

**Testimony on Amending Behavioral Health Bed Management Reporting
Requirements for Geropsychiatric Facilities
House Human Services Committee
March 12, 2025
Senate Bill 2113**

Chairman Ruby and Members of the House Human Services Committee, my name is Nikki Wegner, President of the North Dakota Long Term Care Association. Our association represents North Dakota's three geropsychiatric skilled nursing facilities. Thank you for the opportunity to testify in support of Senate Bill 2113, specifically regarding the proposed amendment starting on page 30 of the bill, section 25. This amendment introduces changes to the North Dakota Century Code 50-06-41.3 to improve reporting requirements within the Behavioral Health Bed Management System. The current daily reporting requirement imposes significant administrative burdens that do not align with the operational realities of geropsychiatric facilities. This change would ensure that resources in these specialized care facilities are used as effectively as possible to provide the highest quality care to their residents.

Unique Constraints of Geropsychiatric Facilities

Geropsychiatric facilities are a vital component of North Dakota's behavioral health continuum, providing care for residents with skilled nursing needs alongside complex psychiatric and medical conditions.

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

The unique care model and admission process of these facilities make daily reporting of open beds both impractical and unnecessary. Unlike many other facilities, they do not admit residents seven days a week. Admissions are carefully planned due to the complexity of care needs and required medications. Additionally, even if an unplanned opening occurs over a weekend, the current system lacks the capacity to facilitate rapid admissions during that time.

Importance of the Behavioral Health Bed Management System

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

Geropsychiatric facilities, however, differ significantly. Their rare and often preplanned openings do not require the same reporting frequency, requiring daily updates adds little value while consuming unnecessary staff time and resources. Furthermore, the Department's vendor, Bamboo, already allows carryover reporting, where unchanged data remains valid until updated.

The proposed amendment addresses the uniqueness of geropsychiatric facilities and provides flexibility from the daily reporting requirement. This change alleviates administrative burdens while maintaining the system's effectiveness for providers with more dynamic bed availability.

SECTION 25. AMENDMENT. Section 50-06-41.3 of the North Dakota Century Code is amended and reenacted as follows:

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

1. The department shall establish and maintain a behavioral health bed management system to improve utilization of behavioral health bed capacity.
2. Public and private providers of residential or inpatient behavioral health services, except the department of corrections and rehabilitation and geropsychiatric facilities, shall participate in and report daily.
3. Geropsychiatric facilities shall participate in and report weekly and within forty-eight hours of a bed becoming available.
4. Public and private providers of residential or inpatient behavioral health services required to participate in and report to the department shall provide the information and documentation necessary to maintain the behavioral health bed management system in the form and manner prescribed by the department, unless otherwise specified.

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

Closing

Chairman Ruby, Members of the Committee, this amendment is a practical solution that recognizes the unique role of geropsychiatric facilities while preserving the integrity of the Behavioral Health Bed Management System.

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

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