Welcome to DHS 101

Mission Statement:
To provide quality, efficient, and effective human services, which improve the lives of people.

Glossary of Human Services
Terms and Acronyms
North Dakota Department of Human Services
2017 - 2019 Executive Budget
Where Does the Money Go?
Department-Wide Total Funds $3,842,355,263

- Medical Assistance Grants: $2,410,280,855 (63%)
- Capital Projects: $45,580,865 (1%)
- Federal Medicare Part D Payment: $40,361,496 (1%)
- System Maintenance and Operations: $109,666,539 (3%)
- Administration: $125,282,795 (3%)
- County Social Services Financing: $275,000,000 (7%)
- Field Services - Human Service Centers & Institutions: $311,320,043 (8%)
- Direct Client Services: $531,855,670 (14%)

* Includes Temporary Assistance for Needy Families (TANF), Job Opportunity Basic Skills (JOBS), Child Care, Supplemental Nutritional Assistance Program (SNAP), Low Income Home Energy Assistance Program (LIEAP), IV-D Judicial, Regional Child Support Units, Child Welfare, Aging, Mental Health, Substance Abuse, Vocational Rehabilitation, and Non-Medical Developmental Disability grants and services.
** Includes $8.8 million for the Dental Access Project and federal administrative funds paid to the Department of Health for Nursing Home Surveys and a Nurse Aide Registry.
* *** Administration costs for Field Services are included in Administration.
**** Includes Community Care Program, Personal Needs Allowance SS, Money Follows the Person Sustainability, Remedial Eye Care, and County Jail claims.
North Dakota Department of Human Services
2017 - 2019 Executive Budget
Department-Wide Full-Time Equivalents (FTE) 2,204.23
Temporary (Temp) and Overtime (OT) Equivalents 135.38

Regional Child Support Offices
121.70 FTE
1.25 Temp/OT Equivalents
(5%)

Life Skills & Transition Center
345.43 FTE
20.57 Temp/OT Equivalents*
(16%)

Human Service Centers
716.69 FTE
46.91 Temp/OT Equivalents*
(32%)

State Hospital 434.45 FTE
10.58 Temp/OT Equivalents*
(13%)

Administration
585.96 FTE
56.07 Temp/OT Equivalents
(27%)

*Administration staff for Life Skills & Transition Center, State Hospital, and Human Service Centers are included in Administration.
Aging Services Division

Nancy Nikolas-Maier, Division Director
Purpose

• The Aging Services Division administers programs that facilitate the delivery of home and community-based services (HCBS) to assist individuals to remain in their own homes and communities and to protect the health, safety, welfare, and rights of residents of long-term care settings and vulnerable adults in the community.

• In June 2016, the Division was restructured to include administration of HCBS for older adults and individuals with physical disabilities to better align services and supports for these populations.
Core Functions

Administration of:

- Older Americans Act Programs
- Medical State Plan Personal Care
- HCBS Medicaid Waiver
- Technology Dependent Medicaid Waiver
- Dementia Care Services Program
- Telecommunication Equipment Distribution Services
- Guardianship Services for Vulnerable Adults
- Services Payments for Elderly & Disabled (SPED)
- Expanded-Service Payments for Elderly and Disabled (Ex-SPED)
Core Functions

• Technical assistance and training
• Contract with local providers for supportive and nutrition services
• Direct services:
  • Aging & Disability Resource LINK (Information & Assistance/Options Counseling)
  • Family Caregiver Support Program
  • Long-Term Care Ombudsman Services
  • Vulnerable Adult Protective Services
    • Contracted Providers in Regions 1, 2, 5, 6
Federal Older Americans Act (OAA)

- Federal, state, and local funds
- Primarily serves people age 60+
- No income limits
- Voluntary contribution
  - Cannot deny service due to unwillingness or inability to contribute
OAA Programs/Services

• Family Caregiver Support Program
• Long-Term Care Ombudsman
• Nutrition Services
• Senior Community Service Employment Program
• Supportive Services
• Vulnerable Adult Protective Services

State Funded Programs/Services

• Dementia Care Services Program
• Guardianship Services for Vulnerable Adults
• Telecommunications Equipment Distribution Services
Home and Community-Based Services

- HCBS long-term care services paid for by Medicaid, SPED, and the Ex-SPED programs
- Federal and state funds
- Primarily serves older individuals and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
Aging Services Division

HCBS Programs /Services

- Adult Day Care
- Adult Foster Care
- Adult Residential Care
- Attendant Care
- Case Management
- Chore Service
- Emergency Response System
- Environmental Modification
- Extended Personal Care
- Family Home Care & Family Personal Care
- Homemaker Services
- Home Delivered Meals
- Non-Medical Transportation
- Personal Care Services
- Respite Care
- Specialized Equipment
- Supported Employment
- Transitional Care
- Supervision
Contact information

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Children and Family Services Division

Shari Doe, Division Director
Mission Statement
Safe Children, Strong Families

• Focuses on safety, permanency, and well-being of children and families

• Child welfare services are provided by:
  • County social service offices
  • Non-profit providers
  • Tribal entities
SAFTEY
Child Victims of Abuse and/or Neglect
Federal Fiscal Year (October 1 – September 30)

- Child Protective Services assessments
- State Child Abuse Protection Team
- Child Fatality Review Panel
- Alliance for Children’s Justice
Children and Family Services Division

Foster Care in North Dakota by Federal Fiscal Year

Number of children <18 in care at FY end

- 2005: 1,450
- 2006: 1,360
- 2007: 1,284
- 2008: 1,277
- 2009: 1,254
- 2010: 1,053
- 2011: 1,079
- 2012: 1,138
- 2013: 1,255
- 2014: 1,409
- 2015: 1,417

Data source: state-supplied AFCARS files, used with permission
Produced by Data Advocacy, Casey Family Programs
Foster Care program responsibilities:

- Family Foster Care
- Group Care
- Residential Child Care Facility (RCCF) and Psychiatric Residential Treatment Facility (PRTF)
- Relative Care
- Independent Living Services
- 18+ Program
- Refugee Services
- Adoption
  - Adults Adopting Special Kids (AASK)
  - Post-Adoption Services
  - Subsidized Adoption
  - Internal Adoptions

120 public agency adoptions finalized (2015)
WELL-BEING – Family Preservation Services

- In-Home Case Management
- Parent Aide
- Intensive In-Home
- Prime Time Child Care
- Family Group/Team
- Tribal Family Preservations
## State-Licensed Early Childhood Program Type and Capacity (2016)

<table>
<thead>
<tr>
<th></th>
<th>Family</th>
<th>Group in home</th>
<th>Group in facility</th>
<th>Center</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Number of Programs</td>
<td>337</td>
<td>715</td>
<td>126</td>
<td>171</td>
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<td>Licensed Capacity</td>
<td>2,998</td>
<td>10,146</td>
<td>2,913</td>
<td>15,037</td>
<td>31,094</td>
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</tbody>
</table>

Source: Child Care Aware ND
Children and Family Services Division

Criminal Background Checks Completed Statewide
CY 2010 – 2016*

*CY 2016 estimated
The rate of children entering care in North Dakota has increased over time, and remains substantially above the national entry rate.

Rate of children <18 entering care (per 1,000)

Data source: state-supplied AFCARS files, used with permission
Produced by Data Advocacy, Casey Family Programs
Children and Family Services Review (CFSR)

- The Children’s Bureau conducts CFSRs, which are periodic reviews of state child welfare systems.

- After a CFSR is completed, states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement.

- North Dakota’s federal CFSR was conducted in September 2016. Results are pending.
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Developmental Disabilities Division

Tina Bay, Division Director
Who We Serve:

- Individuals with an intellectual or developmental disability
- Children birth to three with developmental delays
Developmental Disabilities Services Division

What We Do:

Administration:
Budgeting, Licensing, Training, Quality Assurance, Policy Development, Contract Management, Technical Assistance

Regulation:
Develop and monitor Traditional Home and Community-Based Waiver, Interpret and ensure compliance of state and federal rules, Administrative Code updates

Partnerships:
N.D. Interagency Coordinating Council, Autism Task Force, Committee on Employment of people with Disabilities, Transition Task Force, Money Follows the Person
How Services Are Funded:

- Medicaid Home and Community-Based Services Waiver
- Medicaid State Plan
- Part C of Individuals with Disabilities Education Act (IDEA)
- General fund
Services Available

- Medicaid Home and Community-Based Services Waiver:
  - Residential Habilitation
  - Day Habilitation/Support
  - Supported Employment/Extended Services
  - Adult Family Foster Care (AFFC)
  - Homemaker
  - Family Care Option (FCO)

- Self Directed Services
  - Environmental Modifications
  - Equipment & Supplies
  - Behavioral Consultation
  - Extended Home Health Care (EHHC)
  - In-home Supports (IHS)
  - Infant Development (ID)
  - Parenting Support
Services Available (continued)

- Medicaid State Plan:
  - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
  - Personal Care Services
  - Targeted Case Management with Personal Care Services

- Part C of Individuals with Disabilities:
  - Right Track
  - Early Intervention

- General Fund:
  - Section 11
  - Corporate Guardianship
  - Family Subsidy
Developmental Disabilities Services Division

Hot Topics

- Caseload growth
- Payment system
- Home and Community-Based Services
- Transitions to and from State Institutions
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Economic Assistance Division

- Basic Care Assistance Program
- Child Care Assistance
- Low Income Home Energy Assistance Program
- Medicaid Eligibility Policy
- Supplement Nutrition Assistance Program
- Temporary Assistance for Needy Families Program
- Quality Assurance and Quality Control
- Regional Representatives
- System Support and Development
Basic Care Assistance

- Helps pay room and board in licensed basic care facilities
- Program serves about 561 individuals per month
- State funds for room and board
Support Services

- Quality Assurance and Quality Control – Provide program integrity by reviewing cases files and identifying program training needs
- Regional Representatives - Provide training and supports on policy and procedures
- System Support and Development – Provides assistance with system issues to county eligibility workers
Child Care Assistance

- Provides qualifying families with help to cover child care costs
- Participating providers
  - Licensed provider - (Family, group, center, and school-aged programs)
  - Self-declaration provider - (Unlicensed care in a home)
  - Approved relative provider - (Grandparent, great-grandparent, aunt, uncle, or sibling)
  - Tribal provider
  - Air Force provider
Child Care Assistance

• To qualify – families can earn up to 60% of state median income
• Payment rates are based on:
  • Child’s age
  • Amount of time in care
  • Type of child care provider
Child Care Assistance

- Average monthly payment - $346 per child
- Average number of children served – 3,216
- April 2016 eligibility limit changed from 85% to 60% of state median income due to budget allotment
- Federal and state funds
Low Income Home Energy Assistance Program

- Pays portion of heating costs for qualifying low-income households
- Emergency furnace repairs
- Weatherization services
- Cooling Assistance – Provide cooling devices to qualified households in summer months
Low Income Home Energy Assistance Program

To qualify - household can earn up to 60% of the state median income

Family of three - about $3,722 monthly

- 2016 heating season
  - 12,096 households qualified
  - Average payment - $645 per household

- Program pays vendors directly

- Federally-funded program
Supplemental Nutrition Assistance Program

Provides food assistance to qualifying households

- Purchase food
- Purchase garden seed/plants (to grow produce)
- Purchase produce at select farmers markets
- To qualify - household’s net income must be at or below 100% Federal Poverty Level
  - Family of four - $24,300 annually
- Average monthly benefit per household - $260
- Average households served monthly – 25,119
Supplemental Nutrition Assistance Program

- Almost half of program participants are:
  - Low-income children (often in single-parent families)
  - People with disabilities
  - Seniors on fixed incomes
- Federally-funded program
Temporary Assistance for Needy Families (TANF)

- Intended to move low-income families from public assistance to self-sufficiency
  - Cash assistance
  - Work readiness
  - Training
  - Job placement services

- Contracts with Community Options, Job Service North Dakota, and Turtle Mountain Employment and Training
Temporary Assistance for Needy Families (TANF)

- Average benefit per household - $274
- Average number of households served - 1,150 (caseload declining)
- Federal and state funds
TANF Funded Programs

• **Alternatives-to-Abortion Services**
  - Reimbursements to organizations that deliver alternatives-to-abortion services and education

• **Crossroads Program**
  - Qualified teen parents who are going to high school or working towards their GED
  - Pay child care, graduation incentive and transportation costs
  - Receive case management services and support services
TANF Funded Programs

• Parental Responsibility Initiative for the Development of Employment (PRIDE) Program
  • Addresses non-payment of child support by noncustodial parents
  • Supported employment
  • Monthly average of 344 individuals

• Kinship Care Program
  • Provides an alternative to foster care, monthly average of 43 children
  • Provides monthly benefit and support services
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ROLE

Health and Safety  Access to Services  Quality Services
Behavioral Health Division

Health and Safety
Access to Services
Quality Services

HOW?

Regulation
Administration
Workforce Development
Prevention and Promotion
Partnerships
Regulation

- Substance Abuse Treatment Licensing
- Opioid Treatment Program Licensing
- Human Service Center Licensing
- Psychiatric Residential Treatment Facility Licensing
- DUI Program Licensing
Administration

- Mental Health Block Grant
- Substance Abuse Block Grant
- Community & Tribal Prevention
- Problem Gambling
- Brain Injury
- Substance Use Disorder Voucher
- Robinson Recovery
Workforce Development

- Training & Technical Assistance
  - Best Practice
  - Program Licensing
  - Prevention
  - Data Collection/Assessment
  - Evaluation
- Behavioral Health Conferences
- Partnerships with Institutions/Consortiums
Partnerships

- Mental Health & Substance Abuse Planning Council
- Governor’s Prevention Advisory Council (GPAC)
- State Epidemiological Outcome Workgroup (SEOW)
- Problem Gambling Advisory Council
- ND Cares
Prevention and Promotion

• Parents LEAD
• Stop Overdose
• Prevention Resource & Media Center
• Speaks Volumes
• Tribal Prevention Programs
• Community Prevention Programs
• Prescription Drug Take Back
Parents LEAD.org is an evidence-based underage drinking prevention program targeting parents through statewide, web-based communication.
The goal of the **Speak Volumes** Campaign is to raise awareness among North Dakota adults on standard drink sizes to help them make better decisions about their alcohol intake.

[speakvolumes.nd.gov](http://speakvolumes.nd.gov)
Stop Overdose aims to save lives by sharing information and providing resources for those impacted by this public health concern, from family and friends to prescribers, pharmacists, behavioral health counselors, and first responders.

www.prevention.nd.gov/stopoverdose
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Vocational Rehabilitation Division

Russ Cusack, Division Director
Program Purpose

- To assist individuals with disabilities to achieve and maintain employment and independence.
Services

- Primary service is vocational counseling and guidance
- Job Placement
- Assistive Technology
- Vocational Training
- Pre-employment service to students with disabilities
- Employer Services
Funding

- 79% Federal
- 21% State
Eligibility

- Physical or mental disability
- Barrier to seeking or maintaining employment due to disability
- Individual able to benefit from services
Vocational Rehabilitation Division

Service to Business

- Recruit qualified applicants with disabilities
- Retention of employees with disabilities
Training and technical assistance on the employment of people with disabilities
- Including disability awareness training and ADA information

Opportunities for work-based learning experiences
- Including internships, short term employment, apprenticeships, and fellowships
Vocational Rehabilitation Division

Service for Students Attending High School

- Work Experience
- Work-readiness training to develop social skills and independent living skills
- Instruction in self advocacy
- 15% of VR’s federal grant award set aside to purchase pre-employment services for eligible or potentially eligible students enrolled in secondary education.
VR program must meet performance targets for:

- Number of clients employed
- Number of clients that maintain employment 6 months and 9 months after their VR case is closed
- FFY 16 537 entered and maintained employment
- 90% client satisfaction rate
Disability Determination Services (DDS) Unit

- **State DDS determines eligibility of applicants for Social Security Disability Benefits**
- Local federal Social Security office accepts applications for disability benefits
- The application is sent to the DDS
- Upon completion of the medical determination of eligibility, the claim is routed back to the local Social Security office
- Funding for DDS is 100% federal
Vocational Rehabilitation Division

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North Dakota State Hospital
Regional Human Service Centers

Rosalie Etherington, NDSH Superintendent, Chief Clinics Officer
Jeff Stenseth, Statewide Clinics Director
Field Services: Who Are We?

- 8 regional human service centers
- 4 satellite clinics
- 24 outreach sites
- 1 State Hospital
- 116 service contracts
FIELD SERVICES: PRIORITY AND CORE

Primary Functions Grouping

Primary Functions

- Emergency Services: RIS, Walk-In, Disaster Services
- Assessment and Referral: Court-ordered assessments, diagnostic assessments, Open Access
- Rehabilitation and Recovery Services: Psychotherapy, SUD counseling, case management, care coordination, supported employment, supported housing, peer support service

Priority Population
SMI/SED/Dual SUD-IV, pregnant and family

Emergency Services Assessment and Referral Rehabilitation and Recovery Services Special Services
DHS Behavioral Health System Values:
OUR CURRENT INITIATIVES:

Defined Priority Populations
Standardized Core Service Best Practice
Appoint Clinical Directors at each HSC
Implement Open Access
Measure Fidelity and Effectiveness
Reduce Hospital Violence
Field Services

Contact Information

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Chief Clinics Officer
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Life Skills and Transition Center

Sue Foerster, Superintendent
Who We Are:

• The Life Skills and Transition Center (LSTC) is a state-operated, comprehensive support agency serving people with intellectual and developmental disabilities.

• It has been accredited by the national Council on Quality and Leadership since 1989.

• LSTC clients may reside on the campus, in supported living arrangements in the community of Grafton, or in communities across the state.

• The campus serves as a safety-net for people whose needs exceed community resources.

• Off-campus outreach and consultation services are provided statewide to help people remain in their communities and homes and to prevent admissions to the center. Outreach services include: Individual Supportive Living Arrangement Program (ISLA), Clinical Assistance Resource and Evaluation Services (CARES), CARES Clinic and Intellectual Behavioral Health Services.
Residential Services

- 24-hour comprehensive services and supports including medical and clinical programming, are provided to:
  - People with intellectual and developmental disabilities who require skilled nursing services or need behavioral health services due to co-occurring psychiatric diagnoses and challenging behaviors.
  - Youth with intellectual disabilities who have difficulty finding housing and services in the community and who are in transition to community settings, Youth Transition Services program opened in 2010, State Hospital program closed in 2012.
  - Adults with developmental and intellectual disabilities who have sexual offending behaviors (secure services program).
  - People in homes in the community through Waivered Services. Independent Supported Living Arrangement (ISLA) program started in 2009.

- Services are outcome-based and guided by each person's preferences and individual needs.

- People can live alone or with a roommate, and can participate in community activities and organizations.
Vocational Services

• The Dakota East work program serves individuals at vocational work sites on campus and in the community. Work and activities are focused on each person's particular needs and interests and whenever possible integrate people into community work sites. Work areas are both on campus and in the community. Also provided are Recreational, Leisure and Therapeutic programs for those individuals where work is not an option.
Transitions

• Since 2000 to 2016, the number of adults residing at the LSTC has declined from 149 to 56.

• Transition to the Community Task Force includes DHS representatives, private providers and disability advocates. The role of the committee is to develop recommendations to DHS relative to community capacity building, which would in turn result in a reduced population at the LSTC.

• People with developmental disabilities are admitted to the LSTC through their local human service center when their needs exceed community resources.

• If an admission to the LSTC is being considered, it is expected that a CARES referral be completed and N.D. Protection and Advocacy Project be notified of a community crisis situation.

• When planning for discharge, people served and their guardians decide which regions/providers/setting that they are willing to consider to move to. This would include a visit to proposed settings.

• Once a provider and a setting has been selected, the person served, guardian, LSTC team, and new provider team work together to develop a transition plan to support the person to successfully move to the community.
## Life Skills & Transition Center Population

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<th>June 2016</th>
<th>Goal: June 30, 2017</th>
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<tr>
<td>Adults on campus</td>
<td>56</td>
<td>45</td>
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<tr>
<td>Youth on campus</td>
<td>19</td>
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<tr>
<td>Adults in the community</td>
<td>13</td>
<td>15</td>
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<tr>
<td>(waiver beds)</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>88</td>
<td>68</td>
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* = with four short-term crisis beds
Contact information

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Medical Services Division

Maggie Anderson, Division Director
Health Care Coverage

- Medicaid
- Health Tracks (Early and Periodic Screening, Diagnosis and Treatment - EPSDT)
- Medicaid Expansion
- Children’s Health Insurance Program (Healthy Steps)

Coverage for qualifying low-income adults, children, pregnant women, and the elderly and disabled.
Traditional Medicaid

- Covers qualifying:
  - Families and children
  - Pregnant women
  - Elderly and disabled individuals
- Includes health, dental, and vision coverage
- Eligibility based on income (and assets for elderly and disabled)
- Generally 50% FMAP (Federal Medical Assistance Percentage)
Medicaid Expansion

- Implemented January 1, 2014
- Covers qualifying individuals ages 19-64
  - Assets are not considered
  - Modified Adjusted Gross Income below 138% Federal Poverty Level

  Household of 3 = $27,310

- Managed Care through Sanford Health Plan
- Services covered differ from Traditional Medicaid (dental/vision for 19 and 20 year olds only)

- FMAP:
  - CY 2017 95%
  - CY 2018 94%
  - CY 2019 93%
Children’s Health Insurance Program (Healthy Steps)

- Covers uninsured children age 18 and younger
- Families with qualifying Modified Adjusted Gross Incomes at or below 175% of the Federal Poverty Level
  Household of 3 - $34,178
- Includes health, dental, and vision coverage
- Federal and state funded

FMAP: 88%
Home and Community-Based Services

- Medically Fragile Children’s Waiver
- Children’s Hospice Waiver
- Autism Waiver
- Autism Voucher
Money Follows the Person

- Assists individuals who are elderly or have physical, intellectual or other disabilities and who live in nursing homes, the Life Skills and Transition Center in Grafton, or other institutions transition to community settings of their choice

- To date - assisted **356 individuals in transitioning** from institutional care
Other functions:

- Rate Setting
- Claims Processing
- Program Integrity
  - Provider Enrollment
- Utilization Review
- Access Monitoring
- Managed Care
- PACE
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Child Support Division

Jim Fleming, Division Director
Program Purpose

• Enhance the well-being of children

• Reduce demand on public treasuries by securing financial and medical support from legally responsible parents

• Encouraging positive relationships between children and their parents
The Child Support Division works with two types of cases:

- **IV-D cases** which stem from referrals from public assistance programs (TANF, Medicaid, or Foster Care) or from either parent applying for IV-D services.

- **nonIV-D cases** which stem from court orders where there is no referral or application to the program or where people choose to close their IV-D case.
Primary activities of the program include:

- Locate
- Paternity Establishment
- Establishment of Court-Ordered Child Support
- Establishment of Court-Ordered Medical Support
- Enforcement of Court-Ordered Support
- Review and Adjustment
- Receive and distribute child support payments
Activities of Program - nonIV-D Cases

• If there is no referral for services from TANF, Medicaid, or Foster Care, and there is no application for service, the program’s activities are as follows (when a court order for child support exists):
  • Income withholding
  • Receive and distribute payments

• A $2.10 monthly fee is charged in any month with a collection, as compared to the $25 annual contingency fee in IV-D cases.
Performance Measures

- Paternity Establishment
- Support Order Establishment
- Current Collections
- Arrearage Collections
- Cost Effectiveness
**Current Child Support Federal Fiscal Year**

<table>
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<tr>
<th>Year</th>
<th>North Dakota Due</th>
<th>North Dakota Collected</th>
<th>National Average Collected*</th>
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<td>2011</td>
<td>$93,328,728</td>
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<td>$97,570,081</td>
<td>$73,266,692</td>
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<td>2013</td>
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<td>$72,720,561</td>
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<tr>
<td>2016</td>
<td>$112,289,681</td>
<td>$81,709,837</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*National average performance applied to North Dakota's current support due.

**2011** | **2012** | **2013** | **2014** | **2015** | **2016**
---|---|---|---|---|---
North Dakota | 74.6% | 75.1% | 74.3% | 74.2% | 74.1% | 72.8%
National Average | 62.5% | 63.0% | 63.8% | 64.3% | 65.3% | N/A
Child Support Division

Child Support Order Establishment
Federal Fiscal Year

<table>
<thead>
<tr>
<th>Year</th>
<th>National Average</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>81.0%</td>
<td>89.8%</td>
</tr>
<tr>
<td>2012</td>
<td>81.9%</td>
<td>89.2%</td>
</tr>
<tr>
<td>2013</td>
<td>83.1%</td>
<td>91.2%</td>
</tr>
<tr>
<td>2014</td>
<td>84.8%</td>
<td>93.3%</td>
</tr>
<tr>
<td>2015</td>
<td>85.8%</td>
<td>93.3%</td>
</tr>
<tr>
<td>2016</td>
<td>N/A</td>
<td>93.2%</td>
</tr>
</tbody>
</table>
Performance Measures

- Paternity Establishment - 106.12%
  - Compares the children born out of wedlock last year with the paternities established in this year’s caseload

- Arrearage Collections - 65.10%

- Cost Effectiveness - $6.15 collected per $1 spent
Child Support Collections - Calendar Years 2007-2016

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IV-D</td>
<td>$78.0</td>
<td>$86.5</td>
<td>$86.7</td>
<td>$93.7</td>
<td>$94.2</td>
<td>$98.3</td>
<td>$100.5</td>
<td>$104.3</td>
<td>$105.3</td>
<td>$104.1</td>
</tr>
<tr>
<td>Total</td>
<td>$114.0</td>
<td>$122.7</td>
<td>$123.4</td>
<td>$129.0</td>
<td>$135.2</td>
<td>$140.9</td>
<td>$146.9</td>
<td>$152.7</td>
<td>$157.9</td>
<td>$160.3</td>
</tr>
</tbody>
</table>

*Estimated November and December 2016 collections
Receivables - Federal Fiscal Year 2011-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>IV-D</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$217.0</td>
<td>$278.9</td>
</tr>
<tr>
<td>2012</td>
<td>$228.3</td>
<td>$296.6</td>
</tr>
<tr>
<td>2013</td>
<td>$226.3</td>
<td>$315.8</td>
</tr>
<tr>
<td>2014</td>
<td>$236.6</td>
<td>$331.4</td>
</tr>
<tr>
<td>2015</td>
<td>$244.4</td>
<td>$345.9</td>
</tr>
<tr>
<td>2016</td>
<td>$252.5</td>
<td>$359.7</td>
</tr>
</tbody>
</table>
• **MYTH:** The money is kept to pay for the program.

• **REALITY:** Nearly 87% of child support collected is paid directly to the family.

• **REALITY:** The program’s budget does not include child support collections.
Collections - Where the money goes:

- Families: 86.89%
- Other Jurisdictions: 8.37%
- Retained by ND: 3.21%
- Federal Reimbursement: 1.53%
Why would an obligor want to contact the program?

• A new obligation is being proposed based on inaccurate or incomplete income data. Accurate and complete information supplied by the obligor helps ensure an appropriate amount is proposed.

• Negotiate payment plan or get PRIDE referral to avoid certain collection activities (or stop them, if they have begun already), and to apply payments to arrears principal rather than interest.
Why would an obligor want to contact the program?

- An employer withholds income but does not pay SDU, or an employer refuses to honor an income withholding order.

- Payments were made directly to the obligee, and need to be credited on the payment ledger.
• **MYTH:** The program didn’t help me until I started receiving public assistance.

• **REALITY:** Automatic referrals to the program come from TANF, Medicaid, and Foster Care. In other cases, a parent would need to ask for our help.

• **REALITY:** We treat all cases the same. Whether the case is public assistance or not does not make a difference when it comes to providing services.
• **MYTH:** The program wants to establish the highest obligation possible.

• **REALITY:** The federal performance measurement is based on the percentage of current support collected.
MYTH: I can’t afford my child support.

REALITY: Child support amounts are determined as a percentage of the obligor’s net income or ability to pay.
MYTH: I know an obligor who owes $3,000 per month in child support.

REALITY: When last identified, the average obligation in North Dakota IV-D cases for one child was $368/month. Under the North Dakota guidelines, an obligor would have to have monthly net income of $11,800 and owe support for two children before such an obligation would be appropriate.
• **MYTH:** I didn’t pay my child support because I don’t have a job.

• **REALITY:** PRIDE links obligors with a caseworker at North Dakota Job Service to improve employability and provide job search assistance.
• **MYTH:** The program sent my employer an income withholding order like I’m some kind of deadbeat.

• **REALITY:** The program does not use the term “deadbeat.”

• **REALITY:** Income withholding is mandated by federal law regardless of whether the obligor is delinquent.

• **REALITY:** North Dakota is one of a few states authorizing automatic withdrawal of child support payments from an obligor’s bank account INSTEAD OF income withholding.
• **MYTH:** Just because I owe arrears, the program wants to take every penny I have.

• **REALITY:** The program’s goal is to have the debt repaid at a reasonable rate. Nobody wins if the obligor goes into the underground economy.

• **REALITY:** The federal performance measurement is the same no matter how much the program collects.
• **MYTH:** How can I go to work and pay support if my driver’s license is suspended?

• **REALITY:** The program does NOT want the obligor’s license. If the obligor had been making regular payments or explained to the caseworker why the failure to do so was not willful, the program would not have started the license suspension action.

• **REALITY:** When the obligor has a job, the program will work with the obligor to get income withholding in place and to reinstate the license if it had been suspended.
• **MYTH:** The program said I had to pay all my arrears to get my license back.

• **REALITY:** Most obligors cannot afford to pay their arrears in one lump-sum. The program will work with the obligor on a payment plan that includes a down-payment and installment payments each month. The obligor can get his or her license back by entering into, and complying with, the payment plan.
• **MYTH:** The program only tries to increase an obligation, and not decrease it.

• **REALITY:** The program reviews obligations and, following the child support guidelines, will file a motion with the court for an upward or downward adjustment of the obligation.
• **MYTH:** My order is 7 years old and it has never been reviewed.

• **REALITY:** If requested by a parent or in TANF cases, the program is required by federal law to review obligations at least every 3 years. The program reviews more frequently than mandated if certain circumstances exist, such as a change in job or military duty. We are in the process of implementing a change where obligations will be reviewed every 18 months, to help maintain affordable obligations.
• **MYTH:** I just got laid off and have to live with an obligation based on my prior wages.

• **REALITY:** The program will seek a modification when the obligor’s employment is affected by an involuntary job loss or demotion.
• **MYTH:** My court order says I’m supposed to receive $300 per month – where’s my money?

• **REALITY:** The program is only able to disburse the funds that are collected from the obligor; the state does not advance the money to the obligee.
• **MYTH:** I had to complain to get the program to listen to me.

• **REALITY:** Customers receive much better customer service if they keep their caseworkers informed of issues or concerns.
Contact Information

Customer Service Unit:
Email: centralofficecse@nd.gov
Phone: (701) 328-5440
Toll Free: (800) 231-4255
ND Relay TTY: (800) 366-6888
Fax: (701) 328-5425
Regional Child Support Units:

Bismarck: (701) 328-0955
Devils Lake: (701) 665-4475
Dickinson: (701) 227-7424
Fargo: (701) 298-4900
Grand Forks: (701) 795-3960
Jamestown: (701) 253-6260
Minot: (701) 857-7696
Williston: (701) 774-7940

Website - www.childsupportnd.com
Contact information

Jim Fleming, Division Director
1600 E. Century Ave., Suite 7
Bismarck, North Dakota 58503

Phone: 701-328-3582
Toll Free: 1-800-231-4255
ND Relay TTY: 1-800-366-6888
E-mail: centralofficesce@nd.gov