

**North Dakota Department of Human Services
Savings Plan - Proposal for Executive Budget
2021 - 2023 Biennium**

| Division | Description | Restructured Description | Total Savings | General Fund Savings | Other Fund Savings | Federal Fund Savings |
|------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|---------------------------|-----------------------------|
| Administration Support | Operational Efficiency Savings | Adjust the mileage reimbursement rate for DHS employees from the federal rate to the state rate | (40,000) | (16,172) | (3,532) | (20,296) |
| Administration Support | Operational Efficiency Savings | Reduce the vendor contract that supports the DHS document migration project. | (176,143) | (150,768) | (1,738) | (23,638) |
| Administration Support | Operational Efficiency Savings | Overall reduction in executive team travel. | (985) | (785) | (14) | (186) |
| Administration Support | Operational Efficiency Savings | Reduce office space | (405,510) | (162,288) | | (243,222) |
| Administration Support | Operational Efficiency Savings | Case Closure | (100,000) | (100,000) | | |
| Administration Support | Operational Efficiency Savings | Case Closure | (528,048) | (528,048) | | |
| Administration Support | Operational Effectiveness | Add new positions to focus on logistics management, communications, effective recruiting and procurement. This will allow DHS to more effectively support program and policy, field services and ultimately allow more efficient and effective services for ND constituents served. | 1,716,602 | 1,226,841 | | 489,761 |
| Aging Services | Programmatic Efficiency Savings | Reduce indirect rate for Alzheimer's contract | (168,000) | (168,000) | | |
| Aging Services | Programmatic Efficiency Savings | Reduce Community of Care Grant program | (660,000) | (660,000) | | |
| Behavioral Health | 1915i Service Access Change | Reduce Parent to Parent - 1915i Realignment | (11,250) | (11,250) | | |
| Behavioral Health | 1915i Service Access Change | Reduce Brain Injury - Resource Facilitation (NDBIN) - 1915i realignment | (279,247) | (279,247) | | |
| Behavioral Health | 1915i Service Access Change | Reduce Brain Injury - Pre-voc program (Skillsmart) - 1915i realignment | (168,750) | (168,750) | | |
| Behavioral Health | 1915i Service Access Change | Reduce Brain Injury - Return to work (Workstart) - 1915i realignment | (174,277) | (174,277) | | |
| Behavioral Health | 1915i Service Access Change | Reduce peer support certification | (13,590) | (13,590) | | |
| Behavioral Health | 1915i Service Access Change | Reduce Peer support pilot | (15,000) | (15,000) | | |
| Behavioral Health | Operational Efficiency Savings | Reduce Administrative Expenses (Travel, professional development, operating) | (71,294) | (71,294) | | |
| Behavioral Health | Programmatic Efficiency Savings | Reduce Voluntary treatment program; treat youth out of or in the home - reduced need | (80,016) | (80,016) | | |
| Behavioral Health | Programmatic Efficiency Savings | Reduce Brain Injury Taskforce | (3,750) | (3,750) | | |
| Behavioral Health | Programmatic Efficiency Savings | Reduce ND CARES | (15,000) | (15,000) | | |
| Children and Family Services | 1915i Service Access Change | Reduce Family Voices Contract - 1915i re-alignment | (100,000) | (99,999) | | (1) |
| Children and Family Services | Programmatic Efficiency Savings | Remove PBS data contract (revert expenditure for quality assessment to QRTP responsibility) | (34,000) | (9,429) | | (24,571) |
| Children and Family Services | Programmatic Efficiency Savings | Reduce NDSU Parent/Family Resource Ctrs and Nurturing Parent Program contract | (238,056) | (238,056) | 0 | (1) |
| Children and Family Services | Programmatic Efficiency Savings | Revise payment approaches for better alignment in rates for new subsidized adoption cases | (2,250,303) | (1,093,984) | | (1,156,319) |
| Children and Family Services | Programmatic Efficiency Savings | Reduce foster care/QRTP placements via Family First Prevention Plan implementation | (14,933,250) | (9,650,695) | 0 | (5,282,555) |
| Child Support | Operational Efficiency Savings | Operating cost savings related to office space | (461,694) | (103,906) | (156,128) | (201,660) |
| Developmental Disabilities | Programmatic Efficiency Savings | Eliminate Section 11 Supported Housing & Employment; utilize other existing services | (373,261) | (373,261) | | |
| Developmental Disabilities | Programmatic Efficiency Savings | Eliminate Recreation Contracts to RRHSF and LISTEN; integrate into other existing services | (150,000) | (150,000) | | |
| Developmental Disabilities | Programmatic Efficiency Savings | Reduce accreditation costs; move expenditure for quality assessment to provider responsibility | (223,891) | (113,503) | | (110,388) |
| Developmental Disabilities | Programmatic Efficiency Savings | Rate adjustments to implement recommendations for ICF/Non-ICF Residential settings | (11,150,000) | (5,240,000) | | (5,910,000) |
| Developmental Disabilities | Programmatic Efficiency Savings | Increase rate of transitions from LSTC to alternate settings (youth and medically fragile adults) (LSTC offset) | 7,879,858 | 3,706,523 | | 4,173,335 |
| Human Service Center | 1915i Service Access Change | Reduce LaGrave contract - 1915i re-alignment | (187,500) | (187,500) | | |
| Human Service Center | 1915i Service Access Change | Reduce Prairie Harvest Mental Health contract - 1915i re-alignment | (1,414,800) | (1,414,800) | | |
| Human Service Center | 1915i Service Access Change | Reduce Cooper House contract - 1915i re-alignment | (283,464) | (283,464) | | |
| Human Service Center | 1915i Service Access Change | Reduce Supportive Employment contract - 1915i re-alignment | (583,226) | (583,226) | 0 | |
| Human Service Center | 1915i Service Access Change | Eliminate Gerridee's Place contract for long-term residential - 1915i re-alignment | (901,008) | (901,008) | | |
| Human Service Center | 1915i Service Access Change | Reduce Supportive Employment contract - 1915i re-alignment | (62,000) | (62,000) | | |
| Human Service Center | Operational Efficiency Savings | Reduce office space | (8,000) | (8,000) | - | (1) |
| Human Service Center | Operational Efficiency Savings | Reduce office space | (20,000) | (20,000) | | |

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| Human Service Center | Operational Efficiency Savings | Operational Savings | (168,417) | (168,417) | | |
| Human Service Center | Operational Efficiency Savings | Reduced office space | (280,000) | (280,000) | | |
| Human Service Center | Program Ended | Reduce Dakota Pioneer contract - 1915i re-alignment | (170,000) | (170,000) | | |
| Human Service Center | Programmatic Efficiency Savings | Alignment of rates paid to private hospitals | (1,293,348) | (1,293,348) | | |
| Human Service Center | Programmatic Efficiency Savings | Replace Adult Case Aid contract with HSC staff and align with team-based care | (125,605) | (125,605) | | |
| Human Service Center | Programmatic Efficiency Savings | Replace Adult Case Aid contract with HSC staff and align with team-based care | (150,000) | (150,000) | - | 1 |
| Human Service Center | Programmatic Efficiency Savings | Replace Adult Case Aid contract with HSC staff and align with team-based care | (367,625) | (367,625) | | |
| Human Service Center | Programmatic Efficiency Savings | Reduce Adult Mental Health Tech contracts - 1915i re-alignment | (400,000) | (400,000) | | |
| Information Technology | Operational Efficiency Savings | Reduce office space | (498,522) | (261,930) | | (236,592) |
| Information Technology | Operational Efficiency Savings | Updated assumption about costs associated with mainframe processing through current biennium | | | | |
| Information Technology | Operational Efficiency Savings | Updated assumption about costs associated with contracted support provided to DHS through NDIT | (7,017,198) | (4,161,227) | (1,349) | (2,854,623) |
| Information Technology | Operational Efficiency Savings | Updated assumption about costs associated with maintenance and operating costs of the SPACES platform | | | | |
| Life Skills Transition Center | Programmatic Efficiency Savings | Youth - speed transitions and diversions for youth to alternate settings (DD offset) | (11,000,000) | (5,114,999) | (1) | (5,885,000) |
| Life Skills Transition Center | Programmatic Efficiency Savings | Adults - speed transitions for medically complex adults (DD offset) | | | | |
| Life Skills Transition Center | Programmatic Efficiency Savings | Reduce expenditure for Assistive Device Customization Program | (306,701) | (142,615) | | (164,086) |
| Life Skills Transition Center | Programmatic Efficiency Savings | Operational Savings | (178,788) | (178,788) | | - |
| Life Skills Transition Center | Programmatic Efficiency Savings | FTE reduction due to census changes and operating efficiencies | (1,362,547) | (697,998) | - | (664,549) |
| Medical Services | Programmatic Efficiency Savings | Eliminate remedial eye program | (5,000) | (5,000) | | |
| Medical Services | Programmatic Efficiency Savings | Technical adjustment; PRTF was over budgeted last biennium | (1,396,399) | (650,565) | | (745,834) |
| Medical Services | Programmatic Efficiency Savings | Reduction in PACE rates and lower-than-expected enrollment | (1,914,733) | (891,831) | | (1,022,902) |
| Medical Services | Programmatic Efficiency Savings | This is not a reduction- disregard | (992,368) | | | (992,368) |
| Medical Services | Programmatic Efficiency Savings | Assumes that hospitals will agree to some type of VBP arrangement. Reduces funds based on current state of hospital rates | (6,250,000) | (1,562,500) | | (4,687,500) |
| Medical Services | Programmatic Efficiency Savings | Transition Medicaid expansion from managed care to fee-for-service arrangement | (146,617,828) | (16,841,705) | | (129,776,123) |
| Medical Services | Programmatic Efficiency Savings | Transition Medicaid expansion from managed care to fee-for-service arrangement | 1,790,904 | 700,846 | | 1,090,058 |
| Medical Services | Programmatic Efficiency Savings | Reduction due to decreased occupancy, including shift of funds from Basic Care to HCBS base budget | (5,015,638) | (5,015,638) | | |
| Medical Services | Programmatic Efficiency Savings | Waiver not utilized; able to address with existing waivers; eliminating duplicative admin burden | (596,112) | (277,552) | | (318,560) |
| Medical Services | Programmatic Efficiency Savings | Eliminate and shift dollars into existing waiver and state plan services for ASD to draw down a match | 425,617 | (528,706) | | 954,323 |
| Medical Services | Programmatic Efficiency Savings | Funds have not been utilized in some time | (92,883) | (62,134) | | (30,749) |
| Medical Services | Programmatic Efficiency Savings | Alignment of all providers under the same rate for Targeted Case Management | (2,363,809) | (1,099,171) | | (1,264,638) |
| Medical Services | Programmatic Efficiency Savings | Eliminate the \$2 PMPM but maintain the requirement that clients have a PCP | (1,652,240) | (769,869) | | (882,371) |
| North Dakota State Hospital | Programmatic Efficiency Savings | Eliminate one hospital unit after western hospital beds added/ Add one psychiatrist to maintain hospital caseloads. | (2,216,080) | (1,870,218) | (304,426) | (41,437) |
| North Dakota State Hospital | Programmatic Efficiency Savings | Eliminate DOCR TASC contract, close treatment unit and reduce FTE | | | | |
| Vocational Rehabilitation | Programmatic Efficiency Savings | Remove grant to Bottineau Ski Park | (200,000) | (109,000) | | (91,000) |
| Vocational Rehabilitation | Programmatic Efficiency Savings | Disregard; this is not savings as it is required state match for federal funds | (1,694,954) | (1,694,954) | | |
| | | | (218,799,124) | (62,408,249) | (467,184) | (155,923,692) |

**NOTE: Dollar amounts in column E reflect original proposal by DHS to OMB; some items may have been subsequently adjusted by OMB in final preparation of the Executive Budget.*