

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2068

2007 SENATE HUMAN SERVICES

SB 2068

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2068

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-08-07

Recorder Job Number: 729

Committee Clerk Signature *Mary K Monson*

Minutes:

Senator Judy Lee, Chairman, opened the hearing on SB 2068 relating to establishment of a geropsychiatric unit within a nursing home; and to declare an emergency. All committee members were present.

Senator Lee noted there was a fiscal note but no fiscal impact.

Alex Schweitzer: (Superintendent of the ND State Hospital/Development Center for the Dept. of Human Services) Testified in support of SB 2068. See written testimony. (Attachment #1)

Senator Lee asked for a good specific definition for a geropsychiatric ward.

Alex Schweitzer replied that it means a person who has a major mental illness—they need assistance in dressing, grooming, etc—they need a skilled nursing facility level of care. They also exhibit behavioral problems.

Senator Heckaman asked if there is any specific age span being looked at.

Alex Schweitzer said there is no age requirement. There are some individuals that would be below the age of 65. Those individuals, if not served in this type of facility, often times would be at the State Hospital. That would be an inappropriate placement and more costly.

Senator Warner asked about the reimbursement rates being less expensive in a geropsychiatric center than in the State Hospital.

Alex Schweitzer said the rates would be a little higher than in a normal community nursing home but lower than the State Hospital.

Senator Warner asked about geriatric prisoners who are wheelchair bound in need of nursing home care.

Alex Schweitzer replied that discussions have started on aging sex offenders, aging prisoners. At this point there is no answer but is an area that needs to be addressed. Depending on the needs, an aging sex offender may or may not fit into a program like this.

Senator Warner asked if there are any limitations on transferring someone out of corrections into a noncriminal housing facility.

Mr. Schweitzer said there would be no law limitation if the individual is parole.

Senator Dever wondered if Pride Incorporated of Wilton fit into this conversation.

Mr. Schweitzer answered that it is a basic care facility, a totally different situation.

Senator Warner asked if any other facilities indicated an interest and how he anticipated this facility to be chosen to be the second one.

Mr. Schweitzer said that, at this time, Sheyenne Care Center is the only facility that has expressed an interest. They would add beds if they were the facility chosen to do this.

Senator Warner asked if an expansion of beds would constitute an opening of a second unit.

Barb Fischer (Assistant Director of Budget and Operations for the Dept. of Human Services) answered the question related to expansion. It wouldn't be an expansion. All geropsychiatric units that would be created would be within existing license capacity.

Barb Fischer explained a little about the moratorium for the benefit of the new committee members.

Senator Heckaman asked about the 16 beds Valley City has right now and if they are asking for a separate facility.

Ms. Fischer explained that this bill would allow the department to go out and solicit interest in a unit. At that point in time, Sheyenne Care Center could expand their unit if they had an interest or a second nursing home could come in.

Senator J. Lee said it was her understanding that Sheyenne Care Center, within the numbers already there, could expand and there could still be a second facility elsewhere.

Senator Dever asked about the emergency clause.

Mr. Schweitzer said the reason was so they could get rolling as soon as possible. They have identified a need and could start looking at places for people.

Senator J. Lee stated that there is no fiscal impact.

Craig Christianson (Chief Executive Officer of the Sheyenne Care Center, Valley City)

testified in support of SB 2068 with the understanding that Sheyenne Care Center would be included in the bill as a possible candidate to expand their geropsychiatric services. See attached testimony #2.

Senator J. Lee asked if he was comfortable with the language as Mr. Schweitzer explained that they would be able to expand within 170 beds they already have.

Mr. Christianson responded that he was comfortable after discussion with Alex Schweitzer and Barb.

Senator Heckaman asked if the State Hospital assists them with the criteria or is there a way other facilities are bringing those people in.

Mr. Christianson said they have a very good communication line.

Senator J. Lee asked if they are able to provide the professional services the residents need from existing staff or if they have to hire people with unique backgrounds to accommodate the needs of the group in this particular unit.

Mr. Christianson said they buy services and have consultations. They also do internal training.

Patty Klein (Behavior Consultant, Sheyenne Care Center) See attachment testimony #3.

Senator J. Lee asked if a veteran might be in her facility rather than the Veteran's Home in Lisbon if they are too aggressive to be dealt with there.

Ms. Klein replied yes.

Senator Pomeroy asked about the security.

Ms. Klein said they have locked doors on either side. When residents are at risk of wandering, they place wander guards on them as well.

Maggie Anderson (Dept. of Human Services) offered information about the expansion at Sheyenne Care Center referring back to the question from Senator Dever about Pride Wilton. That revolves around a piece in the federal regulation with an institution for mental disease and a certain bed limit and certain percentage of population. If Sheyenne were to expand number of beds, it would have to be run by CMS to make sure it wasn't violating that regulation. It wouldn't be an automatic if Sheyenne came in for an increase.

Lara Mairs (Nurse Manager, Special Care Unit, Sheyenne Care Center, Valley City) See attached testimony #4 in support of SB 2068.

Barb Fischer (Dept. of Human Services) In 1999 they requested that the first geropsychiatric unit be established. It was set up as a mechanism for providing an incentive for their payment mechanism. Testimony has said there is additional staffing because of the behavior of these individuals. A lot of these individuals don't work into the regular case mix system, so the costs are a little higher for running this unit. We are looking to allow for that exception for the payment which is in the statute. The amendments don't address the payment portion, because there is no change to that.

There was no opposing or neutral testimony.

The hearing on SB 2068 was closed.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2068

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-10-07

Recorder Job Number: 885

Committee Clerk Signature

Mary K Monson

Minutes:

Senator J. Lee opened SB 2068 for discussion.

There was discussion about the number of beds being 16 and allowing for expansion in Valley City. The feds limit to 16. They won't reimburse any facility that is more than 16 beds.

Lines 16, 17, and 18 is where Sheyenne comes in at. There are not 2 in the state right now.

Senator J. Lee asked Maggie Anderson (Dept. of Human Services) to clarify the question about the 16 bed. The federal regulation has specific criteria about 16 beds being fine, 17 not fine. Clarification was specifically about Sheyenne Care Center. The question they haven't asked CMS yet because it hasn't been posed to them is "Can they take that particular unit and expand it beyond 16 beds?" She said they don't know the answer to that question.

Everything from the regulation appears to indicate that anything over 16 beds may be an institution for mental disease unless they are able to capture their whole 170 capacity within that calculation. The geropsychiatric unit sits as a distinctive part unit and then you have the nursing home. They are two different provider agreements, two different licenses. That is the qualifying question they really need to ask CMS. This speaks to a second unit, it doesn't speak to an expansion.

Senator J. Lee said they want to move from 1 to 2 if that isn't unreasonable and they want to make sure Sheyenne Care can be one of the contenders and, if fewer than two, the original one can be considered. The committee wants to be confident that the language doesn't impede the ability of Sheyenne Care to apply for an expansion or an additional facility.

Senator Warner asked Ms. Anderson about the language on line 12. He asked if that would exclude Sheyenne expansion.

Ms. Anderson said it would exclude them from having them from having the second one.

She said they don't know if it prohibits Sheyenne from expanding.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2068

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-16-07

Recorder Job Number: 1185, 1232

Committee Clerk Signature <i>Mary K Monson</i>
--

Minutes:

Senator J. Lee opened SB 2068 for discussion and asked Maggie Anderson (Dept. of Human Services) to report on the federal response to her questions.

Ms. Anderson said the questions posed was whether the current geropsychiatric unit could expand the number of beds that they had in addition to the unit that is being requested in this bill. CMS response was "yes" they can expand that and what will be considered when looking for an institution for mental disease is the entire 170 beds of the Sheyenne Care Center.

They can't go over 50% of total beds.

Some discussion followed concerning Pride of Wilton. The same rule applies.

Job 1232

Senator Warner moved a Do Pass on SB 2068. Seconded by Senator Heckaman.

Roll Call Vote 6-0-0. Passed. Carrier is Senator Warner.

FISCAL NOTE

Requested by Legislative Council
12/27/2006

Bill/Resolution No.: SB 2068

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The bill expands the number of allowed geropsychiatric units within nursing homes from one to two. The bill has no fiscal impact as if a second unit is established it will use the existing nursing home facility bed capacity. The average daily rate budgeted for a geropsych bed is \$198.11 per day.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name:	Debra A. McDermott	Agency:	Dept. of Human Services
Phone Number:	328-3695	Date Prepared:	01/04/2007

Date: 1-16-07
Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2068

Senate HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Sen. Dever Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Warner

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
January 17, 2007 12:37 p.m.

Module No: SR-11-0691
Carrier: Warner
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2068: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS
(6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2068 was placed on the
Eleventh order on the calendar.

2007 HOUSE HUMAN SERVICES

SB 2068

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2068

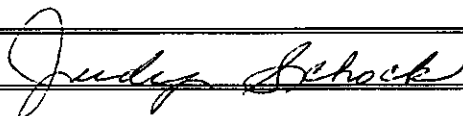
House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: February 6, 2007

Recorder Job Number:

Committee Clerk Signature



Minutes:

Chairman Price: We will open the hearing on SB 2068.

Alex Schweitzer, Superintendent of ND State Hospital/Development Center for the Department of Human Services. See attached testimony.

Representative Potter: Why the emergency clause if we don't need to do this.

Shelly Peterson, ND Long Term Care Association: I just wanted to let the committee know we support SB 2068.

Craig Christianson, Chief Executive Officer of the Sheyenne Care Center of Valley City:
See attached testimony.

Representative Conrad: what is the average length of stay?

Mr. Schweitzer: Longer than 3 years.

Patty Klein, Behavior Consultant for the Sheyenne Care Center: See attached testimony.

We have a psychiatrist that comes in monthly, but we can call him when ever.

Laura Mairs, nurse manager of Special Care Unit: See attached testimony.

Chairman Price: Anyone else to testify for SB 2068? Any one in opposition of SB 2068. If not we will close the hearing on SB 2068

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2068

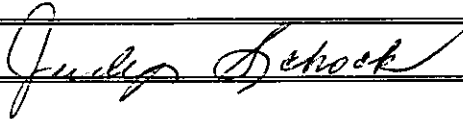
House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: February 7, 2007

Recorder Job Number: no minutes recorded

Committee Clerk Signature



Minutes:

Chairman Price: Take out SB 2068.

Representative Conrad: Questions money not requested.

Maggie Anderson, with Human Services: Talks about the hospital costs.

Representative Schneider: questions the emergency clause.

Chairman Price: Go forward as soon as the request is granted.

Representative Weisz moves a do pass, **Representative Damschen** seconds the motion.

Chairman Price: asks for discussion, hearing none the vote is taken. 12 yeas, 0 nays, and 0 absent. **Representative Potter** will carry the bill to the floor.

Date: 2/7
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES SB 2068 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Rep. Wing Seconded By Rep. Damschen

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman	✓		Kari L Conrad	✓	
Vonnie Pietsch – Vice Chairman	✓		Lee Kaldor	✓	
Chuck Damschen	✓		Louise Potter	✓	
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter	✓				
Gerry Uglem	✓				
Robin Weisz	✓				

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. Potter

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 7, 2007 12:31 p.m.

Module No: HR-26-2373
Carrier: Potter
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2068: Human Services Committee (Rep. Price, Chairman) recommends DO PASS
(12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2068 was placed on the
Fourteenth order on the calendar.

2007 TESTIMONY

SB 2068

Testimony
Senate Bill 2068 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
January 8, 2007

Chairman Lee, members of the Human Services Committee, I am Alex Schweitzer, Superintendent of the North Dakota State Hospital/Developmental Center for the Department of Human Services. I am here to testify in support of Senate Bill number 2068.

This bill provides the Department the authority to establish a second geropsychiatric unit. 1999 Senate Bill number 2012, authorized the Department to establish the first geropsychiatric unit in a nursing facility. That law also allowed for an exception to the case mix limit rates for the facility serving this population.

There is a growing need for this level of service for individuals with physical conditions and severe behavior problems; therefore, the Department is requesting the authority to establish a second geropsychiatric unit within a nursing facility, when we have determined that access to nursing facility services is becoming difficult for this population. The individuals to be served would primarily come from an inpatient stay at the State Hospital, once they have been stabilized and a determination has been made that the individual would be most appropriately served at a nursing facility level of care. Also, a few individuals may come from community nursing facilities that cannot manage their behaviors in that setting.

This bill does not conflict with the current nursing facility bed moratorium, as it would require the establishment of the unit, using existing licensed bed capacity.

The Department determined this bill would have no fiscal impact, as we would only initiate a second geropsychiatric unit if a need is identified, and if the funds were available within the 2007-2009 Appropriation.

The bill allows the Department to select a geropsychiatric unit based on the experience, qualification and capacity of the home that proposes to provide it.

This bill does not preclude any nursing facility from providing services to individuals who may have a severe behavior challenge within the existing case mix system.

The bill does not make change to the current referral process, which requires that services can only be granted after the state hospital has performed an evaluation of the individual.

Barb Fischer and Maggie Anderson with the Medical Services Division or I would be happy to answer any questions that you may have.

Testimony on SB 2068
Senate Human Services Committee
January 8, 2007

Same given to House

Chairman Lee and members of the Senate Human Services Committee, thank you for the opportunity to testify on SB 2068 regarding the expansion of the geropsychiatric services. My name is Craig Christianson, I'm Chief Executive Officer of the Sheyenne Care Center in Valley City which implemented the first geropsychiatric unit in the State of North Dakota. I am here in support of SB 2068 with the understanding that Sheyenne Care Center would be included in the bill as a possible candidate to expand our geropsychiatric service.

Sheyenne Care Center – Geropsychiatric Unit:

Sheyenne Care Center is a 170 bed long-term care facility located in Valley City. Our skilled nursing facility has provided the highest level of social, medical, rehabilitation and nursing services for over 67 years.

Since July of 1999 Sheyenne Care Center in cooperation with the State Hospital has coordinated a strong well developed 16 bed unit that has provided services to 65 residents with a mental disorder or aggressive behavior towards others. The occupancy of our geropsychiatric unit in 2006 was 98.3% and is consistently full with limited beds available to others in the State. I do see a need to expand this service.

Our main objective in the development of the geropsychiatric unit is to provide high quality, less restrictive service to residents with multiple diagnoses which often include mental illness, physical disabilities and aggression and provide this service at a lower cost to citizens of North Dakota in conjunction with the North Dakota State Hospital.

The age of the residents we have served range from the youngest age of 38 to the oldest being 92 with an average age of 67. This represented 41 males and 24 females over the years we have been providing this service.

of residents under the age of 65 = 27 or 42%

of residents over the age of 65 = 38 or 58%

Through a strong relationship with the North Dakota State Hospital we have structured a screening process whereby the State Hospital reviews and advises Sheyenne Care Center in all admission to our geropsychiatric unit. These processes assist us in making sure appropriate placement to our unit is achieved.

87% of the admissions to our geropsychiatric unit over the past six and a half years of operating came directly from the State Hospital. Through conferencing with the State Hospital the remaining 13% of our admissions came from other nursing facilities throughout the State. We continually receive phone calls from nursing facilities inquiring about bed availability.

The payment source of the residents in our geropsychiatric unit over the six and a half years is mainly Medicaid.

44 resident or 68% were Medicaid
15 resident or 23% were Medicare
5 resident or 8% were Private Pay
1 resident or 1% were VA

We have strived over the years to provide a homelike setting for all of our residents at Sheyenne Care Center. This is the same philosophy we have implemented into the geropsychiatric unit. We have provided a safe, comfortable, and dignified environment for each resident, focusing on their special needs.

Ultimately, our preferred outcome is to enable our residents to reach a level of behavior that allows transfer to a less restrictive environment; either a home care setting or residency in a skilled nursing facility located in their home town.

The language of SB2068 needs to identify or include Sheyenne Care Center as a candidate for this expansion of service.

I have invited Patty Klein our Behavior Consultant and Lara Mairs Nurse Manager of Sheyenne Care Center geropsychiatric unit to give more insight on how our services operate.

This concludes my testimony and I would be happy to answer any questions that you may have.

Craig Christianson, CEO
Sheyenne Care Center
979 Central Ave N
Valley City, ND 58072
(701) 845-8222

Testimony on SB 2068
Senate Human Services Committee
January 8, 2007

Same given to House

Chairman Lee and members of the Senate Human Services Committee, thank you for the opportunity to testify on SB 2068 regarding the geropsychiatric unit expansion. My name is Patty Klein, I'm the Behavior Consultant for the Sheyenne Care Center, and specifically the geropsychiatric unit. I have worked with the residents of our geropsychiatric unit since roughly 1999. Today, I am going to review the admission and screening process to our geropsychiatric unit, the psychiatric needs of our residents, and how their needs from other skilled nursing facility residents.

Admission/Screening for the Sheyenne Care Center Geropsychiatric Unit:

When a bed is open in our geropsychiatric unit, we contact the North Dakota State Hospital to set up a phone conference to discuss the next available resident for admission. The State Hospital completes a Level of Care screening which ensures that the individual is in need of 24 hour a day skilled nursing care. In the majority of the admissions, a Level II screening is completed. Level II screenings are completed on individuals with mental illness as the primary diagnosis requiring skilled nursing care. Upon screening completion, the resident is admitted to our geropsychiatric unit.

As Mr. Christianson noted, approximately 13 percent of our admissions come directly from skilled nursing facilities within the state. Although these individuals do not come from the State Hospital, we contact the state hospital to discuss the appropriateness of the admission prior to placing the individual in our unit. We receive three to four calls per month regarding residents that may require the level of care we provide and are looking for placement or are looking for assistance on how to provide care for individuals with problem behaviors. In the majority of cases, we provide assistance and recommendations, and encourage the requesting facility to contact the State Hospital or the Human Service Center in their area for further assistance.

Demographics of our Residents:

Our residents suffer from a wide range of mental and physical disorders. Approximately one half of our residents have a primary diagnosis of severe mental illness. The most frequent psychiatric diagnoses we see are schizophrenia, schizoaffective disorder, and/or bipolar disorder. Traumatic brain injuries account for a fourth of our residents with the last fourth presenting with a primary diagnosis of dementia. We see a wide variety of dementias including Alzheimer's, Parkinsons with Lewy Bodies, Huntingtons Chorea, and Picks Disease. Secondary psychiatric diagnoses range from various personality disorders to alcohol or drug abuse or dependency. Additionally, some of our residents have a diagnosis of mental retardation or borderline intellectual functioning. These diagnoses are in addition to various medical complications and diagnoses that are typically seen in a skilled nursing facility.

The majority of our residents have minimal family or friend contact. Most have a court appointed guardian that assists with decision making and other care issues. Many have

limitations in their activity and self care involvement. Some simply have memory difficulties and need frequent cuing and reminders to finish a task, while others can no longer form understandable sentences. Some have such vivid hallucinations that they can not complete cares for themselves and would forget to eat if we did not remind them. Still others have extreme behavior symptoms that interfere with daily functioning.

Presenting Psychiatric Issues:

In order to be admitted to our geropsychiatric unit, a resident must not only have the afore mentioned diagnoses, but more importantly engage in various behaviors that prevent a regular skilled nursing facility from providing adequate care for this individual. Typically, our residents engage in physical and/or verbal aggression, socially inappropriate behaviors, excessive wandering that does not respond well to redirection, and/or resisting or refusing cares. Our residents can be actively hallucinating or excessively confused due to memory impairment and, therefore, redirection or assistance leads to aggression. Simple acts such as washing, dressing, and eating can lead to yelling, hitting, biting, and kicking. These types of behavioral outbursts require higher staffing ratios as well as staff who are trained to deal with aggression and other aberrant behaviors effectively. We provide a team of care givers including nurses, certified nursing assistants, a psychiatrist, behavior consultant/social worker, physicians, physical and occupational therapists, dietician, music therapist, and ministerial services. Additionally, behavior plans focusing on problem behaviors are developed and are customized for each individual resident's needs. Ultimately, our goal is to decrease problem behaviors and possibly discharge these residents to the least restrictive environment that can meet their needs.

This concludes my testimony. I would be happy to answer any questions you may have at this time.

Patty Klein, MS, Behavior Consultant
Sheyenne Care Center
979 Central Ave N
Valley City, ND 58072
(701) 845-8222

Testimony on SB 2068
Senate Human Services Committee
January 8, 2007

*same
given to
House*

Chairwoman Lee and members of the Senate Human Services Committee, thank you for the chance to testify on SB 2068 regarding the expansion of the geropsychiatric services. My name is Lara Mairs and I am the nurse manager of the Special Care Unit for our geropsychiatric unit at the Sheyenne Care Center in Valley City.

Level of Care:

Our residents have a level of care that cannot be managed in a regular nursing home setting. These residents may require very little help with activities of daily living, (ADL's), i.e.; washing, dressing, walking, etc., but some do require assist with all of these and more. We have some residents on behavior plans to assist them with the unacceptable behaviors that would not be manageable in a regular nursing home setting, but are acceptable because of our unit. We have a wide range of resident care needs and have been able to meet most of their needs. We have had returns to the North Dakota State Hospital, but have accepted back the majority of these residents.

Staffing:

We are staffed with 4 certified nursing assistants, (CRA's), one nurse and myself, on the day shift and evening shift (I stay until 5:00pm), and one CRA and nurse on nights. The CRA's are responsible for ADL's, activities, following behavior plans/care plans, serving and assisting with meals, etc. The staffing enables us to be able to address the needs of the residents by being available to do games/activities of the resident's choice, to distract residents from their behavioral problems, and also to guide them to their greatest independence. The service that we provide allows the residents to be able to live without side effects of medications and still be able to have quality of life. We are able to manage behaviors without increasing medications that would be needed in a regular nursing home setting. For an example, we have a resident that hollers out at times and scares people with his hollering. He would cause others, in a regular nursing home setting, to be really upset. In our unit, it is now expected and accepted.

After about the first year that we were in operation, we added a behavior specialist, Patty Klein, whom you have heard from, and this has enabled us to meet our special resident needs. Patty writes the behavior plans that rewards

positive behaviors and decreases negative behaviors.

We have a contracted service for psychiatry and this individual is available to us as needed. The Sheyenne Care Center is able to offer this to the regular nursing home along with the Special Care Unit. This person also serves the community.

Training:

When we first opened, we toured the North Dakota State Hospital and observed the first residents that we were to receive into our unit. Staffs were instructed on Challenging Behaviors, a demonstration on safe self defense when a resident is aggressive/physically abusive, and we added "Power Struggles", a video by Patty, about dealing with personality disorders. Currently these are also being shown to any person hired at the Sheyenne Care Center. We try to do reviews every few years on both of these.

This concludes my testimony on SB 2066. Thank you for your time. I would be happy to answer any questions that you may have.

Lara Mairs, RN, SCU Nurse Manager
Sheyenne Care Center
979 Central Ave. N.
Valley City, N.D. 58072
(701) 845-8222



Morton County Health System

Working for a Healthier Community

[HOME](#) | [HOSPITAL](#) | [CARE CENTER](#) | [CLINICS](#) | [EMPLOYMENT](#) | [PHYSICIANS](#) | [ELKHART](#) |
[GEROPSYCHIATRIC UNIT](#) | [MCHS EMAIL LOGIN](#) | [PRIVACY NOTICE](#) |

Life Enhancement Center

Hospital Based Geriatric Psychiatric Unit--The Geropsychiatric Unit provides services to the geriatric patient who needs inpatient psychiatric care in a structured, therapeutic environment. The services are provided under the supervision of psychiatrist, **Olivia Iway, M.D.** The focus of the care is multidisciplinary in nature.

Patient diagnoses may include, but are not limited to:

- ☐ Psychoses
- ☐ Depression
- ☐ Anxiety Disorders

Reasons for hospitalization may be multiple and varied with each individual patient. Factors that may influence consideration of a Geropsychiatric Unit include, but are not limited to:

- ☐ Harmful behavior to self or others
- ☐ Suicidal ideation
- ☐ Confusion/disorientation
- ☐ Unmanageability or severe behavioral problems
- ☐ Hallucinations, Paranoia
- ☐ Delusions
- ☐ Actual/somatoform illness
- ☐ Social isolation
- ☐ Medication evaluation adjustment

Our goal is to provide a setting in which the patient receives an individually tailored treatment program, to return the patient to optimal levels of functioning and independence, to determine the most appropriate physician and outpatient support services. The following services are provided in a therapeutic milieu:

- ☐ Psychiatric evaluation
- ☐ Psychological testing
- ☐ Group Therapy
- ☐ Family education
- ☐ Therapeutic Activities and recreational programs
- ☐ Social services
- ☐ Occupational Therapy

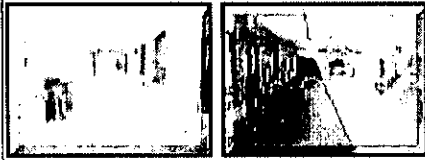
Within the unit environment and activities, a therapeutic atmosphere of growth and change is fostered through therapeutic relationships between staff and patients, and patient to patient. Staff interaction assures respect for the dignity of the individual in an honest, accepting, and caring atmosphere.

Planned activities by staff include:

- ☐ Activities of daily living
- ☐ Exercise
- ☐ Stress management
- ☐ Remotivation
- ☐ Socialization enhancement
- ☐ Patient education
- ☐ Family support
- ☐ Staff/client meetings
- ☐ Therapeutic groups
- ☐ Individual group therapy and music therapy

Planned evening and weekend activity schedules will permit increased opportunity to allow visitor and family participation. Morton County Hospital's Geropsychiatric Unit provides holistic care for the adult patient aged 65 or

Medicare eligible. The philosophy of the unit is the use of the Medical Model so that intervention is provided accordingly.



Copyright © 2002 Morton County Health System

445 Hilltop P.O. Box 937 Elkhart, KS 67950 Phone (620) 697-2141 FAX (620) 697-4766

Website questions, comments or problems? E-mail, mchs@mchswecare.com

Top

Testimony
Senate Bill 2068 – Department of Human Services
House Human Services Committee
Representative Clara Sue Price, Chairman
February 6, 2007

Chairman Price, members of the Human Services Committee, I am Alex Schweitzer, Superintendent of the North Dakota State Hospital/ Developmental Center for the Department of Human Services. I am here to testify in support of Senate Bill number 2068.

This bill provides the Department the authority to establish a second geropsychiatric unit. Senate Bill number 2012 (1999 Legislative Session) authorized the Department to establish the first geropsychiatric unit in a nursing facility. That law also allowed for an exception to the case mix limit rates for the facility serving this population.

There is a growing need for this level of service for individuals with physical conditions and severe behavior problems; therefore, the Department is requesting the authority to establish a second geropsychiatric unit within a nursing facility, when we have determined that access to nursing facility services is becoming difficult for this population. The individuals to be served have the following characteristics:

- ◇ Require Nursing Home Facility Level of Care
- ◇ Have a Chronic Mental Illness
- ◇ Exhibit Behavioral Problems
- ◇ Require Assistance with Activities of Daily Living

The individuals to be served would primarily come from an inpatient stay at the State Hospital, once they have been stabilized and a determination has been made that the individual would be most appropriately served at

a nursing facility level of care. Also, a few individuals may come from community nursing facilities that cannot manage their behaviors in that setting.

This bill does not conflict with the current nursing facility bed moratorium, as it would require the establishment of the unit, using existing licensed bed capacity.

The Department determined this bill would have no fiscal impact, as we would only initiate a second geropsychiatric unit if a need is identified, and if the funds were available within the 2007-2009 Appropriation.

The bill allows the Department to select a geropsychiatric unit based on the experience, qualification and capacity of the home that proposes to provide it.

This bill does not preclude any nursing facility from providing services to individuals who may have a severe behavior challenge within the existing case mix system.

The bill does not make change to the current referral process, which requires that services can only be granted after the State Hospital has performed an evaluation of the individual.

Barb Fischer and Maggie Anderson with the Medical Services Division or I would be happy to answer any questions that you may have.