19.0276.02000

FISCAL NOTE

Requested by Legislative Council 12/21/2018

Bill/Resolution No.: HB 1034

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.

iovoio aira app	ropriations amay	shallone anticipated ander carrent law.								
	2017-2019 Biennium		2019-2021	Biennium	2021-2023 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.

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 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).

This bill allows the department to establish guidelines for long-term care service providers to deliver home and community-based services (HCBS). We do not expect a fiscal impact, authority exists within rate setting administrative code for nursing facility and basic care providers to provide HCBS.

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.

HB1034 has no fiscal impact.

- 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 or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.

Name: RObrigewitch
Agency: Human Services

Telephone: 328-4585 **Date Prepared:** 01/03/2019

2019 HOUSE HUMAN SERVICES

HB 1034

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee

Fort Union Room, State Capitol

HB 1034 1/7/2019 30467

☐ Subcommittee☐ Conference Committee

Committee Clerk: Elaine Stromme by Marjorie Conley

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to require the department of human services to establish guidelines for long-term care services providers to deliver home and community-based services.

Minutes: Attachment 1-2-3

Vice Chairman Rohr: Opened the hearing on HB #1034.

Brady Larsen, Legislative Council: This bill provides for Department of Human Services to establish guidelines for long term care facilities to deliver home and community based services to allow individuals to remain in their homes and communities.

Vice Chairman Rohr: Are there any questions for Mr. Larsen?

Shelly Peterson, President of the North Dakota Long Term care Association: (Testimony #1 & 2 1:44-5:58) Testifying in support of bill #1034.

Vice Chairman Rohr: Are there any questions for Ms.Peterson?

Representative Devlin: Questioned which percentages were correct for discharges.

Shelly Peterson: The percentages are considered high as we are considered a very rural state. These percentages are for people being discharged to go home.

Vice Chairman Rohr: Any further questions for Ms. Peterson?

Vice Chairman Rohr: Anyone else here to testify in support of HB#1034?

Kim Jacobson, Director of Agassiz Valley Social Services District: (Testimony # 3 8:23 – 9:12) Testifying in support of HB#1034.

Vice Chairman Rohr: Any questions for Mrs. Jacobson?

House Human Services Committee HB1034 1/7/2019 Page 2

No opposition to the HB#1034.

Vice Chairman Rohr: Closed the hearing on HB#1034.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee

Fort Union Room, State Capitol

HB 1034 1/8/2019 No Recording

☐ Subcommittee

☐ Conference Comr	nittee
Committee Clerk: Elaine Stromme by Marjorie Conle	y

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to require the department of human services to establish guidelines for long-term care services providers to deliver home and community-based services.

ħ	
Minutes:	
minutes.	

Vice Chairman Rohr: Opened the hearing on HB #1034. Is there any further discussion? Seeing none.

Rep Devlin: Made a motion to Do Pass HB#1034.

Rep Schneider: Seconded the motion to Do Pass HB#1034.

A roll call vote was taken: Yes 11 No 0 Absent 3. Do Pass carries.

Rep. Tveit will carry HB#1034.

Date: / -	8-	19
Roll Call Vote #:	1	

2019 HOUSE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. ______/034

House Human	Services				Com	mittee
		☐ Sul	ocomm	ittee		
Amendment LC# or	Description:					
Recommendation: Other Actions:	☐ Adopt Amend ☐ Do Pass ☐ ☐ As Amended ☐ Place on Con ☐ Reconsider	☐ Do Not		☐ Without Committee Re☐ Rerefer to Appropriation	ons	lation
Motion Made By			Se	econded By Rep Sch	neider	<u>. </u>
	entatives	Yes	No	Representatives	Yes	No
Robin Weisz - Cl		A		Gretchen Dobervich	V	
Karen M. Rohr -	Vice Chairman	V		Mary Schneider	V	-
Dick Anderson		V			_	
Chuck Damsche	n	V				
Bill Devlin		A	=1			
Clayton Fegley		H				
Dwight Kiefert		V				
Todd Porter		V				
Matthew Ruby		V				
Bill Tveit		V				
Greg Westlind		V				
Kathy Skroch						
Total (Yes)Absent	//		No			
Absent						
Floor Assignment	Rop. wei	<u>t</u>				

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

Module ID: h_stcomrep_02_010
Carrier: Tveit

REPORT OF STANDING COMMITTEE

HB 1034: Human Services Committee (Rep. Weisz, Chairman) recommends DO PASS (11 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). HB 1034 was placed on the Eleventh order on the calendar.

2019 SENATE HUMAN SERVICES

HB 1034

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee

Red River Room, State Capitol

HB 1034 3/11/2019 Job # 33475

☐ Subcommittee☐ Conference Committee

Committee Clerk: Justin Velez	
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Explanation or reason for introduction of bill/resolution:

A Bill for an Act to require the department of human services to establish guidelines for long-term care services providers to deliver home and community-based services.

Minutes:

Attachments # 1-2

Madam Chair Lee opens the hearing on HB 1034.

(00:22-01:12) Senator Hogan, District 21. Introduces HB 1034 and provides testimony. Please see Attachment #1 for written testimony.

(01:50-05:17) Shelly Peterson, President of the North Dakota Long Term Care Association. Testifying in support of HB 1034. Please see Attachment #2 for written testimony.

(06:00) Leanne Field, DHS

Madam Chair Lee: Can we just talk about if you see any barriers?

Leanne Field: We do already have flexibility in our admin rules to allow with some of this so with each facility, they are unique in the services they provide and home and community based services that they would like to provide. This will probably be handled on individual cases and going through each one.

Madam Chair Lee: I see this as kind of a partnership so it is a soft handoff when someone is coming home?

Leanne Field: We would come in and make sure that for those home and community based services that a nursing would want to provide that they are not negatively impacted in the nursing rate setting.

Madam Chair Lee: It would helpful all around if there is some guidance for the facilities that are offering home and community based services as well.

Senate Human Services Committee HB 1034 3/11/2019 Page 2

Leanne Field: yes

Senator O. Larsen: Will PACE be worked together or will these guidelines leave them out?

Leanne Field: With PACE we don't pay the nursing facility then so we don't have any insight on what services they are providing. This is for the individuals not in the PACE program.

Madam Chair Lee: Any further questions? If not, thank you.

Madam Chair Lee closes the hearing on HB 1034.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee

Red River Room, State Capitol

HB 1034 3/11/2019 Job # 33479 (28:40-29:45)

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez	
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Explanation or reason for introduction of bill/resolution:

A Bill for an Act to require the department of human services to establish guidelines for long-term care services providers to deliver home and community-based services.

Minutes: No Attachments

Madam Chair Lee opens the discussion on HB 1034.

Senator K. Roers: I move a **DO PASS** on HB 1034. **Seconded by Senator O. Larsen**

ROLL CALL VOTE TAKEN
5 YEA, 0 NAY, 1 ABSENT
MOTION CARRIES DO PASS
Senator Hogan will carry HB 1034 to the floor.

Madam Chair Lee: We will leave the vote open for Senator Clemens

Madam Chair Lee closes the discussion on HB 1034.

(Job # 33492) Senator Clemens votes YEA on DO PASS motion for HB 1034.

Final vote is 6 YEA, 0 NAY, 0 ABSENT. MOTION CARRIES DO PASS.

Date: 3/14/19 Roll Call Vote #: /

2019 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 1034

Senate Human	Services				Com	mitte
		□ Sul	bcomm	ittee		
Amendment LC# or	Description:					
Recommendation:	☐ Adopt Amend ☐ As Amended ☐ Place on Cor ☐ Reconsider	□ Do Not		☐ Without Committee I☐ Rerefer to Appropria		dation
Other Actions:	□ Reconsider			-		
				econded By <u>Sen. O.</u>		L 51
	ators	Yes	No	Senators	Yes	No
Sen. Judy Lee		×	-	Sen. Kathy Hogan	- X	_
Sen. Oley Larser		X	_		_	
Sen. Howard C.		X				_
Sen. David Clem						-
Sen. Kristin Roer	'S	7				
Total (Yes)	6		No	o O		
Absent			D			
Floor Assignment	- H	ogan				

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

REPORT OF STANDING COMMITTEE

Module ID: s_stcomrep_42_010

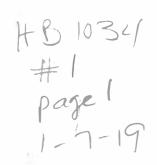
Carrier: Hogan

HB 1034: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1034 was placed on the Fourteenth order on the calendar.

2019 TESTIMONY

HB 1034

Testimony on HB 1034 House Human Services Committee January 7, 2019



Good afternoon Chairman Rohr and members of the House Human Services Committee. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. We represent 214 basic care, assisted living and nursing facilities. I am here to testify in support of HB 1034.

HB 1034 mandates the Department of Human Services to establish guidelines for long term care providers to deliver home and community based services to help individuals remain within their homes and communities. We welcome this legislation and the opportunity to better serve individuals outside the walls and confines of our buildings.

Today 48% of North Dakota nursing home residents are discharged back home or to a lower level of care.

Today, residents range in age from one just celebrating her first birthday, to another woman celebrating her 114th birthday. The average age of a resident is 86.5 years old. Last year, seventy of the eighty nursing homes discharged 6,318 individuals. There are 5,963 licensed nursing home beds, so we are admitting and discharging a large number of individuals every year.

We are serving a very old population. According to CMS data, in 2018, North Dakota nursing facilities held the highest record for caring for the 85 to 94 age group at 45.8%, compared to the US average of 31.3%. We

have the second highest percentage of residents age 95 and older at 8.74% compared to the US average of 5.15%.

The greatest barrier we have identified for nursing facilities to cost effectively deliver home and community based services are DHS rules on allocation of space and personnel. As an example, if your nursing home wants to provide home delivered meals, it is not just a simple establishment of a fair and reasonable price, but a very prescriptive process of allocating expenses between those in the facility and those receiving home delivered meals. This allocation process makes the cost of the meal very expensive and unaffordable. We have identified this and other barriers to DHS and they have identified two facilities to work through these issues, with the hope that statewide guidelines will be published to help all consider home and community based services. We welcome this opportunity and will continue to work with DHS to expand options to all North Dakotans.

One of our barriers in discharging residents to home is the reluctance and fear of families. Sometimes it is the first time they can relax and feel confident someone is there to provide 24 hour care. They can sleep through the night, not having to constantly be attending to their loved ones. Families do a tremendous job, many becoming exhausted and overwhelmed, even with the support of services within their homes. Coordinating and worrying about the caregiver showing up or getting sick appears to be a constant worry. Just think of the possibilities if when we discharge home, their caregiver goes with them, we help coordinate their care and offer respite when they feel overwhelmed.

In closing, we support HB 1034 and the greater opportunities to serve the frail and disabled population at home and within our communities.

Before I leave the podium, I want to share with you, hot of the press, our 3 2019 Facts and Figures Booklet. If you have any questions, I would be happy to answer them.

Shelly Peterson, President North Dakota Long Term Care Association 1900 North 11th Street Bismarck, ND 58501 (701) 222-0660



HB 1034 1-7-19 FLA 2019

North Dakota Long Term Care FACTS & FIGURES





About NDLTCA



About the North Dakota Long Term Care Association

The North Dakota Long Term Care Association (NDLTCA) is a non profit trade association representing long term care facilities in North Dakota. Membership includes nursing facilities, basic care facilities, and assisted living facilities. NDLTCA began operating in 1977 and currently represents 214 nursing, basic care, and assisted living facilities. NDLTCA works closely with State and Federal government agencies along with other professional associations in its efforts to advocate on behalf of long term care and promote sound legislative and regulatory policies. NDLTCA is an affiliate of the American Health Care Association (AHCA) and the National Centers for Assisted Living (NCAL). AHCA and NCAL, located in Washington, D.C., are the largest organizations of long term care facilities in the nation. NDLTCA is governed by a 14 member Board elected by the membership. Overall policy of the NDLTCA is the responsibility of the Board. NDLTCA is dedicated to serving our members who strive to maintain the highest quality of care for the elderly and disabled.

Mission Statement

The North Dakota long Term Care Association is a professional association of long term care and community service providers who enhance the lives of people we serve thorough collaboration, education and advocacy.

Vision Statement

The North Dakota Long Term Care Association is recognized as an innovative leader and pioneer in the continuum of care, which has a positive impact on the quality of life of those we serve.

Core Values

• Competence

• Honesty

• Integrity

Responsiveness

• Trust

Table of Contents

Introduction	Basic Care Facts
Long Term Care Facts2-3	NDLTCA Members & Map – Basic Care 14-15
Assisted Living Facts	Nursing Facility Facts
NDLTCA Members & Map – Assisted Living 8-9	NDLTCA Member & Maps – Nursing Facilities 20

Resources Most of the information provided in this publication was gathered from a comprehensive survey of assisted living, basic care and nursing facility members, completed in the Fall of 2018. Additional information was gathered from the US Census Bureau - July 2015, NDSU Extension Service, Spring 2017, ND State Department Business Data, Nursing Facility cost reports and Pinnacle Quality Insight.



Introduction



Greetings to All

The North Dakota Long Term Care Association (NDLTCA) is pleased to bring to you the 2019 Facts & Figures booklet. This publication provides information about the long term care profession, the challenge of caring for aging North Dakotans, and issues facing long term care. This publication is designed to give legislators, association members, and the public an overview of long term care in North Dakota. The biggest challenge continues to be staffing, with finances the second area of concern.

According to World Population Review, North Dakota is considered the most rural U.S. state. North Dakota today estimates 30,000 open positions, and recruiting to long term care continues to be a significant challenge. 81% of North Dakotas 53 counties are designated as health professional shortage areas. Over 80% of nursing facilities don't have sufficient staff and rely upon contract agency staff to help deliver daily residents care.

We hope you find the publication helpful. North Dakota is a great place to grow old. Over 16,000 individuals each year receive care in a basic care, assisted living or skilled nursing facility. We are proud of the outstanding care provided by long term care facilities in our state.

Sincerely yours,



Shelly Peterson President



Craig Christianson Chair

Long Term Care Facts

Aging In America

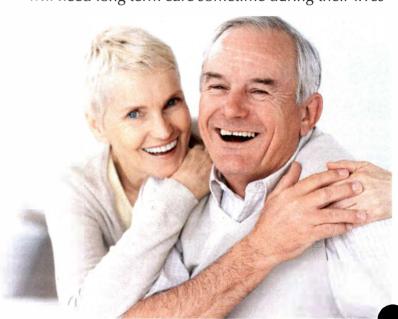
The aging of America, together with extended life expectancy, will result in unprecedented demand for long term care.

Long term care services are provided in a variety of settings, including nursing facilities, basic care, assisted living, swing beds, and home and community based settings.

The nation as a whole grew as the oldest Baby Boomers became seniors. In 2015, the nation's 65+ populations surged to 47.8 million, up to 3.2%.

1 out of 2 North Dakotans

will need long term care sometime during their lives



49% projected growth in North Dakota's population of individuals age 65+ by 2029

107,281 2015 159,969 2029

North Dakota ranks / th in the nation in highest proportion of individuals age 85+



Risk of requiring long term care at sometime in life is 50%. If you have a spouse, overall risk that one of you would need long term care is 65%

14% of North Dakota's population is made up of individuals 65+





Long Term Care Facts

Caregivers of North Dakota

- Staffing is the number one concern facing long term care facilities.
- CNA turnover in nursing facilities is 60%.
- The oldest employee in long term care is
 92 years old.
- Over four out of five nursing facilities (82%) rely upon contract nursing staff to provide daily resident care.



- \$18.9 million was spent on contract nursing in
 2018, compared to \$4.7 million in 2010.
- One-third of caregivers in long term care are age 50 or older.



• 14% of the long term care workforce is at or over the age of 60.







Who Needs Care?

Long term care facilities provide care for over 16,000 North Dakotans annually.

The need for personal assistance with everyday activities increases with age.

The three top factors impacting the need for nursing home care are being a woman, being 80 or older, and living alone.

The most common reasons given for nursing home placement are the need for assistance with daily care, complex medical needs, complications due to dementia, falls and the need for constant supervision.

North Dakota has the oldest nursing home residents with 46% age 85-95 years (highest in the nation) and 8.7% over age 95 (second highest in nation).

Assisted Living Facts



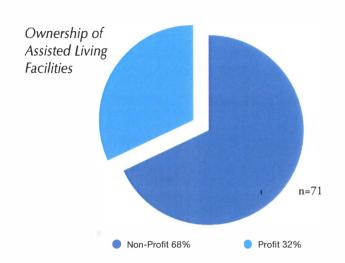
ASSISTED LIVING AT A GLANCE

78 licensed assisted living facilities

3,143 licensed units

2018 average occupancy was 89%

n=3

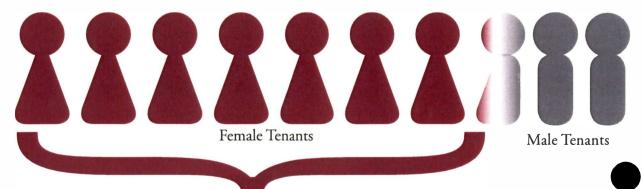


Assisted Living Facts

- An assisted living facility is a congregate residential setting with private apartments and contracted services.
- A la carte services are contracted based upon an agreed upon service plan.
- A typical rental package includes meals, housekeeping, activities, transportation, and laundry.
- Facilities provide a full range of services from bathing to medication management to hospice care.
- Assistance with daily care, isolation and falls are the top issues precipitating the desire to move into an assisted living facility.
- Current tenants range in age from 57 to 106 with the average age being 87.



Gender of Assisted Living Residents



72% of tenants in North Dakota
ASSISTED LIVING are female



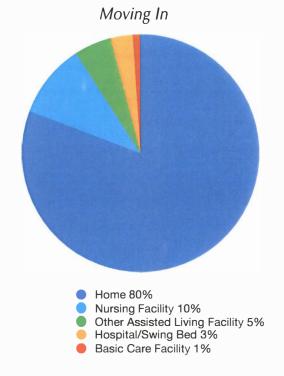
Tenants - Moving In and Out

When individuals move into an assisted living facility,

where do they come from?

Most individuals were living in their own home prior to moving into an assisted living facility. The top three reasons for assisted living move-in:

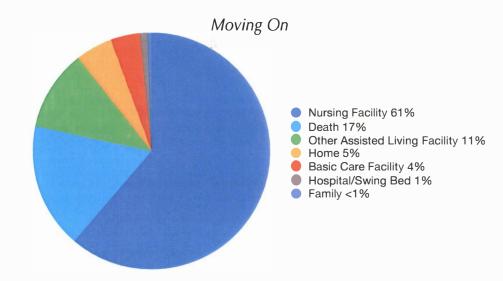
- 1) Assistance with daily care
- 2) Social Isolation/Depression
- 3) Falls



When individuals move out of an assisted living facility,

where do they go?

Over 60% of tenants moving out of assisted living facilities are admitted to a skilled nursing facility. Advancing medical needs and growing cognition issues necessitate the move to a higher level of care.



Assisted Living Facts



Care needs of assisted living tenants

of tenants have impaired mental status ranging from mild confusing or forgetfulness to a mental health diagnosis.

of tenants need full assistance with medication administration. These tenants on average take 11.7 over-the-counter and prescription medications daily.

of tenants are fully independent in eating, 97% independent with transferring, 94% with toileting, and 76% with dressing.

66%) of tenants periodically use the assistance of a walker or cane.

79%) of tenants are ambulatory (may use aids but not human assistance).

Assisted Living WORKFORCE



- Top issues impacting assisted living facilities are staffing and occupancy.
- 809 individuals are employed in 33 assisted living facilities.
- As of September 1, 2018, of the 33 assisted living facilities reporting nursing hours the average was 8.3 hours per day.
- Only three of 33 assisted living facilities used contract nursing staff in 2018.
- Approximately one-third (31%) of the workforce is age 50 and older, the oldest employee is 83, an dining aide.



Age of Assisted Living Workforce

	9%	24%	21%	15%	16%	15%
AGE	≤19	20-29	30-39	40-49	50-59	60≥



Assisted Living Facts

Assisted Living COST

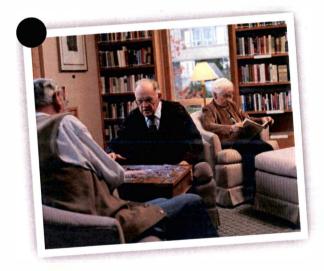
In 2018 the average rent in an assisted living facility was \$2,534 per month, with a range of \$625 to \$5,370 per month.

The cost for services in an assisted living facility varies dramatically, with a range of \$121 to \$4,800 per month.

The cost of assisted living is highly dependent on the size of the living space, the location in North Dakota, and the amenities in the rental package.

Most tenants pay for services from their own private funds, with long term care insurance assisting in 23% of the cases.





Who Pays the Bill in Assisted Living Facilities?

<1%

Private Pay 99%*-

*of this amount 23% of tenants have LTC insurance that helps pay for their care.

who pays?

Assisted Living Satisfaction Survey Results

Satisfaction	No Experience	1-Poor	2- Average	3-Good	4-Very Good	5- Excellent
Overall Satisfaction (n=1051)	<1%	<1%	5%	14%	37%	41%
Quality of Staff (n=1051)	<1%	<1%	3%	11%	34%	51%
Quality of Care (n=1051)	5%	<1%	4%	10%	36%	45%
Quality of Food (n=1051)	5%	6%	18%	26%	30%	15%

44 Assisted Living Facilities representing 1051 tenants participated in the survey October 2018

NDLTCA Members Assisted Living

City Facility Name

Bismarck Augusta Place - a Prospera Community

Bismarck Edgewood Dominion

Bismarck Edgewood Village

Bismarck Prairie Pointe

Bismarck Primrose Retirement Community

Bismarck St. Gabriel's Community

Bismarck Touchmark on West Century

Bismarck Valley View Heights

Bowman Sunrise Village

Carrington Golden Acres Estate

Cooperstown Park Place

Crosby Northern Lights Villa

Devils Lake Eventide Heartland Courts

Dickinson Benedict Court

Dickinson Edgewood Hawks Point

Dickinson Evergreen

Dickinson Park Avenue Villa

Ellendale Evergreen Place and Assisted Living

Fargo Bethany Gables

Fargo Bethany Towers

Fargo Edgewood Senior Living Fargo

Fargo Eventide Fargo

Fargo Good Samaritan Society - Fargo

Fargo Pioneer House Assisted Living for Seniors

Fargo CHI Riverview

Fargo Touchmark at Harwood Groves

Forman Four Seasons Healthcare Center

Garrison The Meadows

Grafton Leisure Estates

Grand Forks Edgewood Parkwood Place, LLC

Grand Forks Wheatland Terrace

Hatton Hatton Prairie Village

Hettinger Western Horizons Assisted Living

Hillsboro Sanford Health Comstock Corner

City Facility Name

Jamestown Edgewood Senior Living Jamestown

Jamestown Eventide Jamestown

Jamestown Heritage Centre of Jamestown, Inc.

Killdeer Legacy Lodge

Lakota Good Samaritan Society - Prairie Rose

LaMoure Rosewood Court Assisted Living

Larimore Good Samaritan Society - Larimore

Lisbon Beverly Anne Assisted Living Center

Mandan Edgewood Mandan

Mandan Lakewood Landing

Mayville Sun Center

McVille Nelson County Health System Assisted Living

Minot Edgewood Minot Senior Living Care

Minot Elmcroft of Minot

Minot ProHealth Home Care

Minot The View on Elk Drive

Minot The Wellington

Napoleon Napoleon Congregate/Assisted Living Apartments

New Rockford Heritage House

New Salem Elm Crest Assisted Living

New Town Lakeside Community Living Center

Northwood Northwood Deaconess Health Center

Oakes Good Samaritan Society - Royal Oakes

Rugby Haaland Estates - Assisted Living

Valley City The Legacy Place

Velva Valley View Manor

Wahpeton Siena Court

Walhalla North Border Estates

Watford City Horizon Assisted Living

West Fargo Eventide at Sheyenne Crossings

West Fargo Kind-er Care

West Fargo New Perspective

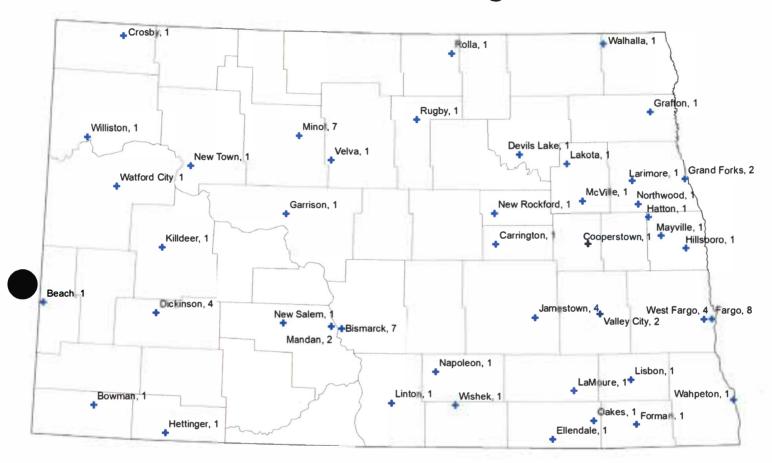
Williston Arbor House

Wishek Prairie Hills Assisted Living



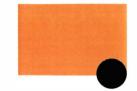
Assisted Living Map

North Dakota Assisted Living Facilities



City (Number of Assisted Living Facilities)

Source: ESRI, North Dakota Long Term Care Association Created by the North Dakota Healthcare Workforce Group on 3/28/2018

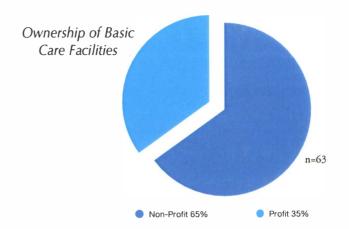


BASIC CARE AT A

64 licensed basic care facilities

2,045 licensed units

2018 average occupancy was 77%



Basic Care Facts

- A basic care facility is a congregate residential setting with private and semi-private rooms, providing 24-hour staffing.
- Basic Care provides an all-inclusive rate providing room, meals, personal care services, supervision, activities, transportation, medication administration, nursing assessment, and care planning.
- Current residents range in age from 39 to 105 years old, with the average age being 83.



Residents n=788

Female Residents

Male Residents

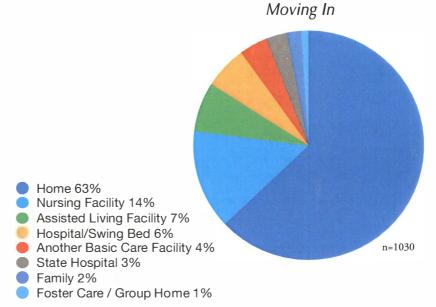
of tenants in North Dakota BASIC CARE are female



When individuals move into a basic care facility, where do they come from?

Top three reasons for basic care admission:

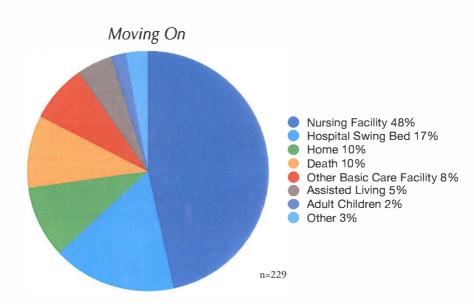
- 1) Needs assistance
- 2) Needs supervision
- 3) Confusion



When individuals move out of a basic care facility,

where do they go?

Almost half of residents discharged from a basic care facility are admitted to a skilled nursing facility. Medical needs, physical limitations, and growing cognitive issues necessitate the admission to a higher level of care.





Care needs of basic care tenants

- 85% of residents have impaired mental status, ranging from early stage dementia to disorientation.
 - 20%) of residents have a mental health diagnosis.
- 98%) of residents need full assistance with medication administration.
 - 55%) of residents receiving psychoactive drugs.
- (12.7) the number of medications the average basic care resident takes.
 - of residents are independent in dressing, with 8% requiring extensive assistance.
- of residents are ambulatory and do not need any staff assistance, 61% use a walker or cane and 10% use a wheelchair.
 - 89% of residents are independent in transferring and 81% with toileting.
- (67%) of residents need assistance bathing.

Basic Care WORKFORCE



- The top issue facing basic care facilities is staffing and occupancy.
- 1,000 individuals are employed in 25 basic care facilities.
- In 2018 the average wage increase provided was 2.6%, while most tried to maintain health insurance with premiums increasing 5%.
- Three of the reporting 25 basic care facilities used contract nursing staff in their facilities in 2018, reporting they spent \$234,600 on contract staffing.
- The youngest employee is 15 years old and the oldest is 84 years old.

Age of Basic Care Workforce

n=1000



	8%	23%	19%	17%	18%	16%
AGE	≤19	20-29	30-39	40-49	50-59	60≥



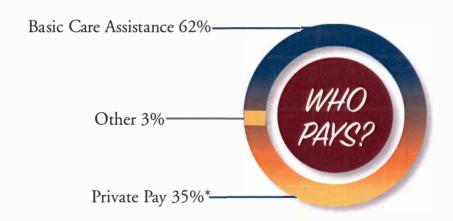
Basic Care COST

Almost two-thirds (62%) of the residents living in basic care need assistance to pay for their care. The average basic care assistance rate on July 1, 2018 was \$123.80 per day. The rates ranged from \$79.26 to \$198.98 per day.

Cost of a Private Room: One-third of reporting basic care facilities charge extra for a private room. The average daily cost for a private room is \$10.73 per day, with a range of \$3.29 to \$21.70 per day.

Rate Equalization in Basic Care: It is allowable to charge private pay residents more than basic care assistance rates. Only a little over half (57%) of the reporting Basic Care Facilities charge the private pay more.





Who Pays the Bill in Basic Care Facilities?

*13% of residents have LTC insurance that helps pay for their care

n = 718

Basic Care Satisfaction Survey Results

Satisfaction	0-No Experience	1-Poor	2-Average	3-Good	4-Very Good	5-Excellent
Overall Satisfaction (n=645)	2%	<1%	6%	16%	31%	45%
Quality of Staff (n=645)	<1%	<1%	4%	14%	35%	47%
Quality of Care (n=645)	2%	0%	3%	16%	39%	40%
Quality of Food (n=645)	2%	4%	13%	22%	32%	28%

29 Basic Care Facilities representing 645 residents participated in the survey October 2018

NDLTCA Members Basic Care Facilities

Lity Facility Name Arthur Good Samaritan Society - Arthur Bismarck Augusta Place – a Prospera Community Bismarck Edgewood Dominion Bismarck Edgewood Village Bismarck Maple View St. Gabriel's Community Bismarck Bismarck The Terrace Bismarck Touchmark on West Century Cando St. Francis Residence Crosby St. Luke's Sunrise Center Devils Lake Good Samaritan Society - Lake Country Manor Devils Lake Odd Fellows Home Dickinson Dickinson Country House LLC Dickinson Evergreen Manor St. Joseph Edgeley Edmore Memorial Rest Home Elgin Dakota Hill Housing Ellendale Evergreen Place Fargo **Bethany Towers** Ecumen Evergreens of Fargo Edgewood Senior Living Fargo Fargo Good Samaritan Society - Fargo Fargo Maple View Memory Care Touchmark at Harwood Groves Gackle Gackle Care Center Grand Forks Maple View Memory Care Grand Forks Edgewood Parkwood Place, LLC Grand Forks St. Anne's Guest Home Grand Forks Tufte Manor Hazen Senior Suites at Sakakawea

Jamestown Edgewood Senior Living Jamestown

Jamestown	Rock of Ages		
Jamestown	Rosedale		
Lakota	Good Samaritan Society - Lakota		
Larimore	Good Samaritan Society - Larimore		
Lisbon	North Dakota Veterans Home		
Lisbon	Parkside Lutheran Home		
Maddock	Maddock Memorial Home		
Mandan	Dakota Pointe		
Mandan	Edgewood Mandan		
Mandan	Lakewood Landing		
McClusky	Sheridan Memorial Home		
Minot	Edgewood Minot Senior Living Care		
Minot	Edgewood Memory Care		
Minot	Edgewood Memory Care II		
Minot	Maple View Memory Care - Minot		
Mountain	Borg Pioneer Memorial Home		
Napoleon	Napoleon Care Center		
New Rockford	Lutheran Home of the Good Shepherd		
New Town	Lakeside Community Living Center		
Osnabrock	Osnabrock Comunity Living Center		
Park River	Good Samaritan Society - Park River		
Rugby	Haaland Estates - Basic Care		
Steele	Golden Manor Inc.		
Valley City	Hi Soaring Eagle Ranch		
Wahpeton	Siena Court		
Wahpeton	The Leach Home		
Watford City	McKenzie County Healthcare Systems		
West Fargo	Eventide at Sheyenne Crossings		
West Fargo	New Perspective		
Williston	Bethel Lutheran Nursing & Rehabilitation		

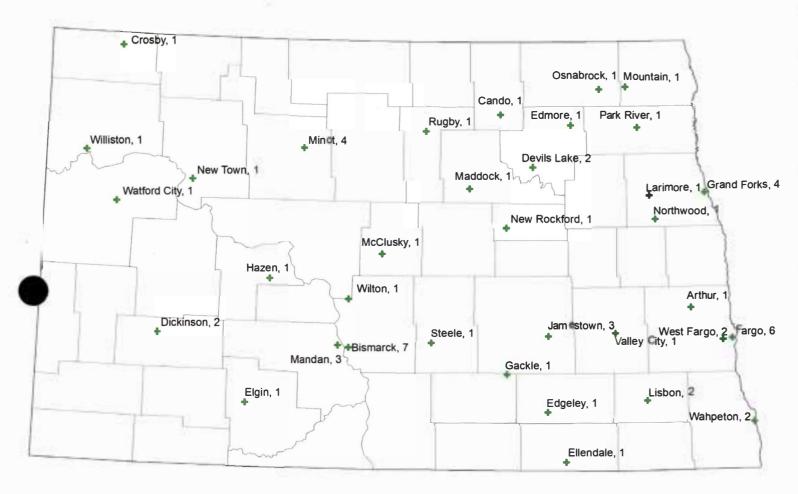
Wilton Redwood Village

City Facility Name



Basic Care Map

North Dakota Basic Care Facilities



City (Number of Basic Care Facilities)

Source: ESRI, North Dakota Long Term Care Association Created by the North Dakota Healthcare Workforce Group on 3/28/2018

Nursing Facility Facts

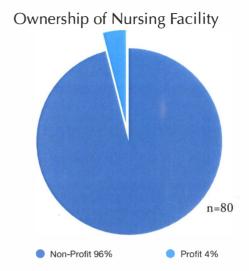


80 licensed nursing facilities

5,963 licensed beds

2018 average daily rate is \$271.71

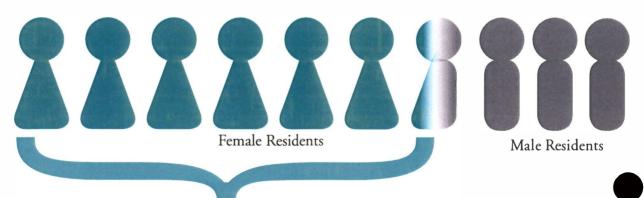
2018 average occupancy was 92.6%



Nursing Facility Facts

- Resident needs are complex and they are in need of 24-hour nursing care.
- Almost two-thirds of residents are admitted after a hospital stay (62%).
- The most significant issue necessitating admission to a nursing facility is the need for care throughout the day. Residents are unable to meet their own needs for dressing, toileting, eating, an remaining safe. Most often their medical needs are complex, requiring continuous attention.
- Current residents range in age from 13 months to 114 years old, with the average age being 86.5.
- Seventy of the eighty reporting facilities discharge 6318 residents in the 12-months period ending June 30, 2018.
- According to CMS data, in 2018 ND nursing facilities had the second highest percentage of residents age 95 and older, 8.74% of all residents compared to the US average of 5.15%. ND nursing facilities hold the highest record for the 85-94 age group at 45.8%, compared to the US average of 31.3%.

Gender of Nursing Facility Residents



66% of residents in North Dakota
NURSING FACILITIES are female



Nursing Facility Facts

Why do individuals move into a nursing facility?

The top four reasons for nursing facility admission:

- 1) Assistance with daily care
- 2) Complex Medical needs
- 3) Falls
- 4) Needs continuous supervision







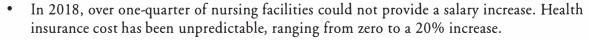
When residents are discharged from a skilled nursing facility, where do they go?

Nursing Facility WORKFORCE

48% of ND nursing home residents are discharged back home or to a lower level of care.



- The top issue facing nursing facilities is staffing; as of September 1, 2018, 61 nursing facilities reported 723 vacant positions.
- 9,241 individuals are employed in 61 nursing facilities.
- 9% (n=61) of reporting nursing facilities stopped admissions in 2018 because of lack of staff.
- 82% of nursing facilities used contract agency staff in 2018.



- Turnover and workforce age will create an unprecedented demand for employees in the near future.
- Thirty-one percent of the workforce is age 50 or older, with the oldest employee being 92.
- 81% of North Dakota's 53 counties are designated as health professional shortage areas.



Age of Nursing Facility Workforce

n8,956

	8%	26%	20%	15%	17%	14%	
4GE	≤19	20-29	30-39	40-49	50-59	60≥	

NDLTCA | Facts and Figures 2019

Nursing Facility Facts

Nursing Facility COST

In 2018, the average cost for

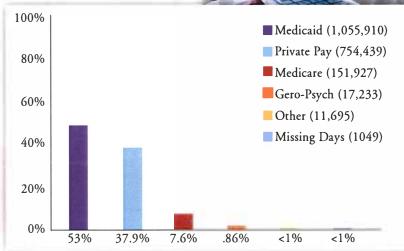
ONE DAY of nursing facility care is

\$270.71

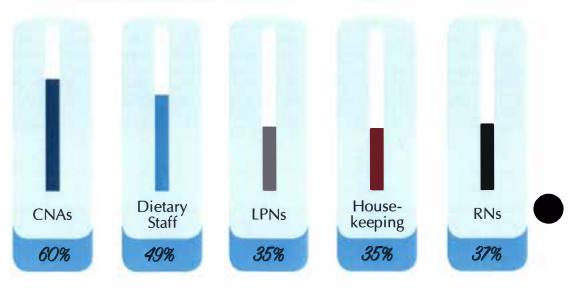


Of the approximate38% of residents that are private pay, on September 1, 2018,19% had a long term care insurance policy paying for a portion of their care.

North Dakota Nursing Facility Days Payor Sources



2018 Nursing Facility Staff Turnover





North Dakota is ranking high Resident Satisfaction

Item	Rating Value	North Dakota	United States
Overall Satisfaction	4 & 5	90%	78%
Nursing Care	4 & 5	93%	84%
Cleanliness	4 & 5	95%	86%
Dignity & Respect	4 & 5	96%	92%
Recommend to Others	4 & 5	93%	83%
Safety & Security	4 & 5	97%	90%

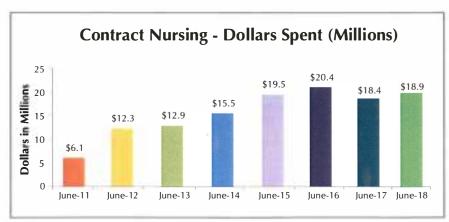
Nursing Facilities Salaries as of September 2018

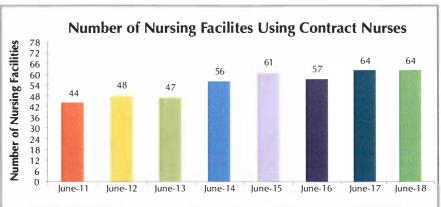
CNA Entry Wage \$14.81 Avg
Cook Entry Wage \$13.68 Avg

House Keeping Entry Wage \$12.27 Avg
Dietary Aide Entry Wage \$12.14 Avg

Contract Nursing IN NURSING FACILITIES

When facilities face staffing shortages, one option is to use contract staff to provide daily resident care. In 2018, 64 of 78 nursing facilities or 82% used contract nursing agencies.



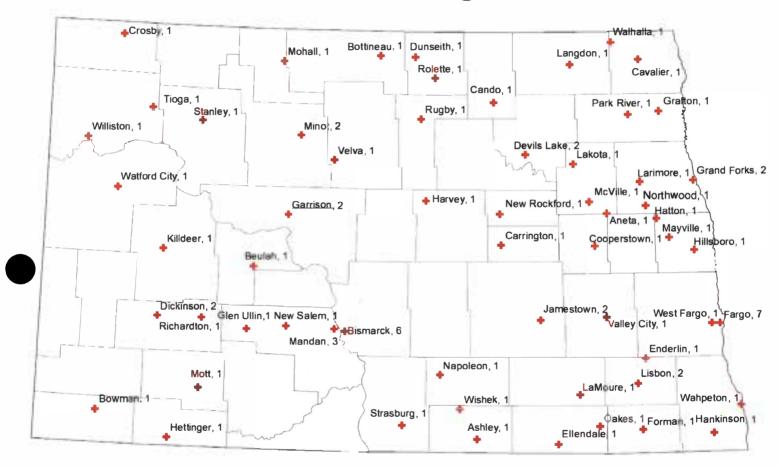


NDLTCA Members Nursing Facilities

Aneta Antea Parkview Health Center Ashley Beulah Kinfé River Care Center Beulah Bismarck St. Vincent's – a Prospera Community Bismarck Bismarck St. Cabriel's Community Good Samaritan Society - Bortineau Southwest Healthcare Services Golden Acres Manor Cardicor Cooperstown Griggs County Care Center Golden Acres Manor Cooperstown Griggs County Care Center St. Lake's Surrise Care Center St. Lake's Surrise Care Center St. Lake's Home Dischinson	City	Facility Name	<u>City</u>	Facility Name
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Hankinson St. Gerard's Community of Care Harvey St. Aloisius Medical Center West Fargo Eventide Sheyenne Crossings Care Center/TCU Williston Bethel Lutheran Nursing & Rehabilitation Center	Grand Forks	-	Watford City	McKenzie County Healthcare Systems
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we to the west to the contract of the contract	Harvey	-	Williston	Bethel Lutheran Nursing & Rehabilitation Center
	Hatton	Hatton Prairie Village	Wishek	Wishek Living Center

Nursing Facility Map

North Dakota Nursing Facilities



City (Number of Nursing Facilities)

Source: ESRI, North Dakota Long Term Care Association Created by the North Dakota Healthcare Workforce Group on 3/28/2018

NDLTCA Board Members

Craig Christianson, Chair Sheyenne Care Center, Valley City | (701) 845-8222

Greg Salwei, Past Chair Wishek Living Center, Wishek | (701) 452-2333

Cynthia Tredwell, Vice Chair Hatton Prairie Village, Hatton | (701) 543-3102

Janessa Vogel, Secretary/Treasurer Elm Crest Manor, New Salem | (701) 843-7526

Kari Dick, Assisted Living Director-At-Large Touchmark at Harwood Groves, Fargo | (701) 476-1200

Joyce Linnerud Fowler, Basic Care Director-At-Large Bethany Gables | (701) 478-8900

Tony Keelin, Nursing Facility Director-At-Large Rosewood on Broadway, Fargo | (701) 277-7999 Tod Graeber, Hospital Attached Director-At-Large CHI St Alexius Health, Garrison | (701) 463-2275

Daniel Kelly, Region I Director Mckenzie County Health Care System, Watford City | (701) 842-3000

Pete Antonson, Region II Director Northwood Deaconess Health Center, Northwood | (701) 587-6060

Amy Kreidt, Region III Director St. Lukes Home, Dickinson | (701) 483-5000

Tony Elsperger, Region IV Director Sunset Drive - a Prospera Community, Mandan | (701) 323-1411

Richard Regner, Region V Director Napoleon Care Center, Napoleon | (701) 754-2381

Tim Kennedy, Region VI Director Parkside Lutheran Home, Lisbon | (701) 683-5239

NDLTCA Staff



Shelly Peterson President



Peggy Krikava Education Director



Carol Ternes Executive Assistant



Susan Bahmiller Education Assistant



Vanessa Raile Director of Emergency Planning



Shawn Surface Account Tech

HB1034 #3 1-7-19

Testimony House Bill 1034 House Human Services Committee January 7, 2019

Chairman Weisz and members of the House Human Service Committee, I am Kim Jacobson, Director of Agassiz Valley Social Services District which is a collaborative of Traill and Steele Counties. I am also a member of the North Dakota County Social Services Director's Association. I speak today in support of HB 1034

The North Dakota County Social Services Director's Association greatly values the significant role that qualified service providers (QSPs) hold in helping to ensure appropriate, timely and critical home and community-based services to vulnerable elderly and disabled citizens. Such service is key to ensuring services are provided throughout North Dakota to support local citizens to safely remain in their own homes, in a supported manner. We encourage any effort of the legislative body to increase QSP services and urge your support of HB 1034.

Thank you for this opportunity to speak in support of HB 1034. I would be happy to address any questions from the committee.

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TESTIMONY Senate Human Services Committee House Bill 1034 March 10, 2019 Senator Kathy Hogan

Chairman Lee and members of the House Human Services Committee. My name is Kathy Hogan and I represent District 21 - the heart of Fargo.

House Bill 1033 is the last of the three bills from the Interim Human Service Committee related to Home and Community Based Services. During the interim human services committee, there was significant discussion on the need to expand the availability of Qualified Services Providers particularly in rural areas.

During the interim we learned that there were several regulatory barriers to Long term care facilities providing in home care supports. This bill is simply a policy directive to the Department to pursue options to address those barriers.

Thank you, Chairman Lee, I am more than willing to answer any questions.

Testimony on HB 1034 Senate Human Services Committee March 11, 2019

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. We represent 214 basic care, assisted living and nursing facilities. I am here to testify in support of HB 1034.

HB 1034 mandates the Department of Human Services to establish guidelines for long term care providers to deliver home and community based services to help individuals remain within their homes and communities. We welcome this legislation and the opportunity to better serve individuals outside the walls and confines of our buildings.

Today over 50% of North Dakota nursing home residents are discharged back home or to a lower level of care.

Today, residents range in age from one just celebrating her first birthday, to another woman celebrating her 114th birthday. The average age of a resident is 86.5 years old. Last year, seventy of the eighty nursing homes discharged 6,318 individuals. There are 5,963 licensed nursing home beds, so we are admitting and discharging a large number of individuals every year.

We are serving a very old population. According to CMS data, in 2018, North Dakota nursing facilities held the highest record for caring for the 85 to 94 age group at 45.8%, compared to the US average of 31.3%. We have the second highest percentage of residents age 95 and older at 8.74% compared to the US average of 5.15%.

The greatest barrier we have identified for nursing facilities to cost effectively deliver home and community based services are DHS rules on allocation of space and personnel. As an example, if your nursing home wants to provide

home delivered meals, it is not just a simple establishment of a fair and #7 pg. 2 reasonable price, but a very prescriptive process of allocating expenses between those in the facility and those receiving home delivered meals. This allocation process makes the cost of the meal very expensive and unaffordable. We have identified this and other barriers to DHS and they have identified two facilities to work through these issues, with the hope that statewide guidelines will be published to help all consider home and community based services. We welcome this opportunity and will continue to work with DHS to expand options to all North Dakotans.

One of our barriers in discharging residents to home is the reluctance and fear of families. Sometimes it is the first time they can relax and feel confident someone is there to provide 24 hour care. They can sleep through the night, not having to constantly be attending to their loved ones. Families do a tremendous job, many becoming exhausted and overwhelmed, even with the support of services within their homes. Coordinating and worrying about the caregiver showing up or getting sick appears to be a constant worry. Just think of the possibilities if when we discharge home, their caregiver goes with them, we help coordinate their care and offer respite when they feel overwhelmed.

In closing, we support HB 1034 and the greater opportunities to serve the frail and disabled population at home and within our communities. If you have any questions, I would be happy to answer them.

Shelly Peterson, President
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Bismarck, ND 58501
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