

NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HUMAN SERVICES COMMITTEE

Tuesday, July 30, 2013
Harvest Room, State Capitol
Bismarck, North Dakota

Representative Chuck Damschen, Chairman, called the meeting to order at 10:00 a.m.

Members present: Representatives Chuck Damschen, Dick Anderson, Curt Hofstad, Kathy Hogan, Dwight Kiefert, Diane Larson, Alex Looyen, Gail Mooney, Naomi Muscha, Alon Wieland; Senators Tyler Axness, Dick Dever, Robert Erbele, Tim Mathern, Nicole Poolman, John M. Warner

Member absent: Senator Judy Lee

Others present: See [Appendix A](#)

The Legislative Budget Analyst and Auditor reviewed the [Supplementary Rules of Operation and Procedure of the North Dakota Legislative Management](#).

STUDY OF BEHAVIORAL HEALTH NEEDS OF YOUTH AND ADULTS

At the request of Chairman Damschen, the Legislative Council staff presented a memorandum entitled [Study of Behavioral Health Needs - Background Memorandum](#). The Human Services Committee has been assigned the responsibility of studying behavioral health needs of youth and adults. The study must include:

- Consideration of behavioral health needs of youth and adults;
- Consideration of access, availability, and delivery of services; and
- Input from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions.

Section 1 of 2013 Senate Bill No. 2243 allows the Legislative Council to contract for consulting and coordination of study services to assist the Legislative Management in conducting the behavioral health study.

The Legislative Council staff said the Department of Human Services provides behavioral health services through its Division of Mental Health and Substance Abuse Services, the State Hospital, the Life Skills and Transition Center (formerly the Developmental Center at Westwood Park, Grafton), and the eight human service centers located throughout the state. The Department of Corrections and Rehabilitation provides behavioral health services through its Division of Adult Services and Division of Juvenile Services.

The Legislative Council staff said the 2013 Legislative Assembly provided funding as follows for programs and services relating to behavioral health needs:

	General Fund	Other Funds	Total
Department of Human Services			
Division of Mental Health and Substance Abuse Services	\$8,520,188	\$15,390,004	\$23,910,192
State Hospital - Traditional services	45,265,694	19,602,513	64,868,207
Human service centers	105,076,400	77,357,138	182,433,538
Total	\$158,862,282	\$112,349,655	\$271,211,937
Department of Corrections and Rehabilitation			
Division of Adult Services	\$4,400,000		\$4,400,000
Division of Juvenile Services	2,300,000		2,300,000
Total	\$6,700,000		\$6,700,000

The Legislative Council staff proposed the following study plan:

1. Receive information from the Department of Human Services regarding behavioral health programs and services, staffing, number of clients served, cost of providing services, and sources of funding, including third-party reimbursements.
2. Receive information from the Department of Corrections and Rehabilitation regarding behavioral health programs and services, staffing, number of clients served, cost of providing services, and sources of funding, including third-party reimbursements.
3. Receive testimony from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions.
4. Consider the use of a consultant to assist with the study.
5. Receive comments by interested persons regarding the study of behavioral health needs.
6. Develop recommendations and any bill drafts necessary to implement the recommendations.
7. Prepare a final report for submission to the Legislative Management.

Ms. JoAnne Hoesel, Director, Division of Mental Health and Substance Abuse, Department of Human Services, presented testimony ([Appendix B](#)) regarding the committee's study of behavioral health needs of youth and adults. She said the department provides services across the mental health and substance abuse spectrum. She said the department provides prevention services through a technical assistance team and the Prevention Resource and Media Center; and mental health and substance abuse treatment services through the eight regional human service centers and the State Hospital. She said the department collaborates with the Department of Corrections and Rehabilitation to ensure individuals who have a serious mental illness and substance use disorders and are in prison have a smooth transition once released to the community. She said, through the Release and Integration Program, human service center staff meet with inmates a few months prior to their scheduled parole to begin preliminary work on securing housing and any other needed assistance.

In response to a question from Senator Warner, Ms. Hoesel said federal law does not allow the use of Medicaid dollars for mental health treatment for individuals aged 22 to 65. She said Medicaid can be used for mental health treatment for children.

In response to a question from Representative Hogan, Ms. Hoesel said the human service centers are licensed providers for mental health services but are not subject to the accreditation process.

Senator Mathern suggested the Department of Human Services provide information at a future meeting regarding the department's services that are evidence-based and those that are not evidence-based.

Ms. Leann Bertsch, Director, Department of Corrections and Rehabilitation, presented testimony ([Appendix C](#)) regarding the committee's study of behavioral health needs of youth and adults. She said 63 percent of youth in the juvenile correctional system have mental health concerns, and 74 percent have a substance abuse diagnosis. She said the current service delivery system for youth in North Dakota lacks affordable, accessible housing with sufficient structure and support for young people aged 18 to 21. She said the service system also lacks community-based mental health, substance abuse, and case management resources based on effective methods of intervention.

Mr. John Vastag, Executive Director, Health Policy Consortium, presented testimony ([Appendix D](#)) in support of the committee's study on behavioral health needs of youth and adults.

In response to a question from Senator Mathern, Mr. Vastag said a concern of larger hospitals is the lack of access to consistent mental health care at human service centers which has resulted in an increase in admissions relating to mental health issues at hospital emergency rooms.

Ms. Louise Dardis, citizen, presented testimony ([Appendix E](#)) in support of the committee's study on behavioral health needs of youth and adults.

Mr. Andrew Larson, Sanford Health, presented testimony on behalf of the Chair of Child Behavioral Health at Sanford Health ([Appendix F](#)) and the Interim Director of Inpatient Behavioral Health at Sanford Health ([Appendix G](#)) in support of the committee's study on behavioral health needs of youth and adults.

Ms. Christine Hogan, Attorney, Protection and Advocacy Project, presented testimony ([Appendix H](#)) in support of the committee's study of behavioral health needs of youth and adults.

Ms. Carlotta McCleary, Executive Director, North Dakota Federation of Families for Children's Mental Health, presented testimony ([Appendix I](#)) in support of the committee's study of behavioral health needs of youth and adults.

Ms. Nancy McKenzie, Mental Health America of North Dakota, presented testimony ([Appendix J](#)) in support of the committee's study of behavioral health needs of youth and adults.

It was moved by Senator Mathern, seconded by Representative Hogan, and carried on a voice vote to invite representatives from the National Association of Mental Health Directors, Mental Health America, the University of North Dakota School of Medicine and Health Sciences, and former Iowa State Representative Renee Schulte to a future committee meeting to present testimony relating to the committee's study of behavioral health needs of youth and adults.

It was moved by Senator Mathern, seconded by Representative Mooney, and carried on a voice vote that the Human Services Committee request funding of up to \$100,000 from the Legislative Management to hire a consultant to assist with the committee's study of behavioral health needs of youth and adults and to amend the proposed study plan relating to the study of behavioral health needs of youth and adults to provide the committee receive information regarding mental health parity, unmet mental health needs, and outcome data for behavioral health services provided with state funds.

It was moved by Senator Dever, seconded by Representative Wieland, and carried on a voice vote that the committee precede with the study as follows:

- 1. Receive information from the Department of Human Services regarding behavioral health programs and services, staffing, number of clients served, cost of providing services, and sources of funding, including third-party reimbursements.**
- 2. Receive information from the Department of Human Services and other appropriate entities regarding mental health parity, unmet health needs, and outcome data for behavioral health services provided with state funds.**
- 3. Receive information from the Department of Corrections and Rehabilitation regarding behavioral health programs and services, staffing, number of clients served, cost of providing services, and sources of funding, including third-party reimbursements.**
- 4. Receive testimony from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions.**
- 5. Consider the use of a consultant to assist with the study.**
- 6. Receive comments by interested persons regarding the study of behavioral health needs.**
- 7. Develop recommendations and any bill drafts necessary to implement the recommendations.**
- 8. Prepare a final report for submission to the Legislative Management.**

STUDY OF HOME AND COMMUNITY-BASED SERVICES

The Legislative Council staff presented a memorandum entitled [Study of Home and Community-Based Services - Background Memorandum](#). The Human Services Committee has been assigned the responsibility of studying home and community-based services (HCBS) in the state, including consideration of the need to expand HCBS Medicaid waiver to cover 24-hour emergency assistance, adult companion service, behavioral programming, chore services, customized living services, environmental modifications, and transition modification support.

The Legislative Council staff said the Department of Human Services Aging Services Division provides HCBS to assist individuals to remain in their homes and communities. The division administers the following programs and services:

- HCBS Medicaid waiver.

- Service payments for elderly and disabled (SPED).
- Expanded SPED.
- Personal care.
- Technology dependent Medicaid waiver.

The Legislative Council staff said the Department of Human Services also provides HCBS through the children's medically fragile waiver, children's hospice waiver, targeted case management, and the program for all-inclusive care for the elderly (PACE).

The Legislative Council said the 2013 Legislative Assembly provided funding for HCBS as follows:

	General Fund	Other Funds	Total
HCBS Medicaid waiver	\$6,093,666	\$6,138,635	\$12,232,301
SPED	14,545,977	765,584	15,311,561
Expanded SPED	1,356,679		1,356,679
Personal care	14,065,133	14,167,029	28,232,162
Technology dependent waiver	193,586	194,530	388,116
Children's medically fragile waiver	69,342	69,822	139,164
Children's hospice waiver	59,732	60,119	119,851
Targeted case management	852,279	858,533	1,710,812
PACE	5,139,546	5,172,835	10,312,381
Total	\$42,375,940	\$27,427,087	\$69,803,027

The Legislative Council staff proposed the following study plan:

1. Receive information from the Department of Human Services regarding HCBS staffing, number of clients served, cost of providing services, and sources of funding, including third-party reimbursements.
2. Receive information from the Department of Human Services regarding the HCBS Medicaid waiver, including eligibility requirements, services provided, and number served.
3. Receive comments by interested persons regarding the study of HCBS.
4. Develop recommendations and any bill drafts necessary to implement the recommendations.
5. Prepare a final report for submission to the Legislative Management.

Ms. Karen Tescher, Assistant Director, Long Term Care Continuum of Medical Services, Department of Human Services, presented testimony ([Appendix K](#)) regarding the committee's study of HCBS. She distributed an HCBS informational booklet which is on file in the Legislative Council office. She said the Money Follows the Person demonstration grant which was awarded to North Dakota Medicaid in 2007 has now been extended through 2016 with an additional four years of spending allowed through 2020.

Representative Hogan requested the department provide information on the number of individuals receiving HCBS by county.

In response to a question from Representative Axness, Ms. Tescher said the department will provide information on the status of the Olmstead Commission.

Mr. Nate Aalgaard, Executive Director, Freedom Resource Center, presented testimony ([Appendix L](#)) in support of the committee's study of HCBS.

Mr. John Johnson, North Dakota Centers for Independent Living, presented information ([Appendix M](#)) regarding services and resources provided by North Dakota Centers for Independent Living.

Ms. Becky Telin, Lutheran Social Services, presented a brochure ([Appendix N](#)) regarding Senior Companions--a program that provides free in-home services for older persons and other adults in need.

It was moved by Representative Hogan, seconded by Representative Axness, and carried on a voice vote that the proposed study plan be amended to include information regarding options of combining federal waivers, unifying the application process, and identifying and addressing barriers to accessing HCBS services.

It was moved by Representative Hogan, seconded by Senator Warner, and carried on a voice vote that the committee precede with the study as follows:

1. Receive information from the Department of Human Services regarding HCBS staffing, number of clients served, cost of providing services, and sources of funding, including third-party reimbursements.
2. Receive information from the Department of Human Services regarding the HCBS Medicaid waiver, including eligibility requirements, services provided, and numbers served.
3. Receive information from the Department of Human Services regarding options of combining federal waivers and unifying the application process.
4. Receive information from the Department of Human Services regarding options for unifying the application process.
5. Identify and address barriers to accessing HCBS.
6. Receive comments by interested persons regarding the study of HCBS.
7. Develop recommendations and any bill drafts necessary to implement the recommendations.
8. Prepare a final report for submission to the Legislative Management.

STUDY OF THE NEED FOR A COMPREHENSIVE SYSTEM OF CARE FOR INDIVIDUALS WITH BRAIN INJURY

The Legislative Council staff presented a memorandum entitled [Study of the Need for a Comprehensive System of Care for Individuals with Brain Injury - Background Memorandum](#). The Human Services Committee has been assigned the responsibility of studying a comprehensive system of care for individuals with brain injury, including services available to veterans who are returning from wars, the impact of the inclusion of all acquired brain injury on traumatic brain injury (TBI) programs, the need for a statewide registry for brain injury, the need for increased awareness of the impact of brain injury, the need for screening for brain injury in the education system, the availability of community support systems, the availability of specialized substance abuse services, the examination of the long-term care needs, the availability of HCBS, services available from independent living centers, the need for transitional supportive housing, and the suitability of the current level of care determination for brain injury. The committee should receive input from the Department of Human Services Traumatic Brain Injury Advisory Committee and stakeholders from the private and public sectors, including individuals with brain injury, families impacted by brain injury, educators, treatment providers, and service providers.

The Legislative Council staff said the Department of Human Services Division of Mental Health and Substance Abuse manages TBI services. The division implemented a TBI screening tool--the Ohio State University TBI Identification Method - short form--at all regional human service centers in March 2011. The purpose of the screening is to identify individuals who have sustained a TBI and to assist staff and clients in determining appropriate treatment strategies.

The Legislative Council said North Dakota Century Code Section 50-06.4-01 defines TBI as an acquired injury to the brain caused by an external physical force resulting in total or partial disability or impairment, including open and closed head injuries that may result in mild, moderate, or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory perceptual and motor abilities, psychosocial behavior, physical functioning, information processing, and speech. The term does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma but may include brain injuries caused by anoxia and other related causes.

The Legislative Council staff said the 2013 Legislative Assembly provided \$779,624 from the general fund to the Department of Human Services for services relating to TBI. Services may also be provided through the department's HCBS Medicaid waiver.

The Legislative Council staff proposed the following study plan:

1. Receive information from the Department of Human Services and other appropriate entities regarding care available for individuals with brain injury.
2. Receive comments by interested persons regarding the study of a comprehensive system of care for individuals with brain injury.
3. Develop recommendations and any bill drafts necessary to implement the recommendations.

4. Prepare a final report for submission to the Legislative Management.

Ms. Susan Wagner, Program Administrator, Department of Human Services, presented testimony ([Appendix O](#)) regarding the committee's study of a comprehensive system of care for individuals with brain injury. She said in March 2011, the Department of Human Services implemented a TBI screening process at all eight regional human service centers. She said all individuals, with the exception of those applying for developmental disabilities (DD) services, are screened for TBI during the intake process. She said the purpose of the screening is twofold; the first is to learn as much as possible about the individuals served at the human service centers in an attempt to provide the highest quality service possible; and secondly, to obtain information on the number of individuals with TBI served at the regional human service centers to assist with future programming and policy development. She said the second purpose is important because there is not a registry or surveillance program in North Dakota.

Ms. Wagner said the 2013 Legislative Assembly appropriated \$320,000 to the department for the development of resource facilitation for individuals with TBI. She said the department issued a request for proposal seeking proposals for the development and oversight of a continuum of services, including informal supports, peer mentoring services, and resource facilitation for individuals with TBI and family members. She said the proposal deadline was July 19, 2013, with Notice of Intent to Award a contract scheduled for the end of July 2013, with an approximate contract start date of August 8, 2013. She said the department received one proposal.

Ms. April Fairfield, Director, Head Injury Association of North Dakota, presented testimony ([Appendix P](#)) in support of the committee's study of a comprehensive system of care for individuals with brain injury.

Ms. Hannah Anderson, Leeds, North Dakota, presented testimony ([Appendix Q](#)) in support of the committee's study of a comprehensive system of care for individuals with brain injury.

Ms. Lisa Anderson, Leeds, North Dakota, presented testimony ([Appendix R](#)) in support of the committee's study of a comprehensive system of care for individuals with brain injury. Ms. Anderson also presented testimony ([Appendix S](#)) on behalf of Ms. Donna Wolf, Devils Lake, North Dakota, in support of the committee's study on behavioral health needs of youth and adults. Ms. Anderson also presented information (on file in the Legislative Council office) on brain injury services in Colorado, Florida, Iowa, and Tennessee.

Mr. David Boeck, Attorney, Protection and Advocacy Project, presented testimony ([Appendix T](#)) in support of the committee's study of a comprehensive system of care for individuals with brain injury.

Ms. Elaine Grasl expressed support for the committee's study of a comprehensive system of care for individuals with brain injury.

Representative Mooney suggested the study include information from the State Department of Health regarding the history of the TBI registry.

Representative Hofstad suggested the study include information from Legislative Council staff regarding a history of legislative action relating to brain injury.

Representative Damschen suggested the committee consider options to simplify the application process for brain injury services.

Representative Anderson suggested the study include consideration of a brain injury coordinator position.

It was moved by Senator Mathern, seconded by Representative Hofstad, and carried on a voice vote that the committee precede with this study as follows:

- 1. Receive information from the Department of Human Services and other appropriate entities regarding care available for individuals with brain injury.**
- 2. Receive information from the State Department of Health regarding the history of the TBI registry.**
- 3. Receive information from the Legislative Council regarding a history of legislative action relating to brain injury.**
- 4. Receive information from the Department of Human Services on options for simplification of the application process for brain injury services.**

5. Consider the need for a brain injury coordinator position.
6. Receive comments by interested persons regarding the study of a comprehensive system of care for individuals with brain injury.
7. Develop recommendations and any bill drafts necessary to implement the recommendations.
8. Prepare a final report for submission to the Legislative Management.

OTHER COMMITTEE RESPONSIBILITIES

The Legislative Council staff presented a memorandum entitled [*Other Duties of the Human Services Committee - Background Memorandum*](#). In addition to the study responsibilities assigned to the Human Services Committee for the 2013-14 interim, the committee has also been assigned to:

- Receive annual reports from the Department of Human Services describing enrollment statistics and costs associated with the children's health insurance program (CHIP) state plan (Section 50-29-02).
- Receive annual reports from the Autism Spectrum Disorder Task Force (Section 50-06-32).
- Receive a report from the recipient of the technology grant during the 2014-15 school year to implement a certificate program that prepares individuals with autism spectrum disorder for employment in the technology sector regarding program graduates who found employment in the technology sector, their starting salaries, and their total compensation (Section 61 of 2013 House Bill No. 1013).
- Receive a report from the Department of Human Services regarding the autism spectrum disorder program pilot project (Section 50-06-32.1).
- Receive a report from the Department of Human Services regarding the impact of changing the eligibility requirement for the child care assistance program from 50 percent of the state median income to 85 percent and beginning July 1, 2014, reducing copay requirements for the child care assistance program (Section 8 of 2013 House Bill No. 1422).

Children's Health Insurance Program

The Legislative Council staff said Section 50-29-02 provides the Department of Human Services is to prepare, submit, and implement a CHIP state plan and report annually to the Legislative Management and describe enrollment statistics and costs associated with the plan.

Autism Spectrum Disorder Task Force

The Legislative Council staff said 2009 Senate Bill No. 2174, codified as Section 50-06-32, established an Autism Spectrum Disorder Task Force. The task force examines early intervention services, family support services that would enable an individual with autism spectrum disorder to remain in the least restrictive home-based or community setting, programs transitioning an individual with autism spectrum disorder from a school-based setting to adult day programs and workforce development programs, the cost of providing services, and the nature and extent of federal resources that can be directed to the provision of services for individuals with autism spectrum disorder.

Autism Spectrum Disorder Technology Grant

The Legislative Council said Section 61 of 2013 House Bill No. 1013 provided, as an emergency measure, if any money remains in the Department of Public Instruction's grants - state school aid line item after the Superintendent of Public Instruction complies with all statutory payment obligations imposed for the 2011-13 biennium, the Superintendent may transfer \$250,000 to the Department of Career and Technical Education to provide a grant to an institution implementing a certificate program that prepares individuals with autism spectrum disorder for employment in the technology sector.

Autism Spectrum Disorder Voucher Program Pilot Project

The Legislative Council staff said Section 2 of 2013 House Bill No. 1038, codified as Section 50-06-32.1, establishes an autism spectrum disorder voucher program pilot project, beginning July 1, 2014. The voucher program is to assist in funding equipment and general educational needs related to autism spectrum disorder for individuals below 200 percent of the federal poverty level from age 3 to under age 18 who have been diagnosed with autism spectrum disorder.

2013-15 Biennium Autism Spectrum Disorder Funding

The Legislative Council staff said the Legislative Assembly in 2013 House Bill No. 1038 provided the following appropriations relating to autism spectrum disorder:

- \$235,732 from the general fund and one full-time equivalent (FTE) position to the State Department of Health to establish and administer an autism spectrum disorder database.
- \$132,568 from the general fund and \$132,568 from federal funds and other sources and one FTE position to the Department of Human Services for a state autism coordinator who would be responsible for implementing a resource and service center to provide information and services for individuals with autism spectrum disorder, developing a statewide outreach plan, conducting regional meetings and a conference, and developing a protocol for use after screenings.
- \$80,000 from the general fund and \$80,000 from federal funds and other funding sources to the Department of Human Services to implement a statewide autism spectrum disorder training program. The Department of Human Services is to collaborate with the State Department of Health and the Superintendent of Public Instruction to implement a training program, including training of medical and behavior health providers, education staff, child care providers, and parents.
- \$539,186 from the general fund to the Department of Human Services to issue vouchers as part of the autism spectrum disorder voucher program pilot project for the second year of the 2013-15 biennium. The department is to allocate up to \$12,500 per year to each individual enrolled in the voucher program for paying the costs of eligible services.
- \$449,973 from the general fund and \$446,973 from federal funds and other funding sources to the Department of Human Services to expand the department's autism spectrum disorder Medicaid waiver program to cover 17 additional individuals from birth through age 7. The expansion to the waiver must become effective on or after January 1, 2014, and must include appropriate behavior intervention and treatment services that may include evidence-based and promising practices, case management services, technology and technology-based support, in-home support, equipment and supplies, home monitoring, respite care, residential supports and services, and behavioral consultation.

Child Care Assistance Program Eligibility Changes

The Legislative Council staff said Section 7 of 2013 House Bill No. 1422 provides the Department of Human Services change the eligibility requirement for the child care assistance program from 50 percent of the state median income to 85 percent of the state median income. The bill provides a contingent appropriation of \$2.5 million from the general fund which may be used if the changes in the eligibility requirement requires more funding than the amounts appropriated to the department in its budget appropriation bill--House Bill No. 1012, as approved by the 63rd Legislative Assembly. If the funding appropriated to the department in its appropriation bill and the contingent appropriation are sufficient, the department may reduce copay requirements for the child care assistance program. In addition to the contingent appropriation identified above, the 2013 Legislative Assembly provided \$20.9 million, of which \$252,656 is from the general fund and the remaining amount is from the federal child care block grant, for payments for child care services for eligible recipients. The Legislative Assembly also provided \$897,336 from the temporary assistance for needy families (TANF) block grant for child care transitional assistance for working TANF families for the 2013-15 biennium.

DEVELOPMENTAL DISABILITIES PAYMENTS SYSTEM

Chairman Damschen called on Ms. Tina Bay, Director, Developmental Disabilities Division, Department of Human Services, to present information ([Appendix U](#)) regarding the status of development of the new DD payment system. Ms. Bay said the current payment system for DD service providers is a retrospective cost-settling system which includes establishing interim rates, cost reporting, an indepth audit process, and cost-settling. She said the process for payment can take up to 36 months. She said 2011 Senate Bill No. 2043 directed the Department of Human Services, in conjunction with DD service providers, to develop a prospective or related payment system with an independent rate model utilizing the Supports Intensity Scale (SIS). She said the department contracted with a vendor in December 2011 to complete the assessments utilizing the SIS. She said the adult assessments are anticipated to be completed in June 2014, and the children's assessments are anticipated to be completed in early 2015. She said the department anticipates implementation of the new payment system to occur no sooner than July 2015.

Ms. Barbara Murry, Executive Director, North Dakota Association of Community Providers, provided written testimony in support of the new DD payment system but also expressed concern regarding the lack of information comparing proposed funding levels under the new system to the current payment system ([Appendix V](#)).

Chairman Damschen said the committee will be notified of the next meeting date.

No further business appearing, Chairman Damschen adjourned the meeting at 4:05 p.m.

Becky Keller
Senior Fiscal Analyst

Allen H. Knudson
Legislative Budget Analyst and Auditor

ATTACH:22