

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, after "services" insert "; to provide an appropriation to the state department of health"

Page 1, line 4, replace "section" with "subsection 9 of section 50-06.4-10 and sections 50-24.1-31 and"

Page 1, line 5, after the first "to" insert "the brain injury advisory council, optional medical assistance for children, and"

Page 1, line 6, remove the first "a"

Page 1, line 6, replace "report" with "reports"

Page 1, line 7, replace "an exemption" with "exemptions; to provide an effective date; to provide an expiration date"

Page 1, remove lines 19 through 23

Page 2, replace lines 1 and 2 with:

"Salaries and wages	\$26,280,139	(\$6,057,639)	\$20,222,500
Operating expenses	116,315,826	31,908,694	148,224,520
Capital assets	0	50,000	50,000
Grants	<u>204,000</u>	<u>(204,000)</u>	<u>0</u>
Total all funds	\$142,799,965	\$25,697,055	\$168,497,020
Less estimated income	<u>85,679,558</u>	<u>18,127,188</u>	<u>103,806,746</u>
Total general fund	\$57,120,407	\$7,569,867	\$64,690,274"

Page 2, replace lines 6 through 13 with:

"Salaries and wages	\$62,782,944	\$6,211,929	\$68,994,873
Operating expenses	125,299,436	25,162,147	150,461,583
Capital assets	10,000	0	10,000
Grants	441,420,827	11,598,680	453,019,507
Grants - medical assistance	<u>2,373,678,247</u>	<u>368,479,473</u>	<u>2,742,157,720</u>
Total all funds	\$3,003,191,454	\$411,452,229	\$3,414,643,683
Less estimated income	<u>1,945,157,519</u>	<u>255,010,619</u>	<u>2,200,168,138</u>
Total general fund	\$1,058,033,935	\$156,441,610	\$1,214,475,545"

Page 2, replace lines 18 through 22 with:

"Human service centers	\$196,049,489	\$8,551,654	\$204,601,143
Institutions	<u>140,421,224</u>	<u>4,025,921</u>	<u>144,447,145</u>
Total all funds	\$336,470,713	\$12,577,575	\$349,048,288
Less estimated income	<u>138,543,705</u>	<u>(4,458,085)</u>	<u>134,085,620</u>
Total general fund	\$197,927,008	\$17,035,660	\$214,962,668"

Page 2, replace lines 27 and 28 with:

"County social services	\$0	\$173,700,000	\$173,700,000
Total special funds	\$0	\$173,700,000	\$173,700,000"

Page 2, line 30, replace "BILL" with "SECTION 1"

Page 3, replace lines 3 through 6 with:

"Grand total general fund	\$1,313,081,350	\$181,047,137	\$1,494,128,487
Grand total special funds	<u>2,169,380,782</u>	<u>442,379,722</u>	<u>2,611,760,504</u>
Grand total all funds	\$3,482,462,132	\$623,426,859	\$4,105,888,991
Full-time equivalent positions	2,162.23	68.00	2,230.23"

Page 3, after line 28, insert:

**"SECTION 3. APPROPRIATION - STATE DEPARTMENT OF HEALTH - HYPERBARIC OXYGEN THERAPY PILOT PROGRAM - REPORT TO LEGISLATIVE MANAGEMENT.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$335,000, or so much of the sum as may be necessary, to the state department of health for the purpose of contracting with a third party to implement a hyperbaric oxygen therapy pilot program, for the biennium beginning July 1, 2019, and ending June 30, 2021. The funding appropriated in this section is considered a one-time funding item.

The state department of health shall contract with an entity with experience implementing studies using hyperbaric oxygen for traumatic brain injuries to conduct a pilot program for treatment of moderate to severely brain-injured North Dakotans using an established protocol of hyperbaric oxygen therapy provided by a private entity with experience in treating traumatic brain injury using medical-grade hyperbaric chambers pressurized with one hundred percent oxygen. The goals of the study include demonstrating improvement in brain-eye function using RightEye, significant improvement in quality of life of injured patients, and significant improvement in cognitive abilities of injured patients. The pilot program design must be established in consultation with a third-party physician and all protocols, statistics, and other nonidentifying data must be made publicly available. During the 2019-20 interim, the state department of health shall report to the legislative management on the status and results of the pilot program."

Page 5, after line 4, insert:

**"SECTION 6. AMENDMENT.** Subsection 9 of section 50-06.4-10 of the North Dakota Century Code is amended and reenacted as follows:

9. The department shall ~~provide the council with administrative contract with a private, nonprofit agency that does not provide brain injury services, to facilitate and provide support services to the council.~~

**SECTION 7. AMENDMENT.** Section 50-24.1-31 of the North Dakota Century Code is amended and reenacted as follows:

**50-24.1-31. Optional medical assistance for families of children with disabilities.**

The department of human services shall establish and implement a buyin program under the federal Family Opportunity Act enacted as part of the Deficit Reduction Act of 2005 [Pub. L. 109-171; 120 Stat. 4; 42 U.S.C. 1396] to provide medical assistance and other health coverage options to families of children with

disabilities and whose net income does not exceed two hundred fifty percent of the federal poverty line."

Page 5, line 7, remove the overstrike over "**Effective**"

Page 5, line 8, remove the overstrike over "**January 1, 2014, through July 31,**"

Page 5, line 8, after "**2019**" insert "**2021**"

Page 6, after line 22, insert:

**"SECTION 9. AMENDMENT.** Section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

**50-24.1-37. Medicaid expansion - Legislative management report. (Effective January 1, 2014, through July 31, ~~2019~~2021 - Contingent repeal - See note)**

1. The department of human services shall expand medical assistance coverage as authorized by the federal Patient Protection and Affordable Care Act [Pub. L. 111-148], as amended by the Health Care and Education Reconciliation Act of 2010 [Pub. L. 111-152] to individuals under sixty-five years of age with income below one hundred thirty-eight percent of the federal poverty level, ~~based on modified adjusted gross income line published by the federal office of management and budget applicable to the household size.~~
2. The department of human services shall inform new enrollees in the medical assistance expansion program that benefits may be reduced or eliminated if federal participation decreases or is eliminated.
3. ~~The~~Except for pharmacy services, the department shall implement the expansion by bidding through private carriers or utilizing the health insurance exchange.
4. The contract between the department and the private carrier must:
  - a. ~~Provide a reimbursement methodology for all medications and dispensing fees which identifies the minimum amount paid to pharmacy providers for each medication. The reimbursement methodology, at a minimum, must:~~
    - (1) Be available on the department's website; and
    - (2) Encompass all types of pharmacy providers regardless of whether the pharmacy benefits are being paid through the private carrier or contractor or subcontractor of the private carrier under this section.
  - b. ~~Provide full transparency of all costs and all rebates in aggregate.~~
  - c. ~~Allow an individual to obtain medication from a pharmacy that provides mail order service; however, the contract may not require mail order to be the sole method of service and must allow for all contracted pharmacy providers to dispense any and all drugs included in the benefit plan and allowed under the pharmacy provider's license.~~

- d. ~~Ensure that pharmacy services obtained in jurisdictions other than this state and its three contiguous states are subject to prior authorization and reporting to the department for eligibility verification.~~
  - e. ~~Ensure the payments to pharmacy providers do not include a required payback amount to the private carrier or one of the private carrier's contractors or subcontractors which is not representative of the amounts allowed under the reimbursement methodology provided in subdivision a.~~
5. The contract between the department and the private carrier must provide the department with full access to provider reimbursement rates. The department shall consider provider reimbursement rate information in selecting a private carrier under this section. Before August first of each even-numbered year, the department shall submit a report to the legislative management regarding provider reimbursement rates under the medical assistance expansion program. This report may provide cumulative data and trend data but may not disclose identifiable provider reimbursement rates.
- ~~6.5.~~ Provider reimbursement rate information received by the department under this section and any information provided to the department of human services or any audit firm by a pharmacy benefit manager under this section is confidential, except the department may use the reimbursement rate information to prepare the report to the legislative management as required under this section."

Page 7, line 15, replace "\$182,300,000" with "\$173,700,000"

Page 7, line 16, remove "a"

Page 7, line 16, remove the second "service"

Page 7, line 17, replace "redesign project" with "and human services"

Page 7, after line 21, insert:

**"SECTION 15. ESTIMATED INCOME - HEALTH CARE TRUST FUND - NURSING HOME OPERATING MARGIN ADJUSTMENT.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum of \$1,000,000 from the health care trust fund and \$1,062,000 from other funds derived from federal funds. These funds must be used to increase the nursing facility operating margin up to 4.4 percent for the period beginning January 1, 2020, and ending June 30, 2021. Notwithstanding any other provision of law, the draft appropriations acts submitted to the legislative assembly for the 2021-23 biennium pursuant to section 54-44.1-11 may not contain a nursing facility operating margin in excess of 3.74 percent.

**SECTION 16. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM.**

1. Subdivision 2 of section 1 of this Act includes the sum of \$567,367,511, of which \$60,776,487 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2019, and ending June 30, 2021. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount. For purposes of this section:

- a. Expenditures do not include those made for individuals identified as medically frail and who receive services through the traditional Medicaid program administered by the department of human services for which there is a separate appropriation of \$5,185,101 included in subdivision 2 of section 1 of this Act.
  - b. Expenditures do not include prescription drugs for the medical assistance expansion program population which is administered by the department of human services through its fee-for-service Medicaid program for which there is a separate appropriation of \$52,548,356 included in subdivision 2 of section 1 of this Act.
  - c. Expenditures do not include funding from the federal health insurance provider fee for which a separate appropriation of \$9,619,987 is included in subdivision 2 of section 1 of this Act.
2. The department of human services may exceed appropriations for increases in medical assistance expansion program caseload.
  3. The managed care organization under contract with the department to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers. The managed care organization may consider urban and rural providers as different provider types. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs.
  4. The managed care organization and the department of human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement.
  5. The department of human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care."

Page 7, line 24, remove the second "and"

Page 7, line 25, remove "implement"

Page 7, line 28, replace "use of" with "potential need for"

Page 8, line 2, remove the second "and"

Page 8, line 4, after "centers" insert: "; and"

5. The potential use of available Medicaid authorities, including waivers or plan amendments"

Page 8, remove lines 5 and 6

Page 8, line 7, remove "Medicaid demonstration waiver."

**"SECTION 18. REVISED PAYMENT METHODOLOGY FOR NURSING FACILITY SERVICES - REPORT TO LEGISLATIVE MANAGEMENT.** The department of human services shall develop an implementation plan for a revised payment methodology for nursing facility services that must include recommendations for:

1. Methods of reimbursement for nursing facility cost categories including direct patient care, administrative expenses, and capital assets;
2. Considerations regarding establishing peer groups for payments based on factors such as geographical location or nursing facility size;
3. The feasibility and desirability of equalizing payments for nursing facilities in the same peer group, including the time frame for equalization; and
4. Payment incentives related to care quality or operational efficiency.

The executive director of the department of human services and representatives of the nursing home industry shall appoint a committee to advise the department on the development of the revised payment methodology for nursing facility services. Before October 1, 2020, the department shall report to the legislative management regarding the plan to implement the revised payment methodology. The estimated costs related to the implementation of the revised payment methodology must be included in the department's 2021-23 biennium budget request submitted to the sixty-seventh legislative assembly.

**SECTION 19. ADAPTIVE SKIING GRANT - EXEMPTION.** Subdivision 2 of section 1 of this Act includes the sum of \$200,000 from the general fund for a grant for an adaptive skiing program affiliated with a winter park that is located in a county of less than 10,000 individuals. The requirements of chapter 54-44.4 do not apply to the selection of a grantee, the grant award, or payments made under this section.

**SECTION 20. PERMANENT HOUSING PROGRAM GRANTS - EXEMPTION - REPORT TO LEGISLATIVE MANAGEMENT.** Subdivision 3 of section 1 of this Act includes the sum of \$825,000 from the general fund to provide grants to entities to provide services to individuals experiencing chronic homelessness in the northeast and southeast human service regions. The requirements of chapter 54-44.4 do not apply to the selection of grantees, the grant awards, or payments made under this section. The department of human services' oversight for these services is limited to receiving information relating to annual service numbers and the expenditure of appropriated funds for these services.

The funds identified for permanent housing grants may be used only for services not reimbursed by other funding sources. The department of human services, in cooperation with the grant recipients, shall provide reports to the legislative management during the 2019-20 interim regarding the services provided by the programs, the nonidentifiable demographics of the individuals receiving services, and the other funding or reimbursement being used to support the programs.

**SECTION 21. SCHOOL BEHAVIORAL HEALTH GRANTS.** Subdivision 2 of section 1 of this Act includes the sum of \$1,500,000 from the general fund for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs. To be eligible to receive a student behavioral health grant, a school district must submit a plan to the department of human services

detailing the school district's collaboration with other regional school districts regarding student behavioral health needs and the use of grant funding to develop student behavioral health interventions. A school district may not use grant funding to duplicate or fund existing services. The department of human services shall provide student behavioral health grants only during the second year of the 2019-21 biennium."

Page 8, line 30, after "\$300,000" insert "from the general fund"

Page 10, after line 8, insert:

**"SECTION 29. EXEMPTION.** The sum of \$728,207 from the general fund appropriated for the department's operating expenses for the legal advisory unit in chapter 11 of the 2017 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation may be used for the Ireland lawsuit or its settlement during the biennium beginning July 1, 2019, and ending June 30, 2021.

**SECTION 30. EXEMPTION.** The sum of \$150,000 from the general fund appropriated for the purpose of establishing a children's prevention and early intervention behavioral health services pilot project in chapter 333 of the 2017 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available to be used for the completion of the children's prevention and early intervention behavioral health services pilot project during the biennium beginning July 1, 2019, and ending June 30, 2021."

Page 11, line 24, after "disturbance" insert "for dates of service"

Page 11, line 30, after "illness" insert "for dates of service"

Page 12, after line 5, insert:

**"SECTION 41. IMPLEMENTATION OF 1915i MEDICAID STATE PLAN.** The department of human services shall implement and manage a 1915i Medicaid state plan amendment for children and adults, for the biennium beginning July 1, 2019, and ending June 30, 2021.

**SECTION 42. HOME AND COMMUNITY-BASED SERVICES TARGETED POPULATION.** The department of human services shall adopt rules, on or before January 1, 2021, establishing a process and requirements to involve public and private entities in identifying individuals who are at serious risk of accessing Medicaid funded long-term care in a nursing facility and inform them about home and community-based services options.

**SECTION 43. AUTISM SPECTRUM DISORDER TASK FORCE.** The department of human services shall consult with the autism spectrum disorder task force at the November 2019 task force meeting to evaluate biennium autism spectrum disorder Medicaid waiver expenditures to date. Based on input from the task force, the department may expand the number of slots or increase the ages covered by the autism spectrum disorder Medicaid waiver for the remainder of the 2019-21 biennium.

**SECTION 44. AUTISM SPECTRUM DISORDER VOUCHER PROGRAM.** The department of human services shall propose changes to North Dakota administrative code to seek additional flexibility for the administration of the autism spectrum disorder voucher program to ensure more families can be served within available appropriations. The proposed administrative code changes should consider changes that include a voucher that is solely for technology support and one that is for in-home

supports; adding case management or parent-to-parent support as an allowable service for voucher funds; and reducing the amount of time during which a household may use approved voucher funds."

Page 12, after line 17, insert:

**"SECTION 47. EFFECTIVE DATE.** Section 9 of this Act becomes effective on January 1, 2020.

**SECTION 48. EXPIRATION DATE.** Section 8 of this Act is effective through December 31, 2019, and after that date is ineffective."

Page 12, line 19, replace "21" with "32"

Renumber accordingly

**STATEMENT OF PURPOSE OF AMENDMENT:**

**Senate Bill No. 2012 - Summary of House Action**

	Base Budget	Senate Version	House Changes	House Version
State Department of Health				
Total all funds	\$0	\$0	\$335,000	\$335,000
Less estimated income	0	0	0	0
General fund	\$0	\$0	\$335,000	\$335,000
FTE	0.00	0.00	0.00	0.00
DHS - Management				
Total all funds	\$142,799,965	\$168,418,321	\$78,699	\$168,497,020
Less estimated income	85,679,558	103,780,027	26,719	103,806,746
General fund	\$57,120,407	\$64,638,294	\$51,980	\$64,690,274
FTE	140.45	107.95	0.00	107.95
DHS - Program/Policy				
Total all funds	\$3,003,191,454	\$3,447,390,889	(\$32,747,206)	\$3,414,643,683
Less estimated income	1,945,157,519	2,191,493,617	8,674,521	2,200,168,138
General fund	\$1,058,033,935	\$1,255,897,272	(\$41,421,727)	\$1,214,475,545
FTE	366.50	377.25	6.00	383.25
DHS - County Social Services Financing				
Total all funds	\$0	\$182,300,000	(\$8,600,000)	\$173,700,000
Less estimated income	0	182,300,000	(8,600,000)	173,700,000
General fund	\$0	\$0	\$0	\$0
FTE	0.00	223.00	(83.00)	140.00
DHS - Field Services				
Total all funds	\$336,470,713	\$351,044,271	(\$1,995,983)	\$349,048,288
Less estimated income	138,543,705	132,151,522	1,934,098	134,085,620
General fund	\$197,927,008	\$218,892,749	(\$3,930,081)	\$214,962,668
FTE	1,655.28	1,599.03	0.00	1,599.03
Bill total				
Total all funds	\$3,482,462,132	\$4,149,153,481	(\$42,929,490)	\$4,106,223,991
Less estimated income	2,169,380,782	2,609,725,166	2,035,338	2,611,760,504
General fund	\$1,313,081,350	\$1,539,428,315	(\$44,964,828)	\$1,494,463,487
FTE	2,162.23	2,307.23	(77.00)	2,230.23



**Senate Bill No. 2012 - State Department of Health - House Action**

	<b>Base Budget</b>	<b>Senate Version</b>	<b>House Changes</b>	<b>House Version</b>
Hyperbaric oxygen therapy program			\$335,000	\$335,000
Total all funds	\$0	\$0	\$335,000	\$335,000
Less estimated income	0	0	0	0
General fund	\$0	\$0	\$335,000	\$335,000
FTE	0.00	0.00	0.00	0.00

**Department 301 - State Department of Health - Detail of House Changes**

	<b>Adds Funding for Hyperbaric Oxygen Therapy Pilot Program<sup>1</sup></b>	<b>Total House Changes</b>
Hyperbaric oxygen therapy program	\$335,000	\$335,000
Total all funds	\$335,000	\$335,000
Less estimated income	0	0
General fund	\$335,000	\$335,000
FTE	0.00	0.00

<sup>1</sup> One-time funding is added for the State Department of Health to contract with a private entity to establish a hyperbaric oxygen therapy pilot program. The department is to report to the Legislative Management during the 2019-20 interim regarding the status and results of the pilot program.

**Senate Bill No. 2012 - DHS - Management - House Action**

	<b>Base Budget</b>	<b>Senate Version</b>	<b>House Changes</b>	<b>House Version</b>
Salaries and wages	\$26,280,139	\$20,143,801	\$78,699	\$20,222,500
Operating expenses	116,315,826	148,224,520		148,224,520
Capital assets		50,000		50,000
Grants	204,000			
Total all funds	\$142,799,965	\$168,418,321	\$78,699	\$168,497,020
Less estimated income	85,679,558	103,780,027	26,719	103,806,746
General fund	\$57,120,407	\$64,638,294	\$51,980	\$64,690,274
FTE	140.45	107.95	0.00	107.95

**Department 326 - DHS - Management - Detail of House Changes**

	<b>Adjusts Funding for Salary Increase<sup>1</sup></b>	<b>Total House Changes</b>
Salaries and wages	\$78,699	\$78,699
Operating expenses		
Capital assets		
Grants		
Total all funds	\$78,699	\$78,699
Less estimated income	26,719	26,719
General fund	\$51,980	\$51,980
FTE	0.00	0.00

<sup>1</sup> Funding is adjusted to provide employee salary increases of 2 percent on July 1, 2019, with a minimum monthly increase of \$120 and a maximum monthly increase of \$200, and 2.5 percent on July 1, 2020. The Senate provided funding for a 2 percent salary increase on July 1, 2019, and a 3 percent salary increase on July 1, 2020. The same salary adjustments are being provided for all areas of the department.

**Senate Bill No. 2012 - DHS - Program/Policy - House Action**

	<b>Base Budget</b>	<b>Senate Version</b>	<b>House Changes<sup>1</sup></b>	<b>House Version</b>
Salaries and wages	\$62,782,944	\$67,904,611	\$1,090,262	\$68,994,873
Operating expenses	125,299,436	148,265,426	2,196,157	150,461,583
Capital assets	10,000	10,000		10,000
Grants	441,420,827	448,876,175	4,143,332	453,019,507
Grants - Medical assistance	<u>2,373,678,247</u>	<u>2,782,334,677</u>	<u>(40,176,957)</u>	<u>2,742,157,720</u>
Total all funds	\$3,003,191,454	\$3,447,390,889	(\$32,747,206)	\$3,414,643,683
Less estimated income	<u>1,945,157,519</u>	<u>2,191,493,617</u>	<u>8,674,521</u>	<u>2,200,168,138</u>
General fund	\$1,058,033,935	\$1,255,897,272	(\$41,421,727)	\$1,214,475,545
FTE	366.50	377.25	6.00	383.25

<sup>1</sup> Funding for program and policy is adjusted as follows:

	<b>FTE Positions</b>	<b>General Fund</b>	<b>Other Funds</b>	<b>Total</b>
<b>2019-21 Ongoing Funding Changes</b>				
Adjusts salary increase funding as detailed in management section		\$98,534	\$156,235	\$254,769
Adjusts provider inflationary increases to 2 percent the 1st year of the biennium and to 2.5 percent the 2nd year of the biennium		(2,293,611)	(2,587,825)	(4,881,436)
Adjusts the federal medical assistance percentage estimate to 50.05 for federal fiscal year 2020 and to 52.66 for federal fiscal year 2021		(24,656,101)	24,149,902	(506,199)
<b>Economic Assistance</b>				
Reduces funding added by the Senate for temporary assistance for needy families tribal kinship care from \$2,935,800 to \$2 million		(935,800)		(935,800)
Increases funding for the alternatives to abortion program to provide total funding of \$600,000			100,000	100,000
<b>Medical Services</b>				
Adjusts the department's savings plan for revised estimates		(174,829)	(387,518)	(562,347)
Provides for the department to administer Medicaid Expansion pharmacy services rather than utilizing a private carrier	2.00	(551,686)	(4,940,257)	(5,491,943)
Adjusts funding added by the Senate for a Medicaid 1915i plan amendment based on revised cost estimates		(1,400,202)	99,799	(1,300,403)

Adjusts funding added by the Senate for the children with disabilities buy-in program due to FMAP change	(28,061)	28,061	0
Adjusts estimated estate collections due to a court decision	1,500,000	(1,500,000)	0
Adjusts funding for Medicaid funeral cost exemption changes approved in House Bill No. 1318	326,053	341,131	667,184
Adjusts funding to expand Medicaid coverage for pregnant women as approved in House Bill No. 1515	797,532	834,414	1,631,946
Reduces estimated medical services utilization rates	(3,909,600)	(4,090,400)	(8,000,000)
Adjusts Medicare drug clawback funding based on revised estimates	1,222,206		1,222,206

**Long-Term Care**

Adjusts funding for licensure of pediatric subacute care facilities as provided in Senate Bill No. 2317	648,485	716,287	1,364,772
Transfers funding added by the Senate for autism extended services to human service centers	(170,000)		(170,000)
Adjusts estimated long-term care utilization rates	(9,774,000)	(10,226,000)	(20,000,000)
Adds funding, including \$1 million from the health care trust fund, to increase the nursing home operating margin amount up to 4.4 percent for the period beginning January 1, 2020, and ending June 30, 2021		2,062,000	2,062,000
Adds funding to allow nursing facility software costs to be classified as a passthrough expense as approved in House Bill No. 1124	829,129	867,472	1,696,601

**Aging Services**

Adds funding to contract with subject matter experts for Aging Services programs	500,000		500,000
Adds funding for contracting and operating expenses of the Aging and Disability Resource Link service	331,936	292,794	624,730
Adds intake FTE positions for the Aging and Disability Resource Link service	5.00	437,250	387,750
Increases funding for dementia care services grants to provide total funding of \$1.2 million	150,000		150,000

**Behavioral Health Division**

Reduces funding added by the Senate to expand the free through recovery	(1,000,000)		(1,000,000)
---	-------------	--	-------------

program from \$4.5 million to \$3.5 million			
Reduces funding added by the Senate for the Parents LEAD program to provide total funding of \$200,000		(160,000)	(160,000)
Increases federal funds authority for the children's system of care grant to provide a total of \$6 million			3,000,000
Adjusts funding added by the Senate to expand the eligibility of the substance voucher use disorder program from individuals 18 to 14 years of age or older to reflect revised estimated costs		(138,062)	(138,062)
Reduces funding added by the Senate for early intervention services from \$600,000 to \$300,000		(300,000)	(300,000)
Removes funding and 1 FTE position added by the Senate for a mental health voucher program	(1.00)	(1,050,000)	(1,050,000)
Adds federal funds authority for a state opioid response grant			2,098,462
Adds funding for a new behavioral health grant program for schools		1,500,000	1,500,000

**Vocational Rehabilitation**

Adds funding for services provided by the Attorney General for the cooperative disability investigation unit			851,314	851,314
Restores funding removed during the August 2016 budget reductions for adaptive skiing programs		200,000		200,000

**Developmental Disabilities**

Reduces estimated utilization rates for developmental disability services		(3,420,900)	(3,579,100)	(7,000,000)
Total ongoing funding changes	6.00	(\$41,421,727)	\$8,674,521	(\$32,747,206)

**Senate Bill No. 2012 - DHS - County Social Services Financing - House Action**

	Base Budget	Senate Version	House Changes	House Version
County social services	\$0	\$182,300,000	(\$8,600,000)	\$173,700,000
Total all funds	\$0	\$182,300,000	(\$8,600,000)	\$173,700,000
Less estimated income	0	182,300,000	(8,600,000)	173,700,000
General fund	\$0	\$0	\$0	\$0
FTE	0.00	223.00	(83.00)	140.00

**Department 333 - DHS - County Social Services Financing - Detail of House Changes**

	<b>Adjusts Funding for Human Service Redesign Project<sup>1</sup></b>	<b>Total House Changes</b>
County social services	(\$8,600,000)	(\$8,600,000)
Total all funds	(\$8,600,000)	(\$8,600,000)
Less estimated income	(8,600,000)	(8,600,000)
General fund	\$0	\$0
FTE	(83.00)	(83.00)

<sup>1</sup> Funding and FTE positions for the human services redesign project are adjusted consistent with changes approved by the House in Senate Bill No. 2124 and for changes to employee salary increase guidelines.

**Senate Bill No. 2012 - DHS - Field Services - House Action**

	<b>Base Budget</b>	<b>Senate Version</b>	<b>House Changes<sup>1</sup></b>	<b>House Version</b>
Human service centers	\$196,049,489	\$203,344,121	\$1,257,022	\$204,601,143
Institutions	140,421,224	147,700,150	(3,253,005)	144,447,145
Total all funds	\$336,470,713	\$351,044,271	(\$1,995,983)	\$349,048,288
Less estimated income	138,543,705	132,151,522	1,934,098	134,085,620
General fund	\$197,927,008	\$218,892,749	(\$3,930,081)	\$214,962,668
FTE	1,655.28	1,599.03	0.00	1,599.03

<sup>1</sup> Funding for field services is adjusted as follows:

<b>2019-21 Ongoing Funding Changes</b>	<b>FTE Positions</b>	<b>General Fund</b>	<b>Other Funds</b>	<b>Total</b>
Adjusts salary increases as detailed in the management section		\$800,291	\$492,546	\$1,292,837
Adjusts provider inflation increases to 2 percent the 1st year of the biennium and 2.5 percent the 2nd year of the biennium		343,589	4,271	347,860
Adjusts the federal medical assistance percentage estimate to 50.05 for federal fiscal year 2020 and to 52.66 for federal fiscal year 2021		(1,026,739)	1,026,739	0
<b>Human Service Centers</b>				
Reduces funding added by the Senate for a supportive housing grant from \$550,000 to \$275,000		(275,000)		(275,000)
Increases funding for lease costs of the Badlands Human Service Center		264,000		264,000
Transfers funding added by the Senate for autism extended services from long-term care		170,000		170,000

**Institutions**

Removes 2017-19 biennium capital funding	(2,199,430)		(2,199,430)
Adjusts the funding source related to beds restored at the State Hospital by the Senate	(830,050)	830,050	0
Reduces estimated utilization rates at the State Hospital	(1,400,000)	(196,250)	(1,596,250)
Adjusts funding for estimated estate collections due to a court decision	223,258	(223,258)	0
Total ongoing funding changes	<u>(\$3,930,081)</u>	<u>\$1,934,098</u>	<u>(\$1,995,983)</u>

**Senate Bill No. 2012 - Other Changes - House Action**

This amendments also:

- Amends North Dakota Century Code Section 50-06.4-10 to provide the Department of Human Services (DHS) contract with a private entity to provide support services for the Brain Injury Advisory Council.
- Amends Section 50-24.1-31 to increase the net income limit for the optional medical assistance program for families with children with disabilities program from 200 to 250 percent of the federal poverty level.
- Amends Section 50-24.1-37 to provide for DHS to administer the pharmacy benefits portion of the Medicaid Expansion program effective January 1, 2020, and provides for the Medicaid Expansion program to sunset on July 31, 2021.
- Provides that expenditures of the Medicaid Expansion program may not exceed appropriated amounts with certain exceptions.
- Identifies \$1 million of funding included in the appropriation for nursing facilities is from the health care trust fund to be used to increase the nursing facility operating margin up to 4.4 percent for the period beginning January 1, 2020, and ending June 30, 2021.
- Removes a section added by the Senate to require DHS to establish a mental health voucher program.
- Provides guidelines regarding the use of grant funding provided for supportive housing grants.
- Requires DHS to develop an implementation plan for revised payment methodology for nursing facility services.
- Adds a section to identify the use of \$200,000 of funding from the general fund for adaptive skiing grants.
- Adds a section to identify the use of \$1.5 million from the general fund for school behavioral health grants.
- Provides an exemption for DHS to continue up to \$728,207 of general fund appropriation authority for legal services into the 2019-21 biennium.
- Provides an exemption for DHS to continue a \$150,000 general fund appropriation for a children's behavioral health pilot project into the 2019-21 biennium.
- Requires DHS to implement a 1915i Medicaid state plan amendment for children and adults during the 2019-21 biennium.
- Requires DHS to adopt rules to establish a process to provide information to individuals regarding home- and community-based services.
- Requires DHS to review the need to expand the number of slots or increase the age of eligibility for the autism spectrum disorder Medicaid waiver.
- Requires DHS to propose administrative code changes to allow more individuals to receive services under the autism spectrum disorder voucher program.