

# Human Services Committee

## July 27, 2018

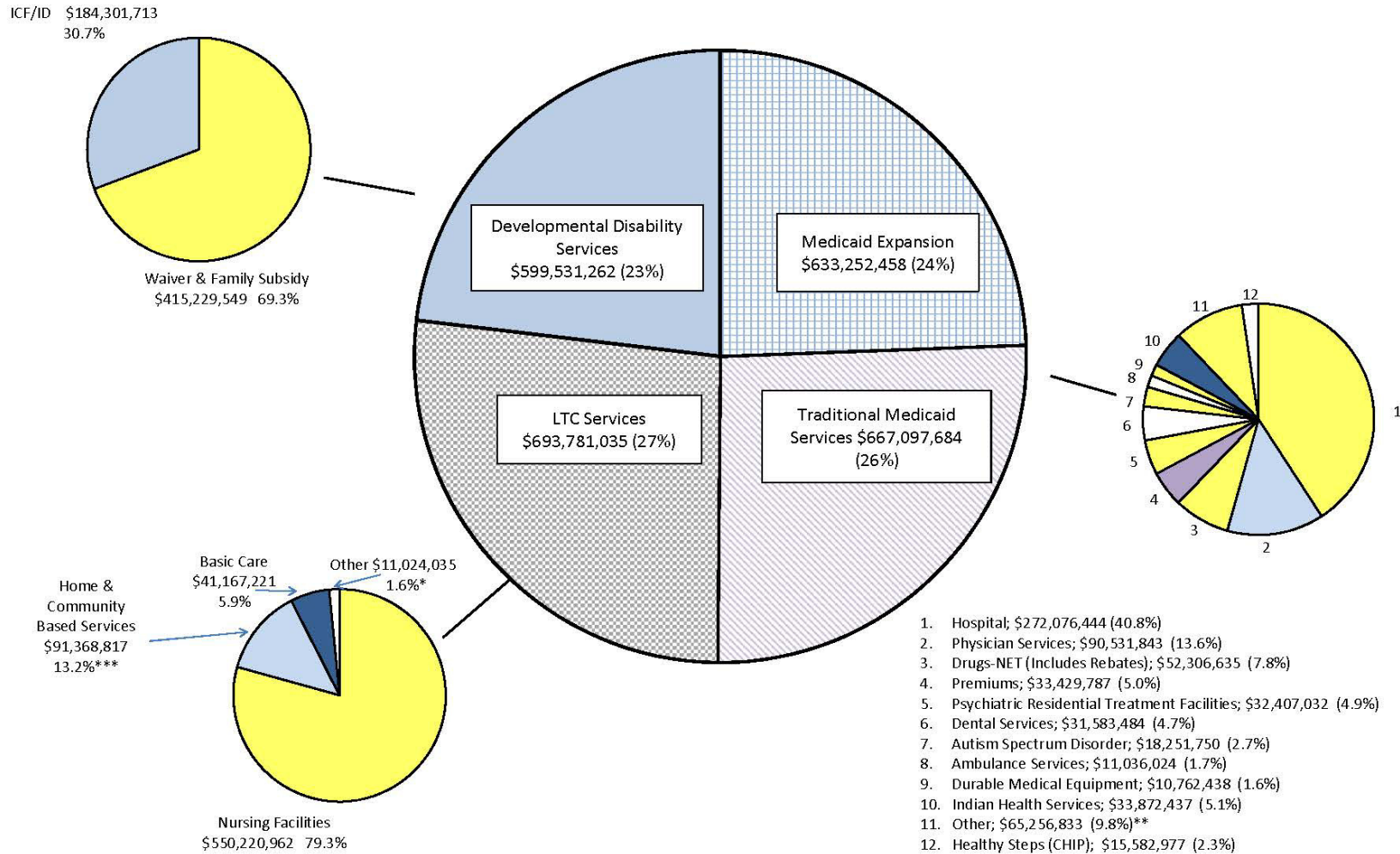
Nancy Nikolas-Maier, Director  
Aging Services Division and  
LeeAnn Thiel, Rate Setting Administrator  
Medical Services Division



# 2017 HB 1038 (Section 3)

- **SECTION 3. DEPARTMENT OF HUMAN SERVICES - LONG-TERM CARE SERVICES - REPORT TO LEGISLATIVE MANAGEMENT.** The department of human services shall review services and related funding provided within its long-term care division for the 2015-17 and 2017-19 bienniums. The department of human services shall report to the legislative management during the 2017-18 interim on the levels of funding provided for and spent on nursing home services and home- and community-based services by program during these time periods and shall provide recommendations on options to increase the number and level of services and funding provided for home-and community-based services for the 2019-21 biennium.

**North Dakota Department of Human Services**  
**2017 - 2019 Legislatively Approved Budget**  
*(Includes HB 1012 and other 2017 bills with DHS Appropriation)*  
**Medical Assistance Grants \$2,593,662,439**



\* Includes Personal Needs Allowance, Community of Care, and unmatched federal authority received during the 2017 Legislative Session.

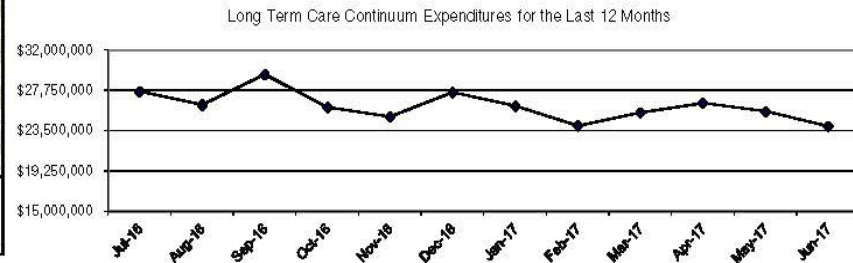
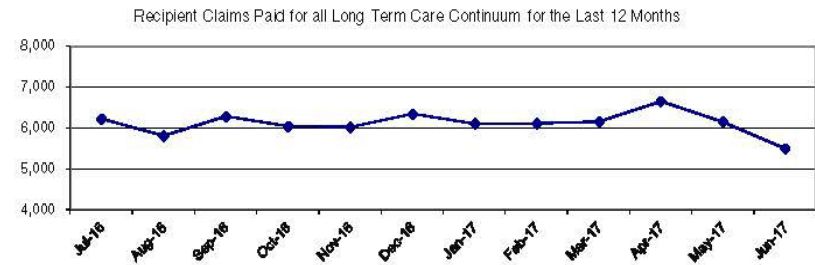
\*\* Includes County Jail Claims and Remedial Eye Care.

\*\*\* Includes SPED, Expanded-SPED, Personal Care, Targeted Case Management, Home and Community-Based Services Waiver, Children's Medically Fragile Waiver, Technology Dependent Waiver, PACE, Children's Hospice Waiver, Money Follows the Person Sustainability, Autism Waiver and Autism Voucher.

**Section 12 - LONG TERM CARE CONTINUUM  
APPROPRIATION 2015-2017 BIENNIUM \$623,982,271**

Service	Budget (8/15-6/17)		Actual Paid (8/15-6/17)			Percentage of Appropriation Used*
	Monthly Average Units of Service	Monthly Average Cost Per Unit	Monthly Average Units of Service	Monthly Average Cost Per Unit	Spent to Date	
Nursing Homes (& Hospice) Basic Care	95,366	221	93,601	221	497,446,563	98.3%
	19,767	73	18,785	78	35,096,508	101.3%

Service	Monthly Average Number of People	Monthly Average Cost Per Person	Monthly Average Number of People Receiving	Monthly Average Cost Per Person	Spent to Date	Percentage of Appropriation Used*
SPED	1,192	515	1,023	516	12,654,137	85.9%
Expanded SPED	152	410	142	427	1,455,392	97.5%
HCBS Waiver	306	1,874	283	1,976	13,397,388	97.3%
Targeted Case Management	487	153	400	154	1,477,844	82.7%
Personal Care Option	638	1,997	574	2,154	29,684,583	97.0%
Tech. Dep. Waiver	2	15,152	1	13,939	362,404	66.4%
Medically Fragile Waiver	15	1,560	9	1,092	220,647	39.3%
PACE	170	4,782	123	5,475	15,507,215	79.6%
Children's Hospice Waiver	2	2,524	0	0	0	0.0%
<b>Total Long-Term Care Continuum Expenditures to Date</b>					<b>\$ 607,302,681</b>	<b>97.3%</b>



PROGRAM NOTES:

A unit is equal to one day of service.

A rate decrease of 10% for Homemaking Services for Home and Community-Based Services was implemented September 1, 2016 due to the February 2016 budget allotment.

Provider inflation for the 2nd year of the biennium was not given on 7/1/2016 due to the February 2016 budget allotment.

Fluctuations in expenses are due to the timing of when payments are made.

## Long Term Care Continuum Expenditures and Appropriation\* 2009 - 2011 Biennium to 2017 - 2019 Biennium

Biennium	Total Expenditures / Appropriation
09-11 Expenditures	\$465,923,409
11-13 Expenditures	\$508,480,047
13-15 Expenditures	\$565,582,745
15-17 Expenditures	\$607,302,681
17-19 Appropriation^	\$682,757,000

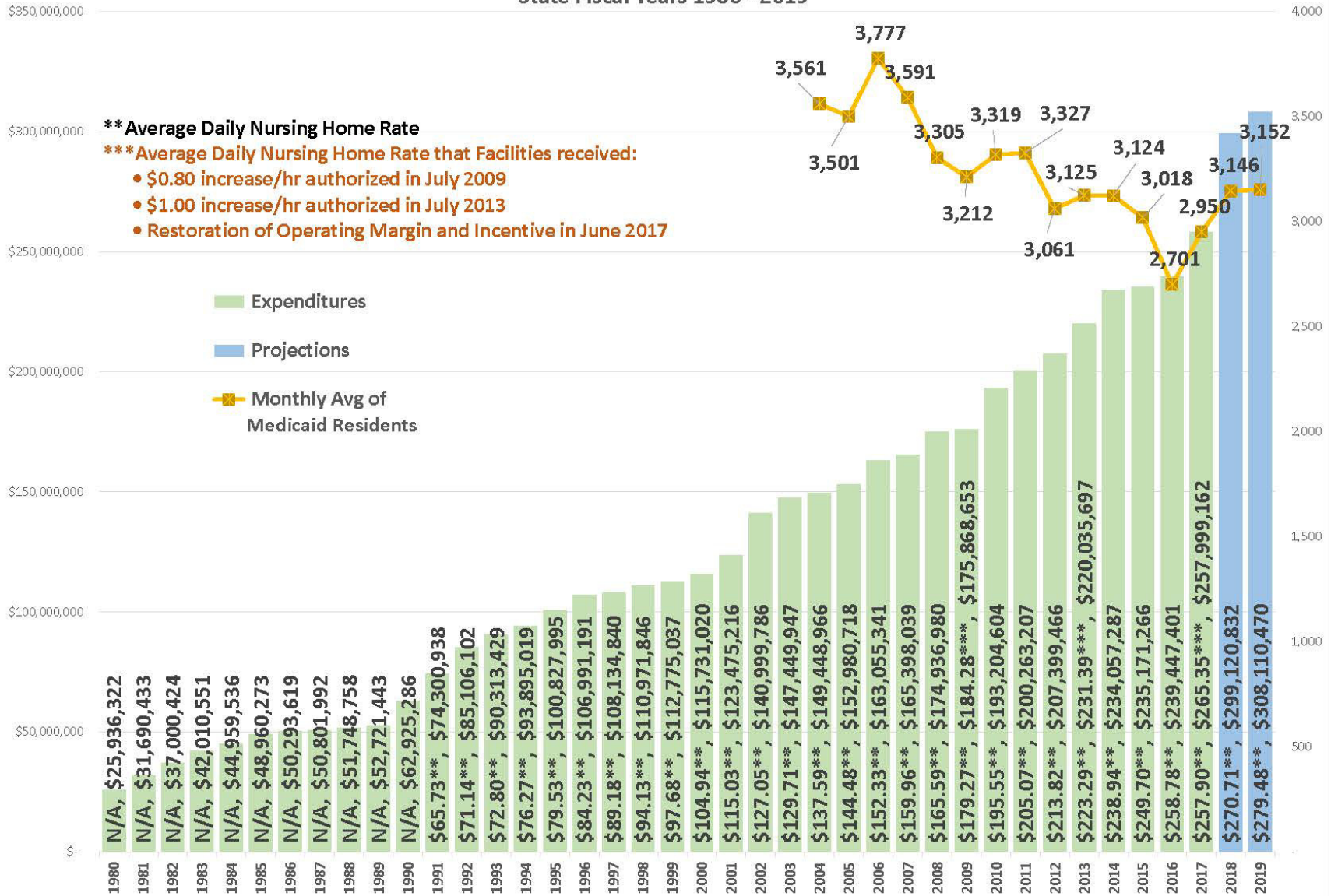


Fiscal Year Beginning	Inflationary Increases Granted by Legislature	Notes
July 1, 2018	0%	
July 1, 2017	0%	Nursing Homes operating margin increase effective January 1, 2018
July 1, 2016	3.0%	Although a 3% increase was appropriated, inflationary increases were not provided due to the February 2016 budget allotment. 2017 Legislative action restored funding for Nursing Home rebasing, incentives, and operating margin effective June 1, 2017
July 1, 2015	3.0%	
July 1, 2014	4.0%	Nursing Facility, Basic Care and QSP's received a 3% inflationary increase.
July 1, 2013	4.0%	Nursing Facility and Basic Care received a wage pass-through for staff of \$1 per hour, and the QSP fee schedule was increased by \$1 per hour. These providers received a 3% inflationary increase.
July 1, 2012	3.0%	
July 1, 2011	3.0%	
July 1, 2010	6.0%	
July 1, 2009	6.0%	Reimbursement levels/fee schedules for Providers paid from the professional fee schedule, Hospitals, Dentists, Ambulance and Chiropractors were rebased therefore they did not receive inflation the first year of the biennium.

\*Long Term Care Continuum does not include services for Individuals with Developmental Disabilities.

^ Does not include \$10,710,835 in excess Federal Authority

## North Dakota Department of Human Services Nursing Home Facilities State Fiscal Years 1980 - 2019



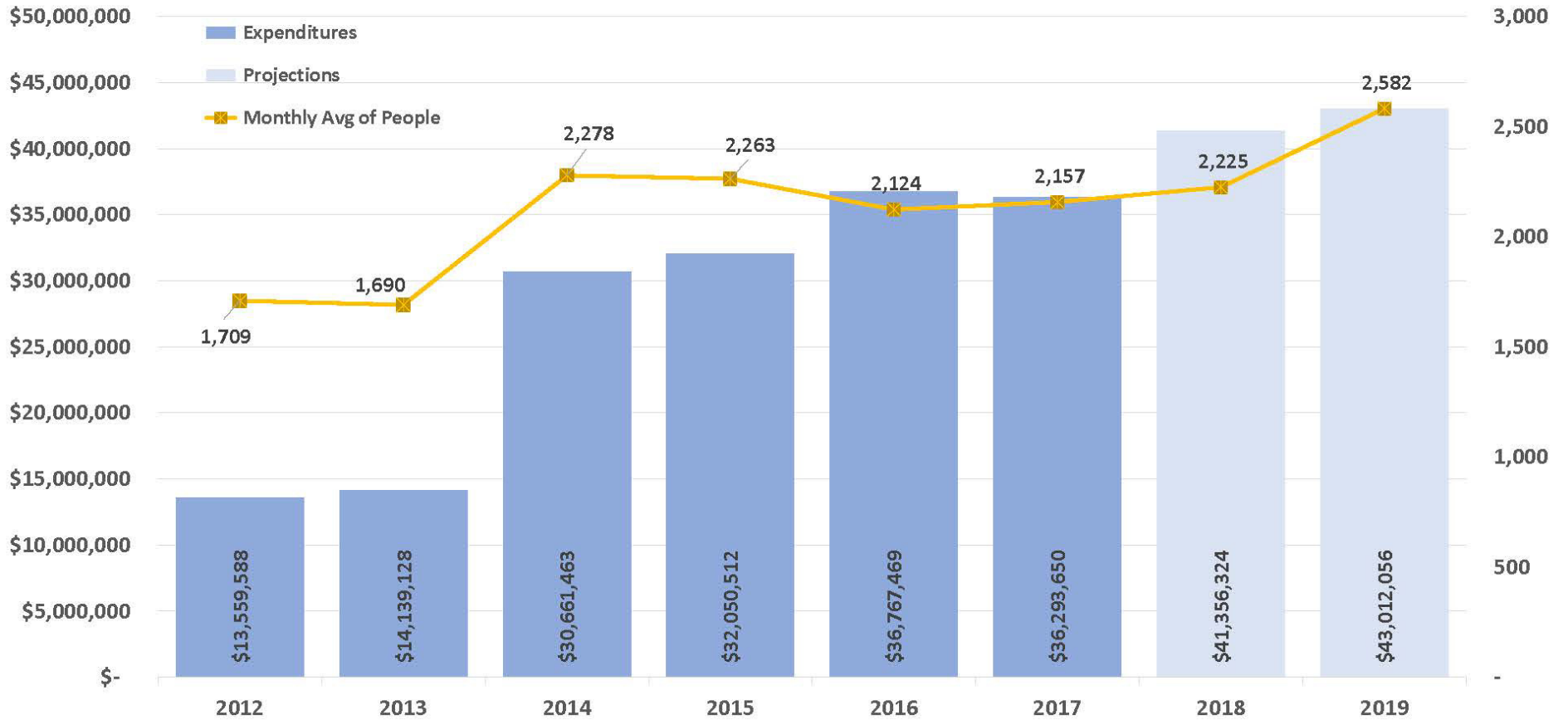
Data is based on paid date

\*1980 - 2017 represents actual expenditures

2018 and 2019 represents estimated expenditures in the Executive Budget

The average daily nursing home rate is effective January 1 of each year unless otherwise indicated

**North Dakota Department of Human Services  
Home and Community Based Services  
State Fiscal Years 2012 - 2019**



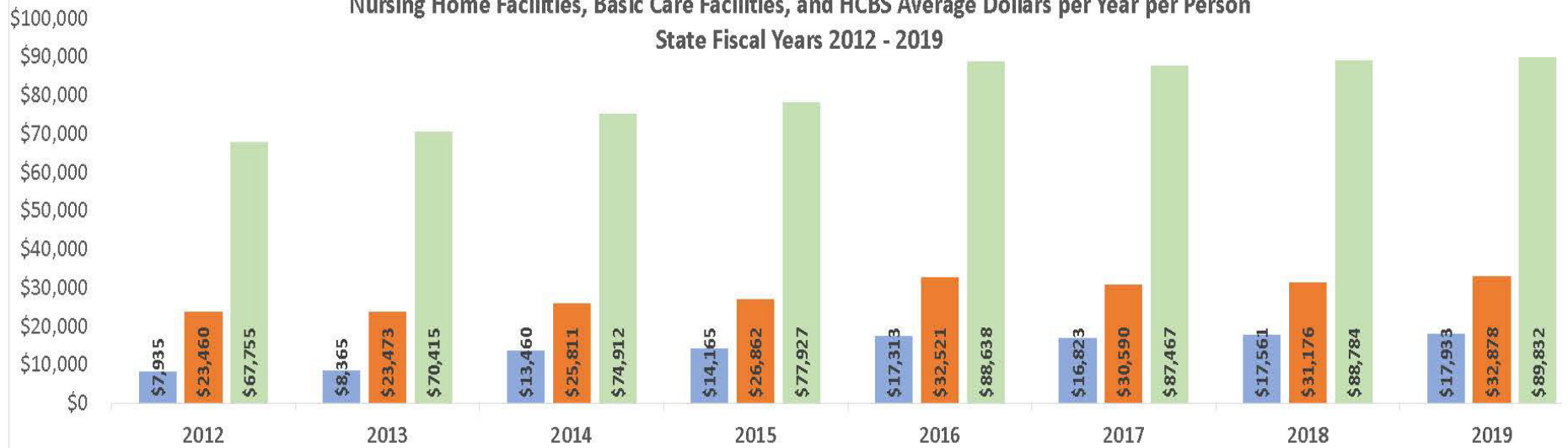
Data is based on paid date

\*2012 - 2017 represents actual expenditures based on paid date

2018 and 2019 represents estimated expenditures in the Executive Budget

HCBS Programs include HCBS Waiver, Personal Care Waiver, SPED, EXPED, Technology Dependent Waiver, and PACE

**North Dakota Department of Human Services  
Nursing Home Facilities, Basic Care Facilities, and HCBS Average Dollars per Year per Person  
State Fiscal Years 2012 - 2019**



Data is based on paid date

2018 and 2019 based on estimated expenditures, remaining years are based on actual paid claims

HCBS services includes only the cost of cares, Basic Care does not include therapies, Nursing Home is all inclusive care

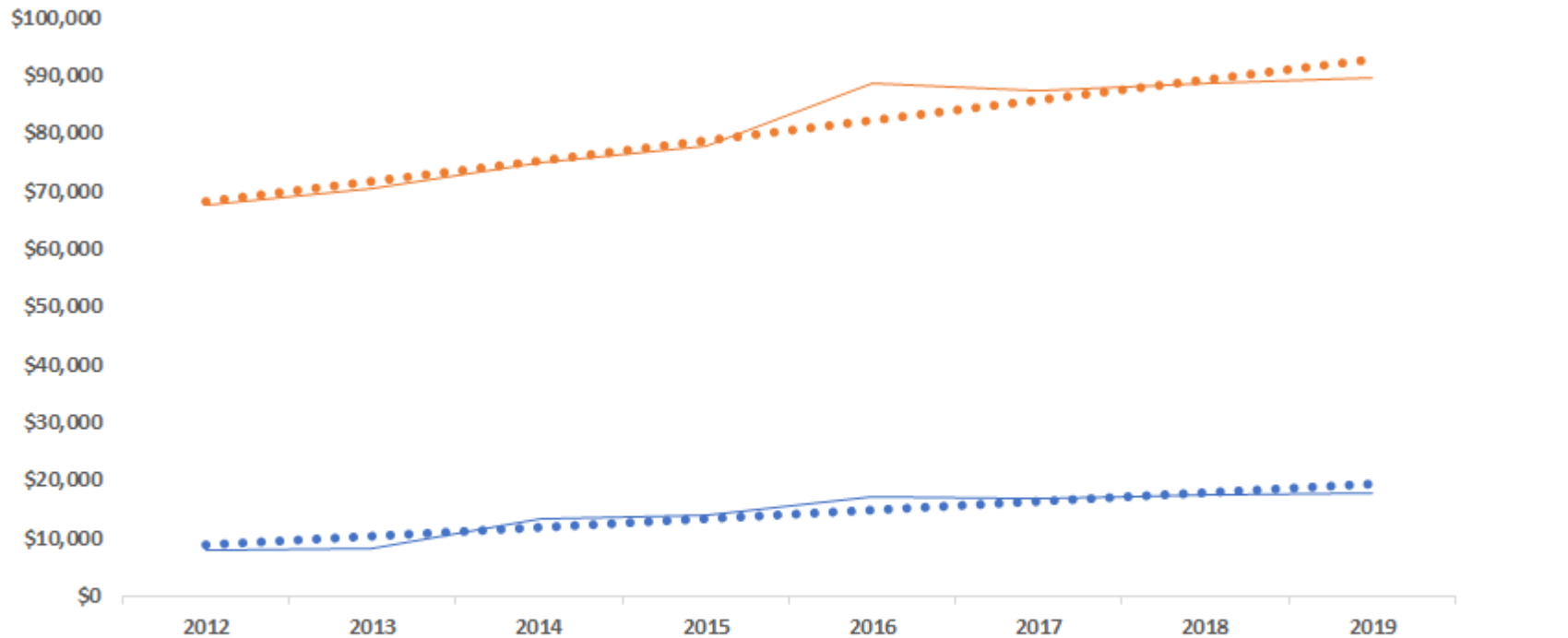
HCBS does not include room and board, Basic Care includes room and board and personal care

HCBS Programs include HCBS Waiver, Personal Care State Plan, SPED, EXSPED, Technology Dependent Waiver, and PACE

■ HCBS   ■ Basic Care Facility   ■ Nursing Home Facility



**North Dakota Department of Human Services  
Nursing Home Facilities and HCBS Average Dollars per Year per Person  
State Fiscal Years 2012 - 2019**



Date is based on paid date  
 2018 and 2019 based on estimated expenditures, remaining years are based on actual paid claims  
 HCBS services includes only the cost of care, Nursing Home is all inclusive care  
 HCBS does not include room and board  
 HCBS Programs include HCBS Waiver, Personal Care State Plan, SPED, EXSPED, Technology Dependent Waiver, and PACE  
 HCBS in 2014 added the Personal Care State Plan and is the primary reason for the increase from 2013 to 2014

- HCBS
- Nursing Home Facility
- Linear (HCBS)
- Linear (Nursing Home Facility)

# Ideas Provided to NDLTCA

- Earlier this year, the North Dakota Long-Term Care Association(NDLTCA) asked the Department for ideas for potential cost savings in Nursing Home expenditures.
- The Department provided a list of ideas to the NDLTCA Nursing Facility Payment Study Committee in March 2018.
- The ideas were discussed at the March meeting and Department staff are meeting with representatives from NDLTCA in August to further explore the list of ideas.

# Ideas to Increase Use of HCBS

- Add additional service options to the HCBS Waiver for aged and disabled individuals that mirror what is available in the Intellectual Disability / Developmental Disability Medicaid waiver.
- Develop Agency Adult Foster Care to increase provider capacity and residential service options.
- Address medication administration for aged and disabled population.

# Residential Habilitation

## Home & Community Based Services Waiver

- Formalized training and supports provided to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community.
- Residential Habilitation may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. The service could be provided up to 24 hours per day.
- Supports could include adaptive skill development, assistance with activities of daily living, community inclusion, social, leisure skill development, personal care/homemaker, protective oversight and supervision.
- **Eligibility:** Medicaid Eligible, screen at Nursing Facility Level of Care, and live alone or with an individual who is unable or not obligated to provide supports.
- The individual must be able to benefit from skills training or the maintenance of current skills but needs protective oversight and services because of stroke, Traumatic Brain Injury etc.

# Personal Care

## Home & Community Based Services Waiver

- Individually tailored supports designed to assist with activities of daily living and community inclusion that assist the participant to reside in the most integrated setting appropriate to his/her needs.
- Waiver personal care may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. The service could be provided up to 24 hours per day.
- The service includes personal care /homemaker, community inclusion, participation in social, leisure skill activities, protective oversight, and supervision.
- **Eligibility:** Individual must be Medicaid Eligible, screen at Nursing Facility Level of Care, and live alone or with an individual who is unable or not obligated to provide supports. The individual would not benefit from skills training or the maintenance of current skills but requires protective oversight and services because of wandering, elopement, substantial medical needs etc.

2017 House Bill 1038 - Study

Questions?