

2013 HOUSE HUMAN SERVICES

HB 1035

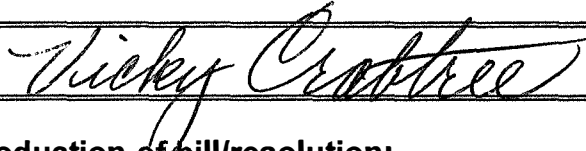
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

HB 1035
January 16, 2013
Job #17289

☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relates to moratorium expansion of basic care and long term bed capacity.

Minutes:

Testimony #1 and 2 attached

Chairman Weisz: Opened the hearing on HB 1035.

Shelia Sandness: Legislative Council analyst gave information on the bill. (See Testimony #1)

4:31 Greg Salwei: Administrator of the nursing home in Wishek read the testimony of Shelly Peterson, President of the ND Long Term Care Association. They are in support of the bill. (See Testimony #1)

20:17 Chairman Weisz: What benefit does the state have by maintaining this moratorium on basic care? Why should the state care when it has no effect on the state?

Salwei: By limiting the amount of beds you are limiting potential liability. The more beds you have and can place in service the larger the potential liability to the state.

Chairman Weisz: Why would there be a larger potential liability when we have to qualify to be in a basic care facility? If you don't meet those levels of care you can't go in. You have people that are getting there or you have people going in that shouldn't be because they are not at those levels. Where is the state's interest in maintaining moratorium on basic care?

Salwei: I don't know why we would want more basic care. The moratorium limits the number of basic care. Why would we want more when we already have enough?

Chairman Weisz: Why should the state limit a particular facility if it has a demand from deciding if it needs more basic care beds? The state is now either in the roll of either you can't have a basic care bed or you have to purchase one which increases their costs. Selling the beds, in your case skilled care beds a few years ago helped you, but then that facility has an increased demand, how does paying \$10,000 a bed help them increase the pay to their staff?

Salwei: Obviously they have a need for the bed if they are going to buy it. The average rate in ND is approximately \$6,000 a month and they would recoup their costs in two months.

Chairman Weisz: Not on basic care.

Salwei: I don't know what basic care beds are selling for.

Chairman Weisz: They are selling for \$10,000.

Salwei: If there is a need they will be able to fill those and recoup their cost.

Chairman Weisz: They have costs like any other facility. It seems to me the free market would work just fine. I understand the skilled care is a whole different game. If we are at 70% it does cost the state money. The state has a vested interest in not having access bed capacity on skilled care. I'm still waiting for an answer from somebody on why it is in the state's best interest to keep the moratorium on basic care? No one has ever answered that question for me.

Rep. Porter: If we would get rid of the capping on the basic care side what would it do to the marketing?

Salwei: There would be no market.

Rep. Porter: It seems like we are creating a market when we don't have a vested interest in that market. We are creating a false price with this ban when we don't have a vested interest in basic care like we do in skilled care.

Salwei: Those bed licenses are an asset just like equipment is to a businessman or farmer. By not allowing that process which we are using now that takes away the value of an asset to them.

Rep. Porter: I'd agree, but argue we should have never done this in the first place and create this false appearance that these things have value because they are not our vested interest. It should never have happened. One of the other areas I have concern with is the flip flopping of beds between basic and skilled and allowing the purchasing facility to flip flop them back. I'm concerned that takes away the whole purpose behind a moratorium on the skilled level. If they buy them as a basic bed and then de-licensed in the state system to get us closer to that number per capita number of beds, then by allowing them to automatically convert them back to a skilled bed doesn't seem to serve a purpose.

Salwei: They had to be a skilled bed to begin with.

Rep. Porter: I understand that. Obviously whoever bought them didn't need a skilled bed at the time. Then they are de-licensed in the system to get us closer to that number. That whole pool of beds is sitting out there and then they can convert them back into the system whenever they wanted. Then they could take us from a system where we might be closer

to that 55 number and put us back up to that 65 or 70 number and that does affect the State of North Dakota.

Salwei: It does as far as buying the skilled beds and not needing them. That happened in Grand Forks. They had a demand for skilled beds and thought it would continue, but it didn't and then they wanted to convert them to basic care beds. It gives them that flexibility. We try to provide for whatever is needed. In rural areas like mine, home health services are hard to get. If I can take those beds from layaway and convert them to basic care and provide that service in my area I feel I am serving the community. This gives me the flexibility if you do that.

Rep. Laning: Explain the difference between a basic bed and a skilled bed?

Salwei: Skilled beds is someone who needs 24 hour skilled care and basic care is less amount of services. We are the only state that has basic care.

Rep. Kiefert: What would happen if we left open the supply and demand and they didn't have to buy the beds?

Salwei: In skilled they have to get them from someplace. The number of skilled beds in the state is capped.

Chairman Weisz: The pays in a sense for the asset. The state pays partially for that empty bed. The state's cost goes up so we put on a moratorium. Then they put a system in place that says if the facility is less than 90% occupied he doesn't get paid that he would. A penalty is put into place. If we did away with the cap what would be the effect and no moratorium in place today what would happen?

Rep. Mooney: Do we as a state pay the facilities for the basic care beds as well?

Chairman Weisz: Yes, Medicaid does pay for basic care, but not assisted living.

Rep. Silbernagel: On skilled care beds is the state paying when the bed is empty?

Chairman Weisz: No, the state isn't paying directly for that empty bed, but overall the state pays because of the formula, when it pays the asset costs and factors them in for an per patient. When there is excess assets then the state is paying more for each patient.

Rep. Oversen: There is an additional unnecessary cost overall if there is empty skilled care beds. Is it different form empty basic care beds?

Chairman Weisz: That is correct. That was the point of the moratorium. It was to limit. We don't allocate anything to assets.

Rep. Oversen: Does the moratorium have anything to do with the push towards more home and community based care and to keep elderly out of facilities?

Salwei: I think the push for home and community based services has more to do with the number of vacancies we have.

Chairman Weisz: The push for home and community based services has reduced the numbers of basic and skilled care.

Salwei: My average is less than a year or year and a half for a stay in my facility.

LeeAnn Theil: From the Department of Human Services (DHS). While there is a moratorium on nursing facility and basic care beds, the 90% occupancy limitation is representative as Chairman Weisz has identified; really gives incentive to the facility to sell those beds or transfer them. That is how we got the two new ones in Bismarck. There is no incentive on the basic care side to do that. There is no occupation limitation. So you can have two facilities that can both be 50% occupied, but because there is no limitation on the occupancy, we are paying the total fixed cost within that rate. When someone qualifies for Medicaid and in a basic care facility the fixed cost is spread over who is in there.

Rep. Porter: Maybe the answer would be putting to put the same 90% factor on basic care when Medicaid is involved.

Thiel: The department would implement that if that is what we were directed to do that.

Chairman Weisz: There aren't any separate fixed costs, your assumption is what you pay on the Medicaid is obviously covering their fixed costs.

Thiel: Yes, we are just spreading those fixed costs.

Chairman Weisz: You aren't directly having an allocation of fixed costs for basic care.

Thiel: No.

Chairman Weisz asked for further testimony in support and then in opposition. No response so he closed the hearing on HB 1035.

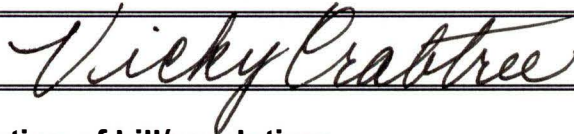
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1035
February 18, 2013
Job #19095

☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Moratorium expansion basic care bed capacity long term care bed capacity.

Minutes:

Chairman Weisz called the meeting to order on HB 1035.

Rep. Porter: I would offer an amendment to remove Section 1 that would remove the moratorium component for basic care but leave it in for the skill care where we have fixed the rates.

Rep. Laning: Second.

Rep. Silbernagel: That would terminate on July 31, 2013.

Chairman Weisz: That's correct. We have always looked at this every two years and this would eliminate that on the basic care.

Rep. Mooney: I will be objecting to this amendment. Everyone I have talked with, skilled and long term care basic has said the moratorium is working and shouldn't selectively dismembering it. I will not be supporting the amendment.

Rep. Oversen: I echo that sentiment. The only people I have heard are against the amendment is the committee and I haven't heard yet a reason why we should be getting rid of it so I will vote against the amendment.

Rep. Kiefert: I have asked by our local facility to support this bill as it is, so I will be voting against the amendment.

Rep. Laning: My understanding is that we are just removing the restrictions on the basic care beds. Any of the facilities can increase or decrease their needs on basic care beds. I don't understand why there is so much reluctance to giving them that much more freedom.

Chairman Weisz: I still would like to know why the state has an interest in posing a moratorium on basic care. Basic care is not a capitated rate. People have to go 100-150

miles from their home town to go where there is a bed open. I struggle when we pay good money for a study and came out and said there is absolutely no rational why the state has a basic care moratorium. The Health Council made a decision to recommend a moratorium without even understanding that basic care is different than skilled care.

Rep. Fehr: Do we have a copy of that study?

Chairman Weisz: I was going to give you a copy. I have a copy of it sitting at home. I would think we can get one down to us.

Rep. Muscha: How long has this moratorium been in place?

Chairman Weisz: Shelly can you answer that?

Shelly Peterson: (From audience) said 1996.

Rep. Kiefert: Can you explain more what the amendment does?

Chairman Weisz: It will say that a facility that wants to add a bed license for basic care would be able to get that license without have to purchase it from another facility or going through this process. There is no penalty for a facility unloaded excess beds. In skilled care there is a penalty if you are not at 95% capacity.

Rep. Hofstad: We have a goal right now of 15 beds per thousand. I think we have slightly more than that right now. How do you see this affecting that?

Chairman Weisz: On the short term I see a very minimal affect. Why would you add beds if you don't have the potential to fill them? It might encourage some of these facilities to de-license their beds. They have been sitting on them because they think they can get good money so why de-license. Everything we are doing is trying to move people into the minimum level of care as necessary. If we can move them from skilled to basic, then maybe we can move them from basic into home and community basic care.

Rep. Mooney: How does this impact like Steele who just bought 10 beds for about \$100,000, correct?

Chairman Weisz: Correct. It won't have any effect on Steele. The ones that it will harm are those with access beds and could have sold them, but sat on them to get more money for them.

Rep. Mooney: In effect it is our own stock market.

Chairman Weisz: We have created it. That market could disappear just like it did with skilled care. At the peak didn't some beds sell for over \$20,000 on the skilled care?

Shelly Peterson: (From audience) said they sold at \$22,000.

Chairman Weisz: If it weren't for the transfer abilities, skilled care beds have no value.

Rep. Laning: Those that want to add more basic care beds can do so without having to pay \$10,000 and holds their cost down in the future.

Rep. Mooney: If we open the market on basic care and now if we have more basic care and you have the skilled care over here that would move over to basic care; doesn't that affect the actual housing capacity on the skilled care side?

Chairman Weisz: That's what we would like to happen. The state can pay \$3,000 instead of \$7,000 a month

Rep. Mooney: But they will then be penalized if they don't have a full house, correct?

Chairman Weisz: Hopefully they will de-license their beds if the demand isn't there.

Rep. Kiefert: (Read an email from his computer from State Health Council) The State Health Council completed a comprehensive review of the basic care moratorium in 2012 and the council's decision was unanimous to continue the basic care moratorium and recommended the exemption provision. Senator Anderson Jr. is a member of the State Health Council and supported this recommended. Today there are 275 open basic care beds and basic care facilities have shut down in (in audible), Williston, Carrington and Bismarck. Basic care statewide occupancy is 85%.

Chairman Weisz: The Health Council made the recommendations and they don't even understand the payment structure rate, including Senator Anderson. If they are going to make recommendations they should understand them. When we questioned them if they used the 2002 study, they weren't even aware of it. We don't have a history to look at in other states as we are the only state that has basic beds.

Chairman Weisz: We have a motion on an amendment in front of us. We will have the clerk do a roll call on this.

ROLL CALL VOTE: 8 y 5 n 0 absent

Amendment Carried.

Rep. Porter: I move a Do Pass as amended on HB 1035

Rep. Fehr: Second.

Roll Call Vote: 13 y 0 n 0 absent

MOTION CARRIED

February 18, 2013

VR
2/18/13

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1035

Page 1, line 1, remove "subsection 1 of section 23-09.3-01.1 and"

Page 1, line 3, remove "expansion of basic care bed capacity and the moratorium on"

Page 1, remove lines 6 through 24

Renumber accordingly

Date: 2-18-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1035

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Porter Seconded By Rep. Laning

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY		✓
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA		✓
REP. ANDERSON	✓		REP. OVERSEN		✓
REP. DAMSCHEN	✓				
REP. FEHR		✓			
REP. KIEFERT		✓			
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 8 No 5

Absent 0

Floor Assignment _____

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

amendment
Remove Section 1

Date: 2-18-13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1035

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Porter Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN	✓	
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Weiss

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

REPORT OF STANDING COMMITTEE

HB 1035: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1035 was placed on the Sixth order on the calendar.

Page 1, line 1, remove "subsection 1 of section 23-09.3-01.1 and"

Page 1, line 3, remove "expansion of basic care bed capacity and the moratorium on"

Page 1, remove lines 6 through 24

Renumber accordingly

2013 SENATE HUMAN SERVICES

HB 1035

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee Red River Room, State Capitol

1035
3/19/13
20144

☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to the moratorium on expansion of basic care bed capacity and the moratorium of long-term care bed capacity

Minutes:

See "attached testimony."

Chairwoman J. Lee opens the hearing for HB 1035

Shelia Sadness Senior fiscal Analyst from the Legislative Council introduces the bill the committee and is neutral. See attached testimony #1.

Shelly Peterson president of the North Dakota Long Term Care Association. Testified in favor HB 1035. See attached testimony #2 (0:17:16) **Senator Dever:** asked about the sunset date. **Senator Dever:** asks how other states provide care for those that nursing home eligible. **Senator Anderson:** Discusses adding basic care into the home and community based service figures. **Senator Anderson** asked about benefit to the resident of North Dakota and to the state. **Senator Anderson** asked about rates calculations.

Senator Larsen closes public hearing.

Senator Dever motions for Do Pass

Senator Axness

Do Pass 5-0-0

Senator Dever will carry.

FISCAL NOTE
Requested by Legislative Council
02/19/2013

Amendment to: HB 1035

- 1 A. **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.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

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

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

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

HB1035 as amended repeals the moratorium on basic care beds and may result in the building of new basic care facilities that would have not been constructed within the moratorium. The Department is unable to estimate the fiscal impact as the number of new facilities that may be built is unknown.

- 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.*

Section 1 has been replaced and the moratorium on basic care beds eliminated. The Department is unable to estimate the fiscal impact of the repeal of the moratorium on basic care beds because it is unknown how many new facilities may be built. Repeal of the moratorium on basic care beds may result in the building of new basic care facilities that would have not been constructed within the moratorium. A newly constructed building would have a higher daily rate for Medicaid residents due to the higher allowable cost in the property cost category.

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: Department of Human Services

Telephone: 701-328-1980

Date Prepared: 02/20/2013

Date: 3-19-13
Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1035

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By SEN DEVER Seconded By SEN AXNESS

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness	✓	
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 5 No 0

Absent _____

Floor Assignment SEN DEVER

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

REPORT OF STANDING COMMITTEE

HB 1035: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS**
(5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1035 was placed on the
Fourteenth order on the calendar.

2013 TESTIMONY

HB 1035

Mr. Chairman, members of the committee:

For the record, my name is Sheila Sandness and I am a Senior Fiscal Analyst for the Legislative Council. I am here to present information on House Bill No. 1035 relating to the extension of the current moratoriums on the expansion of nursing facility and basic care beds through July 31, 2015. I appear neither for nor against the bill, but just to provide information and answer any questions you may have.

The Legislative Assembly in 2011 approved House Bill No. 1040, which extended the moratorium on expansion of basic care bed capacity and the moratorium on expansion of long-term care bed capacity from July 31, 2011, to July 31, 2013. As of November 2012, there were 6,182 licensed long-term care beds and 1,827 basic care beds in the state. Section 3 of the bill required the Health Council review current health care bed recommendations to determine if changes should be made to better serve the population of North Dakota and report its findings to the Legislative Management by July 1, 2012. The interim Health Services Committee was assigned the responsibility to receive this report.

The Health Council report included the following recommendations:

- Continue the moratorium on nursing facility and basic care beds in the state;
- Reduce the target for nursing facility beds in the state from 60 to 55 nursing facility beds per 1,000 population aged 65 and above;
- Continue the target for basic care facility beds at 15 basic care beds per 1,000 population over age 65; and
- The Legislative Assembly reconsider provisions that allow for new and additional basic care beds.

The interim Health Services Committee accepted the recommendations of the Health Council to reduce the recommended target number of nursing facility beds in the state from 60 to 55 nursing facility beds per 1,000 population aged 65 and above

and to continue the recommended target number for basic care facility beds at 15 basic care beds per 1,000 of population over age 65. The committee recommends House Bill No. 1035 to extend the current moratoriums on the expansion of nursing facility and basic care beds through July 31, 2015.

The Health Services Committee's findings and recommendation regarding the extension of the current moratoriums on the expansion of nursing facility and basic care beds can be found in the "Report of the North Dakota Legislative Management".

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

Testimony on HB 1035
Basic Care and Nursing Facility Moratorium
House Human Services Committee
January 16, 2013

Good morning Chairman Weisz and members of the House Human Services Committee. My name is Shelly Peterson, President of the North Dakota Long Term Care Association (NDLTCA). The NDLTCA represents assisted living, basic care and nursing facilities. I am here to testify in support of HB 1035 regarding the basic care and nursing facility moratorium.

HB 1035 proposes to continue the basic care and nursing facility moratorium through July 31, 2015. HB 1035 also provides for an exception process under the following conditions:

1. A nursing facility can convert nursing facility beds to basic care. This is allowed once a year, thus if you've converted some beds to basic care and you find there isn't a demand or need, you can change these beds back to nursing facility beds after one year.
2. If an entity can prove to the State Department of Health and the Department of Human Services that basic care beds are not readily available within a designated area of the state or that existing basic care beds within a 50 mile radius have been occupied at ninety percent or more for the previous 12 months, you could receive "free beds".

Basic care beds approved under this provision over the past two years include:

Nursing Facility Beds converted to Basic Care:

Good Samaritan Society—Arthur – 25 beds
Good Samaritan Society—Bottineau – 7 beds
Good Samaritan Society—Devils Lake – 13 beds
Good Samaritan Society—Lake Country Manor, Devils Lake – 7 beds
Dunseith Community Nursing Home – 5 beds
Four Seasons Healthcare Center, Forman – 5 beds
Good Samaritan Society—Lakota – 6 beds

Good Samaritan Society—Mott – 12 beds
Lutheran Home of the Good Shepherd, New Rockford – 6 beds
Northwood Deaconess Health Center – 5 beds
Good Samaritan Society—Park River – 12 beds
Siena Court, Wahpeton – 16 beds
Pemblier Nursing Center, Walhalla – 8 beds

Basic Care Beds Approved Based Upon Need:

Hill Top Home of Comfort in Killdeer – 10 beds

When a facility receives basic care beds under the need process, they have 48 months to put the beds in service.

We believe HB 1035 regarding the moratorium should continue. Today I would like to share with you why we think the moratorium should continue and the current status of licensed facilities, licensed beds and vacancies for basic care and nursing facilities. Ending, I would like to touch upon a small change we are seeking in the moratorium to allow more basic care beds to be available and distributed to other areas of the state.

Why Should the Basic Care and Nursing Facility Moratorium Continue?

1. North Dakota is considered to still have a high bed count when you consider the beds per 1,000 elderly. In looking at a CMS chart using 2011 data for the 65+ population, North Dakota nursing facility beds are reported at 65 beds per 1,000 persons age 65 and older (Attachment A). The U.S. average at this same time was 41 beds per 1,000 persons age 65 and older. This is the information states use to compare themselves regarding the need for additional nursing facility beds. As you can see under this standard, North Dakota is considered to have a high number of nursing facility beds.
2. During the 2011-2012 interim, the Legislature directed the State Health Council to review the current nursing facility and basic care bed recommendations and determine if changes should be made to better serve the population of North Dakota. In 1994 the State Health Council recommended North Dakota should try to strive to attain 60 beds per 1,000

population over the age of 65. North Dakota nursing facilities were around 75 beds per 1,000 elderly at that time. At that same time the State Health Council recommended that basic care capacity not exceed 15 beds per 1,000 population aged 65 and older. You were wise in directing the recommendations (that were over 15 years old) be re-evaluated. On April 10, 2012, the State Health Council adopted new recommendations (Attachment B).

- a. The moratorium on nursing facilities and basic care beds should continue;
- b. The goal for nursing facility beds was set at 55 nursing facility beds per 1,000 population age 65 and older;
- c. The goal for basic care beds was set at 15 basic care beds per 1,000 population age 65 and older.
- d. And, since we are currently at 16.49 basic care beds/1,000 population aged 65 and above (15.53 basic care beds/1,000 population aged 65 and above excluding special care facilities), we recommend reconsideration of the provision to allow for new and additional basic care beds.

Today, nursing facilities are at 57.10 beds per 1,000 elderly (65+) and basic care is at 16.49 beds per 1,000 elderly.

	State Health Council 1994 Goal	State Health Council 2012 Goal	2012 Beds Per 1,000 Elderly	2012 US Average
Nursing Facilities	60	55	57.10	41
Basic Care	15	15	16.49	N/A

Although we believe the moratorium should continue and the basic care exception process continue, beds are being re-distributed across the state from low demand to high demand areas. This is occurring because, as long as the total bed count does not increase, beds are moved around through the buying and selling process. We have seen the re-distribution of beds. This has allowed some communities to "get more beds" and others to get rid of excess capacity. This has helped rural facilities who have had empty beds get some "cash" to help with their operation, which may be financially frail.

Nursing Facility Bed Redistribution of the Past Two Years

<u>Nursing Facilities Who Reduced Beds or Closed</u>	<u>Banked Beds</u>
Parshall (March 2011) – closed – 30 nursing facility beds	Fargo
Baptist Home, Bismarck – Reduced 1 (Sale Pending)	
Good Samaritan Society—Osnabrock (July 2012) – closed – 24 nursing facility beds/6 basic care beds	Osnabrock & Fargo
Sanford Subacute (November 2012) – closed – 18 nursing facility beds	Mandan
Sanford Health Underwood Continuing Care Center (March 2013) – closed – 50 nursing facility beds	Bismarck/Mandan

Basic Care Facility Bed Redistribution of the Past Two Years

<u>Basic Care Facilities Who Reduced Beds or Closed</u>	<u>Banked Beds</u>
Holy Family Villa, Carrington (December 31, 2012) – closed – 24 basic care beds	Fargo, Dickinson & Steele (in service)
Kensington, Williston (December 31, 2012) – closed – 71 basic care beds	Minot, Fargo, Dickinson, & Steele (in service)
Baptist Home, Bismarck – Reducing 10 (Sale Pending)	

Unfortunately we have a number of facilities struggling with staffing and occupancy issues. Today, based upon the June 30, 2012 cost report, 25 nursing facilities are under 90% occupancy. Even with the re-distribution of beds, communities are seeing less demand for skilled nursing facility services. For basic care, statewide occupancy is 85%. In some areas we have demand for basic care and nursing facility services but not sufficient staff thus admissions are curtailed.

See Attachment C for a summary of nursing facility staffing challenges.

Attachment D is a map of licensed basic care beds, vacant beds and beds waiting to be put in service. Behind the map is a list of each basic care facility, showing licensed capacity and vacancies as of January 11, 2013.

Attachment E is a map of licensed nursing facility beds, beds waiting to be put in service and the current vacancies throughout North Dakota. Behind the map is a list of each nursing facility, showing licensed capacity and vacancies as of January 11, 2013.

Attachment F is a map of licensed assisted living units and their location throughout North Dakota. There is not a moratorium for assisted living facilities.

During the 2011 Legislative Session, you passed a law allowing nursing facilities to temporarily decrease their licensed bed capacity up to 25% of their beds annually. They can lay these beds aside for a maximum of two years. This option allows a nursing facility to get above 90% occupancy by temporarily taking beds out of service.

At the end of the two year lay away period, the nursing facility has four options:

1. Bring those nursing facility beds back into service within their own facility;
2. Convert those nursing facility beds to basic care beds and bring them back into their facility;
3. Sell as nursing facility beds;
4. Sell as basic care beds.

If the nursing facility does not take any action at the end of the two year period, the beds cease to exist. After the two year period, if you sell the beds as basic or skilled, the new owner has an additional two years to relicense the beds in the new location.

A nursing facility can never lay away more than 50% of their current licensed capacity.

Attachment G is a list of nursing facilities that have set beds aside since you passed the law in 2011. To date, 9 nursing facilities are setting 107 beds aside.

A second feature of the 2011 legislation allows a nursing facility to sell their beds as either nursing facility or basic care beds. The type of bed sold is determined at the time of the sale and must remain that type of bed. We will be proposing new legislation to amend this provision. Once a sale for nursing facility beds is complete and they are waiting to be put in service, we would like the new owner to have the option to put this "nursing facility" bed into service or be sold as a basic care bed. This provision was lost when the 2011 statute was amended.

We didn't realize feature of flexibility was removed from those in the bed bank. This will also affect those in the bed lay away program.

Two nursing facilities have lost or will lose nursing facility beds when they could have been sold or converted to basic care beds. This proposed legislation will come before you in the coming weeks. This option is important as facilities plan for the future.

In summary we believe North Dakota has a sufficient supply of nursing facility and basic care beds and the moratorium should continue. Today, throughout North Dakota we have 458 open nursing facility beds and 275 open basic care beds. Your support of HB 1035 is appreciated. I would be happy to address any questions you may have at this time.

Shelly Peterson, President
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Attachments:

Attachment A	Nursing facility chart comparing US and states on nursing facility beds per 1,000 persons age 65 and older
Attachment B	State Health Council Recommendations on beds per 1,000 elderly
Attachment C	Nursing facility workforce
Attachment D	Map on licensed basic care beds, vacant beds and beds waiting to be put in service.
Attachment E	Map on licensed nursing facility beds, vacant beds and beds waiting to be put in service.
Attachment F	Map of licensed assisted living facilities units.
Attachment G	Nursing facilities that have set beds aside for up to two years.

State	Number of certified nursing home beds, 2011	65+ population, 2011	Nursing home beds per 1,000 65+ population, 2011
US	1,702,563	41,121,050	41
AK	662	59,240	11
AL	26,692	660,260	40
AR	24,600	419,490	59
AZ	16,433	961,220	17
CA	120,809	4,515,720	27
CO	20,083	532,480	38
CT	29,045	524,310	55
DC	2,772	60,540	46
DE	4,825	128,500	38
FL	82,567	3,524,770	23
GA	39,857	1,010,540	39
HI	4,315	196,540	22
IA	35,209	453,960	78
ID	6,131	186,850	33
IL	100,433	1,619,540	62
IN	58,832	821,370	72
KS	25,732	379,930	68
KY	25,928	566,970	46
LA	36,168	592,290	61
MA	49,054	922,530	53
MD	28,763	734,650	39
ME	7,121	217,090	33
MI	46,933	1,354,200	35
MN	31,574	683,270	46
MO	55,114	833,480	66
MS	18,632	385,820	48
MT	6,910	148,850	46
NC	44,443	1,191,860	37
ND	6,374	98,260	65
NE	16,154	245,950	66
NH	7,710	183,940	42
NJ	51,652	1,252,830	41
NM	6,789	288,400	24
NV	5,984	344,270	17
NY	117,911	2,687,950	44
OH	92,577	1,603,010	58
OK	29,073	502,160	58
OR	12,232	506,970	24
PA	88,927	1,973,330	45
RI	8,792	159,420	55
SC	19,605	624,060	31

Attachment A

SD	6,949	115,830	60
TN	37,235	848,180	44
TX	133,268	2,664,130	50
UT	8,375	240,990	35
VA	32,358	1,023,730	32
VT	3,250	96,200	34
WA	21,811	819,250	27
WV	35,837	296,130	121
WI	7,094	785,050	9
WY	2,969	74,800	40

Source: CMS Form 671; U.S. Census Bureau Population Projections

**Health Council Recommendations
Long Term Care Bed Capacity in North Dakota
Adopted April 9, 2012**

House Bill 1040, Section 3, passed in the 2011 Legislative Session, directed the State Health Council to review current health care bed recommendations and determine if changes should be made to better serve the population of North Dakota. The current State Health Council recommendations for health care beds were adopted January 18, 1994 and include:

- No additional [nursing facility] beds will be approved for licensure or certification unless the capacity within the affected planning region falls below 60 nursing facility beds per 1,000 population aged 65 and above.
- In no case will the statewide [basic care] bed capacity exceed 15 basic care beds per 1,000 population aged 65 and older.

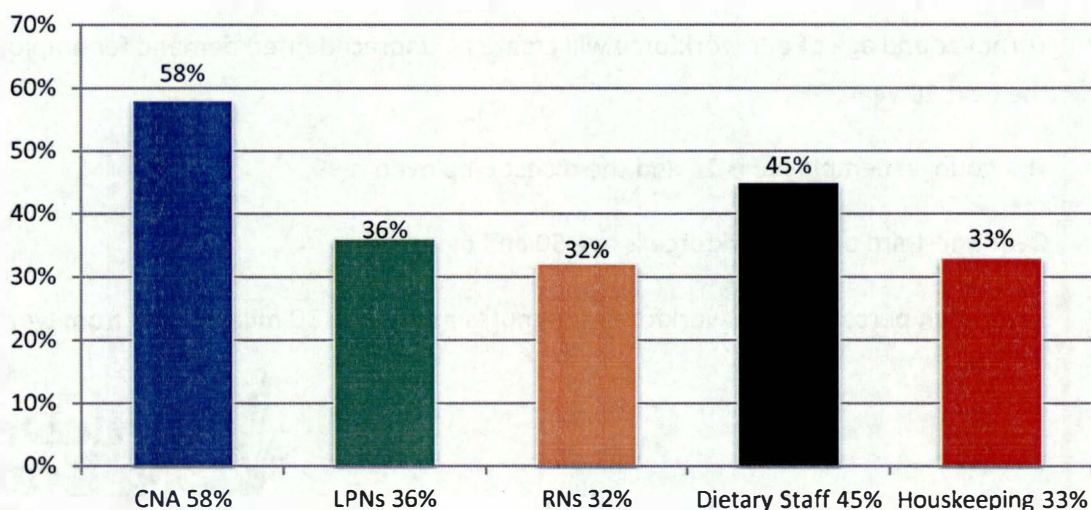
Based on review of all information gathered and considered by the Health Council, the following recommendations were adopted by the State Health Council on April 9, 2012.

- The moratorium on nursing facility and basic care beds in North Dakota should continue.
- The target for nursing facility beds in North Dakota will be 55 nursing facility beds per 1,000 population aged 65 and above.
- The target for basic care facility beds in North Dakota will continue to be 15 beds per 1,000 population aged 65 and above.
- And, since we are currently at 16.49 basic care beds/1,000 population aged 65 and above (15.53 basic care beds/1,000 population aged 65 and above excluding special care facilities), we recommend reconsideration of the provision to allow for new and additional basic care beds.

Nursing Facility Workforce

- Top issue facing nursing facilities is staffing.
- Number of individuals employed in 68 nursing facilities was 9,267. Based upon this ratio, total people employed by 83 nursing facilities are estimated to be 11,311.
- July 1, 2012, sixty-three nursing facilities reported 751 vacant positions. The estimate for all 83 nursing facility vacancies is 989.
- North Dakota will need 1,880 additional nurses by 2018.
- Nine of sixty-six reporting nursing facilities stopped admissions in 2012 because of a lack of staff.
- Sixty-six percent of nursing facilities, 2 out of 3 facilities, used contract agency staff in 2012 to staff their facilities.
- The use of contract nursing over the previous twelve months is up over 100%.
- The 2012 average salary increase provided was 2.9%, however one-third of nursing facilities also provided an extra enhancement to retain their employees. Enhancements were as high as \$5 per hour to 20% increases.

2012 Staff Turnover



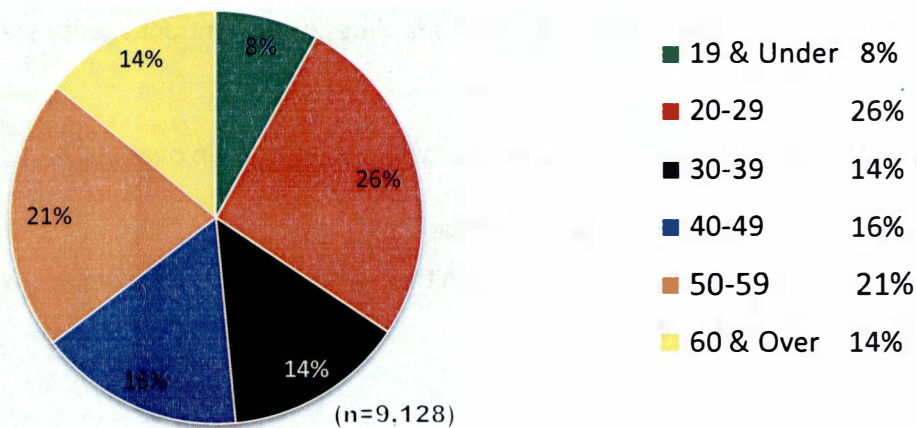
Nursing Facility Workforce (continued)

History of Nursing Facility Turnover 1995 to 2012

Position	1995	2000	2003	2006	2010	2012
CNAs	59%	66%	35%	53%	62%	58%
LPNs	22%	24%	17%	21%	33%	36%
RNs	28%	33%	17%	25%	40%	32%
Dietary	43%	54%	N/C*	44%	57%	45%
Housekeeping	40%	27%	N/C*	30%	34%	33%

*N/C = Not Collected

Age of Nursing Facility Workforce

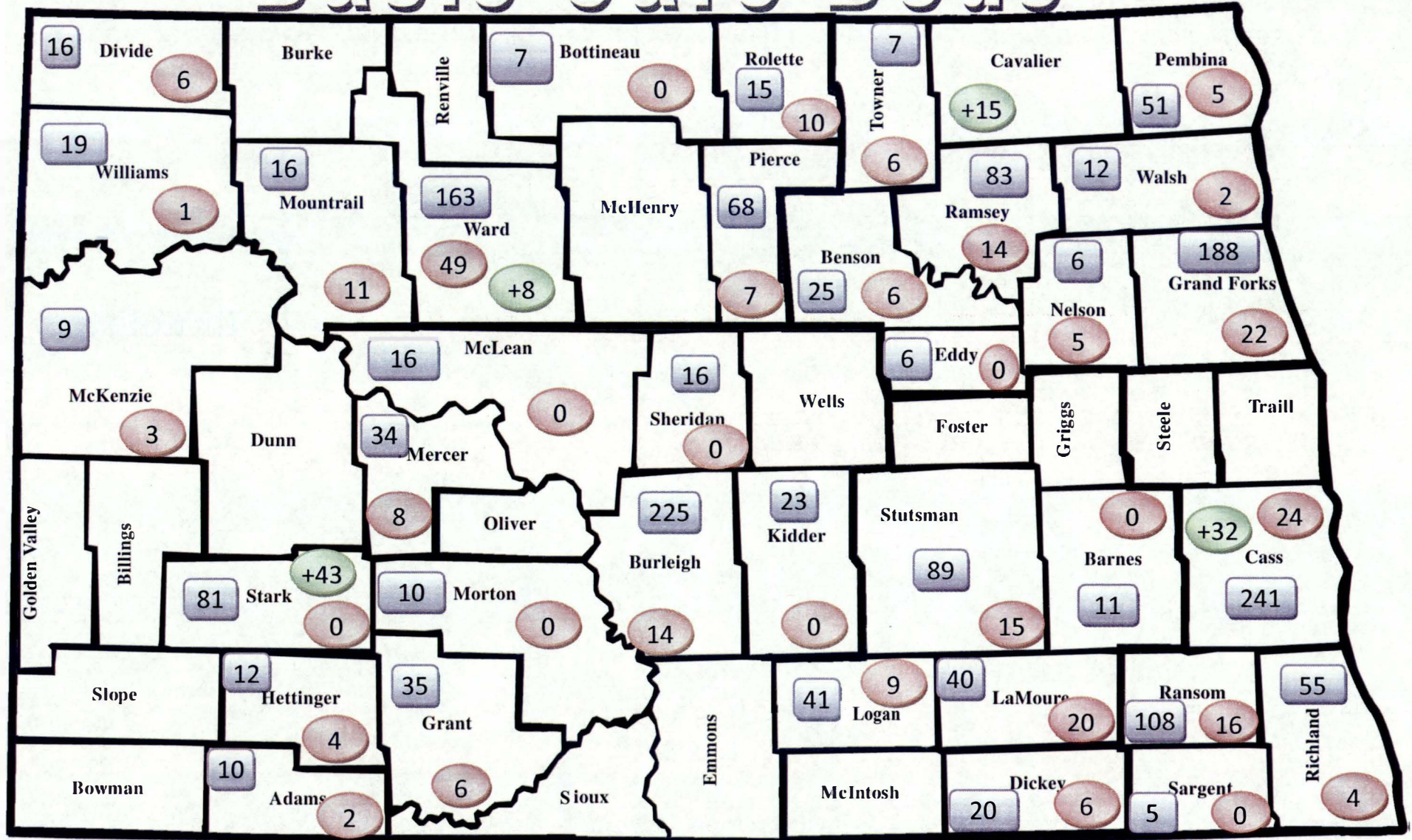


- Turnover and age of our workforce will create an unprecedented demand for employees in the next 10 years.
- The youngest employee is 14 and the oldest employee is 99.
- Over one-third of our workforce is age 50 and older.
- Seventeen percent of the workforce commutes more than 30 miles to and from work.


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Basic Care Beds

Attachment D



Sixty-six licensed basic care facilities as of January 11, 2013

Purple Box – Number of licensed basic care beds as of January 11, 2013 (total licensed beds = 1,763).

Red Box – Number of vacant licensed basic care beds available on January 11, 2013 (total vacancies = 275).

Green Box – Number of licensed basic care beds expected to increase in the county (purchased or transferred).

Licensed Basic Care Facility Beds, Locations and Vacancies Attachment D

City	County	Facility Name	Licensed Capacity	Number of Vacancies
Arthur	Cass	Prairie Villa	25	1
Bismarck	Burleigh	Baptist Home, Inc.	10	5
Bismarck	Burleigh	Edgewood Bismarck Senior Living	40	3
Bismarck	Burleigh	Edgewood Vista at Edgewood Village	49	1
Bismarck	Burleigh	Good Samaritan Society—Bismarck	18	3
Bismarck	Burleigh	Maple View East	20	0
Bismarck	Burleigh	Maple View North	28	2
Bismarck	Burleigh	The Terrace	40	0
Bismarck	Burleigh	Touchmark on West Century	20	0
Bottineau	Bottineau	Good Samaritan Society – Bottineau	7	0
Cando	Towner	St. Francis Residence	7	6
Crosby	Divide	Good Samaritan Society – Crosby	16	6
Devils Lake	Ramsey	Good Samaritan Society – Devils Lake	13	2
Devils Lake	Ramsey	Good Sam. Society—Lake Country Manor	7	1
Devils Lake	Ramsey	Odd Fellows Home	43	2
Dickinson	Stark	CountryHouse	30	0
Dickinson	Stark	Evergreen	51	0
Dunseith	Rolette	Dunseith Comm. Nursing Home	5	4
Edgeley	LaMoure	Manor St. Joseph	40	20
Edmore	Ramsey	Edmore Memorial Rest Home	20	9
Elgin	Grant	Dakota Hill Housing	35	6
Ellendale	Dickey	Evergreen Place	20	6
Fargo	Cass	Bethany Towers I and II	40	3
Fargo	Cass	Edgewood Vista at Edgewood Village	33	2
Fargo	Cass	Evergreens of Fargo	54	15
Fargo	Cass	Good Samaritan Society – Fargo	40	2
Fargo	Cass	Touchmark at Harwood Groves	25	0
Forman	Sargent	Four Seasons Healthcare Ctr Inc.	5	0
Gackle	Logan	Gackle Care Center	41	9
Grand Forks	Grand Forks	Maple View Grand Forks Memory Care Con	36	0
Grand Forks	Grand Forks	Parkwood Senior Living	40	4
Grand Forks	Grand Forks	St. Anne's Guest Home	54	11
Grand Forks	Grand Forks	Tufte Manor	53	4
Hazen	Mercer	Senior Suites at Sakakawea	34	8
Hettinger	Adams	Western Horizons Care Center	10	2
Jamestown	Stutsman	Bethel 4 Acres Ltd	16	2
Jamestown	Stutsman	Rock of Ages, Inc.	53	9
Jamestown	Stutsman	Roseadele	20	4
Kenmare	Ward	Maple View of Kenmare	44	25
Lakota	Nelson	Good Samaritan Society—Lakota	6	5
Lisbon	Ransom	North Dakota Veterans Home	98	15
Lisbon	Ransom	Parkside Lutheran Home	10	1
Maddock	Benson	Maddock Memorial Home	25	6

Licensed Basic Care Facility Beds, Locations and Vacancies

Attachment D

City	County	Facility Name	Licensed Capacity	Number of Vacancies
Mandan	Morton	Dakota Pointe	10	0
McClusky	Sheridan	Sheridan Memorial Home	16	0
Minot	Ward	Edgewood Vista Memory Care	24	1
Minot	Ward	Edgewood Vista Minot Senior Living	31	5
Minot	Ward	Emerald Court	28	6
Minot	Ward	Maple View Memory Care of Minot	36	12
Mott	Hettinger	Good Samaritan Society – Mott	12	4
Mountain	Pembina	Borg Pioneer Memorial Home	43	5
New Rockford	Eddy	Luth Home of the Good Shep NH	6	0
New Town	Mountrail	Lakeside Community Living Center	16	11
Northwood	Grand Forks	Northwood Deaconess Hlth Ctr	5	3
Park River	Walsh	Good Samaritan Society—Park River	12	2
Rolette	Rolette	Rolette Community Care Center	10	6
Rugby	Pierce	Haaland Estates – Basic Care	68	7
Steele	Kidder	Golden Manor Inc.	23	0
Valley City	Barnes	HI Soaring Eagle Ranch	11	0
Wahpeton	Richland	Siena Court	16	0
Wahpeton	Richland	Leach Home	39	4
Walhalla	Pembina	Pembilier Nursing Center	8	0
Watford City	McKenzie	McKenzie Cty HC Systems	9	3
West Fargo	Cass	Eventide at Sheyenne Crossings	24	1
Williston	Williams	Bethel Lutheran Nrsng & Rehab Ctr	19	1
Wilton	McLean	Redwood Village	16	0
TOTAL			1763	275

[illegible]

Green Box – Number of licensed nursing facility beds expected to increase in the county (purchased or transferred).

Licensed Nursing Facility Beds, Locations and Vacancies

Attachment E

City	County	Facility Name	Licensed Capacity	Number of Vacancies
Aneta	Nelson	Aneta Parkview Health Center	39	0
Arthur	Cass	Good Samaritan Society – Arthur	31	2
Ashley	McIntosh	Ashley Medical Center	44	6
Beulah	Mercer	Knife River Care Center	86	5
Bismarck	Burleigh	Baptist Home, Inc.	141	8
Bismarck	Burleigh	Good Samaritan Society—Bismarck	48	1
Bismarck	Burleigh	Missouri Slope Luth Care Center	255	4
Bismarck	Burleigh	Sanford Health St. Vincent's Cont CC	101	0
Bismarck	Burleigh	Sanford Subacute	CLOSED	CLOSED
Bismarck	Burleigh	St. Alexius Medical Center – TCU	19	2
Bismarck	Burleigh	St. Gabriel's Community	72	0
Bottineau	Bottineau	Good Samaritan Society – Bottineau	71	14
Bowman	Bowman	Southwest Healthcare Services	59	13
Cando	Towner	Towner County Living Center	37	4
Carrington	Foster	Golden Acres Manor	60	1
Cavalier	Pembina	Wedgewood Manor	50	2
Cooperstown	Griggs	Griggs County Care Center	48	0
Crosby	Divide	Good Samaritan Society – Crosby	42	9
Devils Lake	Ramsey	Good Samaritan Society – Devils Lake	48	1
Devils Lake	Ramsey	Heartland Care Center	78	4
Dickinson	Stark	St. Benedict's Health Center	164	9
Dickinson	Stark	St. Luke's Home	84	2
Dunseith	Rolette	Dunseith Comm. Nursing Home	30	7
Elgin	Grant	Jacobson Memorial Hosp Cr Ctr	25	8
Ellendale	Dickey	Prince of Peace Care Center	53	7
Enderlin	Ransom	Maryhill Manor	54	4
Fargo	Cass	Bethany on 42nd	78	0
Fargo	Cass	Bethany On University	172	0
Fargo	Cass	Elim Care Center	136	4
Fargo	Cass	Manor Care of Fargo ND, LLC	131	40
Fargo	Cass	Rosewood On Broadway	111	0
Fargo	Cass	Villa Maria	140	1
Forman	Sargent	Four Seasons Healthcare Ctr Inc.	32	1
Garrison	McLean	Benedictine Living Ctr of Garrison	52	5
Garrison	McLean	Garrison Memorial Hosp & NF	28	0
Glen Ullin	Morton	Marian Manor HealthCare Center	81	9
Grafton	Walsh	Lutheran Sunset Home	104	12
Grand Forks	Grand Forks	Valley Eldercare Center	212	11
Grand Forks	Grand Forks	Woodside Village	118	0
Hankinson	Richland	St. Gerard's Community of Care	37	3
Harvey	Wells	St. Aloisius Medical Center	95	10
Hatton	Traill	Hatton Prairie Village	42	0
Hettinger	Adams	Western Horizons Care Center	50	9

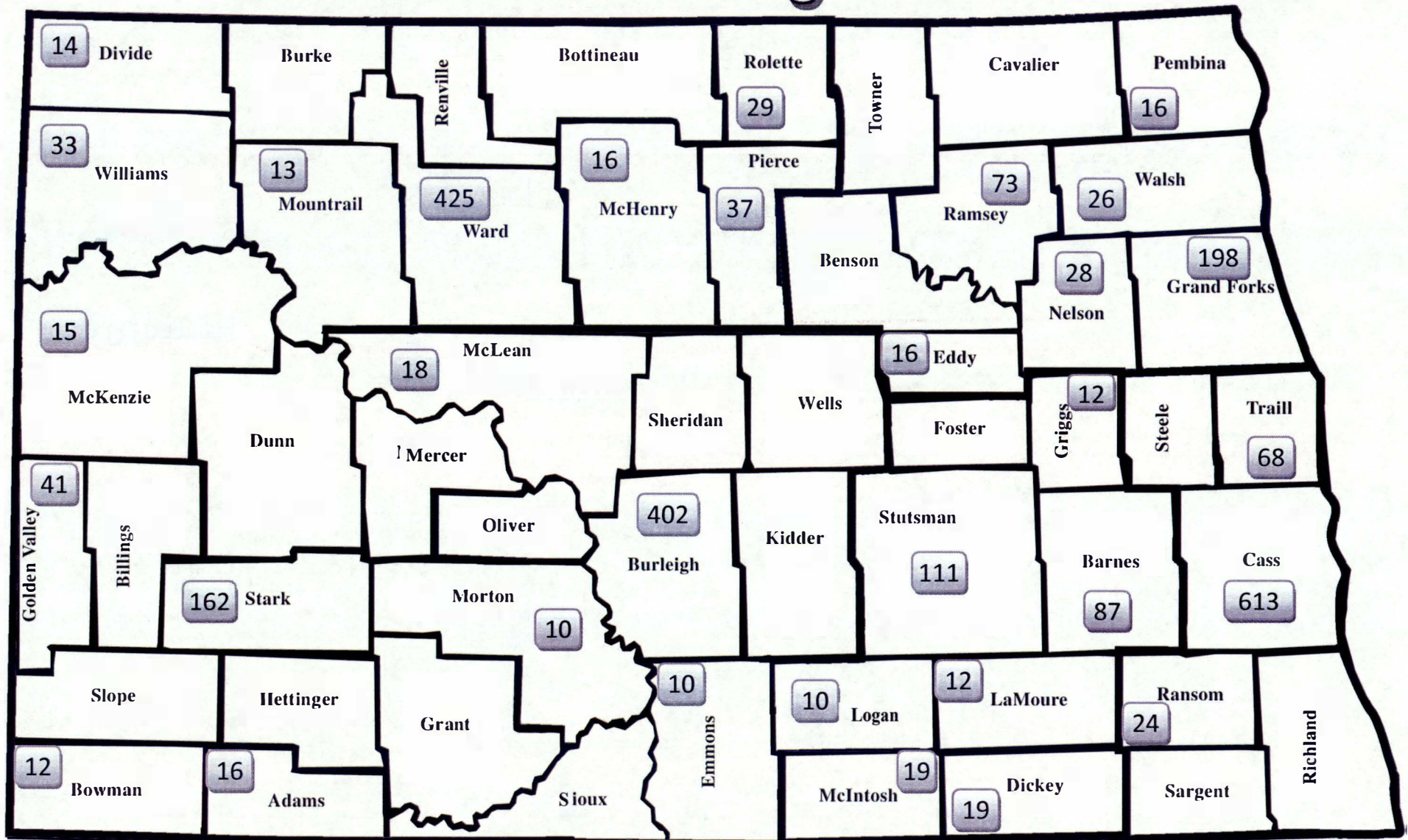
Licensed Nursing Facility Beds, Locations and Vacancies

Attachment E

City	County	Facility Name	Licensed Capacity	Number of Vacancies
Hillsboro	Traill	Sanford Health Hillsboro Medical Center	36	0
Jamestown	Stutsman	Ave Maria Village	100	0
Jamestown	Stutsman	Eventide at Hi-Acres Manor	142	23
Killdeer	Dunn	Hill Top Home of Comfort	50	10
Lakota	Nelson	Good Samaritan Society – Lakota	43	3
LaMoure	LaMoure	St. Rose Care Center	40	5
Langdon	Cavalier	Maple Manor Care Center	63	9
Larimore	Grand Forks	Good Samaritan Society – Larimore	45	1
Lisbon	Ransom	North Dakota Veterans Home	52	1
Lisbon	Ransom	Parkside Lutheran Home	40	3
Mandan	Morton	Dakota Alpha	20	1
Mandan	Morton	Sanford Health Sunset Drive Cont CC	128	3
Mandan	Morton	Sanford Health Continuing CC off Collins	64	7
Mayville	Traill	Luther Memorial Home	99	1
McVie	Nelson	Nelson Cty Hlth System Care Ctr	39	5
Minot	Ward	Manor Care of Minot ND, LLC	114	9
Minot	Ward	Trinity Homes	230	34
Mohall	Renville	Good Samaritan Society – Mohall	59	6
Mott	Hettinger	Good Samaritan Society – Mott	42	4
Napoleon	Logan	Napoleon Care Center	44	1
New Rockford	Eddy	Luth Home of the Good Shep NH	74	5
New Salem	Morton	Elm Crest Manor	68	2
Northwood	Grand Forks	Northwood Deaconess Hlth Ctr	56	6
Oakes	Dickey	Good Samaritan Society – Oakes	94	16
Park River	Walsh	Good Samaritan Society – Park River	54	4
Richardton	Stark	Richardton Health Center	19	1
Rolette	Rolette	Rolette Community Care Center	36	4
Rugby	Pierce	Heart Of America Medical Center	80	15
Stanley	Mountrail	Mountrail Bethel Home	57	1
Strasburg	Emmons	Strasburg Nursing Home	55	4
Tioga	Williams	Tioga Medical Center LTC	30	1
Underwood	McLean	Sanford Health Underwood Cont Care Ctr	50	11
Valley City	Barnes	Sheyenne Care Center	170	4
Velva	McHenry	Souris Valley Care Center	50	8
Wahpeton	Richland	St. Catherine's Living Center	100	14
Walhalla	Pembina	Pembilier Nursing Center	30	0
Watford City	McKenzie	McKenzie Cty HC Systems	47	0
West Fargo	Cass	Sheyenne Crossings Care Center/TCU	64	5
Williston	Williams	Bethel Lutheran Nrsng & Rehab Ctr	168	13
Wishek	McIntosh	Wishek Living Center	60	0
TOTAL			6170	458

Assisted Living Units

Attachment F



Seventy-one licensed assisted living facilities as of January 11, 2013

Purple Box – Number of licensed assisted living units as of January 11, 2013 (total licensed units = 2,585)

LONG TERM CARE FACILITY BED LAYAWAY PROGRAM
8-1-2011 through 7-31-2013

City	Facility	Bed Capacity	Net Change	Adjusted Bed Capacity	Date of Change	24 Months	Total Beds	25%	50%
Bottineau	Good Samaritan Society - Bottineau	75	-3	71	10/1/2011	10/1/2013	3	18	35
Bowman	Southwest Healthcare Services	66	-7	59	1/1/2012	1/1/2014	7	16	29
Harvey	St. Aloisius Medical Center Nursing Home	106	-11	95	10/1/2011	10/1/2013	11	26	47
Minot	Trinity Homes	292	-62	230	7/1/2012	7/1/2014	62	73	115
Rolette	Rolette Community Care Center	40	-4	36	10/1/2011	10/1/2013	4	10	18
	beds placed back in service as basic care				12/5/2012		-4		
Walhalla	Pembilier Nursing Center	32	-2	30	10/1/2011	10/1/2013	2	8	15
Wishek	Wishek Home for the Aged	70	-10	60	10/1/2011	10/1/2013	10	17	30
Glen Ullin	Marian Manor Healthcare Center	86	-5	81	1/1/2013	1/1/2015	5	21	40
Cando	Towner County Living Center	40	-3	37	10/1/2012	10/1/2014	3	10	18
Total			-107						

Bed Capacity = The number of licensed beds in the nursing facility prior to this action

Net Change = The number of beds placed into the bed layaway program on this date (see Date of Change)

Adjusted Bed Capacity = The number of licensed beds in the nursing facility after this date (see Date of Change)

Date of Change = Date the beds were placed in the bed layaway program

24 Months = The expiration date of the beds in the layaway program

Total Beds = The total number of beds in the bed layaway program for this facility

25% = A nursing facility may delicense a maximum of twenty-five percent of its licensed nursing facility bed capacity and place the beds into the layaway program

50% = The total delicensed nursing facility bed capacity that may be held for a nursing facility at no time may be greater than fifty percent of the number of currently licensed beds in the nursing facility

Madame Chair, members of the committee:

For the record, my name is Sheila Sandness and I am a Senior Fiscal Analyst for the Legislative Council. I am here to present information on House Bill No. 1035 relating to the extension of the current moratoriums on the expansion of nursing facility and basic care beds through July 31, 2015. I appear neither for nor against the bill, but just to provide information and answer any questions you may have.

The Legislative Assembly in 2011 approved House Bill No. 1040, which extended the moratorium on expansion of basic care bed capacity and the moratorium on expansion of long-term care bed capacity from July 31, 2011, to July 31, 2013. As of November 2012, there were 6,182 licensed long-term care beds and 1,827 basic care beds in the state. Section 3 of the bill required the Health Council review current health care bed recommendations to determine if changes should be made to better serve the population of North Dakota and report its findings to the Legislative Management by July 1, 2012. The interim Health Services Committee was assigned the responsibility to receive this report.

The Health Council report included the following recommendations:

- Continue the moratorium on nursing facility and basic care beds in the state;
- Reduce the target for nursing facility beds in the state from 60 to 55 nursing facility beds per 1,000 population aged 65 and above;
- Continue the target for basic care facility beds at 15 basic care beds per 1,000 population over age 65; and
- The Legislative Assembly reconsider provisions that allow for new and additional basic care beds.

The interim Health Services Committee accepted the recommendations of the Health Council to reduce the recommended target number of nursing facility beds in the state from 60 to 55 nursing facility beds per 1,000 population aged 65 and above

and to continue the recommended target number for basic care facility beds at 15 basic care beds per 1,000 of population over age 65. The committee recommends House Bill No. 1035 to extend the current moratoriums on the expansion of nursing facility and basic care beds through July 31, 2015.

The Health Services Committee's findings and recommendation regarding the extension of the current moratoriums on the expansion of nursing facility and basic care beds can be found in the "Report of the North Dakota Legislative Management".

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

Testimony on HB 1035
Basic Care and Nursing Facility Moratorium
Senate Human Services Committee
March 19, 2013

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Shelly Peterson, President of the North Dakota Long Term Care Association (NDLTCA). The NDLTCA represents assisted living, basic care and nursing facilities. I am here to testify in support of HB 1035 regarding the basic care and nursing facility moratorium.

HB 1035 proposes to continue the basic care and nursing facility moratorium through July 31, 2015. HB 1035 also continues an exception process under the following conditions:

1. A nursing facility can convert nursing facility beds to basic care. This is allowed once a year, thus if you've converted some beds to basic care and you find there isn't a demand or need, you can change these beds back to nursing facility beds after one year.
2. If an entity can prove to the State Department of Health and the Department of Human Services that basic care beds are not readily available within a designated area of the state or that existing basic care beds within a 50 mile radius have been occupied at ninety percent or more for the previous 12 months, you could receive "free beds".

Basic care beds approved under the conversion provision over the past two years include:

Nursing Facility Beds converted to Basic Care:

Good Samaritan Society—Arthur – 25 beds

Good Samaritan Society—Bottineau – 7 beds

Good Samaritan Society—Devils Lake – 13 beds

Good Samaritan Society—Lake Country Manor, Devils Lake – 7 beds

Dunseith Community Nursing Home – 5 beds

Four Seasons Healthcare Center, Forman – 5 beds

Good Samaritan Society—Lakota – 6 beds
Good Samaritan Society—Mott – 12 beds
Lutheran Home of the Good Shepherd, New Rockford – 6 beds
Northwood Deaconess Health Center – 5 beds
Good Samaritan Society—Park River – 12 beds
Siena Court, Wahpeton – 16 beds
Pembilier Nursing Center, Walhalla – 8 beds

Basic Care Beds Approved Based Upon Need:

Hill Top Home of Comfort in Killdeer – 10 beds

When a facility receives basic care beds under the need process, they have 48 months to put the beds in service.

We believe the moratorium for basic care and nursing facilities should continue. Today I would like to share with you why we think the moratorium should continue and the current status of licensed facilities, licensed beds and vacancies for basic care and nursing facilities.

Why Should the Basic Care and Nursing Facility Moratorium Continue?

1. North Dakota is considered to still have a high bed count when you consider the beds per 1,000 elderly. In looking at a CMS chart using 2011 data for the 65+ population, North Dakota nursing facility beds are reported at 65 beds per 1,000 persons age 65 and older (Attachment A). The U.S. average at this same time was 41 beds per 1,000 persons age 65 and older. This is the information states use to compare themselves regarding the need for additional nursing facility beds. As you can see under this standard, North Dakota is considered to have a high number of nursing facility beds.
2. During the 2011-2012 interim, the Legislature directed the State Health Council to review the current nursing facility and basic care bed recommendations and determine if changes should be made to better serve the population of North Dakota. In 1994 the State Health Council recommended North Dakota should try to strive to attain 60 beds per 1,000 population over the age of 65. North Dakota nursing facilities were around

75 beds per 1,000 elderly at that time. At that same time the State Health Council recommended that basic care capacity not exceed 15 beds per 1,000 population aged 65 and older. On April 10, 2012, the State Health Council adopted new recommendations (Attachment B).

- a. The moratorium on nursing facilities and basic care beds should continue;
- b. The goal for nursing facility beds was set at 55 nursing facility beds per 1,000 population age 65 and older;
- c. The goal for basic care beds was set at 15 basic care beds per 1,000 population age 65 and older.
- d. And, since we are currently at 16.49 basic care beds/1,000 population aged 65 and above (15.53 basic care beds/1,000 population aged 65 and above excluding special care facilities), we recommend reconsideration of the provision to allow for new and additional basic care beds.

Today, nursing facilities are at 57.10 beds per 1,000 elderly (65+) and basic care is at 16.49 beds per 1,000 elderly.

	State Health Council 1994 Goal	State Health Council 2012 Goal	2012 Beds Per 1,000 Elderly	2012 US Average
Nursing Facilities	60	55	57.10	41
Basic Care	15	15	16.49	N/A

Although we believe the moratorium should continue and the basic care exception process continue, beds are being re-distributed across the state from low demand to high demand areas. This is occurring because, as long as the total bed count does not increase, beds are moved around through the buying and selling process. We have seen the re-distribution of beds. This has allowed some communities to “get more beds” and others to get rid of excess capacity. This has helped rural facilities who have had empty beds get some “cash” to help with their operation, which may be financially frail.

Nursing Facility Bed Redistribution of the Past Two Years	
<u>Nursing Facilities Who Reduced Beds or Closed</u>	<u>Banked Beds</u>
Parshall (March 2011) – closed – 30 nursing facility beds	Fargo
Baptist Home, Bismarck – Reduced 1	West Fargo
Good Samaritan Society—Osnabrock (July 2012) – closed – 24 nursing facility beds/6 basic care beds	Osnabrock & Fargo
Sanford Subacute (November 2012) – closed – 18 nursing facility beds	Bismarck/Mandan
Sanford Health Underwood Continuing Care Center (March 2013) – closed – 50 nursing facility beds	Bismarck/Mandan

Basic Care Facility Bed Redistribution of the Past Two Years	
<u>Basic Care Facilities Who Reduced Beds or Closed</u>	<u>Banked Beds</u>
Holy Family Villa, Carrington (December 31, 2012) – closed – 24 basic care beds	Fargo, Dickinson & Steele
Kensington, Williston (December 31, 2012) – closed – 71 basic care beds	Minot, Fargo, Dickinson, & Steele
Baptist Home, Bismarck – Reducing 10	Minot

We have a number of facilities struggling with staffing and occupancy issues. Today, based upon the June 30, 2012 cost report, 25 nursing facilities are under 90% occupancy. Even with the re-distribution of beds, communities are seeing less demand for skilled nursing facility services. For basic care, statewide occupancy is 85%. In some areas we have demand for basic care and nursing facility services but not sufficient staff thus admissions are curtailed.

See Attachment C for a summary of nursing facility staffing challenges.

Attachment D is a map of licensed basic care beds, vacant beds and beds waiting to be put in service. Behind the map is a list of each basic care facility, showing licensed capacity and vacancies as of January 11, 2013.

Attachment E is a map of licensed nursing facility beds, beds waiting to be put in service and the current vacancies throughout North Dakota. Behind the map is a list of each nursing facility, showing licensed capacity and vacancies as of January 11, 2013.

Attachment F is a map of licensed assisted living units and their location throughout North Dakota. There is not a moratorium for assisted living facilities.

During the 2011 Legislative Session, you passed a law allowing nursing facilities to temporarily decrease their licensed bed capacity up to 25% of their beds annually. They can lay these beds aside for a maximum of two years. This option allows a nursing facility to get above 90% occupancy by temporarily taking beds out of service.

At the end of the two year lay away period, the nursing facility has four options:

1. Bring those nursing facility beds back into service within their own facility;
2. Convert those nursing facility beds to basic care beds and bring them back into their facility;
3. Sell as nursing facility beds;
4. Sell as basic care beds.

If the nursing facility does not take any action at the end of the two year period, the beds cease to exist. After the two year period, if you sell the beds as basic or skilled, the new owner has an additional two years to relicense the beds in the new location.

A nursing facility can never lay away more than 50% of their current licensed capacity.

Attachment G is a list of nursing facilities that have set beds aside since you passed the law in 2011. To date, 9 nursing facilities are setting 107 beds aside.

In summary we believe North Dakota has a sufficient supply of nursing facility and basic care beds and the moratorium should continue. Today, throughout North Dakota we have 458 open nursing facility beds and 275 open basic care beds. Your support of HB 1035 is appreciated. I would be happy to address any questions you may have at this time.

Shelly Peterson, President
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Attachments:

Attachment A	Nursing facility chart comparing US and states on nursing facility beds per 1,000 persons age 65 and older
Attachment B	State Health Council Recommendations on beds per 1,000 elderly
Attachment C	Nursing facility workforce
Attachment D	Map on licensed basic care beds, vacant beds and beds waiting to be put in service.
Attachment E	Map on licensed nursing facility beds, vacant beds and beds waiting to be put in service.
Attachment F	Map of licensed assisted living facilities units.
Attachment G	Nursing facilities that have set beds aside for up to two years.

State	Number of certified nursing home beds, 2011	65+ population, 2011	Nursing home beds per 1,000 65+ population, 2011
US	1,702,563	41,121,050	41
AK	662	59,240	11
AL	26,692	660,260	40
AR	24,600	419,490	59
AZ	16,433	961,220	17
CA	120,809	4,515,720	27
CO	20,083	532,480	38
CT	29,045	524,310	55
DC	2,772	60,540	46
DE	4,825	128,500	38
FL	82,567	3,524,770	23
GA	39,857	1,010,540	39
HI	4,315	196,540	22
IA	35,209	453,960	78
ID	6,131	186,850	33
IL	100,433	1,619,540	62
IN	58,832	821,370	72
KS	25,732	379,930	68
KY	25,928	566,970	46
LA	36,168	592,290	61
MA	49,054	922,530	53
MD	28,763	734,650	39
ME	7,121	217,090	33
MI	46,933	1,354,200	35
MN	31,574	683,270	46
MO	55,114	833,480	66
MS	18,632	385,820	48
MT	6,910	148,850	46
NC	44,443	1,191,860	37
ND	6,374	98,260	65
NE	16,154	245,950	66
NH	7,710	183,940	42
NJ	51,652	1,252,830	41
NM	6,789	288,400	24
NV	5,984	344,270	17
NY	117,911	2,687,950	44
OH	92,577	1,603,010	58
OK	29,073	502,160	58
OR	12,232	506,970	24
PA	88,927	1,973,330	45
RI	8,792	159,420	55
SC	19,605	624,060	31

SD	6,949	115,830	60
TN	37,235	848,180	44
TX	133,268	2,664,130	50
UT	8,375	240,990	35
VA	32,358	1,023,730	32
VT	3,250	96,200	34
WA	21,811	819,250	27
WV	35,837	296,130	121
WI	7,094	785,050	9
WY	2,969	74,800	40

Source: CMS Form 671; U.S. Census Bureau Population Projections

**Health Council Recommendations
Long Term Care Bed Capacity in North Dakota
Adopted April 9, 2012**

House Bill 1040, Section 3, passed in the 2011 Legislative Session, directed the State Health Council to review current health care bed recommendations and determine if changes should be made to better serve the population of North Dakota. The current State Health Council recommendations for health care beds were adopted January 18, 1994 and include:

- No additional [nursing facility] beds will be approved for licensure or certification unless the capacity within the affected planning region falls below 60 nursing facility beds per 1,000 population aged 65 and above.
- In no case will the statewide [basic care] bed capacity exceed 15 basic care beds per 1,000 population aged 65 and older.

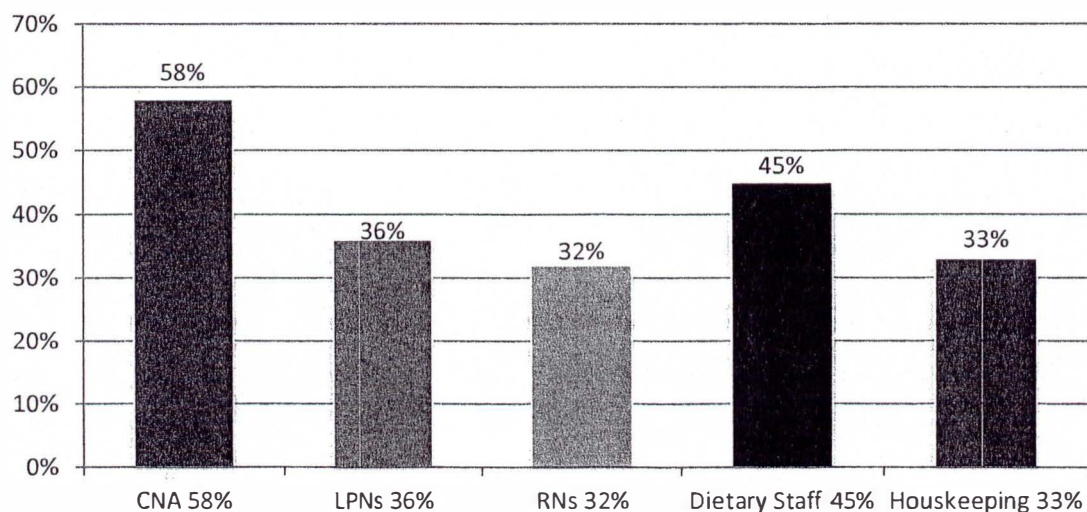
Based on review of all information gathered and considered by the Health Council, the following recommendations were adopted by the State Health Council on April 9, 2012.

- The moratorium on nursing facility and basic care beds in North Dakota should continue.
- The target for nursing facility beds in North Dakota will be 55 nursing facility beds per 1,000 population aged 65 and above.
- The target for basic care facility beds in North Dakota will continue to be 15 beds per 1,000 population aged 65 and above.
- And, since we are currently at 16.49 basic care beds/1,000 population aged 65 and above (15.53 basic care beds/1,000 population aged 65 and above excluding special care facilities), we recommend reconsideration of the provision to allow for new and additional basic care beds.

Nursing Facility Workforce

- Top issue facing nursing facilities is staffing.
- Number of individuals employed in 68 nursing facilities was 9,267. Based upon this ratio, total people employed by 83 nursing facilities are estimated to be 11,311.
- July 1, 2012, sixty-three nursing facilities reported 751 vacant positions. The estimate for all 83 nursing facility vacancies is 989.
- North Dakota will need 1,880 additional nurses by 2018.
- Nine of sixty-six reporting nursing facilities stopped admissions in 2012 because of a lack of staff.
- Sixty-six percent of nursing facilities, 2 out of 3 facilities, used contract agency staff in 2012 to staff their facilities.
- The use of contract nursing over the previous twelve months is up over 100%.
- The 2012 average salary increase provided was 2.9%, however one-third of nursing facilities also provided an extra enhancement to retain their employees. Enhancements were as high as \$5 per hour to 20% increases.

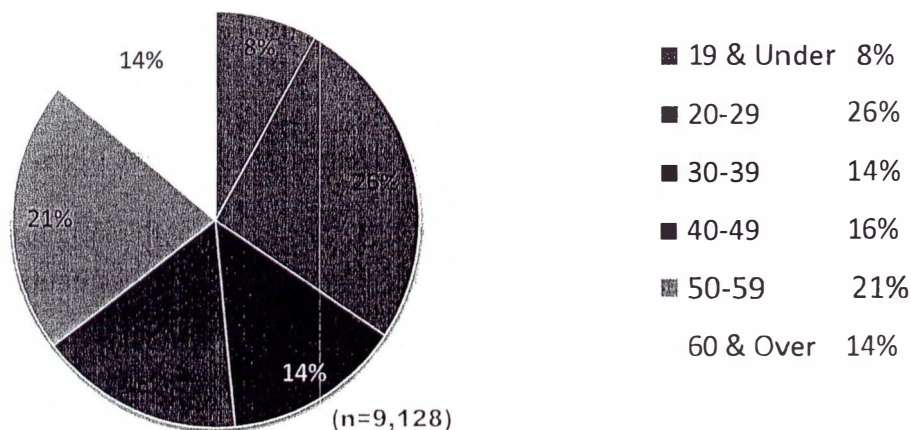
2012 Staff Turnover



Nursing Facility Workforce (continued)

History of Nursing Facility Turnover 1995 to 2012						
Position	1995	2000	2003	2006	2010	2012
CNAs	59%	66%	35%	53%	62%	58%
LPNs	22%	24%	17%	21%	33%	36%
RNs	28%	33%	17%	25%	40%	32%
Dietary	43%	54%	N/C*	44%	57%	45%
Housekeeping	40%	27%	N/C*	30%	34%	33%
*N/C = Not Collected						

Age of Nursing Facility Workforce

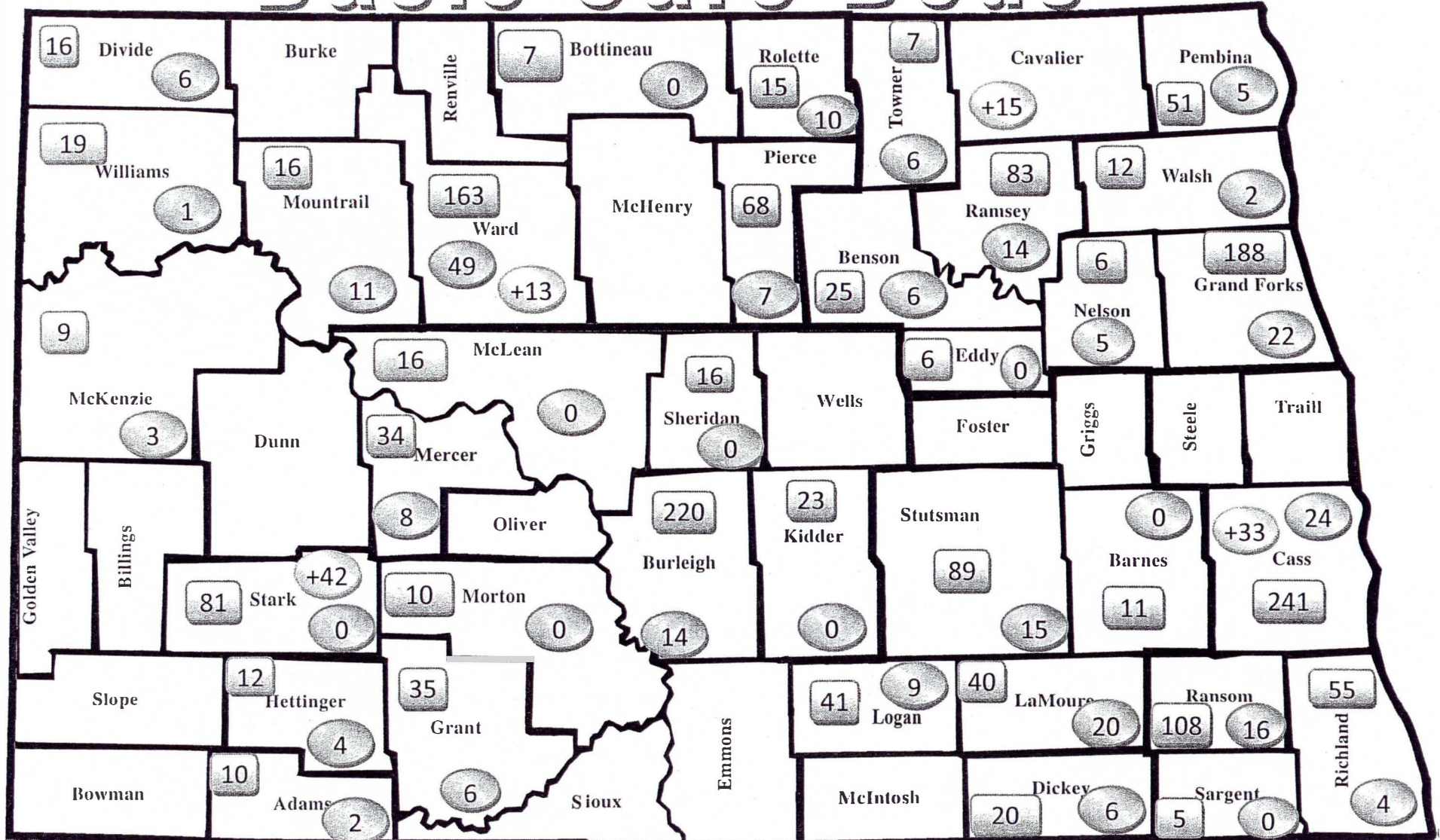


- Turnover and age of our workforce will create an unprecedented demand for employees in the next 10 years.
- The youngest employee is 14 and the oldest employee is 99.
- Over one-third of our workforce is age 50 and older.
- Seventeen percent of the workforce commutes more than 30 miles to and from work.


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Basic Care Beds

Attachment D



Sixty-six licensed basic care facilities as of February 25, 2013

Purple Box – Number of licensed basic care beds as of February 25, 2013 (total licensed beds = 1,758)

Red Box – Number of vacant licensed basic care beds available on January 11, 2013 (total vacancies = 275).

Green Box – Number of licensed basic care beds expected to increase in the county (purchased or transferred).

Attachment D

Licensed Basic Care Facility Beds, Locations and Vacancies

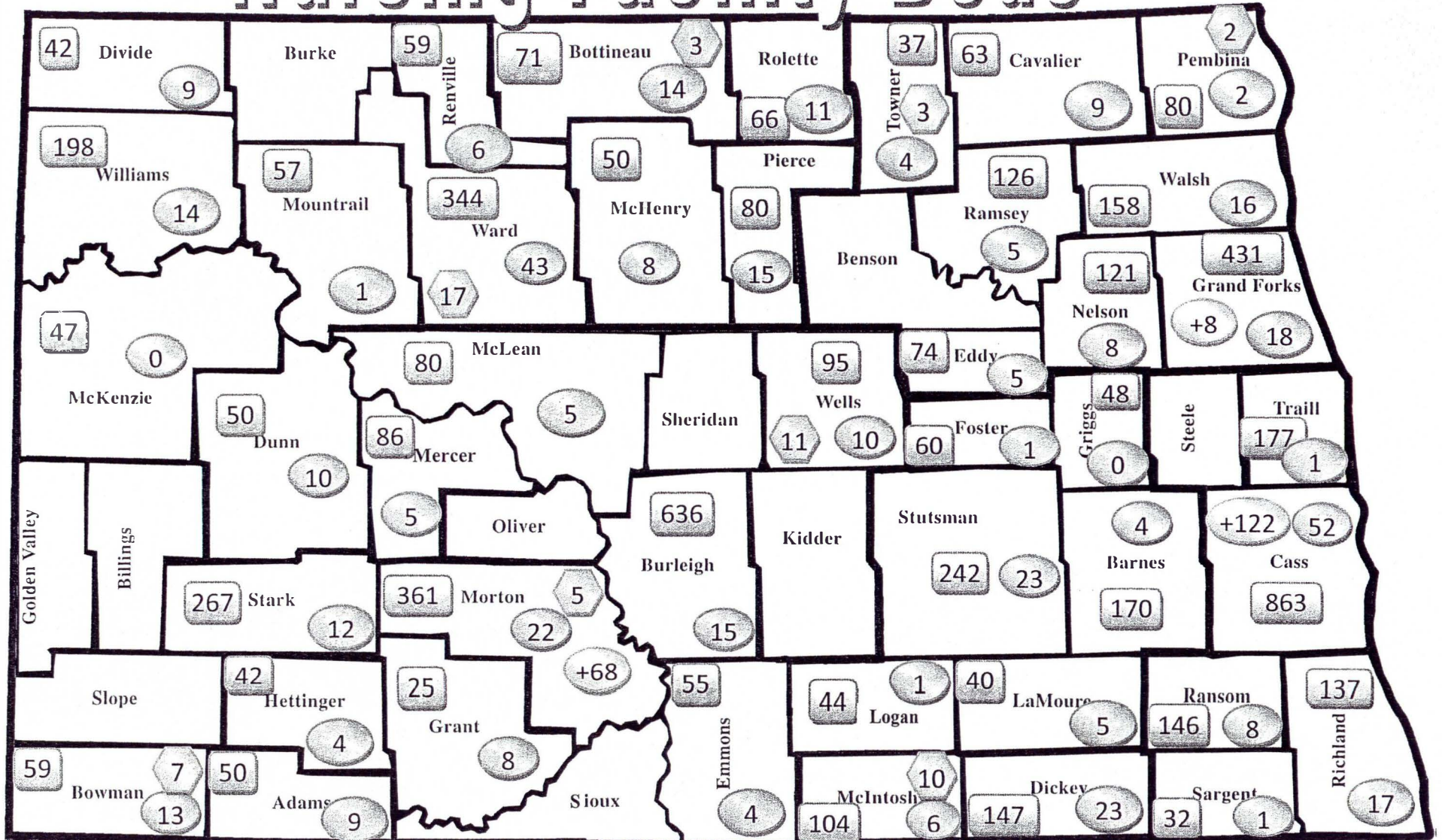
City	County	Facility Name	Licensed Capacity	Number of Vacancies
Arthur	Cass	Prairie Villa	25	1
Bismarck	Burleigh	Baptist Home, Inc.	10	5
Bismarck	Burleigh	Edgewood Bismarck Senior Living	40	3
Bismarck	Burleigh	Edgewood Vista at Edgewood Village	49	1
Bismarck	Burleigh	Good Samaritan Society—Bismarck	18	3
Bismarck	Burleigh	Maple View East	20	0
Bismarck	Burleigh	Maple View North	28	2
Bismarck	Burleigh	The Terrace	40	0
Bismarck	Burleigh	Touchmark on West Century	20	0
Bottineau	Bottineau	Good Samaritan Society – Bottineau	7	0
Cando	Towner	St. Francis Residence	7	6
Crosby	Divide	Good Samaritan Society – Crosby	16	6
Devils Lake	Ramsey	Good Samaritan Society – Devils Lake	13	2
Devils Lake	Ramsey	Good Sam. Society—Lake Country Manor	7	1
Devils Lake	Ramsey	Odd Fellows Home	43	2
Dickinson	Stark	CountryHouse	30	0
Dickinson	Stark	Evergreen	51	0
Dunseith	Rolette	Dunseith Comm. Nursing Home	5	4
Edgeley	LaMoure	Manor St. Joseph	40	20
Edmore	Ramsey	Edmore Memorial Rest Home	20	9
Elgin	Grant	Dakota Hill Housing	35	6
Ellendale	Dickey	Evergreen Place	20	6
Fargo	Cass	Bethany Towers I and II	40	3
Fargo	Cass	Edgewood Vista at Edgewood Village	33	2
Fargo	Cass	Evergreens of Fargo	54	15
Fargo	Cass	Good Samaritan Society – Fargo	40	2
Fargo	Cass	Touchmark at Harwood Groves	25	0
Forman	Sargent	Four Seasons Healthcare Ctr Inc.	5	0
Gackle	Logan	Gackle Care Center	41	9
Grand Forks	Grand Forks	Maple View Grand Forks Memory Care Con	36	0
Grand Forks	Grand Forks	Parkwood Senior Living	40	4
Grand Forks	Grand Forks	St. Anne's Guest Home	54	11
Grand Forks	Grand Forks	Tufte Manor	53	4
Hazen	Mercer	Senior Suites at Sakakawea	34	8
Hettinger	Adams	Western Horizons Care Center	10	2
Jamestown	Stutsman	Bethel 4 Acres Ltd	16	2
Jamestown	Stutsman	Rock of Ages, Inc.	53	9
Jamestown	Stutsman	Roseadele	20	4
Kenmare	Ward	Maple View of Kenmare	44	25
Lakota	Nelson	Good Samaritan Society—Lakota	6	5
Lisbon	Ransom	North Dakota Veterans Home	98	15
Lisbon	Ransom	Parkside Lutheran Home	10	1
Maddock	Benson	Maddock Memorial Home	25	6

Licensed Basic Care Facility Beds, Locations and Vacancies Attachment D

City	County	Facility Name	Licensed Capacity	Number of Vacancies
Mandan	Morton	Dakota Pointe	10	0
McClusky	Sheridan	Sheridan Memorial Home	16	0
Minot	Ward	Edgewood Vista Memory Care	24	1
Minot	Ward	Edgewood Vista Minot Senior Living	31	5
Minot	Ward	Emerald Court	28	6
Minot	Ward	Maple View Memory Care of Minot	36	12
Mott	Hettinger	Good Samaritan Society – Mott	12	4
Mountain	Pembina	Borg Pioneer Memorial Home	43	5
New Rockford	Eddy	Luth Home of the Good Shep NH	6	0
New Town	Mountrail	Lakeside Community Living Center	16	11
Northwood	Grand Forks	Northwood Deaconess Hlth Ctr	5	3
Park River	Walsh	Good Samaritan Society—Park River	12	2
Rolette	Rolette	Rolette Community Care Center	10	6
Rugby	Pierce	Haaland Estates – Basic Care	68	7
Steele	Kidder	Golden Manor Inc.	23	0
Valley City	Barnes	HI Soaring Eagle Ranch	11	0
Wahpeton	Richland	Siena Court	16	0
Wahpeton	Richland	Leach Home	39	4
Walhalla	Pembina	Pembilier Nursing Center	8	0
Watford City	McKenzie	McKenzie Cty HC Systems	9	3
West Fargo	Cass	Eventide at Sheyenne Crossings	24	1
Williston	Williams	Bethel Lutheran Nrsng & Rehab Ctr	19	1
Wilton	McLean	Redwood Village	16	0
TOTAL			1763	275

Nursing Facility Beds

Attachment E



Eighty-one licensed nursing facilities as of March 15, 2013.

Purple Box – Number of licensed nursing facility beds as of January 11, 2013 (total licensed beds = 6,120).

Red Box – Number of vacant licensed nursing facility beds available on January 7, 2013 (total vacancies = 447).

Green Box – Number of licensed nursing facility beds expected to increase in the county (purchased or transferred).

Blue Box – Number of licensed nursing facility beds in the bed layaway program (total beds in layaway program = 58).

Licensed Nursing Facility Beds, Locations and Vacancies

Attachment E

City	County	Facility Name	Licensed Capacity	Number of Vacancies
Aneta	Nelson	Aneta Parkview Health Center	39	0
Arthur	Cass	Good Samaritan Society – Arthur	31	2
Ashley	McIntosh	Ashley Medical Center	44	6
Beulah	Mercer	Knife River Care Center	86	5
Bismarck	Burleigh	Baptist Home, Inc.	141	8
Bismarck	Burleigh	Good Samaritan Society—Bismarck	48	1
Bismarck	Burleigh	Missouri Slope Luth Care Center	255	4
Bismarck	Burleigh	Sanford Health St. Vincent's Cont CC	101	0
Bismarck	Burleigh	Sanford Subacute	CLOSED	CLOSED
Bismarck	Burleigh	St. Alexius Medical Center – TCU	19	2
Bismarck	Burleigh	St. Gabriel's Community	72	0
Bottineau	Bottineau	Good Samaritan Society – Bottineau	71	14
Bowman	Bowman	Southwest Healthcare Services	59	13
Cando	Towner	Towner County Living Center	37	4
Carrington	Foster	Golden Acres Manor	60	1
Cavalier	Pembina	Wedgewood Manor	50	2
Cooperstown	Griggs	Griggs County Care Center	48	0
Crosby	Divide	Good Samaritan Society – Crosby	42	9
Devils Lake	Ramsey	Good Samaritan Society – Devils Lake	48	1
Devils Lake	Ramsey	Heartland Care Center	78	4
Dickinson	Stark	St. Benedict's Health Center	164	9
Dickinson	Stark	St. Luke's Home	84	2
Dunseith	Rolette	Dunseith Comm. Nursing Home	30	7
Elgin	Grant	Jacobson Memorial Hosp Cr Ctr	25	8
Ellendale	Dickey	Prince of Peace Care Center	53	7
Enderlin	Ransom	Maryhill Manor	54	4
Fargo	Cass	Bethany on 42nd	78	0
Fargo	Cass	Bethany On University	172	0
Fargo	Cass	Elim Care Center	136	4
Fargo	Cass	Manor Care of Fargo ND, LLC	131	40
Fargo	Cass	Rosewood On Broadway	111	0
Fargo	Cass	Villa Maria	140	1
Forman	Sargent	Four Seasons Healthcare Ctr Inc.	32	1
Garrison	McLean	Benedictine Living Ctr of Garrison	52	5
Garrison	McLean	Garrison Memorial Hosp & NF	28	0
Glen Ullin	Morton	Marian Manor HealthCare Center	81	9
Grafton	Walsh	Lutheran Sunset Home	104	12
Grand Forks	Grand Forks	Valley Eldercare Center	212	11
Grand Forks	Grand Forks	Woodside Village	118	0
Hankinson	Richland	St. Gerard's Community of Care	37	3
Harvey	Wells	St. Aloisius Medical Center	95	10
Hatton	Traill	Hatton Prairie Village	42	0
Hettinger	Adams	Western Horizons Care Center	50	9

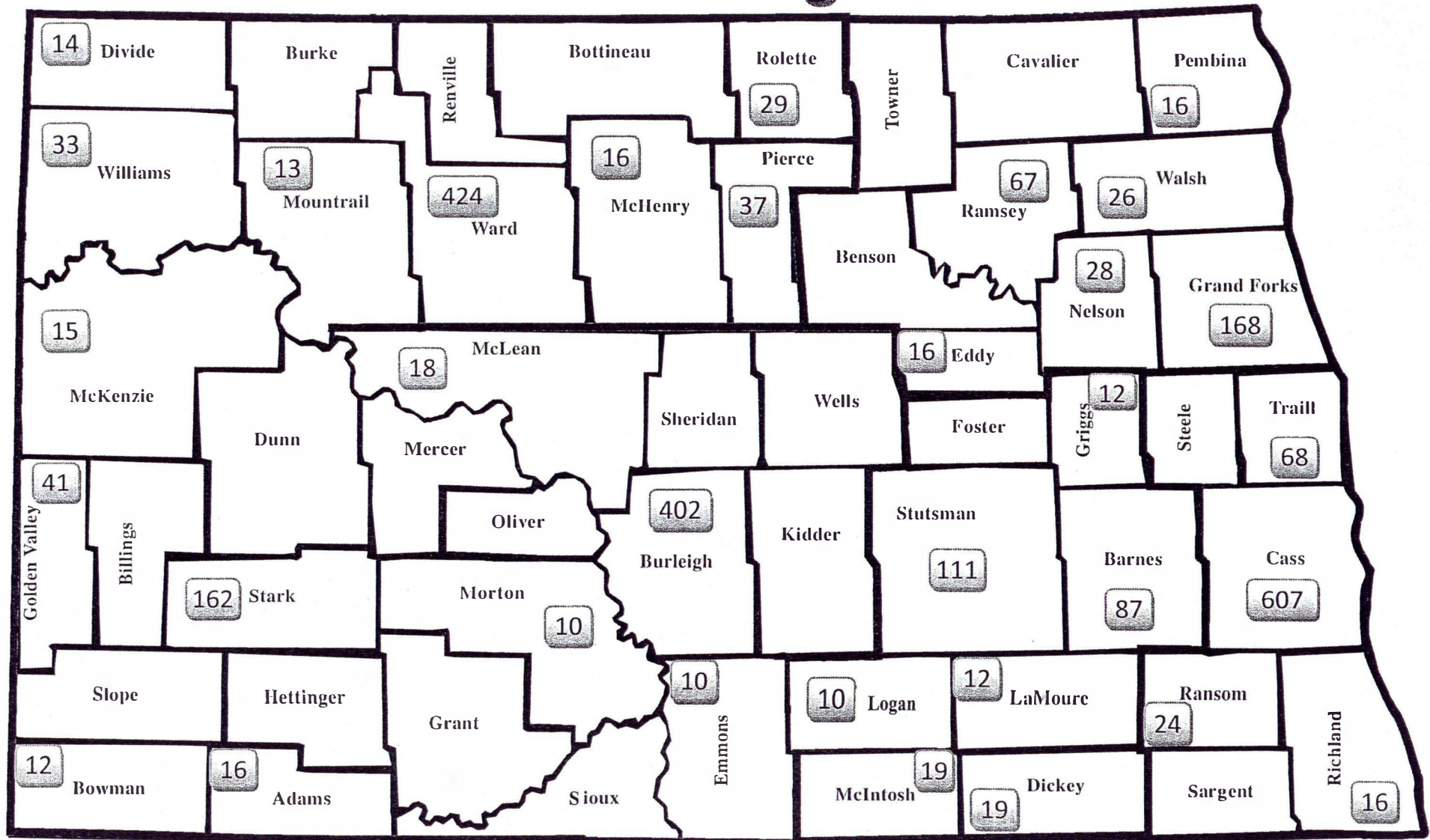
Licensed Nursing Facility Beds, Locations and Vacancies

Attachment E

City	County	Facility Name	Licensed Capacity	Number of Vacancies
Hillsboro	Traill	Sanford Health Hillsboro Medical Center	36	0
Jamestown	Stutsman	Ave Maria Village	100	0
Jamestown	Stutsman	Eventide at Hi-Acres Manor	142	23
Killdeer	Dunn	Hill Top Home of Comfort	50	10
Lakota	Nelson	Good Samaritan Society – Lakota	43	3
LaMoure	LaMoure	St. Rose Care Center	40	5
Langdon	Cavalier	Maple Manor Care Center	63	9
Larimore	Grand Forks	Good Samaritan Society – Larimore	45	1
Lisbon	Ransom	North Dakota Veterans Home	52	1
Lisbon	Ransom	Parkside Lutheran Home	40	3
Mandan	Morton	Dakota Alpha	20	1
Mandan	Morton	Sanford Health Sunset Drive Cont CC	128	3
Mandan	Morton	Sanford Health Continuing CC off Collins	64	7
Mayville	Traill	Luther Memorial Home	99	1
McVie	Nelson	Nelson Cty Hlth System Care Ctr	39	5
Minot	Ward	Manor Care of Minot ND, LLC	114	9
Minot	Ward	Trinity Homes	230	34
Mohall	Renville	Good Samaritan Society – Mohall	59	6
Mott	Hettinger	Good Samaritan Society – Mott	42	4
Napoleon	Logan	Napoleon Care Center	44	1
New Rockford	Eddy	Luth Home of the Good Shep NH	74	5
New Salem	Morton	Elm Crest Manor	68	2
Northwood	Grand Forks	Northwood Deaconess Hlth Ctr	56	6
Oakes	Dickey	Good Samaritan Society – Oakes	94	16
Park River	Walsh	Good Samaritan Society – Park River	54	4
Richardton	Stark	Richardton Health Center	19	1
Rolette	Rolette	Rolette Community Care Center	36	4
Rugby	Pierce	Heart Of America Medical Center	80	15
Stanley	Mountrail	Mountrail Bethel Home	57	1
Strasburg	Emmons	Strasburg Nursing Home	55	4
Tioga	Williams	Tioga Medical Center LTC	30	1
Underwood	McLean	Sanford Health Underwood Cont Care Ctr	CLOSED	CLOSED
Valley City	Barnes	Sheyenne Care Center	170	4
Velva	McHenry	Souris Valley Care Center	50	8
Wahpeton	Richland	St. Catherine's Living Center	100	14
Walhalla	Pembina	Pembilier Nursing Center	30	0
Watford City	McKenzie	McKenzie Cty HC Systems	47	0
West Fargo	Cass	Sheyenne Crossings Care Center/TCU	64	5
Williston	Williams	Bethel Lutheran Nrsng & Rehab Ctr	168	13
Wishek	McIntosh	Wishek Living Center	60	0
TOTAL			6120	447

Assisted Living Units

Attachment F



Seventy-one licensed assisted living facilities as of February 15, 2013

Purple Box – Number of licensed assisted living units as of February 15, 2013 (total licensed units = 2,558).

LONG TERM CARE FACILITY BED LAYAWAY PROGRAM
8-1-2011 through 7-31-2013

City	Facility	Bed Capacity	Net Change	Adjusted Bed Capacity	Date of Change	24 Months	Total Beds	25%	50%
Bottineau	Good Samaritan Society - Bottineau	75	-3	72	10/1/2011	10/1/2013	3	18	35
Bowman	Southwest Healthcare Services	66	-7	59	1/1/2012	1/1/2014	7	16	29
Harvey	St. Aloisius Medical Center Nursing Home	106	-11	95	10/1/2011	10/1/2013	11	26	47
Minot	Trinity Homes	292	-62	230	7/1/2012	7/1/2014	62	73	115
	transferred to Eventide Senior Living		45		1/15/2013		17		
Rolette	Rolette Community Care Center	40	-4	36	10/1/2011	10/1/2013	4	10	18
	beds placed back in service as basic care		4		12/5/2012		0		
Walhalla	Pembilier Nursing Center	32	-2	30	10/1/2011	10/1/2013	2	8	15
Wishek	Wishek Home for the Aged	70	-10	60	10/1/2011	10/1/2013	10	17	30
Glen Ullin	Marian Manor Healthcare Center	86	-5	81	1/1/2013	1/1/2015	5	21	40
Cando	Towner County Living Center	40	-3	37	10/1/2012	10/1/2014	3	10	18
Total			-58						

Bed Capacity = The number of licensed beds in the nursing facility prior to this action

Net Change = The number of beds placed into the bed layaway program on this date (see Date of Change)

Adjusted Bed Capacity = The number of licensed beds in the nursing facility after this date (see Date of Change)

Date of Change = Date the beds were placed in the bed layaway program

24 Months = The expiration date of the beds in the layaway program

Total Beds = The total number of beds in the bed layaway program for this facility

25% = A nursing facility may delicense a maximum of twenty-five percent of its licensed nursing facility bed capacity and place the beds into the layaway program

50% = The total delicensed nursing facility bed capacity that may be held for a nursing facility at no time may be greater than fifty percent of the number of currently licensed beds in the nursing facility