

**FISCAL NOTE**  
**Requested by Legislative Council**  
**02/07/2019**

Amendment to: HB 1099

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

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

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

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

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

HB 1099 allows changes to the areas relating to the delegation of administration of medications to a qualified service provider, agency foster home for adults, criminal history investigations, & to implement residential habilitation and community support services in a residential or private setting

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

Engrossed HB 1099 has no fiscal impact as the services in Section 7 would not be implemented unless funding is appropriated for those services in 2019 Senate Bill 2012.

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

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Engrossed HB 1099 has no fiscal impact as the services in Section 7 would not be implemented unless funding is appropriated for those services in 2019 Senate Bill 2012.

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

**Name:** Rhonda Obrigewitch

**Agency:** Human Services

**Telephone:** 328-4585

**Date Prepared:** 02/10/2019

**FISCAL NOTE**  
**Requested by Legislative Council**  
**12/31/2018**

Revised  
 Bill/Resolution No.: HB 1099

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

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>				\$3,382,543		\$8,607,638
<b>Expenditures</b>			\$3,365,022	\$3,382,543	\$8,675,010	\$8,607,638
<b>Appropriations</b>			\$3,365,022	\$3,382,543	\$8,675,010	\$8,607,638

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

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
<b>Counties</b>			
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<b>School Districts</b>			
<b>Townships</b>			

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

HB 1099 allows changes to the areas relating to the delegation of administration of medications to a qualified service provider, agency foster home for adults, criminal history investigations, & to implement residential habilitation and community support services in a residential or private setting

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

HB 1099 Section 7 agrees with the Executive Budget Request (EBR) and is presented in alignment with EBR accordingly. One additional FTE for the Department along with the additional appropriation and expenditure amount of \$6,747,565, of which \$3,365,022 are general funds. We estimate 15 Medicaid eligible individuals not currently receiving Personal Care State Plan, HCBS waiver, Developmental Disabilities waiver, or Nursing Home services will utilize this service. We also expect 156 individuals will transition to this service as it will better meet client needs in the 2019 - 2021 biennium. The 156 individuals include 63 people on the Personal Care State Plan, 63 people on the HCBS Waiver, 15 people on the Developmental Disabilities waiver, and 15 people from Nursing Homes that we project will switch services and transition to Residential Habitation or Community Support Services. Savings in the applicable areas from the transitions are represented in this fiscal note.

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

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

The services provided under HB 1099 are eligible to receive matching federal funds based off the States Medicaid Federal Medical Assistance Percentage (FMAP).

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

HB 1099 Section 7 agrees with the Executive Budget Request (EBR) and is presented in alignment with EBR accordingly. One additional FTE for the Department along with the additional appropriation and expenditure amount of \$6,747,565, of which \$3,365,022 are general funds. We estimate 15 Medicaid eligible individuals not currently receiving Personal Care State Plan, HCBS waiver, Developmental Disabilities waiver, or Nursing Home services will utilize this service. We also expect 156 individuals will transition to this service as it will better meet client needs in the 2019 - 2021 biennium. The 156 individuals include 63 people on the Personal Care State Plan, 63 people on the HCBS Waiver, 15 people on the Developmental Disabilities waiver, and 15 people from Nursing Homes that we project will switch services and transition to Residential Habitation or Community Support Services. Savings in the applicable areas from the transitions are represented in this fiscal note.

For the 2021-2023 biennium an additional appropriation and expenditure amount of \$17,282,648, of which \$8,675,010 are general funds, would be needed. We estimate an additional 24 Medicaid eligible individuals not currently receiving Personal Care State Plan, HCBS waiver, Developmental Disabilities waiver, or Nursing Home services will utilize this service.

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

For the 19-21 biennium the Department of Human Services would need an appropriation increase, of \$6,747,565, of which \$3,365,022 would be general fund, to the base level budget in SB2012. One additional FTE is required to implement this service.

For the 21-23 biennium the Department of Human Services would need appropriation authority of \$17,282,648, of which \$8,675,010 would be general fund.

**Name:** Rhonda Obrigewitch

**Agency:** Human Services

**Telephone:** 328-4585

**Date Prepared:** 01/04/2019

**FISCAL NOTE**  
**Requested by Legislative Council**  
**12/31/2018**

Bill/Resolution No.: HB 1099

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For the 2021-2023 biennium an additional appropriation and expenditure amount of \$17,282,648, of which \$8,675,010 are general funds, would be needed. We estimate an additional 24 individuals will be added to the waiver as it will better fulfill client needs.

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**Agency:** Human Services

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**Date Prepared:** 01/04/2019

**2019 HOUSE HUMAN SERVICES**

**HB 1099**

# 2019 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

HB 1099  
1/8/2019  
30561

- Subcommittee  
 Conference Committee

Committee Clerk: Elaine Stromme by Donna Whetham
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**Explanation or reason for introduction of bill/resolution:** Relating to the delegation of administration of routine medications to a qualified service provider, agency foster homes for adults.

**Minutes:**

1,2
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**Vice Chairman Rohr:** Opened the hearing on HB # 1099.

**Nancy Nikolas Maier, Director of the Aging services division with the Department of Human Services:** In support of HB 1099 and a proposed amendment recommended by the Board of Nursing. (See Attachment #1 and 2) 1:00-10:55

**Vice Chairman Rohr:** Any questions?

**Representative Schneider:** Under the Medicaid waiver in the language requiring them to live alone, is that the State or Federal requirement? If you are so ill that you need 24 hr. care you may have an incompetent caretaker or another elderly person who can't give care and it seems like that would be a real dangerous barrier to apply to people who need these critical services.

**Nancy Nikolas Maier:** We did actually put that they have to live alone so that is a requirement that was added by the department. It is important to note what we consider to be living alone is somebody who truly lives alone or with someone who is incapacitated or unable to provide the care. 11:51

**Representative Porter:** Of the 15 individuals that you are estimating that would fall into this new category and if this bill doesn't pass, where do they go now?

**Nancy Nikolas Maier:** Traditionally if they need this level of support they might start out in a home based community service but if anything changes they often go to a nursing home?

**Representative Porter:** Your saying they will end up in a long term care facility if this bill doesn't pass?

**Representative Porter:** Inside of the fiscal note, if this bill doesn't pass and they end up in the nursing home, there would still be an expense to the state inside of the normal Medicaid medical services component. So if the bill passes and the 15 individuals are on Medicaid and they go into Foster care model how is there additional money that needs to be expended, what is the cash for?

**Nancy Nikolas Maier:** I will look to the accountant. Did we appropriate that there would be savings from the nursing home side for this particular service?

**Eric Hass with the Department of Human Services Accountant:** Within the fiscal note we did allow for some reduction for in institutional facilities, however because this is a new program that there would just be some individuals that currently don't receive services but would find this advantageous and would use this. But as time goes on they would probably end up in an institution.

**Representative Porter:** You figure on the first go around all 15 people that would take advantage of this new program would have never ended up inside a long term care center and would just stay living in the community? How many individuals are you saying because you have estimated 15 individuals would be added to the waiver, so if the program doesn't happen is your assumption that none of those would end up in a long term care facility?

**Eric Hass:** The assumption would be that they would continue the supports in another manner and may not be funded through the Medicaid program in this capacity. For this fiscal note we assume they would not end up in a long term care facility.

**Representative Porter:** Inside of the program in your testimony you talk about you would allow and agency to purchase or rent a private residence, as you looked at the requirements in the cities, is that even legal? You might have to meet different fire codes and with emergency exits, it is not just as simple as to rent or purchase and existing private residence on Avenue B.

**Nancy Nikolas Maier:** That's where the bill will also require the department to develop rules, and would add in there that they would have to follow whatever the municipal ordinances are. Also the private care centers would be required to follow the rules as well.

**Representative Fegley:** One of the real concerns that I have is you take a Registered Nurse and putting people underneath them and they will be responsible under their license. Is there any contingency in that liability in the bill?

**Nancy Nikolas Maier:** The way this would work is that the agency would employ or contract with the nurse. Then she would supervise and delegate the authority. The employee would have to go through the module training and make sure they have an understanding of that. It has been done for many years so there is a precedent for it.

**Eric Hass:** Within this fiscal note we offset our expected growth and we didn't offset our current growth not case load.

House Human Services Committee

HB 1099

January 8, 2019

Page 3

**Vice Chairman Rohr:** Any further questions? Any further support? Any Opposition?  
Seeing none the hearing is closed on HB 1099.

# 2019 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Union Room, State Capitol

HB1099  
1/30/2019  
31869

- Subcommittee  
 Conference Committee

Committee Clerk: Elaine Stromme by Donna Whetham

### Explanation or reason for introduction of bill/resolution:

Relating to the delegation of administration of routine medications to a qualified service provider, agency foster homes for adults, criminal history record investigations, and the implementation of residential habilitation and community support services in a residential setting or private residence; and to provide for application.

### Minutes:

Attachment 1-2

**Chairman Weisz:** Opened the hearing on HB 1099. According to the testimony this is in the governor's budget? Can anyone explain the fiscal note?

**LeAnn Peale, Department of Human Services:** Yes this is. So this \$3.4 million is already showing in his budget. (See attachment 1)

**Chairman Weisz:** We are having some issues over the Olmstead Act which this bill will tend to address or help. I don't know if the Feds have gotten ahold of anyone yet since the shutdown. I saw the amendments by the board of nursing. (See Attachment 2).

**Rep Rohr:** I make a motion to adopt the amendment to HB 1099.

**Rep. Porter:** Seconded. **Voice vote:** Motion carried.

**Rep. Porter:** I move a Do Pass as amended and Rerefer to Appropriations.

**Rep. Schneider:** Seconded.

**Chairman Weisz:** Any further discussion? Seeing none. The clerk will call the roll on HB 1099 on a Do Pass as amended and Rereferred to Appropriations.

**Roll call vote:** Yes 9 No 4 Absent 1. Motion carried.

**Chairman Weisz:** Will carry the bill. Hearing closed.

**HB 1099 reconsidered on 2-4-2019.**

# 2019 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Union Room, State Capitol

HB1099  
2/4/2019  
32901

- Subcommittee  
 Conference Committee

Committee Clerk: Nicole Klaman by Donna Whetham

### Explanation or reason for introduction of bill/resolution:

Relating to the delegation of administration of routine medications to a qualified service provider, agency foster homes for adults, criminal history record investigations, and the implementation of residential habilitation and community support services in a residential setting or private residence; and to provide for application.

### Minutes:

**Chairman Weisz:** Opened the hearing on HB 1099. We passed out HB 1099 last week and the dollars were in the Governor's budget and it had a fiscal note of \$3.5 million dollars and we rereferred it to appropriations. Based on the language in the bill I don't believe it needs to go to appropriations. So I ask the committee to bring the bill back to the committee for further consideration.

**Vice Chairman Rohr:** I move that we reconsider our actions where we passed it by a vote of 9-4-1 on HB 1099.

**Rep. Skroch:** Seconded.

**Chairman Weisz:** The Human Service budget is on the Senate side right now so the House Appropriations has no idea theoretically what is in the Human Service budget. I don't want this bill to die without knowing the other issues. My goal is to send it straight out. There is language already in the bill that it is based on the funding in the DHS budget. Right now the House doesn't have their budget. I will double check with Appropriations. Any questions or discussion? Seeing none.

**Voice Vote taken:** All ayes. Motion passed to reconsider HB 1099.

Hearing closed.

# 2019 HOUSE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Fort Union Room, State Capitol

HB1099  
2/5/2019  
32208

- Subcommittee  
 Conference Committee

Committee Clerk: Nicole Klamann by Donna Whetham

## **Explanation or reason for introduction of bill/resolution:**

Relating to the delegation of administration of routine medications to a qualified service provider, agency foster homes for adults, criminal history record investigations, and the implementation of residential habilitation and community support services in a residential setting or private residence; and to provide for application.

## **Minutes:**

Attachment 1

**Chairman Weisz:** Opened the hearing on HB 1099. We do have some suggested amendments. The reason I brought this back I don't want it to go to appropriations and they are not ready for it either because they don't have the DHS budget. The committee already passed it and agreed to this. There are a couple of suggested languages. Look at these two suggestions and see which one would work or if you have something else. (See attachment 1).

**Vice Chairman Rohr:** I will move to adopt the first amendment Section 9 contingent implementation to HB 1099.

**Rep. Schneider:** Seconded. What is the status of Senate bill 2012? It hasn't been declined.

**Chairman Weisz:** It is sitting in appropriations and no it hasn't been declined. They will be working on that for a while.

**Voice Vote** on amendment. Motion carried.

**Vice Chairman Rohr:** I move a Do Pass as amended on HB 1099.

**Rep. Skroch:** Seconded.

**Chairman Weisz:** Any discussion? Seeing none. We will call the roll on a Do Pass as amended on HB 1099.

House Human Services Committee

HB 1099

2/5/2019

Page 2

**Roll Call Vote:** Yes 13 No 0 Absent 1.

**Chairman Weisz:** Will carry the bill.

Dr 1/30/19

19.8083.01001  
Title.02000

Adopted by the Human Services Committee

January 30, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1099

Page 1, line 1, remove "43-12.1-16,"

Page 2, line 15, overstrike "or"

Page 2, line 19, overstrike the period and insert immediately thereafter " or

h. Who is an employee of a qualified service provider agency who meets the criteria set forth in subsection 2 of section 50-24.1-18."

Page 3, remove lines 4 through 10

Page 7, line 24, after "licensed" insert "registered"

Page 8, line 3, remove "5,"

Page 8, line 3, replace "7" with "6"

Page 8, line 5, remove "5,"

Page 8, line 5, replace "7" with "6"

Renumber accordingly

DP 2/5/19

February 5, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1099

Page 1, line 1, remove "43-12.1-16,"

Page 2, line 15, overstrike "or"

Page 2, line 19, overstrike the period and insert immediately thereafter " or

h. Who is an employee of a qualified service provider agency who meets the criteria set forth in subsection 2 of section 50-24.1-18."

Page 3, remove lines 4 through 10

Page 7, line 24, after "licensed" insert "registered"

Page 8, line 3, remove "5,"

Page 8, line 3, replace "7" with "6"

Page 8, line 5, remove "5,"

Page 8, line 5, replace "7" with "6"

Page 8, after line 6, insert:

**"SECTION 8. CONTINGENT IMPLEMENTATION - APPLICATION.** The department of human services may not implement residential habilitation and community supports in section 6 of this Act unless the sixty-sixth legislative assembly provides an appropriation in Senate Bill No. 2012 to support the implementation of residential habilitation and community supports in section 6 of this Act."

Re-number accordingly

Date: 1-30-19  
 Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. HB/099**

House Human Services Committee

Subcommittee

Amendment LC# or Description: 19.8083.01001

Recommendation:  Adopt Amendment  
 Do Pass     Do Not Pass     Without Committee Recommendation  
 As Amended     Rerefer to Appropriations  
 Place on Consent Calendar  
 Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Rep. Rohr    Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr - Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

*Roll Call Vote*

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent 1

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:  
*adopt amendment  
 motion carry*

Date: 1-30-19  
 Roll Call Vote #: 2

**2019 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. HB 1099**

House Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

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

Other Actions:  Reconsider     \_\_\_\_\_

Motion Made By Rep. Porter    Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr - Vice Chairman	X		Mary Schneider	X	
Dick Anderson	X				
Chuck Damschen	X				
Bill Devlin		X			
Clayton Fegley	X				
Dwight Kiefert	X				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit		X			
Greg Westlind		X			
Kathy Skroch		X			

Total (Yes) 9 No 4

Absent 1

Floor Assignment Rep. Weisz

If the vote is on an amendment, briefly indicate intent:  
Do Pass As Amended - Motion Carries

**2019 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. HB 1099**

House Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

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

Other Actions:     Reconsider     \_\_\_\_\_

Motion Made By Rep. Rohr Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr – Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

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

**Voice Vote: Motion to reconsider carried.**

**2019 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. HB 1099**

House Human Services Committee

Subcommittee

Amendment LC# or Description: Section 9. Contingent Implementation (the first section)

Recommendation:  Adopt Amendment  
 Do Pass     Do Not Pass     Without Committee Recommendation  
 As Amended     Rerefer to Appropriations  
 Place on Consent Calendar  
 Other Actions:     Reconsider     \_\_\_\_\_

Motion Made By Rep. Rohr Seconded By Rep. Schneider

<b>Representatives</b>	<b>Yes</b>	<b>No</b>	<b>Representatives</b>	<b>Yes</b>	<b>No</b>
Robin Weisz - Chairman			Gretchen Dobervich		
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Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

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

**Voice Vote: Motion Carried**

**2019 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. HB 1099**

House Human Services Committee

Subcommittee

Amendment LC# or Description: Section 9. Contingent Implementation (the first section)

Recommendation:     Adopt Amendment  
                            Do Pass     Do Not Pass     Without Committee Recommendation  
                            As Amended                            Rerefer to Appropriations  
                            Place on Consent Calendar  
 Other Actions:        Reconsider                            \_\_\_\_\_

Motion Made By Rep. Rohr Seconded By Rep. Skroch

<b>Representatives</b>	<b>Yes</b>	<b>No</b>	<b>Representatives</b>	<b>Yes</b>	<b>No</b>
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	X				
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert	A				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total    (Yes) 13                            No 0

Absent 1

Floor Assignment Chairman Weisz

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

**REPORT OF STANDING COMMITTEE**

**HB 1099: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1099 was placed on the Sixth order on the calendar.

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h. Who is an employee of a qualified service provider agency who meets the criteria set forth in subsection 2 of section 50-24.1-18."

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Renumber accordingly

**2019 SENATE HUMAN SERVICES**

**HB 1099**

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

HB 1099  
3/6/2019  
#33295

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez / Pam Dever

## **Explanation or reason for introduction of bill/resolution:**

Relating to the delegation of administrations of routine medications to a qualified service provider, agency foster homes for adults, criminal history record investigations, & the implementation of residential habilitation & community support services in a residential setting or private residence; provide for application.

## **Minutes:**

Att #1-Nancy Nikolas Maier; Att #2 – Rebecca Quinn;

Madam Chair Lee opens the hearing on HB 1099.

**(.10-8:08) Nancy Nikolas Maier, Director of Aging Services Division, Human Services Dept.:** Testifying in support of HB 1099. Please see Attachment #1 for testimony.

**(8:35-09:42) Bruce Lurning, Ex. Director N.D. Assoc. of Community Providers:** I am here in support. A lot of these services proposed in this bill are a bit similar to what we have done in the DD system. There are a lot of people out there on other disability waivers who don't qualify for the DD system. We would support, as a matter of fairness, services for people in the aging and disabled, and brain injury areas that somewhat mirror ours. (9.25)

**(9:55-12:46) Rebecca Quinn, Program Director Rural Health Center-UND:** Testifying in support of HB 1099. We manage the N.D. brain injury network and provide administrative support to the N.D. Brain Injury Council. Please see Attachment #2 for testimony. Any questions? Page 2 is an ad. This bill comes about after 10 years of working. Any questions?

**Sen. Larsen:** Where is the Soaring Eagle facility?

**Rebecca:** Valley City. (13.02)

**(13:11-14:03) Jessica Thomasson, Lutheran Social Services:** I am in support of this bill. The addition of medication management QSP eligible services is extremely important in the clients we have served. Before that has been a barrier. It is exciting to hear what you are doing to try and merge housing and services together. They merge in people's lives. Any questions?

**Sen. Larsen:** My wife use to work for a REM facility. There was an individual from that place that went to a home based in Minot. I found that interesting and a great deal. Do you know how many of those are happening in the Minot area? (14.36)

**Jessica:** I actually don't know the answer to that question. You can tell when that progression is able to happen for them.

**(15:07-15.40) Maureen Bentz, N.D. Board of Nursing:** I am here for Dr. Stacey Pfenning who could not be here. This is her testimony. Offering neutral testimony for HB 1099. Please see Attachment #3 for testimony. Happy to take questions.

**Vice Chair Larsen:** Any opposed? We will close the hearing. (16.02)

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

HB 1099  
3/6/2019  
Job # 33326

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez

## **Explanation or reason for introduction of bill/resolution:**

Relating to the delegation of administration of routine medications to a qualified service provider, agency foster homes for adults, criminal history record investigations, and the implementation of residential habilitation and community support services in a residential setting or private residence.

## **Minutes:**

No Attachments

**Madam Chair Lee opens the discussion on HB 1099.**

**Senator K. Roers:** I move a **DO PASS** on HB 1099.  
Seconded by **Senator Hogan**

**ROLL CALL VOTE TAKEN**  
**6 YEA, 0 NAY, 0 ABSENT**  
**MOTION CARRIES DO PASS**  
**Senator Hogan will carry HB 1099 to the floor.**

**Madam Chair Lee closes the discussion on HB 1099.**

Date: 3/6/19  
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 1099

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar  
Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Roers Seconded By Hogan

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson	X				
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Hogan

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

**REPORT OF STANDING COMMITTEE**

**HB 1099, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)**  
recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING).  
Engrossed HB 1099 was placed on the Fourteenth order on the calendar.

**2019 TESTIMONY**

**HB 1099**

HB1099  
#1  
1/8/19

**Testimony**  
**House Bill 1099 Department of Human Services**  
**House Human Services Committee**  
**Representative Robin Weisz, Chairman**

January 8, 2019

Chairman Weisz, and members of the House Human Services Committee, I am Nancy Nikolas Maier, Director of the Aging Services Division with the Department of Human Services (Department). I am here today in support of House Bill 1099, which was introduced at the request of the Department and to propose an amendment based on recommendations from the North Dakota Board of Nursing.

HB 1099 is being introduced to allow for the implementation of residential habilitation and community support services in a residential setting or private residence, under the Medicaid Home and Community Based Services 1915 (c) waiver, which serves older adults and individuals with physical disabilities. A request to fund residential habilitation and community residential services was included in the Executive Budget Request. However, changes in State law governing the delegation of routine medications and the definition of adult foster care are necessary to fully implement all aspects of these services.

During this session, the Department is requesting several incremental investments in long term service and supports specifically in Home and Community Based Services. Adding residential habilitation and community residential services to the Medicaid Home and Community Based Services 1915 (c) waiver is an investment that will allow more eligible individuals to access the services they need to remain safe in their home and community. The Department believes implementing these services would be an effective way to keep more individuals at home in the least restrictive setting.

HB 1099  
# 1-  
1/8/19

The chart below describes the services and illustrates the differences between the two.

## HCBS MEDICAID WAIVER

### Residential Habilitation Services

- Up to 24-hour services for eligible older adults and individuals with physical disabilities
- Must meet a nursing facility level of care, live alone, and can benefit from care coordination, **skills restoration or maintenance**, and community integration
- Could include **adaptive skill development**, assistance with activities of daily living, community inclusion, social, leisure skill development, personal care/homemaker, protective oversight and supervision
- Target population
- **Individuals with TBI, early stage dementia etc.**

### Community Residential Services

- Up to 24-hour services for eligible older adults and individuals with physical disabilities
- Must meet a nursing facility level of care, live alone, and can benefit from care coordination, and community integration
- Could include assistance with activities of daily living, community inclusion, social, leisure skill development, personal care/homemaker, protective oversight and supervision
- Target population
  - **Individuals with physical disability, complex health needs etc.**

These services were modeled after the residential habilitation services currently offered to individuals enrolled in the Intellectual Disabilities/Developmental Disabilities (IID/DD) waiver. These services have been very effective in keeping people with intellectual disabilities in the least restrictive setting. Many older adults and individuals with physical disabilities could benefit from similar supports; however, this type of all-inclusive service is currently not available to recipients of the Medicaid Home and Community Based Services 1915 (c) waiver. Medicaid recipients who need this level of support should have access to these types of services regardless of their disability.

Another important aspect of these services includes assistance with routine medication and the ability for the service to be provided in a group setting. State law currently allows for the delivery of routine medication and the provision of services in a residential/group home for the IID/DD population; however, there are no such provisions for the delivery of services to older adults and individuals with physical disabilities. The only group home model currently available to older adults and individual with physical disabilities is adult foster care. Adult foster care can only be

HB 1099  
#1  
1/8/19

provided in a private residence owned or operated by the service provider. There are only 14 licensed homes statewide. The family model of adult foster care would not be impacted by this bill. The bill would add a definition of “agency adult foster care” to allow an agency to purchase or rent a private residence where these services including medication administration could be provided to recipients who choose to live in a small group setting. Agency adult foster care may also benefit providers because staff could provide care to more than one individual in the same location.

The bill contains a fiscal note. The appropriation amount needed matches the Executive Budget Request. It includes one full-time equivalent request for the Department along with the additional appropriation and expenditure amount of \$6,747,565, of which \$3,365,022 are general funds. In the 2019-2021 biennium the Department estimates 15 individuals will be added to the waiver and that 156 individuals already receiving some type of home and community-based services will transition to these services because it will better meet the needs of the consumer. Although these individuals are already receiving services they are often still at risk for institutional placement because the current service model does not offer all the services they need to be fully supported at home. The current model relies heavily on family caregivers and informal supports to coordinate the care for the recipients. If someone does not have a family caregiver, or the caregiver is overwhelmed in their caregiver duties, it may be very difficult for that consumer to continue to receive the level of support they need.

The requested changes are as follows:

Section 1, page 3, lines 4 and 5 proposes to amend section 43-12.1-04 of the North Dakota Century Code to add qualified service providers who meet criteria set forth in subsection 2 of section 50-24.1-18 to the list of persons exempt from the nurse practice act. This would allow trained employees of a qualified agency to administer

HB 1099  
#1  
1/8/19

routine medications to recipients of residential habilitation and community support services.

Section 2, page 3, line 10 proposes to amend section 43-12.1-04 of the North Dakota Century Code and would allow a licensed nurse to delegate the administration of routine medications to an exempt qualified service provider enrolled to provide residential habitation or community support services.

Section 3, page 3, line 15 through page 4, line 23 amends section 50-11-00.1 to add a definition of "agency foster home for adults" which would allow an agency to purchase or rent a private residence, professionally staff it, and provide residential habitation or community support services to four or fewer adults who are not related to the owner or lessee and the changes also renumbers the section accordingly.

Section 4, page 4, lines 26, 29 and 30 amends section 50-11-02.4 of the North Dakota Century Code to remove the reference to adult family foster care and add language to clarify a facility providing foster care for adults is subject to the criminal history record investigation requirements. Page 5, lines 18 through 20 clarifies the Department will cover the cost of a criminal record check for adult foster care provided in a private family home, but agency foster care providers are responsible for the cost of the criminal record checks for their employees.

Section 5, page 6, line 21 amends section 50-11-06.8 of the North Dakota Century Code to clarify the Department shall continue to pay the cost of a nationwide background check for each facility providing foster care for children. Page 6, line 29 through Page 7 lines 2 update language to account for the new proposed definition of "facility" in regards to foster care for adults.

Section 6, lines 8 and 11 amends section 50-11-06.9 of the North Dakota Century Code and includes clean up language to accommodate for the change to made

HB 1099  
#1  
1/8/19

during the 2015 legislative session in Senate Bill 2091 as it removed the definition for "family foster home for adults".

Section 7, page 7, lines 15 through 30 amends section 50-24.1-18 of the North Dakota Century Code to allow the Department to implement residential habilitation and community support services which would allow for the delegation of medication by an employee of a qualified service provider agency employing or contracting with a licensed nurse who provides supervision to trained employees. It also require the employees of a qualified service provider agency to complete a Department approved training on the administration of routine medications before they could assist clients and requires the Department to establish rules governing the provision of these services in a residential setting or private residence.

Section 8, page 8, lines 1 through 6 states the implementation of these services is contingent upon appropriation being provided. If funds are not appropriated there would be no changes made to the definition of adult foster care or the nurse practice act.

Attached to my testimony is a proposed amendment to House Bill 1099 based on recommendations made by the Board of Nursing. The amendment would remove the proposed changes to section 1, page 3, lines 4 and 5 and reinsert similar language to a new subdivision of subsection 9 of section 43-12.1-04 in section 1, page 2, after line 19 of this Bill. Based on the proposed amendment to relocate the exemption for an employee of a qualified service provider agency under subsection 9 of section 43-12.1-04, the amendment also removes the proposed changes to section 2, page 3, lines 6 through 10, as the changes are no longer needed. The amendment if adopted would also insert "registered" after "licensed" on page 7, line 24 for the language to read "licensed registered nurse".

This concludes my testimony. I am happy to answer any questions.

HB1099  
#1  
1/8/19

**PROPOSED AMENDMENTS TO HOUSE BILL NO. 1099**

Page 1, line 1, remove "43-12.1-16,"

Page 2, line 15, overstrike "or"

Page 2, line 19, after "guardian" insert "; or"

Page 2, line 19, overstrike the period

Page 2, after line 19, insert:

"h. Who is an employee of a qualified service provider agency who meets the criteria set forth in subsection 2 of section 50-24.1-18."

Page 3, remove lines 4 through 10

Page 7, line 24, after "licensed" insert "registered"

Renumber accordingly

HB 1099  
11/8/19  
#2

**House Human Services Committee  
North Dakota Board of Nursing Testimony  
HB 1099 Qualified Service Provider Exemption**

Chairman Weisz and members of the Committee. I am Dr. Stacey Pfenning, Executive Director for the North Dakota Board of Nursing.

This testimony provides information pertaining to HB 1099 amendments to 43-12.1 Nurse Practices Act. The NDBON reviewed the initial bill on December 27, 2018 during a convened meeting. The NDBON is neutral on the inclusion of the exemption. However, the NDBON directed the directors and SAAG to collaborate with stakeholders to provide input and education on NPA and nursing related bills. Therefore, the amendments to the initially proposed bill presented by the ND Department of Human Services today were a cooperative effort of both the NDBON and the ND Department of Human Services staff and AAG.

Dr. Stacey Pfenning DNP APRN FNP FAANP  
Executive Director, North Dakota Board of Nursing  
Phone: 701-328-9781  
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#1 HB 1099  
1-30-19  
pl.

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

HB 1099 Section 7 agrees with the Executive Budget Request (EBR) and is presented in alignment with EBR accordingly. One additional FTE for the Department along with the additional appropriation and expenditure amount of \$6,747,565, of which \$3,365,022 are general funds. We estimate 15 Medicaid eligible individuals not currently receiving Personal Care State Plan, HCBS waiver, Developmental Disabilities waiver, or Nursing Home services will utilize this service. We also expect 156 individuals will transition to this service as it will better meet client needs in the 2019 - 2021 biennium. The 156 individuals include 63 people on the Personal Care State Plan, 63 people on the HCBS Waiver, 15 people on the Developmental Disabilities waiver, and 15 people from Nursing Homes that we project will switch services and transition to Residential Habitation or Community Support Services. Savings in the applicable areas from the transitions are represented in this fiscal note.

For the 2021-2023 biennium an additional appropriation and expenditure amount of \$17,282,648, of which \$8,675,010 are general funds, would be needed. We estimate an additional 24 Medicaid eligible individuals not currently receiving Personal Care State Plan, HCBS waiver, Developmental Disabilities waiver, or Nursing Home services will utilize this service.

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

For the 19-21 biennium the Department of Human Services would need an appropriation increase, of \$6,747,565, of which \$3,365,022 would be general fund, to the base level budget in SB2012. One additional FTE is required to implement this service.

For the 21-23 biennium the Department of Human Services would need appropriation authority of \$17,282,648, of which \$8,675,010 would be general fund.

**Name:** Rhonda Obrigewitch

**Agency:** Human Services

**Telephone:** 328-4585

**Date Prepared:** 01/04/2019

#2 HB1099  
1-30-19  
p. 1

**House Human Services Committee  
North Dakota Board of Nursing Testimony  
HB 1099 Qualified Service Provider Exemption**

Chairman Weisz and members of the Committee. I am Dr. Stacey Pfenning, Executive Director for the North Dakota Board of Nursing.

This testimony provides information pertaining to HB 1099 amendments to 43-12.1 Nurse Practices Act. The NDBON reviewed the initial bill on December 27, 2018 during a convened meeting. The NDBON is neutral on the inclusion of the exemption. However, the NDBON directed the directors and SAAG to collaborate with stakeholders to provide input and education on NPA and nursing related bills. Therefore, the amendments to the initially proposed bill presented by the ND Department of Human Services today were a cooperative effort of both the NDBON and the ND Department of Human Services staff and AAG.

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January 30, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1099

Page 1, line 1, remove "43-12.1-16,"

Page 2, line 15, overstrike "or"

Page 2, line 19, overstrike the period and insert immediately thereafter "; or

h. Who is an employee of a qualified service provider agency who meets the criteria set forth in subsection 2 of section 50-24.1-18.

Page 3, remove lines 4 through 10

Page 7, line 24, after "licensed" insert "registered"

Page 8, line 3, remove "5,"

Page 8, line 3, replace "7" with "6"

Page 8, line 5, remove "5,"

Page 8, line 5, replace "7" with "6"

Renumber accordingly

#1

HB 1099

2-5-19  
P 1.

**EITHER:**

**SECTION 9. CONTINGENT IMPLEMENTATION**

The department of human services may not implement residential habilitation and community supports in section 7 of this Act unless the legislative assembly provides an appropriation in 2019 Senate Bill 2012 to support the implementation of residential habilitation and community supports in section 7 of this Act.

**OR**

**ADD TO AT THE END OF CURRENT SECTION 8:**

The department of human services may not implement residential habilitation and community supports in section 7 of this Act unless the legislative assembly provides an appropriation in 2019 Senate Bill 2012 to support the implementation of residential habilitation and community supports in section 7 of this Act.

HB 1099  
3/6/19  
#1 pg.1

**Testimony**  
**Engrossed House Bill 1099 Department of Human Services**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**  
March 6, 2019

Chairman Lee, and members of the Senate Human Services Committee, I am Nancy Nikolas Maier, Director of the Aging Services Division with the Department of Human Services (Department). I am here today in support of Engrossed House Bill 1099, which was introduced at the request of the Department.

Engrossed House Bill 1099 is being introduced to allow for the implementation of residential habilitation and community support services in a residential setting or private residence, under the Medicaid Home and Community Based Services 1915(c) waiver, which serves older adults and individuals with physical disabilities. Changes in State law governing the delegation of routine medications and the definition of adult foster care are necessary to fully implement all aspects of these services.

During this session, the Department is requesting several incremental investments in long term service and supports specifically in Home and Community Based Services. Adding residential habilitation and community residential services to the Medicaid Home and Community Based Services 1915 (c) waiver is an investment that will allow more eligible individuals to access the services they need to remain safe in their home and community. The Department believes implementing these services would be an effective way to keep more individuals at home in the least restrictive setting.

The chart below describes the services and illustrates the differences between the two.

## HCBS MEDICAID WAIVER

### Residential Habilitation Services

- Up to 24-hour services for eligible older adults and individuals with physical disabilities
- Must meet a nursing facility level of care, live alone, and can benefit from care coordination, **skills restoration or maintenance**, and community integration
- Could include **adaptive skill development**, assistance with activities of daily living, community inclusion, social, leisure skill development, medication administration, personal care/homemaker, protective oversight and supervision
- Target population- **Individuals with TBI, early stage dementia etc.**

### Community Residential Services

- Up to 24-hour services for eligible older adults and individuals with physical disabilities
- Must meet a nursing facility level of care, live alone, and can benefit from care coordination, and community integration
- Could include assistance with activities of daily living, community inclusion, social, leisure skill development, medication administration, personal care/ homemaker, protective oversight and supervision
- Target population - **Individuals with physical disability, complex health needs etc.**

22

These services were modeled after the residential habilitation services currently offered to individuals enrolled in the Intellectual Disabilities/Developmental Disabilities (IID/DD) waiver. These services have been very effective in keeping people with intellectual disabilities in the least restrictive setting. Many older adults and individuals with physical disabilities could benefit from similar supports; however, this type of all-inclusive service is currently not available to recipients of the Medicaid Home and Community Based Services 1915 (c) waiver. Medicaid recipients who need this level of support should have access to these types of services regardless of their disability.

Another important aspect of these services includes assistance with routine medication and the ability for the service to be provided in a group setting. State law currently allows for the delivery of routine medication and the provision of services in a residential/group home for the IID/DD population; however, there are no such provisions for the delivery of services to older adults and individuals with physical disabilities. The only group home model currently available to older adults and individual with physical disabilities is adult foster care. Adult foster care can only be

provided in a private residence owned or operated by the service provider. There are only 14 licensed homes statewide. The family model of adult foster care would not be impacted by this bill. The bill would add a definition of “agency adult foster care” to allow an agency to purchase or rent a private residence where these services including medication administration could be provided to recipients who choose to live in a small group setting. Agency adult foster care may also benefit providers because staff could provide care to more than one individual in the same location.

The appropriation for these services is included in Engrossed Senate Bill 2012 and aligns with the Executive Budget Request. The appropriation includes one full-time equivalent request for the Department along with the additional appropriation and expenditure amount of \$6,747,565, of which \$3,365,022 are general funds. In the 2019-2021 biennium the Department estimates 15 individuals will be added to the waiver and that 156 individuals already receiving some type of home and community-based services will transition to these services because it will better meet the needs of the consumer. The total amount of funds requested for these services reflects savings from the other programs.

Although these individuals are already receiving services they are often still at risk for institutional placement because the current service model does not offer all the services they need to be fully supported at home. The current model relies heavily on family caregivers and informal supports to coordinate the care for the recipients. If someone does not have a family caregiver, or the caregiver is overwhelmed in their caregiver duties, it may be very difficult for that consumer to continue to receive the level of support they need.

The requested changes are as follows:

Section 1, page 2, proposes to amend section 43-12.1-04 of the North Dakota Century Code to add qualified service providers who meet criteria set forth in

HB 1099  
3/6/19  
#1 pg. 4

subsection 2 of section 50-24.1-18 to the list of persons exempt from the nurse practice act. This would allow trained employees of a qualified agency to administer routine medications to recipients of residential habilitation and community support services.

Section 2, page 3, amends section 50-11-00.1 to add a definition of “agency foster home for adults” which would allow an agency to purchase or rent a private residence, professionally staff it, and provide residential habitation or community support services to four or fewer adults who are not related to the owner or lessee and the changes also renumbers the section accordingly.

Section 3, page 4 and 5, amends section 50-11-02.4 of the North Dakota Century Code to remove the reference to adult family foster care and add language to clarify a facility providing foster care for adults is subject to the criminal history record investigation requirements. It also clarifies the Department will cover the cost of a criminal record check for adult foster care provided in a private family home, but agency foster care providers are responsible for the cost of the criminal record checks for their employees.

Section 4, page 6, amends section 50-11-06.8 of the North Dakota Century Code to clarify the Department shall continue to pay the cost of a nationwide background check for each facility providing foster care for children and updates language to account for the new proposed definition of “facility” regarding foster care for adults.

Section 5, page 7 amends section 50-11-06.9 of the North Dakota Century Code and includes clean up language to accommodate for the change made during the 2015 legislative session in Senate Bill 2091 as it removed the definition for “family foster home for adults”.

Section 6, page 7, amends section 50-24.1-18 of the North Dakota Century Code to allow the Department to implement residential habilitation and community support

services which would allow for the delegation of medication by an employee of a qualified service provider agency employing or contracting with a licensed registered nurse who provides supervision to trained employees. It also requires the employees of a qualified service provider agency to complete a Department approved training on the administration of routine medications before they could assist clients and requires the Department to establish rules governing the provision of these services in a residential setting or private residence.

Section 7, page 7, states the implementation of sections 1, 2, 3, 4, and 6 of this Bill are contingent upon appropriation being provided. If funds are not appropriated there would be no changes made to the definition of adult foster care or the nurse practice act.

Section 8, page 8, prevents the Department of Human Services from implementing these services unless an appropriation is included in Senate Bill 2012 to support the implementation of these services.

This concludes my testimony. I am happy to answer any questions.

HB 1099  
3/6/19  
#2 pg. 1

66th Legislative Session

Senate Human Services Committee

March 6, 2019

Madame Chair and other members of the Committee. I am Rebecca Quinn and serve a program director at the Center for Rural Health, University of North Dakota. The Center for Rural Health is contracted by the Department of Human Services to operate the North Dakota Brain Injury Network and provide administrative support to the Brain Injury Advisory Council. I am submitting this testimony to provide information regarding the benefit of House Bill 1099 for individuals with brain injury.

The addition of residential habilitation and community residential services and the ability to administer medication in these settings will allow for individuals with brain injury to access services in settings that are appropriately able to meet their needs. Limited access to residential settings has led to individuals with brain injury in inappropriate settings, at risk of placement due to over reliance on informal supports, or failing in community due to a lack of services. Agency adult foster care is a service model that has been adopted by many states to meet the unique needs of individuals with brain injury. It allows for a small, family setting environment, but the benefit of being able to be staff by an agency.

Respectfully submitted,

Rebecca Quinn; MSW, LCSW, CBIST  
Center for Rural Health, UND School of Medicine and Health Sciences  
1301 N Columbia Road, Stop 9037  
Grand Forks, ND 58202-9037  
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Direct 701-777-5200 | Main 701-777-3843 | Fax 701-777-1431

HB 1099  
3/6/19  
#2 pg. 2

Current residential options for brain injury:

Licensed skilled care—Must have need for skilled care

- Dakota Alpha, Mandan, 22 beds—has rolling openings, but is highest level of care and is a community based

Licensed basic care—Minimum of 5 individuals

- Dakota Point, Mandan, 10 beds—has not had an opening in over 5 years
- HI Soaring Eagle, 10 beds—has roughly 1 opening a year

HB 1099  
3/6/19  
#2 pg. 3

REM  
WISCONSIN

# Division Street

Green Bay, WI



- ◆ Beautiful, well established, peaceful neighborhood
- ◆ Van available for community outings and medical appointments
- ◆ Convenient access to a variety of local resources
- ◆ Four Season porch

This beautiful ranch style home is nestled into a quiet, well established neighborhood on the west side of Green Bay. The house is a State Licensed Adult Family home offering four large private bedrooms and two bathrooms. A four season porch is used as a year round activity room and the private fenced in backyard has a swing to relax on while enjoying the outdoors. The program has a van available to transport residents to all regular appointments and other activities of daily living. Two gentlemen and one woman currently reside in the house, and they are seeking a housemate to share their home with. The house is double staffed from 6am to 10pm and single staffed during the overnight hours. There is also periodic triple staffing to allow for group or individualized community activities. A Registered Nurse is responsible for medical consultation and oversight. Staff in the home are trained to meet the individualized needs of each resident.



HB 1099  
3/6/19 1  
#3 pg.1

**Senate Human Services Committee  
North Dakota Board of Nursing Testimony  
HB 1099 Qualified Service Provider Exemption**

Chairperson Lee and members of the Committee. I am Dr. Stacey Pfenning, Executive Director for the North Dakota Board of Nursing.

This testimony provides information pertaining to HB 1099 amendments to 43-12.1 Nurse Practices Act. The NDBON reviewed the initial bill on December 27, 2018 during a convened meeting. The NDBON is neutral on the inclusion of the exemption. However, the NDBON directed the directors and SAAG to collaborate with stakeholders to provide input and education on NPA and nursing related bills. Therefore, the amendments to the initially proposed bill presented by the ND Department of Human Services were a cooperative effort of both the NDBON and the ND Department of Human Services staff and AAG.

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