

**FIRST ENGROSSMENT
with House Amendments
ENGROSSED SENATE BILL NO. 2012**

Introduced by

Appropriations Committee

1 A BILL for an Act to provide an appropriation for defraying the expenses of the department of
2 human services; to provide an appropriation to the state department of health; to create and
3 enact two new sections to chapter 50-06 of the North Dakota Century Code, relating to peer
4 support specialist certification and the establishment of a community behavioral health program;
5 to amend and reenact subsection 9 of section 50-06.4-10 and sections 50-24.1-31 and
6 50-24.1-37 of the North Dakota Century Code, relating to the brain injury advisory council,
7 optional medical assistance for children, and the Medicaid expansion program; to provide for
8 transfers; to provide for legislative management reports; to provide for a legislative
9 management study; to provide exemptions; to provide an effective date; to provide an expiration
10 date; and to declare an emergency.

11 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

12 **SECTION 1. APPROPRIATION.** The funds provided in this section, or so much of the
13 funds as may be necessary, are appropriated out of any moneys in the general fund in the state
14 treasury, not otherwise appropriated, and from special funds derived from federal funds and
15 other income, to the department of human services for the purpose of defraying the expenses
16 of its various divisions, for the biennium beginning July 1, 2019, and ending June 30, 2021, as
17 follows:

18 Subdivision 1.

| | MANAGEMENT | | |
|-----------------------|-------------------|---------------------|----------------------|
| | | Adjustments or | |
| | <u>Base Level</u> | <u>Enhancements</u> | <u>Appropriation</u> |
| 22 Salaries and wages | \$26,280,139 | (\$6,057,639) | \$20,222,500 |
| 23 Operating expenses | 116,315,826 | 31,908,694 | 148,224,520 |
| 24 Capital assets | 0 | 50,000 | 50,000 |

Sixty-sixth
Legislative Assembly

| | | | | |
|---|-----------------------|-------------------|-------------------|--------------------|
| 1 | Grants | <u>204,000</u> | <u>(204,000)</u> | <u>0</u> |
| 2 | Total all funds | \$142,799,965 | \$25,697,055 | \$168,497,020 |
| 3 | Less estimated income | <u>85,679,558</u> | <u>18,127,188</u> | <u>103,806,746</u> |
| 4 | Total general fund | \$57,120,407 | \$7,569,867 | \$64,690,274 |
| 5 | Subdivision 2. | | | |

PROGRAM AND POLICY

| | | | | |
|----|-----------------------------|----------------------|---------------------|----------------------|
| 6 | | | Adjustments or | |
| 7 | | <u>Base Level</u> | <u>Enhancements</u> | <u>Appropriation</u> |
| 8 | Salaries and wages | \$62,782,944 | \$6,211,929 | \$68,994,873 |
| 9 | Operating expenses | 125,299,436 | 25,162,147 | 150,461,583 |
| 10 | Capital assets | 10,000 | 0 | 10,000 |
| 11 | Grants | 441,420,827 | 11,598,680 | 453,019,507 |
| 12 | Grants - medical assistance | <u>2,373,678,247</u> | <u>368,479,473</u> | <u>2,742,157,720</u> |
| 13 | Total all funds | \$3,003,191,454 | \$411,452,229 | \$3,414,643,683 |
| 14 | Less estimated income | <u>1,945,157,519</u> | <u>255,010,619</u> | <u>2,200,168,138</u> |
| 15 | Total general fund | \$1,058,033,935 | \$156,441,610 | \$1,214,475,545 |
| 16 | Subdivision 3. | | | |

FIELD SERVICES

| | | | | |
|----|-----------------------|--------------------|---------------------|----------------------|
| 18 | | | Adjustments or | |
| 19 | | <u>Base Level</u> | <u>Enhancements</u> | <u>Appropriation</u> |
| 20 | Human service centers | \$196,049,489 | \$8,551,654 | \$204,601,143 |
| 21 | Institutions | <u>140,421,224</u> | <u>4,025,921</u> | <u>144,447,145</u> |
| 22 | Total all funds | \$336,470,713 | \$12,577,575 | \$349,048,288 |
| 23 | Less estimated income | <u>138,543,705</u> | <u>(4,458,085)</u> | <u>134,085,620</u> |
| 24 | Total general fund | \$197,927,008 | \$17,035,660 | \$214,962,668 |
| 25 | Subdivision 4. | | | |

COUNTY SOCIAL SERVICE FINANCING

| | | | | |
|----|------------------------|-------------------|----------------------|----------------------|
| 27 | | | Adjustments or | |
| 28 | | <u>Base Level</u> | <u>Enhancements</u> | <u>Appropriation</u> |
| 29 | County social services | <u>\$0</u> | <u>\$173,700,000</u> | <u>\$173,700,000</u> |
| 30 | Total special funds | <u>\$0</u> | <u>\$173,700,000</u> | <u>\$173,700,000</u> |

1 Subdivision 5.

2 SECTION 1 TOTAL

| 3 | | | Adjustments or | |
|---|--------------------------------|----------------------|---------------------|----------------------|
| 4 | | <u>Base Level</u> | <u>Enhancements</u> | <u>Appropriation</u> |
| 5 | Grand total general fund | \$1,313,081,350 | \$181,047,137 | \$1,494,128,487 |
| 6 | Grand total special funds | <u>2,169,380,782</u> | <u>442,379,722</u> | <u>2,611,760,504</u> |
| 7 | Grand total all funds | \$3,482,462,132 | \$623,426,859 | \$4,105,888,991 |
| 8 | Full-time equivalent positions | 2,162.23 | 68.00 | 2,230.23 |

9 **SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-**

10 **SEVENTH LEGISLATIVE ASSEMBLY.** The following amounts reflect the one-time funding

11 items approved by the sixty-fifth legislative assembly for the 2017-19 biennium and the

12 2019-21 biennium one-time funding items included in section 1 of this Act:

| 13 | <u>One-Time Funding Description</u> | <u>2017-19</u> | <u>2019-21</u> |
|----|--|--------------------|-------------------|
| 14 | Medicaid expansion - fee schedule enhancement | \$226,000,000 | \$0 |
| 15 | County social service pilot program | 160,700,000 | 0 |
| 16 | Child care licensing and data system | 3,000,000 | 0 |
| 17 | Health information network and care coordination | 40,800,000 | 0 |
| 18 | Children's behavioral health services pilot project | 150,000 | 0 |
| 19 | Technology projects | 0 | 13,785,658 |
| 20 | Capital projects - life skills and transition center | 0 | 4,277,165 |
| 21 | Capital projects - state hospital | 0 | 2,493,500 |
| 22 | Medically complex children provider funding adjustment | 0 | 977,603 |
| 23 | State hospital study | <u>0</u> | <u>200,000</u> |
| 24 | Total all funds | \$430,650,000 | \$21,733,926 |
| 25 | Less estimated income | <u>404,500,000</u> | <u>20,556,323</u> |
| 26 | Total general fund | \$26,150,000 | \$1,177,603 |

27 The 2019-21 biennium one-time funding amounts are not a part of the entity's base budget

28 for the 2021-23 biennium. The department of human services shall report to the appropriations

29 committees of the sixty-seventh legislative assembly on the use of this one-time funding for the

30 biennium beginning July 1, 2019, and ending June 30, 2021.

1 **SECTION 3. APPROPRIATION - STATE DEPARTMENT OF HEALTH - HYPERBARIC**
2 **OXYGEN THERAPY PILOT PROGRAM - REPORT TO LEGISLATIVE MANAGEMENT.** There
3 is appropriated out of any moneys in the general fund in the state treasury, not otherwise
4 appropriated, the sum of \$335,000, or so much of the sum as may be necessary, to the state
5 department of health for the purpose of contracting with a third party to implement a hyperbaric
6 oxygen therapy pilot program, for the biennium beginning July 1, 2019, and ending June 30,
7 2021. The funding appropriated in this section is considered a one-time funding item.

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

20 **SECTION 4.** A new section to chapter 50-06 of the North Dakota Century Code is created
21 and enacted as follows:

22 **Peer support certification.**

23 The behavioral health division shall establish and implement a program for the certification
24 of peer support specialists. In developing the program, the division shall:

- 25 1. Define a peer support specialist;
- 26 2. Establish eligibility requirements for certification;
- 27 3. Establish application procedures and standards for the approval or disapproval of
28 applications for certification;
- 29 4. Enter reciprocity agreements with other states as deemed appropriate to certify
30 nonresident applicants registered under the laws of other states having requirements
31 for peer support specialists; and

1 5. Establish continuing education and certification renewal requirements.

2 **SECTION 5.** A new section to chapter 50-06 of the North Dakota Century Code is created
3 and enacted as follows:

4 **Community behavioral health program.**

5 1. The department of human services shall establish and implement a community
6 behavioral health program to provide comprehensive community-based services for
7 individuals who have serious behavioral health conditions.

8 2. In developing the program, the department shall:

9 a. Establish a referral and evaluation process for access to the program.

10 b. Establish eligibility criteria that includes consideration of behavioral health
11 condition severity.

12 c. Establish discharge criteria and processes.

13 d. Develop program oversight and evaluation processes that include outcome and
14 provider reporting metrics.

15 e. Establish a system through which the department:

16 (1) Contracts with and pays behavioral health service providers.

17 (2) Supervises, supports, and monitors referral caseloads and the provision of
18 services by contract behavioral health service providers.

19 (3) Requires contract behavioral health service providers to accept eligible
20 referrals and to provide individualized care delivered through integrated
21 multidisciplinary care teams.

22 (4) Provides payments to contract behavioral health service providers on a
23 per-month per-referral basis based on a pay-for-performance model that
24 includes consideration of identified outcomes and the level of services
25 required.

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

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

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

3 **50-24.1-31. Optional medical assistance for families of children with disabilities.**

4 The department of human services shall establish and implement a buyin program under
5 the federal Family Opportunity Act enacted as part of the Deficit Reduction Act of 2005 [Pub. L.
6 109-171; 120 Stat. 4; 42 U.S.C. 1396] to provide medical assistance and other health coverage
7 options to families of children with disabilities and whose net income does not exceed two
8 hundred fifty percent of the federal poverty line.

9 **SECTION 8. AMENDMENT.** Section 50-24.1-37 of the North Dakota Century Code is
10 amended and reenacted as follows:

11 **50-24.1-37. Medicaid expansion - Legislative management report. (Effective**
12 **January 1, 2014, through July 31, 20192021 - Contingent repeal - See note)**

- 13 1. The department of human services shall expand medical assistance coverage as
14 authorized by the federal Patient Protection and Affordable Care Act [Pub. L. 111-148],
15 as amended by the Health Care and Education Reconciliation Act of 2010 [Pub.
16 L. 111-152] to individuals under sixty-five years of age with income below one hundred
17 thirty-eight percent of the federal poverty level, ~~based on modified adjusted gross~~
18 ~~incomeline published by the federal office of management and budget applicable to~~
19 the household size.
- 20 2. The department of ~~human services~~ shall inform new enrollees in the medical
21 assistance expansion program that benefits may be reduced or eliminated if federal
22 participation decreases or is eliminated.
- 23 3. The department shall implement the expansion by bidding through private carriers or
24 utilizing the health insurance exchange.
- 25 4. The contract between the department and the private carrier must:
- 26 a. Provide a reimbursement methodology for all medications and dispensing fees
27 which identifies the minimum amount paid to pharmacy providers for each
28 medication. The reimbursement methodology, at a minimum, must:
- 29 (1) Be available on the department's website; and

- 1 (2) Encompass all types of pharmacy providers regardless of whether the
2 pharmacy benefits are being paid through the private carrier or contractor or
3 subcontractor of the private carrier under this section.
- 4 b. Provide full transparency of all costs and all rebates in aggregate.
- 5 c. Allow an individual to obtain medication from a pharmacy that provides mail order
6 service; however, the contract may not require mail order to be the sole method
7 of service and must allow for all contracted pharmacy providers to dispense any
8 and all drugs included in the benefit plan and allowed under the pharmacy
9 provider's license.
- 10 d. Ensure that pharmacy services obtained in jurisdictions other than this state and
11 its three contiguous states are subject to prior authorization and reporting to the
12 department for eligibility verification.
- 13 e. Ensure the payments to pharmacy providers do not include a required payback
14 amount to the private carrier or one of the private carrier's contractors or
15 subcontractors which is not representative of the amounts allowed under the
16 reimbursement methodology provided in subdivision a.
- 17 5. The contract between the department and the private carrier must provide the
18 department with full access to provider reimbursement rates. The department shall
19 consider provider reimbursement rate information in selecting a private carrier under
20 this section. Before August first of each even-numbered year, the department shall
21 submit a report to the legislative management regarding provider reimbursement rates
22 under the medical assistance expansion program. This report may provide cumulative
23 data and trend data but may not disclose identifiable provider reimbursement rates.
- 24 6. Provider reimbursement rate information received by the department under this
25 section and any information provided to the department of human services or any
26 audit firm by a pharmacy benefit manager under this section is confidential, except the
27 department may use the reimbursement rate information to prepare the report to the
28 legislative management as required under this section.

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

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

- 3 1. The department of human services shall expand medical assistance coverage as
4 authorized by the federal Patient Protection and Affordable Care Act [Pub. L. 111-148],
5 as amended by the Health Care and Education Reconciliation Act of 2010 [Pub.
6 L. 111-152] to individuals under sixty-five years of age with income below one hundred
7 thirty-eight percent of the federal poverty level, ~~based on modified adjusted gross~~
8 ~~incomeline published by the federal office of management and budget applicable to~~
9 ~~the household size.~~
- 10 2. The department of human services shall inform new enrollees in the medical
11 assistance expansion program that benefits may be reduced or eliminated if federal
12 participation decreases or is eliminated.
- 13 3. ~~The~~Except for pharmacy services, the department shall implement the expansion by
14 bidding through private carriers or utilizing the health insurance exchange.
- 15 4. ~~The contract between the department and the private carrier must:~~
- 16 a. ~~Provide a reimbursement methodology for all medications and dispensing fees~~
17 ~~which identifies the minimum amount paid to pharmacy providers for each~~
18 ~~medication. The reimbursement methodology, at a minimum, must:~~
- 19 (1) ~~Be available on the department's website; and~~
- 20 (2) ~~Encompass all types of pharmacy providers regardless of whether the~~
21 ~~pharmacy benefits are being paid through the private carrier or contractor or~~
22 ~~subcontractor of the private carrier under this section.~~
- 23 b. ~~Provide full transparency of all costs and all rebates in aggregate.~~
- 24 c. ~~Allow an individual to obtain medication from a pharmacy that provides mail order~~
25 ~~service; however, the contract may not require mail order to be the sole method~~
26 ~~of service and must allow for all contracted pharmacy providers to dispense any~~
27 ~~and all drugs included in the benefit plan and allowed under the pharmacy~~
28 ~~provider's license.~~
- 29 d. ~~Ensure that pharmacy services obtained in jurisdictions other than this state and~~
30 ~~its three contiguous states are subject to prior authorization and reporting to the~~
31 ~~department for eligibility verification.~~

1 e. ~~Ensure the payments to pharmacy providers do not include a required payback~~
2 ~~amount to the private carrier or one of the private carrier's contractors or~~
3 ~~subcontractors which is not representative of the amounts allowed under the~~
4 ~~reimbursement methodology provided in subdivision a.~~

5 5. The contract between the department and the private carrier must provide the
6 department with full access to provider reimbursement rates. The department shall
7 consider provider reimbursement rate information in selecting a private carrier under
8 this section. Before August first of each even-numbered year, the department shall
9 submit a report to the legislative management regarding provider reimbursement rates
10 under the medical assistance expansion program. This report may provide cumulative
11 data and trend data but may not disclose identifiable provider reimbursement rates.

12 ~~6.5.~~ Provider reimbursement rate information received by the department under this
13 ~~section and any information provided to the department of human services or any~~
14 ~~audit firm by a pharmacy benefit manager under this section is confidential, except the~~
15 department may use the reimbursement rate information to prepare the report to the
16 legislative management as required under this section.

17 **SECTION 10. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION.**

18 Notwithstanding section 54-16-04, the director of the office of management and budget shall
19 transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of
20 this Act for the biennium beginning July 1, 2019, and ending June 30, 2021, as requested by the
21 department of human services. The department of human services shall notify the legislative
22 council of any transfer made pursuant to this section. The department shall report to the budget
23 section after June 30, 2020, any transfer made in excess of \$50,000 and to the appropriations
24 committees of the sixty-seventh legislative assembly regarding any transfers made pursuant to
25 this section.

26 **SECTION 11. FUNDING TRANSFERS - EXCEPTION - AUTHORIZATION.**

27 Notwithstanding section 54-16-04, the director of the office of management and budget shall
28 transfer appropriation authority from line items within subdivisions 1, 2, and 3 of section 1 of this
29 Act to subdivision 4 of section 1 of this Act for the biennium beginning July 1, 2019, and ending
30 June 30, 2021, as requested by the department of human services. The department of human
31 services shall notify the legislative council of any transfer made pursuant to this section. The

1 department shall report to the budget section after June 30, 2020, any transfer made in excess
2 of \$50,000 and to the appropriations committees of the sixty-seventh legislative assembly
3 regarding any transfers made pursuant to this section.

4 **SECTION 12. ESTIMATED INCOME - STRATEGIC INVESTMENT AND IMPROVEMENTS**

5 **FUND.** The estimated income line items in subdivisions 1 and 3 of section 1 of this Act include
6 the sum of \$11,490,695 from the strategic investment and improvements fund for information
7 technology and capital projects.

8 **SECTION 13. ESTIMATED INCOME - HUMAN SERVICE FINANCE FUND.** The estimated
9 income line item in subdivision 4 of section 1 of this Act includes the sum of \$173,700,000 from
10 the human service finance fund for state-paid economic assistance and social and human
11 services.

12 **SECTION 14. ESTIMATED INCOME - TOBACCO PREVENTION AND CONTROL TRUST**

13 **FUND.** The estimated income line item in subdivision 2 of section 1 of this Act includes the sum
14 of \$6,000,000 from the tobacco prevention and control trust fund for defraying expenses in the
15 medical services division.

16 **SECTION 15. ESTIMATED INCOME - HEALTH CARE TRUST FUND - NURSING HOME**

17 **OPERATING MARGIN ADJUSTMENT.** The estimated income line item in subdivision 2 of
18 section 1 of this Act includes the sum of \$1,000,000 from the health care trust fund and
19 \$1,062,000 from other funds derived from federal funds. These funds must be used to increase
20 the nursing facility operating margin up to 4.4 percent for the period beginning January 1, 2020,
21 and ending June 30, 2021. Notwithstanding any other provision of law, the draft appropriations
22 acts submitted to the legislative assembly for the 2021-23 biennium pursuant to section
23 54-44.1-11 may not contain a nursing facility operating margin in excess of 3.74 percent.

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

26 1. Subdivision 2 of section 1 of this Act includes the sum of \$567,367,511, of which
27 \$60,776,487 is from the general fund, for the medical assistance expansion program
28 for the biennium beginning July 1, 2019, and ending June 30, 2021. The expenditures
29 for individuals eligible for the medical assistance expansion program may not exceed
30 this amount. For purposes of this section:

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

1 **SECTION 17. PLACEMENT OF INDIVIDUALS IN INSTITUTIONS FOR MENTAL**

2 **DISEASE - REPORT TO LEGISLATIVE MANAGEMENT.** During the biennium beginning
3 July 1, 2019, and ending June 30, 2021, the department of human services shall develop a
4 statewide plan to address acute psychiatric and residential care needs. The statewide plan must
5 address the following:

- 6 1. The size and use of the state hospital;
- 7 2. The potential need for state-operated or private acute facilities in areas of the state
8 outside the city of Jamestown;
- 9 3. The potential to expand private providers' offering of acute psychiatric care and
10 residential care to fulfill the identified need, including how the implementation of
11 services authorized by the sixty-sixth legislative assembly affects the balance of
12 inpatient, residential, and community-based services;
- 13 4. The impact of department efforts to adjust crisis services and other behavioral health
14 services provided by the regional human service centers; and
- 15 5. The potential use of available Medicaid authorities, including waivers or plan
16 amendments.

17 Prior to October 1, 2020, the department shall report to the legislative management on the
18 statewide plan, along with any legislation required to implement the plan.

19 **SECTION 18. REVISED PAYMENT METHODOLOGY FOR NURSING FACILITY**

20 **SERVICES - REPORT TO LEGISLATIVE MANAGEMENT.** The department of human services
21 shall develop an implementation plan for a revised payment methodology for nursing facility
22 services that must include recommendations for:

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

30 The executive director of the department of human services and representatives of the
31 nursing home industry shall appoint a committee to advise the department on the development

1 of the revised payment methodology for nursing facility services. Before October 1, 2020, the
2 department shall report to the legislative management regarding the plan to implement the
3 revised payment methodology. The estimated costs related to the implementation of the revised
4 payment methodology must be included in the department's 2021-23 biennium budget request
5 submitted to the sixty-seventh legislative assembly.

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

11 **SECTION 20. PERMANENT HOUSING PROGRAM GRANTS - EXEMPTION - REPORT**
12 **TO LEGISLATIVE MANAGEMENT.** Subdivision 3 of section 1 of this Act includes the sum of
13 \$825,000 from the general fund to provide grants to entities to provide services to individuals
14 experiencing chronic homelessness in the northeast and southeast human service regions. The
15 requirements of chapter 54-44.4 do not apply to the selection of grantees, the grant awards, or
16 payments made under this section. The department of human services' oversight for these
17 services is limited to receiving information relating to annual service numbers and the
18 expenditure of appropriated funds for these services.

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

25 **SECTION 21. SCHOOL BEHAVIORAL HEALTH GRANTS.** Subdivision 2 of section 1 of
26 this Act includes the sum of \$1,500,000 from the general fund for the purpose of providing
27 behavioral health services and support grants to school districts to address student behavioral
28 health needs. To be eligible to receive a student behavioral health grant, a school district must
29 submit a plan to the department of human services detailing the school district's collaboration
30 with other regional school districts regarding student behavioral health needs and the use of
31 grant funding to develop student behavioral health interventions. A school district may not use

1 grant funding to duplicate or fund existing services. The department of human services shall
2 provide student behavioral health grants only during the second year of the 2019-21 biennium.

3 **SECTION 22. SCHOOL BEHAVIORAL HEALTH PROGRAM.** Subdivision 2 of section 1 of
4 this Act includes the sum of \$300,000 from the general fund for a school behavioral health
5 program. The department of human services shall use a portion of this funding for behavioral
6 health pilot projects in a rural school and a tribal school.

7 **SECTION 23. EXEMPTION.** The amount appropriated for the replacement of the Medicaid
8 management information system and related projects in chapter 50 of the 2007 Session Laws
9 and chapter 38 of the 2011 Session Laws is not subject to the provisions of section 54-44.1-11.
10 Any unexpended funds from these appropriations approved under section 54-44.1-11 for
11 continuation into the 2009-11 biennium, then the 2011-13 biennium, then the 2013-15 biennium,
12 then the 2015-17 biennium, and then the 2017-19 biennium are available for the completion of
13 the Medicaid management information system and related projects during the biennium
14 beginning July 1, 2019, and ending June 30, 2021.

15 **SECTION 24. EXEMPTION.** The amount appropriated for the modification of the
16 department of human services' eligibility systems in chapter 578 of the 2011 Special Session
17 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from
18 this appropriation approved under section 54-44.1-11 for continuation into the 2013-15
19 biennium, then the 2015-17 biennium, and then the 2017-19 biennium are available for the
20 completion of the modification of the eligibility systems project during the biennium beginning
21 July 1, 2019, and ending June 30, 2021.

22 **SECTION 25. EXEMPTION.** The amount appropriated for the development of the electronic
23 health records system in chapter 12 of the 2013 Session Laws is not subject to the provisions of
24 section 54-44.1-11. Any unexpended funds from this appropriation approved under section
25 54-44.1-11 for continuation into the 2015-17 biennium and then the 2017-19 biennium are
26 available for the completion of the electronic health records system during the biennium
27 beginning July 1, 2019, and ending June 30, 2021.

28 **SECTION 26. EXEMPTION.** The sum of \$3,000,000 of federal funds appropriated for the
29 development of the child care licensing and data system in chapter 11 of the 2017 Session
30 Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this

1 appropriation are available for the completion of the child care licensing and data system during
2 the biennium beginning July 1, 2019, and ending June 30, 2021.

3 **SECTION 27. EXEMPTION.** The sum of \$40,800,000 of federal and other funds
4 appropriated for the development of the health information network and care coordination
5 project in chapter 11 of the 2017 Session Laws is not subject to the provisions of section
6 54-44.1-11. Any unexpended funds from this appropriation are available for the completion of
7 the health information network and care coordination project during the biennium beginning
8 July 1, 2019, and ending June 30, 2021.

9 **SECTION 28. EXEMPTION.** The amount appropriated for the development of the electronic
10 visit verification project in chapter 11 of the 2017 Session Laws is not subject to the provisions
11 of section 54-44.1-11. Any unexpended funds from this appropriation are available for the
12 completion of the electronic visit verification project during the biennium beginning July 1, 2019,
13 and ending June 30, 2021.

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

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

25 **SECTION 31. CONVEYANCE OF LAND AUTHORIZED - STATE HOSPITAL -**
26 **EXEMPTION.** The state of North Dakota by and through the department of human services may
27 convey real property associated with the state hospital in Stutsman County to the department of
28 corrections and rehabilitation. The department of human services may convey building 2404,
29 formerly known as the nursing residence building and Tompkins building, and surrounding
30 property on the terms and conditions determined appropriate by the department of human

1 services and the attorney general. Sections 54-01-05.2 and 54-01-05.5 do not apply to this
2 conveyance.

3 **SECTION 32. CAPITAL PROJECTS AND PAYMENTS.** During the period beginning with
4 the effective date of this Act, and ending June 30, 2021, the department of human services is
5 authorized to expend funds for the following capital projects and payments:

- 6 1. The construction of a heating system and plant building at the state hospital;
- 7 2. The renovation of the cedar grove and maplewood buildings at the life skills and
8 transition center, including the construction of a structure to connect the buildings;
- 9 3. The demolition of the refectory and pleasant view buildings at the life skills and
10 transition center; and
- 11 4. The payment of special assessments at the state hospital.

12 **SECTION 33. DEVELOPMENTAL DISABILITIES CASE MANAGEMENT.** The department
13 of human services shall provide case management services for individuals with a
14 developmental disability within the ratio provided pursuant to North Dakota Administrative Code
15 for the biennium beginning July 1, 2019, and ending June 30, 2021. If case management
16 services for individuals with a developmental disability exceed the ratio requirement provided in
17 the North Dakota Administrative Code, the department of human services may hire temporary
18 staff or the department of human services may propose a change to North Dakota
19 Administrative Code to meet the ratio requirement.

20 **SECTION 34. BEHAVIORAL HEALTH PROVIDER PROCESS AND OUTCOME**
21 **MEASURES.** Behavioral health service providers that receive funding from the department of
22 human services shall submit process and outcome measures to the department of human
23 services for programs and services supported by state funding during the biennium beginning
24 July 1, 2019, and ending June 30, 2021.

25 **SECTION 35. TELEPHONE SUPPORT AND DIRECTORY SERVICES.** The vendor of
26 telephone and directory services, under contract with the department of human services, shall
27 include private behavioral health service providers in the vendor's directory at no cost to the
28 private behavioral health service providers during the biennium beginning July 1, 2019, and
29 ending June 30, 2021.

1 **SECTION 36. ADULT COMPANION SERVICES.** The department of human services shall
2 include adult companion services as an allowable service under the home and community-
3 based services Medicaid waiver, effective for dates of service on or after January 1, 2020.

4 **SECTION 37. ADULT RESIDENTIAL RATES - REBASING.** The department of human
5 services shall rebase adult residential rates, effective for dates of service on or after January 1,
6 2020. The department of human services shall request cost information from adult residential
7 providers who are enrolled as Medicaid home and community-based waiver providers and
8 serve clients who receive memory care services or have a traumatic brain injury.

9 **SECTION 38. TARGETED CASE MANAGEMENT - SERIOUS EMOTIONAL**
10 **DISTURBANCE.** The department of human services shall expand the types of providers
11 recognized as Medicaid providers of targeted case management for individuals with a serious
12 emotional disturbance for dates of service beginning on or after October 1, 2019. If this
13 expansion results in expenditures that exceed the amount appropriated to the department of
14 human services for this service, the department shall request a deficiency appropriation from
15 the sixty-seventh legislative assembly for any shortfall.

16 **SECTION 39. TARGETED CASE MANAGEMENT - SERIOUS MENTAL ILLNESS.** The
17 department of human services shall expand the types of providers recognized as Medicaid
18 providers of targeted case management for individuals with a serious mental illness for dates of
19 service beginning on or after October 1, 2019. If this expansion results in expenditures that
20 exceed the amount appropriated to the department of human services for this service, the
21 department shall request a deficiency appropriation from the sixty-seventh legislative assembly
22 for any shortfall.

23 **SECTION 40. WITHDRAWAL MANAGEMENT.** The department of human services shall
24 include withdrawal management as a covered service in the Medicaid state plan during the
25 biennium beginning July 1, 2019, and ending June 30, 2021.

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

29 **SECTION 42. HOME AND COMMUNITY-BASED SERVICES TARGETED POPULATION.**
30 The department of human services shall adopt rules, on or before January 1, 2021, establishing
31 a process and requirements to involve public and private entities in identifying individuals who

1 are at serious risk of accessing Medicaid funded long-term care in a nursing facility and inform
2 them about home and community-based services options.

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

9 **SECTION 44. AUTISM SPECTRUM DISORDER VOUCHER PROGRAM.** The department
10 of human services shall propose changes to North Dakota administrative code to seek
11 additional flexibility for the administration of the autism spectrum disorder voucher program to
12 ensure more families can be served within available appropriations. The proposed
13 administrative code changes should consider changes that include a voucher that is solely for
14 technology support and one that is for in-home supports; adding case management or parent-
15 to-parent support as an allowable service for voucher funds; and reducing the amount of time
16 during which a household may use approved voucher funds.

17 **SECTION 45. IMPLEMENTATION OF BEHAVIORAL HEALTH STUDY**
18 **RECOMMENDATIONS - REPORT TO LEGISLATIVE MANAGEMENT.** Before August 1, 2020,
19 the department of human services shall provide a report to the legislative management
20 regarding the implementation of the human services research institute report recommendations.

21 **SECTION 46. LEGISLATIVE MANAGEMENT STUDY - HEALTH CARE DELIVERY**
22 **SYSTEM.** During the 2019-20 interim, the legislative management shall consider studying the
23 delivery of health care in the state. The study must review the needs and future challenges of
24 the North Dakota health care delivery system, including rural access to primary health care, the
25 use of emergency medical services, strategies to better serve residents, and the role of health
26 care services in the future development of the state. The legislative management shall report its
27 findings and recommendations, together with any legislation required to implement the
28 recommendations, to the sixty-seventh legislative assembly.

29 **SECTION 47. EFFECTIVE DATE.** Section 9 of this Act becomes effective on January 1,
30 2020.

1 **SECTION 48. EXPIRATION DATE.** Section 8 of this Act is effective through December 31,
2 2019, and after that date is ineffective.

3 **SECTION 49. EMERGENCY.** The sum of \$6,770,665 in subdivision 3 of section 1 of this
4 Act for capital projects at the state hospital and life skills and transition center and section 32 of
5 this Act are declared to be an emergency measure.