

2023 HOUSE HUMAN SERVICES

HB 1396

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1396
1/31/2023

Relating to presumptive eligibility for medical assistance applicants.

Chairman Weisz called the meeting to order at 9:02 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, and Gretchen Dobervich. Rep. Davis not present.

Discussion Topics:

- Accuracy and promptness of providing medical care.
- Asset limitations
- Possible amendments
- Fiscal note

Representative Dobervich introduced HB 1396 with supportive testimony. (#18109)

Shelly Peterson, North Dakota Long Term Care Association, offered verbal testimony in support of bill.

Tim Kennedy, Administrator of Parkside Lutheran Home, from Lisbon, North Dakota, offered testimony in support of bill. (#18118)

LeAnn Theil, with the Department of Health and Human Services, verbally answered questions from the committee regarding HB 1396, Neutral testimony.

Chris Jones, Commissioner of the Department of Health and Human Services, verbally offered neutral information regarding HB 1396, answered questions from the committee.

Chairman Weisz adjourned the meeting at 9:36 AM.

Phillip Jacobs, Committee Clerk By: Leah Kuball

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1396
2/6/2023

Relating to presumptive eligibility for medical assistance applicants.

Chairman Weisz called the meeting to order at 9:04 AM.

Present: Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, and Gretchen Dobervich. Absent: Rep. Davis

Discussion Topics:

- Committee work
- Amendment (23.0367.01002)

Representative Prichard moved a DO NOT PASS on HB 1396.

Seconded by Representative Holle.

Representative Prichard withdrew the motion.

Representative Dobervich proposed amendment (23.0367.01002) to HB 1396 and moved the amendment.

Seconded by Representative Frelich.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	N
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries:13-1-0

Representative Prichard moved a DO NOT PASS as amended on HB 1396

Seconded by Representative Holle.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Clayton Fegley	N
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries: 11-3-0

Bill Carrier: Representative Prichard

Chairman Weisz adjourned the meeting at 9:37 AM

Phillip Jacobs, Committee Clerk By: Leah Kuball

2-6-23

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1396

Page 1, line 1, remove ", 50-24.1-17,"

Page 2, line 9, remove ", parent or caretaker relative of a child, or"

Page 2, line 10, replace "former foster youth" with "under nineteen years of age"

Page 2, remove lines 11 through 20

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1396: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (11 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1396 was placed on the Sixth order on the calendar.

Page 1, line 1, remove ", 50-24.1-17,"

Page 2, line 9, remove ". parent or caretaker relative of a child, or"

Page 2, line 10, replace "former foster youth" with "under nineteen years of age"

Page 2, remove lines 11 through 20

Renumber accordingly

TESTIMONY

HB 1396

House Bill 1396
House Human Services Committee
January 31, 2023 9:00am CST
Testimony of Rep. Gretchen Dobervich

Good Morning Mr. Chairman and Members of the House Human Services Committee. For the record my name is Representative Gretchen Dobervich, I work for the people of District 11 in south central Fargo.

House Bill 1396 seeks to provide Medicaid Presumptive Eligibility for North Dakotans seeking health care whose income and resources are not enough to cover the costs of necessary medical care and services. Presumptive Eligibility provides patients with immediate access to health care with guaranteed payment to providers.

Presumptive Eligibility was established by the federal government in the 1980's to guarantee early access to prenatal care for low-income women while they were in the process of obtaining Medicaid coverage. Since 2014 hospitals in the US have had the ability to make presumptive eligibility determinations for all people eligible for Medicaid based on modified adjusted gross income. Currently 31 states offer Medicaid Presumptive Eligibility to priority populations including children and pregnant women, eight of those states offer it to all eligible citizens. Those states are Idaho, Indiana, Iowa, Montana, New Hampshire, New Jersey, Ohio, and West Virginia.

To establish if a patient qualifies for Presumptive Eligibility when a patient presents at the health care provider they complete a Medicaid Presumptive Eligibility application with the assistance of a staff person of the provider who is trained in conducting Presumptive Eligibility determinations and the Medicaid application process. A sample application is provided in my online testimony. The medical provider is responsible for the cost of having a trained staff member, training costs, and any other costs associated with application and determination of Presumptive Eligibility.

If the patient meets the Presumptive Eligibility criteria they are provided a written notice of eligibility that must include the date the eligibility begins and ends and a summary of the Medicaid benefits they are eligible for. This is typically the same date as the Presumptive Eligibility application is made. The medical provider staff then connects the patient to a Medicaid eligibility employee at the Human Service Zone the patient lives in to complete a full application for Medicaid.

If Presumptive Eligibility is denied the medical provider must provide written reason for the denial and provide the patient with information regarding how and where to apply for full Medicaid the same day the Presumptive Eligibility application is made and denied.

If the patient qualifies for Presumptive Eligibility and submits a full application for Medicaid and is approved, Presumptive Eligibility ends the day the State determines Medicaid approval and Medicaid becomes the primary payor source for the patient's care. If the patient does not apply for Medicaid prior to the end of the Presumptive Eligibility period their coverage for care ends the day the Presumptive Eligibility period ends.

To qualify for Presumptive Eligibility the patient must be a resident of North Dakota and the United States and meet the requirements for ND Medicaid or Expanded Medicaid services.

These requirements include:

- Individuals with income within limits
 - \$3,000 in countable assets for individuals
 - \$6,000 for couples and \$25 for each additional person in the household
- Children in foster care or subsidized adoption
- Former foster care children up to age 26, under certain circumstances
- Children with disabilities (birth to 19)
- Pregnant women
- Individuals with breast or cervical cancer
- Workers with disabilities
 - An additional \$10,000 in countable assets is allowed
- Blind and disabled individuals
- Low-income Medicare beneficiaries (Medicare Savings Programs)
 - Asset limit of \$8,400 for an individual
 - Asset limit of \$12,600 for a two-person household

Eligibility under Medicaid Expansion is based on Modified Adjusted Gross Income. The following chart shows North Dakota's most recent eligibility income levels from April 2022.

Family Size	Full Coverage for Entire Family	Medically Needy - Aged, blind, disabled and families who may be responsible for a portion of their medical bills	Children Ages 6-19 and Medicaid Expansion	Children Ages 0-6	Pregnant Women
1	\$517	\$940	\$1,563	\$1,722	\$1,835
2	\$694	\$1,267	\$2,106	\$2,320	\$2,472
3	\$871	\$1,593	\$2,649	\$2,918	\$3,110
4	\$1,048	\$1,920	\$3,192	\$3,515	\$3,747
5	\$1,226	\$2,246	\$3,735	\$4,113	\$4,384

Once Presumptive Eligibility is determined, the medical provider must submit the Presumptive Eligibility Determination form to the patient's Human Services Zone where it will be logged and processed within the first five days of the next month. The patient receives a temporary Medicaid card and must provide proof of coverage with the medical provider by showing them the Medicaid card.

Presumptive Eligibility ends on the last day of the month following the month the Presumptive Eligibility application was signed, unless the patient has made an application for Medicaid. In this instance the Presumptive Eligibility is in effect until a determination has been made on the Medicaid application. In most states who offer Presumptive Eligibility it lasts for no more than two months without a Medicaid application being made.

Under Presumptive Eligibility any provider who accepts Medicaid can bill for care to a patient with approved Presumptive Eligibility. This includes, but is not limited to, clinics, nursing homes, basic care, home care, etc.

There are no special codes or modifiers needed when billing for services during a period of Presumptive Eligibility. Providers bill as they do for all Medicaid eligible patients and Medicaid pays as they do for all Medicaid eligible claims.

Benefits of Medicaid Presumptive Eligibility are:

1. Patients receive care sooner
2. Eligible patients are more likely to apply for Medicaid
3. Providers are paid for services

Issues to address related to Medicaid Presumptive eligibility in administrative rules:

1. Accuracy of patient's income information, if a patient intentionally provides inaccurate information regarding income they can be forced to pay back the costs of care, can be charged with fraud which is a class A felony that can result in up to a \$20,000 fine and 20 years in prison, and be disqualified from ever receiving Medicaid again
2. Eligibility can be denied and patients can be charged for care or providers left with unpaid claims, payment plans through medical providers can address this issue
3. Patient doesn't complete Medicaid application and care then must be privately paid for or ended, onsite assistance with completion of online Medicaid applications can address this issue

Presumptive Eligibility does not add people to North Dakota Medicaid who are not already eligible. Medicaid Presumptive Eligibility is a tool North Dakota can use to reduce barriers to receiving health care, reduce costs of care by patients being seen before there is a catastrophic health event associated with untreated chronic disease, and improve the overall health of North Dakotans.

Included in my testimony I have uploaded amendments to HB 1396 which direct the ND Department of Health and Human Services to adopt administrative rules and to provide Medicaid Presumptive Eligibility to all eligible North Dakotans.

That concludes my testimony and I stand for any questions.



You can use this form to apply if you are a patient of the hospital, a patient's family member, or a community member.

Application for Presumptive Eligibility for Medicaid

Use this form to find out quickly if you qualify for presumptive eligibility for Medicaid [State information: State Medicaid program name]. Presumptive eligibility offers you and your family immediate access to health care while you apply for regular Medicaid or other health coverage.

To find out if you qualify for regular Medicaid or other health coverage, you must complete [State information: State single streamlined application]. While you wait to learn if you qualify for regular Medicaid or other health coverage, you can get your health services through presumptive eligibility for Medicaid.

[State information: State instructions for how to apply for regular Medicaid and other health coverage, e.g., online or via telephone or paper application.]

Who can qualify for presumptive eligibility for Medicaid?

You can qualify for presumptive eligibility for Medicaid if you meet all of these rules:

- Your income is below the monthly limit
- You are a U.S. citizen, U.S. national, or eligible immigrant
- You do not already have Medicaid
- You have not had presumptive eligibility for Medicaid in the [State policy: Applicable timeframe]. Or, if you are pregnant, you have not had presumptive eligibility for Medicaid during this pregnancy.
- You are in one of the groups that qualifies for presumptive eligibility for Medicaid:
 - Children under [State policy: Applicable age]
 - Parents and caretaker relatives
 - Pregnant women
 - [State policy: Other adults age 19-64]
 - People under age 26 who were in foster care at age 18 (no income limit)
 - [State policy: Women in treatment for breast and cervical cancer]
 - [State policy: Women who need family planning services]
 - [State policy: Any other populations]

Need help with your application?

[State information: For example: "Ask your hospital representative or call us at 1-800-XXX-XXXX. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX. If you need help in a language other than English, call 1-800-XXX-XXXX and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-XXX-XXXX." .]

1

Tell us about yourself

We ask for this information so that we can contact you about this application.

Name *(first, middle, last)*

Home address *(leave blank if you don't have one)*

City

State

ZIP code

Mailing address *(if different from home address)*

Phone number *(if you have one)*

Email address *(if you have one)*

2

Tell us about your family

List yourself and the members of your immediate family who live with you. Include your spouse and your children under [State policy: Applicable age] if they live with you. Do not list other relatives or friends even if they live with you.

Name <i>(first, middle, last)</i>	Date of birth <i>(XX/XX/XXXX)</i>	Relationship to you	Applying for presumptive eligibility for Medicaid? <i>(Yes or No)</i>	Already has Medicaid? <i>(Yes or No)</i>	[State policy: U.S. Citizen, U.S. National, or eligible immigrant?] <i>(Yes or No)</i>	[State policy: Resident of State?] <i>(Yes or No)</i>
Answer for family members who are applying. If a person is not applying, you do not have to answer these questions for that person.						
(Same as above)		(Self)				



Questions? Ask your hospital representative or call us at **1-800-XXX-XXXX**. The call is free. (TTY: 1-888-XXX-XXXX). You can call [days and hours of operation]. Or visit [web address].

3

Other questions

Answer these questions for yourself and your family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify.

Is anyone pregnant, [State policy: even if she is **not applying for presumptive eligibility for Medicaid**]? Yes No

If yes, who? How many babies does she expect?.....

[State policy: Is anyone who is **applying for presumptive eligibility for Medicaid** receiving Medicare?] Yes No

If yes, who?

Is anyone who is **applying for presumptive eligibility for Medicaid** a parent or caretaker relative? Yes No

For example, a grandparent who is the main person taking care of a child.

If yes, who?

Was anyone who is **applying for presumptive eligibility for Medicaid** in foster care at age 18 [State policy: Or applicable older age]? Yes No

If yes, who?

[State policy: Is anyone who is applying for **presumptive eligibility for Medicaid** being treated for breast or cervical cancer?] Yes No

If yes, who?

4

Tell us about your family's income

Write the total income before taxes are taken out for all family members listed in Section 2.

▼ Job income *For example, wages, salaries, and self-employment income.*

Amount \$..... How often? (check one) Weekly Biweekly Monthly Yearly

▼ Other income *For example, unemployment checks, alimony, or disability payments from the Social Security Administration ("SSDI"). Do **not** include Supplemental Security Income ("SSI payments") or any child support you receive.*

Amount \$..... How often? (check one) Weekly Biweekly Monthly Yearly

5

Sign this form here

By signing, you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

Your signature:

Date:



Questions? Ask your hospital representative or call us at **1-800-XXX-XXXX**. The call is free. (TTY: 1-888-XXX-XXXX). You can call [days and hours of operation]. Or visit **[web address]**.

6**If you qualify for presumptive eligibility for Medicaid, what happens next?**

- You will get a notice from the hospital saying you were approved.
- **You can start using your presumptive eligibility for Medicaid coverage right away** for Medicaid covered services such as doctor visits, hospital care, and some prescription drugs. You can go to any health care provider who accepts Medicaid, starting the day you are approved.
 - To start using your presumptive eligibility for Medicaid, [State information: State-specific directions. For example, “The hospital will give you a notice saying you are approved. Use the notice to get services until you get a card in the mail. The card should arrive within X days.”] If you lose the notice, you can call [State information: Relevant instructions].
 - If the notice says you qualify for presumptive eligibility for Medicaid because you are pregnant, you can get care at outpatient clinics or other places in the community. Presumptive eligibility for Medicaid will not cover the cost if you are admitted to a hospital.
 - If the notice says you qualify for presumptive eligibility for Medicaid for family planning services, you are only covered for those services.
- If you do not fill out and send the [State information: State single streamlined application] to see if you qualify for regular Medicaid or other health coverage, your presumptive eligibility for Medicaid coverage will end on the last day of the month after the month you are approved.
 - ➔ For example, if you qualified for presumptive eligibility for Medicaid in January, it will end on the last day of February.
- **To see if you qualify for regular Medicaid or other health coverage**, [State information: State instructions for how to apply for regular Medicaid and other health coverage, e.g., online or via telephone or paper application.]. The hospital will provide you with an application.

7**If you do not qualify for presumptive eligibility for Medicaid, what happens next?**

You will get a notice from the hospital saying you were not approved. You cannot appeal the hospital's decision. BUT, you can still apply for regular Medicaid or other health coverage using the [State information: State single streamlined application].



HOUSE BILL NO. 1396

Introduced by

Representatives Dobervich, Dakane, Davis, Finley-DeVille, Ista

Senator Hogan

1 A BILL for an Act to amend and reenact sections 50-24.1-02; and 50-24.1-17, and subsection 3
2 of section 50-24.1-37, and sections 50-24.1-41 and 50-29-04 of the North Dakota Century
3 Code, relating to presumptive eligibility for medical assistance and children's health insurance
4 program applicants.

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 **SECTION 1. AMENDMENT.** Section 50-24.1-02 of the North Dakota Century Code is
7 amended and reenacted as follows:

8 **50-24.1-02. Eligibility.**

- 9 1. Within the limits of legislative appropriations, medical assistance may be paid for ~~any~~
10 ~~person~~ an individual who either has income and resources insufficient to meet the
11 costs of necessary medical care and services or is eligible for or receiving financial
12 assistance under chapter 50-09 or title XVI of the Social Security Act, as amended,
13 and:
- 14 ~~1.~~ a. Has not at any time before or after making application for medical assistance
15 made an assignment or transfer of property for the purpose of rendering that
16 ~~person~~ individual eligible for assistance under this chapter. For the purposes of
17 making any determination or redetermination of eligibility, the phrase "assignment
18 or transfer" includes actions or failures to act which effect a renunciation or
19 disclaimer of any interest which the applicant or recipient might otherwise assert
20 or have asserted, or which serve to reduce the amounts which an applicant or
21 recipient might otherwise claim from a decedent's estate, a trust or similar device,
22 or a person obligated by law to furnish support to the applicant or recipient.
- 23 ~~2.~~ b. Has applied or agrees to apply all proceeds received or receivable by that
24 ~~person~~ individual or that ~~person's~~ individual's eligible spouse from third-party

1 medical coverage, including health care coverage, accident insurance, and
2 automobile insurance, to the costs of medical care for that ~~person~~individual and
3 that ~~person's~~individual's eligible spouse and children. The department may
4 require from any applicant or recipient of medical assistance the assignment of
5 any rights accruing under third-party medical coverage. Any rights or amounts so
6 assigned must be applied against the cost of medical care paid on behalf of the
7 recipient under this chapter. The assignment is not effective as to any carrier
8 before the receipt of notice of assignment by such carrier.

9 ~~3.~~ c. Is eligible under rules and regulations established by the department.

10 2. The department shall adopt rules establishing a presumptive eligibility process for an
11 individual applying for benefits as a child, parent or caretaker relative of a child, or
12 former foster youth.

13 **SECTION 2. AMENDMENT.** Section 50-24.1-17 of the North Dakota Century Code is
14 amended and reenacted as follows:

15 **50-24.1-17. Medical assistance for breast or cervical cancer.**

16 The department may provide medical assistance for individuals screened and found to have
17 breast or cervical cancer in accordance with the federal Breast and Cervical Cancer Prevention
18 and Treatment Act of 2000 [Pub. L. 106-354; 114 Stat. 1381; 42 U.S.C. 1396a et seq.]. The
19 department shall establish an income eligibility limit that may not exceed two hundred percent of
20 the most recently revised poverty line published by the federal office of management and
21 budget applicable to the household size. The department shall adopt rules establishing a
22 presumptive eligibility process for an applicant under this section.

23 **SECTION 3. AMENDMENT.** Subsection 3 of section 50-24.1-37 of the North Dakota
24 Century Code is amended and reenacted as follows:

25 3. Except for pharmacy services and coverages for individuals ages nineteen and twenty,
26 the department shall implement the expansion by bidding through private carriers or
27 ~~utilizing~~using the health insurance exchange. The department shall adopt rules
28 establishing a presumptive eligibility process for an applicant under this section.

29 **SECTION 4. AMENDMENT.** Section 50-24.1-41 of the North Dakota Century Code is
30 amended and reenacted as follows:

1 **50-24.1-41. Medical assistance benefits - Pregnant women.**

2 The department shall seek the necessary approval from the centers for Medicare and
3 Medicaid services to expand medical assistance coverage for pregnant women with income
4 below one hundred sixty-two percent of the federal poverty level. The department shall adopt
5 rules establishing a presumptive eligibility process for an applicant under this section.

6 **SECTION 5. AMENDMENT.** Section 50-29-04 of the North Dakota Century Code is
7 amended and reenacted as follows:

8 **50-29-04. Plan requirements.**

9 The plan:

- 10 1. Must be consistent with coverage provided to children eligible for medical assistance
11 in the state; and
- 12 2. Must provide:
- 13 a. A modified adjusted gross income eligibility limit of one hundred seventy-five
14 percent of the poverty line; and
- 15 b. Current eligibility may be established from the first day of the month in which the
16 application was received. The department shall adopt a presumptive eligibility
17 process for an applicant. Retroactive eligibility may be established for the three
18 calendar months that immediately preceded the month in which the application
19 was received even if there is no eligibility in the month of application. Eligibility
20 can be established if all factors of eligibility are met during each month.

Good morning, Representative Weisz and Members of the Human Services Committee. My name is Tim Kennedy. I am the administrator of Parkside Lutheran Home in Lisbon ND. Parkside is a 44-bed facility comprised of 38 skilled beds and 6 basic care beds. While serving as the Administrator of the facility has been my occupation for the past 14 years I am here today to testify as a family member. My father-in-law is a life long resident of ND and will be 95 on March 21st.

Last April his wife had a fall and suffered a broken hip and he was no longer able to care for her or vice versa. She moved to live with her daughter. My Father-in-law moved from his apartment that he felt he could no longer afford in Fargo back to a make-shift apartment in a shop owned by my brother-in-law located in Mcleod. This shop is located 3 blocks (clear on the other side of "town") from where my wife and I live.

When my wife's dad and step-mother moved to Fargo most of his property in Mcleod was purchased by my brother-in-law. The property consisted of a trailer house and the property (approximately 2.5 acres) where it located as well as a 3.5-acre parcel that was the location of the Dakota Feeders Sales Barn located on the North side of Mcleod. My brother-in-law, for the past seven years failed to properly record the deeds or transfer titles of said properties. However, he has proof of payments made for the properties and can verify that the utilities have been in his name and paid for by him for the past 7+ years. My brother-in law and his sister(my wife) consulted with an attorney prior to completing the Medicaid eligibility application. The attorney assisted in and reviewed the documentation that proves there was a change of ownership and his opinion was that this should be adequate proof showing the properties were transferred appropriately and should not be a disqualifying transfer for Medicaid eligibility purposes.

The Medicaid application was submitted late last fall (prior to Thanksgiving), 45 days had passed and my wife, his Power of Attorney, reached out to the Fargo Medicaid office to inquire on the status of his application to see if there were any further documents they were in need of. Prior to receiving a call back from the regional long term care eligibility office, she received a call from the Ransom County Case Manager who completed an in-home verification visit the first week

of January to determine my father-in-law's appropriateness for basic care. Through this visit we were able to attain the name of the caseworker that was reviewing my father-in-law's application. A call was made and a message was left with the case worker inquiring if there was anything else needed. Several days later she received a call and she was informed they were requesting some new copies of bank statements that they could not read the entire date of the statements on. Additionally, the case worker stated that she had to send the prior mentioned documents off to be reviewed by the DHS attorney. In the meantime, we have had quite the snow storms this winter. For age 94 my father-in-law is in relatively good physical shape, but sometimes his judgement and thought process isn't. For example, I had to for 3 consecutive days in a row pull the bobcat skid steer loader from the ditch because he felt compelled to try to move snow from a driveway. Unless we take him food on a regular basis he doesn't eat appropriately as his cooking equipment is limited and his cooking skills are suspect at best.

You may be asking yourself why not just admit him to the facility with a pending Medicaid application knowing if eligible the state will pay up to 45 days prior to the application being submitted. This puts me in a very difficult situation with my position at the facility I certainly will not let his admission be viewed as some sort of favoritism, and should the case worker determine it is a disqualifying transfer then I would professionally need to pursue payment from a family member whom there is already a strained relationship.

With presumed eligibility for all citizens of North Dakota this would not be a concern or issue and he would be receiving the appropriate level of care in an appropriate setting.

I ask the committee to support the proposed amendment covering all citizens of North Dakota applying for Medicaid, and give a do pass recommendation of the revised bill 1396.