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STATE OF NORTH DAKOTA

IN THE SUPREME COURT

STATE OF NORTH DAKOTA

Harold Ring, Appellant, v. North Dakota Department of Human Services Appellee.	**Supreme Ct. No. 20200072** **District Ct. No. 38-2019-CV-00030** **ORAL ARGUMENT RESERVED IF GRANTED**

APPEAL FROM THE JANUARY 6, 2020
AMENDED FINDINGS OF FACT, CONCLUSIONS OF LAW
AND ORDER AFFIRMING HEARING OFFICER'S DECISION
RENVILLE COUNTY, NORTH DAKOTA
NORTHEAST JUDICIAL DISTRICT

HONORABLE ANTHONY SWAIN BENSON

BRIEF OF APPELLEE

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STATEMENT OF ISSUE

[¶1] Whether the Department of Human Services properly denied the November 29, 2018 application because the client share (recipient liability) is more than the medical expenses.

STATEMENT OF CASE

[¶2] This is an appeal from the Renville County District court affirming a final Order of the Executive Director of the North Dakota Department of Human Services (DHS) finding that Appellant Harold Ring (Ring) was not eligible for Medicaid. See Appendix (App.) 168-72.

REQUEST FOR ORAL ARGUMENT

[¶3] Appellant has not indicated if he requests an oral argument. Appellee asserts the arguments in this brief are sufficient but reserves the right to appear and rebut Appellant's arguments if the Court grants oral argument.

STATEMENT OF FACTS

[¶4] Harold Ring was a 96 year old man who resided at the Good Samaritan Home in Mohall, North Dakota and had four adult children. App. 157 at ¶ 1. In June of 2019, Harold signed papers to give Good Samaritan access to his bank statements. Id. at 65. Trichelle Smith sat down with Ring to go over his bank accounts together and informed him he was out of money. Id. Ring had a history of giving money to his son Paul Ring (Paul). Id. at 36-38. At one point, he spent $30,000 on "random stuff" for Paul's body shop. Id. at 36. He also gave him free rent on the farm. Id. at 37. When Paul's body shop was being foreclosed approximately 10 years ago, he cashed in approximately $100,000 of life insurance to stop the auction. Id. Ring continued to give money to Paul by signing checks approximately $200.00 at a time. Id. Paul was writing on the check blanks Ring signed. Id. at 38. Eligibility worker Crystal Labatore (Labatore) processed an April 2018 Application for Medicaid for nursing home care that was denied because of disqualifying transfers (DQT) making Ring ineligible for nursing care services from April 1, 2019 through November 29, 2019. Id. at 159, 141-42; Index #17 at 89-90. No proof of adequate compensation was received by the County Office. App. 139. Nothing on the application indicated Ring had been determined to be a vulnerable adult. Id. at 97-98. Labatore's director talked to the adult protection worker and was told there was a report filed, but no abuse at that time. Id. Labatore never heard from Adult Protection Services and didn't receive any documents or reasons to question her determination. Id. at 99. There was no timely appeal for that denial. Id. at 138-39. Ring applied on November 9, 2019 for healthcare coverage, and the application was denied because his liability does not exceed his needs. Id. at 93. Since the prior application was not timely appealed, this was treated like a new application as the DQT had already been established. Id. at 89-90. An incorrect denial was sent on January 2, 2019 but was corrected on January 24, 2019. Id. at 151-53, 159. The second application was timely appealed.

STATEMENT OF PROCEEDINGS

[¶5] An administrative hearing was held in a conference room at the Good Samaritan Society located in Mohall, North Dakota on March 21, 2019. App. 9. At the conclusion of the hearing, the Administrative Law Judge (ALJ) submitted recommended findings and a recommended order to the Executive Director of the

Department in which the ALJ recommended affirming the Department's decision. Id. at 155-61. The Executive Director accepted the ALJ's findings and Ring appealed to the District Court of Renville County. Id. at 5-6. Ring died on November 16, 2019 before the District Court affirmed the ALJ's findings on January 6, 2020. Id. at. 168-72. This appeal followed.

STANDARD OF REVIEW

[¶6] The Administrative Agencies Practice Act, N.D.C.C. ch. 28-32, governs the review of a decision of an agency. The Court must affirm an administrative agency's order unless one of the following is present:

1. The order is not in accordance with the law.
2. The order is in violation of the constitutional rights of the appellant.
3. The provisions of this chapter have not been complied with in the proceedings before the agency.
4. The rules or procedure of the agency have not afforded the appellant a fair hearing.
5. The findings of fact made by the agency are not supported by a preponderance of the evidence.
6. The conclusions of law and order of the agency are not supported by its findings of fact.
7. The findings of fact made by the agency do not sufficiently address the evidence presented to the agency by the appellant.
8. The conclusions of law and order of the agency do not sufficiently explain the agency's rationale for not adopting any contrary recommendations by a hearing officer or an administrative law judge.

N.D.C.C. § 28-32-46.

[¶7] "In an appeal from a district court's review of an administrative agency's decision, [the Court] review[s] the agency's decision." Haynes v. Dir., Dep't of Transp., 2014 ND 161, ¶ 6, 851 N.W.2d 172. The Court "do[es] not make independent findings of fact or substitute [its] judgment for that of the agency; instead, [it] determine[s] whether a reasoning mind reasonably could have concluded the findings were supported by the weight of the evidence from the entire record." Id. Ring, as the moving party, bears the burden of proof. North Cent. Good Samaritan Ctr. v. N.D. Dep't. of Human Servs., 2000 ND 96, ¶ 23, 611 N.W.2d 141.

LAW AND ARGUMENT

[¶8] A mandatory, all-encompassing health care coverage scheme, often referred to as "universal health care," does not exist anywhere in the United States. As a result, no one has a "right" to health care or nursing home facility coverage in this country. The Medicaid program exists to cover certain expenses for people who meet certain criteria, one of which is financial impoverishment. See generally N.D.C.C. ch. 50-24.1. It is a widely-known and widely-utilized program. "The Medicaid program is intended to be a payor of last resort, and other available resources must be exhausted before [M]edicaid will pay for an individual's care." Roberts v. N.D. Dep't. of Human Servs., 2005 ND 50, ¶ 7, 692 N.W.2d 922 (citing Wahl v. Morton County Soc. Servs., 1998 ND 48, ¶ 18, 574 N.W.2d 859); Reinholdt v. N.D. Dep't of Human Servs., 2009 ND 17, ¶ 12, 760 N.W.2d 101. However, a person cannot divest themselves (or allow themselves to be divested) of their assets in order to meet the financial qualifications. Instead, their assets must be used for certain allowable expenses or categories of expenses, such as mortgages or medications. N.D.C.C. ch. 50-24.1, see also N.D. Admin. Code § 75-02-02.1-33.2(10)(e). If an applicant is determined to have transferred assets for non-permissible purposes during the five-year look back period, a disqualifying transfer (DQT) is established and used to determine a penalty period. See generally N.D. Admin. Code ch. 75-02-02.1. During a penalty period, certain costs are not covered – primarily, and as most relevant to the case at bar, nursing home facility charges will not be paid. Id. This is an unfortunate but necessary check to balance out the requirement to not divest oneself of funds. Without some penalty, the prohibition on disqualifying transfers is meaningless.

[¶9] DHS understands this might put nursing home facilities in a difficult position. Although they can technically discharge a client for non-payment, federal regulations require the discharge notice to state, among other things, the location to which the client is being transferred or discharged. 42 CFR § 483.15(c)(5)(iii). It has been determined that it is in the public interest to prevent the elderly from being kicked to the curb to fend for themselves – they have to go somewhere. As a matter of practicality, this often places facilities in a catch-22: although they are allowed to discharge for non-payment, no other facility is typically going to want to accept a non-paying client. If the facility cannot convince the client's family to either pay or to accept the client at discharge and assume care, the facility must continue to care for the client without being paid. While DHS does empathize with this situation, it is a well-known provision of federal Medicaid regulations. When a facility, such as Good Samaritan, does not properly provide known information and then attempts to require Medicaid to pay for care by trying to undo a long-final decision, the outcome is unfortunate but certain: the DQT and penalty period will still apply.

I. The disqualifying transfer amount was properly established; the denial of the November application was proper.

[¶10] Medicaid eligibility workers are required to determine whether a DQT exists as a part of processing a Medicaid application. Once the DQT has been determined, the only way to lower or reduce that amount is for the funds to be paid back – either directly to the applicant, or by paying for allowable expenses, such as nursing home care. N.D. Admin. Code § 75-02-02.1-33.2(5)(d). Ring stipulated to the DQT at the hearing on March 21, 2019, and indicated that his entire case rested upon rebutting the DQT because he was, allegedly, a vulnerable adult. App. 15, 157. Thus, Ring's entire case dissolved at the very beginning of the hearing: the DQT was established, stipulated to, and neither timely appealed nor rebutted, as part of the April 2018 application. Id. at. 160, Conclusions of Law 1. As a result, and by the terms of the letter issuing the decision, that decision was final thirty days after it was issued and can no longer be rebutted.

[¶11] Ring's claim is barred by the doctrines of collateral estoppel and res judicata. The attempt to raise Ring's alleged vulnerable adult status as a defense to the disqualifying transfer was an issue that could have and should have been litigated in the April 2018 proceedings. It was not. The denial of the April 2018 application was final, and it was not appealed. Id. at. 160, Conclusions of Law 1. Administrative res judicata should therefore apply to that decision. "The doctrine of res judicata gives a valid, existing, and final judgment from a court of competent jurisdiction conclusive effect against the parties and their privies on issues raised or issues that could have been raised and determined in the previous action." Americana Healthcare Ctr. v. N.D. Dep't of Human Servs., 513 N.W.2d 889, 891 (N.D. 1994) "Administrative res judicata is simply judicial res judicata applied to an administrative decision." Id. Administrative res judicata takes in to account "(1) the subject matter decided by the administrative agency, (2) the purpose of the administrative action, and (3) the reasons for the later proceeding." Id. Here, the subject matter decided by DHS, eligibility for Medicaid, is within its exclusive jurisdiction just like in Americana. See N.D.C.C. § 50-24.1-02. DHS is tasked with determining eligibility and administering programs under its supervision. See generally N.D. Admin. Code ch. 75-02-02.1. With regard to the third factor, the adequacy of remedies available to contest the administrative decision is considered. Americana, 513 N.W.2d at 891. Ring did not attempt to appeal the 2018 application and has not provided any reasons why he should be able to raise an issue that should have been litigated in prior proceedings. Therefore, Ring's claims should be barred by administrative res judicata.

[¶12] Ring attempts to convince the court the Department is abusing Ring because "[t]here was no evidence presented by the Department that Harold made this application or failed to appeal the decision." Appellant Brief "App. Br." ¶ 43. That statement is incorrect, but even if it was true, more importantly Ring is attempting to shift the burden of proof to the Department. "It is 'well-settled' the moving party has the burden of proof in administrative hearings. Good Samaritan, 2000 ND 96, ¶ 20, 611 N.W.2d 141. (quoting Morrell v. N.D. Dep't of Transp.,1999

ND 140, ¶ 14, 598 N.W.2d 111 (N.D.1999)). The Department does not have to show Ring failed to appeal because the burden is on Ring. However, the record reflects the Department did show Ring failed to appeal. App. 95, 138-39. Ring has not denied failing to appeal timely nor has he shown evidence of a timely appeal. See generally Id. at 7-111, 111-45. However, Labatore testified under oath at the administrative hearing that the April application was not timely appealed. Id. at 95-96. The Department also presented exhibits including case narratives and denial letters showing that same information. Id. at 138-40, 141-42, 143-44, 145. Therefore, this argument fails.

[¶13] Ring's continuing arguments seem to indicate that he feels a later application can be used to challenge, rebut, and/or undo a prior, final, decision. He offers no law in support of this argument; he merely cites to a portion of case narrative in an attempt to argue the Department's decision was based upon disqualifying transfers. App. Br. ¶ 47 (citing App. 138). Ring argues "[t]he client is found otherwise eligible for Medicaid, however due to the DQT imposed with the April 2018 application, the client is ineligible for Nursing Home coverage." Id. Ring conveniently left out three very important sentences prior to the quotation he presented. "Medicaid State office (Irene Karnopp) reached out to me regarding the denial of the November 29th, 2018 application. Worker had denied the case for failure to provide information. It was denied incorrectly. It should've been denied for Client share is more than Medical expenses." App. 138. The paragraph then goes on to say "The Client is found otherwise eligible for Medicaid. . . ." A correction letter was sent on January 24, 2019. Id. at 138, 143. Therefore, Ring's argument that the decision is based on disqualifying transfers fails. Ring is well aware of the information he failed to bring to the court's attention as the decision letter with the incorrect reason was presented in several exhibits, along with the Findings of Fact. Id. at 138-40, 143-44,145,159. Ring argues that vulnerable adults cannot be held accountable for coercive transfers and it would be impossible for individuals to establish eligibility. App. Br. ¶¶ 40-41. He also argues any vulnerable adult who is being financially exploited will not know until it is too late. App. Br. ¶ 53. However, Ring overlooks the fact that even in a coercive situation, proper evidence must be timely supplied; Ring also overlooks the fact that he knew about many of the checks, even if he didn't know the amounts; reports had been made by the non-vulnerable adults around him to Vulnerable Adult Protective Services (VAPS), who, along with the nursing home, are tasked with his protection. Ring argues, without providing any citation to the law, that this constitutes sufficient grounds to challenge an established, stipulated, DQT whenever the applicant gets around to it, as long as they submit a subsequent application. However, this argument is a red herring in the case at bar, as a number of capable adults around him knew of the circumstances and the April 2018 application.

[¶14] In regard to the propriety of the denial of the November 2018 application, the amended denial letter more clearly states that Ring was denied health care coverage because his recipient liability was more than his medical expenses. App. 143. This is a separate issue from establishment of the DQT/penalty period: this issue is about what constitutes "allowable" expenses versus the applicant's income (if any). Medicaid has two separate programs. Id. at 102. They have a healthcare coverage program, and a program that covers skilled nursing facility. Id. A DQT/penalty period does not preclude overall Medicaid eligibility, it merely limits what expenses are considered "allowable." If an applicant with a penalty period has other, still qualifying, expenses, they may qualify for Medicaid coverage for those expenses. N.D. Admin. Code § 75-02-02.1-38.1(3)(e). These are typically expenses such as fees for doctor's appointments, co-pays, prescription medications or durable medical equipment, or other assorted procedures such as blood draws and x-rays. Id. However, these expenses, plus certain other allowable expenses or stipends, must exceed the applicant's income or "recipient liability." N.D. Admin. Code § 75-02-02.1-38.1(3). As defined in N.D. Admin. Code § 75-02-02.1-41.1, "[r]ecipient liability is the amount of monthly net income remaining after all appropriate deductions, disregards, and Medicaid income levels have been allowed." When an applicant is on a penalty period, nursing home care is not an allowable expense. N.D. Admin. Code § 75-02-02.1-38.1(3)(e)(5). This means that, for an applicant like Ring who has few monthly expenses, Social Security income is often sufficient to cover the allowable expenses plus any other allowable deductions – or, in Medicaid technical terms, the applicant's recipient liability is more than their medical expenses. App. 101-02. In addition to Social Security, Ring was receiving oil money. Id. Ring's client share was calculated at $1,172.00 per month. Id. at 102, 138. If his medical bills were more than $1,172.00, he would have been approved for healthcare coverage through Medicaid. Id. at 102. He does not have medical bills larger than his client share. Id.

[¶15] The DQT was established as part of the April 2018 application. Because that application was not appealed, and the DQT amount was both stipulated to and never timely rebutted, it has been properly established and can no longer be rebutted. The resulting penalty period means that fees for nursing home care are not allowable expenses during the penalty period, which drastically reduces the total of Ring's allowable expenses to a point that his income is sufficient to cover these costs. This means that the November 2018 application was correctly denied for recipient liability exceeding medical expenses.

II. The disqualifying transfer was properly determined because sufficient information to rebut the disqualifying transfer was not provided to the Medicaid eligibility worker as part of either application.

[¶16] Even if the April 2018 application had been timely appealed, or the information in the November 2018 application could be used to appeal or rebut the already-final DQT amount, Ring did not provide adequate information to the Medicaid eligibility worker handling his application, Crystal Labatore (Labatore), to allow her to determine if the DQT amount could be rebutted by the allegations of vulnerable adult status, on either application. It is the burden of the applicant to prove eligibility: the Medicaid eligibility worker/DHS are not in the position of proving ineligibility or affirmatively investigating possibilities which may allow for eligibility. N.D. Admin. Code § 75-02-02.1-02.1. No allegations were made that the April 2018 application contained so much as a reference to Ring's alleged vulnerable adult status. As discussed in the testimony of Trichelle Smith, the nursing home staff were aware of the application and the ongoing circumstances that caused them to file reports with VAPS and even call the police. App. 68-69.

Minimal information about this situation was communicated to Labatore; VAPS investigations are confidential to the extent that the ALJ had to directly order VAPS witness Kaitlyn Lees (Lees) to testify as to certain information. Id. at. 138, 83. At no point was a signed release provided to Labatore so that VAPS information could be disclosed to her, nor did any member of the VAPS team or the nursing home personnel take any other action to make sure that proper disclosure of vulnerable adult status was communicated to Labatore. Labatore did not have an affirmative duty to perform her own investigations in this matter. Thus, the DQT from the April application was correctly established and could not have been rebutted with the information provided in the application.

[¶17] Ring's daughter, Nancy Ring (Nancy), assisted with the November 2018 application and also signed it. App. 115. In regard to the alleged vulnerable adult status issue, this application contains nothing more than a mere note on one page of the application alleging that Ring is a vulnerable adult; nothing further was provided. See Handwritten note at the bottom of App. 119. No information about the exact circumstances or findings was provided to Labatore until Lees provided testimony at the Hearing; even then, written reports were not provided by Ring and, due to the two-day notice of Ring's witness list, they could not reasonably have been requested by DHS. See App. 83. This means that, even to this day, Ring has not provided adequate documentation of reports, conditions, investigations, or other VAPS findings which would allow a Medicaid eligibility worker to make a determination as to vulnerable adult status.

[¶18] Although Ring alleges he did not make the transfers for the purposes of becoming eligible for Medicaid, this allegation conveniently glosses over the actual standard: he must show that "a desire to receive Medicaid benefits played no part in the decision to make the transfer and must rebut any presumption arising under subsection 10." N.D. Admin. Code § 75-02-02.1-33.2(11) (emphasis added). Subsection 10(d) contains a presumption that transfers which were made for less than fair market value, "by or on behalf of the individual or the individual's spouse, if the value of the transferred income or asset, when added to the value of the individual's other countable assets, would exceed the asset limits in section 75-02-02.1-26." N.D. Admin. Code § 75-02-02.1-33.2(10)(d). Ring either signed the checks at issue, or did not report his son, Paul Ring, for theft/check fraud (e.g. he affirmed the checks), despite having involvement with the police as noted above. Without further evidence of fraud or abuse, Labatore correctly decided that the transfers were approved by Ring and, thus disqualifying transfers under the law.

[¶19] Because the parties who had access to the information regarding Ring's alleged status as a vulnerable adult – as well as a duty to protect him as a part of their jobs – did not timely, properly, or fully provide that information to Labatore for consideration, the DQT was not only correctly determined based upon the application, it was not properly rebutted.

III. A Medicaid eligibility worker does not have an affirmative duty to investigate allegations of vulnerable adult status.

[¶20] In general, Ring's arguments allege some sort of deficiency on Labatore's part for not affirmatively investigating whether the so-called questionable transactions were actually theft, fraud, or abuse, and that this lack of investigation somehow entitles Ring to Medicaid coverage of his nursing home facility charges. He offers no law or guidance in support of this contention. As already discussed, it is the burden of the Medicaid applicant to provide proof of eligibility. Ring cannot point to, nor is DHS aware of, any law creating an affirmative duty on the part of Medicaid eligibility workers to investigate circumstances that may create eligibility on the part of an applicant. This means that even if Labatore had been provided sufficient information as part of either application to suspect that Ring was a vulnerable adult, there is no requirement for her to instigate an investigation as to whether certain transfers constitute fraud or abuse, nor to secure releases so that confidential information may be disclosed, nor to otherwise find a way to make an applicant eligible. See, e.g., N.D. Admin. Code §§ 75-02-02.1-02.1 ("[i]t is the responsibility of the applicant or recipient to provide information sufficient to establish . . . eligibility . . . ."), 75-02-02.1-05 ("[a]ny individual who is within a coverage group must also demonstrate that all other eligibility criteria are met."). The Good Samaritan nursing home personnel and the workers at VAPS are better able to obtain releases from applicants/clients so that they may disclose information about (allegedly) vulnerable adults to the worker handling a Medicaid application, than is a Medicaid eligibility worker with no affirmative duty to investigate.

[¶21] Further, Medicaid eligibility workers do not have an affirmative duty to investigate the mental capacity or vulnerability of any or all applicants. In addition to the lack of affirmative duty to investigate allegations in general, a lack of allegations altogether cannot require an investigation by a Medicaid eligibility worker. Such an affirmative duty would require an illegal presumption of incapacity/vulnerability; it would also create circumstances which would result in automatic eligibility for anyone meeting possible vulnerability standards. The presumption would then also simultaneously impose an improper affirmative duty upon Medicaid eligibility workers to conduct an investigation and gather information to disprove the presumption as part of the eligibility process, directly contradicting the law. See N.D. Admin. Code § 75-02-02.1-02.1.

[¶22] Medicaid eligibility workers do not have an affirmative duty to investigate allegations of vulnerable adult status, and Ring has not provided any authority to the contrary. In addition, Ring has not shown that any failure of that non-existent duty would entitle him to overturn a long-final, non-appealed, DQT decision. As a result, the general contentions in his brief fail.

IV. The Department of Human Services does not have an affirmative duty to attempt to influence other agencies or recover funds on behalf of Medicaid applicants.

[¶23] Ring claims the Department has an inherent conflict between its duty to protect vulnerable adults and its duty to establish Medicaid eligibility, and the Department's failure to protect Harold Ring has resulted in a great injustice. App. Br. ¶ 22. Ring also argues "[t]he fact that law enforcement or the attorney general has failed to protect Harold does not bind the Department to an absurd result." App. Br. ¶ 36. Ring alleges the Department has refused to follow other state precedent before, and cites to a case that says nothing to that effect. Id. Reinholdt, the case Ring refers to, held the Department correctly determined the assets were available. Reinholdt, 2009 ND 17, ¶ 24, 760 N.W.2d 101. Ring contends that DHS itself has a duty to represent the interests of applicants/clients in order to recoup allegedly misappropriated funds, and that because DHS is not taking these actions, the financial responsibility for Ring's care should fall upon Medicaid. Ring does not offer any reference to a law, rule, or even a policy allowing such intervention in support of his suggestion. DHS can immediately cite a number of reasons why this suggestion fails, as a matter of law and policy. The suggestion imposes an impermissible affirmative duty upon DHS to investigate even non-existent allegations of capacity/vulnerability for possible prosecution, and to then additionally attempt to enforce recovery rights on behalf of an applicant. This argument fails because, in addition to DHS not having standing to enforce rights on behalf of a Medicaid applicant or client, the process implicates powers and responsibilities that are not allocated to DHS, such as the non-existent ability to unilaterally assign debt to itself, as well as the non-existent responsibility to act as a debt collector on behalf of clients. Ring argues it should not fall on the victim to enforce the laws and prosecute their transgressors. App. Br. ¶ 53. This argument conveniently glosses over the ability of the applicant (with or without help from existent supports) to file a civil claim to attempt to recoup the allegedly misappropriated assets (or their fair market value) – a step which was not taken in the case at bar. These burdens more properly belong upon those whose rights are being violated, e.g., those who have standing to bring suit or file claims, and the already-existent support systems.

[¶24] As Ring offers no support in the law for any proposition that DHS has an affirmative duty to act on behalf of applicants/clients, and as DHS can find no support in the law for such a proposition, this argument must fail.

CONCLUSION

[¶25] The Department requests this Court affirm the Judgment of the Renville County District Court and affirm the Administrative Law Judge's decision that the denial of Ring's application for Medicaid is correct.

Dated this 17th day of June, 2020.

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IN THE SUPREME COURT

STATE OF NORTH DAKOTA

Harold Ring, Appellant, v. North Dakota Department of Human Services, Appellee.	**CERTIFICATE OF COMPLIANCE** **Supreme Ct. No. 20200072** **District Ct. No. 38-2019-CV-00030**

[¶1] The undersigned certifies pursuant to N.D. R. App. P. 32(a)(8)(A), that the Appellee's Brief contains 21 pages.

[¶2] This brief has been prepared in a proportionally spaced typeface using Microsoft Office Word 2016 word processing software in Arial 12 point font.

Dated this 17th day of June, 2020.

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IN THE SUPREME COURT

STATE OF NORTH DAKOTA

Harold Ring, Appellant, v. North Dakota Department of Human Services, Appellee.	**CERTIFICATE OF SERVICE** **Supreme Ct. No. 20200072** **District Ct. No. 38-2019-CV-00030**

[¶1] I hereby certify that on June 17, 2020, the following documents: **BRIEF OF APPELLEE and CERTIFICATE OF COMPLIANCE**. Service is being accomplished upon Harold Ring, by and through his attorney, Richard R. Lemay at rlemay@legalassist.org.

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