

OTHER DUTIES OF THE HUMAN SERVICES COMMITTEE - BACKGROUND MEMORANDUM

In addition to the study responsibilities assigned to the Human Services Committee for the 2011-12 interim, the committee has also been assigned to:

- Receive annual reports from the Department of Human Services describing enrollment statistics and costs associated with the children's health insurance program state plan (North Dakota Century Code Section 50-29-02 ([Appendix A](#))).
- Receive annual reports from the Autism Spectrum Disorder Task Force (Section 50-06-32 ([Appendix B](#))).
- Receive a report from the recipient of the technology grant during the 2014-15 school year to implement a certificate program that prepares individuals with autism spectrum disorder for employment in the technology sector regarding program graduates who found employment in the technology sector, their starting salaries, and their total compensation (Section 61 ([Appendix C](#)) of 2013 House Bill No. 1013).
- Receive a report from the Department of Human Services regarding the autism spectrum disorder program pilot project (Section 50-06-32.1 ([Appendix D](#))).
- Receive a report from the Department of Human Services regarding the impact of changing the eligibility requirement for the child care assistance program from 50 percent of the state median income to 85 percent and beginning July 1, 2014, reducing copay requirements for the child care assistance program (Section 8 ([Appendix E](#)) of 2013 House Bill No. 1422).

CHILDREN'S HEALTH INSURANCE PROGRAM

Section 50-29-02 provides the Department of Human Services is to prepare, submit, and implement a children's health insurance program state plan and report annually to the Legislative Management and describe enrollment statistics and costs associated with the plan. The responsibility to receive the report has been assigned to the Human Services Committee.

Healthy Steps--North Dakota's children's health insurance plan--provides premium-free health coverage to uninsured children in qualifying families. It is intended to help meet the health care needs of children from working families that earn too much to qualify for full Medicaid coverage but not enough to afford private insurance. To be eligible for the program, the family's net income may not exceed 160 percent of the federal poverty level.

Legislative Appropriations

The schedule below summarizes legislative appropriations for the Healthy Steps program since the 2003-05 biennium.

	General Fund	Federal Funds	Total
2003-05	\$2,127,162	\$7,359,222	\$9,486,384
2005-07	\$2,895,233	\$9,180,309	\$12,075,542
2007-09	\$4,669,885	\$15,534,861	\$20,204,746
2009-11	\$5,598,799	\$16,033,737	\$21,632,536
2011-13	\$8,517,391	\$19,007,011	\$27,524,402
2013-15	\$11,400,407	\$21,293,663	\$32,694,070

Federal Medical Assistance Percentage and North Dakota's Allocation

The schedule below summarizes the federal medical assistance percentage (FMAP) and North Dakota's allocation of federal funds for the Healthy Steps program.

Federal Fiscal Year Ending	FMAP	North Dakota Allocation
September 30, 2005	77.24%	\$6,384,719
September 30, 2006	76.10%	\$6,346,156
September 30, 2007	75.30%	\$7,737,529
September 30, 2008	74.63%	\$11,017,680 ¹
September 30, 2009	74.21%	\$15,821,554
September 30, 2010	74.11%	\$16,595,628
September 30, 2011	72.25%	\$15,257,665
September 30, 2012	68.78%	\$16,063,553
September 30, 2013 (estimate)	66.59%	\$17,311,376
September 30, 2014 (estimate)	65.00%	\$18,350,056
September 30, 2015 (estimate)	65.00%	\$18,900,560

¹This amount includes one-time additional federal funding of \$3,128,684.

Children Enrolled and Premium Rates

The schedule below summarizes the average annual recipients and premium rates in effect for the majority of the year for the majority of children covered.

State Fiscal Year Ending	Average Annual Recipients	Monthly Average Premium Rates
June 30, 2007	3,821	\$183.45
June 30, 2008	4,006	\$202.32
June 30, 2009	3,470	\$204.03
June 30, 2010	3,368	\$229.15
June 30, 2011	3,718	\$232.82
June 30, 2012	3,872	\$272.69
June 30, 2013	4,046 (estimate)	\$272.67 (estimate)
June 30, 2014	4,303 (estimate)	\$311.79 (estimate)
June 30, 2015	4,436 (estimate)	\$311.79 (estimate)

AUTISM SPECTRUM DISORDER TASK FORCE

Senate Bill No. 2174 (2009), codified as Section 50-06-32, established an Autism Spectrum Disorder Task Force consisting of the State Health Officer, the Executive Director of the Department of Human Services, the Director of Special Education, the Executive Director of the Protection and Advocacy Project, and the following members appointed by the Governor:

- A pediatrician with expertise in the area of autism spectrum disorder;
- A psychologist with expertise in the area of autism spectrum disorder;
- A college of education faculty member with expertise in the area of autism spectrum disorder;
- A licensed teacher with expertise in the area of autism spectrum disorder;
- An occupational therapist;
- A representative of a health insurance company doing business in the state;
- A representative of a licensed residential care facility for individuals with autism spectrum disorder;
- A parent of a child with autism spectrum disorder;
- A family member of an adult with autism spectrum disorder; and
- A member of the Legislative Assembly.

The task force is to examine early intervention services, family support services that would enable an individual with autism spectrum disorder to remain in the least restrictive home-based or community setting, programs transitioning an individual with autism spectrum disorder from a school-based setting to adult day programs and workforce development programs, the cost of providing services, and the nature and extent of federal resources that can be directed to the provision of services for individuals with autism spectrum disorder.

The task force is to develop a state autism spectrum disorder plan and continue to review and periodically update or amend the plan to serve the needs of individuals with autism spectrum disorder. The task force is to provide an annual report to the Governor and the Legislative Council regarding the status of the state autism spectrum disorder plan.

2009-10 Interim

During the 2009-10 interim, the Autism Spectrum Disorder Task Force met several times; reviewed legislation, other states' autism spectrum disorder information, plans, and funding mechanisms; formed five workgroups focused on comprehensive analysis, evidence-based services, training and education, infrastructure, and funding structures; and developed, disseminated, and summarized a statewide autism spectrum disorder needs assessment survey. The results of the survey indicated current autism spectrum disorder services are inadequate, information is scarce, and training is needed for parents and professionals. The survey results also noted North Dakota does not have a funding mechanism that is accessible and seamless.

The task force established an initial state plan (2010) based on the following facts and guiding principles:

- Autism spectrum disorders are disorders with tremendous variability within the population.
- Autism spectrum disorders occur in all geographic, ethnic, racial, and socioeconomic groups.

- Every child in North Dakota with an autism spectrum disorder deserves an accurate and timely diagnosis.
- North Dakota children with an autism spectrum disorder diagnosis deserve appropriate, timely treatment, and appropriate education in the least restrictive environment according to their individual needs.
- People with autism spectrum disorder benefit from an individualized approach based on their unique needs. This can range from minimal or no formal support to intensive coordinated personal care and behavioral supports.
- Families and caregivers of people with autism spectrum disorder deserve and benefit from quality information and supportive services.
- Health, transportation, education, and law enforcement personnel provide services more effectively when appropriately educated about autism spectrum disorder.
- Adults with autism spectrum disorder benefit from employment, inclusive community living options, and supports of their choosing.

The state plan enacted during the 2009-10 interim contains seven categories each with a vision and related recommendation. The following is a summary of the visions and recommendations included in the state plan:

Categories	Visions	Recommendations
Early identification and screening	All children in North Dakota will receive screening for a developmental delay within the first year of life by a qualified health care professional. In the second year of life, all North Dakota children will receive a screening by a qualified health care professional for autism spectrum disorder as recommended by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics.	<ul style="list-style-type: none"> • Promote awareness of CDC screening tools and resources • Training in and the subsequent use of autism screening tools for health care professionals, including Indian Health Service, should be made available to allow all children to be screened for an autism spectrum disorder in the second year of life. • Awareness materials and early identification and screening information on the characteristics of autism spectrum disorders should be made available to ensure timely referrals for young children even before a definitive diagnosis. For those children who are identified with possible autism spectrum disorder, a diagnostic consultation and appropriate evaluation should occur within state and federal timelines by trained professionals. • Ensure children with a suspected autism spectrum disorder wait no longer than two months for a diagnostic consultation by a trained professional and receive a thorough diagnostic assessment within six months. • Increase the use of telemedicine in diagnostic assessments of children in rural areas of North Dakota
Appropriate and effective practices	Evidence-based intervention services will be readily and consistently available for all North Dakotans diagnosed with an autism spectrum disorder regardless of age, culture, socio-economic level, or geographic location. The key to designing an effective program or treatment lies in assessing the person's present level of performance and developing appropriate goals and outcomes with family and individual input and participation. Much more important than the name of the program or treatment utilized is how the environment and program strategies allow implementation of the person's goals. Thus, effective services may vary considerably depending on age, cognitive and language levels, behavioral needs, educational and vocational needs, and family priorities.	<ul style="list-style-type: none"> • Provide a comprehensive and uninterrupted system of services to individuals across the lifespan • Adopt standards for autism spectrum disorder practices in North Dakota that identify appropriate and effective practices for individuals with an autism spectrum disorder • Maximize funding available to local communities for the provision of intensive supports to individuals with autism spectrum disorder • Ensure training programs for service providers and families are developed by professionals knowledgeable in the latest evidence-based interventions and delivery techniques

Categories	Visions	Recommendations
		<ul style="list-style-type: none"> • Ensure trained professionals are available to provide appropriate and effective services to all North Dakotans with an autism spectrum disorder • Autism spectrum disorder waiver expansion for coverage across the lifespan
Quality providers	<p>Qualified personnel sufficient to meet the needs of North Dakotans with autism spectrum disorder will be available throughout the state.</p>	<ul style="list-style-type: none"> • Provide financial incentives for students pursuing an advanced degree or certificate with an emphasis in autism spectrum disorder • Provide incentives for current and future professionals to further their knowledge and expertise in autism spectrum disorder and to provide services to individuals with autism spectrum disorder • Ensure adequate continuing education opportunities and requirements are in place to guarantee that providers maintain current knowledge in autism spectrum disorder • Work with child care licensing administrators to increase child care options in North Dakota for children and youth with autism spectrum disorder • Develop a process to recognize expertise in evidence-based interventions and supports for children and adults with autism spectrum disorder
Funding issues	<p>Funding should be available for early identification and definitive diagnosis of autism spectrum disorders in North Dakota. For every North Dakotan with an autism spectrum disorder diagnosis, adequate funding shall provide access to appropriate early evidence-based intervention and ongoing support. Families, public schools, state and federal programs, and private insurance companies will play a responsible, proactive role in assuring the accomplishment of this goal.</p>	<ul style="list-style-type: none"> • Create specific funding mechanisms across service systems to support providers of high-cost intensive services to individuals with autism spectrum disorder • Expand the number and age range of individuals and scope of services in autism spectrum disorder waivers • Expand health care coverage for individuals with autism spectrum disorder
Information access	<p>All North Dakotans will have ready access to a centralized, comprehensive, dynamic source of information regarding autism spectrum disorders, including appropriate and effective practices, and the availability of state and local resources, including funding options.</p>	<ul style="list-style-type: none"> • Partner with the North Dakota Center for Persons with Disabilities to develop and maintain a comprehensive autism spectrum disorder website, which serves as the first stop for autism spectrum disorder information • Raise awareness and identify importance of maintaining 2-1-1 information line • Identify and explore Internet access options for individuals with autism spectrum disorder • Provide incentives for family support provider agencies to assist families in locating and understanding service and support options • Provide culturally diverse and accessible resources • Pursue a routine autism spectrum disorder state conference representing support networks, state agencies, private providers, health care providers, and family support to present comprehensive information on the state of autism spectrum disorder in North Dakota
Family support	<p>All North Dakota families affected by autism spectrum disorder will have access to supportive services. These services will enable them to effectively care for and nurture each other while maintaining their family continuity. Each family member's needs will be acknowledged and</p>	<ul style="list-style-type: none"> • Create public awareness regarding autism spectrum disorder • Increase training opportunities for community clubs, parks and recreation, and other organizations on autism spectrum disorder

Categories	Visions	Recommendations
	addressed. People will better understand autism spectrum disorder so that families thrive and are accepted by their communities. Individuals with autism spectrum disorder will have a bright future.	<ul style="list-style-type: none"> • Pursue incentives for training for emergency responders on appropriate techniques for crisis intervention with individuals with autism spectrum disorder • Research the benefits and challenges regarding the establishment of an autism spectrum disorder registry to better distribute information to individuals with autism spectrum disorder and to better identify incidence of autism spectrum disorder leading to better resource allocation • Identify the needs and clarify the benefits of increased respite • Increase awareness of impact on families • Increase awareness of increased safety risks for individuals with autism spectrum disorder • Increase training, education, and funding to better support individuals and their families and communities in the areas of recreation, independent living, and employment • Pursue alternative options to support individuals in rural areas through technology connections with support agencies
Accountability	N/A	<ul style="list-style-type: none"> • The task force concluded mechanisms may need to be established to assure ongoing accountability for the implementation of its recommendations.

2011-12 Interim

During the 2011-12 interim, the Autism Spectrum Disorder Task Force met several times; reviewed legislation, other states' autism spectrum disorder information, plans, and funding mechanisms; developed, disseminated, and summarized a statewide autism spectrum disorder needs assessment survey; established an initial state plan; and provided the following prioritized recommendations regarding autism spectrum disorder services to the Human Services Committee:

Rank	Description	Explanation	Estimated Biennial Costs
1	Add a state autism coordinator and assistant	Two new full-time equivalent (FTE) positions responsible for implementing a "one-stop shop" for information and services for individuals with an autism spectrum disorder, developing a state outreach plan, holding regional meetings, holding an annual conference, and developing a protocol for use after screening	\$494,135
2	Provide comprehensive training funds	A statewide training effort, including physician training, regional training, and parent training, led by the state autism coordinator in coordination with key agencies	\$158,032
3	Expand and refocus the autism spectrum disorder Medicaid waiver	Expansion of the department's autism spectrum disorder Medicaid waiver to cover individuals from age 3 through end of life and to provide services, such as evidence-based practices, intervention coordination, in-home support, equipment and supplies, home monitoring, residential supports and services, extended vocational supports, and behavioral consultation	The department's current developmental disabilities traditional waiver is budgeted on each person's services and support costing an average of \$27,239 per year for waiver services.
4-5	Increase behavioral analysts	Increase the number of professionals delivering behavioral analyst services by providing funding support for 16 people (two in each region) to complete the St. Paul online board-certified behavioral analyst program to include the required supervision up to the point of taking the certification	\$198,872

Rank	Description	Explanation	Estimated Biennial Costs
4-5	Establish dedicated diagnostic, evaluation, and service planning teams	Provide funding for evaluation, diagnostic, and service planning teams comprised of a physician, occupational therapist, physical therapist, certified behavioral analyst, and family support member. The teams must interact with regional coalitions, state agencies, and the Autism Spectrum Disorder Task Force and provide timely referral and outcome reports.	Evaluations and screenings currently range from \$1,725 to \$5,045 per child. The estimated cost of screening eight children in each of the eight regions would range from \$110,400 to \$322,880. The estimated cost of screening 16 children in each of the eight regions would range from \$220,800 to \$546,760.
6	Mandate private insurance coverage for autism care and treatment	Eliminate the exclusions for autism care and treatment in health insurance policies	Senate Bill No. 2268 (2011) as introduced provided for this recommendation. The fiscal note submitted for this bill estimated a cost of approximately \$5.8 million for state government for the 2011-13 biennium.
7	Establish an autism spectrum disorder registry	Develop and implement an autism spectrum disorder registry	\$200,646

The Human Services Committee recommended 2013 House Bill No. 1037 to provide for a Legislative Management study of the autism spectrum disorder. The bill provided during the 2013-14 interim the Legislative Management consider studying the current system for the diagnosis, early treatment, care, and education of individuals with autism spectrum disorder. The study must continue the work of the Legislative Management during the 2011-12 interim on the study of the autism spectrum disorder, consider the recommendations of the Autism Spectrum Disorder Task Force, and seek input from stakeholders in the private and public sectors.

The committee recommended 2013 House Bill No. 1038 relating to an autism spectrum disorder registry and educational training and support for teachers and other staff. The bill provided:

- The State Department of Health is to establish and administer an autism spectrum disorder registry. The registry must include a record of all reported cases of autism spectrum disorder in the state and any other information deemed relevant and appropriate by the department in order to complete epidemiologic surveys of the autism spectrum disorder, enable analysis of the autism spectrum disorder, and provide services to individuals with an autism spectrum disorder.
- A \$148,132 general fund appropriation to the State Department of Health for establishing and administering an autism spectrum disorder registry for the 2013-15 biennium. The department is authorized one FTE position for the initiative.
- A \$198,000 general fund appropriation to the Department of Public Instruction for providing training and support to general education classroom teachers and other school staff regarding the most effective methods of educating and providing services and support to individuals with autism spectrum disorder for the 2013-15 biennium.

The committee recommended 2013 House Bill No. 1039 relating to a voucher system for autism spectrum disorder services and support. The bill provided:

- The Department of Human Services develop a voucher system for autism spectrum disorder services and support. The program is to consist of up to 100 individuals up to age 26 and up to 50 individuals aged 26 and older. To be eligible for the program, individuals must have been a resident of the state for a minimum of six months, have income levels that do not exceed 300 percent of the federal poverty level, and have a clinician's diagnosis of autism, Asperger's syndrome, or pervasive developmental disorder not otherwise specified. Eligible services for individuals up to age 26 include assessments, medical care, mental health services, occupational therapy and equipment, speech and language services, assistive technology, case management, transportation, educational supports, respite care, executive and social skills training programs, and development and implementation of behavioral intervention plans. Eligible services for individuals aged 26 and older include assessments, medical care, mental health services, occupational therapy and equipment, educational and employment services, housing, transportation, medical care, and independent living services.

- A \$4.5 million general fund appropriation to the Department of Human Services for administering a voucher system for autism spectrum disorder services and support. The department is to allocate up to \$30,000 per year to each individual enrolled in the voucher program for paying costs of eligible services.

2013 Legislative Action

Autism Spectrum Disorder Voucher Program Pilot Project

Section 2 of 2013 House Bill No. 1038, codified as Section 50-06-32.1, established an autism spectrum disorder voucher program pilot project, beginning July 1, 2014. The voucher program is to assist in funding equipment and general educational needs related to autism spectrum disorder for individuals below 200 percent of the federal poverty level from age 3 to under age 18 who have been diagnosed with autism spectrum disorder. The program may include funding for the following:

- Assistive technology.
- Video modeling videos or equipment.
- Language-generating devices.
- Training and education material for parents.
- Parenting education.
- Sensory equipment.
- Tutors.
- Safety equipment.
- Travel tools.
- Self-care equipment.
- Timers.
- Visual representation systems.
- Respite care.
- Specialized day care.
- Language comprehension equipment.
- Registration and related expenses for workshops and training to improve independent living skills, employment opportunities, and other executive or social skills.

The Department of Human Services is to adopt rules addressing the management of the voucher program pilot project and establish the eligibility requirements and exclusions for the program. The program may not provide a voucher for early intensive behavioral intervention, including the following:

- Applied behavioral analysis.
- Intensive early interventional behavioral therapy.
- Intensive behavioral intervention.
- The Lovaas method.
- The Denver model.
- LEAP (learning experiences - an alternative program for preschoolers and parents).
- TEACCH (treatment and education of autistic and related communication handicapped children).
- Pivotal response training.
- Discrete trial training.

The autism spectrum disorder voucher program pilot project expires on June 30, 2015.

2013-15 Biennium Autism Spectrum Disorder Funding

The Legislative Assembly in 2013 House Bill No. 1038 provided the following appropriations relating to autism spectrum disorder:

- \$235,732 from the general fund and one FTE position to the State Department of Health to establish and administer an autism spectrum disorder database.
- \$132,568 from the general fund and \$132,568 from federal funds and other sources and one FTE position to the Department of Human Services for a state autism coordinator who would be responsible for implementing a resource and service center to provide information and services for individuals with autism spectrum disorder, developing a statewide outreach plan, conducting regional meetings and a conference, and developing a protocol for use after screenings.
- \$80,000 from the general fund and \$80,000 from federal funds and other funding sources to the Department of Human Services to implement a statewide autism spectrum disorder training program. The Department of Human Services is to collaborate with the State Department of Health and the Superintendent of Public Instruction to implement a training program, including training of medical and behavior health providers, education staff, child care providers, and parents.
- \$539,186 from the general fund to the Department of Human Services to issue vouchers as part of the autism spectrum disorder voucher program pilot project for the second year of the 2013-15 biennium. The department is to allocate up to \$12,500 per year to each individual enrolled in the voucher program for paying the costs of eligible services.
- \$449,973 from the general fund and \$446,973 from federal funds and other funding sources to the Department of Human Services to expand the department's autism spectrum disorder Medicaid waiver program to cover 17 additional individuals from birth through age 7. The expansion to the waiver must become effective on or after January 1, 2014, and must include appropriate behavior intervention and treatment services that may include evidence-based and promising practices, case management services, technology and technology-based support, in-home support, equipment and supplies, home monitoring, respite care, residential supports and services, and behavioral consultation.

Autism Spectrum Disorder Technology Grant

Section 61 of 2013 House Bill No. 1013 provided, as an emergency measure, if any money remains in the Department of Public Instruction's grants - state school aid line item after the Superintendent of Public Instruction complies with all statutory payment obligations imposed for the 2011-13 biennium, the Superintendent may transfer \$250,000 to the Department of Career and Technical Education to provide a grant to an institution implementing a certificate program that prepares individuals with autism spectrum disorder for employment in the technology sector.

CHILD CARE ASSISTANCE PROGRAM ELIGIBILITY CHANGES

Section 7 of 2013 House Bill No. 1422 provided the Department of Human Services change the eligibility requirement for the child care assistance program from 50 percent of the state median income to 85 percent of the state median income. The bill provided a contingent appropriation of \$2.5 million from the general fund which may be used if the changes in the eligibility requirement requires more funding than the amounts appropriated to the department in its budget appropriation bill--House Bill No. 1012, as approved by the 63rd Legislative Assembly. If the funding appropriated to the department in its budget appropriation bill and the contingent appropriation are sufficient, the department may reduce copay requirements for the child care assistance program. In addition to the contingent appropriation identified above, the 2013 Legislative Assembly provided \$20.9 million, of which \$252,656 is from the general fund and the remaining amount is from the federal child care block grant, for payments for child care services for eligible recipients. The Legislative Assembly also provided \$897,336 from the temporary assistance for needy families (TANF) block grant for child care transitional assistance for working TANF families for the 2013-15 biennium.

ATTACH:5