ENGROSSED SENATE BILL 2012
HOUSE APPROPRIATIONS HUMAN RESOURCE DIVISION
REPRESENTATIVE JON NELSON, CHAIRMAN

Long Term Care
Nancy Nikolas Maier, Aging Services Director
Maggie Anderson, Medical Services Director
LONG TERM CARE

- Nursing Homes
- Basic Care
- Assisted Living Licensing
- Service Payments for the Elderly and Disabled (SPED)
- Expanded SPED (Ex-SPED)
- Program of All-Inclusive Care for the Elderly

- Autism Spectrum Disorder Voucher
- Medicaid 1915 (c) Waivers
  - Aged and Disabled
  - Tech Dependent
  - Autism Spectrum Disorder
  - Medically Fragile
  - Children’s Hospice
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, 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
Nursing Home Facilities
State Fiscal Years 1990 - 2019

North Dakota Department of Human Services
Nursing Home Facilities
State Fiscal Years 1990 - 2021

**Average Daily Nursing Home Rate

***Average Daily Nursing Home Rate that Facilities received:
- $0.80 increase/hr authorized in July 2009
- $1.00 increase/hr authorized in July 2013

Data is based on paid date.
*1990-2017 represents actual expenditures.
2019, 2020, and 2021 represents estimated expenditures in the Executive Budget.

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

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.
Medicaid Occupancy

![Graph showing Medicaid Occupancy from Oct 2016 to Aug 2018](image)
LTC GENERAL FUND CHANGE (IN MILLIONS)

LTC General Fund Change (In Millions)

- Elevate Level of Care (LOC) Eligibility
- Add Residential Habilitation and Community Residential
- Budget To Senate
- 2019-2021
- Additional Funds to Increase Inflation to 2% / 3%
- Restore change NF property
- Additional Funds to Rebase adult residential
- Subacute Care Facility (net change)
- $394.9

- $353.2
- $2.1
- $21.9
- $0.1
- $0.9
- $1.1
- -$0.5
- $0.0
- $2.9
- $0.6
- $2.9
- $3.9
- $389.2
- $4.3
- $0.5
- $0.1
- $0.8

Legislatively Approved Budget 2017-2019
Funding Shift*
Cost to Continue
Rebase adult residential #
Rebase Nursing Facilities
22 Additional Geropsych beds **
Align NF property to Accounting Standards
Add Adult Companionship Program to HCBS Waiver
Inflation 1%/1%
Adjust SPED client cost schedule
SPEF Functional Eligibility
Add Residential Habilitation and Community Residential
2019-2021
Budget To Senate
Additional Funds to Increase Inflation to 2%/3%
Restore change NF property
Additional Funds to Rebase adult residential
Subacute Care Facility (net change)
$394.9

Increase Decrease Total
HOME & COMMUNITY BASED SERVICES

Older Adults & Individuals with Physical Disabilities
- Service Payments for the Elderly and Disabled (SPED)
- Expanded SPED (Ex-SPED)

- Medicaid 1915-(c) Waivers
  - Aged and Disabled
  - Tech Dependent
- Medicaid State Plan Personal Care (MSP-PC)
CURRENT ACTIVE CLIENT CASES AS OF DECEMBER 2018

- SPED: 1150
- Ex-SPED: 172
- HCBS Waiver: 303
- MSP-PC: 617

Source: DHS HCBS Caseload Data Dec 2018
BENEFITS OF HCBS

• Assist in Meeting Olmstead Requirement of the Most Integrated Setting
• Preferred Choice for Care
• Cost Effective
• Avoid or Delay Institutional Placement
The Americans with Disabilities Act (ADA) requires public agencies to eliminate unnecessary segregation of persons with disabilities and provide services in the most integrated setting appropriate to the needs of the individual.

In 1999 the Federal Supreme Court Olmstead decision affirmed the ADA requirements.

Increasing access to HCBS will assist the State in meeting this requirement.
Home and Community-Based Services
State Fiscal Years 2012 - 2019

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

Data is based on paid date
*2012 - 2018 represents actual expenditures based on paid date
2019 represents estimated expenditures
HCBS Programs include HCBS Waiver, Personal Care Waiver, SPED, EXSPED, Technology Dependent Waiver, and PACE
North Dakota Department of Human Services
Aging Average Recipient Cost Per Year
State Fiscal Years 2016 - 2019

Data is based on paid date
2019 based on estimated expenditures, remaining years are based on actual paid claims
HCBS does not include room and board
**Cost Per Recipient Per Year**
Cost paid by state by service in $ in State Fiscal Year 2017

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Per Recipient</th>
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</thead>
<tbody>
<tr>
<td>ExSPED</td>
<td>~150</td>
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<tr>
<td>SPED</td>
<td>~1050</td>
</tr>
<tr>
<td>HCBS Waiver</td>
<td>~300</td>
</tr>
<tr>
<td>MSP-PC</td>
<td>~600</td>
</tr>
<tr>
<td>Basic Care</td>
<td>~600</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>~2950</td>
</tr>
</tbody>
</table>

- **Service Payments for the Elderly and Disabled (SPED):** Provides services for people who are older or physically disabled, have limited assets, and who have difficulty completing tasks that enable them to live independently at home.
- **Expanded SPED (Ex-SPED):** Pays for in-home and community-based services for people who would otherwise receive care in a licensed basic care facility.
- **Home and community-based services (HCBS) waiver:** This waiver from the federal government allows the state to use Medicaid funds to provide services enabling eligible individuals who would otherwise require nursing home services to remain in their homes or communities.
- **Medicaid State Plan personal care (MSP-PC):** Personal care services available under the Medicaid state plan and enable persons with disabilities or chronic conditions accomplish tasks they would normally do for themselves if they did not have a disability.
- **Basic Care:** Room and board and personal care services for persons eligible for Medicaid.
ACTIVE SPED, EX-SPED, & HCBS WAIVER CLIENT SERVICE LONGEVITY

- Less than 1 Year: 409 (SPED), 69 (Ex-SPED), 66 (HCBS WAIVER)
- 1 to 5 Years: 599 (SPED), 88 (Ex-SPED), 148 (HCBS WAIVER)
- 6 to 10 Years: 127 (SPED), 22 (Ex-SPED), 47 (HCBS WAIVER)
- 11 to 15 Years: 41 (SPED), 3 (Ex-SPED), 13 (HCBS WAIVER)
- 16 + Years: 12 (SPED), 0 (Ex-SPED), 12 (HCBS WAIVER)
HCBS ITEMS INCLUDED IN EXECUTIVE BUDGET REQUEST

Aging Services HCBS Total Fund Change (In Millions)

- Increase
- Decrease
- Total

Legislatively Approved Budget 2017-2019: $68.4
Cost to Continue: $2.9
Rebase adult residential #: $0.1
Add Adult Companionship Program to HCBS Waiver: $0.0
Inflation 1%/1%: $1.0
Adjust SPED client cost schedule: $0.6
SPED Functional Eligibility: $2.9
Add Residential Habilitation and Community Residential: $9.0
2019-2021 Budget To Senate: $85.2
Additional Funds to Increase Inflation to 2%/3%: $1.4
Additional Funds to Rebase adult residential: $0.2
2019-2021 Budget To House: $86.8
Current Client Fee Schedule

- Income and Asset Based Sliding Fee Scale
  - Two scales based on assets above or below $25,000
  - Schedule 1 $0-24,999
    - If a consumer lives alone and has more than $1038 in countable income, they will have a client cost share
  - Schedule 2 $25,000-$50,000
    - If a consumer lives alone and has more than $855 in countable income, they will have a client cost share

Proposed Client Fee Schedule

- Income and Asset Based Sliding Fee Scale Rebased and Annual Cost of Living Adjustment (COLA)
  - Two scales based on assets above or below $25,000
  - Schedule 1 $0-24,999
    - If a consumer lives alone and has more than $1132 in countable income, they will have a client cost share
  - Schedule 2 $25,000-$50,000
    - If a consumer lives alone and has more than $949 in countable income, they will have a client cost share
SPED CURRENT ELIGIBILITY

Functional Eligibility
- Impaired in 4 Activities of Daily Living (ADL) or at least 5 Instrumental Activity of Daily Living (IADL) totaling 8 or more points or if living alone totaling at least 6 points or
- If under age 18, meet nursing facility level of care screening criteria and
- Impairments must have lasted or are expected to last 3 months
- Impairment is not the result of an intellectual disability or a closely related condition or mental illness

Financial Eligibility
- Income and Asset Based Client Fee Scale
- Resources of $50,000 or less
- Resources are cash or similar assets that can be readily converted to cash and include residences owned by the applicant other than the applicant's primary residence
SPED PROPOSED ELIGIBILITY

Functional Eligibility
- Impaired in at least 2 ADLs or in at least four (4) IADLs totaling six (6) or more points (if living alone - totaling four (4) points)
- If under age 18, meet nursing facility level of care screening criteria and
- Impairments must have lasted or are expected to last 3 months
- Impairment is not the result of an intellectual disability or a closely related condition or mental illness

Financial Eligibility
- Income and Asset Based Sliding Fee Scale Rebased and Annual Cost of Living Adjustment (COLA)
- Resources of $50,000 or less
  - Resources are cash or similar assets that can be readily converted to cash and include residences owned by the applicant other than the applicant's primary residence
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.
FUNDING FOR MEDICALLY FRAGILE CHILDREN AT ANNE CARLSEN CENTER (RIVERS BEND)

<table>
<thead>
<tr>
<th></th>
<th>SB 2012 Amendment</th>
<th>State Plan Supplemental Payment</th>
<th>SB 2317 (funded in SB 2012)</th>
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<tbody>
<tr>
<td>April 2018-September 2018</td>
<td>$2,494,217</td>
<td>$3,720,881</td>
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<tr>
<td>October 2018-December 2019</td>
<td>-</td>
<td>2,546,772</td>
<td>7,640,314</td>
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<tr>
<td>January 2020-June 2021</td>
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<td></td>
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<tr>
<td>2017-2019 Appropriation (based on current daily rate)</td>
<td>$2,494,217</td>
<td>$3,720,881</td>
<td>$0</td>
</tr>
<tr>
<td>2019-2021 EBR (based on current daily rate)</td>
<td>-</td>
<td>2,546,772</td>
<td>7,640,314</td>
</tr>
<tr>
<td>Additional Funds (100% general funds)</td>
<td>977,603</td>
<td></td>
<td></td>
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<tr>
<td>Additional Funds @ FMAP (not in EBR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017-2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019-2021</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Additional Funds @ FMAP</td>
<td></td>
<td></td>
<td>1,635,228</td>
</tr>
<tr>
<td>Total</td>
<td>$3,471,820</td>
<td>$7,721,116</td>
<td>$9,275,542</td>
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<td>Average Per Month for Rivers Bend</td>
<td>$578,637</td>
<td>$514,741</td>
<td>$515,308</td>
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</tbody>
</table>
Children enrolled in the waiver also receive Medicaid State Plan services. Between July 2017 and November 2018, $228,548 was expended for State Plan services provided to these children (not including ABA services, which are reported separately on this document).

*As of November 30, 2018.

**AT=received assistive technology between 10/1/18-11/30/18.
^RC=received respite care between 10/1/18-11/30/18.
^^SM=received service management between 10/1/18 -11/30/18.

Spent biennium-to-date (July 2017 - November 2018): $515,947 (15%)

Total appropriation (2017-19 biennium): $3,363,979
AUTISM SPECTRUM DISORDER (ASD)

Voucher (53 slots)

*As of November 30, 2018.

- Allocated biennium-to-date (July 2017 - November 2018): $912,500 (69%)
- Spent biennium-to-date (July 2017 - November 2018): $300,356 (23%)

Total appropriation (2017-19 biennium): $1,325,009

*As of November 30, 2018.
Request related to ASD Medicaid Waiver

The Task Force is **not** requesting funding in excess of what is included in the Executive Request, rather the Task Force is requesting authority for DHS to increase the number of waiver slots and increase the age of children eligible for the waiver. Currently, the waiver has 96 approved slots and serves children through the age of 11. The Task Force requests DHS consult with the Task Force at the November 2019 Task Force meeting to evaluate biennium expenditures to date and, based on that evaluation, propose expanding the number of slots and ages covered by the waiver for the remainder of the 2019-2021 biennium. This would require intent language in SB 2012.
Request related to Extended Services

Extended Services provides job coaching that helps consumers maintain integrated, competitive, community-based employment, which is an important part of their recovery, rehabilitation, and habilitation process. Extended services are currently available through DHS to individuals with a serious mental illness or a traumatic brain injury. The Task Force is requesting $170,000 of state general fund be included in the DHS appropriation to provide funding for Extended Services. The estimate is based on $390 per consumer per month, for three consumers per region, with an effective date of January 1, 2020.
Request related to Voucher

The Task Force is **not** requesting funding in excess of what is in the Executive Request, rather the Task Force is requesting authority for DHS to seek additional flexibility for the administration of the voucher, to ensure more families can be served with the appropriations available. DHS has rule making authority for the voucher; however, the Task Force believes DHS should have legislative support for the changes the Task Force would like considered. These changes include consideration for a voucher that is solely for technology support and one that is for “in-home” supports; adding case management or parent to parent support as an allowable service for voucher funds; and reducing the amount of time during which a household must use approved voucher funds.
AUTISM SPECTRUM DISORDER TASK FORCE

- Request related to Work Force Development

- The task force recommends an additional eight slots designated for applied behavior analysts (ABA). It would be helpful to add slots specifically for the ABAs, otherwise they would be competing with other behavioral health professionals for slots, which would likely not help the workforce issues.
Who is eligible?
- Children eligible for Medicaid
- Between the ages of 3 and 18
- Meets nursing facility level of care
- Child is living in their legally appointed caregiver’s home

Waiver services:
- Transportation
- Dietary supplements
- Individual and family counseling
- In-home support
- Equipment and supplies
- Environmental modifications
- Institutional respite
- Case management
<table>
<thead>
<tr>
<th>Grant Year</th>
<th>Older Adult</th>
<th>Individuals with a physical disability</th>
<th>Individuals with an Intellectual disability</th>
<th>Children</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>2007</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2008</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>5</td>
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<tr>
<td>2009</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>15</td>
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<tr>
<td>2010</td>
<td>4</td>
<td>6</td>
<td>16</td>
<td>0</td>
<td>26</td>
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<tr>
<td>2011</td>
<td>5</td>
<td>8</td>
<td>19</td>
<td>0</td>
<td>32</td>
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<tr>
<td>2012</td>
<td>13</td>
<td>21</td>
<td>11</td>
<td>1</td>
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<td>2013</td>
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<td>9</td>
<td>15</td>
<td>10</td>
<td>3</td>
<td>37</td>
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<tr>
<td>2018 YTD</td>
<td>10</td>
<td>18</td>
<td>14</td>
<td>2</td>
<td>44</td>
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<tr>
<td>Totals</td>
<td>106</td>
<td>177</td>
<td>144</td>
<td>18</td>
<td>445</td>
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### Overview of Budget Changes

<table>
<thead>
<tr>
<th>Description</th>
<th>2017-2019 Budget</th>
<th>Increase/ (Decrease)</th>
<th>2019-2021 Executive Budget</th>
<th>Senate Changes</th>
<th>2019-2021 Budget to House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>313,200</td>
<td>540,000</td>
<td>853,200</td>
<td>-</td>
<td>853,200</td>
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<tr>
<td>Medical Grants</td>
<td>693,467,835</td>
<td>50,309,162</td>
<td>743,776,997</td>
<td>10,673,464</td>
<td>754,450,461</td>
</tr>
<tr>
<td>Total</td>
<td>693,781,035</td>
<td>50,849,162</td>
<td>744,630,197</td>
<td>10,673,464</td>
<td>755,303,661</td>
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<tr>
<td>General Fund</td>
<td>353,540,677</td>
<td>36,498,088</td>
<td>390,038,765</td>
<td>5,709,650</td>
<td>395,748,415</td>
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<tr>
<td>Federal Funds</td>
<td>334,447,824</td>
<td>17,547,246</td>
<td>351,995,070</td>
<td>4,963,814</td>
<td>356,958,884</td>
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<tr>
<td>Other Funds</td>
<td>5,792,534</td>
<td>(3,196,172)</td>
<td>2,596,362</td>
<td>-</td>
<td>2,596,362</td>
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<tr>
<td>Total</td>
<td>693,781,035</td>
<td>50,849,162</td>
<td>744,630,197</td>
<td>10,673,464</td>
<td>755,303,661</td>
</tr>
<tr>
<td>Full Time Equivalent (FTE)</td>
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<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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