

## Department of Human Services OAR Descriptions for the 2017-19 Biennium

As of November 14, 2016

Agency Category	Subdivision	Description	Narrative
Capacity	Long Term Care	Additional Autism Voucher Slots (July 2017 Effective Date) (10 Slots)	The Department currently has funding available for 53 complete slots and is requesting to expand the voucher slots to serve an additional 10 complete slots. The request would allow us to fund a total of 63 complete slots at a rate of \$1,041.66 per person, per month.
Capacity	Long Term Care	Additional Medicaid Autism Waiver Slots (December 2017 Effective Date) (107 Slots)	The Department currently has 84 autism waiver slots and is requesting to expand the waiver by 107 slots, to serve a total of 191 individuals. The additional 107 slots will eliminate the current waiting list. Because waiver recipients are also eligible for Medicaid State Plan services, including Autism-specific Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, both the traditional Medicaid and LTC budgets will be impacted by the increase in slots. The waiver will be amended to adjust for the changes with an estimated effective date of December 1, 2017.
Capacity	Long Term Care	Money Follows the Person Sustainability	Money Follows the Person (MFP) demonstration grant has been impactful not only on the lives of the individuals who have been able to transition into a more home like setting, but also for clients who have remained in the community due to enhanced services and diversion activities. The success of the program highlights the need for a continuation of services established for ease and transition that did not previously exist within the long term care system.
Capacity	Medical Services	Physical Therapy/Occupational Therapy/Speech Therapy Rate Increase	This optional request is a two-tiered proposal to (1) increase the Medicaid fee schedule for physical, occupational and speech therapy to no less than 75% of the rate established utilizing the Medicare Resource-Based Relative Value Scale (RBRVS) pricing methodology with the North Dakota Medicaid conversion factor on July 1, 2017 and then (2) to subsequently increase the Medicaid fee schedule for physical, occupational and speech therapy to 100% of the rate established utilizing the Medicare RBRVS pricing methodology with the ND Medicaid conversion factor on July 1, 2018. (Note: Rates for codes that are above 100% of the rates established utilizing the Medicare RBRVS pricing methodology with the ND conversion factor will be reduced to 100% of the rate established utilizing the Medicare RBRVS pricing methodology with the ND conversion factor. ND Medicaid would also expect to implement the Multiple Procedure Payment Reduction (MPPR) methodology, consistent with Medicare. Implementing MPPR would be contingent on changes to MMIS.) The Department's 2017-2019 budget request restores the allotment reduction made July 1, 2016 (which was the additional funding provided during the 2015 legislative session). In order to provide the two-tiered increase in this Optional Request, the Department of Human Services and the Department of Public Instruction would need additional general fund dollars.
Capacity	ND State Council on Developmental Disabilities	ND State Council on Developmental Disabilities FTE	The last two federal reviews recommended the North Dakota State Council on Developmental Disabilities hire additional staff and focus on in-house Council activities. Additional funding authority is requested to convert the existing temporary position to an FTE.
Capital Projects	State Hospital	Master Plan - Buildings & Infrastructure	The North Dakota State Hospital campus, including the buildings currently occupied by the James River Correctional Center, has an aging infrastructure with many buildings built in the 1950's and a few built in the 1910's. A master plan for both building and infrastructure will aid in the retention of the campus and will facilitate overall efficiencies and potential energy savings at the facility.

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Enhancement of Services	Developmental Disabilities	Specialized Services for Individuals with Developmental Disabilities (1915c Waiver) (January 2018 Effective Date)	<p>The Department is contracting with a vendor to study the current waiver eligibility and service criteria to determine if there are gaps in eligibility or services. Once this vendor completes their work, the Department will use the review and any recommendations to examine waiver criteria and services to determine if certain individuals are failing waiver criteria or to determine if certain waiver recipients may need additional services. The result may be a change to the existing waiver or a new waiver. It is expected the criteria changes or additional services would result in increased costs. The Department would estimate changes to be effective no sooner than January 1, 2018. Very preliminary estimated costs for 18 months is \$500,000. It is expected that all services would be Medicaid allowable and would be matched at the current FMAP rate. The additional funds are expected to cover children who may not currently qualify for continued waiver services at age 3 and some of the additional funds are expected to cover additional, specialized services for certain adult waiver recipients. One additional FTE is needed to provide the expertise needed to work with the waiver recipients that have these specialized needs. The staff person would work with provider agency nurses, review care plans, generate event reports and collaborate with other entities to ensure services continue to evolve to support the waiver recipients.</p>
Enhancement of Services	Economic Assistance	Employment and Training Program	<p>The federal Food &amp; Nutrition Services agency is encouraging states to enhance Employment and Training (E&amp;T) opportunities. This pilot program would operate in Burleigh and Morton counties, and would be voluntary for Supplemental Nutrition Assistance Program (SNAP) recipients who are <u>not</u> Able-Bodied Adults without Dependents (ABAWDs) and mandatory for ABAWDs. The pilot would be used to establish a baseline and would allow the Department to make needed changes before expanding the program statewide. The total cost for this pilot program would be \$1,108,800, of which \$762,300 would be to enhance the current E&amp;T Program in Burleigh County and also include Morton county, and contract with a vendor to provide assessment of individual skills, interests, and work history, help individuals gain skills to obtain and sustain jobs, work with community colleges, and locate non-profit and for profit agencies who can meet the 50% matching requirements and provide on the job work site locations. \$346,500 would be needed for the related supportive and transportation costs for voluntary participants. The request includes \$173,250 of general funds, \$554,400 of federal funds, and the remaining non-federal match of \$381,150 would be obtained by partnering with one or more private for profit, private non-profit, or government agencies who could provide the 50% matching funds.</p>
Enhancement of Services	Long Term Care	Increase Age of Medicaid Autism Waiver through 11 years (December 2017 Effective Date) (12 Slots)	<p>Increase the age limit on the autism waiver from through age 9 to through age 11. An additional 12 slots will be added to the waiver to accommodate children that will age out during the 17-19 biennium. Because waiver recipients are also eligible for Medicaid State Plan services, including Autism-specific Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, both the traditional Medicaid and Long Term Care (LTC) budgets will be impacted by the increase in slots. The waiver will be amended to adjust for the changes with an estimated effective date of December 1, 2017.</p>

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Enhancement of Services	Medical Services	Opioid Treatment Services (January 2018 Effective Date))	<p>Research identifies methadone and access to methadone as the best practice and most cost effective option for treating individuals with an opioid use disorder. This request would allow Medicaid to reimburse Opioid Treatment Programs for dispensing methadone and services related to dispensing medications in an Opioid Treatment Program.</p> <p>Increasing Medicaid coverage would require 1 FTE for medical services' medical utilization review and oversight of this expanded coverage. The FTE would be needed July 1, 2017 to allow the department to prepare administrative rules, coverage policies, and operational protocols prior to service reimbursement. Service reimbursement is expected to begin January 1, 2018.</p>
Information Technology	Information Technology Services	Agency Website Redesign	<p>The Agency website is outdated and clients and stakeholders have a difficult time finding information that they need on the current website. The redesign would have a more user friendly look and make navigation of the website easier.</p>
Information Technology	Information Technology Services	North Dakota Health Information Network/Care Coordination	<p>The North Dakota Health Information Network (NDHIN), in collaboration with DHS, is seeking Medicaid Federal Financial Participation (FFP) funding made available by Centers for Medicare and Medicaid Services (CMS). Funding for these types of projects has a maximum federal match of 90% and a non-federal match of 10%. The 10% federal match will come through the NDHIN. CMS has recently enhanced the availability of federal funds for states to invest in health information exchanges to promote data sharing and interoperability amongst healthcare providers and citizens throughout the state. This opportunity allows the NDHIN to leverage federal funds for a necessary upgrade to its existing infrastructure, implement new functionality and solutions, and build the essential connections needed to share health data between healthcare provider's electronic health record systems. These are all vital to the sustainability of the NDHIN and will benefit healthcare providers throughout the state.</p>
Inflation - 1% / 1%	Various	Provider Inflation	<p>Provides an inflationary increase of 1% to service providers for both of the years of the biennium.</p>
Property Tax Relief	Various	County Social Services Financing	<p>This optional adjustment request is a result of the work completed by the Social Services Finance Working Group, established by Section 12 of the 2015 SB2206, and provides property tax relief by transferring the cost of operating the county social services programs from county property tax levies to state general fund appropriations. This request also provides a hold harmless to the previous property tax relief provided by the 12% property tax buy down included in Section 3 of 2015 SB2005.</p>
Restoration	Aging Services	Restore Governor's Committee on Aging	<p>Restore funding for the Governor's Committee on Aging. Restoration of this funding will assist the Committee in better serving the interests of the aging population in the state of North Dakota. It will allow the committee to meet quarterly instead of annually, in addition to providing informational and training opportunities in the community. <i>(The 2015-2017 Legislatively Approved budget was \$20,000. The allotment reduced the funding by \$15,495. This would restore the funding for the 2017-2019 budget to \$20,000.)</i></p>

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Restoration	Aging Services	Restore Dementia Care	Restore funding for the Alzheimer's Association contract which includes the following services: providing information to medical professionals, law enforcement and the public regarding dementia; assessing the needs of individuals with dementia and their caregivers and providing consultation services; provide training to caregivers; identifying available services within regions and facilitating referral services. These additional funds will increase the number of services that could be provided. <i>(The 2015-2017 Legislatively Approved budget was \$1.2 million. The allotment reduced funding by \$150,000. This would restore the funding for the 2017-2019 budget to \$1.2 million.)</i>
Restoration	Children and Family Services	Restore Early Childhood Enhanced Services	Restore the Early Childhood Enhanced grant program which provides funding to recruit new child care providers and retain existing child care providers, and promotes quality improvement through training and technical assistance. In addition, the Early Childhood Enhanced grant provides grants to child care service providers for workforce development, quality improvement, technical assistance, and capacity building. <i>(The 2015-2017 Legislatively Approved budget was \$4.1 million. The allotment adjusted reduced funding by \$1.7 million. This would restore the funding for the 2017-2019 budget to \$4.1 million.)</i>
Restoration	Developmental Disabilities	Restore Family Subsidy Program	Restore \$312,888 for dollars estimated to be needed for the Family Subsidy program which allows travel reimbursement to families unable to access Medicaid funds. The request also provides for a 1% inflationary increase on July 1 of each year, which amounts to \$4,800. Total request is for \$317,688. <i>(The 2015-2017 Legislatively Approved budget was \$317,832. The allotment reduced funding by \$200,000. The 2017-2019 base budget request eliminates funding for the program. This request would fully restore the Family Subsidy program for the 2017-2019 budget.)</i>
Restoration	Economic Assistance	Restore Child Care Assistance Eligibility from 60% to 85% of State Median Income	Restore State Median Income (SMI) for child care assistance eligibility from 60% to 85%. This eligibility change would increase the monthly average number of children receiving child care assistance by 751 and would cost an additional \$7,770,191 with \$7,191,962 being general fund.
Restoration	Long Term Care	Restore Nursing Home Rate Reductions (Operating Margin, Incentives and Rebasing)	Restore Nursing Home rates to include rebasing, operating margins, incentives and an inflationary increase of 1% effective July 1, 2017. The funding also provides for a 1% inflationary increase on January 1, 2019.
Restoration	Long Term Care	Restore Basic Care Rate Reductions (Operating Margin, 2015 HB1359, and rate changes)	Restore Basic Care rates to include operating margin, and rate enhancements provided in 2015 HB 1359 for annual limits, 30 days of leave per occurrence, and uncompensated care expense of 180 days. The funding also provides for a 1% inflationary increase on July 1 of each year.
Restoration	Long Term Care	Restore Rate Reductions to Homemaker Services (From \$4.58 to \$5.09 for Individual and \$6.29 to \$6.99 for Agency)	Restore homemaker service rates which were decreased as part of the allotment. This would increase the per unit rate of \$4.58 to \$5.09 for individual providers and \$6.29 to \$6.99 for agency providers. The optional adjustment request also includes an additional \$3,198 to provide a 1% / 1% inflation.
Restoration	Long Term Care	Restore Community of Care Funding	Restore funding for the Community of Care contract which assists older adults in rural Cass County to remain in their homes as long as safely possible. <i>(The Legislatively Approved budget for 2015-2017 was \$120,000. This would restore the full budget amount.)</i>

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Restoration	Vocational Rehabilitation	Restore Assistive Technology One-Time Funding	Restore \$160,000 of one-time general fund dollars provided in 2015 SB2289 for the Interagency Program for Assistive Technology (IPAT). IPAT provides support and maintains assistive technology services for the elderly and people with disabilities. The funds would increase their ability to coordinate with agencies, individuals and their family members, guardians and advocates to provide this support. <i>(This would restore funding to \$1,384,672 which was included in the 2015-2017 Legislatively Approved budget. The \$160,000 was reduced by \$80,000 as part of the allotment.)</i>
Restoration	Vocational Rehabilitation	Restore Adaptive Outdoor Recreation Program (Annie's House)	Restore general fund dollars for the Adaptive Skiing program, in Bottineau to provide funding for a program coordinator and for equipment necessary to operate an outdoor recreation program that would be accessible to -individuals with disabilities. <i>(This would restore funding to \$200,000 which was included in the 2015-2017 Legislatively Approved budget. The allotment reduced funding by \$135,000.)</i>