NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HUMAN SERVICES COMMITTEE

Tuesday, January 17, 2012
Roughrider Room, State Capitol
Bismarck, North Dakota

Representative Alon Wieland, Chairman, called the meeting to order at 10:00 a.m.

Members present: Representatives Alon Wieland, Dick Anderson, Roger Brabandt, Donald L. Clark, Tom Conklin, Curt Hofstad, Kathy Hogan, Richard Holman, Robert Kilichowski, Chet Pollert, Jim Schmidt; Senators Dick Dever, Robert Erbele, Tim Mathern, Gerald Uglem

Members absent: Representative Vonnie Pietsch and Senator Joe Miller

Others present: Representative Jerry Kelsh and Senator Larry Robinson, members of the Legislative Management, were also in attendance.

See Appendix A for additional persons present.

It was moved by Senator Mathern, seconded by Senator Uglem, and carried on a voice vote that the minutes of the October 25, 2011, meeting be approved as distributed.

STUDY OF GUARDIANSHIP SERVICES

Mr. Winsor C. Schmidt, faculty member, University of Louisville School of Medicine, provided information (Appendix B) regarding the status of the study of guardianship services. He said North Dakota Century Code Chapters 30.1-26 and 30.1-28 govern guardianship services, and Chapter 11-21 governs public administrator services. He said Section 30.1-28-11(1) provides that a guardian may be any competent person or a designated person from a suitable institution, agency, or nonprofit group home. He said a guardian is court-appointed after a hearing for an incapacitated person, which is defined as any adult person who is impaired by reason of mental illness, mental deficiency, physical illness or disability, or chemical dependency to the extent that the person lacks capacity to make or communicate responsible decisions concerning that person's matters of residence, education, medical treatment, legal affairs, vocation, finance, or other matters, or which incapacity endangers the person's health or safety. He said a public administrator is an individual, corporation, or limited liability company appointed by the presiding judge as ex officio guardian and conservator for the county.

Mr. Schmidt said there were 2,038 guardianship and conservatorship cases in North Dakota in 2010. He said there were 323 new filings in 2010 and an average of 311 new appointments per year from 2008 through 2010.

In regard to the state's unmet need for guardianship services, Mr. Schmidt said based on published national research on the extent of need for guardianship services, North Dakota's projected total population-based need for guardianship services is 751 individuals. He said the Department of Human Services Developmental Disabilities Division has entered into a contract with Catholic Charities North Dakota to serve 414 individuals in the 2011-13 biennium, and the department's Aging Services Division has also been provided funding to assist with the establishment of 32 guardianships for the 2011-13 biennium. Considering this, he projected the total population-based unmet need for guardianship services in North Dakota at 305 individuals.

Mr. Schmidt said the Council on Accreditation has developed adult guardianship accreditation standards. He said one of the standards provides that guardianship caseload sizes should support regular contact with individuals and the achievement of desired outcomes. He said studies of guardianship programs recommend a 1-to-20 ratio to eliminate situations where there is little to no service being provided. He said one of North Dakota's principal corporate guardianship programs reports a guardianship staff-to-client ratio of 1:36-39. He said one of the several public administrators serving as guardian reports a part-time guardian caseload ranging from 22 to 29 with wards housed 210 miles apart. He said the *North Dakota Guardianship: Standards of Practice for Adults* publication provides that a guardian is to limit each caseload to a size that allows the guardian to accurately and adequately support and protect the ward, that allows a minimum of one visit per month with each ward, and that allows regular contact with all service providers.

Mr. Schmidt said some of the guardianship stakeholders interviewed expressed concerns relating to oversight and monitoring of guardians and guardian annual reports and the lack of requirements, such as criminal background and credit checks.

In regard to the establishment of guardianships, Mr. Schmidt said any interested person may petition for the appointment of a guardian for an allegedly incapacitated person. He said no filing fee may be required for a petition by a member of the individual treatment plan team or by any state employee. He said the court is to set a hearing date, appoint an attorney to act as guardian ad litem, appoint a physician or clinical psychologist to examine the

proposed ward, and appoint a visitor to interview the proposed guardian and proposed ward. He said if the attorney appointed as guardian ad litem or other attorney is retained by the proposed ward to act as an advocate, the court may determine whether the guardian ad litem should be discharged. He said the proposed ward must be present at the hearing in person unless good cause is shown for the absence. If the court approves a visitor, lawyer, physician, guardian, or temporary guardian, he said, that person may receive reasonable compensation from the ward's estate if the compensation will not unreasonably jeopardize the ward's well-being. He said the court may appoint a guardian only after finding in the hearing record based on clear and convincing evidence that:

1. The proposed ward is an incapacitated person.
2. There is no available alternate resource plan which could be used instead of guardianship.
3. The guardianship is the best means of providing care, supervision, or habilitation.
4. The powers and duties given the guardian are the least restrictive form of intervention consistent with the ability of the ward for self-care.

Mr. Schmidt said Section 30.1-28-10 authorizes the court to exercise the power of a guardian pending notice and hearing or, with or without notice, appoint a temporary guardian for a specified period of time, not to exceed 90 days, if:

- An alleged incapacitated person has no guardian and an emergency exists; or
- An appointed guardian is not effectively performing the guardian's duties, and the court finds that the welfare of the ward requires immediate action.

Mr. Schmidt said some of the guardianship stakeholders interviewed expressed concerns with the judicial process for the establishment of guardianships, including filing fees not waiveable for indigents, limited legal assistance from state's attorneys or assistant attorneys general for petitioners in indigent cases, no right to counsel or public defender for the proposed ward if the proposed ward cannot afford counsel, some proposed wards reportedly not present at hearings, and appointment of emergency guardians for up to 90 days without notice and a hearing.

Mr. Schmidt provided the following summary of petitioning and other costs associated with guardianship services:

North Dakota - Department of Human Services Aging Services Division	Average petitioning cost was $1,474 for the 2009-11 biennium.
	Funds available to provide a $500 annual payment to 16 guardians in the first year of the 2011-13 biennium and 32 guardians in the second year of the biennium.
North Dakota - Department of Human Services Developmental Disabilities Division	Funding of $51,720 available for petitioning costs for the 2011-13 biennium.
	Funding available for a daily rate for corporate guardian services of $6.52 per ward in the first year of the 2011-13 biennium ($2,380 per client annually) and $6.71 per ward in the second year of the biennium ($2,449 per client annually).
Florida	Annual public guardian cost per client was $2,857 in 1983 and $2,648 in 2007.
Virginia	Annual public guardian cost per client was $2,662 in 1997 and $2,955 in 2002.
Washington	Average annual cost per public guardian for the period 2008-11 was $3,163.

Mr. Schmidt said another area of review related to costs is the extent to which guardianship is cost-effective as well as the extent to which not having sufficient guardianship services costs more than providing sufficient guardianship services. He said Catholic Charities North Dakota reports residential placement moves from a more restrictive and expensive setting to a less restrictive setting for 22 guardianship clients in 2011, including 7 clients moving from the State Hospital, 2 clients moving from the Developmental Center at Westwood Park, 2 clients moving from a nursing home to an individualized supported living arrangement, and 1 client moving from a hospital to a nursing home.

In regard to the entities responsible for guardianship and public administrator costs, Mr. Schmidt said the Legislative Assembly has provided appropriations to the Department of Human Services for providing corporate guardianship services and for petitioning costs and guardianship fee for individuals who have been diagnosed with a mental illness or traumatic brain injury or elderly individuals age 60 and over. He said some counties in North Dakota have provided funding for several public administrators in the state.

Mr. Schmidt said based on interviews with guardianship stakeholders, the interaction between the courts, counties, state agencies, and guardianship organization regarding guardianship and public administrator services seems generally good. He said there may be issues with counties regarding funding of public administrators appointed by presiding district judges.

Mr. Schmidt provided the following alternative structures for state public guardianship programs:

- Court model - This model establishes the public guardianship office as part of the court that has jurisdiction over guardianship and conservatorship.
- Independent agency model - This model establishes a public guardianship office in an executive branch agency that does not provide direct services for a ward or potential wards.
- Social service agency model - This model provides for placement of the public

guardianship function in an agency providing direct services to wards. Several studies conclude this model is a clear conflict of interest.

- County agency model - This model provides for the public guardianship function at the county level.

Mr. Schmidt said North Dakota is currently a hybrid of the social service agency model and the county model. He said guardianship stakeholders expressed concerns about lack of uniformity and statewide coverage of guardianship services.

In response to a question from Senator Mathern, Mr. Schmidt said North Dakota's corporate guardianship program appears to have a better staff-to-client ratio than North Dakota public administrators.

In response to a question from Representative Hogan, Mr. Schmidt said North Dakota does not have a registry of guardians. He said there is a concern that the state does not have a uniform system for accessing guardianship services and providing for petitioning costs.

In response to a question from Representative Wieland, Mr. Schmidt said the unmet need for guardianship services appears to be more in the urban areas. He said there appears to be little or no training for guardians in North Dakota.

OTHER COMMITTEE RESPONSIBILITIES

Ms. Gloria Fornes, Horace, provided comments (Appendix C) regarding adult foster care services. She said she and her husband operate Home Sweet Home Eldercare, an adult family foster care home. She said she is licensed to care for four elderly adults in a family home environment. She said the level of funding received for public pay clients is insufficient. She suggested the Legislative Assembly consider:

1. Increasing the base pay for public pay clients in adult family foster care homes.
2. Encouraging county social service offices to recognize and promote adult family foster care homes as the first choice for individuals who can no longer live alone.
3. Reviewing the monthly rate worksheet for services provided by adult family foster care homes.

In response to a question from Representative Wieland, Ms. Fornes said she has not been appointed as a guardian for any of her clients.

Ms. Diana Bales, Bismarck, provided comments (Appendix D) regarding adult foster care services. She said she is an independent contractor for HIT, Inc. She said she provides services, including room and board, to two developmentally disabled adults. She expressed concern regarding the payment level for room and board services. She said she received room and board compensation of $325 per month for each individual in 1995 and is now receiving $375 per month for each individual in her care.

STUDY OF QUALIFIED SERVICE PROVIDER SYSTEM

Ms. Karen Tescher, Assistant Director, Long-Term Care Continuum, Medical Services Division, Department of Human Services, provided information (Appendix E) regarding:

- The department's process by which individuals can report issues with qualified service providers (QSPs) and QSP care and information regarding complaints received by the department.
- The amount of funding appropriated for QSP rate increases for the 2009-11 and 2011-13 bienniums.

Ms. Tescher said the department accepts complaints from any individual or agency. She said a complaint can be either verbal or written. She said complaints may include allegations of recipient self-neglect or allegations against a QSP, a family member, an agency, or any other individual. She said the department responds to all complaints within 14 days and will seek a resolution to all allegations. She provided the following summary of QSP-related complaints and resolutions by the department from 2007 through 2011:

	2007	2008	2009	2010	2011
Complaints					
Absenteeism	1	3	3	3	
Criminal activity	3	5	10	15	
Abuse/neglect/exploitation	9	15	16	9	
Billing inappropriately	9	20	23	24	
Poor care	7	7	14	20	
Case management unacceptable	6	2	0	2	
Breach of confidentiality	1	0	2	0	
Property damage	1	0	0	0	
Theft	6	6	1	5	
Disrespectful	0	2	1	1	
Under the influence of drugs or alcohol	0	0	0	5	
Pending	0	4	0	0	
Other	4	3	4	7	
Total	47	67	74	91	87[1]
Resolutions					
No action	3	6	2	0	
Technical assistance	13	9	16	14	
Recoup/refund payment	5	9	8	10	
Terminated	9	17	19	41	
Unsubstantiated	10	19	18	20	
Pending	0	0	5	2	
Other	7	7	6	4	
Total	47	67	74	91	87[1]

[1]Information regarding the categorization of complaints and resolutions is not yet available.

When an individual is enrolled as a QSP, Ms. Tescher said the QSP must agree to keep accurate records regarding services provided and respond to compliance investigations. She said the department has an annual goal of completing detailed audits of approximately 5 percent of the enrolled QSPs. She said the department uses a targeted approach to select potential QSPs for audit. She said home and community-based care staff refers QSPs for an audit based on irregular and unusual billing patterns, numerous billing errors, and recommendations from case managers. She said an audit may result in recoupment of funds, technical

assistance, or termination of a QSP. She provided the following audit summary for 2007 through 2010:

Year	Number of QSPs Audited	Number of QSPs With Errors	Number of QSPs Terminated
2007	85	74	17
2008	86	71	5
2009	85	66	17
2010	85	68	13

Ms. Tescher said total funding appropriated for the 2009-11 biennium for QSP rate increases was $5,340,692 which included funding for a $1 per hour supplemental salary and benefit increase and 6 percent annual inflationary increases. She said total funding appropriated for the 2011-13 biennium for QSP rate increases was $2,482,348 which included funding for 3 percent annual inflationary increases.

In response to a question from Representative Hogan, Ms. Tescher said currently there are 1,597 individual QSPs and 142 agency QSPs.

Representative Hogan suggested the committee receive information from the Department of Human Services regarding the number of individuals in the state served by QSPs. Chairman Wieland asked the department to prepare and plan to present this information at the committee's next meeting.

Mr. Doug Wegh, County Social Service Director, Golden Valley, Billings, and Hettinger Counties, provided comments (Appendix F) regarding proposed changes to the QSP system. He said in some areas of the state it is difficult to find a QSP to work during the week and even more difficult to find a QSP to work on a weekend or holiday. He suggested the committee consider recommending a rate increase for QSPs working nights, evenings, and weekends and QSPs traveling to rural areas.

STUDY OF THE DEPARTMENT OF HUMAN SERVICES' CASELOADS AND PROGRAM UTILIZATON

Mr. Alex C. Schweitzer, Cabinet Lead for Institutions and Regional Human Services, Department of Human Services, provided information (Appendix G) regarding historical caseloads and program utilization for the human service centers and institutions. He provided the following summary for the human service centers:

Human Service Centers	2006	2007	2008	2009	2010	2011	Increase From 2006 to 2011
Northwest	1,189	1,202	1,263	1,342	1,545	1,650	461[1]
North Central	3,293	3,105	3,215	3,197	3,225	3,325	32[2]
Lake Region	2,486	2,396	2,373	2,318	2,484	2,607	121[3]
Northeast	3,072	3,211	3,370	3,555	3,557	3,608	536[4]
Southeast	4,952	5,018	5,029	4,968	5,102	5,042	90[5]
South Central	2,869	2,802	2,958	2,991	3,074	3,236	367[6]
West Central	4,542	4,559	4,913	5,027	5,348	5,655	1,113[7]
Badlands	1,942	1,845	1,854	1,891	1,860	1,912[8]	(30)
Total	24,345	24,138	24,975	25,289	26,195	27,035	2,690
Change from previous year		(207)	837	314	906	840	

[1]The increase is the result of population growth. The center experienced increases in the areas of psychiatry and medication management.

[2]The increase is the result of population growth. The center experienced increases in the number of children served in developmental disabilities and the demand for medication management.

[3]The increase is the result of increases in the number of children served in developmental disabilities, referrals from the Department of Corrections and Rehabilitation, the demand for alcohol and drug services, and the number of Native Americans seeking services.

[4]The increase is the result of increases in the number of children served in developmental disabilities and the infant development program, the number of homeless individuals at the mission, and the demand for alcohol and drug services.

[5]The major reason for the increase is the growing demand for case management for the seriously mentally ill, homeless, and addiction clients.

[6]The center has experienced an increase in all core services over the past six years primarily because the center is the only provider of outpatient behavioral health services in the region and because the State Hospital is located in the region.

[7]The increase is the result of population growth resulting in increases in the number of children served in developmental disabilities, referrals from the Department of Corrections and Rehabilitation, and the demand for psychiatry services due to a reduction in private sector services.

[8]The increase from 2010 to 2011 of 52 is the result of the population growth due to oil development.

Representative Hogan requested information regarding the percentage of population receiving services from each of the human service centers. Mr. Schweitzer said he would provide that information to the committee.

Mr. Schweitzer provided the following summaries for the State Hospital:

Average Daily Population				
Year	Traditional Services[1]	Sexual Offender Unit[2]	Tompkins Rehabilitation and Correction Center[3]	Total
2006	126	55	85	266
2007	130	53	83	266
2008	131	59	82	272
2009	110	58	79	247
2010	109	59	79	247
2011	110	60	86	256

[1]The State Hospital utilizes 132 beds for inpatient and residential psychiatric services for the treatment of adults, children, and adolescents with serious and persistent mental illness, serious emotional disorders, and chemical addiction.

[2]The State Hospital operates a 76-bed sexual offender unit.

[3]The State Hospital utilizes 90 beds to provide addiction services to offenders in the Tompkins Rehabilitation and Correction Center.

Total Admissions				
Year	Traditional Services	Sexual Offender Unit	Tompkins Rehabilitation and Correction Center	Total
2006	806	9	301	1,116
2007	753	11	296	1,060
2008	816	6	289	1,111
2009	895	14	285	1,194
2010	956	20	305	1,281
2011	897	18	286	1,201

Mr. Schweitzer said the State Hospital's traditional services beds were highly occupied from 2006 to 2009 with an average daily population of 97 percent. He said the major reasons for the high occupancy were the admission of first-time patients, chronic patients awaiting referral and placement at residential settings, and the increased need for treatment of patients with complex medical and psychiatric issues. He said the State Hospital's average daily population for traditional services declined to 85 percent for 2010 and 2011. He said the reduction better aligns with the ratio of staff to patients as the hospital staffs for 85 percent occupancy. He said the decrease in average daily population is attributable to increased community service discharge options for chronic patients and shorter lengths of stay at the State Hospital.

In response to a question from Representative Pollert, Mr. Schweitzer said the Legislative Assembly in 2011 appropriated funding for the State Hospital based on a budgeted occupancy of 132 beds for traditional services, 76 beds for the sexual offender unit, and 90 beds for the Tompkins Rehabilitation and Correction Center.

Mr. Schweitzer provided the following summary for the Developmental Center:

Adult intermediate care services target census - July 1, 2011	95
Adult intermediate care services actual census - July 1, 2011	95
Adult intermediate care services actual census - January 16, 2012	92
Adult intermediate care services projected census - February 1, 2012	89
Adult intermediate care services target census - June 30, 2013	67
Youth transition services program actual census - January 16, 2012	3
Individualized supported living arrangement home actual census - January 16, 2012	3
State Hospital's developmentally disabled census - January 16, 2012	18

Mr. Schweitzer said the Developmental Center met the transition to community target of 95 adults in the intermediate care services program as of July 2011. He said the center has three discharges planned for January 2012 which will bring the center's population to 89 individuals. He said the center is projecting 20 more discharges for the remainder of the 2011-13 biennium which will bring the center's population close to the targeted census of 67 individuals for June 30, 2013.

Mr. Schweitzer said the Developmental Center operates a four-bed youth transition services program for youth with developmental disabilities that are having difficulty finding community placements or would need to be served out of state. He said the goal is to transition these young people to appropriate community settings.

Mr. Schweitzer said the Developmental Center also operates an individualized supported living arrangement home in the community of Grafton for three individuals that have been discharged to the community from the adult intermediate care service. He said the center is planning to open two more of these facilities in the Grafton community during the 2011-13 biennium.

Mr. Schweitzer said the State Hospital's developmentally disabled census consists of individuals requiring acute care hospitalization for behaviors and mental illness that were difficult to manage in community settings. He said these individuals, when ready, will be discharged to community settings or the Developmental Center.

In response to a question from Representative Pollert, Ms. Brenda Weisz, Chief Financial Officer, Department of Human Services, said Section 8 of Senate Bill No. 2012 (2011) provides legislative intent that the department use any anticipated unexpended appropriation authority relating to developmental disabilities grants resulting from caseload or cost changes during the 2011-13 biennium for costs associated with transitioning individuals from the Developmental Center to communities during the 2011-13 biennium. She said it is too early in the biennium to determine the department's actual caseloads and budget variances.

The committee recessed for lunch at 12:15 p.m. and reconvened at 1:00 p.m.

OTHER COMMITTEE RESPONSIBILITIES

Ms. Jan Engan, Director, Aging Services Division, Department of Human Services, provided information (Appendix H) regarding the status of the department's dementia care services program. She said the Legislative Assembly with the passage of House Bill No. 1043 (2009) directed the department to contract with a private vendor to provide for a dementia care services program in each area of the state served by a regional human service center. Through a competitive procurement process, she said, the department awarded a contract to the Alzheimer's Association to provide the services. She said the contract award was in the amount of $962,085 and covered January 2010 through June 2011. She said the goal of the program is to inform people with dementia and their caregivers about dementia care issues which may lead to decreased depression, increased family support, delays in nursing home placement, and a reduction in inappropriate use of health services. To achieve the goal, she said, the staff provides care consultation services to people with dementia and their caregivers, including needs

assessment, care plan development, resource referral, emotional support, dementia education, and followup as needed. She said the program also provides education for communities, professionals, and law enforcement agencies regarding the symptoms of dementia, the benefits of early detection and treatment, and the services available to individuals with dementia and their caregivers. She said the Legislative Assembly in 2011 provided a $1.2 million general fund appropriation to the department for continuing the program for the 2011-13 biennium.

Ms. Jan Mueller, Field Director, Alzheimer's Association, provided information (Appendix I) regarding the status of the dementia care services program. She said the Alzheimer's Association subcontracts with the University of North Dakota (UND) Center for Rural Health to study and report outcomes of the dementia care services program, including the estimated long-term care and health care costs avoided and the improvement in disease management and caregiver assistance. For the initial contract, she said, the UND Center for Rural Health reported a delay in nursing home placement leading to a median estimate of potentially avoidable long-term care costs in the amount of $3,007,147. She said the center also reported an estimated health care cost-savings of $167,207 resulting from decreased number of days spent in the hospital, decreased emergency room usage, fewer ambulance services, and more appropriate usage of 911.

Ms. Mueller said the Alzheimer's Association has been awarded a second contract in the amount of $1.2 million for the dementia care services program for July 1, 2011, through June 30, 2013. She said the contract provides that the following outcomes be achieved:

- 1,275 assessments of persons with the disease;
- 815 care consultants for 1,630 families;
- 258 caregiver education classes;
- 16 law enforcement training sessions;
- 600 contacts with primary medical providers to stress the importance of early detection and support; and
- 758 education and outreach activities providing information to communities and the general public.

In response to a question from Representative Hofstad, Ms. Mueller said North Dakota is currently the only state with a statewide dementia care services program. She said four other states have expressed interest in replicating the program.

STUDY OF THE AUTISM SPECTRUM DISORDER

Dr. Thomas Carver, Pediatrician and Neonatologist, Trinity Health, Minot, provided comments regarding the diagnosis and early treatment of, care for, and education of individuals with autism spectrum disorder. He said it is important for parents with young children to schedule well child visits with physicians. During well child visits, he said, he completes developmental screenings at age 6 months through age 3 and formal autism spectrum disorder screenings at ages 18 months and 24 months. He said the committee should consider:

- Encouraging the medical community and families to be educated about the autism spectrum disorder and the importance of developmental screenings for young children.
- Stressing the patient-centered medical home concept--a health care setting that facilitates partnerships between individual patients, health care providers, and the patient's family.
- Encouraging better communication between the medical community and the elementary and secondary education system.

In response to a question from Representative Wieland, Dr. Carver said there is no single cause for autism spectrum disorder.

In response to questions from Representative Hogan and Senator Mathern, Dr. Carver said he refers individuals to the North Dakota Center for Persons with Disabilities and the Great Plains Autism Spectrum Disorders Treatment Program for diagnosis of autism spectrum disorder.

In response to a question from Senator Uglem, Dr. Carver said early treatment for individuals with autism spectrum disorder results in better outcomes.

In response to a question from Representative Holman, Dr. Carver said there are different levels of treatment available for individuals with autism spectrum disorder in different areas of the state.

Mr. Rod St. Aubyn, Blue Cross Blue Shield of North Dakota, distributed testimony (Appendix J) from Dr. Kenneth Fischer, Medical Director, Behavioral Health, Blue Cross Blue Shield of North Dakota, regarding the diagnosis and early treatment of, care for, and education of individuals with autism spectrum disorder. He said children with a diagnosis of autism spectrum disorder have the same comprehensive medical coverage under Blue Cross Blue Shield that is available to any other member. He said the coverage typically includes coverage for routine medical care, childhood immunizations, surgery, hospitalizations, and pharmaceuticals. He said Blue Cross Blue Shield provides treatment coverage to individuals with autism spectrum disorder when treatments are provided by appropriately trained, licensed, and credentialed clinicians and when treatment meets medical necessity guidelines.

In response to a question from Representative Hogan, Mr. St. Aubyn said he would provide the committee with information regarding the number of children diagnosed with autism spectrum disorder covered by Blue Cross Blue Shield.

Dr. Paul Kolstoe, Clinical Director, Developmental Center at Westwood Park, Grafton, provided comments (Appendix K) regarding the diagnosis and early treatment of, care for, and education of

individuals with autism spectrum disorder. In regard to early intervention for children with autism spectrum disorder, he said, the best evidence results from intensive, well-designed, applied behavior analysis (ABA). He said adults with autism spectrum disorder often need a different focus, although the basic principles are often the same but may be less focused on intensive skill acquisition. For children or adults with autism spectrum disorder, he said, board-certified behavior analysts collaborate with mental health professionals, such as psychologists and psychiatrists.

In response to a question from Representative Hogan, Dr. Kolstoe said approximately 23 of the 100 individuals at the Developmental Center have an autism spectrum disorder diagnosis.

Dr. Barbara Stanton, Advanced Clinical Specialist, Southeast Human Service Center, Fargo, provided comments (Appendix L) regarding the diagnosis and early treatment of, care for, and education of individuals with autism spectrum disorder. She said in the past 11 years between her work at Southeast Human Service Center and her private practice she has provided services to over 500 individuals on the autism spectrum disorder. She said ages of the individuals have ranged from 3 to 58. She provided the following observations:

- Autism spectrum disorders are a complex neurodevelopmental disorder in which the individual has impairments in functional skills.
- Individuals with autism spectrum disorder are unique and require individual treatment approaches and plans. Adequate care requires an individualized, systems approach that includes the individual, their family and caregivers, the educational and legal systems, medical providers, occupational and speech therapists, vocational supports, and community supports.
- The experts on autism spectrum disorders are those individuals who have an autism spectrum disorder. She suggested the committee include them in the planning and development of programs and services.
- Comprehensive services need to be available across the lifespan. Autism is a lifetime issue.

Chairman Wieland requested the Legislative Council staff to work with Dr. Stanton and other individuals to invite individuals with autism spectrum disorder to provide comments to the committee at future committee meetings.

In response to a question from Representative Hogan, Dr. Stanton said providing services for people with high-functioning autism spectrum disorders is not a core service of human service centers.

Ms. Rebecca Hoffman, early childhood special education teacher, Bismarck Early Childhood Education Program, provided comments (Appendix M) regarding the diagnosis and early treatment of, care for, and education of individuals with autism spectrum disorder. She said the Bismarck Early Childhood Education Program (BECEP) currently has 20 children in the three-year-old to five-year-old age group with an autism spectrum disorder diagnosis and several children who do not have a diagnosis but have characteristics consistent with an autism spectrum disorder diagnosis. As more children are being diagnosed with autism spectrum disorder, she said, BECEP will need additional funding for staff and other services to meet the needs of the children.

Ms. Hoffman said the Department of Human Services has implemented a Medicaid waiver for children ages birth through four years who have autism spectrum disorder or have significant delays in the areas affected by autism spectrum disorder. She said parents have expressed frustration regarding the implementation of the waiver, including lack of behavior specialists and length of time to be approved for the waiver.

Mr. Eric Monson, Chief Executive Officer, Anne Carlsen Center, Jamestown, provided comments (Appendix N) regarding the diagnosis and early treatment of, care for, and education of individuals with autism spectrum disorder. He said the Anne Carlsen Center has begun and will expand autism spectrum disorder services in communities throughout the state. He said the services will provide an array of activities and program options for individuals and their families, including diagnostics, comprehensive evaluations, program planning and development, intervention services, referral and family support services, and education and training.

Ms. Vicki Peterson, Bismarck, provided comments (Appendix O) regarding the committee's study of the autism spectrum disorder. She said children with special needs and disabilities can start accessing education services at the age of 3 if they qualify for special education and can be placed in an early childhood special education program. She said children must qualify in one of the 14 categories of special education. She said autism is one of the categories; however, many children with an autism spectrum disorder do not meet the criteria as they do not have an intellectual disability. She said schools should consider increasing the use of assistive technology and the use of aides and paraprofessionals to help children with special needs and disabilities.

Ms. Peterson distributed additional testimony (Appendix P) from two other families regarding the committee's study of the autism spectrum disorder.

Ms. Kathleen Bennett, early childhood special education teacher, Mandan, provided comments regarding the committee's study of the autism spectrum disorder. She said there are different treatment options for children with autism spectrum disorder in different areas of the state. She said treatment options in rural areas are almost nonexistent.

Ms. Jacquelynn Rohrich, parent, Bismarck, provided comments (Appendix Q) regarding the committee's study of the autism spectrum disorder.

She said her family experienced challenges with the Department of Human Services' Medicaid waiver for children with autism spectrum disorder, including length of time to be approved for the waiver and lack of quality services provided by the waiver.

In response to a question from Representative Wieland, Ms. JoAnne Hoesel, Director, Division of Mental Health and Substance Abuse Services, Department of Human Services, said the Autism Spectrum Disorder Task Force completed an initial state plan in 2010. She said the task force could provide information regarding the status of the state autism spectrum disorder plan at a future committee meeting.

COMMITTEE DISCUSSION AND STAFF DIRECTIVES

Representative Hogan suggested the Department of Human Services provide the committee with information regarding the department's adult foster care program, including clarifications regarding the services and payment levels discussed by the individuals who presented information earlier in the day. Chairman Wieland said the presentation will be requested for the committee's next meeting.

Senator Mathern suggested the Department of Human Services provide the committee with information regarding estimates for providing QSPs a $1 per hour salary and benefit increase and reimbursement for mileage for the 2013-15 biennium. Chairman Wieland said the presentation will be requested for the committee's next meeting.

Representative Pollert suggested the committee receive information regarding kindergarten through grade 12 schools special education funding, including information on the funding source for providing services to individuals with autism spectrum disorder. Chairman Wieland said the presentation will be requested for the committee's next meeting.

It was moved by Senator Mathern, seconded by Senator Dever, and carried on a voice vote that the Human Services Committee meeting be adjourned subject to the call of the chair.

The meeting adjourned subject to the call of the chair at 3:26 p.m.

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Roxanne Woeste
Assistant Legislative Budget Analyst and Auditor

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Allen H. Knudson
Legislative Budget Analyst and Auditor

ATTACH:17