

TESTIMONY ON SB 2007  
HOUSE HUMAN RESOURCES COMMITTEE  
MONDAY, MARCH 8, 2021

Chairman Nelson and members of the House Human Resources Committee, I am Kristin Lunneborg, CFO at the North Dakota Veterans Home.

By an act of Congress in 1887, certain lands were set aside in various states for the establishment and maintenance of homes to support veteran soldiers and sailors. The Constitution of North Dakota, enacted in 1889, established a soldier's home to be located at the city of Lisbon. The original barracks opened in 1893 and by 1907 a hospital and Commandant's residence were added to the campus. In 1983, the Administrative Committee on Veterans Affairs change the name from the Soldiers home to the North Dakota Veterans Home as they felt it better reflected the clientele being served. In May 2011, we moved into our current facility which has 52 skilled nursing home beds and 98 basic care beds.

The statutory authority for the Veterans Home is found in North Dakota Century Code Chapters 37-15 and 37-18.1. The purpose of the veterans' home is to provide basic care and long-term care to veterans and their spouses. The century code also sets out the criteria for admission to the veteran's home, what information will be used to calculate fees for resident care, what monies must be deposited into the veterans' home operating fund, as well as sections allowing the Veterans Home to accept and expend donations. Chapter 37-18.1 sets out the power and duty of the Administrative Committee on Veterans Affairs to appoint a seven-member governing board for the administration of the veterans' home; one of the powers of the governing board is to select the administrator.

Basics

Revenue sources for the operation of the Veterans Home include federal per diem funds from the Department of Veterans Affairs (VA) and special fund income. The VA pays us a daily per diem for each veteran for each day they are in the facility and for some leave of absence days. Currently the per diem rates are \$49.91 per day for basic care and \$115.62 per day for skilled

care. The VA also pays us a set per diem rate for each 70% or more service-connected veteran; this money is first applied to their rent and any remaining amount is considered per diem income. Although these are federal funds, per N.D.C.C., this money is deposited into our special fund account. Special funds are all the monies we collect from various sources. Listed below are the historical and projected special fund income amounts and a description of each.

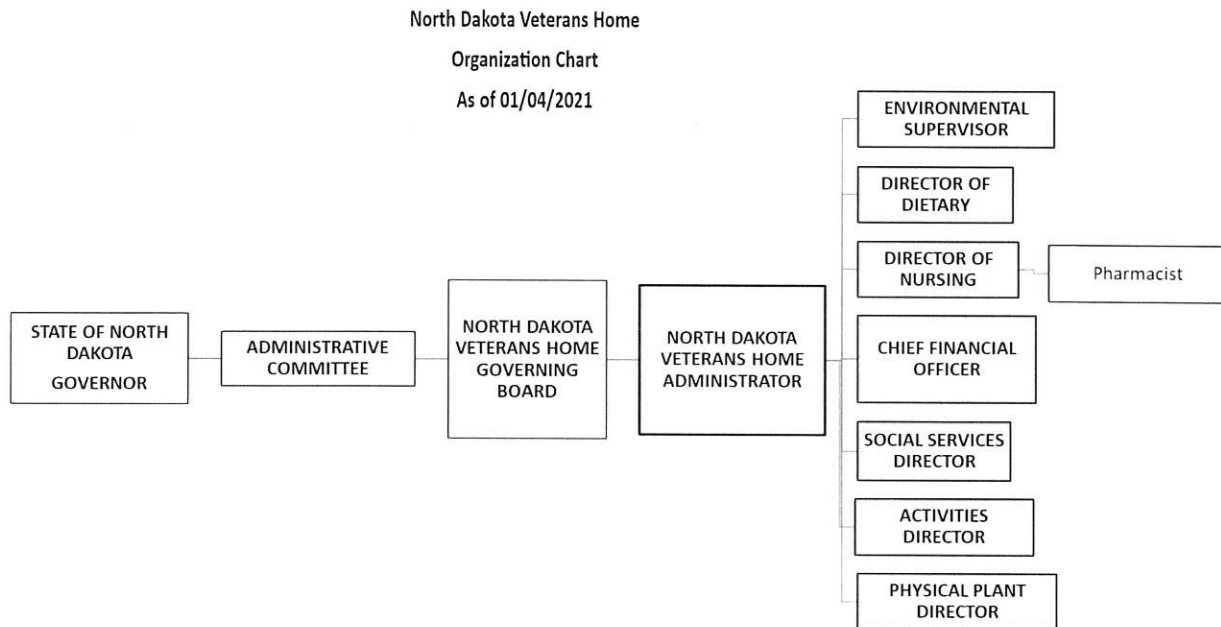
<b>North Dakota Veterans Home Special Fund Revenue</b>				
	<u>Actual</u> 2015-2017	<u>Actual</u> 2017-2019	<u>Projected</u> 2019-2021	<u>Projected</u> 2021-2023
1 Intergovernmental Grants/Contributions	5,660,005	5,341,234	5,200,000	5,350,000
2 Cash/Investment Earnings	626	750	2,200	1,500
3 Contributions & Private Grants	6,793	4,453	1,500	2,000
4 Charges for Services/Sales	249,826	176,277	128,000	60,000
5 General Government	67,828	59,529	22,000	35,000
6 Health	11,949,489	11,736,939	10,500,000	11,300,000
7 Leases, Rents, and Royalties**	64,437	185,425	360,000	127,000
8 Miscellaneous General Revenue	42,800	10,999	5,500	500
9 Transfers In	434,000	711,984	490,000	510,000
Total Special Fund Revenue	18,475,804	18,227,591	16,709,200	17,386,000

- 1 **Intergovernment grants** - per diem money from the Dept of Veterans Affairs. We are paid \$49.91 for each basic care veteran and \$115.62 for each skilled care veteran
- 2 **Cash/Investment Earnings** - interest earned on accounts
- 3 **Contributions & Private grants** - money taken in at weekly church services.
- 4 **Charges for Services/Sales** - food sales, veteran medication co-pays and VA pharmacy reimbursements
- 5 **General Government** - veteran travel pay from VA, resident's monthly cable tv payments, copier revenue
- 6 **Health** - rent payments from residents, VA, Medicare and Medicaid
- 7 **Leases, Rents and Royalties** - Lease of room for medical doctor and mineral royalty income  
 \*\*Mineral royalty income is included above but deposited into the Melvin Norgard Fund
- 8 **Miscellaneous General Revenue** - rebates and miscellaneous items that do not fall into another category.
- 9 **Transfers In** - money we receive from the State Land Department. This Veterans Home has 2,753.89 acres of land that is managed by the State Land Department. Remainder of land set aside by Congress in 1887.

The Melvin Norgard memorial fund, established by the 62<sup>nd</sup> Legislative Assembly, consists of all income related to a bequest made to the veterans' home by Melvin Norgard and consists of mineral royalties and interest. Money in this fund must be appropriated by the legislature and

can only be spent on projects or programs to benefit and service the residents of the veterans' home, not for the operation of the home.

The Veterans Home has nine individual departments including administration, maintenance, dietary, nursing, activities, social services, housekeeping, laundry and pharmacy. Each of these department work together to carry out our mission "Caring for America's Heroes". The organizational chart below illustrates what I mentioned already regarding the statutory authority and selection of leadership.



2019-2021 Biennium

Our current biennium base budget of \$24,406,096 includes \$18,916,632 for salaries and wages, \$5,083,731 for operating and \$405,733 for capital assets. Funding sources for our base budget include \$18,751,772 in special funds and \$5,654,324 in general funds. In addition to our base-level appropriation, our current appropriation includes one-time funding of \$25,000 for a strategic plan, \$138,700 for flooring for the skilled nursing pod and townhall, \$52,500 for security system upgrades, \$99,400 for equipment and \$233,450 for demolition of the



Administrator's residence, removal of underground tunnels and demolition of an old maintenance shop, pump house and well shed. We also had carryover funding of \$150,500 for a nurse call system and \$15,000 for electronic health information exchange software.

In January 2020, we started working with Eide Bailly on the strategic plan but unfortunately COVID has significantly impacted our ability to complete it by our original goal of December 2020. Our latest meeting was held in February, when Eide Bailly held a brainstorming session with the ND Veterans Home governing board and several key staff. Our next step is to identify five or six key strategies to begin focusing on. Eide Bailly would also like to meet with a few key legislators for input from your point of view.

The installation of flooring for the skilled nursing home and townhall area was put on hold due to COVID and with nursing home restrictions still in place and the uncertainty of when they will change, the Senate added a section to our bill allowing us to carryover the funding into the 2021-2023 biennium.

We were pleased to discover that a local contractor was able to do our demolition project for much less than the bid we had received in January 2019. In addition to the demolition company, we had to hire two more companies, one to examine the property for asbestos and another to remove the asbestos. We would like to request authority to use the savings from the demolition project toward several emergency capital asset items we encountered this biennium, including the replacement of a humidifier, security cameras that became a necessity in our medication areas, and an upgrade to our building automation system as it was running on an obsolete software system. The \$233,450 for the demolition project was set up in our current budget under class code 31372. We would like to request to have the remaining \$54,925 moved from class code 31372 to class code 31350 so it could be used for the three emergency capital asset items identified above, which totaled \$56,901.

The nurse call system was completed shortly after the biennium started but also ran into some additional unexpected expenditures. The pagers for the system selected in the bidding process

run off wi-fi so before we could proceed with the project, we were required to hire a company to test the signal strength throughout the building. The cost of the testing and the additional access points that had to be installed were operating expenses we did not anticipate.

The remaining one-time items include the health information exchange software and a few equipment items we will be purchasing within the next few months.

We have a lot to be thankful for this biennium considering the impacts of COVID. Some of our major accomplishments this biennium include:

- Staff working together as a team to develop protocols to keep our residents safe against COVID-19.
- Set up COVID unit to isolate positive residents which has allowed us to stop the spread of COVID throughout our building.
- Frequent testing of staff and residents to stop the spread of COVID-19; sometimes weekly, sometimes bi-weekly.
- Deficiency free surveys from the State Health Department and the Department of Veterans Affairs.
- No findings in the audit performed by the State Auditor's Office.
- Launched an advertising campaign totally funded by donations. Upon recommendations from Austin Schauer we were able to get our commercials aired for free through MIDCO.
- Expanded the VA outreach telehealth clinic at the Veterans Home to provide teleretinal, audiology, dermatology, mental health and other specialty telehealth services to veterans from the veterans home as well as the surrounding community.
- Installed a new security system in the medication areas that has already paid for itself.
- Raised funds for the repair and relocation of the Centennial monument.
- Completed several projects including the installation of a new nurse call system, demolition of the Administrator's residence and completed our facility assessment with SitelogiQ.
- Received a grant to set up a wellness area for staff.

Although we have a multitude of things we are super proud of and thankful of, following are some of the challenges we have faced:

- Impact of COVID - Long hours, burnout, lack of staff due to vacant positions and staff having to quarantine at home, staff motivation, restrictions on staff when not at work, mental and physical strain, constant PPE use, children doing schoolwork from home.
- Low census. Unable to admit for many months due to lack of staff.
- Ability to attract and retain staff due to wages and bonuses paid by other facilities.
- After 10 years of having no contract staff, we were forced to sign contracts with staffing agencies in order to meet staffing levels.
- High cost of contract agency staff.
- High cost of contracting with outside company for IT support.

#### 2021-2023 Biennium

The budget request limit letter we received from OMB in May 2020 identified that our general fund limit was \$5,088,892, a 10% decrease from our 2019-2021 base amount. In addition, our special fund request limit is \$18,753,310 and of that we needed to reprioritize 5% or \$917,302.

The reprioritization piece was not difficult as we made the decision to go back to the old nursing home model and do away with the use of universal workers. In 2011, we moved into the new veterans' home which was built in the household/neighborhood concept. This concept uses a universal worker staffing model. The universal worker performs the C.N.A., housekeeping, activity and dietary roles. This model was very successful for us but as times have changed it has become harder to find the number of C.N.A. certified staff that we need for this model. We have had a significant number of open positions that we have been unable to fill so we decided to go back to the old model and separate the duties with the thought the positions would be easier to fill. Since the salaries and wages for the universal role were all included in the nursing department budget, we were able to reallocate the required funding by moving these positions to their new prospective department. In trying to find other areas



where we could save money, it was determined that we could potentially find a savings by contracting our outside maintenance work and eliminating an FTE position. These savings could then be put into our repairs line item which is currently over budget this biennium as we have seen an increase in costs due of to the age of our equipment.

The change back to the traditional model of staffing helped us eliminate one supervisory position in nursing that could be used towards the required general fund decrease. We also eliminated a position in our therapy department, a nurse position on basic care and we consolidated our basic and skilled medical records into one FTE position and one part-time temp position, reducing salary and benefit dollars for the second position. Even with these changes, we were still unable to come within the budget guidelines.

As I have stated many times before, cuts to our budget are difficult since we are a service industry and the majority of our expenses relate to labor and resident care. We have very stringent state and federal regulations and we are one of the most highly regulated industries. It is difficult to cut operating expenses since they are for resident care and the operation of the facility and it is difficult to cut staff due to required staffing levels. Our capital line item includes only the bond and interest on the new building and \$16,700 in equipment over \$5,000; leaving nothing to cut there. After reviewing all costs, we determined there were no changes we could make that would not have a significant impact on resident care. Finding no other obvious alternatives, we decided to take the remaining cut from food.

The other major issue we ran into this biennium were all the increases we were seeing in certain expense categories. In addition to the increase needed for repairs, we are also seeing significant increases to our medication costs. The average cost of medications increased from \$19.95 in FY 2019 to \$34.35 in FY 2020. COVID-19 has also impacted our budget due to the new technology needed to carry out our day to day activities; all of which has on-going licensing and maintenance fees. We had to significantly increase the number of Office 365 licenses in order to communicate with staff, we had to automate our mandatory annual in-service training,

and we are in the process of automating our staff scheduling and maintenance management systems.

Another major area of concern is the amount of general funds we receive. Each biennium there have been cuts. In the 2011-2013 biennium we were one of only a few agencies that received an additional 3% cut to our general funds, then in the 2015-2017 biennium we had the 4.05% general fund allotment that all agencies had to make, but what hurt us the most was the change in funding made in the 2017-2019 biennium. Due to the legislature's need to balance the budget and the fact that we had reserves in our special funds, our general fund appropriation authority was cut by \$2.1 million, or 26.8%, and our special fund authority was increased by \$2 million. We were reassured then that when the time came and we were running low on special funds it would be made right, yet we continue to have to make cuts to our general funding. The 2019-2021 biennium saw another 5% cut in general funding and the required cuts for the 2021-2023 biennium request was another 5%.

#### Governor's Recommended Budget vs. our Submitted Budget

The Governor's recommended budget includes changes to the salaries and wages, operating and capital line items. The increase to the salaries and wages line is for the Governor's recommended compensation changes. The remaining changes were requests from our optional package which include:

- \$221,546 in special fund authority for food – this was the amount we were forced to cut to meet budget guidelines
- \$238,500 in general fund authority for medications – increased cost for medications. Requested general funds due to the issue I just discussed with all the cuts to general funds and depletion of our special fund balance.
- \$29,095 in special fund authority for IT data processing fees – budget calculated by multiplying ITD services by new rates for 2021-23 biennium. Increase also due to broker fees charged by ITD for our web-based software programs.



- \$131,500 in special fund authority for carpeting in B Pod – Funding was included by the Governor for carpeting, but we have a more urgent need and are requesting to use this money for replacing the thermostats in the basic care unit of the building. They quit manufacturing the current thermostats in July of 2017 and there is no replacement for them. Any thermostats we can find run about \$600 each. The funding would allow us to put in a new wireless thermostat system. The old thermostats that would be taken out of the basic care unit could then be used as replacements in the skilled unit until we are able to get enough funding to replace that system. Cost to replace the entire system is \$226,000.
- \$200,000 in Melvin Norgard authority for a memorial garden to be located on the west side of our 90-acre campus, marking the area of the old Veterans Home. The center of the memorial garden will be a monumental concrete star, which symbolizes courage, strength and freedom. At the center of the star will be an American flag with each of the military branch flags being represented on the points of the star. Between the sidewalks and the star will be beautifully landscaped gardens with seating areas that will allow individuals a peaceful area to reflect and pay tribute to veterans. We have raised over \$120,000 towards the project and are requesting to use Melvin Norgard funds to complete it. A copy of our proposed plan is attached to the back of my testimony.

Not included in our optional package but included by the Governor:

- \$518 in general fund authority and \$3,448 in special fund authority for increased fees for Office 365

Capital items that were included in our budget request and in the Governor's executive budget include the following one-time items:

- Large shampooer - \$10,700 in special fund authority to purchase a Tennant ready space shampooer or equivalent. Existing 2009 machine is wearing out and is expensive to repair, plus it does not suck up water well, resulting in additional staff time and also creating a safety risk as resident's go between the carpeted and non-carpeted areas.

- Humidifier - \$6,000 in special fund authority to replace one of 12 humidifiers throughout the building. We had to replace one this biennium and anticipate we will be needed to replace more due to their age.

Items included in our optional request that were not included by the Governor:

- Nursing equity - \$550,000 in general fund authority. Our current wages for our RNs, LPNs, Medication Technicians and C.N.A. staff are up to \$4.00 per hour less than the current market and lower than the ND Long Term Care average for starting wages and up to \$5.00 per hour less after being employed for a number of years. We are unable to fill a number of vacant positions which also limits our ability to admit residents if we do not have the staff to care for them.
- Humidifier - \$6,000 in special fund authority. One of the two humidifiers requested is included in the Governor's executive budget. We were requesting funding for 2 units due to their age and the fact that we will have a total of 11 to replace within the next few years.
- Turbine blower - \$8,500 in special fund authority. This blower attachment would be used in place of our existing sweeper to clear snow from sidewalks and clean gutters along our roads that cannot be reached with a sweeper.
- Bladder scanner - \$9,800 in special fund authority. This is used to monitor urinary retention. They are used to help reduce the risk of infections, manage incontinence, assess toileting patterns to create schedules and reduce staff time with incontinence.

Attached to my testimony is a one-page sheet showing how we got from the legislative base budget to the Governor's executive recommendation. I have included the adjustments we made to get to our required budget limits as well as the items the Governor included in his executive recommendation.

The Senate made three changes to our executive budget request. The first was an additional \$11,520 in general fund authority for IT data processing fees for additional Office 365 basic licenses. We were recently notified that we would need to purchase additional Office 365 basic

licenses for any employees that need an e-mail address. We employ a large number of staff that only use the computers for charting in our electronic health records system. When COVID restrictions went into place last year we needed a way to communicate with some of these staff members. Although they do not use the computers for any other purpose than to send e-mails or receive communication via Teams, we are forced to purchase basic Office 365 licenses for them at a cost of \$17.00 per month. An e-mail was recently sent out by OMB encouraging agencies to purchase a license for all of our staff; if we did this it would cost us an additional \$47,232 per biennium.

The second addition to our budget includes \$36,000 to change LPN positions to RN positions, if needed. LPN positions are becoming increasingly difficult to fill. Due to receiving \$6.00 per hour or more for an RN position, most nurses chose to attend school for the additional nine months. North Dakota currently has 15,537 licensed RNs and 3,134 licensed LPNs; that means less than 1 out of 5 nurses is an LPN. Recruitment for LPNS is very difficult given the limited number of them. We also employ many individuals that are going to school to get their RN degrees and upon completion of their education we lose many of them as we often only have LPN positions available. We currently have an LPN position filled by an RN that is considering leaving as she is only getting paid LPN wages. The funding included by the Senate would allow us to change three positions from LPNs to RNs if necessary. We will only switch the positions if we are unable to hire LPNS. The 2017-2019 biennium budget included \$120,870 to switch these positions if needed. The funding was never used and we forgot to include it in our 2019-2021 budget request.

The final item the Senate included was \$310,000 in general fund authority for nursing equity. One of the things we have prided ourselves on was the fact that we were not having to utilize contract agency staff like the rest of the healthcare field does. These staff are paid at least double what our own employees are paid, and they do not know the residents. The key to good, quality care is to know your residents. Contract agency staff act as a band-aid to fill a position and not a solution to the staffing crisis we are faced with. Attached to the back of my testimony is a one-page sheet comparing our nursing wages to other ND Long Term Care



facilities as well as a comparison of staffing agency costs versus employee costs. Our current wages are lower than the overall state wages and more importantly, lower yet to the wages offered in our region. The other disadvantage we have in recruiting staff is that we do not offer the sign on bonuses that some facilities offer, ranging from \$2,500 to \$15,000 in facilities within reasonable travel distance.

Looking forward to the next biennium and beyond some of our goals include:

- Completing the strategic plan and working with Eide Bailly on ways to increase our revenues
- Creating a plan to increase the census for basic care and skilled nursing
- Work with others to continue advertising campaign so we are NOT “the best kept secret in North Dakota”
- Build the memorial garden and move the Centennial monument
- Complete some of the maintenance and repair projects identified in the study completed by SitelogiQ
- Work with Eide Bailly on MDS audit and education to ensure we are being reimbursed correctly
- Work with the Air National Guard to set up the B52 propeller display
- Find ways to help minimize the staffing crisis
- Work with the City of Lisbon to develop a plan for a walkway bridge over the Sheyenne River

The last sheet attached to my testimony is a one-page sheet outlining the funding we have received as well as our expenditures in relation to COVID-19. Some of the steps we have taken to minimize COVID-19 in our facility include enhanced infection control precautions, screening all staff upon entrance and exit into the facility, testing all staff and residents weekly or bi-weekly depending upon the number of positive cases, ensuring staff and residents follow the recommendations of the CDC and CMS in regards to visitations, resident interactions, communal dining and group activities. Since we last testified in the Senate, we have been able to make a few small changes including scheduled visitations two

days a week, ability for residents to eat in the dining rooms, and some group activities including the reopening of the workshop and art studio. All visitors and vendors still need to be tested on site prior to being allowed entrance into the facility or gazebo.

The last attachment to my testimony outlines the federal funds we have received to date, our expenditures as of the end of February 2021 and our 2020 emergency commission requests relating to COVID-19 funds. Spending authority for the two nursing home incentive payments we received in November and December is being requested in HB1394.

In closing, we strongly urge your support for state pay increases this biennium. We used to be the employer of choice in the area but have had a hard time competing with area healthcare facilities as they received wage increases a few years ago when we did not. We need to be able to hire our own staff, not contract for staffing at significantly higher rates. By funding pay increases you will help us be competitive with the large number of healthcare facilities in the area. Lisbon alone has 2 nursing home/basic care facilities, a hospital with swing bed, 2 assisted living facilities, and 4 medical clinics. There are also 4 skilled nursing facilities, a hospital and 6 more clinics within a 40-mile radius.

We hope that you will support our 2021-2023 budget request and help us to provide the care that our veterans deserve.

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## Summary Comparison of 2021-2023 Base Budget to Governor's Recommended Budget

Description	2021-2023 Legislative Base Budget	Base Payroll Changes	Base Budget Changes	Adjusted Base Budget	Optionals Included in Governors Budget	Governors Compensation Increase	Governors Recommended Budget 2021-2023
Salaries and Wages	\$18,916,632	\$187,174	(\$720,281)	\$18,383,525	\$0	\$477,274	\$18,860,799
Operating Expenses	\$5,083,731	\$0	(\$49,025)	\$5,034,706	\$493,107	\$0	\$5,527,813
Capital Assets	\$405,733	\$0	\$18,238	\$423,971	\$331,500	\$0	\$755,471
	\$24,406,096	\$187,174	(\$751,068)	\$23,842,202	\$824,607	\$477,274	\$25,144,083
<b>By Funding Source</b>							
General Funds	\$5,654,324	(\$36,873)	(\$528,561)	\$5,088,890	\$268,113	\$109,698	\$5,466,701
Special Funds	\$18,751,772	\$224,047	(\$222,507)	\$18,753,312	\$556,494	\$367,576	\$19,677,382
	\$24,406,096	\$187,174	(\$751,068)	\$23,842,202	\$824,607	\$477,274	\$25,144,083
<b>FTE</b>	120.72	-5.93	114.79	114.79			114.79

### 2021-2023 Budget Adjustments

#### Salaries and Operating

- \*Reduction of 2.93 FTE to meet Governor's request \$528,702 general funds.
- \*Budget reprioritizations from nursing to dietary & housekeeping -\$1,288,263 special funds nursing, +\$1,288,605 special funds dietary
- \*Reprioritized 1.0 FTE from salaries to operating \$191,921 special funds
- \*Reduced 2.0 FTE from basic care - no funding attached - had a total of 6 unfunded positions from last session

#### Operating

- \*Professional services decrease \$55,500 - special funds. Services to be covered by telehealth.
- \*Professional services decrease \$1,900 - special funds. No longer need to train everyone for serve safe due to switch back to traditional staffing model.
- \*Contractual service fees increase \$37,859 special funds, \$141 general funds. Annual maintenance fees for software and nurse call system.
- \*Food decrease \$221,546 special funds - needed additional cut to make budget balance
- \*Repairs increase from maintenance FTE reprioritization \$191,921 special funds

#### Capital

- \*Bond & Interest payment increase \$1,538 - special funds
- \*Funding for a shampooper for housekeeping and a humidifier \$16,700 special funds

#### Optional Budget Requests - included in Governor's Budget

1. Food increase - amount that had to be cut to meet budget limit
2. Medications - increase in costs
3. Data Processing - ITD brokerage fees for our web based software, Office 365 licenses
4. Carpeting - B Pod
5. Memorial garden - remaining money needed to finish project. Funding would be from Melvin Norgard Fund

#### Optional Budget Requests - Not included in Governor's Budget

1. Nursing Equity
2. Humidifier - currently have 12 in building, looking to replace a few each biennium due to age
3. Turbine blower - attachment to blow snow in winter, would help reduce damage to grass
4. Bladder scanner - monitors urinary retention to reduce infections & manage incontinence

	Special funds	General funds
	\$221,546	
		\$238,500
		\$29,613
	\$131,500	
	\$200,000	
		\$550,000
	\$6,000	
	\$8,500	
	\$9,800	

## Nursing Wage Comparisons

<b>2020 ND Long Term Care Survey</b>
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	<u>Beginning</u>	<u>Midpoint</u>	<u>Max</u>
<b><u>RN</u></b>			
State Overall	\$27.16	\$32.01	\$36.97
Our Region	\$27.88	\$33.44	\$39.16
NDVH	\$26.89	<b><u>\$29.08</u></b>	<b><u>\$34.62</u></b>

**Contract Nursing Staff**

AWM	\$56.35 - \$60.54
ConVerdia	\$59.00
Prairie Traveler	\$52.00

**RN Charge**

State Overall	\$27.71	\$32.54	\$37.74
Our Region	\$28.53	\$34.55	\$40.06
NDVH	\$29.89	<b><u>\$32.08</u></b>	<b><u>\$35.17</u></b>

**LPN**

State Overall	\$20.92	\$24.75	\$28.70
Our Region	\$21.20	\$25.96	\$28.79
NDVH	\$20.59	<b><u>\$22.78</u></b>	<b><u>\$25.91</u></b>

**Contract Nursing Staff**

AWM	\$46.21 - \$49.87
ConVerdia	\$48.00
Prairie Traveler	\$42.00

**Med Tech**

State Overall	\$16.48	\$18.88	\$22.34
Our Region	\$16.35	\$19.41	\$22.16
NDVH	\$16.11	<b><u>\$18.30</u></b>	<b><u>\$20.44</u></b>

**Contract Nursing Staff**

Prairie Travelers	\$28.50
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**C.N.A.**

State Overall	\$15.40	\$17.70	\$21.27
Our Region	\$15.19	\$17.14	\$20.97
NDVH	\$14.63	<b><u>\$16.82</u></b>	<b><u>\$18.30</u></b>

**Contract Nursing Staff**

AWM	\$34.33 - \$40.58
ConVerdia	\$38.00
Prairie Traveler	\$26.50

**Days to fill C.N.A. position by shift - 2019**

Days	28
PMs	214
Nights	42

**Days to fill C.N.A. position by shift - 2020**

Days	30
PMs	204
Nights	142

### C.N.A. Agency Staff Costs vs. Cost of NDVH Staff

<u>Year</u>	<u>Total Hours</u>	<u>Agency Cost</u>	<u>Cost if NDVH employee</u>	<u>Difference</u>
<b>2020</b>	<b>Reg</b>	1,574	\$53,304	\$26,758
<b>2020</b>	<b>OT</b>	433	\$19,919	\$11,258
<b>Hotel</b>			\$2,296	\$0
<b>Total Costs</b>		<b>2,007</b>	<b>\$75,519</b>	<b>\$38,016</b>
				<b>\$39,798</b>

**COVID FUNDING**

	<b><u>Amount</u></b>	<b><u>From Whom</u></b>	<b><u>Date Received</u></b>
1	\$131,097	State of ND - Cares Act Fund	May-20
2	\$10,331	Provider Relief Funds - Healthcare Enhancement Act	Jun-20
3	\$180,000	Provider Relief Funds - Healthcare Enhancement Act	Jun-20
4	\$85,400	Infection Control Funds - Healthcare Enhancement Act	Sep-20
5	\$330,943	State of ND - Cares Act Fund	Oct-20
6	\$49,082	HHS - September Quality incentive payment	Nov-20
7	\$166,520	HHS - October Quality incentive payment	Dec-20
9	\$63,548	1st FEMA Reimbursement	Mar-21
10	????	Future FEMA Reimbursement	

**Emergency Commission Requests - Approved**

1	\$131,097	COVID expenses Feb - May, 2020; \$35,395 salaries and \$95,702 operating
2	\$190,331	Provider Relief Funds - set up separate class code
3	\$385,400	\$85,400 Provider Relief Funds, \$300,000 potential initial FEMA reimbursement
4	\$330,943	Ion generators, hands free door openers, hands free faucets, hands free toilet flushers, sprayer, software, It's Never 2 Late Boards, PPE, Chemicals, salaries and wages, agency staffing

**Need Spending Authority For**

\$49,082.17	Quality incentive payments based upon COVID info for facility
\$166,519.72	Quality incentive payments based upon COVID info for facility

**Expenditures paid to date - February 2021**

<b>Salaries and Wages</b>	Overtime, directly related COVID hours, hazard pay	\$598,706.19
<b>Operating</b>	PPE, chemicals, sanitizer, medical supplies, mileage computers and supplies, access points for COVID unit oxygen concentrators, carts and serving supplies hands free fixtures	\$345,867.72
<b>Capital</b>	Software programs, hands free doors, It's Never to Late Boards Ion generators	\$142,309.23
		<hr/> \$1,086,883.14