15.0181.02000

FISCAL NOTE
Requested by Legislative Council
01/12/2015

Amendment to: SB 2044

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$416,092		$416,092	
Appropriations			$166,092		$416,092	

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

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

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

SB 2044 relates to establishing and administering a traumatic brain injury flex fund program.

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

SB 2044 includes an appropriation of $250,0000, all of which is general fund, for the purpose of establishing and administering a traumatic brain injury flex fund program. Not appropriated in the bill, but necessary would be an FTE for the Department of Human Services with a cost of $166,092, all of which would be general fund, to administer the flex fund program as well as to assist in carrying out the traumatic brain injury requirements included in HB 1046 for the Department of Human Services.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for SB 2044 for the 2015-2017 biennium for the Department is $416,092, all of which is general fund. $250,000 of this was appropriated in the bill; the remaining $166,092 is for an FTE that will be necessary to administer the flex fund program as well as to carry out the traumatic brain injury requirements included in HB 1046. The fiscal impact for the 2017-2019 biennium is $416,092, all of which is general fund, to fund the flex fund program as well as to continue the funding of the FTE.

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

In addition to the $250,000 appropriated in the bill, the Department of Human Services will need an appropriation increase of $166,092, all of which would be general fund, for the 2015-2017 biennium. The Department will need an appropriation increase of $416,092, all of which would be general fund, for the 2017-2019 biennium to fund the flex fund program as well as the continuation of the FTE.

Name: Paul Kramer

Agency: Human Services

Telephone: 701-328-4608

Date Prepared: 01/12/2015

15.0181.01000

FISCAL NOTE
Requested by Legislative Council
01/12/2015

Bill/Resolution No.: SB 2044

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2015 SENATE HUMAN SERVICES

SB 2044

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2044
1/13/2015
J# 21882

☐ Subcommittee
☐ Conference Committee

Donald Mueller Donald Mueller

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for the establishment of a traumatic brain injury flex fund program; and to provide for reports to the legislative management.

Minutes:

Attach #1: Testimony by Trina Gress
Attach #2: Testimony by Rebecca Quinn
Attach #3: Testimony by Lisa Anderson
Attach #4: Testimony by Shannon Binstock
Attach #5: Testimony by April Fairfield
Attach #6: Testimony by Rhonda Boehm
Attach #7: Testimony by Rhonda Boehm for TBI study

Acronym Definitions: TBI = Traumatic Brain Injury

Chairman Judy Lee opened the hearing on SB 2044. All senators were present.

Alex Cronquist Legislative Council fiscal analyst, provided overview of SB 2044. Neither for nor against. Came out of interim human services committee. Appropriation of $250,000 and was recommended by legislative management. He read bill highlights.

Fiscal note received of $416, 092 Department of Human Services indicated that they need a FTE for this position plus HB 1046. That FTE is for $166,000.

Senator Dever asked where is the program if they don't provide the FTE?

Chairman Judy Lee indicated that they probably won't do it then. I bet there is someone who can tell us if we don't give them the FTE. It's pretty hard to say you're going to do the program without having a person to do it. **Alex** also couldn't answer. He said that would be the question for the Department of Human Services.

End of Alex Cronquist (2:30)

Trina Gress handed out Rebecca Quinn's testimony #2 to the committee because Rebecca was testifying in another committee.

Trina Gress, Vice President of Employment Services for Community Options. Support for bill 2044. Attach #1 (3:15-5:02).

Senator Dever asked then would you see if this program is administered by Department of Human Services so the small amounts of money comes from the department or would you prefer to see the department funding those dollars to organizations like yours that would then do the work of that entity?
Trina responded. I think my fiscal officer would say we wouldn't want to handle that type of dollars. So the FTE might be necessary. I do think that it would be beneficial to the department to have some type of oversight and involvement in screening those applicants and insuring that the eligibility guidelines are met by the individuals applying for those flex funding amounts. So, Community Options would recommend that there is an FTE at the state level.

Lisa Anderson spoke in support of SB 2044. (Testimony Attach #3 (6:05-7:20 ends).

Senator Howard Anderson, Jr. asked it seems like it would cost half as much if it was given to some coalition and let them administer the funds and report it back to us, if we have to add another $250,000 just to administer. Can you comment is there a group that could do that versus Department of Human Services administering it? Is there a group that can do that?

Lisa Anderson replied. I don't know the exact answer to that. I am a parent of a brain injury survivor but I do sit on the advisory committee as Trina said, and I don't see any reason why there wouldn't be someone who could administer that program. In fact I think I would encourage us to find someone because rather than taking some of this money and paying another employee, I think it would be nice if we could keep most of this money for this project. End Testimony.

JP Moser (8:24-11:28) My Dad is Jerry Mozer Sargent of Arms on the House side. I've known Senator Dever for a long time. I am retired for 33 years in the ND National Guard. I was deployed in 2007 to Bagdad, Iraq and was in charge of the reconstruction of Iraq. So, it was an interesting event with the Engineer Brigade of 34th Infantry Division. My injuries are a culmination of event of 2 roadside bombs and a rocket attack that injured 40 and killed 2, on 10/2/07. The reason I was asked to come and talk to the committee today is sort of reverse of what you probably going to be thinking. As you know Traumatic Brain Injury (TBI) is the predominant injury of returning U.S. veterans. I 'm here today to tell you that I am the lucky one. The reason I am the lucky one is the Army, the VA, the Wounded Warrior Project, a lot of people are out there to help me. These folks here today in support of SB 2044, a looking for a small amount of money to help those ND people out there who are not that fortunate as I am. It is a needed resource for them. As we go around and deal with our issues, our brain problems we need the help and support from the committee. The oversight, those kinds of things can be worked out. That is not the issue. But as we go around and talk I always mention one thing. I left Iraq with a brain injury, but I came home and got a new brain. This is my lifeline. Now some of our brain injury folks they just need a wheelchair ramp, they may need something as easy as a $5 computer program. They may need something like a remote car starter. So this money will be put to good use and I don't by any stretch of the imagination say it's not needed. The last think I just want to say, this is

my first time in testimony in from of any legislative body, but one thing I do know in my heart of hearts is the North Dakota National Guard takes care of their soldiers, but I know North Dakotan's will take care of North Dakotan's. I hope that you pass this bill and I strongly support it.

Shannon Binstock (11:50-21:29) from South Heart, attached testimony #4.

Chairman Judy Lee indicated how far she has come in her recovery.

V. Chairman Oley Larsen asked Shannon Binstock about ND Brain Institute. How did you find out about them?

Shannon Binstock answered that she started a support group, through random chain of phone calls, and found Carmen at the ND Brain Injury Network. She told me who to call, where to set up a support group and since it is a non-profit support group I can do it once a month. We get together and visit and there is a few that come and I asked what they need to help you. They are reaching out to see what else could be done. So, if there was this registry to they could get a hold of people of whom to contact.

Chairman Judy Lee indicated that Department of Human Services has a network and a group of stakeholders which is involved with that group, so part of what they're doing is there is a registry. This is supposed to be a registry for people. Also, there is a way for people to come to that point and be able to find out what the services are around the state and marketing is a part of the deal. There has to be a way to let people know, those services are available. Because if someone doesn't know it's there they don't know what to look for.

Shannon Binstock confirmed this, to buy a computer to help her. Friends helped alleviate this expense. Little things mean a lot to people who don't have anything left.

Jeff Knoll, from Fargo. (21:33-28:49) In 1993, insulating garage, lost balance, 13 ½ feet hit head on concrete. I could see his skull, messed his body up, brain injury but didn't know he had one. My main goal was to get a much range of motion back into my broken body. Occupational therapy to rehabilitate because he had other issues such as his left arm rising and numbness, everything was process and setback. Things that were acceptable became annoying. Neck injury caused migraine headaches. I continued on, life became challenging, through South East Human Services Center (SEHSC) met with psychologist, they chose to work with the best to offer, how he identified brain injury, which was serious. It did take out short term memory, and as he ages, provides greater challenges. Grateful to what he can do, but things that he finds very challenging. Insurance claim in your house and contractor destroys the house there is no one there to help you through this. My basic needs I am able to meet. I can take care of myself, my children, my house, back employed with special needs programs, 19 year old who is autistic in therapy and is independent living. Through the therapy he has had, he can provide that same guidance to his child. When brain is tired, it shuts him down. It's not something that goes away. I also was combating chronic pain with brain injury which became quite complicated. Medications were not very favorable for him; filtered advice. Mood altering drug caused problems, antidepressant were like poison to him. Physical exercise became important to him. Main goal - I'm rehabilitated

where life is better, not suffering from chronic pain, have had transplant due to 2 car accidents, but the brain injury never goes away and is always there to challenge him. We need help with certain things, an individual thing.

Lenore King with Community Options out of the Fargo office, and we've been working with Jeff for quite a while support Mr. Knoll (29:41-29:43).

April Fairfield, Executive Director of the Head Injury Association of North Dakota. Attach #5 testified IN FAVOR, written testimony (30:06- 39:59).
I would like to addressed 2 questions - Senator Dever about the FTE was necessary or a different organization or a non-profit who would be able to facilitate or be a fiscal go through for this. I do have 4 board members in the room, I don't know if that would be a quorum for a quick vote but I do think that their organization who would be willing to facilitate that. However, we do support the FTE, and would certainly be willing to go to work with you on any way you would see too set that up. Sen Larsen previously asked about the North Dakota Brain Injury network through UND's rural health. That organization does resource facilitation across the state, looking at the bill in the house for brain injury registry and also to enhance resource facilitation which is something that is needed across North Dakota.

Senator Dever regarding that issue, normally when charitable orgs publish reports, 90%+ go to programs. 39.9% go to administration, so I see three options - increase funds to program, decrease administration, or Department of Human Services establish guidelines and publish RFP to an organization that would be able to administer to the program.

April Fairfield indicated that most organizations work on a shoestring budget. If an FTE were put in place, that would be wonderful to have that as well. Either way we are in full support of whatever you choose to do.

Sen. Axness that diagnosis of brain injury is still lacking, even 15 years without diagnosis. Is there a way to find diagnosis early on, and if this bill is passed, maybe this is a resource for physicians to actually provide to the individual. I am just curious is there is any efforts being under way from associations to improve the awareness of TBI?

April Fairfield indicated that there is a saying if you've seen one brain injury you've seen one brain injury you've seen one brain injury. They are all different. I don't foresee that this bill will probably not help with diagnosis or clinical definition or anything like that. However, one of the things we are most concerned with is awareness, such as sports injuries, athletes. Marketing is something we need to focus on to bring awareness, and for diagnosis so people know what to look for.

Chairman Judy Lee the fact that it is not a visible injury is a big thing. We can tell if it is a returning veteran if they have a missing limb, but not the brain injury. That is part of the challenge always.

Senator Dever speaking of the veteran, it always seems to me that we have an obligation to the veteran but that obligation is mostly federal. How is the feds stepping up to this?

April Fairfield answered it is something that is talked about a lot, a lot of chatter about increasing services and helping with the needs from returning vets, but in ND we would like to see more of, and if the feds have not stepped up that in ND perhaps that's a gap that also could be filled.

Chairman Judy Lee also indicated that it could be if active military versus the guard I think.

Senator Howard Anderson, Jr. at some point the Department of Human Services needs to explain the fiscal note. HB 1046 provides for brain injury registry. Part of the FTE, is to cover that as well.

Chairman Judy Lee indicated that we will ask Department of Human Services to come back and provide discussion of their responsibilities etc, some afternoon.

Rhonda Boehm testified IN FAVOR of SB 2044; Written attachment # 6. End of written testimony (40:12-49:55).

Rhonda Boehm passed additional information, testimony provided to the interim committee (attach #7), on how the program could run.

No other testimony favoring bill

OPPOSITION
No testimony opposed to SB 2044

NEUTRAL

Loren Sauer, Behavioral Health Program Administrator with the ND Department of Human Services Division of Mental Health and Substance Abuse Services. I would like to offer some additional information for consideration. First of all the division of Mental Health and Substance abuse services has experienced developing and implementing and Autism voucher program. If this bill is passed in combination with HB 1046, the division would need additional staff resources. Secondly, in addition as written, the start date is July 1, 2015 as this would require writing administrative rules. We respectfully request a July 1, 2016 implementation date. Neutral stance.

Senator Dever what if one bill passes and the second fails where are we at?

Loren Sauer That is a good question. I can't speculate on how the department would handle that, but during work together, we could provide more information. **Chairman Lee** asked Mr. Sauer what is HB1046? **Mr. Sauer** replied the registry for TBI.

No other Neutral testimony.
No further discussion at this point.

Chairman Judy Lee Asked for stakeholders to think about eligibility criteria and what we can do. We would like to work with you and seeing where we can go with this. You have some expertise among you that maybe helpful.

Senator Warner asked Senator Dever about flex fund through veterans. Is this through the Veterans trust fund? That would have selection criteria that might be useful in understanding a dispersement policy, how this could be done?

Senator Dever indicated there are several programs through the Department of Veterans Affairs. One is a grant program where they can provide funding to low income veterans for things like a new furnace, dentures or things like that. The other is a loan program also for low interest, with the maximum at $5000, and there is criteria for that, generally based on income. Loan is paid back and then the fund is regenerated so those funds come from proceeds from the Veterans Postwar Trust Fund. **Senator Warner** added there might be some structures that might be useful.

Chairman Judy Lee indicated that intern (Femi) could work with Senator Dever to get further information on those two veteran's programs.

Senator Warner replied this has to be a rapid response team. We can't really allocate a decision to a board that meets quarterly. It has to be with a mix of flexibility with accountability. It is rapid response and it gets a solution there before the problem becomes magnified.

Chairman Judy Lee talked about someone in the other HB committee and will look forward to further discussion.

Hearing Closed on SB 2044.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2044
2/3/2015
23051

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

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Minutes:

Attach #1: email from Rebecca Quinn
Attach #2: West Virginia language

Chairman Judy Lee provided copies of an email from **Rebecca Quinn**, LCSW, MSW, (attach #1), and a document that provides language from a similar bill in West Virginia (attach #2).

Chairman Judy Lee indicated there is a bill on the house side as well. Asked Rebecca Quinn what the flex fund would be used for.

Rebecca Quinn, Program Director, Center for Rural Health, The University of North Dakota School of Medicine and Health Sciences, has a contract with Department of Human Services to manage the North Dakota brain injury network. The bill came from the interim testifying on the need for filling gaps where there is no other funding sources for. Example of discharging someone out of basic care facility but doesn't have the fund for ramp at home. Sometimes this is for medications, assistive technology, specialized therapy, and those type of things are covered. Ms. Quinn provided examples from other states (attach #2). It is set up as a payer of last resort, some income guidelines, and how often and how much someone can request in a year.

Chairman Judy Lee stated that she was in two places at one time when we heard the bill so Ms. Quinn had previously provided written testimony.

Chairman Judy Lee also identified the fiscal note costs. Is there no other source of funding for these such as NDAD, IPAT?

Ms. Quinn stated the North Dakota Brain Injury network is set up as a resource coordination program, helping find other avenues of funding and resources, including NDAD, IPAT. They would pursue those first and foremost before these funds. They need to provide documentation that they have tried those paths first.

Senator Warner asked if we need to issue an RFP and see if someone else does these services. It seems cumbersome to run through Department of Human Services when it is for ancillary services.

Senator Howard Anderson, Jr. seems that Ms. Quinn suggested that we add some language to this bill.

Chairman Judy Lee didn't think Quinn had additional language, but someone else had.

Ms. Quinn stated that she didn't provide any additional information. She does think there should be some eligibility criteria set up. She doesn't know how far the committee want to go in legislating the eligibility criteria but that it should be established. Same thing with RFP, that the Department of Human Services could RFP it.

Senator Howard Anderson, Jr. read language from Ms. Quinn of what could be added.

Ms. Quinn recognized what she had previously sent, and agreed. She did provide to implement the flex fund, and establish eligibility guidelines of living in state for a minimum of 6 months, having income levels not to exceed 300% of the poverty level, have a diagnosis of traumatic brain injury, and have no other public or private funding sources available. Section 3 is shall be used to pay for services that will increase the achievement of functional independence and return to productive life style for individuals, eligible services may include durable medical equipment, assisted technology, independent living, and on with the list. This was taken from the State of West Virginia, which has been in existence since 1998.

Chairman Judy Lee asked what the status was on the house bill. Are they doing the same thing as this bill.

Ms. Quinn indicated they are not doing the same thing as this bill.

V. Chairman Oley Larsen indicated there are other facilities, such as Community Action in Minot. There is another place and we watched it on IPAT and we have a thing like that in Minot, but don't recall the name.

Chairman Judy Lee indicated she is very knowledgeable about IPAT. They don't go out and build ramps. The North Dakota Association of the Disabled also take care of some of these needs.

Senator Axness indicated that some of Ms. Quinn's recommendations include independent services. These are usually not fee-for-services, but free. There are other options. Not everyone is eligible for the grant of IPAT, so could see people doing this. The gap does exist. He does like the narrowing down; with autism they did legislate what they would be used for, so if we do move forward with the bill, he likes the idea of identifying the criteria and what the money will be used for.

Chairman Judy Lee said it could take some time for the right way to go with the eligibility criteria. She doesn't want a 2 year study, but suggest a study that would be a report faster

than the 2 year legislative years, with a recommendation that could be brought to interim committee that Department of Human Services could install.

Senator Dever stated he has problem with spending $166,000 to administer a $250,000 program. There was previous question to him regarding grants and loans to Veterans Affairs that are available to veterans and the guidelines they have, and they don't have an FTE for administering that. One of the guidelines on the loan is limited to $5,000 and a veteran can pay that back and borrow it again. Maybe that is simpler, and perhaps this could be simpler.

Chairman Judy Lee asked could we implement a grant program without any additional staff. Is there a simpler way to address this so half the money wouldn't be use for administration rather than services.

Ms. JoAnne Hoesel, Department of Human Services, stated the issue of FTE is combination of things coming before the committee. This in isolation they could take on. As this stands, it would require administrative rules, take application, data and tracking. With context of the whole, staff is busy and if things continue to be added, this isn't possible. The FTE would be shared with SB 1046.

Chairman Judy Lee how do we do this and serve the need? The autism waiver is going pretty well. We need some guidance in here or it is not practical. Don't disagree there is a need.

Senator Warner one of the distinctions, there isn't a medical component, it's a stop gap. But there should be a rapid response, fairly quickly to be effective. Is the veteran's thing strictly a loan program?

Senator Dever indicated a loan and a grant program. It can be used for dentures, eye glasses, etc. The loan is set up so you can borrow the money to replace furnace, but have to repay.

Senator Howard Anderson, Jr. if you are going to have application process, criteria, data, it won't be fast. It will still require approval.

Senator Axness asked is there any overlap with HB 1046. He doesn't want to develop a study, so should they put it in that bill.

Ms. Hoesel stated there is no overlap between the bills. The other bill has to do with the registry, additional resource facilitators, and expanding services with focus on employment support.

Senator Dever read from HB 1046, Section 2, the sum of $251,083 for the purpose of establishing and administering a traumatic brain injury registry. State Department of Health is authorized one FTE. Is that different than the FTE in this bill?

Ms. Hoesel answered yes, that is specific for the Department of Health for the registry.

Senator Dever continued, reading $20,000 in Section 3 for marketing and training to the Department of Human Services relating to the registry. So you are promoting it and they are administering it.

Ms. Hoesel that is correct. A TBI registry is a different focus.

Senator Dever continued, in Section 4, $1,305,000 to Department of Human Services for the purpose of coordinating services for persons with TBI in each Human Service Center regions. That doesn't involve any FTE's?

Ms. Hoesel answered correct. We currently contract with UND Rural Health.

Senator Dever continued, in Section 5 $650,000 to Department of Human Services for the purpose of expanding the level of services including return to work programming provided to individuals with TBI.

Ms. Hoesel that would again be dollars that are contracted out for the service provision.

Senator Dever asked, for the purpose of expanding level of services, wouldn't that flex fund be coordinated through the same process

Ms. Hoesel stated that they need the foundation to set the standards, request for proposal, monitor the contract, approve the request for reimbursement, and this staff person would be responsible for more. It's an overall growth in this service system, needs to be administrative support.

Senator Howard Anderson, Jr. if we are interested in doing something like this in the committee and fiscal note has FTE, we need to see if this is 1/3 of FTE, we need to identify FTE in one bill. It solves the problem of trying to identify FTE. We struggle in pulling the bills together.

Senator Dever asked if HB 1046 includes the same dollars in the fiscal note.

Chairman Judy Lee tried to figure out what is going on in other committees, in reference to house bill to the registry.

Senator Howard Anderson, Jr. one strategy if we really want this, should we pass it and add it in some bill in conference later.

Chairman Judy Lee thinks that this will get blended together so we have one vehicle, probably the other TBI bill in the house, so they are all together. Chairman Judy Lee doesn't want to kill this, but if we can figure out skeletal things for eligibility, delayed implementation, time to establish something like this and get an FTE, and to develop rules. As we have more returning veterans, this isn't going away.

Senator Howard Anderson, Jr. we have some specific criteria from Ms. Quinn, we could use those on how this would be done. We could also kill the bill and then add it on to another bill.

Senator Dever doesn't know if it is appropriate to ask what the other committee is doing.

Chairman Judy Lee if we kill this, then it looks like we don't think it's important. If we move to appropriations, at least they know we support it. If we do want to move it forward, something that would indicate that we do want eligibility criteria would be important.

Senator Howard Anderson, Jr. suggested that we put the amendment together based on Ms. Quinn's suggestions.

Chairman Judy Lee asked if Ms. Quinn could work with the Senate Human Services Committee intern, Femi.

Senator Dever asked if we amend that into the bill, will it be specific enough to avoid the need for administrative rule.

Chairman Judy Lee asked the Department of Human Services to run it by JoAnne Hoesel.

Senator Warner if we are determining income eligibility a normal process of intake at Human Service Centers? If income based, that determination would already be done ahead of time?

Ms. Hoesel answered how we handle that for autism voucher program is if they have gone through eligibility process for the Medicaid program or other economic assistance programs, we use that. There are only 4 that have not gone through this, so then we use the same criteria. It is done through the county offices online.

Senator Dever when Rhonda Boehm testified in support of her son Eric, one of her main points is that he wants to work, and has income, but he has major medical expenses. He could quit working and get eligible. So is the Medicaid going to be the criteria or a method of establishing income guidelines?

Chairman Judy Lee asked if the person was signed up for Medicaid Buy In?

Ms. Hoesel stated that income eligibility for autism is different than Medicaid. It is 200% of poverty whereas Medicaid is 138%. We set that as the guidelines.

Senator Dever if not for the medical expenses, he probably wouldn't need the flex fund.

Ms. Hoesel indicated that she doesn't remember the details on that family.

Senator Howard Anderson, Jr. if we fine tune this, we should actually put in the 200% of poverty if that's what we want.

Ms. Hoesel responded what was done in autism voucher program, it did talk about 200% poverty, talked about a limit of $12,500 per year, per person, and a list of things it could be used for and things it couldn't, and then we wrote administrative rules from that, as well as the appeal process.

Senator Howard Anderson, Jr. she suggested up to $2,000 per person. She doesn't want that because it will change periodically, but it will need to be re-funded so we could leave it in.

Chairman Judy Lee indicated that Ms. Boehm's testimony was that it apply to people who are employed.

Maggie Anderson (DHS) regarding the eligibility, if you tie it to Medicaid, you may want to identify if it is modified gross income Medicaid or the old aged/blind/disabled program where the deduction of the medical expenses could be considererd.

Chairman Judy Lee can we use the criteria for aged/blind/disabled?

Maggie Anderson (DHS) answered since it is all state general funds, we can do what you want us to do.

Chairman Judy Lee committee wants to make sure we are not using the wrong medical criteria and it is geared to those who are employed.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2044
2/3/2015
23123

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for the establishment of a traumatic brain injury flex fund program; and to provide for reports to the legislative management.

Minutes:

Attach #1: Draft bill with proposed amendments

Senator Warner asked about if we have to specify an RFP or do we do it as it is?

Senator Howard Anderson, Jr. stated we talked about some amendments. Femi and Rebecca worked on this information.

Rough draft with amendments is available. Senate Human Services Committee Intern, Femi, prints copy for everyone and it was distributed to the committee. (attach #1)

Rebecca Quinn, UND School for Rural Health, provided clarification regarding the funding. There was money included in the Governor's budget. Those were optional adjustment request (OAR) from Department of Human Services. Those were 35 extended service slots, so that is to provide ongoing job coaching after they have already received a job. The other portion $422,000 for the traumatic brain injury prevocational program that is current RFP that the Department of Human Services puts out for a provider, and that is currently community options. They provide statewide services for pre-employment, such as social skills, hygiene, health, things to get ready for vocational rehabilitation services.

Rebecca Quinn next walked through the amendment. There was an earlier question that if there was enough clarity in legislation, would there have to be administrative rules. There still would be a need for administrative rules, so it wasn't written to be so directive. Wanted to work on some of the amendments that were proposed earlier. They looked at some of the autism for guidelines. For the flexibility and legislative intent, it would be better not to be in legislation, but be in administrative rules. One item is the cap on how much someone can access. The $2,000 might be low for someone who needs something and that it is prohibitive for someone. Leave that to the discretion of the Department of Human Services. If focus is on work - part of concern with that is since there is pre-employment

program, this would fit into that, where we want to cover the impediments to reaching employment.

Chairman Judy Lee read from the proposed amendment.

Ms. Quinn indicated there is legislation this session to raise autism to 3.

Chairman Judy Lee again read from the proposed amendment.

Senator Dever listing of eligible services, we sometimes forget something. Is it limiting? Does it take the flex out of flex.

Ms. Quinn stated the language states "it may include".

Chairman Judy Lee add "but not limited to"

Ms. Quinn indicated that would be a good addition.

The Senate Human Services Committee intern, Femi, provided insight that says it is redundant language.

Senator Howard Anderson, Jr. question to Maggie Anderson (DHS), should we put limit in here or do they want it by rule.

Maggie Anderson (DHS) if it is an amount, there is no question because that is what legislation. She is okay if set by rule because then it works with inflation, etc.

Senator Warner move that Senate Human Services Committee DO ADOPT AMENDMENT SB 2044 with amendments provided by Rebecca Quinn. The motion was seconded by **V. Chairman Oley Larsen**. No discussion.

Roll Call Vote to Amend
6 Yes, 0 No, 0 Absent. Motion passes.

Senator Warner move that Senate Human Services Committee give a DO PASS recommendation to SB 2044 AS AMENDED, and Re-Refer to Appropriations. The motion was seconded by **Senator Dever**. No discussion.

Roll Call Vote to DO PASS SB 2044 as Amended
4 Yes, 2 No, 0 Absent. Motion passes.

Senator Dever will carry SB 2044 to the floor.

15.0181.01001
Title.02000

Adopted by the Human Services Committee

February 4, 2015

TD
2/4/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2044

Page 1, line 1, after "provide" insert "for the creation of a traumatic brain injury program; to provide"

Page 1, after line 4, insert:

"**SECTION 1.**

Traumatic brain injury flex fund program.

1. The department of human services shall develop a flex fund program for traumatic brain injury services and support for individuals with traumatic brain injury.

2. To be eligible for the flex fund program, an individual must have been a resident of the state for a minimum of six months, have income levels that do not exceed three hundred percent of the federal poverty level, and have a diagnosis of traumatic brain injury. The flex fund must be the payer of last resort.

3. The traumatic brain injury flex fund program must be used to pay for services that increase the achievement of functional independence and a return to a productive lifestyle for an individual that has suffered a traumatic brain injury. Eligible services may include durable medical equipment, assistive technology, independent living, medicare, mental health, occupational therapy and equipment, physical therapy and equipment, speech and language, educational and employment, executive and social skills training programs, transportation, respite care, and home accessibility modifications."

Page 1, line 12, replace "The" with "During the 2015-16 interim, the"

Page 1, line 13, remove "during the 2015-16 interim"

Renumber accordingly

Date: 02/03 2015
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2044

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Rebecca Quinn Amendments

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

Other Actions: ☐ Reconsider ☐

Motion Made By Warner Seconded By Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment

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

Date: 02/03 2015
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2044

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15.0181.01001 Title .02000

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

Other Actions: ☐ Reconsider ☐

Motion Made By Warner Seconded By Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)		✓	Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.		✓			
Senator Dick Dever	✓				

Total (Yes) 4 No 2

Absent 0

Floor Assignment Dever

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

REPORT OF STANDING COMMITTEE

SB 2044: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2044 was placed on the Sixth order on the calendar.

Page 1, line 1, after "provide" insert "for the creation of a traumatic brain injury program; to provide"

Page 1, after line 4, insert:

"**SECTION 1.**

Traumatic brain injury flex fund program.

1. The department of human services shall develop a flex fund program for traumatic brain injury services and support for individuals with traumatic brain injury.

2. To be eligible for the flex fund program, an individual must have been a resident of the state for a minimum of six months, have income levels that do not exceed three hundred percent of the federal poverty level, and have a diagnosis of traumatic brain injury. The flex fund must be the payer of last resort.

3. The traumatic brain injury flex fund program must be used to pay for services that increase the achievement of functional independence and a return to a productive lifestyle for an individual that has suffered a traumatic brain injury. Eligible services may include durable medical equipment, assistive technology, independent living, medicare, mental health, occupational therapy and equipment, physical therapy and equipment, speech and language, educational and employment, executive and social skills training programs, transportation, respite care, and home accessibility modifications."

Page 1, line 12, replace "The" with "During the 2015-16 interim, the"

Page 1, line 13, remove "during the 2015-16 interim"

Renumber accordingly

2015 SENATE APPROPRIATIONS

SB 2044

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2044
2/12/2015
Job # 23701

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Mueller

Explanation or reason for introduction of bill/resolution:

A BILL to provide for the creation of a traumatic brain injury program.

Minutes:

Legislative Council - Alex Cronquist
OMB - Nick Creamer

Chairman Holmberg called the committee to order on SB 2044, Roll Call was taken. All committee members were present.
He handed the gavel to **Senator Bowman**.

Alex Cronquist, Legislative Council: introduced SB 2044, and provided neutral testimony. Mr. Cronquist read the bill.

Senator Mathern: This bill came out of interim committee. What was original fiscal note before the Senate Human Services Committee amended this?

Alex Cronquist the original appropriation was for $250,000.

Senator Mathern, State Senator, District 11, Interim Committee Member:
Testified in favor of SB 2044
Senator Mathern served on the interim committee where the proposal was developed. Families came to the committee and stated that they have family members who would like to work, but if they work they will be ineligible for services. If they had help with some of the items listed in the bill, they could stay off of the government programs and get the help they need, and have a wage from an employer that would sustain themselves. Senator Mathern gave a scenario of a person who worked for Walmart as a welcome. Without the item he needed, he would lose his job at Walmart, and would then become eligible for disability and sit at home. This program would help people with a traumatic brain injury in such a way they could stay off of disability. It is a pilot program to help people who are in that margin between being totally dependent on a government program and totally independent.

Senator Bowman what is cost to administer the program?

Senator Mathern: Over the past several biennium's, there have been staff added to support the traumatic brain injury program. Those staff functions are available to support the program. Most of the money would go to help these individuals.

Senator Krebsbach: Maybe someone from the department can explain the fiscal note. There is $250,000 in the bill and they are looking for $416,000 from the general fund. The difference, as she understands, is for an FTE. Was that FTE included in the original numbers?

Joanne Hoesel, Department of Human Services: The FTE was not included. This bill, in concert with HB 1046, which is also a traumatic brain injury related bill, that if both pass successfully, the Department of Human Services would need an FTE. If only one bill passes, that would not be needed.

Joanne Hoesel: Provided an answer to an earlier question about if the money was going toward the program. In addition to the funds for an FTE, the funding would go to the direct services for individuals with the traumatic brain injury program. However, Department of Human Services is requesting a delayed start to July 2016 because the department needs time to write the administrative rules.

Senator Bowman is there some formula or income based criteria to be met?

Ms. Hoesel: In section 1, it states that the individual must be under 300% of the federal poverty level. There would be an eligibility determination on this. Through the administrative rule process which they have done with the autism voucher program, we will get into the details of those things.

Senator Erbele With the delayed start, do you need full funding amount or half?

Ms. Hoesel: Since this is a flex fund program, it would be the decision of the committee. However, if fully funded, it will serve more people in a short period of time, versus the same people in a longer period of time.

Senator Bowman closed the hearing on SB 2044

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2044
2/13/2015
Job # 23827

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature Donald Muehlen for Alice Dexter

Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing for Department of Human Services (Traumatic Brain Injury)

Minutes:

Attachments 1 through 3

Senator Kilzer called the subcommittee hearing together on Friday, February 13, 2015 at 10:00 am in regards to SB 2044.

PRESENT: Senator Kilzer, Senator Erbele, Senator Mathern, Alex Cronquist, Legislative Council and Larry Martin, OMB.

Senator Kilzer indicated the full appropriation committee heard SB 2044 yesterday. He requested the past and the present funding for traumatic brain injury program.

Ms. JoAnn Hoesel, Department of Human Services, provided an overview of the funding for traumatic brain injury program. Currently, in 2013-2015 biennium, we have $791,264 that funds the traumatic brain injury program. This breaks down as follows:

- $42,542 for the social recreational contracts, and there are a number of contracts with private providers
- $561,502 UND Brain Injury Network
- $58,344 Community Options that provides pre-vocational services
- The remaining funds are between the annual Mind Matters Conference and for materials and professional development.

Ms. Hoesel further stated that targeted funding for traumatic brain injury came to the Department of Human Services in 2009-2011 biennium.

Senator Kilzer asked if these are general funds or federal.

Ms. Hoesel stated they are all general funds.

Senator Kilzer asked if there are any federal funds for traumatic brain injury program.

Ms. Hoesel stated the Department of Human Services did receive a traumatic brain injury federal grant some years ago, that has ended that was not reissued. The only federal

reimbursement would be if they met the Long Term Care level of care and were in need of home and community based care services, they may be able to get some of those services through the home and community based care services waiver.

Senator Kilzer asked for confirmation that state funds started to be used in the 2009-2011 biennium, and how much was the funding at that time?

Ms. Hoesel responded that SB 2198 allocated $330,000 for informal supports, peer mentoring training and facilitation of support groups and public awareness. In 2013 biennium, SB 2168 appropriated an additional $110,000. In 2013, $320,000 was appropriated for additional resource facilitation through the UND Brain Injury association.

Senator Kilzer was that over and above the $440,000 from the previous biennium?

Ms. Hoesel believes that is correct.

Senator Kilzer in the present biennium, it is $791,264? And in the previous biennium it is $440,000, and previous to that it was $330,000, and previous to that it was federally funded with $0 state funding. Senator Kilzer asked how much was in the Department of Human Services executive budget in SB 2012?

Ms. Hoesel stated that in addition to what they are bringing forward, which would be the $791,000, the Department of Human Services has an additional $422,000 for 26 additional slots for pre-vocational skill services. That is a service that helps the individual be employed. There are additional 35 individual extended service slots for individuals with traumatic brain injury so they can receive job coaching and maintain competitive employment.

Senator Kilzer asked for confirmation that this is illustrated on the graph that they received in prior testimony.

Ms. Hoesel confirmed yes, it is a little over $6,200,000 that talks about the capacity increases and enhancements in SB 2012.

Senator Kilzer asked if this bill would like an additional $250,000 plus the $166,000.

Ms. Hoesel stated yes, for an FTE in combination with the House Bill being heard.

Senator Kilzer asked Ms. Hoesel to address the $6,000,000 on the graph.

Ms. Hoesel stated that the 2nd and 3rd item is specific to the traumatic brain injury program.

Senator Kilzer stated confusion in documents. **Ms. Hoesel** stated the document that Senator Kilzer was looking at is in reference to SB 2012 and the free-standing bill.

Senator Kilzer asked if the full appropriations committee received the graph in SB 2044? Or is that part of the overall picture?

Ms. Hoesel stated it is part of the overall picture in SB 2012. Alex handed this out and it would have been with the field services tab. The one Senator Erbele has is the one that Rebecca sent.

The following documents were distributed:
- Department of Human Services Behavioral Health Increase and Enhancements included in the 2015-2017 Executive Budget (attach #1)
- TBI Fund (attach #2)

Senator Mathern in addition to what you have in traumatic brain injury, there are interim committee bills that are in the Senate. In the Senate, we have SB 2044 that includes traumatic brain injury program. What other Senate bills do we have that provide funding to the traumatic brain injury program.

Ms. Hoesel is not aware of any other Senate bills. There are House bills.

Senator Mathern suggested to the sub-committee that this bill SB 2044 could be amended into SB 2012 and then defeat this bill SB 2044. It would move to a more cohesive planning essentially. An interim bill comes after the budget is set in place, but this may be an opportunity to bring it together.

Senator Kilzer asked **Ms. Hoesel** about the origins of this bill. Was it requested in the Department of Human Services submission to the Governor's budget and was it rejected there?

Ms. Hoesel stated the items brought forward from Department of Human Services are contained in the $6,200,000 with the additional slot for achieving and maintaining employment. SB 2044 came from the Human Services Interim Committee.

Senator Kilzer asked if the interim committee had not submitted this to the executive branch because the timing was off.

Ms. Hoesel responded that this was part of the traumatic brain injury study that was completed during the interim and this is a result of that.

Ms. Hoesel offered a potential amendment for consideration regarding the start date of the program. The proposed amendment changes the implementation date from July 1, 2016 to April 1, 2016. We would be able to start the program earlier because that is when administrative rules must be done. (attach #3).

Senator Kilzer with subcommittee approval, they accept the proposed amendment.

Senator Mathern suggested that they ask legislative council to draft an amendment to SB 2012 which brings together SB 2044 as amended by the Human Services Committee and as per this proposal and that we bring that before us, and if that were to be accepted, then we vote a Do Not Pass on SB 2044.

Senator Kilzer indicated that would be acceptable to him and the subcommittee, and asked Alex Cronquist to prepare that amendment for consideration of this subcommittee.

Senator Kilzer asked for confirmation that the proposed amendment will have two components - the one to bring into SB 2012 and the bill that came from the Human Services Committee. **Senator Mathern** stated that essentially it will bring the bill together under the umbrella of Human Services and would lead us, if accepted, to defeat this separate standing bill, SB 2044. **Senator Kilzer** stated we will proceed in that direction.

The meeting was adjourned.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2044
2/17/2015
Job # 24026

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature	Erin Liekelt for Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing on DHS (Creation of a traumatic brain injury program)

Minutes:

Senator Kilzer: Called the subcommittee together on Tuesday, February 17, 2015 in regards to SB 2044. Michael Johnson, Legislative Council and Lori Laschkewitsch, OMB, Senator Erbele and Senator Mathern were present.

Senator Kilzer: This was traumatic brain injury an appropriation for $250,000 to create a flex fund program to delay the beginning by nine months. This one we had a pretty significant graph showing a lot of different traumatic brain injury areas that were being funded at the present time. This was for an additional $250,000.

Senator Erbele: I am reading off this rainbow page. It says the bill includes an appropriation for $250,000 for DHS, however DHS noted in the fiscal note that a total of $416,092 is necessary.

Michael Johnson, Legislative Council: There is a fiscal note that showing costs of $416,000 the appropriation of $250,000. What is not included with the appropriation, in the fiscal note they have $160,000 that would be needed to get an additional FTE.

Senator Kilzer: This is one FTE for the 3 bills and it seems like that same FTE appears in appears in 2048.

Senator Erbele: The three bills requiring that FTE were 2045, 2046, 2048 and this is 2044 so we are actually putting four bills with one FTE?

Senator Kilzer: This is one FTE for 2044.

Senator Mathern: This flex fund came to the interim committee as an idea from parents who have adult children who find their adult children being caught in a situation between quitting work and being eligible for assistance or working and not having the supports they need to actually need to be successful in a job. These parents are asking if we could do

something where there would be some resources to help these people with some services. I see it as a new program that is why they need a full FTE to administrator it. That is the rational for the new FTE.

Senator Kilzer: How do you feel it fits in with the other TBI blocks on that chart we looked at?

Senator Mathern: I think TBI is something just developing as a clear difference from developmental disabilities or other kind of intellectual disabilities. We used to sort of lump these people in to that mental illness or developmental disability or intellectual disability and now we are becoming more aware that this is an injury to the brain. What we see is an increase in this type of thing and then those people will no longer be served in those other program areas as distinguish them from those other folks.

Senator Kilzer: The question is on funding this program in addition to the other ones.

Michael Johnson, Legislative Council: Just to point out that the One Hundred and sixty six, that is in this bill that that FTE is also included for HB 1046.

Senator Mathern: If the House would pass that bill with the FTE we wouldn't need it here.

Senator Erbele: If we don't pass 2044 and 1046 passes that still takes a whole FTE.

Maggie Anderson, Interim Director of the Department of Human Services: Currently the way the House has amendment 1046 is the original bill called for 1.3M dollars for a service. We currently do not have a designated FTE for the brain injury. (8:00-9:16)

Senator Kilzer: Call the roll on a do pass for 2044.

Roll Call Vote: Yes-1 No 2 Absent-0

Senator Kilzer: This failed and 2 to 1. The hearing was closed.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2044
2/19/2015
Job # 24109

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature	Alice Delzer

Explanation or reason for introduction of bill/resolution:

A BILL for an Act regarding a creation of a traumatic brain injury program

Minutes: "Click to enter attachment information."

Chairman Holmberg called the committee to order on Thursday, February 19, 2015 in regards to SB 2044. All committee members were present except Senator Mathern. Becky Keller, OMB and Chris Kadrmas, Legislative Council were also here.

Senator Kilzer: This is the additional TBI and everybody at the time of the hearing received a chart that showed quite a bit about TBI services. Your committee voted 2 to 1 for a do not pass. we will look at this closely again in the Human Services budget, for this one we do have a do not pass.

Senator Kilzer moved a do not pass. 2nd by Senator Erbele.

Chairman Holmberg: Would you call the roll on a Do Not Pass on 2044.

A Roll Call vote was taken. Yea: 9; Nay: 3; Absent: 1.

Senator Kilzer will carry the bill. The hearing was closed on SB 2044.

Date: 2-17-15
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2044

Senate Appropriations Committee

☒ Subcommittee

Amendment LC# or Description:

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

Other Actions: ☐ Reconsider ☐

Motion Made By Seconded By

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Heckaman		
Senator Bowman			Senator Mathern	✓	
Senator Krebsbach			Senator O'Connell		
Senator Carlisle			Senator Robinson		
Senator Sorvaag					
Senator G. Lee		✓			
Senator Kilzer					
Senator Erbele		✓			
Senator Wanzek					

Total (Yes) 1 No 2

Absent

Floor Assignment

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

Date: 2-19-15
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2044

Senate Appropriations Committee

☐ Subcommittee

Amendment LC# or Description:

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

Other Actions: ☐ Reconsider ☐

Motion Made By Kilzer Seconded By Erbele

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Heckaman	✓	
Senator Bowman	✓		Senator Mathern		A
Senator Krebsbach	✓		Senator O'Connell		✓
Senator Carlisle	✓		Senator Robinson		✓
Senator Sorvaag	✓				
Senator G. Lee	✓				
Senator Kilzer	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 9 No 3

Absent 1

Floor Assignment Kilzer

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

REPORT OF STANDING COMMITTEE

SB 2044, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **DO NOT PASS** (9 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2044 was placed on the Eleventh order on the calendar.

2015 TESTIMONY

SB 2044

SB 2044
J# 21882
01/13/2015

attach #1

64th Legislative Session
Testimony
Senate Human Services Committee
January 13, 2015

Good afternoon Chairman Lee and members of the Committee. My name is Trina Gress, I am Vice President of Employment Services at Community Options, Inc. Community Options ask this committee to support SB 2044.

Community Options has worked with 65 individuals who are survivors of a brain injury since July 1, 2013. Most do live on a fixed income and struggle financially to make ends meet. If there is a situation that is unexpected such as; a breakdown issue with a car, new work uniforms needed at work, or an enrichment class to improve a life skill, most often these issues go unmet because the individual cannot afford the cost associated with it. The concept of a flex fund could potentially assist the individuals we work with during times of need to allow them to live independently. The one recommendation we would have for this committee is to establish eligibility guidelines and program requirements for the flex fund because as it is currently written it is too vague. However, if this committee would choose to not establish guidelines and requirements, then we recommend that Department of Human Services work with the Traumatic Brain Injury Advisory Committee (in which both parents and survivors sit on) to develop the guidelines and requirements.

In conclusion, Community Options is asking for you to support on SB 2044 and add eligibility guidelines and requirements. Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress

SB2044
JH 21882
01/13/2015

attach #2

Public Testimony

Senate Human Services Committee

January 13, 2015

Chairman Lee and other members of the Committee. I am Rebecca Quinn and am a program director at the Center for Rural Health, University of North Dakota. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network. This network provides a centralized, statewide source of information regarding traumatic brain injury and provides assistance to individuals with traumatic brain injury accessing services. My testimony today is on behalf of all the individuals and families impacted by brain injury I have worked with over the past seven years. I believe that a flex fund could be developed that could function similar to already established voucher programs in that state. A TBI flex fund program could address some of gaps in services and provide support for individuals to maintain independence.

I would be happy to answer any questions the committee have.

Respectfully submitted

Rebecca Quinn

Center for Rural Health

University of North Dakota

#3 SB2044 J# 21882 01/13/2015

Testimony

Human Services Committee

January 13, 2015

Good morning Chairman Lee and members of the committee. My name is Lisa Anderson from Leeds, ND. I am here today to present testimony in support of SB 2044, the brain injury flex fund.

A brain injury specific flex fund would be money set aside to assist brain injury survivors with expenses that are not covered by any other source. For example, say the survivor has a job and needs to have a new tire for his car but cannot afford it. The flex fund will be a way for the individual to get a new tire for his car so that he may continue to go to work and maintain some independence. A brain injury survivor faces many many obstacles and hurdles. By creating this fund, you could provide a way to alleviate some of the smaller stressors that a survivor must endure. Their income is most generally limited and their expenses are high.

Thank you for your consideration of SB 2044, the brain injury flex fund. This could make an enormous difference in the life of a brain injury survivor.

Lisa Anderson
6081 58th Ave NE
Leeds, ND
701-739-6912 (cell)
701-466-2561 (home)
lisa.anderson@gondtc.com

Shannon Binstock #4 J# 21882
SB2044 01/13/15

When you look at me what do you see? Just a woman asking for some money right? Well you are wrong. I'm not just a lady asking for some help, for the people that have lived through a brain injury, I'm a survivor! I survived a major Traumatic Brain Injury just 4 years ago. My chances of living from that accident was maybe 20%, but I made it. My chances of getting back to a normal adult state was 5%, and I did it. Now you can ask me how, who helped you, how did you do it? Or you'll say, no way you could have been that close to dying, or being mentally challenged you look fine. But I did survive it. You can see from photos of me just 4 years ago that I'm not kidding. So what did I do, to be the woman I am standing in front of you today. I had Faith and I prayed. Many people prayed for me, this simple Mom. My family asked every doctor what could they do to help me, and where I could go to relearn everything. Pretty much all that they heard was google TBI, now that is sad. So me being very stubborn helped a lot, and having total Faith that God kept me here for a reason, and there are things that He wants me to do. Things like reaching out to you, to help me provide help for those survivors that go through what I went through alone. If you don't believe me let me give you a peek, of what it's like.

Now you've got work with me on this one. Imagine waking up in a hospital and all you know is your name. And then to find out how lucky you are to know that. There is a nurse and a great doctor and they tell you that's all you have, and there's almost no chance of getting the memories of your life back. You have no idea how old you are, or where you are or how you got there. You can't read or even tie your shoes much less do anything else. So what do you need? A support system built for people that go through this. I know from going through it what that system needs, but I can't build it by myself. I have the North Dakota Brain Injury Network that has started helping people, but we need your help too. Nothing is cheap you know that, and we are now in a time where there is money to help fund something so important. Some brain injuries are semi minor, a concussion from a car accident or from a simple fall, but then you have the bad ones like mine. I was bucked off a horse and kicked in the head. Now you understand why my chances were so slim. Even a stroke or an aneurism really takes a tole on your brain. All the paths in your brain are like roads that get messed up and you can't use them anymore, so you need to build new roads to do even the simplest things. Can you build your road to work alone? No you can't, you need help and a place to do it from.

So what does a facility need to provide help for these survivors? Some of it is pretty basic physical help. Like simply walking or managing stairs. Even holding silverware so you can feed yourself is hard for some. Learning basic Kindergarten things like the alphabet, numbers even how to write again. I relearned how to tie my shoes at the same time my 3 year old son learned how to do it. Then when you get past those baby steps there are more things that you need help with . Knowing what's ok to do and what's not ok is big. I was very angry and swore all the time, so having my family to just say, whoa calm down, was what I needed. They helped me learn that it's not ok to scream at people when your not happy. Then there's having help getting back some control of your short term memory. Like remembering why you went to that store and that your anointment is at 10. Very simple things that we take for granted everyday are now lost to you. I was lucky and had a lot of friends and family to come home to that helped me, but many survivors don't have that support. So they need a place to stay, when they are healthy enough, and kind of test it see if they can live on their own. And if they can't, they will know that they have to set up a kind of assisted living arrangement. But you don't know if you can live

on your own if you don't have a place where you can test it.

Like I asked you before imagine waking up not knowing where you are, who you are, or how old you are and being told, sorry there's not much we can do for you, go figure it out yourself. That is crushing! You have almost nothing to help you rebuild your life. It's good we now have a bit of help for the brain injury survivors here in ND, but it's not much. And unless you go through it, you don't really know what it's like. But I do. I know how hard it is and what it feels like to be totally alone in this brain injury recovery world that I got thrown into. And yes I screamed WHY God WHY did this happen! Help me get over this, please help me prove those doctors wrong. Help me get better then everyone says I will every be. Help me rebuild those roads in my head so I can be normal again. So ya I prayed for brains and hair. And yes I recovered pretty much alone, and I don't want other people to have to go through it the hard way like I did. Not many are survivors are as lucky as I am. I started a support group in Dickinson just so these survivors don't have to feel so alone. How many kinds of support groups do we have in North Dakota, for so many different things, but nothing for and injury like this. With the one in Dickinson I give them hope that they can get better. And they ask me where did you go, what did you do, how long ago where you in the same place I'm stuck in right now? And I want to give them more then just some tips that worked for me. That's why I'm standing here begging you to please help. ND alone as over 13,000 brain injury survivors. That is a lot of people that need some help. Yes they are from ages 3 to 83 and there is not one specific thing that happens to each of them or one perfect way to fix everyone. We are each different and we each deserve an opportunity to stay here in this amazing little state and get the help needed to recover from a brain injury. So please consider helping us. I am proof that miracles happen so help us set it up so that more miracles can happen.

Shannon Binstock
South Heart, ND
701-677-5389

Attach #5 SB2044 JH 21882 01/13/2015

Head Injury Association of North Dakota

January 13th, 2015
Human Services Committee

Chairman Lee and members of the committee:

For the record, my name is April Fairfield and I am the Executive Director of the Head Injury Association of North Dakota. The Head Injury Association of North Dakota is primarily an advocacy organization whose mission is to raise awareness about head injury, support public policies that enhance the Traumatic Brain Injury (TBI) system of care in North Dakota and enhance the quality of life for individuals and their families who have been affected by head injuries.

The Head Injury Association of North Dakota supports Senate Bill 2044 and urges a **DO PASS** recommendation.

As you have heard over the course of testimony today and some of you heard during the interim, brain injury is a misunderstood and often overlooked public health problem. It impacts the lives of thousands and thousands of North Dakotans every day.

Brain injury does not discriminate. It does not choose between the worthy and the unworthy. It does not hesitate to hurt a small child or spare an elderly Grandma. And it reaches out and affects every family member, friend and loved one of the brain injured person. Brain injury changes lives. In one moment, a brain injury will change everything. Indelibly. And for all time.

What the loved ones of individuals with brain injury will often tell you is that working your way through the maze of services, resources and eligibility for brain injury is a confusing, time-consuming, and often frustrating process for people with NO brain injury, let alone someone in

5.2 5.2

recovery from brain injury. That is why you now hear a united call from the TBI community for a more coordinated and comprehensive system of care for long-term brain injury services and support.

Senate Bill 2044 would help meet some of the needs that exist for TBI survivors and their families.

Establishing a Flex-Fund geared toward TBI survivors would encourage and promote both work and independent living. The idea behind the flex fund is that it would only be accessed after other options and attempts to qualify for existing services had been exhausted.

The Flex Fund would help fill the gap in services and assistance for those TBI survivors who function at a level allowing them to work but still facing economic challenges due to their injury. Although the details of the program would be established by the Department of Human Services, the program could be crafted to be countercyclical. In other words, the level of assistance provided to persons with TBI would be dependent on net income. Persons with a lower income would be eligible for a greater assistance. Another option would be to make some expenses refundable. The overarching idea is to encourage people with TBI to work at the level that they are capable without losing benefits or stopping working altogether so they do not lose eligibility for programs.

In summary, the Flex Fund programs would be, in essence an employment supports bill for those with TBI that are caught in the vicious circle of wanting to work and be contributing members of society, but find that sometimes working makes it more difficult to make ends meet. The Flex Fund would help fix that.

Thank you for your consideration of SB2044. Your positive recommendation will help us move in the direction of a more comprehensive system of care for brain injury in North Dakota.

SB 2044
Attach #6 VH 21882
01/13/2015

Testimony

Senate Bill 2044 – Department Of Human Services

Senator Judy Lee, Chairman

January 13, 2015

Good Morning Chairman Lee and members of the Senate Committee of the Human Services Division. I am Rhonda Boehm and my son Eric Boehm sustained a Traumatic Brain Injury in a motor vehicle accident on May 17, 2002. He beat the many odds and miraculously, after three months in a vegetative coma state, he came back to us, and over the past 12 years has become the "new Eric". Today he is independent although he needs some assistance from others, and is working a job he likes and can perform quite well. He struggles financially, along with his remaining cognitive and physical disabilities, but remains very optimistic and determined.

The Traumatic Brain Injury Flex Fund Program would be extremely beneficial to qualifying Mid/High functioning Traumatic Brain Injury survivors like Eric and many others. They are often employed at their highest level of capacity, and will most likely never be able to obtain a high end employment/career because of their cognitive and physical disabilities; therefore supporting themselves 100% financially will be almost impossible. The Flex Fund Program would be intended to supplement existing resources and bridge the gaps in the payroll income received and the bills the individual has due, which cannot otherwise be provided and funded from other resources. The availability would be based upon each individuals needs.

The Traumatic Brain Injury Flex fund Program would be intended to improve the flexibility of the Traumatic Brain Injury Survivors financial situation, by establishing a pool of funds for Traumatic brain Injury survivors who are mid-high functioning, and are working at a job/career of their capabilities. The goal would be to enhance their well-being, self-sufficiency and improve their working status. We have been asked if Eric has looked for "other work" that would enable him to better provide for himself. He would give anything if this was a possibility! I would too!! But..... This isn't the reality of living with a brain injury, as there are tremendous challenges. There are very limited types of jobs the Traumatic Brain Injury Survivor can safely, physically and cognitively perform. For instance, Eric cannot: operate a truck/heavy equipment; do office work where there are numerous forms & deadlines; work with the public where he has to remember/organize many things at once; do any type of cleaning because of his terrible OCD (as a result of his brain injury, he now fears germs/and double/triple checks things many times). So the jobs he can cognitively and physically do are very limited; and visiting with many TBI survivors and their families they are in the exact same situation. The jobs they are capable of working are typically not on the "high end wage scale" and do not include paid benefits, making it difficult to make ends meet financially. We are thankful these jobs are available for

Individuals with disabilities; and most Traumatic Brain Injury Survivors also deal with the "remembering" of what they were capable of doing and accomplishing before their Brain Injury.

Eric and I were at an assistance review meeting with a social worker, where it was brought to Eric's and my attention that if he quit work and would apply for complete disability; he would most likely qualify for SSDI and assistance in most every aspect because of his disability. He will always have remaining cognitive and physical issues which include anxiety, OCD, fatigue, slight uneven gait and more; because....a brain injury is forever.

I knew he could go the route of not working but this isn't the choice he or I wanted, and we don't feel it is the right solution for anyone. These comments literally brought me to tears and I had to leave the meeting to "regroup" myself. Why?.....Really?....Why would we want a Traumatic Brain Injury Survivor who was on deaths bed and was given a 2nd chance at life, then worked extremely hard through five (5) years of therapies, and has regained the ability to work.....to then choose not work because he would be doing better financially if he were on SSDI and all the rest of the assistance? What exactly would he do with his life and what purpose would he have? After my cry and many deep breaths and "regrouping" I went back into the meeting, (where Eric stayed) and he was in tears, and he said I want to work..... So we continued with the meeting. I left the meeting with many unanswered questions and a heavy heart and Eric left the meeting somewhat confused and uncertain. We had a long talk and looked at his diary, and pictures and he knew his direction of life he wanted was to work and strive to be the best he can be.

Why is it that Traumatic Brain Injury Survivors who are "mid/high functioning" (in the middle so to speak); end up being the ones who "fall between the cracks"? It is observed consistently that these individuals often need and want to provide for themselves financially; and unfortunately all too often end up in poverty, homeless, or in correctional or prison facilities. Most often it is because they just give up due to financial and emotional stress, and this would not have to happen for many individuals; if they have more support in all areas.

Everyone needs to have a reason to get up in the morning and make the best of every day! Working brings not only income, but social interaction, livelihood, and a sense of self being and accomplishment. Traumatic Brain Injury Survivors want the same thing.....they need a purpose in life to be complete.

What would seem like a "small financial supplement" too many people would be an enormous amount for Traumatic Brain Injury Survivors who are working hard and want to live their lives to the best of their ability, and be the best they can possibly be!! They may never reach their dreams or goals they had envisioned for themselves before their Brain Injury, but they are

accepting the new individual they are. Our hopes and our responsibilities are to help them become independent working class citizens of North Dakota and continue to reach for their dreams.

So I am asking you to please support the Traumatic Brain Injury Flex Fund Program – Bill 2044.

Please remember: No Brain Injury is too small to ignore, or too severe to lose hope.

Thank you very much for your time and the opportunity to speak to you today. I will be happy to answer any questions you may have.

6.4

SB2044
Attach #7 JH 21882
01/13/2015

Testimony

Interim TBI Study – Human Services Division

Representative Chuck Damschen, Chairman

January 7, 2014

Chairman Damschen, members of the Interim Committee - Human Services Committee Divisions. Thank you for the opportunity to testify today at the Interim Study regarding Traumatic Brain Injury. I am Rhonda Boehm; my son Eric sustained a Traumatic Brain Injury in 2002 at the age of 14 in a tragic motor vehicle accident. Today he is 26 years old, and has become a young energetic adult; although his adulthood will be different than most his age, because he is living with a Traumatic Brain Injury with numerous cognitive impairments and challenges for the rest of his life.

I had the opportunity to speak to you at the previous Interim Study Meeting on October 29, 2013 regarding the financial and emotional stress that "Mid-Functioning" TBI survivors constantly deal with. I sincerely appreciate receiving emails from you committee members with comments/questions. I have a great deal of personal knowledge with Eric's TBI, have researched, and discussed with others options to present a proposed suggestion regarding this financial/emotional challenge for Mid-Functioning TBI Survivors.

In the past years and recent months now again, I have visited and completed applications for Eric with the Department Of Human Services, State Medicaid Department, SNAP, Burleigh County Housing Authority, Grand Forks Housing Authority, Vocational Rehab, UND School Of Medicine and have mentored and talked with TBI survivors.

I am proposing a state funded "Flex-Fund Plan": This would be for TBI Individuals that are "Mid-Functioning Survivors" capable of working. We are aware of the rising numbers of TBI survivors that are returning to work at their individual working level capacity. There is a tremendous need for a specialized program to assist these Traumatic Brain Injury Survivors that will encourage/guide them to continue working, enabling them to live independently and comfortably (in their own home).

Would a "Flex-Fund Plan" for Adult "Mid-Functioning" Traumatic Brain Injury Survivors be a feasible option, to help these individuals maintain a good quality of life? Yes it would be a very beneficial option; was the general consensus as I did my research and visited with others.

The "Flex-Fund Plan" would have criteria to meet like other State Assistance Programs. First the individual would have to "qualify" as a "Mid-Functioning" TBI Survivor whom has exhausted other options pursuing to provide a good quality of life financially for themselves.

Examples for qualifying would be such as: 1) Attended College, but were unsuccessful in achieving a college degree because of cognitive/ TBI related issues. 2) Achieved a degree, but only with an enormous amount of private tutoring and IEP Plans; and then cannot obtain and maintain a job in their field. 3) They are not capable cognitively or physically to perform a "Higher Functioning" job within the higher pay scale with paid benefits. 4) They are completely capable of independent living (in their own apartment, trailer, home. 5) Their TBI residual impairments prevent them from the opportunity of having roommates (most often

anxiety/social/ other TBI residual issues). The individual would need to qualify for at least two of the five items.

The application for the "TBI Flex Fund" could be something like this:

The TBI Survivor would complete an application with the State of North Dakota that would include such items as the following:

Section 1: The applicant would include all necessary personal information, TBI history and work performance levels, and other pertinent information.

Section 2: Include the Net Income they are currently earning and list all current assistance programs enrolled in with dollar amounts received for each, other types of beneficial programs enrolled in such as Voc Rehab. (See note 2 below regarding net income earning).

Section 3: List all expenses the individual has including but not limited to: rent, electricity, heat, all insurances, medical (not covered by insurance), groceries, gas and other necessary living expenses.

Section 4 (Qualifying): The monthly calculation would be: The income the individual earned plus any funds from assistance programs, then subtract the individuals living expenses. There would then be the balance of income left. This could be for example "Monthly Remaining Income". Next the allowable monthly flex fund (example $500) monthly would then be the basis to subtract the "Monthly remaining Income" for that month. Then the Financial Assistance the TBI Survivor would receive would be the difference of the two.

This could be set up several different ways: The TBI Individual provides a monthly list of items their TBI Flex Fund Money was spent on the previous month, or set up as General Daily Living Expenses without a monthly report. This may seem like a substantial amount of money at first; so let's take a look at what this funded money could provide. This TBI Flex Fund money would be spent on things like bills that are due, clothing, personal hygiene items, things needed in their home such as kitchenware, furniture, maybe a new mattress, pillows, maybe a used vehicle payment, entertainment such as movies, bowling or other interests. Realistically this TBI Flex Fund ($500.00 maximum per month) wouldn't allow for any extravagances, but it would be a very substantial amount to the TBI individual that is barely making ends meet financially.

Several notes to these four sections I would like to add:

Note 1): Many TBI Individuals receive some funds through the assistance programs such as Medicaid, SNAP, Heating, Housing, and so on...but it is often a very minimal amount.

Note 2): (Refer to Section 2 – why we suggest net income) The reasoning why Net Income should be used rather the Gross Income is because most TBI Survivors work as an employee for a company. They do not usually own their own business or own items they can use as tax deductions when filing their income tax returns. Because of this they do not qualify for any substantial amount of "tax refund" if any, when filing their income tax. Therefore they are basically are "living on" their net income. Their "Gross Wage" is referenced to on most assistance programs applications, and it seems most often it should be the "Net Wage" (taking into consideration only employee requested deductions such as 401Ks).

The Minimum wage in all states is mandated at the Federal Level, and the Federal Poverty Level is set by federal law, but North Dakota has considerably higher living expenses than many other states. Even jobs where wages are above minimum wage (Mid-range wage); are often still very difficult to meet financial obligations when living independently. TBI Survivors had dreams of providing a sufficient living for themselves; but most often they are not able to achieve this due to their TBI impairments.

Regarding employment: I would like to clarify an oversight about TBI survivors that are Mid-Functioning and working: they have only a select few jobs they can sufficiently and safely perform so therefore they don't qualify for many different careers or jobs. Another factor to consider is these lower end paying jobs are okay for students and individuals earning some "extra money"; but these wages are not feasible to support a household. In addition many TBI Survivors will continue to live at a single status for many years and therefore do not have dual income households. (This is almost always due to their social issues and differences following a TBI). They would give anything to have careers that better provide for themselves financially and emotionally, they would love jobs with higher pay and paid benefits, jobs that have more opportunity and so on; but unfortunately this isn't the reality of living life with a Traumatic Brain Injury.

I'd like to give examples of several plans that are state mandated which are "similar" to what we are proposing:

I have some general information regarding the 1915i state Medicaid plan amendment, States can offer a variety of services under a State Plan Home and Community-Based Services (HCBS) benefit. Individuals must meet State-defined criteria (meaning the state can develop their own criteria) based on need and typically get a combination of acute-care medical services (like dental services, skilled nursing services) and long-term services (like respite, case management, supported employment and environmental modifications).A specific population of individuals can be the focus or target, for example, individuals with TBI could be an added focus target. The state can select and define the services that are needed and would be provided; and are not limited to anything and can develop new service which is a great option.

For example, a current program that the state is currently working on is for children with mental health issues, where the state has added "customized goods and services" which would be similar to the flex fund option we are proposing. Another state mandated program is The "Workers with Disabilities Program". The state can make adjustments regarding income levels and qualifying requirements; that could also be more beneficial to the TBI Survivor.

As a "reference" I have attached a sample of Eric's' monthly income and expenses for you to see the actual amounts of income and expenses regarding his financial status. This is comparable to most all "Mid-functioning TBI survivors.

Remember this is to help the TBI Survivor who is working, (rather than them taking the route of not trying to work and applying for total disability/assistance). Most "Mid-Functioning TBI Survivors" who are capable of working have many life-long cognitive/physical impairments that they in reality would most likely qualify for "Complete Disability" including SSI, SSDI, and all federal and state assistance programs at a very high level. This is much more costly to the state and federal government and most importantly this is "NOT" what all "Mid-functioning" TBI Survivors want as a way of living their lives; therefore.....

It is in the best interest of the many TBI Survivors who are capable of working to continue to do so. They need to have a reason to get up every morning, to have social opportunities at work, to provide for themselves the best they can. They also need to receive ample assistance to allow them to live at a level that is above poverty proudly and to improve and maintain their quality of life.

In closing I would like us to remember: A Brain Injury Does Not Discriminate and more than 13,000 North Dakotans are currently living with a long term disability from a TBI; (each one with many different impairments/cognitive issue). This disability is often called the invisible disability because all too often individuals show no outward signs of the long term ramifications of the injury. So often it's the TBI Survivors that are "in the middle" or the "Mid-functioning" range that are the ones that "fall between the cracks," when they could actually be very productive citizens of North Dakota.

I appreciate your time and ask that you consider our proposal to begin the process to adopt a "Flex Fund Plan" for "Mid Functioning" Traumatic Brain Injury Survivors. They want to work and are capable and they want to move forward and maintain a good quality of life. Thank you very much for the opportunity to speak to you today. I will be happy to answer any questions you may have at this time.

SB2044
J# 23051
02/03/15
Attach #1

From: Quinn, Rebecca [mailto:rebecca.quinn@med.und.edu]
Sent: Friday, January 23, 2015 4:43 PM
To: Lee, Judy E.
Subject: TBI Flex Fund

Senator Lee
Attached are my recommendations regarding the TBI flex fund. I understand that you either already have/soon will be meeting with members of the House Human Services committee regarding TBI bills. Please let me know if I can offer any other recommendations or assistance. The biggest concern for me moving forward is how to address the fact that Medicaid refuses to acknowledge that TBI needs to be treated differently than typical older adult services.

An example is the new approved 24 hr supervision from last session has been set at the extremely low rate of $9.23 an hour and can only be provided by individual QSPs. Alternatively, the transitional services for TBI can only be provided by an agency. So someone would have to find an agency to provide their care half the day at $27.16/hr and then an individual willing to do the other time and overnight for only $9.23/hr. How would that possibly work? When I questioned the low rate DHS told me "It is lower than what we pay for personal care etc. but I think it's important to note that we are reimbursing at this rate for provider time spent just being present and available in the home. Providers are free to watch TV, play games with the recipient etc." I had a provider tell me, "can't even pay staff with that amount unless we have several individuals in the home and the staff is shared, but that is still very low. Hard to share 1 staff with 4 individuals. Not to mention we are an agency and it sounds like they just want family to hire babysitters not trained professionals."

This shows a lack of understanding that providing cognitive supervision to someone can be as, if not more, intensive than personal care and should be able to be reimbursed at the higher rate. I know it is related to the lack of funding for the services and there is an increase in SB 2012, but it still just shows DHS's lack of understanding in how to set up services for this population.

Thank you for listening to my frustration; Maybe with some of the retiring things will change.

Rebecca Quinn, LCSW, MSW
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Attach #2
SB 2044
J# 23051
02/03/15

Senator Lee

I would recommend the language below be added to Senate Bill 2044. Regarding eligibility and possible covered services. I have included an example of a similar program from West Virginia that looks to be well managed and in existence since 1998.

SECTION 1. Traumatic brain injury flex fund program

The department of human services shall develop a flex fund program for traumatic brain injury services and support.

1. The department shall implement a flex fund program for individuals with traumatic brain injury.
2. To be eligible for the flex fund program, individuals must have been a resident of the state for a minimum of six months, have income levels that do not exceed three hundred percent of the federal poverty level, have a diagnosis of traumatic brain injury, and have no other public or private funding source available.
3. The traumatic brain injury flex fund program shall be used to pay for services that will increase the achievement of functional independence and a return to a productive lifestyle for individuals who have suffered a traumatic brain injury. Eligible services may include durable medical equipment; assistive technology; independent living services; medical care; mental health services; occupational therapy and equipment; speech and language services; educational and employment services; executive and social skills training programs; transportation; respite care; and home accessibility modifications.

A few additional questions:

- There should be an established annual limits (I would say $2000, but don't want that in the code because it would have to be updated on occasion.)
- I am not sure what if any language should be added regarding the administration of the program. The example from West Virginia also has a resource facilitation program that ND has developed and is now managed by NDBIN. The WV program is set up that the resource facilitators assist with completing the application and verify the information is accurate, and are involved in the administration of the program. This is something that NDBIN could do if it was included in the contract from DHS. Language could be added to this bill to allow for DHS to contract the management of the program.

2044

Attach #1
SB2044
02/03/15 afternoon
(3:08)
J#23123

A BILL for an Act to provide an appropriation to the department of human services for the establishment of a traumatic brain injury flex fund program; and to provide for reports to the legislative management.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TRAUMATIC BRAIN INJURY FLEX FUND PROGRAM.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $250,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing and administering a traumatic brain injury flex fund program, for the biennium beginning July 1, 2015, and ending June 30, 2017.

SECTION 2. Traumatic brain injury flex fund program

The department of human services shall develop a flex fund program for traumatic brain injury services and support.

1. The department shall implement a flex fund program for individuals with traumatic brain injury.

2. To be eligible for the flex fund program, individuals must have been a resident of the state for a minimum of six months, have income levels that do not exceed three hundred percent of the federal poverty level, and have a diagnosis of traumatic brain injury. The flex fund must be the payer of last resort.

3. The traumatic brain injury flex fund program shall be used to pay for services that will increase the achievement of functional independence and a return to a productive lifestyle for individuals who have suffered a traumatic brain injury. Eligible services may

include durable medical equipment, assistive technology, independent living services, medicare care, mental health services, occupational therapy and equipment, physical therapy and equipment, speech and language services, educational and employment services, executive and social skills training programs, transportation, respite care, and home accessibility modifications.

SECTION ~~2.~~3. TRAUMATIC BRAIN INJURY FLEX FUND PROGRAM REPORTS TO THE LEGISLATIVE MANAGEMENT.

The department of human services shall report periodically to the legislative management during the 2015-16 interim on the use of the funds under this Act, including enrollment in the program, services provided, costs of services, and cost per recipient.

Department of Human Services #23827 2-13-15 SB 244 Subcom #1

Behavioral Health

Capacity Increases and Enhancements Included in the 2015-2017 Executive Budget

Description	Narrative	Total	General	Special
Extended Services - Seriously Mentally Ill (50 Slots)	Currently there are 164 slots for Serious Mental Illness (SMI) Extended Services. Extended Services provides job coaching that helps consumers maintain integrated, competitive, community-based employment, which is an important part of their recovery, rehabilitation, and habilitation process. The Department is requesting to add 50 slots to allow more individuals diagnosed with a serious mental illness to access employment support services through Extended Services. Total cost for the additional slots will be $454,800. Also additional funding of $100,189 is being requested for the contractor for the administrative costs related to the additional slots and maintenance of the Extended Services data system.	554,989	554,989	
Prevocational Skills - TBI (26 Slots)	The current provider of prevocational services is not able to spend adequate time with the individuals they serve. The individuals receive only an average of 2 hours per month with the current funding available. On average, an individual needs 8 hours of service per month to be adequately prepared to work with the Vocational Rehabilitation Program or to be able to return to work on their own. This additional funding would bring the total number of individuals that would be served to 50, for 8 hours per month, vs the current 24 individuals for 2 hours per month. A waiting list currently exists in the Fargo region for this service.	422,000	422,000	
Extended Services - TBI (35 Slots)	Currently, five individuals that experience the functional limitations associated with a Traumatic Brain Injury maintain employment due to the support they receive through the extended services program. The sixth slot has been designated for an individual in the process of securing employment. The average hourly and monthly earnings for these five individuals are $7.94 and $335.91. Currently there are 6 slots for Traumatic Brain Injury (TBI) Extended Services. The program is at capacity and a waiting list exists. Extended Services provides job coaching that helps consumers maintain integrated, competitive, community-based employment, which is an important part of their recovery, rehabilitation and habilitation process. Additional slots would allow 35 more individuals diagnosed with a traumatic brain injury to access employment services through Extended Services. The OAR anticipates 4 or 5 individuals will enter the program each quarter of the 2015-2017 biennium.	180,783	180,783	
10 Bed Crisis Residential/Transitional Living (NCHSC) (January 2016 Effective Date)	During calendar year 2013, NCHSC completed 106 State Hospital (SH) screenings. The Center does not have a Crisis Residential Unit (CRU), and therefore these clients were admitted to the SH. The Extended Care Director estimated between one-half and two-thirds of these clients could have been served by a CRU. There is also a need for a Transitional Living facility (TL) in the Minot region to assist those being discharged from the SH to transition back into the community with assistance and those needing longer term assistance with their daily living. This facility would assist in stabilizing consumers long term which will reduce inpatient and SH stays. In order to meet the needs in the Minot & Williston regions, the Department is requesting funding to contract for a combination facility that consists of a 5 bed CRU and a 5 bed TL. The Department anticipates a January 1, 2016 start date.	903,983	685,895	218,088
4 Bed Alternative Care Services (WCHSC) (January 2016 Effective Date)	WCHSC currently contracts for 10 Detoxification Management (Social Detox) and crisis residential beds for those in a behavioral health crisis (mental health or addiction) and are in need of short term residential care for stabilization. The client may meet the criteria for a stay of as little as three days and for as long as up to five weeks. Admission into the ACS beds would assist the Bismarck Region in decreasing the need to make admissions to the local hospitals and inpatient psychiatric units, as well as decrease admissions to the ND State Hospital. Those admitted into ACS are allowed to remain closer to their natural supports while providing them a safe place to address their need for stabilization from their behavioral health crisis. All 10 beds are often filled, clients are then placed on a waiting list and are not receiving the level of care needed. The OAR anticipates a start date of January 1, 2016.	283,500	283,500	
IDDT Programming (WCHSC)	Requesting 1 FTE for an Advanced Clinical Specialist, 1 FTE for a Registered Nurse II, and 1 FTE for a Human Service Aide II to be able to expand our Integrated Dual Diagnosis Treatment (IDDT) program. With WCHSC's current staffing pattern the IDDT program is at the maximum capacity. IDDT is an evidenced based treatment program which uses a co-occurring mental health and substance abuse treatment model and a team approach with a high amount of consumer input. The IDDT program has specific guidelines regarding caseload per FTE. WCHSC currently has 30 clients on a waiting list due to the lack of adequate staffing to meet the requirements of this model.	393,295	393,295	
10 Bed Residential Addiction (BLHSC) (July 2016 Effective Date)	BLHSC is requesting a 10 bed short term residential facility to provide crisis residential and social detoxification services for addiction clients in the Dickinson Region. Currently the only option for intoxication management is a single crisis residential unit at the Residential Care Center (RCC) operated by BLHSC. When this bed is full, clients are sent to the county jail or the State Hospital. This facility would reduce those admissions and allow the client to receive stabilization and detoxification in their community where a supportive environment exists. The Department anticipates a July 1, 2016 start date for this OAR.	601,699	601,699	
15 Bed Expansion for Tompkins Rehabilitation and Correction Center Program (SH FTE)	Both DHS and DOCR recognize the value of the Tompkins Rehabilitation Center in treating addiction and preventing addicted individuals from re-offending and returning to the corrections system. The number of inmates who could benefit from the service continues to rise, but the current Tompkins program is consistently full. Therefore, there is a need to add an additional 15 bed unit on the grounds of the State Hospital which would be operated by 11 full time FTEs, consisting of 2 Addiction Counselors, 2 Direct Care Supervisors and 7 Direct Care Staff.	1,520,369	1,520,369	
Trauma-Informed System of Care	During the 2014 DHS stakeholder meetings 50-60% of locations visited indicated more complex client issues and were concerned with the number of youth placed out-of-state for treatment. These children are traumatized and multiple placements make the situation worse. By focusing on and implementing evidenced-based trauma awareness and treatment, children will have better opportunities to do better in their lives. The funding will support ongoing statewide implementation of a trauma-informed system of care. This work includes training and consultation with the child welfare system, HSC's, medical providers, other system partners, and the RCCF and PRTF's.	287,630	229,130	58,500
ND Cares	ND Cares is a coalition dedicated to strengthening an accessible, seamless network of support for Service Members, Veterans, Famlies, and Survivors in North Dakota, initiated in 2013 through a Substance Abuse and Mental Health Services Administration (SAMHSA) initiative. ND Department of Human Services has the infrastructure and capacity in place to support the ND Cares statewide efforts and initiatives. Funding for the this effort would support the following: -Faciliation of ND Cares Data Committee [$80,000]: Contract for data support services and development of data products. -Professional Development Trainings [$20,000]: Provides funding to enhance the Fall and Spring Behavioral Health Conferences by integrating military specific trainings, presenters, and stipends to enhance the capacity of key stakeholders. -Website/Communication efforts [$30,000]: Acquiring relevant URL, development and design of ND Cares website and related communication efforts.	130,000	130,000	
Mobile On-Call Crisis Services (Statewide HSC) (Staggered Implementation Dates)	The Mobile On-Call Service in the Southeast Region has successfully helped clients remain in the community and diverted them from inpatient hospitalizations. The program links clients to services to prevent future crises and to help sustain their recovery so they can remain living in their homes and communities. The amount requested is to expand Mobile On-Call Services to the remaining human service center regions. Implementation by Region is projected to occur on or before these dates; January 1, 2016 - Lake Region, Northeast and South Central; July 1, 2016 - Northwest and Badlands; October 1, 2016 - North Central and West Central.	1,000,000	1,000,000	
		6,278,248	**6,001,660**	**276,588**

decrease St. Hosp. admins.

implementation order of priority.

Resource Facilitation

-Single entry point
-Develop a plan of care
-Gathers records information
-Reviews/organizes information
-Family Consultation
-Assessment
-Coordinate services
-Provider Consultation
- Referral to Resources
-Support self-advocacy efforts
-150 slots FY 2013-15

Additional 100 slots

HB 1046 = $500,000

Community Resources

TBI Flex Fund

Fund d[illegible]esort for approved items for independent living and maintaining employment

SB 2044=$250,000

Job Development and Placement Services

- Short Term only-no long term supports
- Situational Assessments
- Job Development - Job Placement
- Job Retention/Coaching (90 days only)
- Clients must demonstrate motivation or desire to work, are reliable to show up when they need to, and have the capacity to stay on task for a period of time.

Vocational Rehabilitation

Supported Employment Services

- Client must be employed at least 50 hours per month
- Cost to maintain employment does not exceed their earnings at entrance to Extended Services
- Client earns at least minimum wage

Extended Employment Services

(Community Rehabilitation Providers)

- 6 current slots @ $379 per/month
- Job Coach helps maintain job
- Supports as long as needed

Additional 35 slots

SB 2012 = $180,783

Pre-Vocational Skills Program

- Building Confidence
- Effective Communication
- Following Instructions
- Social Skills - Job Shadows
- Accessing Public Transit
- Personal Appearance
- Stamina/Consistency
-No Competitive Employment
-74 slots FY 2013-15

Additional 26 slots

SB 2012 = $422,000

Return to Work Program

- Zero Exclusion, Rapid Job Search, Competitive Employment only, Time- Unlimited - Job Development
- Job Placement - Resume Writing
- Applications Submissions
- Interview Assistance
- On/Off site Job Coaching
- Job Club - Life Skills
- Employer Support & Education
- Community Awareness
-Competitive Employment 0-20 hours per week

100 slots

HB 1046 = $500,000

TBI Totals

House Bill 1046

- $500,000-Resource Facilitation Program
- $500,000-Return to Work Program

Senate Bill 2012

- $422,000-Pre-Vocational Skills Program
- $180,783-Eliminate Waitlist for TBI Extended Employment Services

Senate Bill 2044

- $250,000-Flex Fund

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SB 2044 #3
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PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2044

Page 1, line 3, remove "and"

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

Page 2, line 1, replace "biennium" with "period"

Page 2, line 2, replace "July 1, 2015" with "April 1, 2016"

Page 2, after line 6, insert:

"**SECTION 4. EFFECTIVE DATE.** This Act becomes effective on April 1, 2016."

Renumber accordingly

February 13, 2015 – Prepared by the Department of Human Services