

# North Dakota Public Administrator Support Services (PASS)

## Program Guidelines

### **Individuals/Organizations – Program Eligibility**

An individual or a private organization is eligible for this program if it has been designated by the district court to serve as Public Guardian within any county of the State. The North Dakota Supreme Court, pursuant to House Bill 1041 as enacted by the 63<sup>rd</sup> Legislative Assembly, is to develop and deliver guardianship training for public and private guardians. To remain eligible for this program a Public Guardian must fulfill these training requirements when available.

### **Application and Reimbursement for Guardianship Services**

A Public Guardian eligible to receive funding support from this program may apply for such support for a specific ward by meeting the following criteria:

1. The applicant certifies that it is in compliance with Administrative Rule 59 of the North Dakota Supreme Court.
2. The applicant certifies that it has been designated the public guardian; that the ward is not receiving developmentally disabled services and that the individual has been found to be an incapacitated adult as defined by NDCC 30.1-26-01 and has income at or below 100% of the federal poverty level or is approved for Medicaid funded services.
3. The applicant certifies that it is receiving no other financial reimbursement from other sources for serving as the individual's public guardian after the date of application for program reimbursement.
4. The applicant certifies that it will prepare and submit all court required reports concerning the public guardianship.
5. The applicant completes and certifies to an initial online application for reimbursement which includes the docket number of the court order establishing the guardianship and other relevant information regarding the ward's eligibility for PASS program reimbursement.
6. The applicant certifies that it will update the online application prior to completion of the next monthly report if the ward becomes ineligible for PASS program reimbursement by entering the date of ineligibility and the reason. A ward may be reactivated for PASS program reimbursement if they subsequently become eligible for PASS program reimbursement.
7. The applicant agrees to complete an monthly online report indicating the number of days of service provided to each ward that is eligible for PASS program reimbursement. Data will not be accepted for days of service prior to the date of guardianship establishment and may not include more than five (5) additional days after the death of a ward.

8. The applicant certifies that it will provide the PASS program manager, the state funding agency or their designee access, during regular business hours, to all records necessary to establish eligibility of this ward for program reimbursement and to complete any necessary fiscal audit.
9. The applicant understands that failure to comply with the provisions of this application may result in discontinuation of current and potential future funding. The applicant also certifies all submissions are accurate and made in good faith and that any fraudulently obtained funds or misuse thereof may result in civil and criminal penalties.

### **Payment for Services**

The PASS program manager shall promptly pay each public administrator that has elected to participate in this program for the number of service days meeting the above criteria, within the limits of the funding appropriated by the Legislative Assembly. The reimbursement amount shall be based on the monthly reports entered into the PASS automated data system and will be calculated at the appropriate monthly and daily rates as established annually by the Public Guardianship Advisory Committee and communicated to providers of public guardianship services.

### **Disclaimer**

This program is designed to provide limited funding support for the services provided by guardians serving as public administrators for indigent individuals. The program has no role or responsibility for the monitoring or oversight of guardians which are controlled and governed by state law and court order. Any concerns or complaints regarding a guardianship will be referred to the court establishing that guardianship.

### **Program Management & Oversight**

A joint powers entity has been established by the various county governments to collect the local matching funds for the support of the PASS program. The North Dakota Association of Counties has been designated by the joint powers agreement to serve as its administrator and has also agreed to serve as PASS Program Manager for the development and implementation the necessary administrative processes to distribute both the state and local matching funds.

The North Dakota Association of Counties shall periodically convene a Public Guardianship Advisory Committee to include the State Court Administrator, a representative of the Office of Management and Budget, the Executive Director of the Department of Human Services and a member of Guardianship Association of North Dakota (GAND) to approve the proposed operating procedures, to address emerging issues and to monitor program funding.

North Dakota Public Administrator Support Services (PASS)

Program Reimbursement Rates

Effective November 1, 2019

1. For public guardianship services provided to the first 70 wards in a calendar month by any guardianship entity, the public guardian will be reimbursed:
  - a. \$300.00/month for a full month
  - b. \$10.00/day for a partial month

North Dakota Public Administrator Support Services (PASS)

**AGREEMENT FOR PUBLIC GUARDIANSHIP FUNDING PARTICIPATION**

1. INDIVIDUAL/AGENCY APPLICANT INFORMATION

Public Administrator:

SSN/TIN:

Phone:

Email:

Mailing address:

City:

State:

ZIP Code:

2. METHOD OF PAYMENT

Paper Check:

Electronic Deposit (ACH)  (If ACH – Complete & Sign Authorization Form)

3. INDIVIDUALS NEEDING ACCESS TO PASS ELECTRONIC DATABASE

Name:

Email:

Phone:

Name:

Email:

Phone:

Name:

Email:

Phone:

Name:

Email:

Phone:

4. CERTIFICATIONS

1. The applicant certifies that it is in compliance with Administrative Rule 59 of the North Dakota Supreme Court.
2. The applicant certifies that it will submit for PASS reimbursement only those wards for whom the applicant has been designated the public guardian and for which the individuals are not receiving developmentally disabled services and that the individuals have been found to be an incapacitated adults as defined by NDCC 30.1-26-01 and have incomes at or below 100% of the federal poverty level or are approved for Medicaid funded services.
3. The applicant certifies that for the wards identified for PASS reimbursement, the applicant will receive no other financial reimbursement from other sources for serving as the individual’s public guardian after the date of application for program reimbursement.
4. The applicant certifies that it will prepare and submit all court required reports concerning public guardianships.
5. The applicant completes and certifies to an initial online application for reimbursement which includes the docket number of the court order establishing the guardianship and other relevant information regarding the ward’s eligibility for PASS program reimbursement.
6. The applicant certifies that it will update the online application prior to completion of the next monthly report if the ward becomes ineligible for PASS program reimbursement by entering the date of ineligibility and the reason. A ward may be reactivated for PASS program reimbursement if they subsequently become eligible for PASS program reimbursement.
7. The applicant certifies that it will complete an monthly online report indicating the number of days of service provided to each ward that is eligible for PASS program reimbursement and that data will not be submitted for days of service prior to the date of guardianship establishment, or July 1, 2013 whichever is later, and may not include more than five (5) additional days after the death of a ward.
8. The applicant certifies that it will provide the PASS program manager, the state funding agency or their designee access, during regular business hours, to all records necessary to establish eligibility of this ward for program reimbursement and to complete any necessary fiscal audit.
9. The applicant understands that failure to comply with the provisions of this application may result in discontinuation of current and potential future funding. The applicant also certifies all submissions are accurate and made in good faith and that any fraudulently obtained funds or misuse thereof may result in civil and criminal penalties.

Signature of applicant:

Date:

**ND ASSOCIATION OF COUNTIES  
DIRECT DEPOSIT AUTHORIZATION FORM**

This authorization form gives the ND Association of Counties (NDACo) and your financial institution authority to deposit your remittals to your account. Please complete the form to begin Direct Deposit:

1. Select the type of account (checking or savings) that will be used to deposit your remittals.
2. Complete your entity name and have the form signed by an authorized representative of your organization, financial institution name and location, and account information.
3. Please sign the form.
4. **Please attach a deposit slip** from the account you selected below with this form.

I authorize NDACo and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account. This authority will remain in effect until I have cancelled it in writing.

Without limiting the generality of the foregoing provisions, the Financial Institution and/or NDACo shall be excused from failing to act or delay in acting if such failure or delay is caused by legal constraint, interruption or transmission or communications facilities, equipment or software failure, emergency conditions or other circumstances beyond the Financial Institution and/or NDACo control.

Checking Account       Savings Account

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Transit Routing Number (ABA)

The signed agreement and ACH authorization form should be sent to:

NDACo – PASS Program  
P.O. Box 877  
Bismarck, ND 58502-0877