

**Testimony on Amending Behavioral Health Bed Management Reporting
Requirements for Geropsychiatric Facilities
Senate Human Services Committee
January 8, 2025
Senate Bill 2113**

Chair Judy Lee and members of the Senate Human Services Committee, my name is Nikki Wegner, President of the North Dakota Long Term Care Association. Our association represents North Dakota's three geropsychiatric skilled nursing facilities. Thank you for the opportunity to testify in support of Senate Bill 2113, specifically regarding the proposed amendment starting on page 29 of the bill, section 25. This amendment introduces changes to the North Dakota Century Code 50-06-41.3 to improve reporting requirements within the Behavioral Health Bed Management System. Our geropsychiatric facility members would like to propose an additional amendment to address a critical operational challenge. While the Department is adding language to help allow exceptions, we believe it is essential to include a statutory exemption for our members. This change would ensure that resources in these specialized care facilities are used as effectively as possible to provide the highest quality care to their residents.

Unique Constraints of Geropsychiatric Facilities

Geropsychiatric facilities are a vital component of North Dakota's behavioral health continuum, providing care for residents with skilled nursing needs alongside complex psychiatric and medical conditions. However, the unique operational realities of these facilities make daily reporting of open beds both impractical and unnecessary.

Geropsychiatric facilities consistently operate at high occupancy rates, averaging 98.3% in 2023 and 98% in 2024. There were only 44 openings in the last 24 months, most of which were filled through predetermined placement pathways. This is primarily due to the long-term nature of care, with residents staying an average of 251 days before discharge. Additionally, current standards require prioritizing placements from the North Dakota State Hospital (11 residents). Remaining openings are typically filled by acute care hospitals (11 residents), other nursing homes (7 residents), assisted living (1 resident), private homes (4 resident), and other settings (9 residents).

Challenges with Daily Reporting

The daily reporting requirement imposes significant administrative burdens that do not align with the operational realities of geropsychiatric facilities. Unlike many other facilities, they do not admit residents seven days a week. Social workers or those that coordinate admissions who would be responsible for reporting are typically unavailable on weekends. For example, recently, a staff member encountered technical issues while attempting to submit the report before the Saturday noon deadline. As a result, a nurse who was off-duty and enroute to her child's sports game had to reroute to the facility to complete the report stating no change from the day before. The facility was then required to compensate the nurse for her time, highlighting the inefficiency and burden of this requirement.

The Department's vendor, Bamboo, already allows carryover reporting, where unchanged data remains valid until updated. Given the rarity of openings in these facilities, requiring daily updates adds little value while consuming unnecessary time and resources.

Importance of the Behavioral Health Bed Management System

The Behavioral Health Bed Management System is essential for providers with rapid bed turnover, such as crisis stabilization units and general behavioral health facilities, where frequent updates help match individuals with available resources.

Geropsychiatric facilities, however, differ significantly in their operational realities. Their rare and often preplanned openings do not require the same reporting frequency, making daily updates unnecessary.

Proposed Solution

The amendment proposes to exempt geropsychiatric facilities from the daily reporting requirement, similar to the existing exemption for the Department of Corrections and Rehabilitation. This change would alleviate administrative burdens while maintaining the system's effectiveness for providers with more dynamic bed availability. Facilities could still report openings voluntarily, ensuring critical updates are captured without impractical mandates.

50-06-41.3. Behavioral health bed management system.

The department shall establish and maintain a behavioral health bed management system to improve utilization of behavioral health bed capacity. Public and private providers of residential or inpatient behavioral health services, except the department of corrections and rehabilitation and geropsychiatric facilities, shall participate in and report daily to the department the information and documentation necessary to maintain the behavioral health bed management system in the form and manner prescribed by the department, unless otherwise specified.

Budget Neutral Impact

This amendment is budget neutral, with no fiscal impact. It simply adjusts the reporting requirements to better align with the operational needs of geropsychiatric facilities, ensuring an efficient use of resources without additional costs to the state.

Closing

Chair Lee, members of the committee, this amendment is a practical solution that recognizes the unique role of geropsychiatric facilities while preserving the integrity of the Behavioral Health Bed Management System. I urge your support to help these facilities focus on their core mission of delivering specialized care to their residents.

Thank you for your time and consideration, and I am happy to answer any questions.

Nikki Wegner MS, OTR/L, President
North Dakota Long Term Care Association
1900 North 11th Street
Bismarck, ND 58501
(701) 222-0660
nikki@ndltca.org