,203,280	0	0
Emergency Commission Action	0	0	0	0
Adjusted Appropriation	1,203,280	1,203,280	0	0
Projected Needs (Actual to-date plus remaining months of estimate.)	1,214,869	1,220,427	0	0
Reprojection positive/negative needs (Positive represents excess of funds and (negative) represents shortage of funds.)	(17,147)	(17,147)	0	0

NOTES:

1\. Actual claims processed through the MMIS System.

2\. Difference is the appropriation less the actual.

3\ This amount is net of a $12,283 Non-Medical Transportation adjustment.

4\ This amount includes Targeted Case Management claims paid at the incorrect match code

5\ This amount includes an adjustment for Targeted Case Management claims from June, July, and August that were previously paid at an incorrect match code and a FHC adjustment.

6\ This amount includes an adjustment for FHC Oct '02 Through Dec '02.

LINDAWRIGHT. 03.14.03

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

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

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

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

Program Inqueries as of 3-12-03	Unduplicated Recipients
Program Inqueries*	163

January Recipients	Unduplicated Recipients
SPED	1,386
Expanded SPED	159
Total Recipients	1,545

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

SPEDSENATECHANGES

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Exhibit #4

TESTIMONY

SB 2012 – DEPARTMENT OF HUMAN SERVICES

SENATE APPROPRIATIONS

RAY HOLMBERG, CHAIRMAN

JANUARY 14, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Linda Wright and I am the Director of the Aging Services Division, Department of Human Services. I appear before you today to provide an overview of the portion of the Long Term Care budget pertaining to Home and Community Based Services.

Services Provided:

- Services funded by Service Payments for Elderly and Disabled (SPED); Expanded SPED; the Medicaid Waivers for Aged and Disabled and Traumatic Brain Injury are provided to older persons and persons with physical disabilities who are functionally impaired and meet financial eligibility criteria.

  The purpose of the various funding sources is to provide needed services to persons in their own homes and communities, thereby preventing or delaying institutional care. Attachment A is a fact sheet on the Medicaid Waiver for Aged and Disabled. Attachment B is a fact sheet about SPED and Expanded SPED.

- The need for home and community based services continues to increase; consistent with the changing demographics in North Dakota and the decrease in individuals seeking institutional care. Attachment C details the history of home and community based services from 1995 through 2001. The number of clients increased by 982 during that time period.

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Attachment D outlines the number of clients served per service and funding source in 2001.

- Two thousand four hundred eighty seven (2487) individuals and agencies who are enrolled as qualified service providers provide the direct home and community based care statewide.

Overview of Budget Changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
SPED	13,415,595	18,839,037	5,423,442
Expanded SPED	1,203,280	1,780,594	577,314
Aged & Disabled Waiver	8,519,405	9,478,112	958,707
TBI Waiver	1,818,500	2,274,072	455,572
Targeted Case Management	1,107,750	1,107,750	-0-
General	10,152,250	16,334,640	6,182,390
Federal	7,993,297	8,966,141	972,844
IGT	7,236,832	7,236,832	-0-
County	682,151	941,952	259,801
TOTAL	26,064,530	33,479,565	7,415,035

- For the third consecutive biennium, the need for home and community based services has been greater than the appropriated budget

- Numerous program changes have been implemented in the current biennium in an attempt to stay within the budget including a total freeze of any new clients coming into the SPED program and a partial freeze of new clients for the Expanded SPED program. There are currently 78 individuals waiting for SPED funded services and 15 individuals waiting for Expanded SPED services. In addition, there have been 60 individuals who have contacted county social service offices regarding potential need for services. See Attachment E for details.

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- The Governor's budget recognizes the increasing demand for home and community based services. A survey of AARP North Dakota members conducted in 2002 indicated that 86% of those surveyed consider it important to be able to stay at home as long as possible.

- Targeted case management, which was implemented in the current biennium allows us to capture federal funds for case management contacts that otherwise would have been funded with general and county funds.

- The budgeted average cost for services per person per month are as follows:

SPED	$ 420.89
Expanded SPED	$ 334.95
TBI Waiver	$2,632.03
Aged & Disabled Waiver	$1,292.00

These are very cost effective alternatives to institutional care. Many of the individuals receiving services through these funding sources would be in more restrictive and more expensive settings if they were not able to remain at home through the support of these programs.

This concludes my testimony. I would be happy to answer any questions at this time.

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ATTACHMENT C

YEARLY COMPARISONS
AGED & DISABLED HOME AND COMMUNITY BASED SERVICES

Year	Medicaid Waiver Aged & Disabled FFY		SPED Program Calendar Year		Expanded SPED Calendar Year		TBI Waiver Waiver Year	
	Clients	Annual Expenditure	Clients	Annual Expenditure	Clients	Annual Expenditure	Clients	Annual Expenditure
1995	335	$1,738,139	1482	$3,212,947	269	$251,865	11	$261,028
1996	298	$2,021,658	1449	$2,904,721	396	$745,230	11	$313,328
1997	282	$2,412,508	1886	$4,339,096	212	$426,231	13	$272,335
1998	330	$2,875,481	1952	$4,752,483	163	$386,589	13	$299,950
1999	347	$3,328,323	2,044	$5,499,710	242	$540,963	14	$321,412
2000	381	$3,765,156	2,100	$6,007,269	269	$665,026	13	$347,674
2001	453	$4,542,266	2,341	$7,104,191	264	$682,507	21	$433,669

Revised 9/06/2002

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ATTACHMENT D

HOME & COMMUNITY-BASED SERVICES
2001 CLIENTS AND EXPENDITURES BY SERVICE

The following chart contains only the expenditures by the Department of Human Services.

Service	Medicaid Waiver Aged & Disabled FFY01		SPED Program CY01		Expanded SPED CY01		TBI WAIVER Waiver Year 01	
	Clients	Annual Expenditure	Clients	Annual Expenditure	Clients	Annual Expenditure	Clients	Annual Expenditure
Case Management	417	$128,819	1,893	$ 431,515	228	$ 62,883	20	$7,202
Homemaker	60	39,316	1,179	923,511	178	161,101		
Personal Care - Assist	29	459,882	45	282,452	5	24,250		
Personal Care	299	3,238,077	1,315	3,209,907	130	294,809		
Adult Foster Care	22	203,586	35	176,740	4	26,890		
Respite Care	73	146,213	101	138,130	1	113		
Adult Day Care	2	2,939	3	14,674	1	265		
NMT Transport	44	20,814	337	118,117	78	30,211		
Chore	18	1,497	44	13,946	9	1,495		
ERS	89	16,076	648	137,089	69	15,446	3	380
Environmental Mod	2	5,372			0	0		
Adult Residential Care	29	266,677						
Specialized Equip	1	13,000						
Family Home Care			423	1,658,110	27	75,044		
TBI Residential Care							16	370,976
TBI Transitional Living							6	55,111
TOTAL	453	$4,542,266*	2,341	$7,104,191	264	$682,507	21	$433,669

FUNDING

Funding for Medicaid Waiver, Aged and Disabled, is approximately 70% federal funds and 30% state funds.
Funding for SPED is 95% state funds and 5% county funds.
Funding for Expanded SPED is 100% state funds.
Funding for TBI Waiver is approximately 70% federal funds and 30% state funds.

* Rounded Figure

Revised 9/2002

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ATTACHMENT E

SPED POOL

DATE	# OF CLOSINGS	# OF NEW CLIENTS	EXCEPTIONS	# OF ADD ONS	# WAITING TO BE ADDED ON	REMOVED FROM POOL	See Below
06/12/02	32	25	2	27	0		
06/26/02	29	35	0	24	11		
07/10/02	47	22	3	42	0		
07/24/02	39	36	1	16	20		
08/14/02	62	52	4	48	8		
08/28/02	28	14	2	16	29		
09/11/02	39	25	1	26	29	2	1,2
9/25/02	39	25	4	29	32		
10/9/02	50	24	2	26	43	3	3,4,5
10/23/02	31	25	3	28	53		
11/13/02	61	47	4	51	36	2	6,7
11/27/02	17	3	6	9	67	4	8,9,10,11
12/10/02	19	0	3	3	73	2	12,13
12/26/02	24	0	3	1	79	1	14
1/8/03	18	0	3	0	78	0	

EXSPED POOL

DATE	# OF CLOSINGS	# OF NEW CLIENTS	EXCEPTIONS	# OF ADD ONS	# WAITING TO BE ADDED ON	REMOVED FROM POOL
06/12/02	2	5	0	2	3	
06/20/02	3	2	0	3	2	
07/10/02	3	1	0	3	0	
07/24/02	7	7	1	1	6	
08/14/02	4	11	1	1	11	
08/28/02	6	3	0	3	12	
09/11/02	3	0	0	0	14	
09/25/02	5	1	0	1	16	
10/09/02	4	4	0	0	16	
10/23/02	1	0	0	0	18	
11/13/02	9	2	1	3	17	
11/27/02	4	4	1	5	13	
12/10/02	7	0	0	0	17	
12/26/02	4	4	4	4	15	
12/25/02	4	4	0	4	15	
01/08/03	1	0	0	0	15	

Removed from Pool Reasons

September	1. Client deceased
	2. Client choice to not proceed
October	3. Client choice to not proceed
	4. Going to VA services
	5. Moving into Basic Care
November	6. Client deceased
	7. Entered NH
	8. Entered NH
	9. Client deceased
	10. Client deceased
	11. Client found ineligible
	12. Entered Basic Care
	13. Entered nursing home
	14. Services no longer required

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10-14-03
Date

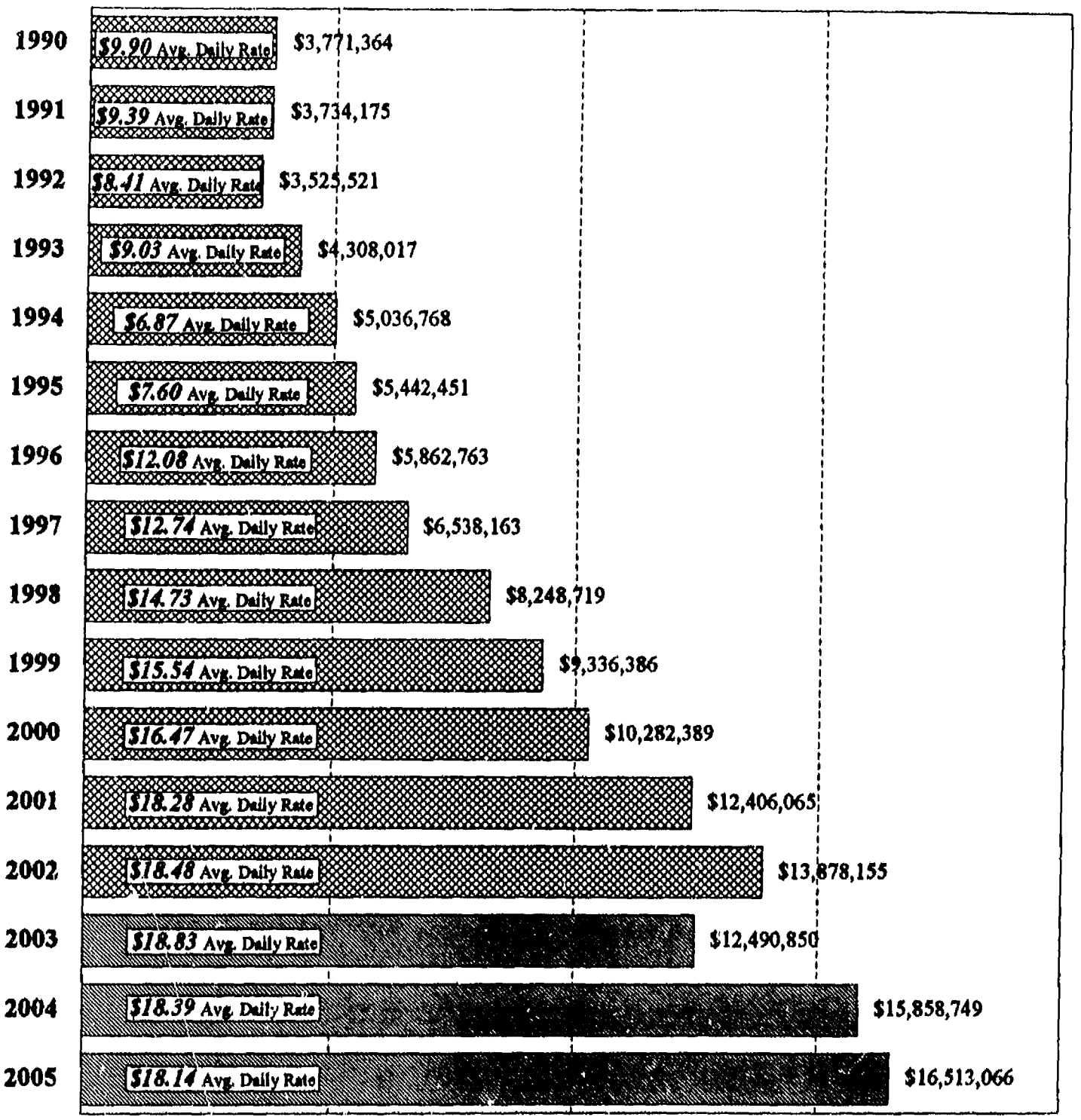
North Dakota Department of Human Services

Home and Community Based Care

Fiscal Years 1990 - 2005 *

Senate Bill 2012

2003 - 2005 Biennium



* 1990 through 2002 represents actual expenditures. 2003 represents five months actual and seven months estimated expenditures. 2004 and 2005 represent estimated expenditures.

Expanded SPED (Service Payments for the Elderly and Disabled) was not implemented until September 1994.

TBI (Traumatic Brain Injured) Waiver was not implemented until September 1995.

Targeted Case Management of approximately one million dollars for the '01-'03 and '03-'05 Biennums were not included since only a portion of the cost is associated with Home and Community Based Care.

FA-1/28/03-cj-hgw\0305legis\h&c

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Date

TESTIMONY
SB 2012 – DEPARTMENT OF HUMAN SERVICES
HOUSE APPROPRIATIONS
REPRESENTATIVE SVEDJAN, CHAIRMAN
FEBRUARY 26, 2003

Chairman Svedjan and members of the House Appropriations Committee, my name is Linda Wright and I am the Director of the Aging Services Division, Department of Human Services. I appear before you today to provide an overview of the portion of the Long Term Care budget pertaining to Home and Community Based Services.

<u>Services Provided:</u>

- Services funded by Service Payments for Elderly and Disabled (SPED); Expanded SPED; the Medicaid Waivers for Aged and Disabled and Traumatic Brain Injury are provided to older persons and persons with physical disabilities who are functionally impaired and meet financial eligibility criteria.

  The purpose of the various funding sources is to provide needed services to persons in their own homes and communities, thereby preventing or delaying institutional care. Attachment A is a fact sheet on the Medicaid Waiver for Aged and Disabled. Attachment B is a fact sheet about SPED and Expanded SPED. The services provided are support services and do not include home health services.

- The need for home and community based services continues to increase; consistent with the changing demographics in North Dakota and the decrease in individuals seeking institutional care. Attachment C contains the recommendations of the Needs Assessment of Long Term

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Care, North Dakota: 2002. The purpose of the study was to assess the current and future long term care needs of residents in North Dakota. I would direct your attention to page 1, paragraph 1 of the recommendations: "Findings from the 2002 North Dakota Needs Assessment of Long-Term Care indicate there are four key areas for targeted legislation. First, priority needs to be given to legislative efforts in the form of program initiatives and tax incentives for home and community-based services. Elderly who are in greatest need for services reside in the state's rural areas and small communities. These areas lack facilities, resources, and professional staff. The communities need to be empowered to take a more active role in caregiving. Program initiatives and tax incentives that create or enhance the care of elderly in the home or through community-based efforts will reduce the demand for institutional care and, in turn, the financial burden on the state."

- Attachment D details the history of home and community based services from 1995 through 2001. The number of clients increased by 982 during that time period. Attachment E outlines the number of clients served per service and funding source in 2001.

- Two thousand four hundred eighty seven (2487) individuals and agencies who are enrolled as qualified service providers provide the direct home and community based care statewide. There is no inflationary rate increase built into the budget for these providers. Due to lack of funds, we were unable to provide rate increases the second year of the current biennium, therefore resulting in no rate increases for 3 years.

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Overview of Budget Changes:

	2001 - 2003 Budget	2003 - 2005 Request	Increase / Decrease
SPED	13,415,595	18,839,037	5,423,442
Expanded SPED	1,203,280	1,780,594	577,314
Aged & Disabled Waiver	8,519,405	9,478,112	958,707
TBI Waiver	1,818,500	2,274,072	455,572
Targeted Case Management	1,107,750	1,107,750	-0-
General	10,152,250	16,334,640	6,182,390
Federal	7,993,297	8,966,141	972,844
IGT	7,236,832	7,236,832	-0-
County	682,151	941,952	259,801
TOTAL	26,064,530	33,479,565	7,415,035

- For the third consecutive biennium, the need for home and community based services has been greater than the appropriated budget. Meanwhile, the number of licensed nursing home beds in North Dakota has decreased by 500 beds.

- The Governor's budget recognizes the increasing demand for home and community based services. A survey of AARP North Dakota members conducted in 2002 indicated that 86% of those surveyed consider it important to be able to stay at home as long as possible.

- Targeted case management, which was implemented in the current biennium allows us to capture federal funds for case management contacts that otherwise would have been funded with general and county funds.

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- The budgeted average cost for services per person per month are as follows:

SPED	$ 420.89
Expanded SPED	$ 334.95
TBI Waiver	$2,632.03
Aged & Disabled Waiver	$1,292.00

- Numerous program changes have been implemented in the current biennium in an attempt to stay within the budget including a total freeze of any new clients coming into the SPED program and a partial freeze of new clients for the Expanded SPED program. There are currently 79 individuals waiting for SPED funded services and 16 individuals waiting for Expanded SPED services. In addition, there have been 144 individuals who have contacted county social service offices regarding potential need for services. See Attachment F for details.

Senate Adjustments:

- The Senate adjustments included in SB2012 decrease the budget for SPED by $4,612,684 and for Expanded SPED by $300,000. These cuts will mean that both the SPED and Expanded SPED programs will most likely remain frozen into the next biennium. In view of the Olmstead Decision, this creates a risk for the State of North Dakota.

  The amendment to SB2012 which reduced the allowable assets for SPED eligibility from $25,000 to $20,000 as provided in SB2083 resulted in a reduction of $1,762,684 to the SPED budget.

  The second amendment to SB2012 reducing the budget by an additional $2,850,000 for SPED by requiring that all of an individuals assets, except the individual's primary home, be used to determine eligibility will be extremely difficult to implement. This amendment makes the program more restrictive than Medicaid and will require case managers to re-

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assess every client and become experts at establishing the value of household contents; cars; and any other possession. We must reimburse CSSB's for case management and, therefore, this amendment will create an increase in case management expenditures. This amendment is also in conflict with NDCC 50-06.2-03.

SB2194 was amended into the Department's appropriation bill and adds Personal Care as an optional service to Medicaid for this population. We are still analyzing the affects of this bill coupled with the affects of SB2083, which changes the eligibility requirements for SPED.

	2003 - 2005 Request	2003 - 2005 "To House"	Increase / Decrease
SPED	18,839,037	14,226,353	(4,612,684)
Expanded SPED	1,780,594	1,480,594	(300,000)
Aged & Disabled Waiver	9,478,112	9,478,112	-0-
TBI Waiver	2,274,072	2,274,072	-0-
Targeted Case Management	1,107,750	1,107,750	-0-
TOTAL	33,479,565	28,566,881	(4,912,684)
General	16,334,640	11,652,591	(4,682,049)
Federal	8,966,141	8,966,141	-0-
IGT	7,236,832	7,236,832	-0-
County	941,952	711,317	(230,635)

The use of technology is important in the Long-Term Care budget. Payments to providers are made through the MMIS system. Many individual providers rely on timely payments in order to pay their own bills. If payments suspend or are late, many phone calls to our office result. We are in the process of implementing an automatic telephone response system in regard to payments which will provide immediate response to callers and decrease staff time on the phone.

Home and community based services are very cost effective alternatives to institutional care. Many of the individuals receiving

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services through these funding sources would be in more restrictive and more expensive settings if they were not able to remain at home through the support of these programs. There are, in fact, individuals receiving services at home; such as 5 ventilator dependent clients who were not able to be served in a nursing home.

This concludes my testimony. I would be happy to answer any questions at this time.

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ATTACHMENT A

Fact Sheet

Home & Community-Based Services

North Dakota's Medicaid Waiver for the Aged and Disabled

Background:

North Dakota provides home and community-based services through several programs, which each serve different needs. These programs include:

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

The waivers gives eligible people a choice between institutional care and living in their homes and communities.

In 1981, the federal government acknowledged that the Medicaid Program had a bias toward funding institutional care, such as nursing homes. Home and community-based services (HCBS) waivers were developed to counter that bias, with the stipulation that the cost of community support services cannot exceed institutional care costs.

North Dakota's Medicaid HCBS waiver is an agreement between the Center for Medicare & Medicaid Services (CMS) and the state's Medicaid Agency - the North Dakota Department of Human Services. This waiver helps eligible individuals who would otherwise require services provided in a nursing home to remain at home or in the community. It gives eligible people other options, if their needs can be met living in their homes.

The waiver provides federal matching funds for needed services otherwise not available under the state's Medicaid Program. Funding for the Medicaid Waiver for the Aged and Disabled is approximately 70 percent federal funds and 30 percent state funds.

OVER →

Covered Services:

- **HCBS Case Management** – Assesses needs, helps with care planning, provider selection, referrals and service monitoring
- **Respite Care** - Provides temporary relief to full-time caregivers
- **Personal Care Service** – Helps with bathing, dressing, transferring, toileting, and supervision
- **Adult Family Foster Care** – Provides a safe, supervised family living environment, 24-hour per day in a state licensed setting
- **Chore Service** – Includes snow removal and heavy cleaning
- **Homemaker Service** – Provides house cleaning, laundry, and/or meal preparation services
- **Emergency Response System** (Lifeline) – Provides telephone emergency response
- **Non-Medical Transportation** –Transports or escorts client for essential needs such as grocery shopping social security office visit, etc.
- **Adult Day Care** – Provides at least three hours per day of attended care in a group setting
- **Environmental Modification** – (Limited) Modifies the home to enhance client's independence (e.g. install safety rails)
- **Specialized Equipment** - Provides special equipment reducing the need for human help.
- **Training Family Member**(s) - Improves skills of non-paid primary caregiver in the family
- **Adult Residential Service** – Available to individuals living in a social model Alzheimer's facility

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Qualifying for Services:

SPED Program Criteria

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

OR

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

Expanded-SPED Criteria

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

OR

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

Did You Know:

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

Program Participation Data
Calendar Year 2001

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

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

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

To Apply for Services
Contact a County Social Service Office

Another Resource:

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

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

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10-14-03
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ATTACHMENT 3

Fact Sheet

Home & Community-Based Services

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

Background:

As people age or experience injury, their abilities can change. People choose to address their changing needs in individual ways, and "one size" does not fit all. North Dakota provides home and community-based services through several programs that serve different needs.

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

Programs include:

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

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

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

The SPED and Expanded-SPED programs pay for a variety of services to sustain individuals in their homes and communities. Services funded by these programs are provided by both independent contractors and agency providers who meet competency criteria. Services are available in many rural and urban areas, and individuals can choose who provides their care.

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

Covered Services:

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

OVER →

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10-14-03
Date

ATTACHMENT C

Needs Assessment of Long Term Care, North Dakota: 2002

Initial Report and Policy Recommendations

Issued November 2002

A collaboration between the:

North Dakota State Data Center
Dept. of Agribusiness & Applied Economics
North Dakota State University
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Fargo, ND 58105
Phone: (701) 231-7980
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URL: http://www.medicine.nodak.edu/crh

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Recommendations

Findings from the 2002 North Dakota Needs Assessment of Long-Term Care indicate there are four key areas for targeted legislation. First, priority needs to be given to legislative efforts in the form of program initiatives and tax incentives for home and community-based services. Elderly who are in greatest need for services reside in the state's rural areas and small communities. These areas lack facilities, resources, and professional staff. The communities need to be empowered to take a more active role in caregiving. Program initiatives and tax incentives that create or enhance the care of elderly in the home or through community-based efforts will reduce the demand for institutional care and, in turn, the financial burden on the state.

Second, the state has a very tight labor market with very limited labor available to serve the health and caregiving needs of communities. This is especially true in the rural areas of the state. In addition, statewide wages are low compared to regional averages. Therefore, legislative action needs to be taken to elevate economic development and employee training. Specific attention should be given to youth retention programs, public-private partnerships that advance apprenticeship training, and innovative skills training for those switching careers especially in rural areas. In addition, priority should be given to support and advancement of tele-medicine and distance-service delivery systems.

Third, research indicates that significant cost savings in elderly care can be gained through enhanced support of family caregiving. In 1998, the amount of Long Term Care (LTC) provided by informal caregivers in the U.S. was estimated to have a market value of $196 billion. In contrast, cost for home health was estimated at $32 billion and the cost for nursing home care was approximately $83 billion. The savings to the state for having an effective informal care system are obvious and compelling. Therefore, the legislature should sponsor a statewide informal caregivers system. Currently, an active informal caregiving program is being facilitated through the Aging Services Division of the Department of Human Services. Legislative support of this effort along with a challenge to create an integrated system will greatly advance informal caregiving in North Dakota.

Finally, elderly care costs can be reduced through increased health promotion and wellness. Therefore, the state should direct its energies and resources into enhancing such programs through education and prevention efforts.

The following chart offers an overview of specific recommendations for policy initiatives by these four target areas. This chart is followed by a more detailed discussion of these initiatives.

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I. Chart of Policy Recommendations

Target Areas for Legislation	Initiative	Objectives of Policy Initiatives	Targeted North Dakota Agencies for Administration of Policy Initiatives
A. Home and Community-Based Services	Design housing credits for elderly, remodeling stipends for businesses, reverse mortgages for elderly and/or caregivers, tax incentives for businesses that provide services/products to the elderly	• Alleviate the financial burden for elderly and promote businesses that support the needs of elderly in North Dakota	• Office of Intergovernmental Assistance • Tax Department • Various Housing Authorities
	Create comprehensive programs that coordinate volunteers with the professional workforce	• Provide a more desirable and comprehensive service module for a better quality of life for elderly at lower costs	• Administration on Aging • Statewide Integrated task force • Department of Human Services
	Provide equipment stipends for in-home use by elderly or caregivers	• Facilitating independence for a longer period of time to reduce institutional costs	• Administration on Aging • Department of Human Services
	Promote alternative housing for rural elderly such as assisted living and foster families	• Promote conversion of long term care facilities from Skilled Nursing Facility (SNF) to assisted living and encourage new options • Develop a point-of-entry to information and support for service development	• Department of Human Services
	Develop targeted programs for service delivery to Native American elders living on reservations	• Improve elderly care service delivery and coordination	• Create a defined task force with state and tribal members • Department of Human Services • Department of Health Bureau of Indian Affairs
B. Economic Development and Employee training	Tele-medicine exploration and funding	• Lessen costs to train informal caregivers and improve care and resources for elderly	• Department of Human Services • Department of Health • Administration on Aging
	Distance education programs including funding for caregivers to enroll participants in and equipment to implement programs	• Reduce training costs for caregivers and increase skill levels and/or available specialty sources	• Department of Health • Department of Human Services
	Create new employee pools by implementing youth apprenticeship programs and educating respite and volunteer workers	• Retention of caregivers to expand the current pool • Develop new worker pools for the future within high schools	• Administration on Aging • Department of Education

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Target Areas for Legislation	Legislative Initiative	Objectives of Policy Initiatives	Targeted North Dakota Agencies for Administration of Policy Initiatives
C. Family Caregiving Support	Health insurance and caregiver grants	• Improve recruitment and retention of staff across the continuum • Retain caregivers to enhance the pool to aid in the elimination of current and future shortages	• Administration on Aging • Department of Human Services • Statewide Grants
	Provide pay increases for each year of service plus sign-on bonus	• Retention incentives to enhance the caregiver pool to eliminate current shortages	• Administration on Aging • Department of Human Services
D. Health Promotion and Wellness	Create educational programs that assist elderly or caregivers in understanding health issues, insurance, and caregiving	• Increase awareness for elderly and caregivers • Decrease end-of-life costs for families and hospitals	• Department of Human Services
	Improve support systems such as community Senior Companion Programs	• Improve senior involvement with community as well as socialization • Enhance well-being of elderly	• Administration on Aging • Home and community-based services developed via statewide proposals
	Insurance coverage improvements to increase the knowledge of types of insurance available and what is covered under policies	• Reduce cost to families, caregivers, and the state • Have all elderly covered by long term insurance	• Administration of Aging • Department of Public Health • Insurance Commissioner
	Develop a statewide network of health promotion and wellness opportunities	• Reduce the age-specific extent of functional limitations by improving the health of the public	• Department of Health

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II. Research Support of Policy Initiatives

A. Home and Community-Based Services

1. Credits, Stipends, and Incentives

Legislators should explore housing credits, building or remodeling stipends, and reverse mortgages as ways to reduce the premature movement of elderly from their existing residence to formal institutional facilities. A survey by the American Association for Retired Persons (AARP) in 1992 indicated that 84% of Americans 55 and older prefer to stay in their own home. However, only 6% live in housing that is designed for older adults. Incentives such as housing tax credits, low interest loans, or remodeling stipends offer seniors the option of extending the amount of time they can live within their own home. This type of incentive program may counteract the elderly's need to relocate to other parts of the state or leave the state in order to find housing that meets their needs. Similarly, tax credits or subsidies should be explored as ways to increase the availability of needed elderly services or facilities, especially in rural areas. For example, subsidies or tax credits could be used to encourage rental property owners in rural areas with limited elderly care facilities to convert properties into assisted living facilities allowing elderly to stay in their communities.

2. Volunteer Services

The legislature should promote community-based programs that tap professional and volunteer services of local residents to assist elderly caregiving. A model program using this approach is the Elderberry Institute's "Living at Home/Block Nurse Program" which is widely used in Minnesota and Oregon. Its philosophy is to utilize resources within the community that are not fully used to assist in elderly care. For example, the program facilitates the use of professional and volunteer services of local residents to provide nursing, companionship, and chore services to senior residents allowing them to remain outside a formal institution. The program identifies capabilities of individuals and their families and coordinates resources in the community to provide care and support for particular needs of seniors. This collaborative approach is based on the recognition that community residents realize the need for interdependence and are willing to act in ways that benefit others. Volunteer services include counseling, training for family caregivers, and in-home support programs such as elderly daycare.

Program Advantages:

- Care is more fulfilling because it builds on the "spirit of community" to meet families' needs.
- Maximizes self-reliance and minimizes the use of costly professional services.
- Focuses on early intervention and treatment; prevention and recovery; and coordination and integration of services.
- Fees may be charitable contributions.

Program Implications:

- Model successfully implemented in 30 communities in Minnesota, Texas, and Colorado.
- Estimated cost of program is 24% less than the minimum cost of a nursing home *before* nursing services.
- Increases and enhances family and community involvement in the care of elderly.
- 85% of Block Nurse Clients would be forced to enter nursing homes without home care.
- Strong data indicate that Medicare/Medicaid dollars are being saved as a result of these programs.
- In 1997, 15 programs reported a total of 379 people kept out of nursing homes for estimated savings of $4,700,040. During this time, 35,307 volunteer hours were contributed.

3. Equipment Stipends

The legislature should fund equipment stipends which allow elderly or caregivers to purchase equipment that facilitates independence. These stipends promote caregiving by easing its financial burden. Greater use of informal caregivers reduces long-term care cost to both the family and the state. In addition, subsidies such as equipment stipends will assist middle-income families who are the hardest hit financially. These families cannot afford nursing home care or home health care but cannot qualify for Medicaid or other public health programs because their incomes are too high.

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B. Economic Development and Training

1. Technology

The state should invest resources and program staff in tele-medicine, especially for rural areas. The most innovative use of tele-medicine includes self-monitoring systems or physician-assisted distance surgery for elderly in remote locations. Additionally, telecommunications can effectively assist in distance education to improve skills of workers and informal caregivers. In Arizona, the tele-medicine program is providing store-and-forward technologies in 20 communities. This program provides state agencies a vehicle to provide various programs in disease prevention, public education, correction, and home health nursing to communities. The bridges built between state agencies and legislative bodies foster a high level of awareness within the state and allow them to meet the healthcare goals of their state. More information can be found at: www.telemedicine.arizona.edu/program.

Other recent improvements in tele-medicine include:

- video cameras in homes of the elderly
- improved self-monitoring systems
- assisted living communications

2. Distance Education

North Dakota should focus resources on advancing distance education as a way to assist rural communities in providing support services to elderly caregivers. The Caregiver College is one example of a successful program. This program was formed by a multidisciplinary group of rehabilitation professionals to provide free community health education to informal caregivers of elderly. Classes can be conducted anywhere there are appropriate videoconferencing facilities. North Dakota is a leader in telecommunications and its videoconferencing capabilities are rapidly spreading, making this a viable policy option. Results from over 700 people receiving "certificates of completion" from Caregiver College found no significant difference in knowledge gained between students using videoconferencing technology and other methods (http://tie2.telemed.org).

3. Creating New Employee Pools

The legislature should support an initiative that explores alternative sources of workers. For example, states have experimented with attracting high school students into the field of caregiving through programs established by the School to Work Opportunities Act of 1994.

- Educating communities on Alzheimer's disease, respite and volunteer care availability, state aid availability, heating assistance, etc.
- To encourage the development of new worker pools, several Colorado public high schools created a Nurse Assistant (NA) training curriculum through its School-to-Career Pathway Program.
- Wisconsin received funds to create a Youth Apprenticeship Program for NAs in nursing homes and assisted living facilities.
- As part of its Nursing Home Quality Initiative in fiscal year (FY) 2001, the Massachusetts' legislature appropriated $1.1 million for training, including adult basic education and job supports, and another $1 million for a scholarship program for NAs to get certification training. The state's FY 2002 budget proposal increases the NA scholarship appropriation to $2 million and allows cross training of workers in other settings such as home care and residential care.
- In 2000, California appropriated $25 million for its Caregiver Training Initiative, designed to improve recruitment and retention of entry-level staff across the continuum. As of February 2001, regional partnerships of providers, public agencies, labor organizations and public education organizations had received 12 grants.

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C. Family Caregiver Support

The legislature should fund a comprehensive caregivers initiative. Examples from other states include:

- New York's Health Care Reform Act of 2000 authorizes the establishment of a state-funded health insurance initiative specifically targeted to uninsured home care workers. The New York Association of Homes and Services for the Aging, the state association for non-profit Long Term Care (LTC) providers, has recommended that all workers in home care, nursing homes and residential care settings across the state be covered.
- In 2000, California appropriated $25 million for its Caregiver Training Initiative, designed to improve recruitment and retention of entry-level staff across the continuum.
- North Carolina is providing financial incentives to encourage LTC aides to complete their training and improve retention as part of a 10-site pilot project. In addition, North Carolina intends to develop a statewide mentoring program for [illegible]s and home care workers including on-site Internet training in nursing homes through their community college system. These programs are aimed at increasing recruitment and retention.

D. Health Promotion and Wellness

The legislature should advance wellness and health promotion through educational program initiatives and health insurance incentives. Examples of some initiatives include:

- Providing funding for community-based well-being programs that include daily monitoring of elderly through phone calls and/or visits from community volunteers. This improves senior involvement with the community as well as socialization. A model program is "Walk in My Shoes" (http://www.urbanext.uiuc.edu) aimed at orienting new staff at nursing homes, senior care groups, and agency personnel to the needs and limitations of older adults.
- Creating a state sponsored wellness program through the County Public Health offices that subsidizes wellness and preventative measures such as screenings and wellness checks.
- Creating incentives for long term care insurance. New York, Minnesota, and Washington have health insurance initiatives that assist small employers, including LTC providers across the continuum, in gaining access to coverage for themselves and their employees.

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ATTACHMENT D

YEARLY COMPARISONS
AGED & DISABLED HOME AND COMMUNITY BASED SERVICES

Year	Medicaid Waiver Aged & Disabled FFY		SPED Program Calendar Year		Expanded SPED Calendar Year		TBI Waiver Waiver Year	
	Clients	Annual Expenditure	Clients	Annual Expenditure	Clients	Annual Expenditure	Clients	Annual Expenditure
1995	335	$1,738,139	1482	$3,212,947	269	$251,865	11	$261,028
1996	298	$2,021,658	1449	$2,904,721	396	$745,230	11	$313,328
1997	282	$2,412,508	1886	$4,339,096	212	$426,231	13	$272,335
1998	330	$2,875,481	1952	$4,752,483	163	$386,589	13	$299,950
1999	347	$3,328,323	2,044	$5,499,710	242	$540,963	14	$321,412
2000	381	$3,765,156	2,100	$6,007,269	269	$665,026	13	$347,674
2001	453	$4,542,266	2,341	$7,104,191	264	$682,507	21	$433,669

Revised 9/06/2002

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ATTACHMENT E

HOME & COMMUNITY-BASED SERVICES
2001 CLIENTS AND EXPENDITURES BY SERVICE

The following chart contains only the expenditures by the Department of Human Services.

Service	Medicaid Waiver Aged & Disabled FFY01		SPED Program CY01		Expanded SPED CY01		TBI WAIVER Waiver Year 01	
	Clients	Annual Expenditure	Clients	Annual Expenditure	Clients	Annual Expenditure	Clients	Annual Expenditure
Case Management	417	$128,819	1,893	$ 431,515	228	$ 52,883	20	$7,202
Homemaker	60	39,316	1,179	923,511	178	161,101		
Personal Care - Assist	29	459,882	45	282,452	5	24,250		
Personal Care	299	3,238,077	1,315	3,209,907	130	294,809		
Adult Foster Care	22	203,586	35	176,740	4	26,890		
Respite Care	73	146,213	101	138,130	1	113		
Adult Day Care	2	2,939	3	14,674	1	265		
NMT Transport	44	20,814	337	118,117	78	30,211		
[illegible]nore	18	1,497	44	13,946	9	1,495		
ERS	89	16,076	648	137,089	69	15,446	3	380
Environmental Mod	2	5,372			0	0		
Adult Residential Care	29	266,677						
Specialized Equip	1	13,000						
Family Home Care			423	1,658,110	27	75,044		
TBI Residential Care							16	370,976
TBI Transitional Living							6	55,111
TOTAL	453	$4,542,266*	2,341	$7,104,191	264	$682,507	21	$433,669

FUNDING

Funding for Medicaid Waiver, Aged and Disabled, is approximately 70% federal funds and 30% state funds.
Funding for SPED is 95% state funds and 5% county funds.
Funding for Expanded SPED is 100% state funds.
Funding for TBI Waiver is approximately 70% federal funds and 30% state funds.

Rounded Figure

Revised 9/2002

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ATTACHMENT F

SPED POOL

	# OF CLOSINGS	# OF NEW CLIENTS	EXCEPTIONS	# OF ADD ONS	# WAITING TO BE ADDED ON	REMOVED FROM POOL
06/12/02	32	25	2	27	0	0
06/26/02	29	35	0	24	11	0
07/10/02	47	22	3	42	0	0
07/24/02	39	36	1	16	20	0
08/14/02	62	52	4	48	8	0
08/28/02	28	14	2	16	29	0
09/11/02	39	25	1	26	29	2
9/25/02	39	25	4	29	32	0
10/9/02	50	24	2	26	43	3
10/23/02	31	25	3	28	53	0
11/13/02	61	47	4	51	36	2
11/27/02	17	3	6	9	67	4
12/10/02	19	0	3	3	73	2
12/25/02	24	0	3	1	79	1
1/8/03	18	0	3	0	78	0
1/22/03	21	0	3	0	79	0
2/12/03	35	0	3	0	79	3

EXSPED POOL

DATE	# OF CLOSINGS	# OF NEW CLIENTS	EXCEPTIONS	# OF ADD ONS	# WAITING TO BE ADDED ON	REMOVED FROM POOL
06/12/02	2	5	0	2	3	0
06/26/02	3	2	0	3	2	0
07/10/02	3	1	0	3	0	0
07/24/02	7	7	1	1	6	0
08/14/02	4	11	1	1	11	0
08/28/02	6	3	0	3	12	0
09/11/02	3	0	0	0	14	0
09/25/02	5	1	0	1	16	0
10/09/02	4	4	0	0	16	0
10/23/02	1	0	0	0	16	0
11/13/02	9	2	1	3	17	0
11/27/02	4	4	1	5	13	0
12/10/02	7	0	0	0	17	0
12/25/02	4	4	0	4	15	0
01/08/03	1	0	0	0	15	0
01/22/03	3	0	0	0	15	0
02/12/03	3	0	1	0	16	0

Removed from Pool Reason	Number of Clients
Client Deceased	6
Client Choice	2
Switched to VA Services	1
Moved to Basic Care	2
Entered Nursing Home	1
Client Found Ineligible	1
Client No Longer Needs Services	1

Consumers Inquiring about Services	
1/8/03	60
1/22/03	87
2/12/03	123
2/24/03	141

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Exhibit 25

AARP North Dakota

Senate Appropriations Committee
January 14, 2003

Regarding SB 2012
Human Services Budget

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Dave Braaten and I sit on the Government Affairs Committee for AARP North Dakota. Today I am speaking for the nearly 73,000 members of AARP North Dakota. In particular, I will address Human Services funding for home and community based services, the services that help people remain in their homes as they age, predominantly the SPED (Service Payments for Elderly and Disabled), Expanded SPED, and Medicaid Waiver programs.

The SPED program, as you know, is currently frozen. People are also on a waiting list for Expanded SPED. As of January 6th, there were 138 people waiting for services or assessment. There are no plans to alleviate the situation. They will be waiting until July. While waiting, some folks have died. Some have been forced into more expensive institutional care.

This will be the third consecutive biennium that these programs have been under-funded. For three bienniums, agencies have had to find additional funding from other programs, make cuts, or freeze the program entirely. The principle reason is that more people are accessing services than we have been prepared to help.

At the dawn of the 21st Century, we are facing ever more extraordinary challenges. One of those is the need to view long-term care in a whole new light. More and more, people want to remain at home and care for themselves as much as possible. 86% of AARP North Dakota members surveyed in 2002 consider it important that they remain at home as long as possible as they age.

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

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Our elderly are living longer and remaining healthier. They have the advantage of better healthcare, medical advances, socioeconomic improvements, more adult children, and more surviving spouses. In addition, nursing facility occupancy rates in North Dakota dropped 7.7% from 1996 to 2001. Evidence of this is the success of North Dakota's nursing home bed buy-back program in the last biennium. Seniors are staying home longer.

Helping seniors stay at home is the current trend across the nation. States are finding it cost-effective to support in-home care. From 1990 to 2000, the share of Medicaid dollars going to home and community-based services across the nation doubled. (GAO 2001) Recommendations from the "Needs Assessment of Long Term Care, North Dakota" requested by the 2001 Legislature and completed in November of 2002 states as a priority, "Program initiatives and tax incentives that create or enhance the care of elderly in the home or through community-based efforts will reduce the demand for institutional care and, in turn, the financial burden on the state."

AARP North Dakota supports the Governor's proposed budget increases in funding for home and community-based services. However, in light of the budget history of these programs and the expected increase of seniors who can be helped at home, the projected usage numbers are too conservative. For example, rather than an additional ten clients per month accessing SPED, a more realistic figure would be an additional 20 clients per month. Therefore, AARP North Dakota encourages this committee to fund SPED and Expanded SPED at the level re-projected by the Department of Human Services at $21,873,736. These additional dollars would help ensure that no one is kept waiting for services in the coming biennium.

It's the right thing to do, it's the fiscally responsible thing to do, and it's the move toward the future that is preferred by your constituents and our members.

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Exhibit 43

Testimony
North Dakota Disabilities Advocacy Consortium

SB 2012
Department of Human Services Budget

Senate Appropriations Committee
January 14, 2003

Chairman Holmberg, members of the Senate Appropriations Committee, I am James M. Moench, Executive Director of the North Dakota Disabilities Advocacy Consortium (NDDAC). The Consortium is made up of 25 organizations concerned with addressing the issues that affect people with disabilities. We are very interested in adding funding for support of home and community based care initiatives. Not only is home and community based care the right thing to do for people who require some assistance to manage their daily lives, it is the most cost effective way to provide services. We applaud the efforts of the Legislature and the Department of Human Services to keep North Dakota citizens in their homes and communities as long as possible.

The NDDAC would like to go on record supporting two (2) adjustments to the budget contained in SB 2012. We support removing the sunset clause on the Medicaid assets test. There has been no assets testing for the current biennium and we believe that the people who have received services as the result should continue to be eligible. Simply removing the sunset clause would continue the current situation.

NDDAC supports raising the income eligibility level for a family to qualify for S-CHIP from the current 140% of poverty to 185% of poverty. This change will give much needed assistance to children and families who without this help would not be able to provide even minimal care to our states most vulnerable citizens.

The organizations in the North Dakota Disabilities Advocacy Consortium urge to committee to support these two proposals as well as expanded funding for home and community based services. The benefits to the families of children with special needs would be far reaching and greatly appreciated.

I appreciate this opportunity to testify on behalf of the NDDAC and look forward to working with you over the course of this legislative session. Thank you.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

ND Disabilities Advocacy Consortium

Member List

Dakota Center for Independent Living
Mental Health Association in ND
The Arc of Cass County
ND Statewide Independent Living Council
The Arc of Bismarck
Bismarck Public Schools
ND Federation of Families for Children's Mental Health
People First of ND
ND Center for Persons With Disabilities
Friendship Inc.
ND Protection & Advocacy Project
Options Inc.
Independence Inc.
ND Association for Persons in Supported Employment
ND Association of the Blind
ND IPAT Consumer Advisory Committee
ND Association of the Deaf
Freedom Resource Center for Independent Living Inc.
The Arc of ND
ND Fair Housing Council
ND Association for the Disabled
Family Voices of ND
American People Self-Advocacy Association
United Voices

Associate Member

North Dakota Nurses Association

and growing.....

NDDAC North Dakota Disabilities Advocacy Consortium

Updated 12/13/02

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AARP North Dakota

Testimony
ND House Appropriations Committee

Regarding Senate Bill 2012

Chairman Delzer and members of the House Appropriations Human Resources Subcommittee, my name is Betty Keegan, AARP North Dakota State President. Today I am speaking for nearly 73,000 members of AARP North Dakota. In particular, I will address Human Services funding for home and community based services, the services that help people remain in their homes as they age, predominantly the SPED (Service Payments for Elderly and Disabled), Expanded SPED and Medicaid Waiver programs.

The 2001-2003 biennium is the third consecutive biennium these programs have been under-funded. For three bienniums, agencies have had to find additional funding from other programs, make cuts, or freeze the program entirely. The principle reason is that more people are accessing services than the legislature has believed need help.

The SPED program has been "frozen" since December 1, 2002. Currently, well over 200 individuals are waiting for home & community based services. This number is increasing daily. The Senate took no action to alleviate this situation prior to crossover. People will be waiting until at least July to even possibly be considered for home and community based services. While waiting, a number of these folks have died and several have been forced into more expensive institutional care.

It is long past time that North Dakota should be actively pursuing a very different approach to our system of caring for people who are elderly or disabled. Our current system is piecemeal and institutionally biased. We should be striving to develop a system of care that is in step with people's preferences and fiscally responsible.

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

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There are seven references in Century Code to home and community based services as providing an alternative to institutional care, offering choice to elderly and disabled citizens and to providing incentives to nursing homes that provide in home services in their communities.

The "Needs Assessment of Long Term Care, North Dakota: 2002" provided considerable information and recommendations supportive of greater – not lesser – emphasis on providing services to people in their homes.

I quote from the recommendations in the report, "First, priority needs to be given to legislative efforts in the form of program initiatives and tax incentives for home and community based services." The recommendations continue, "Program initiatives and tax incentives that create or enhance the care of elderly in the home or through community based efforts will reduce the demand for institutional care and, in turn, the financial burden on the state."

The information provided by this report is consistent with the work, completed over several interims, of the Task Force on Long Term Care Planning. Their reports from the 1996, 1998 and 2000 interims all reflect the need to review and consider our approach to caring for older and disabled citizens.

People want to remain at home and care for themselves as much as possible. 86% of AARP North Dakota members surveyed in 2002 consider it important that they remain at home as long as possible as they age. Study after study in state after state confirms that living at home with support services is not only the preferred alternative it is the cost effective alternative as well.

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In the United States and in North Dakota, people are living longer and remaining healthier. They have the advantage of better healthcare, medical advances, socioeconomic improvements, more adult children, and more surviving spouses.

Nursing home utilization rates have declined substantially across the country. In North Dakota nursing home occupancy rates dropped 7.7% from 1996 to 2001.

Helping seniors and disabled adults to stay at home is a prevalent trend in all 50 states. States find it cost-effective to support in-home care. From 1990 to 2000, the share of Medicaid dollars going to home and community-based services across the nation doubled (GAO 2001).

According to an AARP Public Policy Institute Study titled "Before the Boom: Trends in Long-Term Supportive Services for Older Americans with Disabilities" issued in October 2002, Medicaid's institutional bias in favor of funding nursing home services is slowly shifting toward increased funding for home and community based services. The study concludes, "Predicting the future is an uncertain art, but the characteristics of the cohorts who will enter late old age during the next two to three decades suggest that demand for long-term supportive services – especially those offered in institutional settings – will grow very slightly, if at all. Favorable demographic and socioeconomic trends are likely to create a more consumer driven market that will demand not only higher quality services but also a much higher quality of life."

As further indication of the trends, President Bush's FY 2004 budget proposal includes $1.75 billion dollars for demonstration projects in which the federal government will fully reimburse states for one year of Medicaid services for individuals who move from institutions to at-home care. Greater support for in-home services is also consistent with the work being done by North Dakota's Olmstead Commission to ensure that people receive care in the least restrictive setting as required by the 1999 U.S. Supreme Court decision.

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In lowering the asset level for people to qualify for SPED services, North Dakota is doing a grave disservice to its citizens. Consider that married couples with one spouse in a nursing home are allowed to keep up to $90,000 in assets not counting the home, car and personal belongings, as well as a reasonable income to sustain the spouse living in the community. If the SPED asset limit is reduced to $20,000, a married couple would be facing impoverishment before they could qualify. The additional administrative burden on the counties to verify assets will also be considerable and will divert time and resources away from the goal of providing services.

AARP North Dakota supports the Governor's proposed budget increases in funding for home and community based services. With the exception of the reduced asset amount to qualify for SPED, we believe his approach to funding home and community based services is a reasonable and appropriate step toward a future in which all our citizens have access to a true continuum of care beginning in their homes and ending, only as a last resort, in a nursing home.

If SB 2012 passes as amended by the Senate it is estimated that at least 456 fewer individuals will be served through home and community based services than in the current biennium. Many of those will almost certainly end up in a nursing home because they could not obtain services to help them stay at home.

Mr. Chairman and members of the committee, we are advocating for a system of care that will smoothly and economically provide care for frail and vulnerable North Dakotans. When people remain in their homes and communities, they are paying property taxes, buying groceries, and living with dignity. Supporting home and community based services is the right thing to do and the fiscally responsible thing to do. The continuum of long-term care can and should begin in your own home. Let our citizens make the choice that is best for them, most cost effective for all of us and that affords them the greatest dignity and quality of life.

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I would like to conclude my testimony today by giving each of you a collection of personal stories that have been provided to AARP. These are real North Dakota folks, just like many people in each of your districts. They depend on programs like SPED and Expanded SPED to help them live their lives independently and with dignity. They are the sick, the frail, the disabled...but they also remain viable members of their communities. I hope you look through this booklet and through their stories realize that the line items you're considering are people, the numbers represent hope, and that even our state budget must have heart.

Thank you for this opportunity to testify.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

contact AARP for copy

Home and Community Based Services

Personal Stories of North Dakota Clients

February, 2003

AARP North Dakota

Compiled by:
AARP North Dakota
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Bismarck, North Dakota 58501
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ndaarp@aarp.org

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10-14-03
Date

Exhibit 24

SB 2012

For the record my name is Chuck Stebbins. I am here in support of SB 2012. Improving the HCBS system in this state, I believe is a priority. I believe, as well as others I work for and with, that HCBS time has arrived. We have been pushing this issue for a number of sessions and have had small successes but have not been able to close the gap between HCBS and nursing home funding. Surveys show that the elderly population prefers to have services in their own home; over 80% of the AARP's current membership over 50 has said this. As has the Graying of North Dakota come out in support of HCBS. The face of long term care is changing, and it is shifting towards more HCBS, it is our hope that you help with that change.

You have heard and seen the numbers of cost comparisons between nursing home care and HCBS. So I am not going to sit here and throw any more at you, rather I would like to appeal to you sense of choice. The choice is shifting to a lesser restrictive environment. We need to move with this shift that is changing within the elderly and disability communities. It will not be easy. Nothing is. Try living with a disability, and face the reality of having to go to an institution to stay alive or being faced with leaving your home of 20 years because you cannot do things as easily as you once did. I would venture a guess that none of you sitting at this hearing today would choose to move out of your home. Improving the funding for the current HCBS system in this state helps eliminate that risk for some.

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If we keep looking to nursing homes as the scared cow of rural North Dakota, we will never move forward. The jobs don't have to be threatened. Move them out into the community. Economic development are those jobs, not the buildings they are in. (that's not mine, I heard that from David Zentner, whom I respect and admire for the formidable task that he has done for so many years in understanding all this stuff). We need a significant move in that direction. Continuing to fund nursing homes at higher and higher levels every biennium will not solve short fall problems. The choice is changing, so must the appropriations. There is a constituency out there for HCBS. And it continues to grow.

We as advocates have nothing to gain in this but expanding the choice for people. We cannot compete with the financial backing of the Long Term Care Association; I would hope you keep that in mind as you work toward a decision. As you deliberate this I ask that you think about this and ask yourself this question as you contemplate your choices. "Where would I want to live?"

Thank you and would be happy to answer any questions you may have.

Chuck Stebbins
Freedom Resource Center
2701 9th Ave SW
Fargo, ND 58103
701 478 0459

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Theresa A. Bell 10-14-03
Operator's Signature Date

House Appropriations Committee
March 6, 2003

Regarding SB 2012
Human Services Budget

Chairman Delzer and members of the House Appropriations subcommittee on Human Services, my name is Eleanor Messner from Tolna, North Dakota.

I have worked as a Qualified Service Provider (QSP) since 1990. I care for several individuals in my community and the surrounding area. I see every day how important Home & Community Based Services are to each of my clients. Home & Community Based Services enables these individuals to stay in their own home.

I would appreciate your support to fully fund Home & Community Based services.

Thank you for hearing my testimony.

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10-14-03
Date

House Appropriations Committee
March 6, 2003

Regarding SB 2012
Human Services Budget

Chairman Delzer and members of the House Appropriations subcommittee on human services, my name is John Larson. I live in Williston. Thank you for the opportunity to appear before you today.

Today I am speaking from personal experience about how important home and community based services are to me, my wife, and my in-laws. Several years ago, my father-in-law Wilbur stated he would never go to a senior home or retirement place. My wife, Sharon negotiated with her nephew to move to Williston and live with her parents and provide care for them. It became obvious to us this arrangement was not a long term solution. Sharon and I remodeled an apartment in the basement of my in-laws home to live with them.

In July 2002 we sold our home in Colorado Springs, CO, gave away furniture to people and relatives. In August we moved into about 600 square feet of living space. I use one corner of the family room on the first floor to conduct my business.

My wife is on call and cares for her folks 24 hours a day, 7 days a week. It is really hard work because her father has had several strokes and has forgotten a lot of his work years. He has forgotten that he built his house and says he never pounded a nail into this shack. This is too bad because it really is a nice home. He is also blind so he has to be helped with almost all his personal needs. A few weeks ago my father-in-law got out of the hospital with a diagnosis of heart failure.

My wife's mother, Lucille had a heart attack several years ago, had a pacemaker put in to control her heart rate. She also suffers from congestive heart failure.

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I have been told that if both Wilbur and Lucille were in a nursing home the cost for their care would exceed $6,000 every month. My wife receives less than one third of this amount per month under the SPED program to care for her parents. We feel caring for her folks in their own home, helping them to enjoy life as best they can; at less than one third of what it would cost in a nursing home is well worth the dignity her parents now experience.

If SB 2012 passes as amended by the Senate, I can assure you, it is quite possible one or both of my in-laws will need to be placed in a nursing home, even though, in their minds, they find that option intolerable. I request that you reconsider the cuts the Senate made to SB 2012 and support what the Governor proposed in his budget which is a reasonable level of funding for home and community based services.

Thank you for the opportunity for me to share my personal story.

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Date

Exhibit 27

EDGEWOOD VISTA

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

TESTIMONY ON SB 2012

Chairman Holmberg, Vice Chairman Bowman and Members of the Senate Appropriations Committee. My name is Penni Weston and I am a Registered Nurse and the Administrator of Edgewood Vista in Bismarck. Our facility has 58 assisted living apartments, 28 licensed basic care beds and a 14 bed Alzheimer's unit, which was part of the pilot projects and is now licensed as basic care.

I am here today to ask for your support in increasing funding for home and community based services. You may wonder why as a facility administrator I would ask for support for home and community based services. The answer is simple. That is what the citizens of North Dakota want and it is the most cost effective and financially responsible thing to do.

I also want to ask for your continued support of targeted case management. This program provides the necessary information for seniors to obtain information about ways in which they might be able to obtain services that could prevent them from entering a more costly institutional setting.

I am going to provide you with real life examples of individuals who met the criteria for nursing facility level of care who were able to remain in a least restrictive environment.

One female resident was diagnosed with terminal liver cancer. She was a Medicaid recipient in a basic care bed. We were able to keep her in the basic care facility and with the coordination of hospice services provided by Medicare and the assistance of her family she was able to actually die in our facility.

Another female resident received home and community based services at a cost to the Medicaid program of $1200 per month. She lived with her husband in assisted living and was able to remain there until her husband's care required skilled level.

My point is that it is now time for all of us to think outside of the box in how we provide services to the seniors of our state. They have clearly identified that their choice is to remain at home. My facility was successful in assisting them to realize that choice by coordinating available services, looking at ways to meet their care needs other than the most readily available which would be to move them to a skilled facility.

Long Term Care is a continuum of service options and choices that we need to creatively look at providing in new ways. I know that is what my parents want and hope even more options will be available for me.

Thank you for the opportunity to testify and I would be happy to answer any questions.

Assisted Living/Basic Care/Alzheimer's

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10-14-03
Date

Angela & Grant Wilz
3160 Manchester Place
Bismarck ND 58504
701-223-6796
angelaw@bis.midco.net

Grant and I have three children. Jordan is ten, Cole is 4 and Lindsey is 1 ½. Our oldest son Jordan has significant disabilities due to an illness, fever, 3½ hour uncontrolled seizure and subsequent brain injury.

Jordan was born completely healthy and without complication or disabilities. He walked, talked and was a very intelligent little boy. At 16 months old I had taken Jordan to the hospital because of an illness. After a couple of test and being told that I was being an over reactive first time mother, we were sent home. We returned to the hospital, against the staff's advice, and it was at that time that Jordan began seizing. Largely due to the inept abilities of the staff at Jamestown Hospital, in dealing with pediatric emergencies, our son suffered a horrible brain injury. Jordan now has significant disabilities, is unable to speak and is dependent for all of his care. We LOVE him anyway!!

Jordan spent months in St. Paul's Gillette Children's Hospital and Fargo's Dakota Heartland Hospital. After his release and due to his intensive needs Jordan lived for 1 ½ years at the Anne Carlson in Jamestown. The experiences, good or bad, were largely dependent upon the staff on duty. I visited Jordan at the center during the night and all hours of the day, my life evolved around my son's life at the center. It broke my heart, Jordan was MY son and I wanted to care for him in our home. Due to Jordan's intense needs and without the assistance of in-home supports this dream would otherwise not have been possible.

Today Jordan lives at home with his parents, has his own room, is in the 4th grade at Solheim Elementary, is in Cub Scouts and has a little brother and sister who love to give him kisses. This is all possible because of the vitally important in-home support services we receive. With assistance, it takes Jordan two hours to get ready for the day. Each aspect of Jordan's life takes a considerable amount of time and patience. Qualified, respectful staff are needed to come into our home to help with Jordans cares and help keep our dream a reality. Jordan needs to go to bed at night in his own home, sleep in his own bed and wake up to the sounds of his little brother and sister playing outside his door, his puppy wining to go outside and breakfast being prepared in the kitchen.

Jordan is not what went wrong in our lives. We just need a little help in caring for him AT HOME. Please support Home and Community Based Services. Thank you.

Angie Wilz

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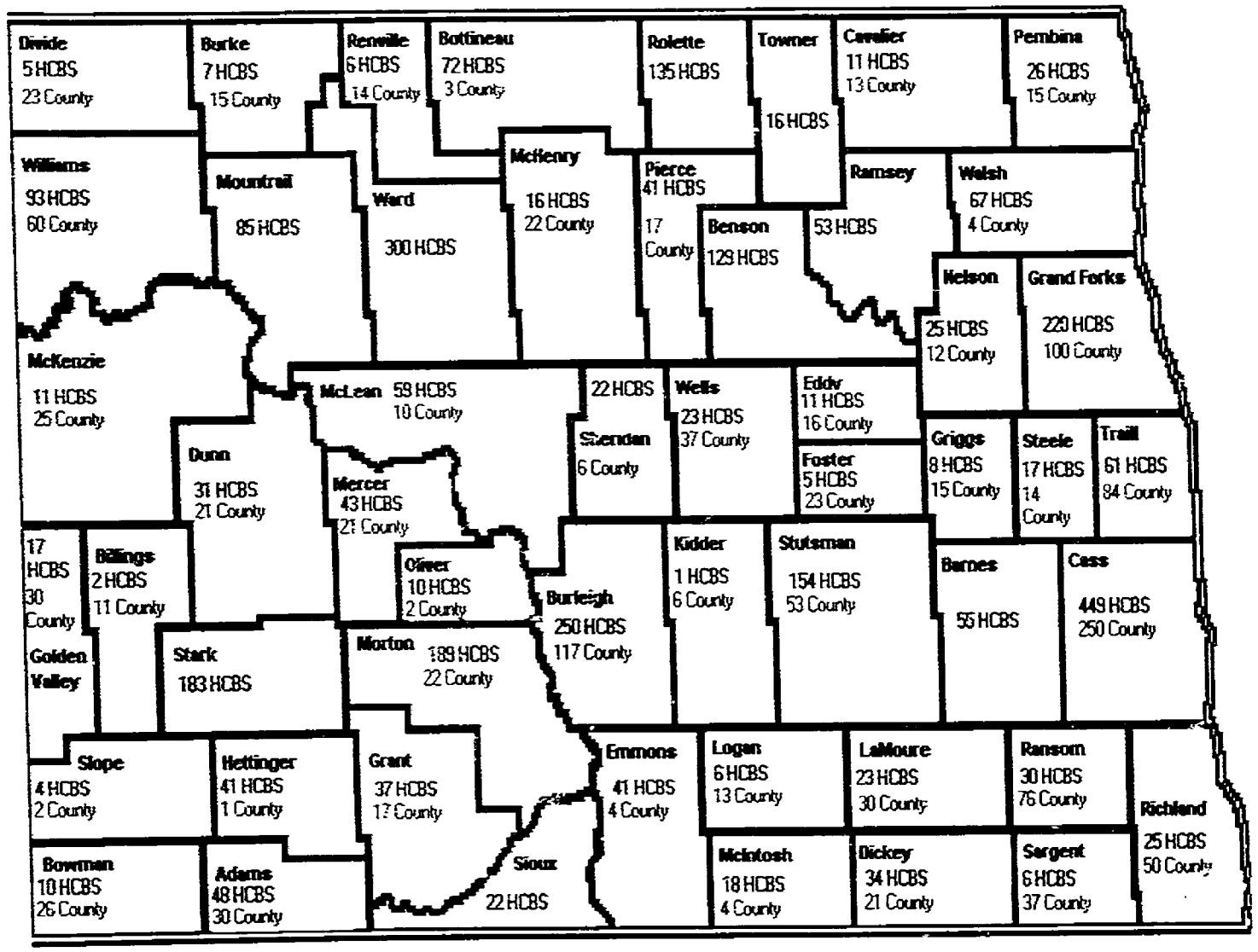
NORTH DAKOTA ASSOCIATION OF COUNTY DIRECTORS
ADULT SERVICES COMMITTEE
SUMMARY OF RECIPIENTS BY PROGRAM FUNDING SOURCE
July 2001 - June 2002



HCBS—**Total Number of Unduplicated Clients Receiving HCBS Services with State/Federal/County shared funding** **3247***
**ND Dept of Human Services, Fiscal Administration– 7-31-2002*

COUNTY—**Total Number of Clients who are Served Using County and Block Grant Funding** **1372****
***ND County Social Service Board Directors Association, Block Grant/County Funded Client Survey, 7-2002*

Total Served ***4619***

In-Home Care Services

IT'S YOUR CHOICE?

Printing courtesy of AARP North Dakota

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CONTINUUM [illegible] CARE ... [illegible]RVICES ALONG THE W[illegible]

By **2015** there will be **130,345** persons over 65 in North Dakota or roughly 1/5 the State's population.
By 2015 there will be [illegible] persons over the age of 85 in North Dakota

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

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

The program goals include:

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

What is Home and Community Based Services (HCBS)?

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

What is HCBS Case Management?

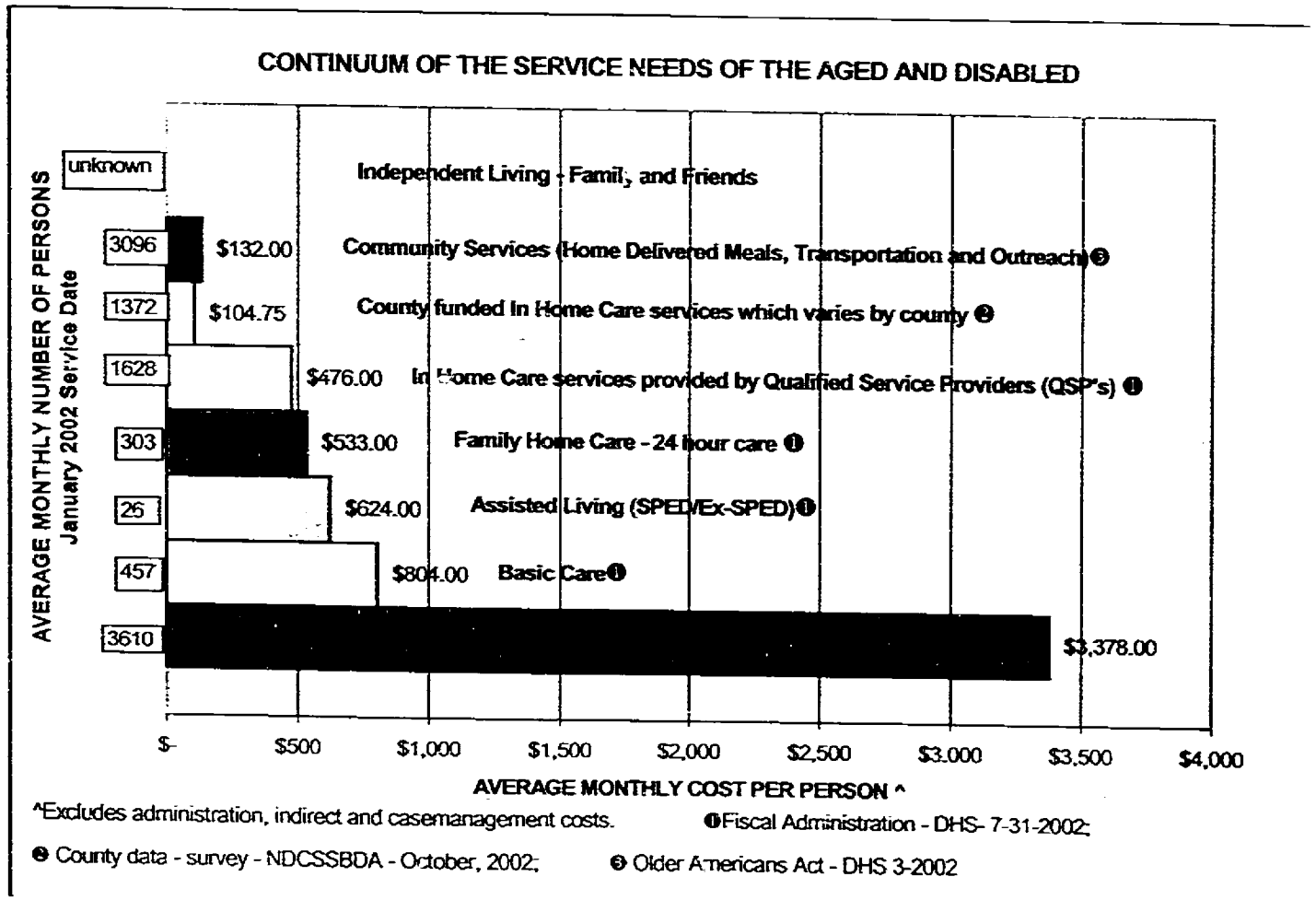
HCBS Case Management is a process in which a *licensed social worker* assesses the needs of the client, arranges, coordinates, monitors and evaluates for services and advocates to meet the specific client's needs in the least restrictive environment.

Where can HCBS Services be accessed?

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

What In-Home Care Services are available?

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



^Excludes administration, indirect and casemanagement costs. ❶Fiscal Administration - DHS- 7-31-2002;

❷ County data - survey - NDCSSBDA - October, 2002; ❸ Older Americans Act - DHS 3-2002

Exhibit # 5

TESTIMONY BEFORE THE SENATE APPROPRIATIONS COMMITTEE
REGARDING SENATE BILL 2012
JANUARY 14, 2003

Chairman Holmberg, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear to provide information regarding the proposed budget for nursing facility services within the Department's long-term care continuum of care budget.

The budget overview for Nursing Facilities and Basic Care Facilities is detailed below.

	2001 – 2003 Budget	2003 – 2005 Request	Increase/ Decrease
Nursing Facilities	$299,239,949	$306,559,827	$ 7,319,878
Basic Care	8,864,258	8,395,725	(468,533)
Total	308,104,207	314,955,552	6,851,345
General	80,957,699	69,515,051	(11,442,648)
Federal	215,226,136	213,636,759	(1,589,377)
Other	11,920,372	31,803,742	19,883,370

NURSING FACILITY SERVICES

- Nursing facilities provide services to individuals who require 24-nursing care to meet their medical needs. Nursing facilities must meet the survey and certification standards established by the federal government and must be licensed by the Department of Health

- The proposed budget for nursing facilities totals $306.6 million, of which $69.1 million are general funds and $29.1 million are from the Health Care Trust Fund.

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- The current appropriation for nursing facilities is $299.2 million, of which $81.0 million is general funds and $9.1 million are Health Care Trust Funds.

- The increase totals $7.4 million or a 2.4% increase for the biennium. The increase in state funding totals $8.1 million or an increase of 9% in state funding.

- The proposed budget reduces the payment limit for direct care costs from the 99th percentile to the 85th percentile based on the 1999 fiscal year cost reports. About 60% of facilities that have costs below the limit will continue to receive the cost of providing care plus yearly inflationary increases. About 40% of the nursing facilities will receive funding based on the established limit plus a yearly inflationary increase based on the limit rate. The cost to fully restore the direct care cost limit to the 99th percentile would be $8.5 million, of which $2.7 million is state funds.

- The proposed budget continues the limits for other direct and indirect costs at the 85th percentile for other direct care and the 75th percentile for indirect care.

- In accordance with state law, an inflationary increase is provided to all nursing facilities for allowable costs in the direct, other direct and indirect cost categories. The inflation factor is based on 1/2 of the Consumer Price Index and 1/2 of a nursing facility economic forecast (DRI).

- Nursing facilities will continue to pass through 100% of allowable property costs through the rate setting process

- The budget does not include funds to provide a 3 percent operating margin that has previously been provided to nursing facilities and is currently required by state law. The operating margin is an additional automatic

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increase over and above the regular inflation factor provided to nursing facilities. It is applied to allowable direct and other direct costs not to exceed the upper limits. The cost to fully restore the 3 percent operating margin would be $6.1 million, of which $1.9 million would be state funds.

- The budget does not include funds to provide an incentive payment for providers whose indirect care cost rate is below the limit rate that is currently required by state law. The incentive payment provides an additional payment that can be used by the facility as it sees fit. The incentive is based on 70% of the difference between the limit rate and the facility rate not to exceed $2.60 per day. This payment is a reward for operating below the limit and is not directly related to the cost of providing services to nursing facility residents. For the 2003 rate year a total of 41 facilities will receive an incentive payment. The cost to fully restore the indirect care cost incentive would be $1.4 million, of which $.4 million is state funds.

- The budget is based on providing services to about 3,664 Medicaid residents per month. Based on projections at the time the budget was prepared, it was estimated that a total of about 3,700 Medicaid residents would receive services each month. Information available for the period September 2002 through November 2002 indicates that the average number of individuals averaged 3,694 residents or 30 more beds than the proposed level contained in the proposed budget. It is hoped that more individuals will select home and community based services rather than nursing facilities; but there is no guarantee that Medicaid recipients will choose alternatives to nursing facility services. The cost to fully restore the additional 36 residents to the budget would be $3.2 million, of which $1 million is general funds.

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- Rate setting for the 2003 rate year was completed the week of December 10, 2002. These new numbers form a basis for the rates for the next biennium. The updated information disclosed that inflation and cost increases were lower than originally anticipated early last summer when the budget was prepared for Nursing Facilities. In addition, the acuity of residents was lower than originally anticipated when the budget was prepared. This will free up about $5 million of which $1.6 is general funds that can be used to cover more expenditures than was anticipated in the Executive budget. The Governor's Office and the Long Term Care Association have had discussions regarding the use of these funds.

BASIC CARE ASSISTANCE PROGRAM

- The Basic Care Assistance Program provides room and board and personal care services to residents of Basic Care Facilities. Residents of Basic Care facilities receive 24-hour care, but do not have medical conditions that would qualify them for entry into a nursing facility. Basic Care facilities must be licensed by the Department of Health.

- The proposed budget for the Basic Care Assistance Program totals $8.4 million, of which about $3 million is state funds.

- The budget for the current biennium totals $8.9 million, of which about $2.8 million is state funds.

- Basic Care services are divided between personal care services that are included as an optional service under the State Medicaid Plan and room and board services that are paid using all state funds. Room and board for residents of Basic Care are not an allowable Medicaid service.

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- **The personal care services portion of the budget totals $7.9 million, of which $2.5 million is state funds. The budget anticipates that 497 residents will receive Basic Care Services each month at a cost of $21.72 per day. The budget assumes that the number of basic care residents will not exceed the expected number of recipients receiving services at the end of the current biennium.**

- **The room and board portion of the budget totals $503,174, all of which are state funds. The budget anticipates that 497 residents will receive an average housing subsidy of about $42.18 per month. The residents pay most of the cost for room and board from their monthly income.**

I would be happy to answer any questions you may have.

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10-14-03
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TESTIMONY BEFORE THE HOUSE APPROPRIATIONS COMMITTEE
REGARDING SENATE BILL 2012
FEBRUARY 26, 2003

Chairman Svedjan, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear to provide information regarding the proposed budget for nursing facility and basic care services within the Department's long-term care continuum of care budget.

COMPARISON OF 2001-03 BUDGET TO THE 2003-05 EXECUTIVE BUDGET

	2001-2003 Budget	2003-2005 Request to the Senate	Increase/Decrease
Nursing Facilities	$299,239,949	$306,559,827	7,319,878
Basic Care	8,864,258	8,395,725	(468,533)
Personal Care			0
Total	308,104,207	314,955,552	6,851,345
General	80,957,699	69,515,051	(11,442,648)
Federal	215,226,136	213,636,759	(1,589,377)
Other	11,920,372	31,803,742	19,883,370

NURSING FACILITY SERVICES

- Nursing facilities provide services to individuals who require 24-nursing care to meet their medical needs. Nursing facilities must meet the survey and certification standards established by the federal government and must be licensed by the Department of Health

- The Executive Budget for nursing facilities totaled $306.6 million, of which $69.1 million are general funds and $29.1 million are from the Health Care Trust Fund.

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- The current appropriation for nursing facilities is $299.2 million, of which $81.0 million is general funds and $9.1 million are Health Care Trust Funds.

- The increase totals $7.4 million or a 2.4% increase for the biennium. The increase in state funding totals $8.1 million or an increase of 9% in state funding.

- The budget is based on providing services to about 3,664 Medicaid residents per month. Information available for the last six months of 2002 indicates that an average of 3,701 Medicaid residents per month received nursing facility services. The average is 37 more than the level contained in the proposed budget. The Department had hoped that more individuals would select home and community based services rather than nursing facilities. However, this is complicated by the reductions made in the Senate to home and community based services funding.

  - The cost to fully restore the additional 36 residents to the budget would be $3.2 million, of which $1 million is general funds.

- Direct Care Limit: The proposed budget reduces the payment limit for direct care costs from the 99th percentile to the 85th percentile based on the 1999 fiscal year cost reports.

  - About 60% of facilities that have costs below the limit will continue to receive the cost of providing care plus yearly inflationary increases.
  - About 40% of the nursing facilities will receive funding based on the established limit plus a yearly inflationary increase based on the limit rate.
  - The cost to fully restore the direct care cost limit to the 99th percentile would be $8.5 million, of which $2.7 million is state funds.

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- **Other Direct and Indirect Limits**: The proposed budget continues the limits for other direct and indirect costs at the 85th percentile for other direct care and the 75th percentile for indirect care.

- **Inflation**

  - In accordance with state law, an inflationary increase is provided to all nursing facilities for allowable costs in the direct, other direct and indirect cost categories.
  - The inflation factor is based on 1/2 of the Consumer Price Index and 1/2 of a nursing facility economic forecast (DRI). The yearly inflation factor is estimated to be 3.66% per year.

- **Property Cost Pass Through**: Nursing facilities will continue to receive 100% of allowable property costs as a pass through in the rate setting process.

- **3 Percent Operating Margin**:

  - The operating margin is an additional automatic increase over and above the regular inflation factor provided to nursing facilities. It is applied to allowable direct and other direct costs not to exceed the upper limits.

  - The Executive budget did not include funds for a 3 percent operating margin that has previously been provided to nursing facilities and is currently required by state law.

  - The cost to fully restore the 3 percent operating margin is $6.1 million, of which $1.9 million are state funds.

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- Incentive Payments: The incentive payment provides an additional payment that can be used by the facility as it sees fit. The incentive is based on 70% of the difference between the limit rate and the facility rate not to exceed $2.60 per day. This payment is a reward for operating below the limit and is not directly related to the cost of providing services to nursing facility residents. For the 2003 rate year a total of 41 facilities will receive an incentive payment.

  - The Executive budget did not include funds to provide an incentive payment for providers whose indirect care cost rate is below the limit rate that is currently required by state law.

  - The cost to fully restore the indirect care cost incentive is $1.4 million, of which $.4 million is state funds.

- Update with Nursing Home Ratesetting: Ratesetting for 2003 was completed the week of December 10, 2002. Those numbers form a basis for the rates into the 2003 - 2005 biennium. When the budget was prepared for Nursing Homes early last summer, the inflation and anticipated salaries and other costs were estimated to be higher than the actual computed rate. Additionally, the acuity of the clients was not as high as anticipated. These factors resulted in the ability to cover more expenditures than anticipated in the Governor's Budget. The Governor's Office and the Long Term Care Association met and the Long Term Care Association expressed that the restoration of the operating margin and incentives should be given priority. The funding that was available was approximately $5 million in total funds; $1.6 million in general funds.

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Senate Adjustments

	2003-2005 Request to the Senate	2003-2005 "To House"	Senate Increase/Decrease
Nursing Facilities	$306,559,827	$309,012,252	2,452,425
Basic Care	8,395,725	8,395,725	0
Personal Care		638,960	638,960
Total	314,955,552	318,046,937	3,091,385
General	69,515,051	69,091,222	(423,829)
Federal	213,636,759	217,227,736	3,590,977
Other	31,803,742	31,727,979	(75,763)

- **The Senate added $6.1 million, of which $1.9 million are state funds to fully fund the operating margin in the next biennium.**

- **The Senate added $1.4 million, of which $.4 million is state funds to fully fund the incentive in the next biennium.**

- **The Senate removed the additional funds available after ratesetting - $5 million, of which $1.6 million is state funds.**

- **The Senate also reflected the changes resulting from SB2194 within the Department's appropriation bill. A portion of this bill adds the personal care option to the Medicaid Program. The Department is still analyzing the affects of SB2194. About 22% of individuals eligible for SPED and all individuals eligible for Expanded SPED are also Medicaid eligible. It appears that about 68% of the cost of personal care that is currently funded by state and county funds would now be covered under the Medicaid Program. While initial savings will likely be achieved, this change will create an entitlement to personal care services and there is no guarantee that savings will continue in the future. The Senate added $638,960 in total funds but reduced general funds by $1.2 million for the added service.**

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BASIC CARE ASSISTANCE PROGRAM

- **The Basic Care Assistance Program provides room and board and personal care services to residents of Basic Care Facilities. Residents of Basic Care facilities receive 24-hour care, but do not have medical conditions that would qualify them for entry into a nursing facility. Basic Care facilities must be licensed by the Department of Health.**

- **The proposed budget for the Basic Care Assistance Program totals $8.4 million, of which about $3 million is state funds. The budget for the current biennium totals $8.9 million, of which about $2.8 million is state funds.**

- **Basic Care services are divided between personal care services that are included as an optional service under the State Medicaid Plan and room and board services that are paid using all state funds. Room and board for residents of Basic Care are not an allowable Medicaid service.**

  - **The <u>personal care services</u> portion of the budget totals $7.9 million, of which $2.5 million is state funds. The budget anticipates that 497 residents will receive Basic Care Services each month at a cost of $21.72 per day. The budget assumes that the number of basic care residents will not exceed the expected number of recipients receiving services at the end of the current biennium.**

  - **The <u>room and board portion</u> of the budget totals $503,174, all of which are state funds. The budget anticipates that 497 residents will receive an average housing subsidy of about $42.18 per month. The residents pay most of the cost for room and board from their monthly income.**

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Background on Long Term Care

What is long term care?

Long term care includes a range of services for people who have functional limitations or chronic health conditions. Their needs include subacute, rehabilitation, medical, skilled nursing, supervision and support services. Long term care services are provided in a variety of settings, including nursing facilities, basic care, assisted living, hospitals (subacute and swing bed), adult day care, foster care and home-and community based settings.

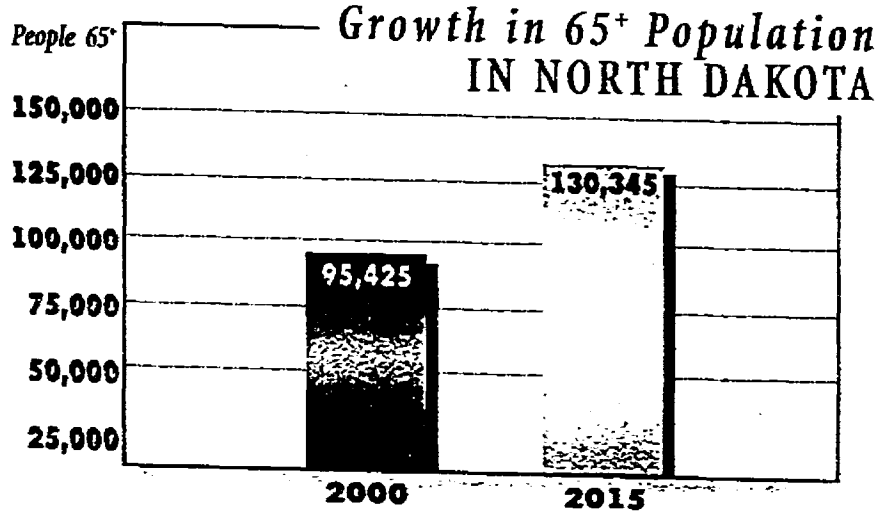
The aging of America, together with extended life expectancy, will result in unprecedented demand for long term care services.

Who will need long term care in North Dakota?

- The number one reason a person enters a long term care facility is loss of a caregiver or breakdown of the informal support system. Family and friends become exhausted and simply cannot continue to deliver or arrange needed services.
- For North Dakotans over the age of 65, two out of five will need nursing facility care sometime in their lifetime.
- The need for personal assistance with everyday activities increases with age.
- An individuals chances for a nursing facility placement increases dramatically if these three factors are present, you are a women, you are age 85 or older and you live alone.
- North Dakota has over 22,320 older women currently living alone and over the age of 65.
- Spouses provide the greatest proportion of long term care to elderly living in the community.
- Older persons who participate in some form of social activity decrease their risk of nursing home placement and their risk of mortality.
- The majority of the elderly are active, healthy, contributing members of society who want to maintain their independence. All want choices and options should they need long term care.

Aging in North Dakota

- The median age in North Dakota continues to rise due to selective out migration of young, low births and the natural aging of the population. The median age in 1950 was 27.1 years, in 1996 we rose to 34.9 years.
- North Dakota leads the nation with the highest proportion of older people in the nation. In 2000, 2.3% of North Dakota's population is age 85 or older.
- In the year 2015, North Dakota's aging population is projected to be 130,345. This reflects a 36.6% growth, from 95,423 individuals age 65 and older in 2000.



Basic Care Fact Sheet

- North Dakota has 46 basic care facilities representing 1,490 beds.
- Basic care facilities are 86% occupied.
- The average cost for one day in basic care is $49.46.
- The top two reasons a person will enter a basic care facility is the need for twenty-four hour supervision and medication administration.
- Basic care financial assistance is available to help people who need assistance to pay for their care. Approximately 37% of recipients in basic care rely upon the state to help pay for their care.
- Basic care provides cost effective twenty-four hour care, providing room and board, transportation, social activities, medication and nursing supervision, companionship and a nurturing environment.
- The average age of a basic care resident is 85 years old.

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Nursing Facility Fact Sheet

- North Dakota has 85 nursing facilities representing 6,652 beds.
- Nursing facilities are 93% occupied.
- The average age of a nursing facility resident is 84, with two-thirds of the residents being women.
- The 2002 average cost for one day of nursing facility care is $127.05.
- Nursing facilities provide twenty-four hour skilled nursing care, and you need physician orders to enter. Residents generally have complex medical needs, that require a multi-disciplinary team approach to care.
- Financial assistance (Medicaid) is available for residents who need help paying for their care. In North Dakota 55% of residents in nursing facilities receive Medicaid to help pay for their care.

Invest in Your Professional Success

NORTH DAKOTA DIETARY MANAGERS ASSOCIATION

NDDMA

What is a CDM?

A ***Certified Dietary Manager*** (CDM) is a competent professional who has completed an approved course and successfully passed a nationally recognized certification test. The exam includes testing in areas of sanitation, safety, nutrition education, personnel supervision, kitchen management and business operations.

CDMs commit to a philosophy of life long learning in order to continuously improve and enhance their knowledge and skills.

A CDM professional networks with fellow members of local, state and national organizations. The Dietary Managers Association membership exceeds 15,500. A CDM is an advanced professional who proudly displays and promotes the values of the Dietary Managers Association, a nationally recognized organization.

Assisted Living Fact Sheet

While assisted living is the most common term used in the nation, assisted living settings in the United States are know by at least 26 different names, including residential care, personal care, adult congregate care, boarding home, basic care and dormitory care. Common to all these terms, however, is the understanding that an assisted living setting is:

- A congregate residential setting that provides or coordinates personal services, 24-hour supervision and assistance (scheduled and unscheduled), activities and health related service;
- Designed to minimize the need to move, however, does not generally provide 24 hour skilled care.
- Designed to accommodate individual resident's changing needs and preferences.
- Designed to maximize resident's dignity, autonomy, privacy, independence, choice and safety, and
- Designed to encourage family and community involvement.

The North Dakota Century Code defines assisted living as any building or structure containing a series of living units operated as one business entity to provide services to five or more individuals who are aged or disabled adults and who are not related by blood or marriage to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that makes available individualized support services to accommodate an individual's needs and abilities to maintain as much independence as possible

Effective January 2002 rules were put in place requiring all assisted living providers to register their facility with the North Dakota Department of Human Services. Assisted living facilities must also obtain a boardinghouse license. The registration and licensure process will help assure insurance will cover services delivered in the assisted living setting.

Each assisted living facility establishes their monthly charges and financial assistance for low and moderate income individuals is limited.

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Who Pays for Long Term Care?

A poll conducted by the Gallop Organization revealed the following:

- 1 in 5 people believe that Medicare covers extended nursing home care.
- 7 of 8 said they do not know how they would pay for health care in their retirement years.
- 1 in 4 said they did not know how they would pay for extended care in a nursing home if a family member needed it now.

Anyone, no matter what age or state of health, may need long term care services at some point in his or her life. The fact is, few Americans understand what long term care options exist or who pays for care, and as a result, few are taking adequate steps to prepare for the long term care needs they may face in the future. Many people think "someone or something" will pay for their care when they need it because they've paid taxes all of their lives.

Today, our nation's long term care financing system steers people toward impoverishment and reliance on Medicaid, a government assistance program. In the next century, Medicaid will not withstand the demographic tidal wave of aging baby boomers. To avert this looming crisis we must have a fundamental shift to a system that relies more heavily on private long term care insurance. Long term care insurance is a sensible and compassionate way to meet the nation's long term care needs. It can help protect Americans from financial ruin as they grow older and ease the fiscal burden on state and federal governments.

Nursing Facility Pay Sources

- 55% Medicaid
- 35% Private Pay
- 4% Medicare
- 1% Long Term Care Insurance
- 2% Other

Assisted Living Pay Source

- 100% Private Pay *(Includes Long Term Care Insurance)*
- Limited service money under SPED, Expanded SPED and Medicaid Waiver

Basic Care Pay Sources

- 37% Basic Care Assistance
- 63% Private Pay *(Includes Long Term Care Insurance)*

Home and Community Based Service Pay Sources

- State Government
- County Government
- Private Pay *(Includes Long Term Care Insurance)*

Why Long Term Care Insurance?

Protecting Access: As Baby Boomers continue to age, it is expected that demand for long term care services will soar. At the same time, federal and state governments are expected to continue backing away from the massive responsibility of paying for the health care needs of the elderly. Without a doubt, it is the people who plan today that will have the best access to the care they need tomorrow.

If the idea of dwindling life savings and selling off some of your family's assets to finance long term care frightens you - then asset protection is a third good reason to consider long term care insurance. Some people avoid taking responsibility for paying for their care now by divesting or giving away their assets to their children prior to needing long term care so they can qualify for welfare support. This can be a painful process for loved ones and is a gamble at best since laws governing divesture are expected to get tighter as lawmakers search for ways to control rising health care costs.

Protecting Choice: People who rely on Medicare, Medicaid or relatives to fund the cost of their care often face very limited choices when it comes to selecting care. Their range of choices is determined by either what their personal or family budgets can afford or whatever public services for which they are able to qualify. By planning in advance, consumers can ensure their access to all types of long term care services available - and preserve their ability to make choices.

Can I Afford Long Term Care Insurance? The cost of long term care insurance policies vary according to many factors such as the age of the policy buyer and the conditions of coverage.

Many excellent policies are available at premium rates that generally range between $800 and $2500 per year with younger buyers (age 50-60) paying lower premiums and older buyers (65 to 80+) paying more.

Each person needs to evaluate their financial situation and determine if long term care insurance is a good value to protect against the potential catastrophic cost of long term care.

What to Look for in a Long Term Care Policy

A good way to begin is to review general information on Long Term Care Insurance so you will be familiar with the terms and concepts. The publication "A Shopper's Guide to Long Term Care Insurance" providers an excellent overview. It is available from the ND Insurance Department. Call 1-800-247-0560 to request a copy. Agents should also be able to provide you with a copy of this publication.

American Health Care Association / National Center for Assisted Living also publishes a consumers guide to understanding long term care insurance. I free guide can be obtained by calling 1-800-321-0343.

There are a number of coverage issues you will need to consider before making your decision.

FACILITY	CITY	UNITS
Baptist Home of Kenmare	Kenmare	14
Bethany Towers Assisted Living	Fargo	151
Beverly Anne Assisted Living	Lisbon	24
Brentmoor of Minot Assisted Living	Minot	60
Dewey Apartments Assisted Living	Jamestown	18
Edgewood Vista	Bismarck	58
Edgewood Vista	Minot	115
Elm Crest Manor Assisted Living	New Salem	10
Evergreen Assisted Living	Dickinson	28
Heartland Court Senior Assisted Living	Devils Lake	64
Heritage House Assisted Living	New Rockford	16
Horizon Assisted Living	Watford City	16
Kensington Assisted Living	Williston	47
Lake Country Manor Assisted Living	Devils Lake	18
Parkview Assisted Living	Rolla	29
Pioneer House Assisted Living	Fargo	48
Prairie Rose Place Assisted Living	Linton	11
Primrose Retirement Center Assisted Living	Bismarck	12
Riverview Place Assisted Living	Fargo	56
Sun Center Assisted Living	Mayville	25
Sunrise Assisted Living	Bismarck	24
Valley View Manor Assisted Living	Velva	16
Waterford at Harwood Groves	Fargo	60
Waterford on West Century	Bismarck	30
Western Horizons Assisted Living	Hettinger	16
Wheatland Terrace Assisted Living	Grand Forks	60
Ashley Medical Center Assisted Living	Ashley	12
Bridgeview Estates	Valley City	24
Larimore Good Samaritan Assisted Living	Larimore	5
Parkwood Place Lodge Assisted Living	Grand Forks	24
Somerset Court	Minot	67
Tri-County Nursing & Retirement Home	Hatton	11
Tufte Manor Assisted Living	Grand Forks	71

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Theresa A. Lee — 10-14-03

Operator's Signature — Date

DAVE ZENTNER- 08.13.03

North Dakota Department of Human Services

Long-Term Care: ACC 3636, 3637, 3638, 3646, 3652, & 3653 — Table A: Summary by Service for the Biennium

Comparison of the 2001-2003 Legislative Appropriation to the Bill 2012 To The House

Service	2001 - 2003 Legislative Appropriation					Bill 2012 To The House 2003-2005 Biennium					Difference				
	Total	State	Federal	County	Other	Total	State	Federal	County	Other	Total	State	Federal	County	Other
2 Nursing Homes	299,239,949	80,957,689	209,144,950	0	9,137,300	309,012,252	69,913,787	209,961,165	0	29,137,300	9,772,303	(11,043,912)	816,215	0	20,000,000
3 Basic Care (Personal Care)	8,446,002	0	6,081,186	0	2,365,816	7,882,551	343,780	5,383,595	0	2,165,255	(354,251)	343,780	(717,590)	0	(180,361)
4 Basic Care (Room & Board)	417,456	0	0	0	417,456	503,174	21,987	0	0	481,187	85,718	21,987	0	0	63,731
5 SPED	13,415,595	5,635,142	0	882,151	6,898,302	14,226,353	6,391,014	225,720	711,317	6,898,302	810,758	555,872	225,720	29,186	0
6 EXSPED	1,203,280	1,203,280	0	0	0	1,480,594	1,480,594	0	0	0	277,314	277,314	0	0	0
7 Waiver - Traumatically Brain Injured	1,818,500	547,742	1,270,758	0	0	2,274,072	728,514	1,545,558	0	0	455,572	180,772	274,800	0	0
8 Waiver - Head P. Disabled	8,519,405	2,566,066	5,953,319	0	0	9,478,112	3,036,121	6,441,991	0	0	958,707	470,055	488,672	0	0
9 TCM - Applied	1,107,750	0	769,220	0	338,530	1,107,750	16,348	752,872	0	338,530	0	16,348	(16,348)	0	0
10 Pers - ... tion SB 2194	0	0	0	0	0	638,960	(1,188,342)	1,903,065	(75,763)	0	638,960	(1,188,342)	1,903,065	(75,763)	0
TAL	334,168,737	91,109,949	223,219,433	882,151	19,157,204	346,613,813	80,743,813	226,193,977	635,554	39,040,574	12,445,081	(10,366,136)	2,974,444	(46,597)	19,883,370

Page A

BudgetGivenToThatHouse.xls

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Theresa A. Lee 10-14-03

Operator's Signature Date

North Dakota Department of Human Services

Long-Term Care: ACC 3636, 3637, 3639, 3646, 3652, & 3653 — Table B: Summary by Service for the Biennium

Comparison of the Executive Budget Request (EBR) to the Bill 2012 To The House

	Service	Executive Budget Request (EBR) 2003-2005 Biennium					Bill 2012 To The House 2003-2005 Biennium					Difference (Senate Adjustments)				
		Total	State	Federal	County	Other	Total	State	Federal	County	Other	Total	State	Federal	County	Other
2	Nursing Homes	306,559,827	69,149,274	208,273,253	0	29,137,300	309,012,252	69,913,787	209,961,165	0	29,137,300	2,452,425	764,513	1,687,912	0	0
3	Basic Care (Personal Care)	7,892,551	343,790	5,363,506	0	2,185,255	7,892,551	343,790	5,363,506	0	2,185,255	0	0	0	0	0
4	Basic Care (Room & Board)	503,174	21,987	0	0	481,187	503,174	21,987	0	0	481,187	0	0	0	0	0
5	SPED	18,839,037	10,773,063	225,720	941,952	6,898,302	14,226,353	6,391,014	225,720	711,317	6,898,302	(4,612,684)	(4,382,049)	0	(230,635)	0
6	EXSPED	1,780,594	1,780,594	0	0	0	1,480,594	1,480,594	0	0	0	(300,000)	(300,000)	0	0	0
7	Waiver - Traumatically Brain Injured	2,274,072	728,514	1,545,558	0	0	2,274,072	728,514	1,545,558	0	0	0	0	0	0	0
8	Waiver - Aged & Disabled	9,478,112	3,036,121	6,441,991	0	0	9,478,112	3,036,121	6,441,991	0	0	0	0	0	0	0
9	TCM - Aged & Disabled	1,107,750	16,348	752,872	0	338,530	1,107,750	16,348	752,872	0	338,530	0	0	0	0	0
10	Personal Care Option SB 2194	0	0	0	0	0	638,960	(1,188,342)	1,903,065	(75,763)	0	638,960	(1,188,342)	1,903,065	(75,763)	0
	TOTAL	348,435,117	85,849,691	222,602,900	941,952	39,040,574	346,613,818	80,743,813	226,193,877	635,554	39,040,574	(1,821,299)	(5,105,878)	3,590,977	(306,398)	0

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DAVE ZENTNER, 03.13.03

Direct Care Limit

85th	74.64
90th	76.76
95th	79.06

	Total	Federal	General
Increase required for 85th to 90th	$2,526,845	$1,717,244	$809,601
Increase required for 90th to 95th	$2,363,204	$1,606,033	$757,171
Increase required for 85th to 95th	$4,890,049	$3,323,277	$1,566,772

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SB 2012

	Direct	Other Direct	Indirect	
Direct Care Limit			36.54	
75th	73.23			
Median plus 10%	74.64	14.89		(Median plus 12.3%)
85th	76.76			
90th	78.75			
95th	79.27			
Median plus 20%	79.27	15.91	37.47	
Median plus 20/20/10%	87.68			
99th				

	Total	Federal	General
Increase 85/85/75th to 90/85/75th	$2,526,845	$1,717,244	$809,601
Increase 90/85/75th to 95/85/75th	$2,043,309	$1,388,633	$654,676
Total increase from 85/85/75th	$4,570,154	$3,105,877	$1,464,277
Increase 95/85/75th to median plus 20/85/75th	$522,217	$354,899	$167,318
Total increase from 85/85/75th	$5,092,371	$3,460,775	$1,631,596
Increase median plus 20/85th/75th to Median plus 20/20/10	$2,066,428	$1,404,344	$662,084
Total increase from 85/85/75th	$7,158,799	$4,865,120	$2,293,679
Increase Median plus 20/20/10 to Direct at $85/85th/75th	$1,971,060	$1,339,532	$631,528
Total increase from 85/85/75th	$9,129,859	$6,204,652	$2,925,207
Increase Direct at $85 /85th/75th to 99/85/75th	$957,722	$650,868	$306,854
Total increase from 85/85/75th	$10,087,581	$6,855,520	$3,232,061

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DAVE ZENTNER - 03.19.03

Direct Care Limit	Direct	Other	Indirect	
Median plus 10%	73.23			
85th	74.64			(Median plus 12.3%)
90th	76.76			
95th	78.75			
Median plus 20%	79.27			
Median plus 20/20/10%	79.27	15.91	37.47	
99th	87.68			

	Total	Federal	General
Increase 85th to 90th	$2,526,845	$1,717,244	$809,601
Increase 90th to 95th	$2,043,309	$1,388,633	$654,676
Total increase from 85th	$4,570,154	$3,105,877	$1,464,277
Increase 95th to median plus 20%	$522,217	$354,899	$167,318
Total increase from 85th	$5,092,371	$3,460,775	$1,631,596
Increase median plus 20% to 20/20/10%	$2,066,428	$1,404,344	$662,084
Total increase from 85th	$7,158,799	$4,865,120	$2,293,679
Increase Median plus 20/20/10% to 99th	$2,928,782	$1,990,400	$938,382
Total increase from 85th	$10,087,581	$6,855,520	$3,232,061

LINDA WRIGHT. 03.13.03

SENATE BILL 2012
MARCH 10, 2003

FACT SHEET – LONG TERM CARE BUDGET
HOME and COMMUNITY BASED SERVICES

Prepared by: Linda Wright, Director, Aging Services Division

1. **Twenty-four hour (24) care is available to recipients receiving Personal Care Services, Adult Family Foster Care and Family Home Care through the funding sources of Service Payments for Elderly and Disabled (SPED); Expanded SPED; and the Medicaid Waiver for Aged and Disabled (no family home care).**

2. **There are recipients of home and community based services who are as impaired or more impaired than some nursing home residents. A prime example are 5 ventilator dependent individuals whose home and community based services are funded either by the Medicaid Waiver for Aged and Disabled or by SPED. Some of those care recipients testified during the public comment period on March 6th.**

3. **Eligibility for SPED is already quite restrictive as outlined on the fact sheet (Attachment B) of my testimony to the House Appropriations Committee.**

4. **SPED recipients share payment for their services based on a sliding fee scale (see attached). Any recipient liability is paid directly to the care provider by the recipient and has been previously deducted from the payment made by DHS.**

5. **Some County Social Services agencies provide county funded or Social Services block grant funded supported services to individuals who do not qualify for SPED, Expanded SPED or the Medicaid Waivers. Many counties use the same sliding fee scale as is used for SPED, for block grant or county funded services.**

6. **The cost effectiveness of home and community based services is a fact, not a myth. The National Conference of State Legislatures issued a report in July 1997 entitled "The Task Force Report: Long-Term Care Reform in the States – Solutions." This report includes the following:**

   "The LTC system should accommodate the preferences of consumers, most of whom prefer to remain independent and in their own homes and the community for as long as possible.

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In general, task forces recommended an expansion of HCBS to allow people to remain at home and in the community when appropriate, instead of placing them in nursing homes. Also motivating the recommendation is the fact that HCBS tend to be less expensive than institutional care. Home and community-based services are defined to include homemaker services, home health, respite care, personal care, skilled nursing care, transportation, chore services, home modification, assistive devices, counseling, private duty nursing, adult day care, assisted living and adult foster care.

Some policy makers have been leery about expanding funding for HCBS for fear of the "woodwork effect," a theory that many more older and disabled people will come forward to claim these attractive HCBS benefits. Over the years, some experts have also questioned whether states can actually save money by expanding Medicaid funding for HCBS. Recent studies – including a 1994 General Accounting Office report and a November 1996 Lewin Group study commissioned by the American Association of Retired Persons – attempt to put that debate to rest, concluding that HCBS can be more cost-effective than nursing homes and that states with expanded HCBS have saved money."

7. In January 2003, there were 2487 qualified service providers (QSP's) enrolled as independent contractors with DHS. Of that number, 125 were agency QSP's (including the County Social Service offices); and 2362 were individual QSP's. From January to March, there has been a 30.6% decrease in the number of enrolled individual QSP's due to freezing both the SPED and Expanded SPED programs.

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ATTACHMENT A

Long-Term Care budget

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

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**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MONTHLY INCOME BILLING RATE SCHEDULE
EFFECTIVE AUGUST 1, 2001***

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

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

(Continued on next page)

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

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Linda Wright. 03.14.03

Medicaid Waiver for the Traumatic Brain Injured

Provider	Service	# units	TBI Clients	Daily Rate	Individual Daily Rate
Dakota Pointe	Residential	10	10	115.52	
Open Door	Residential		10	93.68	
Open Door	Transitional	N/A	4		$54.96; $35.70; $51.85; $59.21
HIT	Transitional	N/A	2		$32.15; $32.42
Enable	Transitional	N/A	1		$15.47

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DAVE ZENTNER - 03.19.03

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
Bill 2012 To The House
Nursing Home and Basic Care Reicpients and Expenditures to Date (January 2003)

Nursing Homes	
Month	Beds Paid For
August 2001	3,685
September 2001	3,653
October 2001	3,745
November 2001	3,627
December 2001	3,664
January 2002	3,658
February 2002	3,583
March 2002	3,785
April 2002	3,534
May 2002	3,534
June 2002	3,653
July 2002	3,759
August 2002	3,622
September 2002	3,709
October 2002	3,806
November 2002	3,572
December 2002	3,746
January 2003	3,645

Total Expenditures To Date (January 2003)	215,126,906
Projected Expenditures for 2001-2003 Biennium	290,616,470

Basic Care	
Month	Recipients
August 2001	438
September 2001	459
October 2001	456
November 2001	448
December 2001	457
January 2002	455
February 2002	457
March 2002	449
April 2002	471
May 2002	451
June 2002	466
July 2002	463
August 2002	458
September 2002	477
October 2002	483
November 2002	458
December 2002	488
January 2003	491

Total Expenditures To Date (January 2003)	6,749,720
Projected Expenditures for 2001-2003 Biennium	8,918,618

Testimony on SB 2012
Senate Appropriations Committee
January 14, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, thank you for the opportunity to testify on SB 2012. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. I am here today to address the budget and how it affects care and services to nursing facility residents.

My testimony is going to be different than usual. In the past I've always spoken of the impact on all 84 nursing facilities as a group. Today I'm going to share with you the impact on some individual facilities. The twenty-five most expensive nursing facilities - the facilities who will be asked to cut $14 million in their nursing staff if SB 2012 passes in its present form. I think having this data will help you make the best possible decisions.

I want to address one item in the nursing facility budget: nursing facility staffing and funding for that staff.

Terry Goehring, the Chairman of our Association will address the second issue of concern: rebasing.

The chart below details the funds necessary to restore the nursing limit and provide for rebasing. As you can see when you restore state general funds other funds are affected.

Funding Source					
Cost to restore this feature	State	Federal	State & Federal Total	Private Pay Loss Dollars	Total Impact of Lost Income
Nursing – 85th to 99th	2,693,139	5,784,973	8,478,112	6,055,794	14,533,906
Rebasing	2,100,000	4,503,774	6,603,774	4,715,688	11,319,462
Total	4,793,139	10,288,747	15,081,886	10,771,482	25,853,368

Why is this so Important?

North Dakota is bound by a law called Equalization of Rates. The North Dakota legislature sets and controls 96% of a nursing facilities income and the federal government, Medicare controls the other 4%. The only place where we can charge extra is for a private room. With the state in control of 96% of our income, what you appropriate directly affects staffing in every nursing facility in North Dakota. Only North Dakota and Minnesota have laws that control income in this matter. Minnesota has been amending their system, and is moving away from the equalized rate system.

Nursing Limit

Attached is the document called 2003 Desk Rates and Limits. This is a DHS generated report. From the report you can see who is impacted by taking the nursing and therapy limit from today's rate of $87.68 to $74.65. The facilities highlighted in yellow, with a check by their name, are the facilities negatively impacted.

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Twenty-five nursing facilities, almost 1/3 (25 of 80 or 31.3%) are affected. Decreasing the nursing limit amounts to $14.5 million in nursing and therapy salaries and positions over the biennium. Statewide hundreds of caregiving positions would need to be cut in these 25 facilities.

These facilities have the highest nursing costs in North Dakota. This occurs because of a variety of factors, they could include:

- ✓ Have the highest staffing ratios of nursing staff to residents (they have more staff).
- ✓ Have a higher wage and benefit package for their employees
- ✓ Have longer term employees who are earning more
- ✓ Have high turnover
- ✓ Use agency staff

Missouri Slope Lutheran Care Center is the first facility highlighted on the chart. Their nursing costs are $89 per resident per day, with SB 2012 setting the limit at $74.65, they would lose over $1.2 million in nursing and therapy salaries a year. To bring their budget into line they would need to eliminate all their night nursing staff, which would violate state and federal regulations, besides put residents in harms way.

In 2001 you passed HB 1196 which brought great benefits to nursing facility staff and residents. You funded a salary and benefit enhancement which facilities could spend in two ways - 1) increase salaries and benefits or 2) increase your staffing. For the twenty five nursing facilities affected by this cut, some will need to cut the entire enhancement and more. The number one concern of families is staffing, it is believed we don't have enough staff to deliver hands on care. If indeed the nursing limit remains this low, families and residents will notice the difference.

Another example is Lutheran Sunset Home in Grafton. They are currently spending $80.16 per resident per day in nursing. They will need to cut $204,938.94 annually in RN, LPN, and CNA and therapy salaries. Think what impact this will have on their local community. The impact on Bethany Homes in Fargo is over $350,000 annually in their nursing and therapy department. To restore the nursing limit to today's standard you would need to provide another $2,693,139 in state general funds.

Staffing Standards - How much staff do you need to provide quality care?

North Dakota
North Dakota does not have any minimum staffing requirements.

Federal Government 45 CFR Part 483.25 Quality of Care
"Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practical, physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care."

Staffing Studies
There have been two reports to Congress on nursing facility staffing. The conclusions:

> "We do not think there is currently sufficient information upon which to base a federal requirement for all nursing facilities."

January 1, 2003 New CMS Requirement - post all your nursing staff on each shift.

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Kaiser Family Foundation Study
80% agree nursing facilities do not have enough staff
77% believe staff neglect some residents
63% agree there is not enough regulation.

What do nursing facilities do?
They staff to meet the needs of their residents.

What was the Affect of the Salary and Benefit Enhancement?
Turnover is down in our Caregiving Staff and according to the UND survey, long term care staff are well satisfied. (See yellow handout)

Attached is a second 2003 DHS report where we've added more information. It lists the most expensive nursing facilities to the least expensive nursing facility. The first twenty-five nursing facilities on the list are affected by the nursing limit. The sheet contains information on direct care staffing. The staffing information is taken from the CMS web site and only tracks a two week period of time. We will have information next week from nursing facility cost reports and we think that information will be a more accurate reflection of staffing. The case mix column tracks patient acuity. How sick are the residents you are caring for? Valley Elder Care in Grand Forks has the highest acuity of all nursing facilities.

North Dakota has always done a marvelous job of caring for the needs of its citizens, from the young to the old. We know you have many difficult decisions and you must set priorities. Maybe we can't do all that we are doing today. We believe the decreased limit in nursing is so low, that resident care could be compromised. Rather than drastic cuts in nursing in these twenty-five nursing facilities we would prefer a provider tax or amending equalization of rates so we could charge the private pay more. Is this fair? No! Is it better than cutting $14 million in nursing salaries? We believe it is.

Adequate staffing is very important to residents and families. We believe if we told families and residents that rates would decrease, however the effect would be nursing staff would be cut proportionately, what do you think their choice would be?

It would be ideal if we all aged without disability or illness. All of us in this room and in North Dakota want to live out our life being independent. It's difficult not being able to care for oneself and receive care from someone else. Today we have 6200 individuals receiving skilled, twenty-four hour care in a nursing home. They are there because families can no longer go on giving and in-home services were not sufficient.

The decision to enter a nursing facility for yourself or a loved one is very difficult. Our experience is options are explored and tried by families, prior to considering placement. Although the majority of care is delivered by spouses and adult daughters, not all families are in a position to provide care. We support funding for the continuum of care. We are here today so we can continue to deliver quality nursing care. Care for individuals in need for twenty-four hour nursing care and supervision.

Thank you for you consideration of increasing the nursing limit.

Shelly Peterson, President
North Dakota Long Term Care Association
1900 North 11th Street
Bismarck, ND 58501
(701) 222-0660

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Theresa A. Lee
Operator's Signature

10-14-03
Date

2003 Desk Rates and Limits	Actual Rate			Allowed Rate								$87.68	$14.89	$36.54	
December 11, 2002	Direct	Other Direct	Indirect	Incentive	OM Dir	OM OD	Property	Direct	Other Direct	Indirect	Total Rt Wgt of 1	Direct	Other Direct	Indirect	Total Limits
SB 2012	$74.65														
Ashley Medical Center	66.07	15.80	38.83	-	1.86	0.44	5.98	66.07	14.89	36.54	$125.78		1	1	2
✓Missouri Slope Lutheran Care Center	89.00	15.10	37.11	-	2.52	0.44	6.90	87.68	14.89	36.54	$148.97	1	1	1	3
✓St. Vincent's Nursing Home	85.29	14.67	31.44	2.60	2.54	0.43	22.90	85.29	14.67	31.44	$159.87				0
Resthaven Healthcare Center, Inc.	64.82	12.53	35.98	0.48	1.85	0.37	15.07	64.82	12.53	35.98	$131.10				0
Golden Acres Manor	65.92	14.79	33.03	2.49	1.78	0.43	10.96	65.92	14.79	33.03	$129.40				0
✓Griggs County Nursing Home	75.96	11.70	36.06	0.42	1.94	0.34	18.62	75.96	11.70	36.06	$145.04				0
✓Lake Region Lutheran Home	80.29	15.02	38.99	-	2.43	0.44	4.14	80.29	14.89	36.54	$138.73		1	1	2
Jacobson Mem. Hospital Care Center	62.06	13.87	43.46	-	1.65	0.41	6.77	62.06	13.87	36.54	$121.30			1	1
✓Garrison Memorial Hospital	77.01	10.84	37.51	-	2.03	0.32	18.03	77.01	10.84	36.54	$144.77			1	1
Marian Manor Nursing Home	74.30	13.27	26.61	2.60	2.12	0.39	3.36	74.30	13.27	26.61	$122.65				0
St. Gerards Nursing Home	65.20	16.03	37.01	-	1.83	0.44	4.20	65.20	14.89	36.54	$123.10		1	1	2
Tri-County Retirement & Nursing Home	61.29	13.82	39.42	-	1.64	0.40	17.65	61.29	13.82	36.54	$131.34			1	1
Hillcrest Care Center	64.60	10.36	24.15	2.60	1.80	0.30	4.37	64.60	10.36	24.15	$108.18				0
✓Kenmare Community Nursing Facility	77.42	14.27	60.94	-	2.21	0.42	14.23	77.42	14.27	36.54	$145.09			1	1
Friendship Healthcare Center	69.01	15.76	36.23	0.31	1.90	0.44	6.77	69.01	14.89	36.23	$129.55		1		1
✓Trinity Nursing Home	83.42	12.88	39.28	-	2.38	0.38	12.81	83.42	12.88	36.54	$148.41			1	1
Golden Manor Inc.	71.39	13.27	33.92	1.89	1.99	0.39	8.73	71.39	13.27	33.92	$131.58				0
Strasburg Nursing Home	73.63	13.48	29.20	2.60	1.96	0.39	2.76	73.63	13.48	29.20	$124.02				0
Tioga Medical Center	70.06	14.99	39.53	-	2.00	0.44	4.95	70.06	14.89	36.54	$128.88		1	1	2
Prairieview Home	72.28	13.26	36.33	0.21	1.99	0.39	6.02	72.28	13.26	36.33	$130.48				0
Wishek Home for the Aged	71.96	13.67	28.16	2.60	1.89	0.40	2.23	71.96	13.67	28.16	$120.91				0
Aneta Parkview Health Center	72.09	14.50	38.18	-	2.02	0.42	14.85	72.09	14.50	36.54	$140.42			1	1
Arthur Good Samaritan	66.83	15.71	43.17	-	1.90	0.44	9.58	66.83	14.89	36.54	$130.18	1		1	2
✓Baptist Home	85.85	14.93	36.19	0.34	2.42	0.44	5.17	85.85	14.89	36.19	$145.30	1			1
✓Bottineau Good Samaritan Center	80.90	14.67	39.56	-	2.31	0.43	10.93	80.90	14.67	36.54	$145.78			1	1
Sunset Care Corporation	71.23	13.41	38.07	-	2.06	0.39	16.06	71.23	13.41	36.54	$139.69			1	1
Wedgewood Manor	62.24	12.82	35.20	-	1.70	0.37	6.75	62.24	12.82	35.20	$119.08				0
Crosby Good Samaritan Center	66.08	11.65	42.16	-	1.69	0.34	4.85	66.08	11.65	36.54	$121.15			1	1
Devils Lake Good Samaritan Center	72.93	13.20	40.23	-	2.05	0.39	6.12	72.93	13.20	36.54	$131.23			1	1
St Benedicts	59.10	13.68	34.03	1.81	1.74	0.40	6.72	59.10	13.68	34.03	$117.48				0
✓St. Luke's Home	77.51	14.86	36.45	0.09	2.25	0.43	6.24	77.51	14.86	36.45	$137.83				0
Dunseith Community Nursing Home	60.22	13.44	34.37	1.58	1.58	0.39	2.79	60.22	13.44	34.37	$114.37				0
Prince of Peace Ellendale	55.85	11.39	39.94	-	1.65	0.33	8.40	55.85	11.39	36.54	$114.16			1	1
Enderlin Hillcrest Manor	61.38	11.14	32.96	-	1.67	0.32	12.13	61.38	11.14	32.96	$119.60				0
✓Bethany Home	80.11	15.31	39.11	-	2.26	0.44	10.04	80.11	14.89	36.54	$144.28		1	1	2
Elim Home	71.67	15.54	35.47	0.83	2.12	0.44	6.15	71.67	14.89	35.47	$131.57		1		1
Rosewood on Broadway	66.55	13.30	32.06	-	1.93	0.38	7.06	66.55	13.30	32.06	$121.28				0
Villa Maria	60.71	13.82	32.62	-	1.75	0.39	8.68	60.71	13.82	32.62	$117.97				0
Sargent Manor Health Care Center	51.57	12.38	32.68	2.60	1.35	0.36	4.53	51.57	12.38	32.68	$105.47				0
Benedictine Living Center Garrison	63.15	15.27	40.23	-	1.81	0.44	9.60	63.15	14.89	36.54	$126.43		1	1	2
✓Lutheran Sunset Home	80.16	13.70	37.68	-	2.25	0.40	3.81	80.16	13.70	36.54	$136.86			1	1
Central Dakota Village	69.06	13.09	32.72	-	1.94	0.38	7.27	69.06	13.09	32.72	$124.46				0
✓Hi-Acres Manor Nursing Center	83.60	13.04	32.78	2.60	2.45	0.38	10.44	83.80	13.04	32.78	$145.49				0
Lakota Good Samaritan Center	64.79	11.09	40.46	-	1.72	0.32	17.32	64.79	11.09	36.54	$131.78			1	1
LaMoure Healthcare Manor	61.51	10.69	43.02	-	1.74	0.31	5.87	61.51	10.69	36.54	$116.66			1	1

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Operator's Signature

10-14-03
Date

2003 Desk Rates and Limits
December 11, 2002

		Actual Rate						Allowed Rate													
		Direct	Other Direct	Indirect	Incentive	OM Dir	OM OD	Property	Direct	Other Direct	Indirect	Total Rt Wgt of 1	Direct	Other Direct	Indirect	Total Limits
	SB 2012	$74.65							$87.68	$14.89	$36.54					
	Larimore Good Samaritan Center	69.36	12.58	39.93	-	1.92	0.37	13.19	69.36	12.58	36.54	$133.96			1	1
✓	Lisbon Medical Center	95.58	12.17	54.28	-	2.29	0.36	4.19	87.68	12.17	36.54	$143.23	1		1	2
✓	Medcenter One Care Center	79.95	13.57	30.45	2.60	2.35	0.40	4.89	79.95	13.57	30.45	$134.21				0
✓	Luther Memorial Home	82.88	12.79	35.85	0.57	2.16	0.37	5.42	82.88	12.79	35.85	$140.04				0
	North Central Good Samaritan Center	70.29	14.46	41.39	-	1.89	0.42	8.89	70.29	14.46	36.54	$132.49			1	1
	Mott Good Samaritan Nursing Center	55.40	11.92	35.74	0.64	1.49	0.35	6.24	55.40	11.92	35.74	$111.78				0
	Napoleon Care Center	68.39	11.66	32.31	2.60	1.77	0.34	7.29	68.39	11.66	32.31	$124.36				0
✓	Lutheran Home of the Good Shepherd	76.89	14.63	35.15	1.04	2.27	0.43	4.91	76.89	14.63	35.15	$135.32				0
	Elm Crest Manor	73.56	14.73	34.56	1.45	1.85	0.43	9.85	73.56	14.73	34.56	$136.43				0
✓	Northwood Deaconess Home	82.70	15.36	41.57	-	2.30	0.44	22.56	82.70	14.89	36.54	$159.43	1		1	2
	Oakes Good Samaritan Center	56.48	11.43	37.02	-	1.54	0.33	7.70	56.48	11.43	36.54	$114.02			1	1
	Osnabrock Good Samaritan Center	58.81	13.59	37.64	-	1.74	0.40	5.44	58.81	13.59	36.54	$116.52			1	1
	Park River Good Samaritan Center	60.97	14.24	38.67	-	1.76	0.42	5.53	60.97	14.24	36.54	$119.46			1	1
✓	Rock View Good Samaritan Center	76.40	15.49	35.82	0.59	2.15	0.44	7.34	76.40	14.89	35.82	$137.63		1		1
✓	Mountrail Bethel Home	80.33	14.74	40.81	-	2.25	0.43	6.89	80.33	14.74	36.54	$141.18			1	1
	Sheyenne Care Center	63.47	13.27	27.31	2.60	1.63	0.38	8.98	63.47	13.27	27.31	$117.64				0
	Souris Valley Care Center	70.50	12.83	39.49	-	1.90	0.38	7.76	70.50	12.83	36.54	$129.91			1	1
	St. Catherines Health Care Center	61.80	11.87	36.74	-	1.65	0.35	10.25	61.80	11.87	36.54	$122.46			1	1
	Pembilier Nursing Center	56.81	13.00	33.44	2.21	1.55	0.38	2.07	56.81	13.00	33.44	$109.46				0
	Good Shepherd Home	64.66	13.70	26.84	2.60	1.84	0.40	4.04	64.66	13.70	26.84	$114.08				0
✓	Westhope Home	77.54	15.57	41.32	-	2.19	0.44	8.06	77.54	14.89	36.54	$139.66		1	1	2
	Bethel Lutheran Home	72.76	14.68	30.51	2.60	1.99	0.43	4.63	72.76	14.68	30.51	$127.60				0
	Manor Care Health Services Fargo	61.80	10.22	33.58	2.11	1.89	0.30	8.00	61.80	10.22	33.58	$117.90				0
	Manor Care Health Services Minot	60.78	10.26	32.63	2.60	1.80	0.30	6.10	60.78	10.26	32.63	$114.47				0
	Knife River Care Center	70.97	13.34	34.24	1.67	2.12	0.39	6.07	70.97	13.34	34.24	$128.80				0
✓	Heart of America Nursing Facility	91.99	18.19	37.45	-	2.52	0.44	5.98	87.68	14.89	36.54	$148.05	1	1	1	3
	Parkside Lutheran Home	60.93	13.48	35.73	0.65	1.69	0.39	17.41	60.93	13.48	35.73	$130.28				0
	Presentation Care Center	65.10	16.18	43.63	-	2.01	0.44	3.84	65.10	14.89	36.54	$122.82		1	1	2
	St Aloisius Nursing Home	68.75	15.44	35.53	0.78	1.92	0.44	5.43	68.75	14.89	35.53	$127.74		1		1
	Community Nursing Home	74.53	15.98	43.47	-	2.02	0.44	3.89	74.53	14.89	36.54	$132.31		1	1	2
✓	Valley Eldercare Center Med Park	76.70	14.69	37.63	-	2.39	0.43	14.84	76.70	14.69	36.54	$145.59			1	1
✓	Valley Memorial North	78.68	12.66	36.33	0.21	2.16	0.37	27.96	78.68	12.66	36.33	$158.37				0
	Hill Top Home of Comfort, Inc.	69.21	16.38	39.82	-	1.87	0.44	16.92	69.21	14.89	36.54	$139.87		1	1	2
✓	North Dakota Veterans Home	95.73	19.65	54.57	-	2.49	0.44	13.49	87.68	14.89	36.54	$155.53	1	1	1	3
	Totals												4	20	39	
	Average Nursing Facility Rate											$129.71				
	Direct - Nursing & Therapy Salaries, OTC Drugs, Medical Supplies & Training for Nursing Staff															
	Other Direct - Laundry, Social Service & Activity Staff, Linen and Food															
	Indirect - Administrative, Chaplain, Pharmacist, Plant Operations, Dietary & Medical Records Staff, Malpractice, Insurance, Utilities, Repairs															
	Property - Depreciation, Interest, Taxes, Lease Costs & Limited Legal Costs															

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Theresa A. Lee
Operator's Signature

10-14-03
Date

2003 Desk Rates & Limits (Ranked By Direct Care Spending)			SB 2012:	$74.65						
December 11, 2002			Limit:	$87.68	$14.89	$36.54				
	Skilled Beds	Direct Staff	Case Mix	Direct	Other Direct	Indirect	Incentive	OM Dir	OM OD	
North Dakota Veterans Home	38	3.64	1.00	95.73	19.65	54.57	-	2.48	0.44	
Lisbon Medical Center	45	3.92	0.91	95.58	12.17	54.28	-	2.28	0.36	
Heart of America Nursing Facility	95	4.61	0.97	91.88	18.19	37.45	-	2.51	0.44	
Missouri Slope Lutheran Care Center	223	4.20	0.99	89.00	15.10	37.11	-	2.51	0.44	
Baptist Home	141	4.92	1.01	85.85	14.93	36.19	0.34	2.42	0.44	
St. Vincent's Nursing Home	101	4.84	1.02	85.29	14.67	31.44	2.60	2.54	0.43	
Hi-Acres Manor Nursing Center	142	4.21	1.03	83.80	13.04	32.78	2.60	2.45	0.38	
Trinity Nursing Home	292	4.37	1.01	83.42	12.88	39.28	-	2.38	0.38	
Luther Memorial Home	99	4.37	0.90	82.88	12.79	35.85	0.57	2.16	0.37	
Northwood Deaconess Home	77	3.15	0.94	82.70	15.36	41.57	-	2.30	0.44	
Bottineau Good Samaritan Center	81	4.08	1.04	80.90	14.67	39.56	-	2.32	0.43	
Mountrail Bethel Home	57	3.97	0.96	80.33	14.74	40.81	-	2.25	0.43	
Lake Region Lutheran Home	84	4.61	1.04	80.29	15.02	38.99	-	2.42	0.44	
Lutheran Sunset Home	113	4.06	0.95	80.16	13.70	37.68	-	2.26	0.40	
Bethany Home	192	3.74	0.95	80.11	15.31	39.11	-	2.26	0.44	
Medcenter One Care Center	120	4.66	1.00	79.95	13.57	30.45	2.60	2.34	0.40	
Valley Memorial North	118	3.90	0.94	78.68	12.66	36.33	0.21	2.16	0.37	
Westhope Home	40	3.60	0.97	77.54	15.57	41.32	-	2.18	0.44	
St. Luke's Home	84	4.50	1.01	77.51	14.86	36.45	0.09	2.26	0.43	
Kenmare Community Nursing Facility	12	4.28	1.03	77.42	14.27	60.94	-	2.21	0.42	
Garrison Memorial Hospital	24	3.70	0.95	77.01	10.84	37.51	-	2.03	0.32	
Lutheran Home of the Good Shepherd	80	4.15	1.01	76.89	14.63	35.15	1.04	2.27	0.43	
Valley Eldercare Center Med Park	160	3.94	1.11	76.70	14.69	37.63	-	2.39	0.43	
Rock View Good Samaritan Center	57	4.05	0.92	76.40	15.49	35.82	0.59	2.15	0.44	
Griggs County Nursing Home	58	3.85	0.91	75.96	11.70	36.06	0.42	1.94	0.34	
Community Nursing Home (Hillsboro)	48	3.88	0.95	74.53	15.98	43.47	-	2.02	0.44	
Marian Manor Nursing Home	86	4.23	0.97	74.30	13.27	26.61	2.60	2.12	0.39	
Strasburg Nursing Home	68	4.32	0.89	73.63	13.48	29.20	2.60	1.96	0.39	
Elm Crest Manor	61	3.32	0.89	73.56	14.73	34.56	1.45	1.85	0.43	
Devils Lake Good Samaritan Center	84	2.80	0.96	72.93	13.20	40.23	-	2.05	0.39	
Bethel Lutheran Home	176	3.92	0.90	72.76	14.68	30.51	2.60	1.99	0.43	
Prairieview Home	60	3.80	0.97	72.28	13.26	36.33	0.21	1.99	0.39	
Aneta Parkview Health Center	39	3.91	0.92	72.09	14.50	38.18	-	2.02	0.42	
Wishek Home for the Aged	90	3.90	0.91	71.96	13.67	28.16	2.60	1.89	0.40	
Elim Home	86	3.87	0.99	71.67	15.54	35.47	0.83	2.12	0.44	
Golden Manor Inc.	50	3.69	0.95	71.39	13.27	33.92	1.89	1.99	0.39	
Sunset Care Corporation	67	3.64	1.01	71.23	13.41	38.07	-	2.06	0.39	
Knife River Care Center	85	4.46	1.00	70.97	13.34	34.24	1.67	2.13	0.39	
Souris Valley Care Center	50	3.29	0.97	70.50	12.83	39.49	-	1.90	0.37	
North Central Good Samaritan Center	59	3.62	0.92	70.29	14.46	41.39	-	1.89	0.42	
Tioga Medical Center	30	3.36	1.03	70.06	14.99	39.53	-	2.00	0.44	

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Operator's Signature

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	Skilled Beds	Direct Staff	Case Mix	Direct	Other Direct	Indirect	Incentive	OM Dir	OM OD
Larimore Good Samaritan Center	44	3.71	0.94	69.36	12.58	39.93	-	1.91	0.37
Hill Top Home of Comfort, Inc.	59	3.64	0.92	69.21	16.38	39.82	-	1.87	0.44
Central Dakota Village	100	4.22	0.97	69.06	13.09	32.72	-	1.96	0.38
Friendship Healthcare Center(McVille	46	3.75	0.93	69.01	15.76	36.23	0.31	1.90	0.44
St. Aloisius Nursing Home	106	4.61	0.98	68.75	15.44	35.53	0.78	1.92	0.44
Napoleon Care Center	44	3.15	0.89	68.39	11.66	32.31	2.60	1.77	0.34
Arthur Good Samaritan	67	4.00	0.98	66.83	15.71	43.17	-	1.90	0.44
Rosewood on Broadway	102	3.80	1.01	66.55	13.30	32.06	-	1.96	0.39
Crosby Good Samaritan Center	67	2.89	0.87	66.08	11.65	42.16	-	1.69	0.34
Ashley Medical Center	44	4.19	0.95	66.07	15.80	38.83	-	1.86	0.44
Golden Acres Manor	60	3.53	0.95	65.92	14.79	33.03	2.49	1.78	0.43
St. Gerards Nursing Home	37	3.60	0.97	65.20	16.03	37.01	-	1.83	0.44
Presentation Care Center (Rolette)	48	3.39	1.00	65.10	16.18	43.63	-	2.01	0.44
Resthaven Healthcare Center, Inc.(Candc	60	4.00	0.97	64.82	12.53	35.98	0.48	1.86	0.37
Lakota Good Samaritan Center	54	3.08	0.86	64.79	11.09	40.46	-	1.73	0.32
Good Shepherd Home	80	3.61	0.97	64.66	13.70	26.84	2.60	1.84	0.40
Hillcrest Care Center	88	3.06	0.94	64.60	10.36	24.15	2.60	1.80	0.30
Sheyenne Care Center	170	3.61	0.88	63.47	13.27	27.31	2.60	1.50	0.39
Benedictine Living Center Garrison	63	3.28	1.01	63.15	15.27	40.23	-	1.81	0.44
Wedgewood Manor	60	3.32	0.94	62.24	12.82	35.20	-	1.72	0.37
Jacobson Mem. Hospital Care Center	25	3.96	0.96	62.06	13.87	43.46	-	1.65	0.41
St. Catherines Health Care Center	144	2.88	0.92	61.80	11.87	36.74	-	1.64	0.35
Manor Care Health Services Fargo	109	3.34	0.99	61.80	10.22	33.58	2.11	1.89	0.30
LaMoure Healthcare Manor	50	1.23	0.94	61.51	10.69	43.02	-	1.74	0.31
Enderlin Hillcrest Manor	62	3.06	0.94	61.38	11.14	32.96	-	1.68	0.33
Tri-County Retirement & Nursing Home (H	58	3.06	0.91	61.29	13.82	39.42	-	1.65	0.40
Park River Good Samaritan Center	80	3.47	0.95	60.97	14.24	38.67	-	1.77	0.42
Parkside Lutheran Home	40	3.73	0.94	60.93	13.48	35.73	0.65	1.69	0.39
Manor Care Health Services Minot	106	3.15	1.04	60.78	10.26	32.63	2.60	1.80	0.30
Villa Maria	138	3.53	1.00	60.71	13.82	32.62	-	1.77	0.40
Dunseith Community Nursing Home	50	5.39	0.91	60.22	13.44	34.37	1.58	1.58	0.39
St Benedicts	172	3.30	1.01	59.10	13.68	34.03	1.81	1.74	0.40
Osnabrock Good Samaritan Center	37	3.09	0.95	58.81	13.59	37.64	-	1.74	0.40
Maple Manor Nursing Home	63	3.62	1.05	57.12	13.08	35.58	0.76	1.76	0.38
Pembilier Nursing Center	41	3.76	0.88	56.81	13.00	33.44	2.21	1.55	0.38
Oakes Good Samaritan Center	102	2.75	0.92	56.48	11.43	37.02	-	1.54	0.33
Prince of Peace Ellendale	64	3.13	1.03	55.85	11.39	39.94	-	1.65	0.33
Mott Good Samaritan Nursing Center	54	3.16	0.96	55.40	11.92	35.74	0.64	1.49	0.35
Sargent Manor Health Care Center	40	2.85	0.93	51.57	12.38	32.68	2.60	1.35	0.36
Totals / Average		3.73	0.96						
Average Nursing Facility Rate									

SOURCES: BedSize: NDLTCA Buyers Guide; Case Mix: Myers and Stauffer; Direct Care Staff: Medicare Compare; Other Numbers: NDLTCA Data Base

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Nursing Facility Staffing

Criteria	Year 2000	2002
1) Turnover		
CNA's	66%	43%
LPN	24%	30%
RN's	33%	28%
2) Percentage of nursing facilities that have stopped admissions because of insufficient staff	40%	6%
3) Percent of nursing facilities that term themselves in a "staffing crisis"	66%	30%

Impact of HB 1196

1. On a scale of 1 to 5 with 5 being the highest, rank the impact of the salary and/or benefit enhancement on your staffing.

   a. Staff felt positive and rewarded when they receive the salary adjustment:
   4.64

   b. Rank what impact you think this adjustment had on your overall staffing:
   4.48

   c. Rate the degree to which it helped you to retain your staff:
   4.39

   d. Rate the degree to which it helped you to recruit staff:
   4.36

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Options for Care in North Dakota		
Institutional Setting	.....the Alternative.....	Medicaid Waiver In-home Services
Nursing Home Care Medicaid Eligible	Both groups face the identical screening - must be in need of 24-hour care	In-home support services Medicaid Eligible
Basic Care	.....the Alternative.....	Expanded SPED
24-hour supervision, nursing care and help with ADLs and IADLs. Medicaid Eligible	Both groups have an identical screening. Individuals can not be severely impaired in the ADLs of toileting, transferring, eating and is impaired in 3 of 4 IADLs: meal preparation, housework, laundry or taking medication.	In-home support service Medicaid Eligible
No setting to compare		SPED In-home Services - 100% state funded program. Currently can have $50,000 in liquid assets. Senate proposed changes to tighten up eligibility to serve those most in need. Are <u>not</u> screened in need of nursing facility care, however have some impairments in ADL or IADLs. Impairments are expected to last three months.

Study of North Dakota's Medicaid Nursing Facility Payment System

Purpose and Background of Nursing Facility Payment System Study

The North Dakota 57th Legislative Assembly passed House Bill No. 1196 in 2001. Section 29 of this bill authorized a study of the nursing facility payment system and the state's equalized rate policy. The study was to include an evaluation of the existing system and any recommendations for change. A Request For Proposal from the North Dakota Department of Human Services (DHS) was issued as a result of this authorization. Myers and Stauffer LC submitted a proposal and was awarded the contract in January 2002.

Consultant Recommendations

90% Occupancy Incentive

1) Myers and Stauffer recommends North Dakota retain a minimum occupancy program of 90%.

Rebasing Frequency

1) Based on our evaluation of the current payment system, our recommendations would not change the following: 1) The flexibility to establish limit levels based on current facility spending patterns and Medicaid budget limitations, 2) Efficiency incentive on Indirect costs, 3) Operating margin on Direct and Other Direct care costs categories or 4) Current method of basing efficiency incentives and operating margins on the prior year per diems and limits.

2) We do recommend establishing a maximum number of years between rebasing. We suggest that rebasing occur no less frequently than every four years, with the opportunity to rebase more frequently if spending patterns change significantly. Annual rebasing, while practiced in many states, subjects Medicaid programs to less control in managing their systems.

3) Myers and Stauffer recommends a change from the percentile method to the "median plus" method of calculating limits.

Equalized Rate Policy

1) Myers and Stauffer does not recommend any changes to the current rate equalization policy of limiting private pay and other non-government payers in semiprivate rooms to the comparable Medicaid rate.

2) We recommend that the Department consider adopting a limit on charges for private pay residents in private rooms. While we do not believe that North Dakota facilities have taken advantage of this current exception on any wide-scale basis, a private room limit for private pay residents would be a means of curtailing any future overpriced charges for private rooms. We have seen no evidence to suggest that nursing facilities have increased their private room rates excessively, we believe that this differential would provide a reasonable basis to establish a private room equalized rate cap.

3) We recommend a change to the current Medicaid property calculation to encompass the growing proportion of private rooms to semiprivate accommodations when reporting property costs.

Case Mix Payment System

1) We recommend that the Department implement a permanently-funded MDS accuracy audit program defined in administrative rule.

2) We recommend that the Department evaluate several changes when the MDS 3.0 is implemented in the future.

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Testimony on SB 2012
House Appropriations Committee
March 6, 2003

Chairman Delzer and members of the House Appropriations Committee, thank you for the opportunity to testify on SB 2012. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. I am here today to address the budget and how it affects care and services to nursing facility residents.

I want to address:

1. "Nursing Limit" and how it will negatively affect twenty-five or 31% of all nursing facilities;
2. Nursing facility care and in-home care are serving individuals with distinctly different care needs; and
3. The comprehensive 2002 study on the Nursing Facility Payment Study.

The chart below details the funds necessary to restore the nursing limit and provide for rebasing. As you can see when you restore state general funds other funds are affected.

Funding Source					
Cost to restore this feature	State	Federal	State & Federal Total	Private Pay Loss Dollars	Total Impact of Lost Income
Nursing – 85th to 99th	2,693,139	5,784,973	8,478,112	6,055,794	14,533,906
Rebasing	2,100,000	4,503,774	6,603,774	4,715,688	11,319,462
Total	4,793,139	10,288,747	15,081,886	10,771,482	25,853,368

Why is this so Important?

North Dakota is bound by a law called Equalization of Rates. The North Dakota legislature sets and controls 96% of a nursing facilities income and the federal government, Medicare controls the other 4%. The only place where we can charge extra is for a private room. With the state in control of 96% of our income, what you appropriate directly affects staffing in every nursing facility in North Dakota. Only North Dakota and Minnesota have laws that control income in this matter. Minnesota has been amending their system, and is moving away from the equalized rate system.

Nursing Limit

Attached is the document called 2003 Desk Rates and Limits. This is a DHS generated report. From the report you can see who is impacted by taking the nursing and therapy limit from today's rate of $87.68 to $74.65. The facilities highlighted in yellow, with a check by their name, are the facilities negatively impacted.

Twenty-five nursing facilities, almost 1/3 (25 of 80 or 31.3%) are affected. Decreasing the nursing limit amounts to $14.5 million in nursing and therapy salaries and positions over the biennium. Statewide hundreds of caregiving positions would need to be cut in these 25 facilities.

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These facilities have the highest nursing costs in North Dakota. This occurs because of a variety of factors, they could include:

- ✓ Have the highest staffing ratios of nursing staff to residents (they have more staff).
- ✓ Have a higher wage and benefit package for their employees
- ✓ Have longer term employees who are earning more
- ✓ Have high turnover
- ✓ Use agency staff

Missouri Slope Lutheran Care Center is the first facility highlighted on the chart. Their nursing costs are $89 per resident per day, with SB 2012 setting the limit at $74.65, they would lose over $1.2 million in nursing and therapy salaries a year. To bring their budget into line they would need to eliminate all their night nursing staff, which would violate state and federal regulations, besides put residents in harms way.

In 2001 you passed HB 1196 which brought great benefits to nursing facility staff and residents. You funded a salary and benefit enhancement which facilities could spend in two ways - 1) increase salaries and benefits or 2) increase your staffing. For the twenty five nursing facilities affected by this cut, some will need to cut the entire enhancement and more. The number one concern of families is staffing, it is believed we don't have enough staff to deliver hands on care. If indeed the nursing limit remains this low, families and residents will notice the difference.

Another example is Lutheran Sunset Home in Grafton. They are currently spending $80.16 per resident per day in nursing. They will need to cut $204,938.94 annually in RN, LPN, and CNA and therapy salaries. Think what impact this will have on their local community. The impact on Bethany Homes in Fargo is over $350,000 annually in their nursing and therapy department. To restore the nursing limit to today's standard you would need to provide another $2.7 million in state general funds.

Nursing Limit			
SB 2012 - 85th	90th	95th	Today's Limit
$74.65	$76.76	$78.75	$87.65

Staffing Standards - How much staff do you need to provide quality care?

North Dakota
North Dakota does not have any minimum staffing requirements.

Federal Government 45 CFR Part 483.25 Quality of Care
"Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practical, physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care."

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Staffing Studies
There have been two reports to Congress on nursing facility staffing. The conclusions:

> "We do not think there is currently sufficient information upon which to base a federal requirement for all nursing facilities."

January 1, 2003 New CMS Requirement - post all your nursing staff on each shift.

Kaiser Family Foundation Study
80% agree nursing facilities do not have enough staff
77% believe staff neglect some residents
63% agree there is not enough regulation.

What do nursing facilities do?
They staff to meet the needs of their residents.

What was the Affect of the Salary and Benefit Enhancement?
Turnover is down in our Caregiving Staff and according to the UND survey, long term care staff are well satisfied. (See yellow handout)

Attached is a second 2003 DHS report where we've added more information. It lists the most expensive nursing facilities to the least expensive nursing facility. The first twenty-five nursing facilities on the list are affected by the nursing limit. The sheet contains information on direct care staffing. The staffing information is taken from the CMS web site and only tracks a two week period of time. The case mix column tracks patient acuity. How sick are the residents you are caring for? Valley Elder Care in Grand Forks has the highest acuity of all nursing facilities.

North Dakota has always done a marvelous job of caring for the needs of its citizens, from the young to the old. We know you have many difficult decisions and you must set priorities. Maybe we can't do all that we are doing today. We believe the decreased limit in nursing is so low, that resident care could be compromised.

Adequate staffing is very important to residents and families. We believe if we told families and residents that rates would decrease, however the effect would be nursing staff would be cut proportionately, what do you think their choice would be?

It would be ideal if we all aged without disability or illness. All of us in this room and in North Dakota want to live out our life being independent. It's difficult not being able to care for oneself and receive care from someone else. Today we have over 6200 individuals receiving skilled, twenty-four hour care in a nursing home. They are there because families can no longer go on giving and in-home services were not sufficient.

The decision to enter a nursing facility for yourself or a loved one is very difficult. Our experience is options are explored and tried by families, prior to considering placement. Although the majority of care is delivered by spouses and adult daughters, not all families are in a position to provide care.

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Nursing facility care and in-home care are serving individuals with distinctly different care needs:

It has been stated that home and community based services are very cost effective alternates to institutional care. It has been stated since the eighties that if we continue to expand and fund in-home services we will "save money." I would like to address that myth. It's a myth because of the following facts:

1. Every biennium, North Dakota continues to spend more on nursing facility care and in-home care.

2. Nursing facilities provide services to individuals who require 24-hour nursing care to meet their medical needs. They need a physicians order for admission and all Medicaid residents must pass a screening to assure their needs require 24-hour nursing and medical care.

3. Services provided by SPED and Expanded SPED are support services, not nursing or medical services provided under RN supervision. Services provided by SPED and Expanded SPED are intermittent services, not 24-hour care. Nursing facility residents would never live and survive with intermittent services, they require 24-hour supervision and care.

4. The General Accounting Office has found that states which attempt to provide care in a home setting as a substitute for nursing home care often find that those seeking home care don't come from nursing homes, but from "out of the woodwork" (meaning they weren't previously receiving Medicaid services). This drives the state's long term care expenses higher, not lower.

5. A University of Wisconsin study found in 1995: "After nearly two decades of experimentation, various approaches to home and community-based long term care have produced disappointing results. With few exceptions, such programs failed to reduce nursing home or other health services use; they added to public long term care expenditures rather than reducing them."

North Dakota is a leader in providing choice:

Do individuals have a "choice" rather than selection of a nursing facility for care? Yes - you make application for placement and it is a voluntary admission. North Dakota is one of the top five states regarding individuals "who pay their own way," the private pay. Individuals who have sufficient income and assets to live and receive care wherever they want and their selection is a nursing facility. Does the Medicaid individual have this same choice - to live in the community? Yes - North Dakota's Medicaid Waiver for the Aged and Disabled provides this option. This waiver helps eligible individuals who are screened in need of nursing home care the option to remain at home or in the community. The waiver gives Medicaid individuals options.

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If we want to make comparisons this is the group most comparable to nursing facility residents. In 2001, North Dakota served on average 282 individuals monthly under this program. Their average cost for support services was $1,333 monthly. These are not medical services and a person must still pay for their own housing and living expenses, OTC drugs, nursing and medical care, therapy, etc. It is cheaper for North Dakota to have people receive waiver services as we are not required to deliver 24-hour care, medical services or cover their living expenses. We support this program and urge all to consider it prior to admission to a nursing facility. SB 2012 fully funds the waiver program and provides choice to all Medicaid individuals. Many individuals require more care and medical services, thus this program may not be a viable answer for everyone.

North Dakota is recognized as a leader in spending state dollars to help people stay at home with intermittent support services. In 1983, along with the Medicaid Waiver program described about, North Dakota started the SPED program. Again based on a social model, not a medical model. North Dakota began helping senior adults and the disabled help live better at home. People who have difficulty with some tasks, however they are not screened in need of nursing facility care. These individuals are not seeking nursing facility placement, nor have they ever been screened in need of such intense care.

In 1994 North Dakota launched another program to give people choice who would otherwise need care in a basic care facility, called Expanded SPED. The program was developed based on the rational that if the state was going to pay for basic care services for low-income individuals, it should also pay for less expensive alternatives to allow those same people to stay in their homes. Again, under this program the state pays for non-medical services and expenses to maintain your home and living expenses must be paid by the individual.

We support this alternative and choice and encourage the state to fully fund this program and restore the $300,000 necessary to serve the current need.

The SPED program is a state created program. We support targeting that program to meet the needs for those with the greatest economic and physical needs. Currently these individuals don't need to be screened in need of basic or skilled nursing care. If your goal is to prevent those most at risk of needing nursing facility care and keep them at home, then tightening up eligibility to serve those with the most care needs is appropriate. If it is your goal to serve those with the greatest economic disadvantage, then changing the asset test as the Senate did would achieve that purpose.

Support services at home and nursing home care are both vital parts of the long term care spectrum. Members of the North Dakota Long Term Care Association believe in the right care, at the right time, in the right place. Clearly, both support services and nursing home care are needed to meet the diverse, long term care needs of this state's rapidly aging population, but we must recognize that, we are caring for vastly different types of individuals.

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I am here today to ask for your support for the residents that can't be here today. Each day they struggle with what we take for granted: eating, dressing, walking, bathing, visiting. They need medical care and services "24 / 7", 365 days of every year. We ask you to restore the nursing limit to where it is today. This is the cost category that pays for the RN, LPN, CNA, and therapy staff. Hundreds of staff will need to be eliminated if funding is not restored to these 25 nursing facilities.

In all nursing facilities the limits (what you are allowed to spend and get paid for) needs to be updated. Over half the nursing facilities are spending more than the allowed limits. Why? It cost more to deliver care and in order to make "equalization of rates" work, the state needs to recognize and pay their fair share. See the 2002 independent consultants recommendations in this area. Under our unique system where nursing home revenue is government controlled, limits must be updated or the system will fail and care will be compromised.

I know I have given you lots of information to think about. I would be happy to address any questions you may have.

Shelly Peterson, President
North Dakota Long Term Care Association
1900 North 11th Street
Bismarck, ND 58501
(701) 222-0660

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Funding Facts on SB 2012 & the Impact on Nursing Facilities

Summary of Budget Exclusions and Dollars Needed to Restore

Funding Source					
Cost to restore this feature	State	Federal	State & Federal Total	Private Pay Loss Dollars	Total Impact of Lost Income
Nursing – 85th to 99th	2,693,139	5,784,973	8,478,112	6,055,794	14,533,906
3% Operating Margin	1,932,211	4,156,667	6,088,878	4,349,199	10,438,077
Incentive	432,302	931,245	1,363,547	973,962	2,337,509
Rebasing	2,100,000	4,503,774	6,603,774	4,715,688	11,319,462
Total	7,157,652	15,376,659	22,534,311	16,094,643	38,628,954

Nursing – 85th to 99th Limit:
Will not pay for nursing costs, RN, LPN and CNAs in nursing facilities that spend in excess of $74.65 per day. This will affect facilities that have increased their staffing to better meet the needs of residents. Not having sufficient staff is the number one complaint of families. This will have a devastating affect on twenty-five nursing facilities, almost 1/3 (25 of 80 or 31.3%) of the nursing homes in North Dakota. This cut will amount to $14.5 million in nursing salaries and positions over the biennium. Statewide hundreds of caregivers will need to be cut. For Missouri Slope Lutheran Care Center in Bismarck this amounts to $1.27 million annually. Cutting over a million in annual staffing would destroy care to residents and put them in harms way.

3% Operating Margin:
The 3% operating margin – loss of this affects all 80 nursing facilities – the total effect of this lost income is $10.4 million over the biennium. The operating margin provides needed cash flow to cover up front salary adjustments, replacement of needed equipment, unforeseen expenses, and dollars to implement even increasing regulations. The operating margin covers the six to eighteen month gap between the cost report and the effective date of rates. Every business, even the non-profit nursing homes need a cushion to operate. Loss of the operating margin will send facilities into a cash flow crisis.

Incentive:
The $2.60 incentive for nursing facilities operating below certain limits. Loss of this affects 36 of 80 nursing facilities (45%). The total affect of this lost income is $2.3 million over the biennium. This incentive has proven effective in reducing expenses in the "indirect care category."

Rebasing:
Rebasing is not part of the Hoeven Budget. Rebasing simply means updating the amount of money available to deliver care. Current limits are based on 1999 costs and have been minimally inflated each year. Inflation adjustments have been so below costs that today, more than half (55%) of the nursing facilities are exceeding at least one limit. An independent consultant, hired by the Department of Human Services to study the nursing facility payment system recommends that limits be rebased every four years and more frequently if spending patterns change significantly. We need rebasing this legislative session or it is anticipated 70% of the nursing facilities will be exceeding limits by the 2005 session. Care will be compromised if this is not addressed. We need $2.1 million in state funds to update nursing facility limits to the June 30, 2001 cost report year.

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Exhibit 23

Testimony before the Senate Appropriations Committee
Regarding Senate Bill 2012
January 14, 2003

Chairman Holmberg, and members of the committee, I am Clyde Leimberer, the Chaplain and Assistant Administrator of The Baptist Home of Bismarck. The Baptist Home provides a continuum of services from independent living to Basic Care and Skilled Nursing care, which, with 141 beds, is the largest share of our work and budget. We are in the study stage in the process of developing programs that fill the gaps in services. I appear to speak against SB 2012 as it stands.

As a result of Senate Bill 1196 from the 57th Legislative Session, we were able to give our staff an increase in salary and benefits that amounted to about a dollar an hour. Before that increase, our staff turnover rate was 60%. Since that increase in wages and benefits our staff turnover rate dropped to 40%.

This current bill, with its cutbacks would more than reverse the good work the last legislature did. The combined proposed cuts amount to over $569,000 per year to us at The Baptist Home. Since approximately 70% of our budget is for salaries and 30% for other overhead such as maintenance, supplies etc. which costs are quite fixed, the only place we can cut is staff. This $569,000 cut would translate into the loss of 16 full time jobs and an additional $1.00 cut in salary and benefits for the rest of our staff.

That kind of cut would, without a doubt, negatively impact resident care, and increase our liability for licensure deficiencies. Staff morale would drop, our staff turnover rate with its added expense would increase and our financial efficiency and viability would decline.

Stepping back a bit from the direct impact to the Baptist Home, I want you to listen again to the themes that keep echoing in the halls of this Legislature: We must keep our young people in the state and we must create good paying jobs to attract more.

Allow me to put the last theme into a question: "How can we create new, good paying future jobs by eliminating or cutting the wages of current established jobs?

The second question I would ask is this: How can we expect to keep young people in our state without paying them adequately?

Having been at The Baptist Home for nine years, I have seen young people stay in our state in health care jobs: I wish you could meet Jolaine. She began working at our facility as a Certified Nursing Assistant some ten years ago. She continued working for us while attending a local School of Nursing. She advanced in our facility to become a staff nurse and more recently has become the nurse in charge of one our nursing units. She and her young family are a great asset to our community.

Adequately funding skilled nursing care is a win-win matter for our state. We win by providing honorable and appropriate care for the folks who built our state and nation, but are now frail and vulnerable. We also win by paying a living wage that will keep our caring young people in this state.

Thank you for your time and support. I would be happy to answer any questions.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

January 31, 2003

Stanley E. Kraft
3088 Manchester Street
Bismarck, ND 58504

Senator Bob Stenehjem
7475 41st Street SE
Bismarck, ND 58504-3200

REPRESENTATIVE RON CARLISLE
REPRESENTATIVE DAVE WEILER
GOVENOR JOHN HOEVEN

Dear Senator Stenehjem:

Eight months ago, I had to place my wife of 36 years in the Special Care Unit at the Benedictine Living Center in Garrison. At that time, Jackie refused to eat, take a bath or even sleep in her own bed. Life was miserable for the two of us.

Today, I'm pleased to say that Jackie is doing much better thanks to the care she is receiving. She is now eating three full meals a day, bathing regularly and sleeping well. The change has been downright miraculous. It's hard to describe the tremendous sense of relief and joy that I get from knowing that Jackie's needs are being met during this difficult stage in her live.

However, I'm troubled by recent stories in the newspaper that suggest funding for nursing homes may be cut substantially this legislative session. I can't imagine the negative impact that such a change would have on my wife, especially knowing that staff would have to be cut. Jackie is in a 16-bed unit that is staffed throughout the day by two nursing assistants. I honestly don't see how the nursing home in Garrison could care for the needs of Jackie and other residents with any fewer employees.

With this in mind, I urge you to support adequate funding for nursing homes. I also think it's important that the trust fund money mentioned in several newspaper stories be use solely for nursing home purposes, as opposed to using the money to cover other budget problems.

I know that you and the other legislators are being asked to make tough decisions regarding our state's future. However, I think that caring for the needs of my wife and others who have dedicated a lifetime to this state should be a top priority. I hope you agree. Thank you.

Sincerely,

Stanley E. Kraft

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Good afternoon Chairman Delzer and members of the committee. My name is Diane Haan and I thank you for the opportunity to share my concerns about a portion of this bill with you.

In October, 2002, my sister & I had to make the decision that most children hope they never have to make for their parents; to place our mother, Erna Rieker, into a nursing facility.

Due to her many health problems, we convinced her to move from Tappen to Bismarck in 1995 to be closer to me and medical facilities. Her health problems continued ...irregular heartbeat, mini strokes and congestive heart failure. I learned how to take her blood pressure & reported to the Dr.

On December 14, 2000 she had a massive stroke and was hospitalized again. She moved in with us for awhile & my sister from Dickinson came to help along with Home Health Care. The medical profession strongly encouraged us to move Mom to a nursing facility at that time. We weren't ready, plus Mom was adamant about living on her own, so we cautiously moved her back to her home & we stayed with her for some time. We found a Home Health Agency that we were comfortable with & they came twice a day to help her and continue her physical therapy. One of us was there daily for a significant amount of time. As time went on, her condition kept declining (more mini strokes) & we were spending extra time there ...if I wasn't there, I had her at my home. She was spending the nights by herself & I would frequently get calls at 2:00 or 3:00AM wondering why I wasn't there to pick her up for church, or why her furnace wasn't working (it was, but she had the thermostat turned the wrong direction). Her medications were being taken improperly and on more then one occasion she started small kitchen fires on her stove and in her microwave. She fell a number of times, once outside in a 67 mph wind, ended up face down in the mud, ice & gravel, unable to get up on her own. Mom's life became all-consuming for my sister and me ...we were trying to be and do everything for her.

In early 2002, we began looking at care facilities ...as time passed it became more evident that she'd need much more care then Assisted Living could offer. Today Mom is receiving excellent care ...the staff at the Baptist Home go above & beyond to maintain the quality of life for their residents. They've allowed Mom to bring her own piano, which even though her skills have diminished, still provides valuable therapy for her.

I understand funding for nursing homes may be cut substantially in this session ...I know that would ultimately result in cuts in staffing. I'm afraid that not only will residents' necessary physical care be in jeopardy, but the care that focuses on the mental and spiritual well being of the residents as well. If the resident/staff ratio is decreased, that staff's sensitivity can be lost in the struggle to provide just the most basic care.

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Since the time of my mother's stroke, we have seen 1st hand the value of both in-home care as well as nursing home care. My mother requires 24 hr care & if we'd hired someone at the minimum wage ($5.15/hr), the cost would be $123.60 a day and there would still be the expense of meals, utilities and normal upkeep on the house as well a nursing consultant. The average cost for a skilled nursing home in North Dakota is $130 a day and there is always a nurse on site who knows her, as well as the activities and social interaction that are available.

My parents operated a cream station in Tappen (and my father farmed). Mom worked extremely hard for a very low income and although out of state friends & relatives encouraged her to move for higher wages, she refused to leave North Dakota. She is a strong willed and proud woman and worked until she was nearly 80 ...just so she could be self-sufficient. She has always "made do" with very little so there wasn't much put aside for retirement.

I know that you are being pulled in many directions & funds are very tight this session. I feel very strongly that people, like my mother, who spent their lives working & contributing to our state deserve to be a top priority for support in their last years. I hope you feel the same way.

Diane Haan
2800 Marina Rd SE
Mandan, ND 58554
701-667-1973

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Theresa A. Lee
Operator's Signature

10-14-03
Date

March 7, 2003

Honorable House of Representatives
600 E. Boulevard Avenue
Bismarck, ND 58505

Dear House of Representative:

How are you? I hope you are doing fine. I would like to voice my opinion on **SB 2012** DHS Appropriation. North Dakota nursing homes stand to loose a lot of money if this bill falls short. And the residents of these nursing home facilities most likely won't receive the due care they need on a daily basis. The residents, they're the people who will fall short if this bill falls short. As the saying goes, "It's all about money." Truly, "it's about people." *It's about Human Life*!!! Respect, care, and giving. From the unborn and young to the aged and dying. It's life! A gift from God.

I'm a caregiver, a husband, and a father. I'm a Certified Nurses Assistant (CNA) at the Missouri Slope Lutheran Care Center (MSLCC) Nursing Home. I enjoy being a caregiver. Whether the resident can speak or not they want to know someone cares. Believe me, they know. A soft touch, holding their hand, a pat on the shoulder, a smile, a push in the wheelchair, a walk down the hall together, a conversation, helping the resident in and out of bed or a chair, helping them to and from the bathroom, dressing them, brushing their teeth, combing their hair, cleaning their glasses, putting their hearing aids in, giving them baths, assisting them with their meals, transferring them back and forth to an activity or church, changing their clothes if they have an accident, etc. It all takes time. It takes *CARE*!

SB 2012 is about a lot of money, and a lot of people. Please give the North Dakota nursing homes the additional funding needed to properly staff and provide quality care for the residents—THE PEOPLE.

I would like to personally invite you to MSLCC to spend some time with me and observe the care the residents receive on a daily basis. This would certainly give you first-hand knowledge of the bill at hand (**SB 2012**). I challenge you to support the elderly residents of the state of North Dakota and provide them with the care they deserve. I, as well as others, pray for your support on this bill.

Sincerely,

Charles Leier, CNA
1808 N. 22nd Street
Bismarck, ND 58501
701-223-6376

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Operator's Signature

10-14-03
Date

Exhibit #21

Testimony on SB 2012
Senate Appropriations Committee
January 14, 2003

Chairman Holmberg and members of the Senate Appropriations Committee, thank you for the opportunity to testify on SB 2012. My name is Terry Goehring, Chairman of the North Dakota Long Term Care Association Board of Directors and am the administrator of the Bottineau Good Samaritan Center, an 81 bed skilled nursing facility.

Today I would like to testify on the importance of rebasing nursing facility costs to the most current cost reporting year. The last rebasing occurred June 30, 1999. The inflationary adjustment that we have experienced in our rates average approximately 2.6%/year. Our actual costs have increased a minimum of 5 to 6% during the same time frame, with liability insurance costs increasing between 90% to as much as 300% and health care insurance costs increasing 20% in our facility. To more effectively control the rising costs of health care insurance, the Good Samaritan Society was able to negotiate a more competitive rate with Blue Cross of Minnesota, however, this resulted in higher deductibles for our staff.

These costs are allocated to the indirect cost category. Presently, there are nearly 50% of the facilities that exceed this limit because the costs associated in the indirect cost category, are difficult to control. Some of these costs are fuel, electricity, liability and general insurance and health insurance. This means that half of our facilities will not fully recover these costs in their rates. Without rebasing this will only continue to have a negative impact on nursing facilities.

Another example of increased costs to our facilities are associated with HIPAA (Health Insurance Portability and Accountability Act) which will be effective in April of 2003, mandated by our federal government. Much cost has already been absorbed, especially this past year as we prepare to meet the requirements of this program. The costs of this will become part of Administration which also becomes part of our indirect care costs.

At the Bottineau Good Samaritan Center, we have reduced our turnover rate from approximately 30% to 18% largely due to the $10.10/day adjustment that was approved by the 2001 legislation. Prior to the $10.10 adjustment, we needed to be more competitive with nursing salaries to continue to enhance retention and recruitment due to the limited work force in our rural areas. These costs, with the exception of the $10.10 adjustment, contributed to our $228,000 loss for 2002.

This is another example of the need to rebase to our most current cost report year. If rebasing does not occur, this gap will continue to grow and become a greater and greater problem, which will impact our staff and negatively impact the quality of care to the residents we serve.

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Theresa A. Lee 10-14-03
Operator's Signature Date

In the last legislative session you directed a comprehensive study of the Nursing Facility Payment System. This is the first time a comprehensive study of the nursing facility payment study has been completed since the inception of the system in 1990.

The study was to be implemented without bias. What I mean by that, is that it was the recommendation of the interim Budget Committee on Human Services to the Department that the independent consultant, communicate and talk with the Department and long term care profession, however, the interim Committee wanted to receive their recommendations based upon their independent review, knowledge and expertise. To us their recommendations would carry their weight in gold because of how the study was directed.

Throughout the study we have appreciated the opportunity to speak with the consultants, provide information and receive draft reports. We were looking to the study to help us quit arguing over the adequacy of the payment study and most notably "how frequently should we rebase (update limits) the payment system."

In the past twelve years the system was only rebased when we asked the legislature for an increase in funding and it was always at the objection of the Department because it was not in the Governor's Budget. It was our hope this study would help answer the question once and for all - how frequently should the system be rebased? What would be seen as fair and equitable by an independent consultant.

Myers and Stauffer LC recommended:

> "We do recommend establishing a maximum number of years between rebasing. We suggest that rebasing occur no less frequently than every four years, with the opportunity to rebase more frequently if spending patterns change significantly. Annual rebasing, while practiced in many states, subjects Medicaid programs to less control in managing their systems."

The department spent close to $80,000 on the payment study. We believe the study is of merit and the rebasing recommendation should be followed.

Thank you for being able to provide testimony on SB 2012. I will be glad to answer any questions.

Terry Goehring, Administrator
Bottineau Good Samaritan Center
725 East 10th Street
Bottineau, ND 58318
(701) 228-3796

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Theresa A. Lee
Operator's Signature

10-14-03
Date

GENE HYSJULIEN • 03.17.03

Marilyn A. Rudolph
09/18/01 02:16 PM

To: Gene A. Hysjulien/DHS/NoDak@NoDak
cc:
Subject: Just a note.

Paul and I met to discuss the upcoming administrators' meeting and I wanted to let you know we discussed his frustration with the "Older Blind Program" in that he feels in the dark as far as projecting expenses and the difficulty getting a clear picture of the budget. He will visit with you. I am fully in favor of hiring and sharing an FTE Vision Specialist out of Minot but need your direction as to who should tell Stan. I guess I think that should come from the Division. We continue to deal and struggle with a corrective action plan for Craig and Diane's very poor deteriorating health. She has approached Paul about part time. We may need to visit with you at the Nov Conf. Thanks Gene, just wanted to give you a heads up on these items.

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Theresa A. Lee
Operator's Signature

10-14-03
Date

Gene A. Hysjulien
09/17/01 09:52 AM

To: Marilyn A. Rudolph/DHS/NoDak@NoDak
cc: Paul H. Jorgenson/DHS/NoDak@NoDak, David A. Snyder/DHS/NoDak@NoDak, Larry G. Lane/DHS/NoDak@NoDak
Subject:

[redacted] request that you, and the others referenced above, update your information and reasons for requesting to hire and submit the Department's forms for the request with your rationale.

Please feel free to contact Mike Beck for information that he has regarding a recent contact that Fiscal had in this regard and their response. It includes data that might be useful as you prepare your request to hire.

Following my receiving the above, I will take the appropriate action.

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Theresa A. Hall
Operator's Signature

10-14-03
Date

Colleen M. Stockert

To: [redacted]
cc: Gene A. Hysjulien/DHS/NoDak@NoDak, James D. Leary/DHS/NoDak@NoDak, Mike R. Beck/DHS/NoDak@NoDak
Subject: Request for Vision Specialist

Below is the information that has been pulled together as a rationale for hiring a vision specialist to cover the Minot and Williston regions. Please review this information and let Gene, Jim, Mike or I know if you have any questions or concerns.

Colleen
---- Forwarded by Colleen M. Stockert/DHS/NoDak on 01/02/02 11:25 AM ----

Larry G. Lane
12/24/01 12:00 PM

To: Gene A. Hysjulien/DHS/NoDak@NoDak
cc: David A. Snyder/DHS/NoDak, Marilyn A. Rudolph/DHS/NoDak@NoDak, James D. Leary/DHS/NoDak@NoDak, Cheryl A. Wescott Wetsch/DHS/NoDak@NoDak, Mike Beck@NoDak, Colleen M. Stockert/DHS/NoDak@NoDak, Paul H. Jorgenson/DHS/NoDak@NoDak
Subject: Request for Vision Specialist

Paul Jorgenson and I would like to submit a request to have a Vision Specialist hired to serve Region I and Region II in cooperation with the Vision Specialists who serve the regions surrounding our area. We have put together a position paper which outlines our feeling toward this issue. The Position Paper along with supporting documents are attached to this e-mail. Addendum 1 is copied from an e-mail Colleen Stockert prepared and sent to you, Jim Leary and Mike Beck on November 22, 2001 and Addendum 2 is copied from an e-mail Mike Beck sent to Paul on November 29, 2001. We have discussed this information with our respective Human Service Center directors and have been given approval to move the request forward to your office.

Colleen and Mike have succinctly addressed the economic issues in the Addendums attached. Paul and I have attempted to address some of the less tangible issues but certainly important issues that would enhance the services we should be providing to the Older Blind population in our regions. We feel that a very good case for change could be made using either hard economic issues or the soft, less tangible issues and when they are put together the reason for change, in our opinion, is overwhelming.

We feel that the sooner a decision can be made, the better it will be for our citizens who fit into the Older Blind category. If you have any question which need to be addressed before a decision can be made, either Paul or I would be most happy to visit with you.

Thank you very much for your consideration of our request.

[redacted] Vision Specialist.d[redacted]ADDENDUM 1.d[redacted]ADDENDUM 2.do

Larry Lane
82lanl@state.nd.us <work> 701-857-8652
lmlane@ndak.net <home> 701-838-6708

Think of all the beauty
still left around you
and be happy.

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10-14-03
Date

Position Paper Regions I and II on Vision Rehabilitation Specialist

We have reviewed the benefits and costs surrounding the possible return to having a Vision Rehabilitation Specialist on staff to serve the Older Blind population in Region I and Region II. The following are some of the points to be considered in making the decision regarding filling the position of Vision Rehabilitation Specialist for this area.

The cost per individual served in the Older Blind Program has significantly increased during the past few years. The cost per individual served in the first half of 2000 increased approximately 90% over the cost per individual served in 1998 in the Region II. The increase between 1998 and the current spending plans this year in Region II show an increase of approximately 172% per individual. Region I has experienced an increase in the cost per individual served that parallels the changes noted by Region II.

Since 1998 the number served in Region II has doubled, as money has become available. It appears more individuals could be served if more resources were available. The two regions appear to be spending money at a rate that would be very difficult if not impossible to sustain over the course of a biennium. With more service hours available it is likely that more persons in the older blind category would receive services.

The projected cost for a Vision Rehabilitation Specialist would be approximately $3650 per month. This amount equates to the purchase of approximately 76 hours of service under our current system. We would have the Vision Rehabilitation Specialist available to provide services for approximately 160 hours a month thus increasing the number of older blind contacts which could be made for a similar cost. A more detailed assessment of the cost/benefit ratio is very well documented by Colleen Stockert in the document we have labeled Addendum 1. This clearly shows that hiring a full time Vision Specialist on staff would significantly reduce costs for our regions.

The visibility of both the North West Human Service Center and the North Central Human Service Center as well as Vocational Rehabilitation in general would be significantly enhanced. The Vision Rehabilitation Specialist would be an employee of the Department of Human Services and thereby more easily identified with our programs.

Durable goods purchased by this department would be more likely returned to our agency when the individual for whom they were purchased no longer needs them. This would come about by the stronger connection between the source of funding and the person receiving the goods. The cost of purchasing durable goods appears to be significantly increased by going through a retail provider (Trinity) rather than seek out the goods at a national distributor. In getting bids for equipment for some of our 110 clients we have found Trinity to be quite competitive however as documented in Addendum 2, some items appear to cost almost double of what they could be purchased for on the open market. A person recommending items who had no direct benefit from their purchase would seem to be a reasonable safeguard.

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10-14-03
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Having a Vision Specialist on staff would greatly benefit our Rehabilitation Consultants in that they would have an expert to consult with on any vision issue. This should enhance service to our younger clientele. We have concern regarding our case finding with the younger population within the Older Blind group. The Williston region did not have any new clients younger than 70 years of age during FFY 00 and the Minot region had only two clients younger than 70 years of age out of the forty-eight new clients of the same period. The addition of an on staff person would allow for better oversight of contacts with referral sources. A significant part of the population in the Minot area have started seeking medical services from Bismarck and those needing Older Blind services who go to other than the facility that our outside vendor serves may not be getting proper identification and services.

Supervision and accountability would be more closely tied to the source of the funding. Decisions regarding any need to reduce spending for durable items could be made in a timelier manner.

With a Vision Rehabilitation Specialist in all regions of the state we would be in a better position to coordinate our services and work together in providing quality services to all areas. An example would be to use the Vision Rehabilitation Specialist from Devils Lake, with a smaller population, to serve the eastern area of Region II, possibly Bottineau and Rugby. The Vision Rehabilitation Specialist from Dickinson, also a smaller population area could serve McKenzie County. This type of cooperation would free more time for the new Vision Rehabilitation Specialist to serve the remaining parts of Region I and Region II. Services not able to be provided by a Vision Rehabilitation Specialist could be purchased as needed under terms similar to our present service delivery system.

The benefits appear to significantly outweigh the costs and we therefore recommend that the leadership of the Department of Human Services hire a full time Vision Rehabilitation Specialist to serve Region I and Region II in cooperation with Vision Rehabilitation Specialists from the other regions surrounding these two regions.

Paul Jorgenson
Regional Office Administrator
Vocational Rehabilitation
Region I

Larry G Lane
Regional Office Administrator
Vocational Rehabilitation
Region II

December 24, 2001

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Operator's Signature

10-14-03
Date

Addendum 2 prepared by Mike Beck (copied from e-mail dated 11/29/2001)

I have already given this information to Colleen.

At this point I feel comfortable (given the lack of details from Trinity) providing a comparison of four of the items. (I can see where staff unfamiliar with the products would have problems).

Item 1. 4X magnifier with electric handle
I believe Trinity is referring to an Eschenbach product. The lens and handle are priced separately.

	Trinity	Lighthouse/Mattingly International
Lens - Eschenbach #1544-93	$74.00	$41.30
Trinity model number is 2526T		
Mattingly model number is 2526		
Handle - Eschenbach #1599-204	$145.00	$103.85
Trinity model number is 2570T		
Mattingly model number is 2570		

Item 2. Halogen battery handle
Again, I believe it is an Eschenbach product. Works with item number 1. Makes it portable.

	Trinity	Lighthouse/Mattingly International
Eschenbach #1591-704	$54.00	$29.05
Trinity model #2572T		
Mattingly model #2572		

Item 3. 7X pocket magnifier
I believe Trinity is referring to another Eschenbach product.

	Trinity	Lighthouse/Mattingly International
7X - Eschenbach #1510-704	$52.00	$28.20
Trinity model #3998T		
Mattingly model #3998		

Item 4. Liquid Level, "Easy Say Stop" brand.

	Trinity	Lighthouse/Mattingly International
Trinity model #0638T	$24.00	$12.00
Mattingly model #0638		

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Theresa A. Bell
Operator's Signature

10-14-03
Date

GENE HYSJULIEN. 03.17.03

North Dakota Department of Human Services
Average Older Blind Expenditures by Region
Federal Fiscal Year 2001 (10/1/00 - 9/30/01)

Region	Total Expenditures	Less CCTVs	Net Expenditures	Clients Served	Average $ per Client
81	37,630	9,570	28,060	45	624
82	78,156	7,975	70,181	68	1,032
83	65,969	36,685	29,284	167	175
84	55,890	19,140	36,750	102	360
85	59,011	25,520	33,491	161	208
86	47,486	15,950	31,536	97	325
87	51,313	19,140	32,173	170	189
88	50,320	28,710	21,610	75	288
Total	445,775	162,690	283,085	885	320

NOTE: CCTV's were a one-time purchase due to one additional grant in FFY 2001 as Older Blind changed from a Discretionary Grant program to a Formula Grant program. The Department does not usually purchase CCTV's due to the cost, but it was a need and with the limited time allowed to use the federal grant funds the decision was made to purchase CCTV's and request that they be returned to the Department to be used by other clients when people are no longer using them.

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10-14-03
Date

North Dakota Department of Human Services
Older Blind Program
Justification for Hiring Vision Specialist in Regions 81 and 82

Adaptive Aids and Devices 99-01 Biennium

Region	Total Spent	Clients Served	Avg. Cost per Client
81	21,949	59	372
82	46,872	116	404
83	16,154	140	115
84	13,606	59	231
85	14,917	139	107
86	9,579	71	135
87	10,193	88	116
88	6,471	64	101
Statewide	139,741	736	190

Direct Client Services Excludes aids/devices 99-01 Biennium

Region	Total Expenditures
81	33,000
82	66,827
83	37,482
84	50,308
85	46,316
86	26,871
87	50,216
88	32,320
Total	343,340

NOTE: Average cost per client in regions 83 - 88 is $126 ($70,920/561 = 126)

Cost to Hire Vision Specialist in Williston/Minot

Salary/Fringes	56,000	
Travel	13,000	(Estimated 1 overnight trip to Williston per week at $125/trip)
Rent	4,200	(Est. $250/month with 70% paid by Older Blind/30% Basic Support)
Aids/Devices	26,250	(Est. $150/client and 175 clients for the biennium)
Estimated Total	99,450	

99/01 Actual Costs in Williston/Minot

Purchased Direct Time	93,337
Aids/Devices	68,821
Staff	6,490
Total	168,648

Projected Savings* 69,198

* The budget would not be reduced, we would just be able to use these "savings" to provide additional adaptive aids/devices statewide which will help to provide for unmet needs in this program

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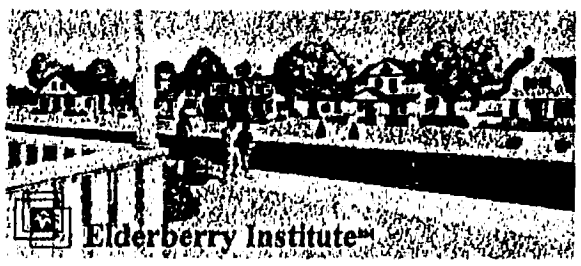
Theresa A. Lee 10-14-03
Operator's Signature Date

The Growing Needs of Elders in North Dakota

- 86% of top graduates have left North Dakota
- Only 6 ND counties grew in population between 1990 and 2000
- ND leads the nation with the fastest growing population of people 85+
- Almost 20% of ND's population will be older than 60 by 2010

The Living at Home/Block Nurse Program



Helping Elders Stay at Home

What is a Living a Home/Block Nurse Program?

- In broadest terms, it is a neighborhood or community owned Program offering whatever support is needed to help elders remain in their homes safely and independently for as long as possible. It is "neighbors helping neighbors" in the best sense of the word.

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10-14-03
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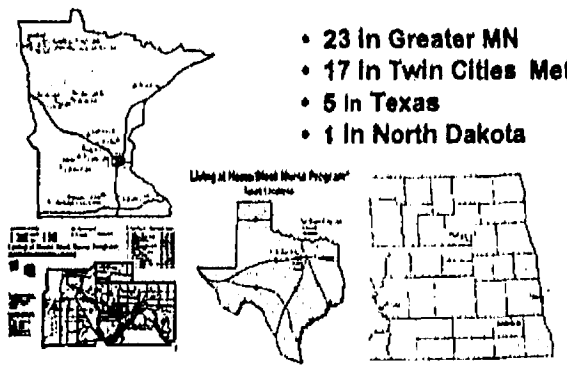
What is a Living a Home/Block Nurse Program?

- It is also a strategy to enhance and build a sense of community and establish commitment to elders within a neighborhood or community. Since the consolidation of schools and loss of many services, there tends to be a sense of loss of community. The LAH/BNP helps to rebuild this sense of community.

Locations of Existing Programs



- 23 in Greater MN
- 17 in Twin Cities Metro
- 5 in Texas
- 1 in North Dakota

The Living at Home/Block Nurse Program helps:

- **Individual elders**- helping them remain in their homes as independently as possible with the use of appropriate services
- **Families**- providing information, support / respite services, and training for family members to help their elderly loved ones
- **Communities**- providing support for elders and keeping the area vibrant socially and economically

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What makes the Living at Home/Block Nurse Program unique?

- It is *Community Based*
- It is *Customizable*
- It is *Creative*
- It is *Collaborative*
- It is *Cost Effective*

What makes the Living at Home/Block Nurse Program unique?

- It is *Community Based*
  - Local board ownership
  - Not done to and for the community
  - It is done with and by the community
  - Funded through public-private partnership effort
  - Neighbors helping neighbors

Avg. Number of Direct Service Volunteers Per Program

- During 2001-2002, LAH/BNPs recruited and managed an average of 64 volunteers per Program.

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What makes the Living at Home/Block Nurse Program unique?

- It is *Customizable*
  - Guiding Principles provide a general standard for all Programs
  - Local Boards decide how they will apply those principles in their communities
  - Programs work to creatively "fill the gaps" in their area's services for seniors

What makes the Living at Home/Block Nurse Program unique?

- It is *Creative*
  - Programs demonstrate "proactive outreach"
  - Staff and volunteers build trust relationships
  - Programs provide creative service coordination

What makes the Living at Home/Block Nurse Program unique?

- It is *Collaborative*
  - Programs do not duplicate existing services, but work with them.
  - They provide a "one stop shop" for elders. They work with existing resources, and help create new community resources as needed.
  - Programs partner with a Medicare certified home health agency to provide nursing services

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What makes the Living at Home/Block Nurse Program unique?

- It is *Cost Effective*
  - In 2001-2002, 31 local Programs in MN helped 835 elders stay out of nursing homes a total of 6,240 months, for a care-related cost savings of nearly $12.5 million.
  - For every dollar invested in a LAH/BNP, the result saves four dollars in nursing home costs. Keeping one person at home for a year who would have been in a nursing home on Medicaid will more than pay for the cost of investing $20,000 in each Program annually.

What makes the Living at Home/Block Nurse Program unique?

- It is *Cost Effective*
  - Programs enhance communication and service coordination, focusing on prevention and early intervention
  - LAH/BNPs keep the "worried well" out of the clinic and ER
  - They get the sick into treatment quickly
  - They get the hospitalized patient back home sooner and safely

2001-2002 Sample Program Operating Expenses

Rural MN Average:	$37,307
Argyle, MN Expenses:	$36,207
Rothsay, MN Expenses:	$44,207

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Operator's Signature — Date

How are Living at Home/Block Nurse Programs Funded?

All are funded by a partnership of funding sources:

- Local community funding
- Foundation grants
- Government funding- state & local
- Local boards are responsible for obtaining sufficient funding

How does a community start a Living at Home/Block Nurse Program?

- Organize a steering committee
- Contact Elderberry Institute
- Research and outreach to the community to learn its needs
- Begin providing volunteer services
- Fundraise for needed local funds to partner with other foundation & public funds
- Partner with a Medicare certified home care agency (about 2 years after starting)

What can Elderberry Institute Do to Help a Community?

- Provide ongoing, comprehensive consultation/advice about applying the LAH/BNP model (through website, staff & community coaches)
- Provide tools to make your job easier (website, database, template documents, etc.)
- Participation in network of all LAH/BNPs
- Ongoing educational/training, identify new opportunities
- Much more...

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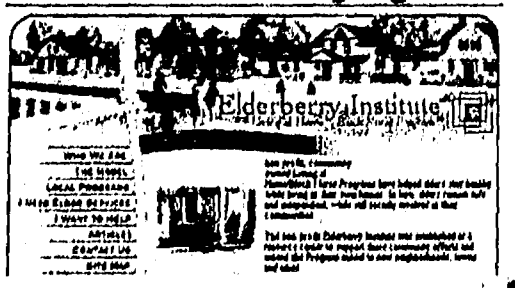
What so we need from the North Dakota Legislature?

- Understanding of the benefit of the LAH/BNP as a proven, cost effective model for helping elders in rural communities to live independently for as long as they can.
- A willingness to explore a pilot effort funded in part by the North Dakota legislature in partnership with other local funders (Enderlin is an example). A public-private partnership.
- A willingness to work in consultation with Elderberry Institute to develop appropriate legislative language for such a pilot effort in North Dakota.

Visit our new website at www.elderberry.org



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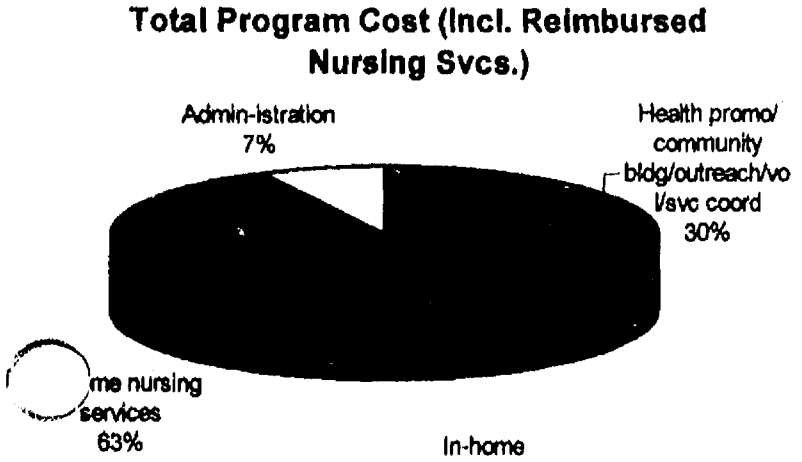
Living at Home/Block Nurse Programs (LAH/BNPs)

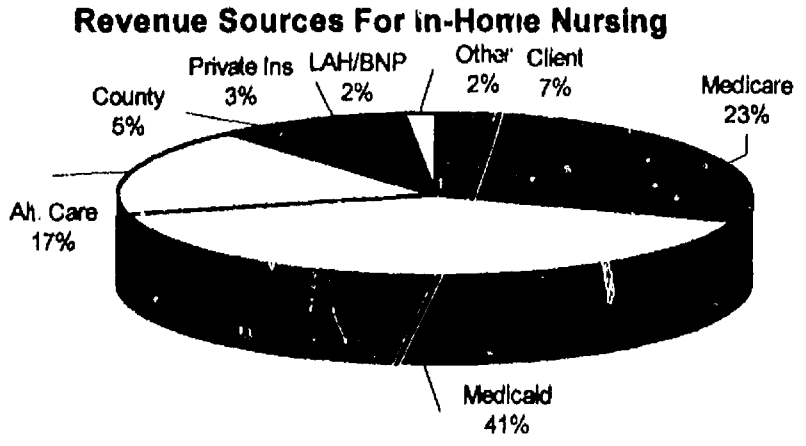
17 LAH/BNPs Reporting

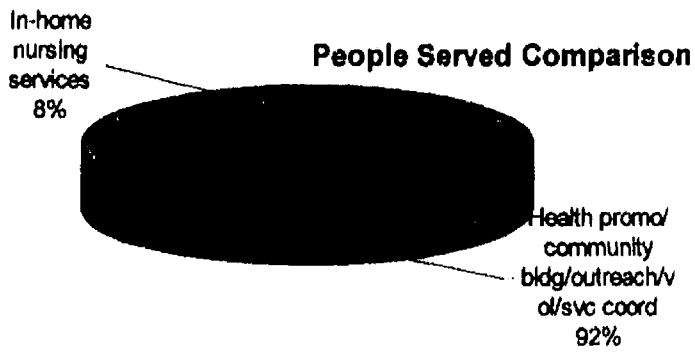
Rural Totals

Cost & Services Estimates (FY 2001 - 2002)

ost & Service Category	Service Units	Annual Cost	Cost/Unit Year	Cost/Unit Month
Health promo/community bldg./outreach		$ 177,449		
Volunteer/Service Coordination		$ 288,518		
Total health promo/community bldg/outreach, volunteer/service coordination (people served)	4,926	$ 465,967	$ 94.59	$ 7.88
In-home nursing services (people served)	427	$ 994,883	$ 2,329.94	$ 194.16
Total people served	5,353	$ 1,460,850	$ 272.90	$ 22.74
Volunteer Hours	33,394	NA		
Administration	NA	$ 117,587	NA	NA
Total	NA	$ 1,578,437	NA	NA







Nursing Home Admissions Delayed/Averted (FY2000-01)

Number of Persons:	327	
Number of Months:	1,958	
Estimated nursing home cost if admitted:	$ 6,218,608	total
	$ 3,731,165	care related (est at 60% of total)
Estimated LAH/BNP cost for delaying/averting NH admits	$ 295,115	
Estimated cost savings due to LAH/BNP:	$ 5,923,493	total
	$ 3,436,050	care related

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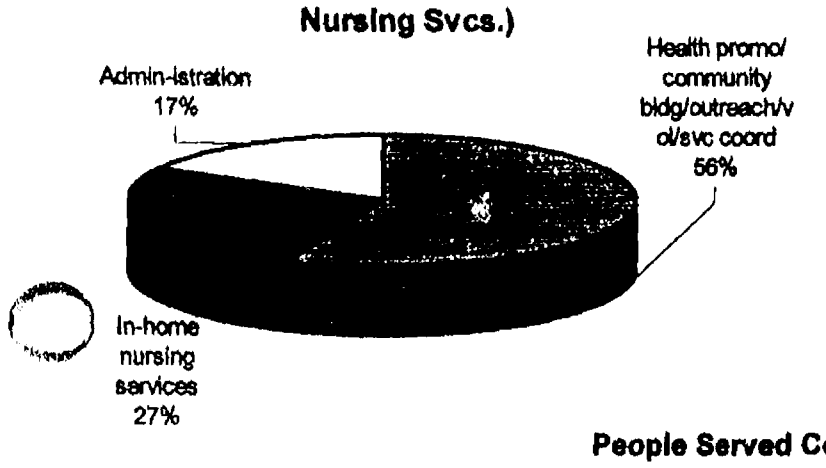
Living at Home/Block Nurse Programs (LAH/BNPs)

PARTNERS Rothsay LAH/BNP

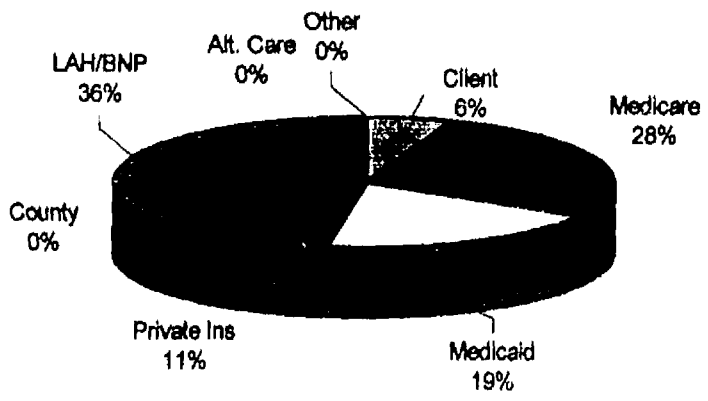
Cost & Services Estimates (FY 2000 - 2001)

Cost & Service Category	Service Units	Annual Cost	Cost/Unit Year	Cost/Unit Month
Health promo/community bldg./outreach		$ 6,491		
Volunteer/Service Coordination		$ 22,715		
Total health promo/community bldg/outreach, volunteer/service coordination (people served)	53	$ 29,206	$ 551.06	$ 45.92
In-home nursing services (people served)	24	$ 13,842	$ 576.76	$ 48.06
Total people served	77	$ 43,049	$ 559.07	$ 46.59
Volunteer Hours	885	NA		
Administration	NA	$ 8,950	NA	NA
Total	NA	$ 51,999	NA	NA

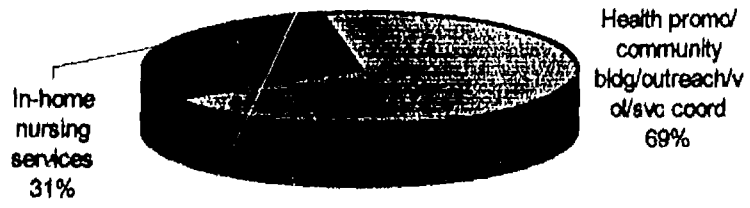
Total Program Cost (Incl. Reimbursed Nursing Svcs.)



Revenue Sources For In-Home Nursing



People Served Comparison



Nursing Home Admissions Delayed/Averted (FY2000-01)

Number of Persons:	19		
Number of Months:	104		
Estimated nursing home cost if admitted:	$ 330,304	total	
	$ 198,182	care related (est at 60% of total)	
Estimated LAH/BNP cost for delaying/averting NH admits	$ 4,999		
Estimated cost savings due to LAH/BNP:	$ 325,305	total	
	$ 193,184	care related	

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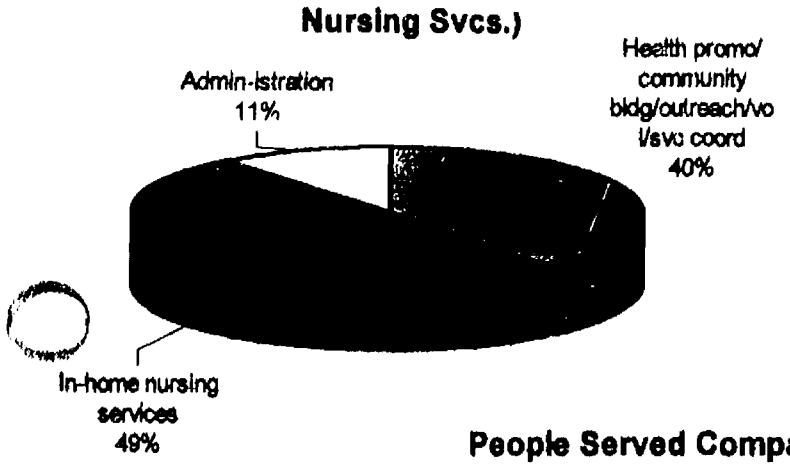
Living at Home/Block Nurse Programs (LAH/BNPs)

Argyle LAH/BNP

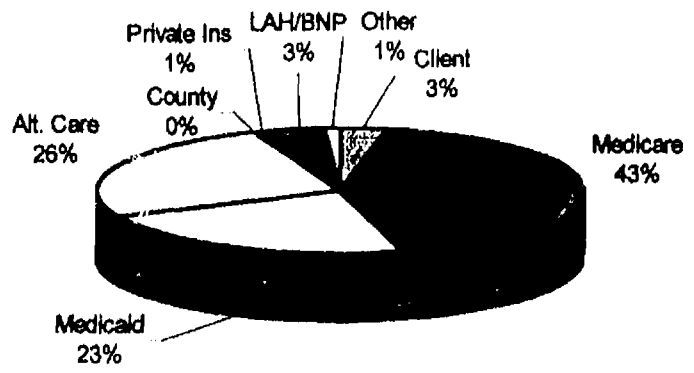
Cost & Services Estimates (FY 2001 - 2002)

st & Service Category	Service Units	Annual Cost	Cost/Unit	
			Year	Month
Health promo/community bldg./outreach		$ 10,138		
Volunteer/Service Coordination		$ 16,293		
Total health promo/community bldg/outreach, volunteer/service coordination (people served)	184	$ 26,431	$ 143.65	$ 11.97
In-home nursing services (people served)	12	$ 33,125	$ 2,760.40	$ 230.03
Total people served	196	$ 59,556	$ 303.86	$ 25.32
Volunteer Hours	3,795	NA		
Administration	NA	$ 7,241	NA	NA
Total	NA	$ 66,797	NA	NA

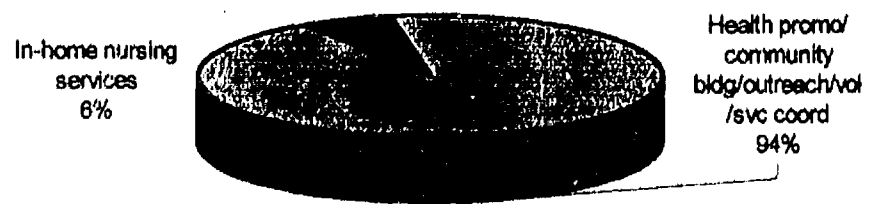
Total Program Cost (Incl. Reimbursed Nursing Svcs.)



Revenue Sources For In-Home Nursing



People Served Comparison



Nursing Home Admissions Delayed/Averted (FY2000-01)

Number of Persons:	12		
Number of Months:	89		
Estimated nursing home cost if admitted:		$ 282,664	total
		$ 169,598	care related (est at 60% of total)
Estimated LAH/BNP cost for delaying/averting NH admits		$ 20,473	
Estimated cost savings due to LAH/BNP:		$ 262,191	total
		$ 149,125	care related

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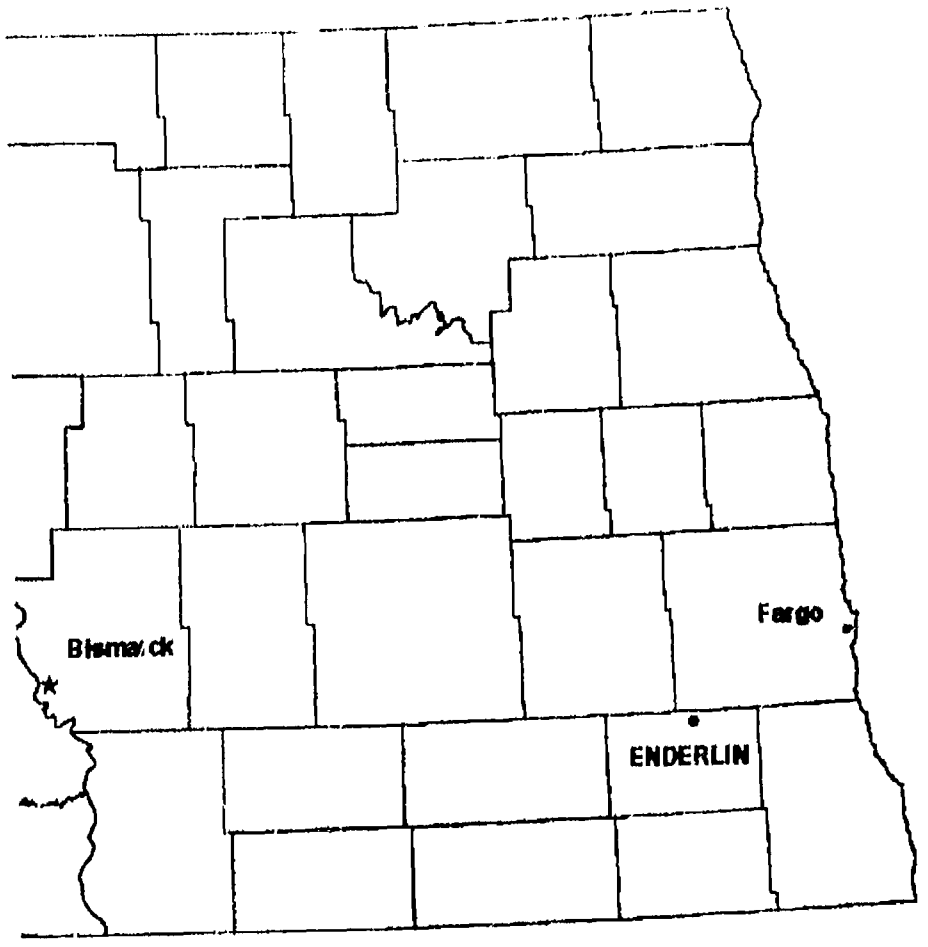
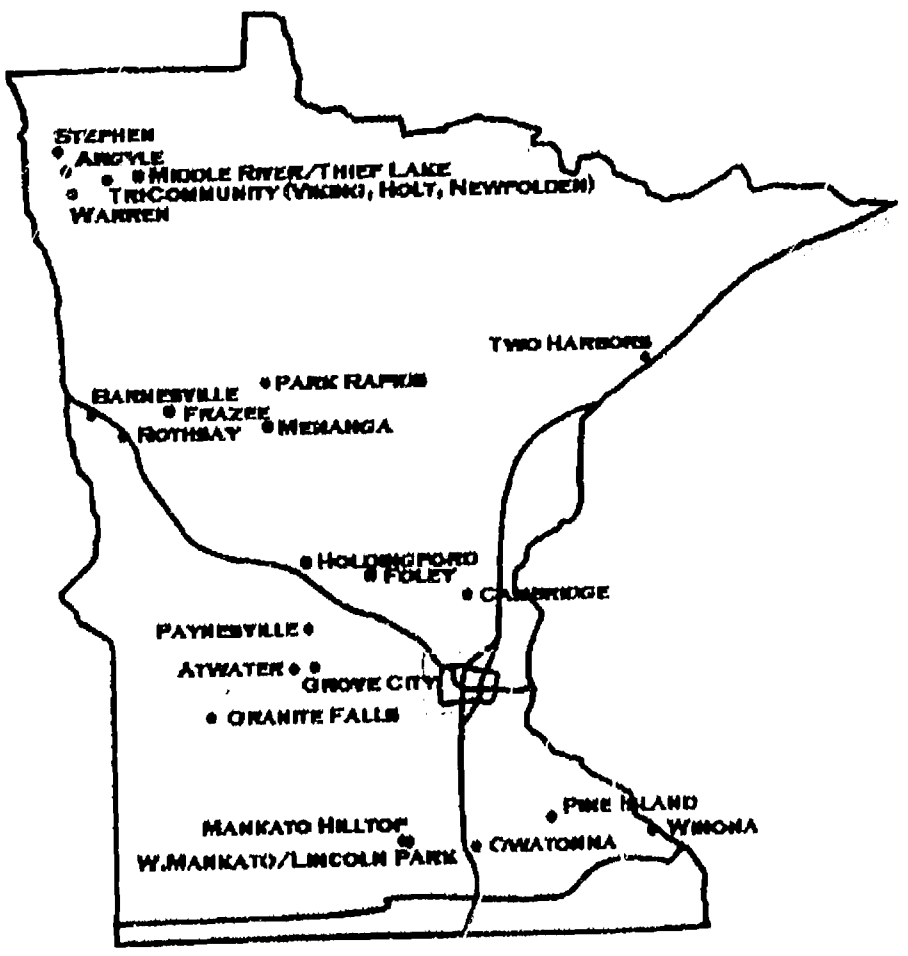
Rural Living at Home/Block Nurse Programs in ND and MN
(Local Programs indicated by •)





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Our Mission:

Recognizing the importance of enabling elders to remain independent and in their own homes and communities and

Recognizing the ability of local neighborhoods to integrate and make easily accessible the in-home health and social services needed, Elderberry institute works to:

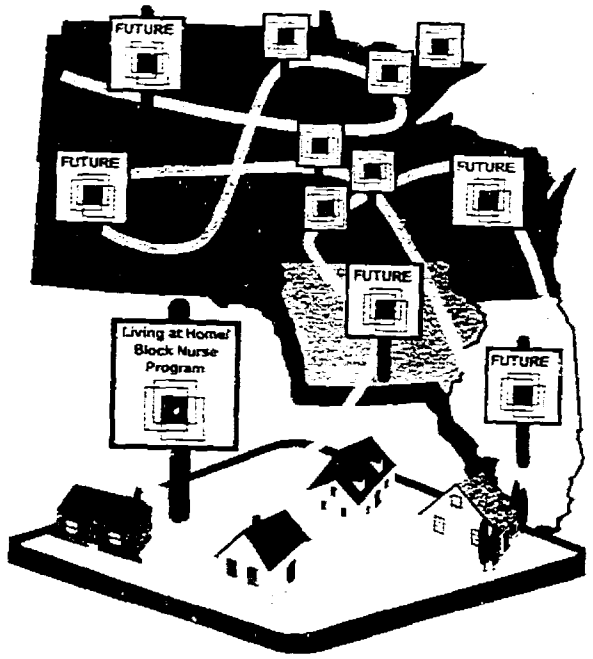
- Assist local communities to develop and sustain Living at Home/Block Nurse Programs, and
- Effect societal change that will encourage and support on-going neighborhood based long-term care systems.

Our Staff:

The Institute's staff partners with a growing team of Community Coaches to provide consultation and resources to citizens interested in establishing a Living at Home/Block Nurse Program in their communities.

Our Commitment:

Elderberry Institute is a non-profit resource center that helps local communities develop and maintain their own Living at Home/Block Nurse Programs. The Institute is committed to providing technical support and assistance for communities nationwide (with an initial focus on the Heartland) to help them help their elders stay at home.



Elderberry InstituteSM

475 Cleveland Ave. North, Suite 322
St. Paul, MN 55104
Phone: 651.649.0315
Fax: 651.649.0318
Email: elderb@elderberry.org

Elderberry Institute℠

Supporting and extending the **Living at** *Home/Block Nurse Program*℠ *for elders nationwide.*

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Elderberry Institute SM

Services and Resources:

Investigating Communities– *Interest expressed*	**Fee**
Unlimited telephone/email consultation	None
Onsite meeting(s)	None
Marketing materials	None
Public side of www.elderberry.org website	None

Organizing Programs– *Letter of Intent + 9 Months*	**Fee**
Unlimited telephone/email consultation	None
Elderberry Institute staff or Community Coach visits	None
Marketing materials, database tool (w/ conditions)	None
Ability to apply for seeding funds (if available)	SFFS

Startup Programs– *Founder's Agreement - Nursing Contract*	**Fee**
Unlimited telephone/email consultation	FS
Elderberry Institute staff or Community Coach visits	FS
License to use the federally registered service mark and logo	FS
Participation in network of local Living at Home/Block Nurse Programs	FS
Group general liability umbrella insurance coverage at cost	TBD
Training and access to private side of www.elderberry.org website	FS
Installation of Elderberry Database Tool and training in its use	FS
Assistance with non-profit establishment & nursing partnership	FS
Review and comment on grant proposals, participation in collaborative fundraising opportunities	FS

Existing/Mature Programs– *Nursing Contract forward*	
Unlimited telephone/email consultation	FS
Elderberry Institute staff or Community Coach visits	FS
Ongoing telephone/email support for Database Tool	FS
Upgrades to Database Tool at additional cost	TBD
Outcomes reporting assistance	FS
Education sessions and annual network meetings	FS
Advocacy on behalf of Programs to government entities	FS
Network-wide statistical analyses	FS
All applicable services & resources for Startup Programs	

Additional Program Services– *Additional fees possible*	**Fee**
Fiscal agent services	TBD
Contract management services	TBD
Reporting management services	TBD
Assistance with/production of legislation	TBD
Strategic planning session facilitation for Program boards	TBD
Board retreats (training)	TBD
Computer/technology consulting	TBD

FS- Included in Fee Schedule
TBD- To be determined on case by case basis
SFFS- Seeding Fund Fee Schedule

This listing of Services and Resources obtainable through Elderberry Institute is not intended to be an exhaustive catalog of all the assistance available. The list is offered here to give communities an idea of the kinds of assistance that are provided. The Fee Schedule mentioned above is included in the Founder's Agreement. Copies of the Founder's Agreement, Fee Schedules and other documents may be requested at no cost from Elderberry Institute.

Minnesota LAH/BNP Sites

Saint Paul Programs	
Como Park	651-642-1127
Conway Battle Creek	651-793-8190
Hamline/Midway*	651-209-6542
Highland	651-696-8425
Macalester-Groveland	651-690-5291
Merriam Park	651-646-2301
NorthEnd-South Como	651-487-5135
Payne-Phalen	651-774-0344
Roseville*	651-604-3720
St. Anthony Park	651-642-9052
Summit Hill	651-222-7884
Summit University	651-227-1367
West 7th	651-298-5493
Minneapolis Programs	
Longfellow/Seward	612-729-5799
Nokomis	612-729-5499
Southeast Seniors	612-331-2302
Greater Minnesota Programs	
Argyle	218-437-8431
Atwater	320-974-8737
Barnesville	218-354-7090
Cambridge	763-689-1881
Frazee*	218-334-4501
Granite Falls	320-564-3235
Grove City	320-857-2274
Holdingford*	320-746-2449
Mankato Hilltop	507-345-2618
Menahga*	218-564-4538
Middle River/Thief Lake	218-222-4466
Owatonna	507-455-7648
Park Rapids	218-732-3137
Paynesville	320-243-5144
Rothsay PARTNERS	218-867-1234
Stephen	218-478-3834
Tri-Community MOVERS*	218-874-2256
Two Harbors	218-834-8024
Warren	218-745-4005
West Mankato/Lincoln Park/Skyline	507-345-2985
Winona	507-457-6400

*Indicates Startup Program (all services not yet available)

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Theresa A. Lee — 10-14-03

Operator's Signature — Date

Each local Living at Home/Block Nurse Program℠ is part of a growing network of LAH/BNPs. If you or someone in your family needs help, can provide help (either as a volunteer or as paid staff), or are able to offer a financial contribution, contact your local Program.

TEXAS

Fort Worth Programs

NSEAM	817-332-7911x15
Amistades	817-625-1543

Greater Texas Programs

Good N.E.W.S. (Azle, Springtown)	817-444-8662 817-220-8309
Keene Kares	817-558-7674
Winnsboro*	903-342-1106

*Indicates Startup Program (all services not yet available)

Elderberry Institute℠

475 Cleveland Ave. North, Suite 322
St. Paul, MN 55104
Email: elderb@elderberry.org
www.elderberry.org
800-320-1707 • 651-649-0315

Supporting and extending the Living at Home/ Block Nurse Program℠ for seniors nationwide.

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Key Statistics:

- The Program started in St. Anthony Park, MN in 1981.
- Currently there are 37 local Programs in Minnesota and 5 in Texas.
- In FY 2001, a total of 741 elders were kept out of nursing homes a total of 5,647 months.
- This resulted in an estimated savings to elders, their families, and the public of $10,843,000.

Also in 2001:

- Individual elders served in local community Programs: 10,850.
- In-home nursing services were provided for 977 elders.
- Volunteers provided 53,144 hours of direct service to elders.

Elderberry Institute℠

Provides the blueprint and assistance for communities wishing to build their own Living at Home/ Block Nurse Program℠ and supports existing local Programs. Always seeking individuals and small groups of community people who recognize the need for Programs in their neighborhoods or communities and will become Founders. Please contact us if you are interested.

Living at Home/
Block Nurse Program, Inc.℠

Elderberry Institute℠
475 Cleveland Ave. North,
Suite 322
St. Paul, MN 55104
651-649-0315
1-800-320-1707
651-649-0318 (FAX)

The Living at Home/ Block Nurse Program, Inc.℠

The Living at Home/Block Nurse Program℠ organizes neighbors within communities to offer whatever assistance is needed to help elders continue living in their homes for as long as possible.

Neighborhood volunteers and caring health professionals provide a variety of services that help elders remain safe and independent while enhancing the aspect of

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The Purpose of the Living at Home/Block Nurse Program

1. Provide assistance to elder adults that enables them to remain safe and independent in the homes they love.

2. Promote a community-based model of care for elders. It provides them with support from their neighbors in a volunteer and/or professional capacity.

3. Demonstrate a model of health promotion and home care that enhances quality of life and is cost effective.

Unique Features

- Recognizes elders as vital members of the community.
- Offers support and services to any person over 65 living in the community regardless of ability to pay.
- Responds to a wide variety of needs.
- Coordinates services within the community that support an elder's desire to keep living in their own home.
- Utilizes existing agencies/services where appropriate.
- Uses volunteers to provide many of the social and support services free of charge.
- Builds a "neighborly" connection with elders because volunteers and health professionals live within the community.
- Provides respite support for family members caring for an elder.
- Offers a range of health promotion/health education opportunities.
- Strengthens communities by promoting relationships between neighbors.
- Participates in on-going evaluation to improve services for elders in a local area, as well as influencing state and national strategies regarding the way care is paid for and delivered.
- Saves public dollars by mobilizing community action to care for their neighbors.

[ission Statement

Recognizing the importance of enabling elders to remain independent and in their own homes and communities and

Recognizing the ability of local neighborhoods to integrate and make easily accessible the in-home health and social services needed, Living at Home/Block Nurse Program Inc. works to:

- Assist local communities to develop and sustain Living at Home/Block Nurse Programs, and

- Effect societal change that will encourage and support on-going neighborhood based long-term home care systems.

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Program History

In 1981, six women in the St. Anthony Park neighborhood of St. Paul, Minnesota organized the first Block Nurse Program. In 1986-87 four other neighborhoods and communities organized their own Programs (two in St. Paul, one in Minneapolis, and one in rural Minnesota).

At the same time the Macalester/Groveland and West 7th neighborhoods of St. Paul were selected to implement the Living at Home Program as part of the National Living at Home Demonstration Project. The two models were merged in 1991 to form the Living at Home/Block Nurse Program (LAH/BNP).

Living at Home/Block Nurse Program Inc. was established in 1987 as a separate non-profit resource center to promote the LAH/BNP concept nationwide, and to seek to effect societal change in the way elders are cared for.

In 1998 the LAH/BNP Inc. board of directors established Elderberry Institute to provide more focused support to the growing network of community Living at Home/Block Nurse Programs both inside and outside Minnesota and to extend the benefits of the Program model to additional communities.

There are currently more than 30 Living at Home/Block Nurse Programs in Minnesota, and several in Texas.

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Guiding Principles

The Local Living at Home/Block Nurse Program:

- Is governed by neighborhood/community residents within geographic boundaries they define.
- Stimulates neighborly expressions of caring and friendship.
- Provides or arranges for quality comprehensive support, social and health services for elders.
- Provides services that meet an elder person's comprehensive needs over time.
- Emphasizes health promotion, early intervention and management of chronic conditions. Service provision is based upon needs rather than ability to pay.
- Conducts ongoing outreach in the community.
- Learns best practices, shares knowledge and avoids duplication of efforts by collaborating with other community services and agencies, other Living at Home/Block Nurse Programs and Elderberry Institute, within available resources.
- Maximizes current funding and develops new private and public funding sources.
- Evaluates program effectiveness regularly and responds to changing community needs.

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ate Demographics

Global Trends:

"The number of persons age 60 or older is estimated to be nearly 600 million in 1999, and is projected to grow to almost 2 billion by 2050, at which time the population of the older persons will be larger than the population of children (0-14) for the first time in human history."
UN Population Division, Dept. of Economic and Social Affairs, 1999

National Trends:

- In 1999, 12.7% of Americans were aged 65+. By 2030, 20% of Americans will be 65 or older.
- The percentage of Americans aged 85+ will more than double by 2050.

North Dakota Trends:

- In 1999, 14.6% of North Dakotans (more than 92,000 people) were age 65 or older. By 2025, 22.8% of North Dakotans will be aged 65+.
- By the year 2025, the number of people aged 65+ will nearly double to 166,000.
- North Dakota ranks 1st in the nation in the percentage of adults aged 85+ (2.3%), 5th in the percentage 75+ (7.5%), and 6th in the percentage 65+ (14.6%).
- The median household income in the state of North Dakota (1997-1999) is $32,238, which is more than $7,000 lower than the national median household income.

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Cost and Service Advantages

Data compiled during fiscal year 2000-2001 from 31 local Programs throughout the state of Minnesota demonstrate several important points:

1. **The Program promotes and strengthens community by coordinating neighbors as volunteers to help meet the needs of elders:**
   - Number of individual direct service volunteers: 2,449
   - Number of volunteer hours given: 53,144

2. **The Program helps seniors avoid premature institutionalization in nursing homes:**
   - Number of persons for whom nursing home admission was delayed or averted: 741
   - Number of months nursing home admission was delayed or averted: 5,697

3. **The Program greatly reduces the cost of caring for the elderly compared to nursing homes:**

Estimated total nursing home cost if persons (in #2 above) were admitted:	$19,927,560
Estimated care related* nursing home cost if persons (in #2 above) were admitted:	$11,956,536
Estimated Living at Home/Block Nurse Program cost for caring for persons (in #2 above):	$1,113,477

Estimated cost savings due to Living at Home/Block Nurse Program:

Total savings:	***$18,814,083***
Care related* only:	***$10,843,059***

**Excludes housing and shelter costs*

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Typical Services

A Living at Home/Block Nurse Program provides/arranges whatever support an elder neighbor needs to stay at home as long as possible. This support—which may otherwise not be available—uses volunteers and/or paid nursing staff, and includes:

Community Support: Volunteers provide the following services:

- Friendly visiting
- Telephone reassurance
- Simple home repairs
- Lawn/garden services
- Transportation
- Assisting with paperwork/explaining Medicare
- Socialization (church, dances, dinners)
- Matching friends (multigenerational activities)

Additionally, volunteers help provide or arrange for the following services:

- Meals on Wheels/congregate dining
- Homemaking/chore service
- Adult day care
- Respite support
- Senior center activities
- Legal/financial assistance

Health Education: Opportunities the Program offers throughout the year include:

- Community health fairs
- Individual consultations with the elder/caregiver on health issues
- Workshops on topics such as falls prevention, advance directives and vision impairment

General Health Assistance: Partnering with a Medicare certified nursing agency, professional nursing and trained staff work collaboratively to provide the following services:

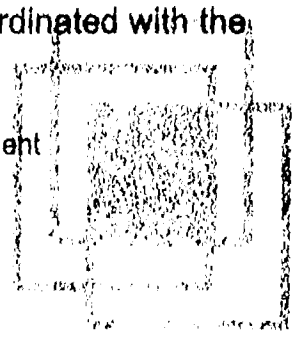
- Health history and assessment
- Vision, hearing and depression screening
- Blood pressure/blood glucose monitoring
- Medication management
- Referrals/reminders for health maintenance (flu shots, mammograms etc.)

Case Management: The Program Nurse works with the elder and other key individuals to:

- Identify health problems
- Determine needed services
- Identify who will provide such service
- Consult with other service providers (physicians, therapists, social workers)
- Evaluate outcomes and adjust care plan when indicated

Skilled Health Care Services: When necessary, support is arranged/coordinated with the partner nursing agency or other community providers.

- **Program Offers:** Skilled nursing, home health aide support, durable medical equipment
- **Program Refers/Arranges:** Physical/Occupational/Speech therapies, hospice care



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Growing a Program

Stages in the Development of a Living at Home/Block Nurse Program℠

Stage 1. Early community organization of interested community residents/formation of steering committee/signing of Letter of Intent with Elderberry Institute/early Program development/outreach to other community organizations to determine interest/creation of board of directors and Program organization/initiation of local fundraising

Stage 2. Outreach to identify elderly with needs/signing of Founder's Agreement and establishment of fee schedule with Elderberry Institute/hiring of staff people

Stage 3. Service coordination and provision of services by volunteers/recruitment, training and management of volunteer corps/formation of partnerships with community social service agencies/continuation of local fundraising

Stage 4. Partnership with Medicare certified home care agency/provision of nursing and home health aide services/continued fundraising for both general operating expenses and unreimbursed services

Projected Costs By Stage

Stage 1. $5,000-$10,000 (LAH/BNP funded costs can be lowered through in-kind contributions of space, equipment, copying, etc.)

Stage 2/3. $15,000 - $30,000 (includes about .50 - .75 FTE staff time and general operating expenses; matching grants may be available through the Elderberry Institute seed fund)

Stage 4. $50,000 plus the costs of unreimbursed nursing services (includes about 1.0 - 1.5 FTE for staff to perform five administrative/management functions and general operating expenses; unreimbursed nursing services costs will vary by community)

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Trends in Elder Care

- Individuals aged 85+ are the fastest growing segment of the population.

- By the year 2020, 20% of our national population is expected to be age 65 or older.

- Baby boomers are increasingly joining the ranks of the senior population. This generation, accustomed to the values of choice and autonomy, will expect to have options from which to choose that enable them to continue living independently and in their own homes.

- The basic maintenance/custodial supports that can assist elders to continue living at home as they age are often unavailable or unaffordable in many communities — especially in rural areas.

- There is growing evidence that elders are at heightened risk for health problems due to increased social isolation and the grief and depression that results from the loss of physical abilities and close relationships.

- A recent Harvard University study found that elders who actively involve themselves in social activities live an average 2 1/2 years longer than more reclusive people and enjoy a reduced incidence of dementia. The study also noted that simply meeting with other people might offer as great a benefit as regular exercise.

- Studies at the national and state level indicate that 20 to 30 percent of elders in nursing homes would not need to be there if appropriate supports were available in their homes.

- Upon placement in a nursing home, the average elder's income and assets are depleted within 6 months.

- Assisted living facilities are becoming more popular, but the expense of these facilities limits the number of people who can realistically gain access to quality care.

- Medicare restrictions limit health care reimbursement for seniors with moderate incomes and those with treatable chronic conditions, leaving significant "gaps" in the system of care.

- The health care system is designed to emphasize treatment of illness/injury and less on health maintenance/disease prevention. The importance of providing early assessment and intervention is minimized. By failing to acknowledge the benefits of health care that is proactive and preventative, opportunities to support an elder's capacity for self care are missed. Effective interventions that could have been implemented early—thus preventing health problems from either occurring or worsening—are not done. Often, a higher acuity health problem is then created that escalates costs and diminishes quality of life.

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What Elders are Saying

Seniors receiving help:

"My daughter cares for me and helps a lot, but she can't always be here. She feels that without the support of [the local Living at Home/Block Nurse Program] I would have been placed in a nursing home. She has peace of mind knowing that they are available if I need assistance. I can't praise [the Living at Home/Block Nurse Program] enough for all that they have done for me."

— Mary

"I have been the recipient of [the local Living at Home/Block Nurse Program's] care numerous times. I live alone in my home and, at the age of 88, I am most appreciative and thankful for the services they provide. I have needed someone to take me to my doctor or the clinic in a city twenty miles from our town. Other services I have access to: foot clinic, blood pressure clinic, exercise classes and an opportunity to have a nurse answer many health questions. Extra services (beyond our expectations) are fun trips in the surrounding area, picnics, social gatherings and many more."

— Gladys

Referring to a local Living at Home/Block Nurse Program, a participant writes: "A group with so much dedication and love! They see the needs of others, then go about fulfilling those needs. Their caring ways have been a satisfaction and a blessing to me personally as well. The staff is a group of loving caring people with many willing helpful people assisting them."

— Mae

Seniors involved in their community:

"I am glad that I can volunteer for [the local Living at Home/Block Nurse Program]. I enjoy working with Michelle and the students from [a local school]. When they visit the apartment building I sit with the kids and play cards with them and talk to them about school."

— Paul

"Through the Intergenerational Program, I worked with small groups of students from [a local school]. They came to the community kitchen at the highrise where I live. Baking together is a great activity — I could teach something that I enjoyed, the students were happy to learn something new, and we could exchange stories as we worked. We really got to know each other."

— Mary

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