

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

2109

2007 SENATE HUMAN SERVICES

SB 2109

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2109

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 1-10-07

Recorder Job Number: 862, 865

Committee Clerk Signature

Mary K Mouson

Minutes:

Senator J. Lee, Chairman, opened the hearing on SB 2109 relating to the moratorium on licensing of basic care for medical assistance recipient beds and the moratorium on expansion of long-term care bed capacity; and to declare an emergency. All members were present.

Barbara Fischer (Assistant Director of Budget and Operations, Dept. of Human Services)

See attached testimony #1 in support of SB 2109.

Senator J. Lee noted that there was a fiscal note but no fiscal impact

Bruce Pritschet (Director of the Division of Health Facilities for the ND Dept. of Health) See attached testimony #2 in support of SB 2109 and offering two amendments.

Senator J. Lee asked Mr. Pritschet to explain about the moratorium and conversion to basic care.

Mr. Pritschet explained that the skilled nursing facility has the option, if they have open beds in the skilled facility, of converting those beds to basic care beds. The basic care beds need to be kept separate and contiguous and there needs to be five or more. Then they need to be left that way for at least a 12 month period. At the end of the 12 month period they can ask for the beds to be reverted back to skilled beds if they are not able to fill them or the basic care service is not being utilized in the community.

Senator J. Lee said that basic care is reimbursed by Medicaid and asked for an explanation between basic care and assisted living.

Barbara Fischer said that ND is unique in the nation. Basic care is the equivalent to the assisted living in a lot of other states. Assisted living is an entity that provides services to 5 or more unrelated individuals and also provides individualized support services. Basic care is a congregate setting that provides all the services to the individual. Assisted living in ND is primarily a private pay market. Basic care has a rent subsidy that is the room and board portion for those facilities that participate in the BCAP program. 100% general funds are used to subsidize room and board for the individual. The personal care rate is the other component to the BCAP rate and that is a title 19 Medicaid service. There is an FMAP included in that.

Nursing facilities have rate equalization, basic care does not.

Senator J. Lee asked if there has been an issue with people saying they are going to convert to basic care and not doing it, hence, asking for the 48 months, or are we just being preemptive.

Mr. Pritschet answered that maybe a little of both and that they are trying to be a little preemptive. What they are running into when they are trying to accommodate the request for new basic care beds is whether to calculate into the process the beds that have been issued in the past or not. He said none had gone beyond 48 months but they have been getting approval for the beds and then not moving forward on breaking ground.

Shelly Peterson (President of the ND Long Term Care Assoc.) See attached testimony #3 in support of SB 2109. She reviewed the amendments proposed by the Dept. and they seemed fine. If the skilled beds are not put into service and licensed by the Dept. by the end of the 48 months, the beds would be lost and go out of the system forever.

Senator Heckaman asked if swing beds count in any of this.

Ms. Peterson replied that swing beds are not counted in the beds per thousand.

Senator J. Lee asked about the beds that are lost if not used within the 48 months of when they are transferred.

Ms. Peterson replied that if they decide that they cannot meet that timeframe, the only thing they can do is try to sell those to another facility. However, that next facility still has to meet that original timeframe. If neither one of them can meet it, then they go out of the system. For additional information, they do know that Turtle Mountain has not started construction on their nursing home or basic care facility.

Senator Warner asked if there is a secondary market for nursing home beds and is there a market price established or a bidding process.

Ms. Peterson said it is a buyer and seller negotiation. Her association is the go between. They put it out on bids.

Bruce Murry (ND Protection and Advocacy Project) See attached testimony #4 in support of SB 2109. He recommended that there be an amendment to the bill to clarify the rate.

Senator J. Lee said she was interested in a response from the Dept. on the proposed amendments.

Ms. Fischer explained that the intent was not to establish a minimum occupancy but rather to ensure that the entity that came in to seek basic care licensure would also agree to participate in the basic care assistance program.

Senator J. Lee asked Ms. Fischer to visit with Mr. Murry to see if there is an amendment that would clarify the intent.

Linda Johnson Wurtz (Associate State Director of Advocacy for AARP ND) Testified in favor of SB 2109 because they do agree with making the moratorium on beds permanent. She agreed with Mr. Murry and his concerns about the ambiguity in this bill.

There was no opposing or neutral testimony.

The hearing on SB 2109 was closed.

Job #865

Senator J. Lee opened SB 2109 for discussion. The amendment by Ms. Fischer was reviewed.

Senator Erbele moved to accept the proposed amendment by Ms. Fischer.

Seconded by **Senator Heckaman**. Roll call vote 6-0-0. Amendment accepted.

Senator Erbele moved a Do Pass as amended. Seconded by **Senator Dever**.

Roll call vote 6-0-0. **Passed**. Floor carrier is **Senator Erbele**.

There was a discussion with committee members questioning why the beds are lost forever rather than coming back to the state for redistribution.

Senator Dever noted that Mr. Pritschet also had proposed amendments.

Senator Warner made a motion to reconsider action on SB 2109. Seconded by

Senator Heckaman. Approved on a voice vote. 6-0-0

Discussion on the amendments proposed by Mr. Pritschet clarified that it was for new basic care beds.

It was also noted that there was an emergency clause.

Senator Pomeroy moved to accept the amendments by Mr. Pritschet. The motion was seconded by **Senator Heckaman**. Roll call vote 6-0-0. Amendments accepted.

Senator Warner moved a Do Pass as further amended. The motion was seconded by

Senator Pomeroy. Roll call vote 6-0-0. **Passed**. Floor carrier is **Senator Erbele**.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2109

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 1-16-07

Recorder Job Number: 1233

Committee Clerk Signature	<i>Mary K. Monson</i>
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Minutes:

Senator J. Lee, Chairman reopened SB 2109 for purposes of reviewing the amendment.

The committee found the amendment acceptable and agreed to move ahead with their prior vote of a Do Pass as Amended.

FISCAL NOTE

Requested by Legislative Council

04/06/2007

Amendment to: Engrossed
 SB 2109

1A. 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.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

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

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2A. 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 would amend and reenact the NDCC section relating to a moratorium on the expansion of basic care bed capacity.

This bill would also amend and reenact the NDCC section relating to a moratorium on the expansion of long-term care bed capacity.

There is no fiscal impact.

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.*

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:	Human Services
Phone Number:	328-3695	Date Prepared:	04/09/2007

FISCAL NOTE
 Requested by Legislative Council
 03/09/2007

Amendment to: Engrossed
 SB 2109

1A. **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.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

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

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2A. **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 would amend and reenact the NDCC section relating to a moratorium on the expansion of basic care bed capacity

This bill would amend the NDCC section relating to a moratorium on the expansion of long-term care bed capacity allowing an exemption from the moratorium for critical areas.

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.*

This bill would allow the Department to grant an exemption from the moratorium in areas in which the skilled nursing bed population is less than sixty beds per one thousand elderly individuals. An exemption may not become effective until March 1, 2009.

For the 2007-2009 biennium, the Department is unable to determine a fiscal impact as we are uncertain how the bill, as amended, would be implemented.

For the 2009-2011 biennium there may be a fiscal impact. However, at this time the fiscal impact is undeterminable.

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:	Dept of Human Services
Phone Number:	328-3695	Date Prepared:	03/09/2007

FISCAL NOTE

Requested by Legislative Council

01/22/2007

Amendment to: SB 2109

1A. **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.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

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

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2A. **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 would amend and reenact NDCC section 23-09.3-01.1 relating to a moratorium on the expansion of basic care bed capacity.

This bill would also amend and reenact NDCC section 23-16-01.1 relating to a moratorium on the expansion of long-term care bed capacity.

There is no fiscal impact.

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.*

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:	Dept of Human Services
Phone Number:	328-3695	Date Prepared:	01/22/2007

FISCAL NOTE

Requested by Legislative Council
12/28/2006

Bill/Resolution No.: SB 2109

1A. 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.*

	2005-2007 Biennium		2007-2009 Biennium		2009-2011 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

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

2005-2007 Biennium			2007-2009 Biennium			2009-2011 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2A. 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 would amend and reenact NDCC section 23-09.3-01.1 relating to a moratorium on the expansion of basic care bed capacity.

This bill would also amend and reenact NDCC section 23-16-01.1 relating to a moratorium on the expansion of long-term care bed capacity.

There is no fiscal impact.

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.*

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:	Dept. Human Services
Phone Number:	328-3695	Date Prepared:	01/03/2007

PROPOSED AMENDMENT TO SENATE BILL 2109
DRAFT - AS PROPOSED BY BARBARA FISHER (BASED ON TESTIMONY BY
BRUCE MURRY)

Page 1, line 17, overstrike "maintain a minimum occupancy rate", and insert immediately thereafter "participation programs"

PROPOSED AMENDMENT TO SENATE BILL 2109

Page 1, line 17, overstrike "maintain a minimum occupancy rate", and insert immediately thereafter "participation programs"

Page 1, after line 20, insert:

- c. When approval for new basic care beds is granted to an entity by the health department and the department of human services, the approved entity must license the beds within 48 months from the date of approval.

Page 2, after line 2, insert:

2. Not more than once in a twelve-month period may a nursing facility convert licensed nursing facility bed capacity to basic care bed capacity or convert basic care beds back to nursing facility beds if the beds have been licensed as basic care.

JFB
1-17-07

PROPOSED AMENDMENTS TO SENATE BILL NO. 2109

Page 1, line 17, replace "maintain a minimum occupancy rate" with "any participation program"

Page 1, after line 20, insert:

"c. If the state department of health and the department of human services grant approval of new basic care beds to an entity, the approved entity shall license the beds within forty-eight months from the date of approval."

Page 2, line 2, after the period insert "A nursing facility may not convert licensed nursing bed capacity to basic care bed capacity or convert basic care beds back to nursing facility beds more than one time in a twelve-month period if the beds have been licensed as basic care."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2109: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2109 was placed on the Sixth order on the calendar.

Page 1, line 17, replace "maintain a minimum occupancy rate" with "any participation program"

Page 1, after line 20, insert:

"c. If the state department of health and the department of human services grant approval of new basic care beds to an entity, the approved entity shall license the beds within forty-eight months from the date of approval."

Page 2, line 2, after the period insert "A nursing facility may not convert licensed nursing bed capacity to basic care bed capacity or convert basic care beds back to nursing facility beds more than one time in a twelve-month period if the beds have been licensed as basic care."

Renumber accordingly

2007 HOUSE HUMAN SERVICES

SB 2109

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2109

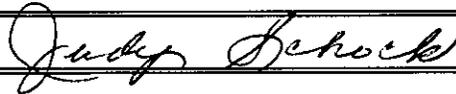
House Human Services Committee

Check here for Conference Committee

Hearing Date: February 7, 2007

Recorder Job Number: no minutes recorded

Committee Clerk Signature



Minutes:

Chairman Price: calls the meeting to order, and opens the hearing on SB 2109.

Barb Fischer, Assistant Director of Budget and Operations of Medical Services of the Department of Human Services. See attached testimony, along statistic attachment.

Representative Conrad: Would they be denied license if you don't take?

Ms. Fischer: You need an application for participation. The average cost for Medicaid in the facility is 65.00 dollars a day.

Representative Porter: The occupancy trends in the rural areas, is often a lack of beds.

People often have to travel 75 plus miles to visit their loved ones. That is a big hardship on families.

Shelly Peterson, President of ND Long Term Care Association: Also attachment of beds in limbo. Basic care is \$66.00 a day. Private pays is about \$4.00 more, We have a great unmet need.

Representative Porter: Why don't we want to look at this every 2 years? Can't we just leave it alone, but change a little language in place that puts more teeth in for mandatory beds in areas. Having families do a 150 mile round trip is to great a hardship for families.

Ms Peterson: We don't mind you looking at this every 2 years.

Representative Porter: Possibly the penalty is not enough if they don't move them. Maybe we should see the last 5 years penalty, and if that needs to be changed.

Ms Peterson: We wouldn't like that.

Representative Conrad and Price: made comments, but no minutes recorded.

Darlene Bartz, chief of Health Resources Section for the ND Department of Health: See attached testimony.

Ron Frei, Regional Director of Finance for the Benedictine Health Systems: See attached testimony.

Barbra Walz: I flew in from Denver to testify today. See attached testimony, and proposed amendments.

Representative Conrad: makes comments.

Ms Peterson: If given the expansion plans we will meet the demands.

Chairman Price: Anyone else to testify in favor of SB 2109? Any opposition to SB 2109? If not we will close the hearing on SB 2109

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2109

House Human Services Committee

Check here for Conference Committee

Hearing Date: February 21, 2007

Recorder Job Number: 3577

Committee Clerk Signature



Minutes:

Chairman Price: We need more discussion on SB 2109.

Shelly Peterson, with ND Long Term Care: I have additional follow up you had requested.

See attached. Information you requested about occupancy of the areas facilities as well as beds. It is 47 beds per 1,000. That would be just the Bismarck Mandan. The second hand out the difference on estimates and projections, and what they consider when they look at the metropolitan area. The data center will do a projection, and the projection is purely a projection. The will than after the fact when the date has passed they will do an estimate. I have more handouts for you. Med Center one is looking to purchase more beds. Glen Ullen and New Salem are the only ones that allow smoking. This is a lot of information for you.

Representative Porter: From a statistical stand point, could we agree to disagree that you can't expand Bismarck Mandan area to outside areas. We are setting ourselves up for a huge bout to what is going on now. Moving people far away from loved ones to visit them and tends to disconnect them. I would be good to do statistic on Garrison to see how often the Bismarck, Mandan residents get visits. I hear it all the time; I couldn't get placed in Bismarck now the closest place is Garrison. It happened to a relative of mine that was on a waiting list for a year

and half before they were placed in the Bismarck Mandan area. It still doesn't address the long term needs of this area.

Ms. Peterson: I felt I needed to be accurate on the metropolitan area which includes all of Morton County. Our current solution would be to redistribute the beds that are already in the system. Med Center does plan to expand and they do support the moratorium. There are only a few facilities get ready that soon.

Representative Porter: The moratorium part that bothers me is even with the penalties in place, facilities aren't moving the beds. We have a great need in the Bismarck, Mandan area for them.

Chairman Price: Committee we will chew on this a few days.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2109

House Human Services Committee

Check here for Conference Committee

Hearing Date: March 6, 2007

Recorder Job Number: 4424 & 4502

Committee Clerk Signature

Judy Schock

Minutes:

Chairman Price: Committee take out SB 2109 for discussion.

Representative Porter: I have proposed amendments and I will go through those with you.

See attached. I hear all the time of families having to go miles to visit a loved one in a nursing home. One of the most recent one is in Richardton, which is another 85 miles west of Bismarck, in a different county. There is still an over abundance of nursing home beds, taking the whole state. There is no incentive with a rural facility to be concerned with a family in Bismarck, Minot, Fargo or Grand Forks, and be worried about the disconnect this is creating across the state. What the amendments are meant to do is send the message out to these facilities that are holding beds, and the occupancy is hovering around the 90 mark, where they could give up a couple of beds because of the demand in other areas. This is giving them the message we are serious. I forgot about the study language. I have that for section 5. I will get that taken care of. In the data the moratorium wouldn't be lifted the exception would be granted. The state wide moratorium would still be in effect. What would go into effect during the next session would be the exception to the moratorium. Based on the figures that Ms Peterson gave us at 2009 Bismarck region using their statistical data includes the entire

county, and New Salem would be included in that and Bismarck would still be just above 60.

We want the message kicking in.

Representative Hofstad: From a facility stand point, when they are doing their long range planning would they look at this now and say, Okay this is an opportunity for us to expand.

Would that give them enough security to make that financial commitment to retool?

Representative Porter: I don't think so, but it would send, as we keep expending the moratorium the access problems in those urban areas are just going to get worse and worse. The rural facilities that have occupancy around the 90% have no incentive to sell anything out of their facilities. That 10% is just a cushion. There is no incentive to do anything more than they are doing now if we don't do something. They would only be in trouble when they drop below that 90% mark. Their reimbursement rate changes because of the low census.

Representative Kaldor: I am making assumption that the practical effect would be any facility that was contemplating seeking an exemption or waiver from the moratorium, probably the practical effect is they would probably wait, and wouldn't apply until February 1st.giving the fact we would be in session and it might complicate the process.

The committee discusses other dates, and why. They would be in session at the time. We will have to make a decision sooner or later on how far families need to travel to visit in nursing homes.

Representative Conrad: In regard to the study, could we look at some kind of incentive to provide to nursing home board of directors that they would reconsider making it something other than a nursing home, and would not effect jobs.

Representative Potter: I am glad to see the later date. The message I get is it should be held for the time being. I now have new and improved amendments and I will go over them

with you, and the added Legislative Study, and most of it was already discussed. I move the amendment, seconded **Representative Conrad**.

Representative Potter: I question section 3 with the January 31st date. I was hoping we could bump it back a ways further into the session.

Representative Porter: That is the day the moratorium exemption takes effect. February 1, 2009 some one could start the process of asking for beds under this exemption. The legislation would be in session and part of the discussion of the whole issue. We are not talking about building just beds.

Representative Hatlestad: Could they start the process of preparations with the Department of Human Services in September, so that February 1, I am punching holes.

Representative Porter: Technically someone could start putting a case together than so they are ready to go. The Department isn't authorized to even talk about it until February 1, 2009. This session of the law isn't the law in September.

Shelly Peterson, Director of Long Term Care: I have some information so you have information on the impact. See attached. I like the date change because if we need a legislative solution in 2009 that would give us until the March date instead of Jan 31, because they have action in 30 days is very difficult to do. Our positions remain committed to the moratorium. We believe that there will be a redistribution of beds in the next two years. The question has come up should we have facilities every where. Glen Ullin and New Salem have been dependent on the over flow from Bismarck. Look at the estimates rather than the projections. They are much more accurate readings.

Representative Porter: In the scheme of things as we look at the areas effected. Looking at just Region 7 we are going 75 miles one way to Strasburg nursing home with 68 beds. We are going 85 miles to Garrison for 88 beds. Beulah is 75 miles, Glen Ullin 55 miles, which is where

the concern is. We are hearing back the population is increasing with the elderly moving in for the services. The people who already live here need long term care and there is no capacity because the population has increased. By having these things in place is rubber stamping it to say you will never see Grandma again, she is 85 miles away. I can't accept that as a best public policy for ND.

Ms Peterson: Probably the largest disincentive to getting rid of your beds would be the occupancy limitation. The issue of taking beds out of rural ND is very extremely sensitive. I understand the issue of better meeting the needs of family.

Representative Potter moves to amend the amendment to say in Section 3 to March 1, 2009, seconded by **Representative Conrad**. The verbal vote was unanimous. **Representative Kaldor** moves the study amendments, seconded by **Representative Conrad**. The verbal vote was unanimous. **Representative Porter** moves a do pass as amended, seconded **Representative Weisz**. The vote was 12 yeas, 0 nays, and 0 absent. **Representative Porter** will carry the bill to the floor.

Rep Porter

3/5/07

Proposed Amendments to Engrossed Senate Bill 2109

Page 1, line 1, after "to" insert "create and enact a new section to chapter 23-16 of the North Dakota Century Code, relating to a moratorium exemption, to"

Page 1, line 8, remove the overstrike over "~~during the~~"

Page 1, line 9, remove the overstrike over "~~period between August 1,~~", after "2005" insert "2007", remove the overstrike over "~~, and July 31,~~", and after "2007" insert "2009" and remove the overstrike over the forth overstruck comma.

Page 1, line 11, overstrike "the state department of health and"

Page 1, line 20, overstrike "department of health and the", overstrike "grant" and immediately thereafter insert "grants"

Page 2, line 3, remove the overstrike over "~~during the period between August 1,~~", after "2005" insert "2007", remove the overstrike over "~~, and July 31,~~" and after "2007" insert "2009" and remove the overstrike over the overstruck period.

Page 2, after line 7 insert:

SECTION 3. AMENDMENT. A new section of chapter 23-16 of the North Dakota Century Code is created and enacted as follows:

Moratorium-Exemption. Any entity that demonstrates to the state department of human services an access critical area where the skilled nursing be population is less than sixty beds per one-thousand elderly is exempt from the moratorium in section 23-16-01.1 effective January 31, 2009.

Renumber Accordingly

Date: 3/6
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES 2109 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken None Further Amend Sec 3

Motion Made By Rep. Potter Seconded By Rep. Conrad

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman			Kari L Conrad		
Vonnie Pietsch - Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. _____

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

3/5/07

Proposed Amendments to Engrossed Senate Bill 2109

Page 1, line 1, after "to" insert "create and enact a new section to chapter 23-16 of the North Dakota Century Code, relating to a moratorium exemption, to"

Page 1, line 4, after the semicolon insert "to provide for a legislative council study;"

Page 1, line 8, remove the overstrike over "~~during the~~"

Page 1, line 9, remove the overstrike over "~~period between August 1,~~", after "2005" insert "2007", remove the overstrike over "~~, and July 31,~~", and after "2007" insert "2009" and remove the overstrike over the forth overstruck comma.

Page 1, line 11, overstrike "the state department of health and"

Page 1, line 20, overstrike "department of health and the", overstrike "grant" and immediately thereafter insert "grants"

Page 2, line 3, remove the overstrike over "~~during the period between August 1,~~", after "2005" insert "2007", remove the overstrike over "~~, and July 31,~~" and after "2007" insert "2009" and remove the overstrike over the overstruck period.

Page 2, after line 7 insert:

"SECTION 3. AMENDMENT. A new section of chapter 23-16 of the North Dakota Century Code is created and enacted as follows:

Moratorium-Exemption. Any entity that demonstrates to the state department of human services an access critical area where the skilled nursing be population is less than sixty beds per one-thousand elderly is exempt from the moratorium in section 23-16 January 31, 2009. *effective*

SECTION 4. LEGISLATIVE COUNCIL STUDY-LONG-TERM CARE.
The legislative council shall study the long-term care system in the state including capacity, access, workforce reimbursement, and payment incentives. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly.

Renumber Accordingly

**House Amendments to Engrossed SB 2109 (78146.0201) - Human Services Committee
03/07/2007**

Page 1, line 1, after "to" insert "create and enact a new section to chapter 23-16 of the North Dakota Century Code, relating to a moratorium exemption; to"

Page 1, line 4, after the semicolon insert "to provide for a legislative council study;"

Page 1, line 8, remove the overstrike over "~~during the~~"

Page 1, line 9, remove the overstrike over "~~period between August 1,~~", after "2005" insert "2007", remove the overstrike over "~~, and July 31,~~", after "2007" insert "2009", and remove the overstrike over the fourth overstruck comma

Page 1, line 11, overstrike "the state department of health and"

Page 1, line 20, remove "state department of health and the" and replace "grant" with "grants"

**House Amendments to Engrossed SB 2109 (78146.0201) - Human Services Committee
03/07/2007**

Page 2, line 3, remove the overstrike over "~~during the period between August 1,~~", after "2005" insert "2007", and remove the overstrike over "~~, and~~"

Page 2, line 4, remove the overstrike over "~~July 31,~~" and after "2007" insert "2009"

Page 2, after line 7, insert:

"SECTION 3. AMENDMENT. A new section to chapter 23-16 of the North Dakota Century Code is created and enacted as follows:

Moratorium exemption. The department of human services shall exempt any entity from the moratorium under section 23-16-01.1 if that entity demonstrates to the department an access critical area in which the skilled nursing bed population is less than sixty beds per one thousand elderly individuals. An exemption granted under this section may not become effective until March 1, 2009.

SECTION 4. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE. The legislative council shall study the state's long-term care system including geographical boundaries for determining capacity, capacity, access, workforce, reimbursement, and payment incentives. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Renumber accordingly

Date: 3/6
 Roll Call Vote #: 3

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES 2109 Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Move study amendment

Motion Made By Rep. Kaldor Seconded By Rep. Conrad

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) 12 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 0

Floor Assignment Rep. _____

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

REPORT OF STANDING COMMITTEE

SB 2109, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2109 was placed on the Sixth order on the calendar.

Page 1, line 1, after "to" insert "create and enact a new section to chapter 23-16 of the North Dakota Century Code, relating to a moratorium exemption; to"

Page 1, line 4, after the semicolon insert "to provide for a legislative council study;"

Page 1, line 8, remove the overstrike over "~~during the~~"

Page 1, line 9, remove the overstrike over "~~period between August 1,~~", after "2005" insert "2007", remove the overstrike over "~~, and July 31,~~", after "2007" insert "2009", and remove the overstrike over the fourth overstruck comma

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Page 2, line 4, remove the overstrike over "~~July 31,~~" and after "2007" insert "2009"

Page 2, after line 7, insert:

"**SECTION 3. AMENDMENT.** A new section to chapter 23-16 of the North Dakota Century Code is created and enacted as follows:

Moratorium exemption. The department of human services shall exempt any entity from the moratorium under section 23-16-01.1 if that entity demonstrates to the department an access critical area in which the skilled nursing bed population is less than sixty beds per one thousand elderly individuals. An exemption granted under this section may not become effective until March 1, 2009.

SECTION 4. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE. The legislative council shall study the state's long-term care system including geographical boundaries for determining capacity, capacity, access, workforce, reimbursement, and payment incentives. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Renumber accordingly

2007 SENATE HUMAN SERVICES

CONFERENCE COMMITTEE

SB 2109

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2109

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 3-30-07

Recorder Job Number: 5642

Committee Clerk Signature

Mary K Monson

Minutes:

Senator J. Lee opened the conference committee on SB 2109. All committee members were present: Senator J. Lee, Senator Dever, Senator Warner, Representative Pietsch, Representative Price, and Representative Potter.

Senator J. Lee asked the House members to explain the House amendments.

Representative Clara Sue Price explained that the concerns that came up in their committee were issues dealing with the accessibility to beds in the Bismarck/Mandan area first and Grand Forks the next area. They were provided with a great deal of information as far as projections and estimations of the population changes expected in the future and the need for beds in all areas of the state. But, they focused mostly on the four metropolitan areas. Although the committee supports the moratorium as far as the number of beds, they had more concerns about the distribution of the beds based on the e-mails received and public contact. One of her fears is that they would get into the next session and the number of beds per capita would be so low in one of these areas that they would remove the moratorium and some of the nursing homes would be caught with beds they probably could have sold in this biennium.

Section 3 with the moratorium exemption is a message to the nursing homes that things are changing (meter 02:43). She understood the biggest issue the Senate had with their

amendment was the date. They are willing to move on the date. The second thing on the study is that long term care has been studied many times. With the information they received from Ms. Peterson they thought it was something good for an interim committee to take a look at.

Senator J. Lee asked if there was something they could do to require some kind of match between purchasing and opening up. There has been a critical access issue in her area for a very long time. It is not a new issue.

Rep. Price stated that the beds purchased by the tribes may leave the system unless they sell them very quickly because some of them have to be out by Aug. 1 so there may be a decrease in the number of beds. There has been discussion that the Veteran's Home would like to move from 38 to 50 skilled beds in their move forward. Forty five percent of the residents of the Garrison Home are from the Bismarck/Mandan area – an 85 mile drive.

Their number one concern is that the nursing homes don't get caught unaware which is the reason for the exemption. Number two, they spend the next two years seriously looking at ways to answer questions.

Senator Dever asked about the 45% in Garrison. He wondered how that is distributed around. His recollection is that occupancy rate across the state is about 93% (meter 06:05).

Senator J. Lee asked if there was any helpful input from any of the stakeholders.

Maggie Anderson (Department of Human Services) said they discussed the engrossed version of the bill with the health department. When the DHS had the bill introduced they took the date out of the moratorium and essentially made it a permanent moratorium. They didn't object to the House wanting to look at it every two years. There was language that removed the health department and they were not involved when the committee had that discussion. She said they have a close relationship with the health department when they look at these issues.

The health department is the licensing agency and the DHS is the payment agency. They both bring expertise and pieces of information to the table. It brings a balance to that process.

Senator J. Lee stated that the last line of the amendment makes it quite clear, page 2 line 19, that the study would include the things they are talking about as far as distribution of these beds.

Senator Dever wanted to clarify that the House amendments are to the .0200 version and the Maggie amendments (attachment #1) are to the .0300 version.

Senator J. Lee recognized Ms. Bartz for comments from the health department point of view.

Darleen Bartz (Department of Health) said they have met with the department of human services and agreed with what Ms. Anderson had to say. She felt the process they have used over the last years to look at this issue has worked well.

Senator J. Lee then asked Ms. Peterson (Long Term Care) if she had any comments on the bill as it came and the proposed amendment.

Shelly Peterson (Long Term Care) said that Senator Dever was correct in the occupancy issues. There is very strong occupancy in the Bismarck/Mandan region. They are continually around 99% (meter 11:45). She reported that, as shared with the House committee, they had concerns about the exemption. Right now there are areas of the state that are under 60 beds per thousand. So, in theory, there are areas that could come in now and be called a critical access area. The concern was, "would they begin building?" (meter 12:30).

She said the study is good. The small rural facilities who are looking at options greatly oppose section 3.

There will be expansion in the Bismarck area in the next 18-24 months which will hopefully alleviate the demand in Bismarck (meter 13:40). She continued talking about the available beds needed to expand.

Senator Warner stated that he was worried the tribal beds would vanish in the system. (Meter 14:30) He wondered if there was language they could craft to allow an extension if those beds are sold to another agency that they would have more time beyond the first of August to implement them.

Ms. Peterson said that concept had been discussed but it was disconcerting to the tribe that they couldn't get an extension but the new owner could have an extension (meter 5:09). In the event the tribes wish to sell the beds, names of entities that could immediately take those beds and put them into service have been given to them. The beds will not vanish if the tribe chooses to sell to those facilities. (Meter 16:00) She went on to explain that the issue is that those facilities need time to purchase and put the beds into service. The tribe needs to move on the process.

Senator J. Lee said that there was never any intention in her mind that section 3 would provide any kind of extension for anybody.

Senator Dever asked, if 60/beds per thousand elderly is the standard, where are we on a statewide basis.

Ms. Peterson replied that they are at 65.3 beds per thousand now. In the mid 90's they were at 78.5 beds per thousand. The reason is because of the growing older population and the beds (meter 17:25).

The revised bill doesn't define how you define a critical planning area.

Statewide/nationwide the average beds per thousand is around 50. ND chose 65 which is really high compared to the rest of the nation.

Senator Dever asked where Bismarck will end up with the new beds coming in.

Ms. Peterson said that with the new beds proposed for Bismarck, they would be at 63 beds per thousand in 2010.

Senator Dever asked if the per thousand she spoke of was the general population or over 65 population.

Ms. Peterson replied that it was the over 65 population.

Rep. Price (meter 20:45) referred to charts and statistics and said that the whole focus in the House committee was to express the seriousness of this.

Senator J. Lee said she would like to go through the amendment and talk about each of the sections. She asked if there was an interest in including the line to the study identifying areas of needed beds.

Rep. Price said what she would propose is that on .0201 she would remove page 1 line 11 and page 1 line 20. She would, in section 3, change the March 1 date to July 1. She would add the new sentence to section 4.

Senator J. Lee said the question she had about the moratorium exemption in section 3 is, "why should we even do it?" She felt sending a message to the facilities could be clearly done through the association, the health department, and human services people. (Meter25:35)
After a short discussion Senator J. Lee said she would be more comfortable, personally, if there was the study and they come to the next session prepared to deal with the moratorium at that time.

Rep. Pietsch suggested maybe they should think about this and then have another meeting.

Senator J. Lee agreed and recessed the conference committee meeting on SB 2109.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2109

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 4-02-07

Recorder Job Number: 5654

Committee Clerk Signature

Mary K Monson

Minutes:

Chairman Senator J. Lee reopened the conference committee on SB 2109. All committee members were present.

Senator Dever referred to information disseminated in the House committee which hadn't been heard in the Senate.

Senator J. Lee asked the House members if they would give some background on that information.

Rep. Price said that information was from Ms. Peterson (Office of Community Assistance). It was broken down by region and listed swing bed, nursing, and basic care. She said it did not include the assisted living. She went through it by region. (Meter 03:25)

Northwest ND shows 60.47 with a mix of nursing beds, swing, and basic care. Minot shows below 60 beds per thousand.

Rep. Pietsch said they had inquired as to when the eight regions were generated. They were from the Governor Guy era.

Rep. Price said another part of the study was looking at the boundaries for capacity because how many miles should a family be required to drive to visit a relative in the nursing home.

The Bismarck region has 61.06 according to the chart (meter 05:05).

The southwest part of the state is still at 72.02.

(Meter 05:38) She addressed another piece of information from Ms. Peterson (Basic Care).

The projections and the estimates aren't always the same. It makes projections out to where they think bed capacity is going to be in the future. With the population of the elderly increasing quite a bit in the Burleigh and Morton Counties, the projection for 2005 was 12,704 persons, 2010 would be 14,556. By 2015 it goes to 17,340. Part of the concern is that we might not be ready for some of those (meter 07:22). The population is shifting and there might need to be some advance planning.

Obviously the whole thing is going to be revisited with the moratorium but that moratorium has been on for awhile. It seems like there has been some changes but there is a different demographic this time and a different push from the community than has been seen in the past.

Senator J. Lee asked if there were any other individuals that raised concerns.

Rep. Price replied that she had received e-mails from other people too.

Senator J. Lee said they have been dealing with this for 20 years in Cass County and suspects they have in Grand Forks County as well. This is not a new issue (08:40).

She didn't see this as just a Bismarck/Mandan problem.

Rep. Price said 45% of the beds in Garrison are from Bismarck—that's 85 miles.

She said she was also dealing for Rep. DeKrey with an issue of a lady who had been hospitalized for a short period of time. She has been told that if she goes back into the hospital and is gone more than two days she loses her room.

That's because of the waiting lists and the reimbursement.

Senator J. Lee said she wanted to address this but was afraid they might be opening a Pandora's Box with it. She cautioned that they needed to be terribly careful about how they

would make the change. The study is extremely important and she was more comfortable leaving the moratorium in place and doing the study to see where they were going to be.

She hasn't been getting the impressions from her e-mails that Bismarck/Mandan will be suffering if this was put on hold for the time of the study.

She said their job is to figure out how to be fair to everybody and how to accommodate the needs of the people wherever they are.

Senator Dever wondered if the fact that the effective date is after the next session alleviates her concerns.

Senator J. Lee said that it makes it better.

There were personal experiences shared from committee members.

Rep. Price had more information on occupancy.

Senator J. Lee replied that she didn't need to know how many bodies were in every facility.

She needed to know what the anticipated need is going to be and what the positive and negative ramifications are of what they do.

Senator Dever thought there was some validity to looking at the situation as projected forward.

Senator J. Lee agreed. What good can come from the various options they are considering?

What unintended consequences could there be such as negative effects it could have on some of the small nursing homes as well (meter 15:40).

Senator Warner said one of the reports he was getting from his smaller rural facilities was that the urban facilities were sort of hoarding high value customers and diverting others with lesser needs to the rural areas (meter 16:30).

Rep. Potter reported that she had talked to the administrator in Grand Forks who didn't seem

to have problem with this. Also in Grand Forks there are a number of people who do go to the small towns. She had not had anyone complain to her that they had to go to small towns

because there were no beds in Grand Forks. Generally, families have chosen the small towns because they like the smaller atmosphere. In committee when they talked about this at first the moratorium exemption was put at January 1, 2009. That was a concern because the session would just be beginning. It was then moved to March 1 (meter 20:00).

Senator J. Lee said there are three parts to this and wanted to break them down and talk about each one individually: the inclusion of the health department, the moratorium, and the legislative council study. She thought they might all agree on adding the sentence to the legislative council study.

Discussion indicated that there was agreement on everything except the paragraph on the moratorium. There seemed to be a common goal about wanting to do the right thing. The problem seemed to be that they needed to figure out how to word it just right.

(Meter 24:00) Senator J. Lee asked if it was agreeable if the paragraph on the moratorium is included if a later date would be ok. Dates and an emergency clause were discussed.

Senator Dever didn't think they defined very well what constitutes a community or an area. He thought they needed to perhaps acknowledge that it was a metropolitan statistical area. Another issue he wanted to deal with was why they were taking 60 beds per thousand. He asked if it would make more sense to choose the national standard.

Rep. Price thought the 60 bed was something that was picked when a prior study was done of a long term care for the nursing bed facilities. She didn't think MSA's follow county lines.

Barb Fischer (Assistant Director, Medical Services) offered information that Metropolitan Statistical Area is a central designation. It identifies an urban center of more than 50,000 and includes all of the surrounding counties (meter 28:10). Minot is not a MSA. They do not meet

the definition of population of 50,000 because they can't count the base.

Rep. Price asked Ms. Fischer if in the long term care study they put an ideal number out for basic care beds.

Ms. Fischer thought it was 15.

There was discussion on moving beds from Good Samaritan Homes in rural areas to urban areas. Closing or downsizing facilities has a huge impact on the community. Assisted living in relationship to this was also talked about.

Generally if a person is in an assisted living facility attached to a nursing home they will be given priority if they need nursing facility care.

The discussion on SB 2109 was closed.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2109

Senate Human Services Committee

Check here for Conference Committee

Hearing Date: 4-04-07

Recorder Job Number: 5743

Committee Clerk Signature <i>Mary K Monson</i>
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Minutes:

Senator J. Lee called the conference committee on SB 2109 to order. All members were present.

Senator J. Lee distributed an amendment (attachment #2) which she explained was a place for them to work from. It provides for the legislative council study with added language. It puts back in the two year extension. It also means the health department is back in.

There was agreement with the date and moving it forward two more years.

She pointed out that the legislative study is a mandatory study. She asked if there were any changes anybody would like to see in that area.

Rep. Price explained why the word capacity was used twice in the legislative council study paragraph (meter 02:17).

Senator J. Lee then said they needed to deal with the issue of whether the health department remains in or out.

Senator Warner felt the health department needed to be a player in the discussions.

Rep. Price had concerns that there wasn't as good a dialogue as there should be between the two departments. They need to work together better not only for the safety of the patient but also some common sense. (Meter 04:32)

Senator Warner said the Department of Human Services is only concerned with the reimbursement issue. They don't set the standards for care or safety. Those are health department issues.

Senator J. Lee thought they all agreed that they want to make sure there is common sense as Rep. Price mentioned. Ms. Bartz, Dept. of Health, has assured Senator J. Lee that they will do their very best to make sure things are accessible and that they will consider being communicative about these things.

Senator J. Lee also had some reservations about taking the health department out (meter 06:10).

Senator J. Lee said in this amendment the exception to the moratorium is gone. They would have the study and extend the moratorium for two more years. After they see what the study shows in two years then they would decide if it would be appropriate to have exemptions to the moratorium.

Senator Dever asked if it would be appropriate to put language in the study regarding the feasibility of an exception or the appropriateness of forcing the transfer of beds.

Rep. Price suggested that the people interested in this issue will be on the committee and will drive the study in that way. She also said the reason for the exception coming out was to make those rural nursing homes that have unoccupied beds aware that the demographics have changed more than some of them realize. The message needs to get out that if they have beds they don't have a use for anymore they might want to sell them quick while there is still some value.

She was also concerned with who would be charged with the study. The legislators will not have the time or the resources to do it. Who will be charged with it and will they have the resources and funding to do the study in the correct manner.

Senator J. Lee felt it was important that those working with it have a strong presence in the discussions (meter10:30). She also pointed out that there is nothing that says the people who are directly involved can't meet regularly and bring a consolidated report to the attention of the legislature.

Senator J. Lee asked if anyone wished to make any changes to the study portion.

There was no response from the members.

There was no objection to the health department being back in.

Senator J. Lee then asked about the paragraph which had been deleted about the exceptions to the moratorium.

Rep. Potter said she thought it made sense to do the study and then do reconsideration after the study.

Senator Warner was comfortable with the amendment. He hoped they would seriously put some study into the need for home and community based services because by 2020 he understands they are looking at about 23% of the state's population being over the age of 60.

Senator J. Lee replied that one of the reasons to include that phrase is that just because we have an aging population it shouldn't be assumed they are all going into institutional care. It is our duty to look at what kinds of additional home community based services may be needed.

There were no other changes on the amendment.

Rep. Price made a motion that the House recedes from the House amendments and the conference committee adopts the proposed amendment .0202.

Senator Warner seconded the motion.

Roll call vote 6-0-0. Motion carried.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2109

Page 1, line 1, remove "to create and enact a new section to chapter 23-16 of the North Dakota"

Page 1, line 2, remove "Century Code, relating to a moratorium exemption;"

Page 1, line 13, remove the overstrike over "~~the state department of health and~~"

Page 1, line 22, replace "grants" with "and the state department of health grant"

Page 2, remove lines 10 through 16

Page 2, line 19, after the third comma insert "a methodology to identify areas of the state that are in need of additional skilled nursing facility beds,"

Re-number accordingly

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2109

That the House recede from its amendments as printed on page 832 of the Senate Journal and page 911 of the House Journal and that Engrossed Senate Bill No. 2109 be amended as follows:

Page 1, line 4, after the semicolon insert "to provide for a legislative council study;"

Page 1, line 8, remove the overstrike over "during the"

Page 1, line 9, remove the overstrike over "period between August 1," after "2005" insert "2007", remove the overstrike over "and July 31," after "2007" insert "2009", and remove the overstrike over the fourth overstruck comma

Page 2, line 3, remove the overstrike over "during the period between August 1," after "2005" insert "2007", and remove the overstrike over "and"

Page 2, line 4, remove the overstrike over "July 31," and after "2007" insert "2009"

Page 2, after line 7, insert:

"SECTION 3. LEGISLATIVE COUNCIL STUDY – LONG-TERM CARE.

The legislative council shall study the state's long-term care system including capacity, geographical boundaries for determining capacity, the need for home and community based services, a methodology to identify areas of the state that are in need of additional skilled nursing facility beds, access, workforce, reimbursement, and payment incentives. The legislative council shall report its finding and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Comment [11]: Page 1
This is the way it appears in the amendments I pulled off the L.C. website and in the '0300 version of the bill - but I don't understand why "capacity" is in here twice?? Just thought I'd point it out so you could deal with it. ©

Renumber accordingly

73
4-4-7

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2109

That the House recede from its amendments as printed on page 832 of the Senate Journal and page 911 of the House Journal and that Engrossed Senate Bill No. 2109 be amended as follows:

Page 1, line 4, after the semicolon insert "to provide for a legislative council study;"

Page 1, line 8, remove the overstrike over "~~during the~~"

Page 1, line 9, remove the overstrike over "~~period between August 1,~~", after "2005" insert "2007", remove the overstrike over "~~, and July 31,~~", after "2007" insert "2009", and remove the overstrike over the fourth overstruck comma

Page 2, line 3, remove the overstrike over "~~during the period between August 1,~~", after "2005" insert "2007", and remove the overstrike over "~~, and~~"

Page 2, line 4, remove the overstrike over "~~July 31,~~" and after "2007" insert "2009"

Page 2, after line 7, insert:

"SECTION 3. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE. During the 2007-08 interim, the legislative council shall study the state's long-term care system including capacity, geographical boundaries for determining capacity, the need for home and community-based services, a methodology to identify areas of the state which are in need of additional skilled nursing facility beds, access, workforce, reimbursement, and payment incentives. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Renumber accordingly

**REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)**

Bill Number 2109 (, as (re)engrossed):

Date: 3-30-07

4-2-07

Your Conference Committee SHMS

4-4-07

For the Senate:

3-30
4-2
4-4

For the House:

3-30
4-2
4-4

Sen. Lee	P	P	P	Y		Rep. Pietack	P	P	P	Y	
Sen. Hever	P	P	P	Y		Rep. Price	P	P	P	Y	
Sen. Warner	P	P	P	Y		Rep. Potter	P	P	P	Y	

recommends that the (SENATE)(HOUSE) (ACCEDE to) (RECEDE) from)

the (Senate)(House) amendments on (S/J/HJ) page(s) 832 --

and place _____ on the Seventh order.

(, adopt (further) amendments as follows, and place 2109 on the Seventh order:

having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) SB 2109 was placed on the Seventh order of business on the calendar.

DATE: _____

HOUSE CARRIER: _____

SENATE CARRIER: _____

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: _____

SECONDED BY: _____

VOTE COUNT: _____ YES _____ NO _____ ABSENT

REPORT OF CONFERENCE COMMITTEE

SB 2109, as engrossed: Your conference committee (Sens. J. Lee, Dever, Warner and Reps. Pietsch, Price, Potter) recommends that the **HOUSE RECEDE** from the House amendments on SJ page 832, adopt amendments as follows, and place SB 2109 on the Seventh order:

That the House recede from its amendments as printed on page 832 of the Senate Journal and page 911 of the House Journal and that Engrossed Senate Bill No. 2109 be amended as follows:

Page 1, line 4, after the semicolon insert "to provide for a legislative council study;"

Page 1, line 8, remove the overstrike over "~~during the~~"

Page 1, line 9, remove the overstrike over "~~period between August 1,~~", after "2005" insert "2007", remove the overstrike over "~~, and July 31,~~", after "2007" insert "2009", and remove the overstrike over the fourth overstruck comma

Page 2, line 3, remove the overstrike over "~~during the period between August 1,~~", after "2005" insert "2007", and remove the overstrike over "~~, and~~"

Page 2, line 4, remove the overstrike over "~~July 31,~~" and after "2007" insert "2009"

Page 2, after line 7, insert:

"SECTION 3. LEGISLATIVE COUNCIL STUDY - LONG-TERM CARE.

During the 2007-08 interim, the legislative council shall study the state's long-term care system including capacity, geographical boundaries for determining capacity, the need for home and community-based services, a methodology to identify areas of the state which are in need of additional skilled nursing facility beds, access, workforce, reimbursement, and payment incentives. The legislative council shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-first legislative assembly."

Renumber accordingly

Engrossed SB 2109 was placed on the Seventh order of business on the calendar.

2007 TESTIMONY

SB 2109

1

Testimony
Senate Bill 2109 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
January 10, 2007

Chairman Lee, members of the Human Services Committee, I am Barbara Fischer, Assistant Director of Budget and Operations, of the Department of Human Services.

This bill removes the language that requires renewal of the basic care and nursing facility moratoriums. In essence, it makes both moratoriums permanent unless decided differently by future Legislative Assemblies.

Currently, there are two exceptions to the Basic Care Bed Moratorium, which are: (1) a nursing facility may convert bed capacity to basic care beds; and (2) or an entity can demonstrate the need to the Department of Health, and to the Department of Human Services. To demonstrate a need, the facility must show that occupancy within a 50-mile radius at existing basic care facilities is at or above 90 percent.

The Department is proposing additional language that would provide a preference to basic care facilities that propose to serve a minimum number of Medicaid-eligible individuals. We are requesting this language as the most recent requests for additional Basic Care beds have primarily come from facilities who do not intend to serve Medicaid clients. We are concerned that if this continues, access to Basic Care services for Medicaid clients would be greatly diminished. This new section is also the reason the Department has requested an Emergency Clause, as we would

like to be able to enforce this, should any new Basic Care Bed applications are submitted between passage of this bill and August 1, 2007.

I would happy to address any questions that you may have.

Testimony**Senate Bill 2109****Senate Human Services Committee****Wednesday January 10, 2007; 9 a.m.****North Dakota Department of Health**

Good morning, Chairman Lee and members of the Senate Human Services Committee. My name is Bruce Pritschet, and I am director of the Division of Health Facilities for the North Dakota Department of Health. The Division of Health Facilities is responsible for licensing and certifying health facilities in North Dakota. I am here to testify in support of Senate Bill 2109 and to offer two amendments.

The first recommended amendment is after line 20. We propose adding language that would prevent entities approved to build new basic care beds from holding the approved beds without moving forward toward licensing. Delaying progress toward licensing these beds does not serve the geographic area assessed to need basic care services and hinders addressing future needs. The suggested wording is:

c. When approval for new basic care beds is granted to an entity by the health department and the department of human services, the approved entity must license the beds within 48 months from the date of approval.

We also propose a paragraph to be added to Section 2 to ensure that federal certification requirements are met by the skilled nursing facility. Federal certification requirements allow the total certified bed capacity to be changed one time in a 12-month period. We propose the following amendment:

2. Not more than once in a twelve-month period may a nursing facility convert licensed nursing facility bed capacity to basic care bed capacity or convert basic care beds back to nursing facility beds if the beds have been licensed as basic care.

These amendments were shared with the Department of Human Services and they concur with the amendments.

This concludes my testimony. I am happy to answer any questions you may have.

North Dakota Department of Health
Office of Community Assistance
State Profile
Institutional Long Term Care

1/5/2007

North Dakota

Elder Population - 2005 *							
	55-59	60-64	65-69	70-74	75-79	80-84	85+
Total	34457	26272					15289
	Total 65+ 97771		Total 65-74 44231		Total 75-84 38251		

Long Term Care Capacity (2007)				Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Region	Facility Number & Type						
I	4 Swing Bed Facilities				161		161
I	4 Nursing Facilities		293				293
I	5 Basic Care Facilities					138	138
II	4 Swing Bed Facilities				99		99
II	10 Nursing Facilities		813				813
II	6 Basic Care Facilities					215	215
III	4 Swing Bed Facilities				120		120
III	8 Nursing Facilities		485				485
III	6 Basic Care Facilities					120	120
IV	5 Swing Bed Facilities				87		87
IV	11 Nursing Facilities		817				817
IV	5 Basic Care Facilities					165	165
V	3 Swing Bed Facilities				70		70
V	16 Nursing Facilities		1276				1276
V	11 Basic Care Facilities					406	406
VI	8 Swing Bed Facilities				218		218
VI	12 Nursing Facilities		1016				1016
VI	9 Basic Care Facilities					252	252
VII	5 Swing Bed Facilities				110		110
VII	16 Nursing Facilities		1188				1188
VII	11 Basic Care Facilities					299	299
VIII	4 Swing Bed Facilities				179		179
VIII	6 Nursing Facilities		496				496
VIII	5 Basic Care Facilities					92	92
North Dakota	37 Swing Bed Facilities				1044		1044
North Dakota	83 Nursing Facilities		6384				6384
North Dakota	58 Basic Care Facilities					1687	1687
Total Nursing Facility and Basic Care Beds						8071	
Bed/Elder Population Ratios**				Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	Year						
	2007			65.30		17.25	82.55
State Target Ratios***				Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections - 2005							
**Per 1000 Age 65+				60		15	75
***Basic Care by State Health Council - 1994							
Nursing Facility by ND Task Force on Long Term Care Planning - 1998							

Population - NDSU 2005 Census Projections							
Region	55-59	60-64	65-74	75-84	85+	65+	85+
I	1530	1234	2159	1908	778		4845
II	4390	3442	6302	5279	2185		13766
III	2254	1923	3184	2730	1134		7048
IV	4398	3128	4978	4671	1793		11442
V	9021	6383	9677	8131	3267		21075
VI	3271	2915	5609	5441	2203		13253
VII	7434	5598	9198	7409	2848		19455
VIII	2159	1649	3124	2682	1081		6887
Totals	34457	26272	44231	38251	15289		97771

North Dakota Department of Health
Office of Community Assistance
Regional Profile
Institutional Long Term Care

1/5/2007

Region I

Elder Population - 2005 *									
	55-59	60-64	65-69	70-74	75-79	80-84	85+		
Total	1530	1234					778		
	Total 65+		4845	Total 65-74		2159	Total 75-84		1908

Long Term Care Capacity (2007)					
Community	Facility	Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Crosby	Crosby Good Samaritan Center	55			55
Crosby	St. Luke's Hospital		25		25
Noonan	Manor on Main			32	32
Watford City	McKenzie County Health Center	47		9	56
Watford City	McKenzie County Health Center		24		24
Tioga	Tioga Medical Center	30	25		55
Williston	Bethel Lutheran Home - BC	161		19	180
Williston	Bethel Lutheran Home			7	7
Williston	Mercy Medical Center		87		87
Williston	The Kensington			71	71
Totals		293	161	138	592
Bed/Elder Population Ratios**					
	Year	Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	2007	60.47		28.48	88.96
State Target Ratios***					
*NDSU Projections 2005		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

Population - NDSU 2005 Census Projections						
County	55-59	60-64	65-74	75-84	85+	65+
Divide	144	107	256	259	141	656
McKenzie	331	287	436	345	173	954
Williams	1055	840	1467	1304	464	3235
Totals	1530	1234	2159	1908	778	4845

North Dakota Department of Health
Office of Community Assistance
 Regional Profile
 Institutional Long Term Care
 Region II

1/5/2007

Elder Population - 2005 *								
	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Total	4390	3442					2185	
	Total 65+		13766	Total 65-74		6302	Total 75-84	
						5279		

Long Term Care Capacity (2007)		Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Community	Facility				
Bottineau	Bottineau Good Samaritan Center	81			81
Bottineau	St. Andrew's Health Center		25		25
Westhope	Westhope Home	32			32
Velva	Souris Valley Care Center	50			50
New Town	New Town Good Samaritan Center			18	18
Parshall	Rockview Good Samaritan Center	42			42
Stanley	Mountrail Bethel Home	57			57
Stanley	Mountrail County medical Center		11		11
Rugby	Harold S. Haaland Home			68	68
Rugby	Heart of America Medical Center	80	38		118
Mohall	North Central Good Samaritan Home	61			61
Kenmare	Baptist Home of Kenmare			60	60
Kenmare	Kenmare Community Hospital	12	25		37
Minot	Edgewood Vista			31	31
Minot	Edgewood Vista - ARD			22	22
Minot	Emerald Court			16	16
Minot	Manorcare Health Services	106			106
Minot	Trinity Nursing Home	292			292
Totals		813	99	215	1127
Bed/Elder Population Ratios**		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	Year				
	2007	59.06		15.62	74.68
State Target Ratios***		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections 2005					
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

Population - NDSU 2005 Census Projections							
County	55-59	60-64	65-74	75-84	85+	65+	
Bottineau	498	394	650	609	263	1522	
Burke	194	119	230	196	71	497	
McHenry	335	293	636	463	223	1322	
Mountrail	384	311	541	427	201	1169	
Pierce	217	215	435	495	204	1134	
Renville	159	108	264	203	99	566	
Ward	2603	2002	3546	2886	1124	7556	
Totals	4390	3442	6302	5279	2185	13766	

North Dakota Department of Health
Office of Community Assistance
 Regional Profile
 Institutional Long Term Care
 Region III

1/5/2007

Elder Population - 2005 *								
	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Total	2254	1923					1134	
	Total 65+		7048	Total 65-74		3184	Total 75-84	
					2730			

Long Term Care Capacity (2007)		Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Community	Facility				
Maddock	Maddock Memorial Home			25	25
Langdon	Cavalier County Memorial Hospital		25		25
Langdon	Maple Manor Care Center	63			63
Osnabrock	Osnabrock Good Samaritan Center	31		6	37
New Rockford	Lutheran Home of the Good Shepherd	80			80
Deviils Lake	Deviils Lake Good Samaritan Center	66			66
Deviils Lake	Mercy Hospital of Deviils Lake		50		50
Deviils Lake	Heartland Care Center	103			103
Deviils Lake	Odd Fellows Home			43	43
Deviils Lake	Lake Country Manor			6	6
Edmore	Edmore Memorial Home			30	30
Dunseith	Dunseith Community Nursing Home	42			42
Rolette	Presentation Care Center	46			46
Rolla	Presentation Medical Center		25		25
Cando	Towner County Living Center	54			54
Cando	St. Francis Residence			10	10
Cando	Towner County Medical Center		20		20
Totals		485	120	120	725
Bed/Elder Population Ratios**		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	Year				
	2007	68.81		17.03	85.84
State Target Ratios***		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections - 2005					
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

Population - NDSU 2005 Census Projections							
County	55-59	60-64	65-74	75-84	85+	65+	
Benson	325	288	441	362	147	950	
Cavalier	305	252	528	390	179	1097	
Eddy	145	127	283	290	119	692	
Ramsey	666	571	873	935	390	2198	
Rolette	633	546	817	525	161	1503	
Towner	180	139	242	228	138	608	
Totals	2254	1923	3184	2730	1134	7048	

North Dakota Department of Health
Office of Community Assistance
 Regional Profile
 Institutional Long Term Care
Region IV

1/5/2007

Elder Population - 2005 *							
	55-59	60-64	65-69	70-74	75-79	80-84	85+
Total	4398	3128					1793
	Total 65+ 11442		Total 65-74 4978		Total 75-84 4671		

Long Term Care Capacity (2007)		Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Community	Facility				
Grand Forks	Parkwood Place Inn			40	40
Grand Forks	St. Anne's Guest Home			54	54
Grand Forks	Valley Eldercare Center	164			164
Grand Forks	Woodside Village	118			118
Grand Forks	The View (Approved - not yet built)			15	15
Larimore	Larimore Good Samaritan Center	45			45
Northwood	Northwood Deaconess Health Center	77	12		89
Aneta	Aneta Parkview Health Center	39			39
Lakota	Lakota Good Samaritan Center	54			54
McVile	Nelson County Health System	39	19		58
Cavalier	Pembina County Memorial Hospital		25		25
Cavalier	Wedgewood Manor	60			60
Mountain	Borg Pioneer Rest Home			43	43
Walhalla	Pembilier Nursing Center	37		13	50
Grafton	Christian Unity Hospital		17		17
Grafton	Lutheran Sunset Home	104			104
Park River	Park River Good Samaritan Center	80			80
Park River	First Care Health Center		14		14
Totals		817	87	165	1069
Bed/Elder Population Ratios**		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	Year				
	2007	71.40		14.42	85.82
State Target Ratios***		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections - 2005					
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

Population - NDSU 2005 Census Projections							
County	55-59	60-64	65-74	75-84	85+	65+	
Grand Forks	2866	1977	2887	2619	981	6487	
Nelson	247	185	422	473	179	1074	
Pembina	555	391	683	693	270	1646	
Walsh	730	575	986	886	363	2235	
Totals	4398	3128	4978	4671	1793	11442	

North Dakota Department of Health
Office of Community Assistance
 Regional Profile
 Institutional Long Term Care
Region V

1/5/2007

Elder Population - 2005 *								
	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Total	9021	6383					3267	
	Total 65+		21075	Total 65-74		9677	Total 75-84	
					8131			

Long Term Care Capacity (2007)		Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Community	Facility				
Arthur	Arthur Good Samaritan Center	47			47
Arthur	Prairie Villa			25	
Fargo	Bethany Homes (Basic care pending)	192		35	227
Fargo	Elim Care Center	136			136
Fargo	Manor Health Services	109			109
Fargo	MeritCare Transitional Care Unit	33			33
Fargo	Rosewood on Broadway	111			111
Fargo	Evergreens of Fargo			72	72
Fargo	Villa Maria Healthcare	138			138
Fargo	Waterford at Harwood Groves			20	
West Fargo	Sheyenne Crossing (Pending)			24	
Fargo	Edgewood Vista (Pending)			33	
Fargo	Good Samaritan Ctrs. (Pending)			26	
Enderlin	Enderlin Hillcrest Manor	54			54
Lisbon	Lisbon Area Health Services		25		25
Lisbon	North Dakota Veterans Home	38		111	149
Lisbon	Parkside Lutheran Home	40			40
Hankinson	St. Gerard's Community Nursing Hm.	37			37
Wahpeton	St. Catherine's Living Center	110		16	126
Wahpeton	The Leach Home			39	39
Forman	Four Seasons Health Care Inc.	35		5	40
Hatton	Tri-County Retirement & Nursing Hm.	55			55
Hillsboro	Hillsboro Medical Center	42	20		62
Mayville	Union Hospital		25		25
Mayville	Luther Memorial Home	99			99
Totals		1276	70	406	1624
Bed/Elder Population Ratios**		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	Year				
	2007	60.55		19.26	79.81
State Target Ratios***		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections - 2005					
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

Population - NDSU 2005 Census Projections						
County	55-59	60-64	65-74	75-84	85+	65+
Cass	7107	4713	6848	5347	2087	14282
Ransom	310	279	497	552	224	1273
Richland	808	684	1115	1089	535	2739
Sargent	238	216	381	310	93	784
Steele	123	118	221	182	47	450
Traill	435	373	615	651	281	1547
Totals	9021	6383	9677	8131	3267	21075

North Dakota Department of Health
Office of Community Assistance
Regional Profile
Institutional Long Term Care

1/5/2007

Region VI

Elder Population - 2005 *								
	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Total	3271	2915					2203	
	Total 65+		13253	Total 65-74		5609	Total 75-84	
					5441			

Long Term Care Capacity (2007)					
Community	Facility	Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Valley City	Hi Soaring Eagle Ranch			11	11
Valley City	Mercy Hospital		25		25
Valley City	Sheyenne Care Center	170		15	185
Ellendale	Prince of Peace Care Center	60			60
Ellendale	Ellendale Evergreen Place			20	20
Oakes	Oakes Community Hospital		25		25
Oakes	Oakes Good Samaritan Center	102			102
Carrington	Carrington Health Center		25		25
Carrington	Golden Acres Manor	60			60
Carrington	Holy Family Villa			24	
Cooperstown	Griggs County Hospital & Nsg. Home	52	18		70
Edgeley	Manor St. Joseph			40	40
LaMoure	St. Rose Care Center	46			46
Gackle	Gackle Care Center			41	41
Napoleon	Napoleon Care Center	44			44
Ashley	Ashley Medical Center	44	20		64
Wishek	Wishek Community Hospital		24		24
Wishek	Wishek Home for the Aged	90			90
Jamestown	Bethel Four Acres Ltd.			28	28
Jamestown	Central Dakota Village	100			100
Jamestown	Roseadele			20	20
Jamestown	Hi-Acres Manor	142			142
Jamestown	Jamestown Hospital		56		56
Jamestown	Rock of Ages			53	53
Harvey	St. Aloisius Medical Center	106	25		131
Totals		1016	218	252	1462
Bed/Elder Population Ratios**		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	Year				
	2007	76.66		19.01	95.68
State Target Ratios***		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections - 2005					
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

Population - NDSU 2005 Census Projections							
County	55-59	60-64	65-74	75-84	85+	65+	
Barnes	682	582	1028	926	414	2368	
Dickey	285	282	518	444	229	1191	
Foster	189	140	373	330	132	835	
Griggs	166	119	224	303	133	660	
LaMoure	265	232	484	447	155	1086	
Logan	119	141	262	258	111	631	
McIntosh	158	172	461	481	218	1160	
Stutsman	1130	996	1704	1734	584	4022	
Wells	277	251	555	518	227	1300	
Totals	3271	2915	5609	5441	2203	13253	

North Dakota Department of Health
Office of Community Assistance
Regional Profile
Institutional Long Term Care

1/5/2007

Region VII

Elder Population - 2005 *								
	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Total	7434	5598					2848	
	Total 65+		19455	Total 65-74		9198	Total 75-84	
						7409		

Long Term Care Capacity (2007)		Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Community	Facility				
Bismarck	MedCenter One Subacute Care Unit	22			22
Bismarck	St. Alexius Transitional Care Unit	19			19
Bismarck	Baptist Home Inc.	141		10	151
Bismarck	Edgewood Vista			48	48
Bismarck	Missouri Slope Lutheran Care Center	250			250
Bismarck	St Vincent's Care Center	101			101
Bismarck	The View (Pending)			28	28
Bismarck	Maple View II East			24	24
Bismarck	The Terrace			40	40
Bismarck	Waterford on West Century			20	20
Wilton	Redwood Village			34	34
Linton	Linton Hospital		17		17
Strasburg	Strasburg Nursing Home	68			68
Elgin	Dakota Hill Housing			35	35
Elgin	Jacobson Care Center	25	21		46
Steele	Golden Manor Inc.	50			50
Garrison	Garrison Memorial Hospital	26	22		48
Garrison	Benedictine Living Center	63			63
Turtle Lake	Community Memorial Hospital		25		25
Underwood	Prairieview Nursing Home	60			60
Beulah	Knife River Care Center	85			85
Hazen	Sakakawea Medical Center		25		25
Hazen	Senior Suites at Sakakawea			34	34
Glen Ullin	Marian Manor Healthcare Center	86			86
Mandan	Dakota Alpha	11			11
Mandan	Dakota Pointe			10	10
Mandan	Medcenter One Care Center	120			120
New Salem	Elm Crest Manor	61			61
McClusky	Sheridan Memorial Home			16	16
Totals		1188	110	299	1597
Bed/Elder Population Ratios**		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	Year				
	2007	61.06		15.37	76.43
State Target Ratios***		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections - 2005					
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

Population - NDSU 2005 Census Projections							
County	55-59	60-64	65-74	75-84	85+	65+	
Burleigh	3820	2748	4326	3245	1135	8706	
Emmons	249	218	498	492	170	1160	
Grant	178	155	279	268	126	673	
Kidder	133	128	296	256	99	651	
McLean	651	573	847	756	363	1966	
Mercer	494	360	586	524	216	1326	
Morton	1479	1060	1878	1490	630	3998	
Oliver	168	111	140	123	35	298	
Sheridan	103	109	195	180	59	434	
Sioux	159	136	153	75	15	243	
Totals	7434	5598	9198	7409	2848	19455	

North Dakota Department of Health
Office of Community Assistance
 Regional Profile
 Institutional Long Term Care
Region VIII

1/5/2007

Elder Population - 2005 *									
	55-59	60-64	65-69	70-74	75-79	80-84	85+		
Total	2159	1649					1081		
	Total 65+		6887	Total 65-74		3124	Total 75-84		2682

Long Term Care Capacity (2007)					
Community	Facility	Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Hettinger	West River Regional Medical Center		25		25
Hettinger	Hillcrest Care Center	82		6	88
Bowman	Southwest Healthcare Services	62	23	5	90
Killdeer	Hilltop Home of Comfort	50			50
Mott	Mott Good Samaritan Nursing Center	54		6	60
Dickinson	St. Joseph's Hospital & Care Center		106		106
Dickinson	St. Benedict's Health Center	164			164
Dickinson	St. Luke's Home	84			84
Dickinson	Countryhouse Residences			24	24
Dickinson	Evergreen Inn			51	51
Richardton	Richardton Health Center		25		25
Totals		496	179	92	767
Bed/Elder Population Ratios**		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
Year					
2007		72.02		13.36	85.38
State Target Ratios***		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections - 2005					
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

Population - NDSU 2005 Census Projections							
County	55-59	60-64	65-74	75-84	85+	65+	
Adams	163	115	280	223	115	618	
Billings	60	44	61	54	25	140	
Bowman	166	148	279	294	123	696	
Dunn	224	180	309	232	98	639	
Golden Valley	97	83	165	156	87	408	
Hettinger	171	136	316	263	103	682	
Slope	46	24	93	38	18	149	
Stark	1232	919	1621	1422	512	3555	
Totals	2159	1649	3124	2682	1081	6887	

**Testimony on SB 2109
Senate Human Services Committee
January 10, 2007**

Chairman Lee and members of the Senate Human Services Committee, thank you for the opportunity to testify on SB 2109 regarding the nursing facility and basic care moratorium. My name is Shelly Peterson, I'm President of the North Dakota Long Term Care Association. The Association represents nursing facilities, basic care facilities and assisted living facilities in North Dakota. I am here to testify in support of SB 2109. We support the moratorium and the opportunity the existing law provides to re-distribute beds from low need areas to areas in greatest need.

In 1996, the North Dakota Taskforce on Long Term Care Planning established a goal that North Dakota should strive to achieve a reduction in nursing facility beds. At that time, North Dakota was considered to be "over bedded."

In 1993, the North Dakota ranked sixth highest in the nation with 78.5 beds per thousand elderly.* At that time, the United States average was 53 beds per thousand elderly. The 1996 taskforce established a goal of 60 beds per 1,000 elderly for North Dakota. Through bed reduction, facility closings and a continued growth in our senior population, North Dakota now has 65.3 beds per 1,000 elderly.

Although you can't add nursing facility beds because of the moratorium, the existing law allows beds to be re-distributed. Facilities are allowed to buy and sell their beds. For the re-distribution to work, rural nursing facilities must be willing to give up/sell their beds. This has been a slow process but one that appears to hold promise for the future.

NURSING FACILITIES:

Today, we have 83 licensed nursing facilities, representing 6,384 beds. Nursing facilities employ over 10,000 individuals and are located in 66 communities across the state. Nearly two-thirds (58) of these care facilities are located in rural North Dakota. Statewide, nursing facility occupancy averages 94.3%, based upon the June 30, 2006 cost report data. During this same period of time, 19 rural nursing facilities experienced an annual occupancy below 90%. Those rural nursing facilities with occupancy below 90% include:

(*US Department of Commerce Bureau of the Census, SMG Marketing Group, 1994)

Nursing Facility	City	Bed Count	Average Occupancy
Osnabrock Good Samaritan Center	Osnabrock	31	60.8%
Hillcrest Care Center	Hettinger	82	73.9%
Dunseith Community Nursing Home	Dunseith	42	81.0%
Tri-County Health Center	Hatton	55	81.1%
Rock View Good Samaritan Center	Parshall	42	81.6%
Aneta Parkview Health Center	Aneta	39	82.8%
Presentation Medical Center	Rolette	46	82.9%
Nelson County Health System Care Center	McVie	39	85.0%
St. Rose Care Center	LaMoure	46	87.2%
St. Catherine's Living Center	Wahpeton	110	87.4%
Wedgewood Manor	Cavalier	60	88.2%
Luther Memorial Home	Mayville	99	88.4%
Jacobson Memorial Hospital Care Center	Elgin	25	88.9%
Heartland Care Center	Devils Lake	103	89.1%
Prince of Peace Care Center	Ellendale	60	89.3%
Park River Good Samaritan Center	Park River	74	89.4%
Four Seasons Health Care Center, Inc.	Forman	35	89.4%
Northwood Deaconess Health Center	Northwood	77	89.6%
Devils Lake Good Samaritan Center	Devils Lake	66	89.6%

The nursing facilities located in urban settings, especially in Bismarck/Mandan and Grand Forks have a great demand for nursing facility services and it is not uncommon for individuals to have limited access to nursing facility care. This often necessitates admission to a rural facility until an opening emerges in the urban settings.

As I shared earlier the statute allows existing nursing facility beds to be transferred from one location to another location. Transferred nursing facility beds must become licensed within 48 months in the new location. Any nursing facility can sell or transfer their "beds" to anyone and any location.

Currently Medcenter One Care Center in Mandan is hoping to purchase 8 nursing facility beds and expand their capacity from 120 beds to 128 beds. The Good Samaritan Society, who has 14 rural nursing facilities in North Dakota, is conducting a feasibility study to relocated beds from rural North Dakota into Bismarck. The Benedictine Health System and St. Alexius Medical Center are also evaluating the need for bed expansion in Bismarck.

In the 2003 session, the law was amended to allow 48 months, rather than 24 months to put a bed in service. This was changed at the request of the Turtle Mountain Band of Chippewa Indians. The Tribe was in the process of purchasing beds and felt 24 months was not a sufficient length of time to put beds in service. We do support the 48 month time frame to buy beds and put them in service. We believe 48 months is more than sufficient time to purchase beds and put them in service.

BASIC CARE:

Today, we have 54 licensed basic care facilities, representing 1,511 beds. Basic care facilities employ over 1,000 individuals and are located in 36 communities across the state. Statewide basic care occupancy is 85%. In 1994, the State Health Council recommended that we achieve 15 beds per 1,000 age 65+ for basic care. Today, our statewide average is 17.25 beds per thousand. We also have 1,836 assisted living units, which is not calculated in the beds per 1,000 number.

SB 2109 puts in place a moratorium for basic care expansion, however expansion is allowed in two situations:

1. A nursing facility is allowed to convert their nursing facility beds to basic care (and convert back and forth once a year) and,
2. If you can demonstrate there is a need or that existing basic care beds within a 50 mile radius have been occupied at ninety percent or more for the previous 12 months.

In the past two years the following basic care beds have been approved based upon need:

Facility Name	Location	Number of Beds Approved
The View	Bismarck	28
Bethany Homes	Fargo	35
Edgewood Vista	Fargo	33
The View	Grand Forks	15
Sheyenne Crossings	West Fargo	24

SB 2109 proposes that preference could be given to an entity that proposed to serve low income individuals. We do not oppose that inclusion.

In summary, we support the moratorium for both basic care and nursing facilities, the ability of basic care and nursing facilities to buy and sell their beds, the limited expansion process outlined for basic care and not expanding the 48 month to put transferred basic care and nursing facility beds into service. Should you have any questions, I would be happy to address them.

Shelly Peterson, President
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- * Facility converted long term care bed(s) to basic care.
Option to relicense as long term care after one year.
- **Facility reconverted basic care bed(s) to long term care.
- (3) Transfer 12 beds to Turtle Mountain Band of Chippewa with 48 months to license (8-1-2007)
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- (15) Transfer 6 beds to Arthur Good Sam. Ctr., 48 months to license (12-31-2008).
- (16) Transfer 5 beds to Heartland Basic Care, LLC, 48 months to license (01-01-2010).
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- (23) Transfer 3 beds to Manorcare Health Services, Fargo, 48 months to license (6-30-2010).
- (24) Transfer 4 beds to Valley Eldercare Center, 48 months to license (7-7-2010).
- (25) Transfer 2 beds to Villa Maria, Fargo, 48 months to license (7-7-2010).

TESTIMONY - PROTECTION AND ADVOCACY PROJECT

SENATE BILL 2109 (2007)

SENATE HUMAN SERVICES COMMITTEE

Honorable Judy Lee, Chairman

January 10, 2007

Chairman Lee, and members of the Senate Human Services Committee, I am Bruce Murry, a lawyer with the North Dakota Protection and Advocacy Project (P&A).

P&A favors making the moratorium on basic care beds permanent. It is probably preferable to rely on assisted living to fill this need.

The proposed minimum occupancy rate of individuals served under title XIX of the Social Security Act is ambiguous. Giving a preference to facilities that agree to serve people on public assistance seems good public policy. But the bill does not define whether the rate of residents served by title XIX is compared to all current residents, or to all licensed beds.

Either way, a minimum occupancy rate might create more tension between a facility's duties to perform discharge-planning verses honoring the agreement with the Department. Would there be a penalty to the facility if it dropped below the minimum occupancy rate? No discharge planner would deliberately place the occupancy rate ahead of the interests of a specific resident. Yet the tension would remain, and might create an unconscious bias.

The Department can reduce the ambiguity in this bill by creating a strong legislative record or promulgating administrative rules. It might be better to define in the bill what numbers the rate compares, and how the discharge planner should balance the duties in tension.

Testimony
Senate Bill 2109 – Department of Human Services
House Human Services Committee
Representative Clara Sue Price, Chairman
February 7, 2007

Chairman Price, members of the Human Services Committee, I am Barbara Fischer, Assistant Director of Budget and Operations of Medical Services, of the Department of Human Services.

I am here today in support of SB 2109. The moratoria for nursing facilities and basic care facilities has been in place since 1995 and has been extended each biennium. This bill removes the language that sunsets the basic care and nursing facility moratoria as of July 31, 2007. In essence, it makes the moratoria permanent unless decided differently by future Legislative Assemblies.

Currently, there are two exceptions to the Basic Care Bed Moratorium:

- A nursing facility may convert bed capacity to basic care beds
- An entity can demonstrate a need to the Department of Health, and to the Department of Human Services. To demonstrate a need, the facility must show that occupancy within a 50-mile radius at existing basic care facilities is at or above 90 percent.

Section 1 of the bill removes the sunset period and includes additional language that would provide a preference to an entity, seeking licensure as basic care facility, that proposes to serve Medicaid eligible individuals. The department requested this language as the most recent requests for additional Basic Care beds have primarily come from facilities who do not intend to serve Medicaid clients. We are concerned that if this trend

continues, access to Basic Care services for Medicaid clients could be greatly diminished.

This section also provides that any beds that are approved by the departments must be licensed within 48 months to ensure that approved beds do not just sit in limbo thus preventing other entities from being approved for licensure when a need has been established.

Section 2 of the bill removes the sunset period for the moratorium on nursing facilities and adds that conversion of beds between nursing facility and basic care capacity can occur only once during a twelve month period.

Section 3 of the bill contains an Emergency Clause, as the departments would like to be able to use the preference for Medicaid participation provision, should any new Basic Care bed applications be submitted between passage of the bill and August 1, 2007.

Attachment A provides some information on licensed basic care and nursing facilities.

I would happy to address any questions that you may have.

Basic Care Facilities

	No of Facilities	Licensed Capacity	Occupancy	Medicaid Occupancy
<i>Basic Care (Traditional)</i>				
Participating in BCAP	37	1,101	80.9%	49.8%
Private Only	6	128		
Veterans Home	1	111	65.1%	0
	<u>44</u>	<u>1,340</u>		
<i>Alzheimer Facilities</i>				
Participating in Medicaid	3	62		
Pending Medicaid	1	24		
Private Only	3	64		
	<u>7</u>	<u>150</u>		
<i>TBI Facilities participating in Medicaid</i>				
	<u>2</u>	<u>21</u>		
<i>Total Licensed Basic Care Facilities</i>				
	53	1,511		

Nursing Facilities

Nursing Facilities participating in Medicaid	80	6,330	93.9%	56.1%
Medicare Only Nursing Facilities	3	74		
<i>Total Licensed Nursing Facilities</i>	<u>83</u>	<u>6,404</u>		

Testimony on SB 2109
House Human Services Committee
February 7, 2007

Chairman Price and members of the House Human Services Committee, thank you for the opportunity to testify on SB 2109 regarding the nursing facility and basic care moratorium. My name is Shelly Peterson, I'm President of the North Dakota Long Term Care Association. The Association represents nursing facilities, basic care facilities and assisted living facilities in North Dakota. I am here to testify in support of SB 2109. We support the moratorium and the opportunity the existing law provides to re-distribute beds from low need areas to areas in greatest need.

In 1996, the North Dakota Taskforce on Long Term Care Planning established a goal that North Dakota should strive to achieve a reduction in nursing facility beds. At that time, North Dakota was considered to be "over bedded."

In 1993, the North Dakota ranked sixth highest in the nation with 78.5 beds per thousand elderly.* At that time, the United States average was 53 beds per thousand elderly. The 1996 taskforce established a goal of 60 beds per 1,000 elderly for North Dakota. Through bed reduction, facility closings and a continued growth in our senior population, North Dakota now has 65.3 beds per 1,000 elderly.

Although you can't add nursing facility beds because of the moratorium, the existing law allows beds to be re-distributed. Facilities are allowed to buy and sell their beds. For the re-distribution to work, rural nursing facilities must be willing to give up/sell their beds. This has been a slow process but one that appears to hold promise for the future.

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Today, we have 83 licensed nursing facilities, representing 6,384 beds. Nursing facilities employ over 10,000 individuals and are located in 66 communities across the state. Nearly two-thirds (58) of these care facilities are located in rural North Dakota. Statewide, nursing facility occupancy averages 94.3%, based upon the June 30, 2006 cost report data. During this same period of time, 19 rural nursing facilities experienced an annual occupancy below 90%. Those rural nursing facilities with occupancy below 90% include:

(*US Department of Commerce Bureau of the Census, SMG Marketing Group, 1994)

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In the 2003 session, the law was amended to allow 48 months, rather than 24 months to put a bed in service. This was changed at the request of the Turtle Mountain Band of Chippewa Indians. The Tribe was in the process of purchasing beds and felt 24 months was not a sufficient length of time to put beds in service. We do support the 48 month time frame to buy beds and put them in service. We believe 48 months is more than sufficient time to purchase beds and put them in service.

BASIC CARE:

Today, we have 54 licensed basic care facilities, representing 1,511 beds. Basic care facilities employ over 1,000 individuals and are located in 36 communities across the state. Statewide basic care occupancy is 85%.

Basic Care Facility	City	Bed Count	Average Occupancy
Hillcrest Care Center	Hettinger	6	23.5%
Pembilier Nursing Center	Walhalla	13	48.1%
Osnabrock Good Samaritan Center	Osnabrock	6	52.8%
New Town Good Samaritan Center	New Town	18	54.2%
Prairie Villa	Arthur	5	54.3%
Baptist Home of Kenmare	Kenmare	60	54.9%
Manor on Main	Noonan	32	60.7%
St. Francis Residence	Cando	10	61.7%
Edmore Memorial Rest Home	Edmore	30	62.5%
St. Catherine's Living Center	Wahpeton	16	64.6%
Bethel Lutheran Home	Williston	9	66.7%
Mott Good Samaritan Nursing Center	Mott	6	68.1%
Borg Pioneer Memorial Home	Mountain	43	69.0%
Evergreens of Fargo	Fargo	18	69.9%
North Dakota Veteran's Home	Lisbon	111	72.4%
Manor St. Joseph	Edgeley	40	73.8%
Evergreens of Fargo	Fargo	18	74.1%
Gackle Care Center	Gackle	41	81.5%
Evergreens of Fargo	Fargo	18	82.4%
Evergreen Place	Ellendale	20	82.9%
Kensington	Williston	71	83.3%
Evergreens of Fargo	Fargo	18	83.3%
Lake Country Manor	Devils Lake	6	86.1%
Maple View II East	Bismarck	24	86.5%
Senior Suites at Sakakawea	Hazen	34	88.0%
Parkwood Place Inn	Grand Forks	40	88.3%
Emerald Court	Minot	16	88.5%
Rock of Ages	Jamestown	53	88.7%

In 1994, the State Health Council recommended that we achieve 15 beds per 1,000 age 65+ for basic care. Today, our statewide average is 17.25 beds per thousand. We also have 1,836 assisted living units, which is not calculated in the beds per 1,000 number.

SB 2109 puts in place a moratorium for basic care expansion, however expansion is allowed in two situations:

1. A nursing facility is allowed to convert their nursing facility beds to basic care (and convert back and forth once a year) and,
2. If you can demonstrate there is a need or that existing basic care beds within a 50 mile radius have been occupied at ninety percent or more for the previous 12 months.

In the past two years the following basic care beds have been approved based upon need:

Facility Name	Location	Number of Beds Approved
The View	Bismarck	28
Bethany Homes	Fargo	35
Edgewood Vista	Fargo	33
The View	Grand Forks	15
Sheyenne Crossings	West Fargo	24

SB 2109 proposes that preference could be given to an entity that proposed to serve low income individuals. We do not oppose that inclusion.

In summary, we support the moratorium for both basic care and nursing facilities, the ability of basic care and nursing facilities to buy and sell their beds, the limited expansion process outlined for basic care and not expanding the 48 month to put transferred basic care and nursing facility beds into service. Should you have any questions, I would be happy to address them.

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NURSING FACILITY BEDS PER THOUSAND		
Region and Area	Nursing Facility Beds Per 1000 Elderly	Basic Care Beds Per 1000 Elderly
I – Williston	60.47	28.48
II – Minot	59.06	15.62
III – Devils Lake	68.81	17.03
IV – Grand Forks	71.40	14.42
V – Fargo	60.55	19.26 *
VI – Jamestown	76.66	19.01
VII – Bismarck	61.06	15.37
VIII – Dickinson	72.02	13.36
Statewide Averages	65.3	17.25
Statewide Goal*	60.0	15.0

*Nursing facility goal established by North Dakota Taskforce on Long-Term Care Planning in 1996
 *Basic Care Goal established by State Health Council in 1994.
 In 1996, North Dakota had 89 beds per thousand elderly, the sixth highest rate in the nation.

* Facility converted long term care bed(s) to basic care.

Option to relicense as long term care after one year.

**Facility reconverted basic care bed(s) to long term care.

- (3) Transfer 12 beds to Turtle Mountain Band of Chippewa with 48 months to license (8-1-2007)
- (4) Transfer 8 beds to Turtle Mountain Band of Chippewa with 48 months to license (8-4-2007)
- (6) Transfer 12 beds to Turtle Mountain Band of Chippewa with 48 months to license (08-12-2007).
- (7) Transfer 4 beds to Turtle Mountain Band of Chippewa with 48 months to license (08-05-2007).
- (8) Transfer 3 beds to Turtle Mountain Band of Chippewa with 48 months to license (9-26-2007).
- (9) Transfer 6 beds to Turtle Mountain Band of Chippewa with 48 months to license (10-08-2007).
- (10) Transfer 8 beds to St. Catherine's Wahpeton with 48 months to license (11-1-2008).
- (12) Transfer 5 beds to Arthur Good Sam. Ctr., 48 months to license (12-31-2008)
- (13) Transfer 5 beds to Arthur Good Sam. Ctr., 48 months to license (12-31-2008).
- (14) Transfer 10 beds to Arthur Good Sam. Ctr., 48 months to license (12-31-2008).
- (15) Transfer 6 beds to Arthur Good Sam. Ctr., 48 months to license (12-31-2008).
- (16) Transfer 5 beds to Heartland Basic Care, LLC, 48 months to license (01-01-2010).
- (17) Transfer 6 beds to Valley Eldercare Center, 48 months to license (4-24-2010).
- (18) Transfer 8 beds to Bethany Homes, 48 months to license (6-15-2010).
- (19) Transfer 22 beds to St. Benedict's Health Center, 48 months to license (6-26-2010).
- (20) Transfer 4 beds to St. Benedict's Health Center, 48 months to license (6-26-2010).
- (21) Transfer 4 beds to St. Benedict's Health Center, 48 months to license (6-26-2010).
- (22) Transfer 5 beds to Valley Eldercare Center, 48 months to license (6-22-2010).
- (23) Transfer 3 beds to Manorcare Health Services, Fargo, 48 months to license (6-30-2010).
- (24) Transfer 4 beds to Valley Eldercare Center, 48 months to license (7-7-2010).
- (25) Transfer 2 beds to Villa Maria, Fargo, 48 months to license (7-7-2010).
- (26) Transfer 4 beds to Manorcare Health Services, Fargo, 48 months to license (11-20-2010).
- (27) Transfer 13 beds to Good Samaritan Society, Bismarck, 48 months to license (12-31-2010).
- (28) Transfer 7 beds to Good Samaritan Society, Bismarck, 48 months to license (12-31-2010).

166 NURSING FACILITY BEDS IN LIMBO

* Facility converted long term care bed(s). Option to relicense as long term care after one year.

**Facility reconverted basic care bed(s) to long term care.

- (1) Transfer 15 beds to Turtle Mountain Band of Chippewa with 48 months to license (10-22-2008).
- (2) Transfer 12 beds to Emerald Court, Minot with 48 months to license (01-17-2009).
- (3) Transfer 7 beds to The View, Inc. with 48 months to license (01-01-2010).

34 BASIC CARE BEDS IN LIMBO

Testimony

Senate Bill 2109

House Human Services Committee

Wednesday February 7, 2007; 9:30 a.m.

North Dakota Department of Health

Good morning, Chairman Price and members of the House Human Services Committee. My name is Darleen Bartz, and I am chief of the Health Resources Section for the North Dakota Department of Health. The Health Resources Section is responsible for licensing and certifying health facilities in North Dakota. I am here to testify in support of Senate Bill 2109 and the amendments that were added in the House.

The first amendment added language that prevents entities approved to build new basic care beds from holding the approved beds for more than 48 months without moving forward toward licensing. Delaying progress toward licensing these beds does not serve the geographic area assessed to need basic care services and hinders addressing future needs.

The second amendment was added to ensure that federal certification requirements are met by the skilled nursing facility. Federal certification requirements allow the total certified bed capacity to be changed one time in a 12-month period.

This concludes my testimony. I am happy to answer any questions you may have.

Testimony on SB 2109
House Human Services Committee
February 7, 2007

Good Morning Chairman Price and members of the House Human Services Committee. My name is Ron Frei. I am the Regional Director of Finance for the Benedictine Health System (BHS). I work out of our Bismarck office. As part of my duties, I support our North Dakota facilities which include five Nursing Homes, three Assisted Livings and two Basic Cares. We serve the communities of Dickinson, Garrison, LaMoure, Ellendale, Wahpeton and are planning to serve Bismarck as well. I am here to testify in support of Senate Bill 2109. We believe the existing opportunity to re-distribute beds from low need areas to areas of greater need; will result in proper distribution of beds across the state; while continuing to move toward the goal of 60 beds/ 1000 persons over 65.

We would like to share some of our plans with you in hopes it will help your decision making regarding SB 2109. Over the past year we have been working with St. Alexius Medical Center in planning for expansion of Long Term Care services in the Bismarck Market. We have completed a study of the demand for skilled care beds in Bismarck. We have also developed preliminary financial projections showing that such a project would be feasible if there is an increase in the property per bed limit. Our plan is to transfer beds into Bismarck from our other facilities and build a 90 bed, Benedictine sponsored, skilled nursing facility. We have the beds available for transfer because over the past decade, we have seen a decline in demand for beds in the smaller communities. We have also been planning for the future by upgrading and downsizing our facilities to provide more private rooms for the people we serve.

Our planning in Bismarck is moving forward and we are hopeful about an increase in the property rate. This will enable us to begin construction in Bismarck and help to meet the needs of this community in a high quality, caring way.

Thank You for your service and leadership for the people of ND.

Chairman Price and members of the House Human Services Committee, thank you for the opportunity to testify on SB 2109 today – regarding nursing home bed capacity and extension of the moratorium.

My name is Barbara Walz, my mother lives in District 35 and my brother in District 30. While I am not a district constituent, I grew up in Bismarck, graduated from UND, have numerous family members and friends in the Bismarck area and I have been involved in the ND Ambassador Program. I flew in from Denver specifically to testify on this issue.

The status of nursing home availability in Bismarck is a tragedy. The state is not providing the necessary nursing home beds for seniors in the Bismarck area. And a change is needed.

I experienced this personally when my father was diagnosed with cancer and needed 24-hour care. My dad, Paul Walz, was a lifetime resident of Bismarck who worked for the state Hail, Insurance and Tax Departments and was active in politics. He loved Bismarck and could not walk down the streets of the city without bumping into numerous folks he had known for years. In our search for a nursing home for him, we learned that Bismarck was not an option – there was no room! The only room available for him was in Garrison. Moving him to Garrison where he would have been alone most of the time, was simply not acceptable. My mom had health issues that did not allow her to do a regular drive to Garrison. A second option was in-home care and we could not afford the cost of 24 hour, two-person lift care for him (approximately \$600/day). The last option that we looked at was to move him out of state to Arkansas where my sister lived.

We chose to move him via air ambulance (\$8K not covered by insurance) to Arkansas where my sister found a nursing room for him. We moved my mom, Marion Walz, there too. For ten months, my mom lived with my sister and spent a minimum of 8-10 hours a day with my dad in the nursing home. It was a second home for them while he was dying. Each day, my dad asked that we arrange for him to go home to Bismarck. This broke our hearts when we had to tell him that there was no room for him in Bismarck nursing homes.

Although he had good care, he was not near his children, grandchildren and life-long friends. He often struggled with the cultural differences such as foods - eating okra and greens – not something we grew up on here in ND. In addition, dad had a hard time understanding the nurses and CNAs with strong southern drawls and it created communication issues and situations where he was frightened because he did not know what they were doing to him or telling him to do. It is a sad affair when the poorest state in the US provides much better care for elderly than we do here in the Bismarck area.

I urge you to support the expansion of nursing home beds in Bismarck through one of several options – we have a problem that needs your attention and difficult decisions must be made:

- 1) Exempt the Bismarck area from the moratorium for a period of time and/or until a certain bed capacity is met – I understand the concerns for overbuilding, but, if you look at the numbers – we have a lot of catching up to do. The national average is 65 beds/1000 elderly over 65 years. Bismarck has only 41/1000.
- 2) Mandate that rural beds are transferred to urban areas – although difficult to do, rural areas have had to consolidate and close schools, colleges, and churches as the population has decreased in rural areas. Bismarck families should not have to keep small town long-term care facilities operating – they should have access to care in Bismarck.

In my opinion, the changes in SB 2012 will create some financial incentive for a few more beds in Bismarck, but, it is not a long term solution to the very real and tragic problem that we are experiencing in Bismarck. We need to find a way to grow the number of beds in the Bismarck area – an amendment to SB 2109 can make that happen.

Respectfully submitted,

Barbara A. Walz - On behalf of Marion Walz

714 N 2nd Street, Bismarck, ND 58501

303-514-7329

<http://morebedsinbismarck.com>

The shortage of nursing home beds in the Bismarck Mandan community is something we all need to be concerned about

More Beds in BisMan.com

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[Who Supports It?](#)

[Contact](#)



What is Senate Bill 2012 About?

Senate Bill 2012 will provide increased funding for nursing home beds and staff. It's passage will create the incentive for moving more nursing home beds to the Bismarck/Mandan area and other urban areas that are in need. Without passage of this bill, several planned facilities will not be able to build in Bismarck. This bill provides some relief for the near term - but does not solve the immediate problem. See [Senate Bill 2109](#) for more information on how to solve the long-term problem.

[Click here to view Senate Bill 2012](#) provided by ND Legislative Assembly.

Contact your Senator or Representative [by clicking this link.](#)

Draft language to amend SB 2109

23-16-01.1

6. Exempt the Bismarck/Mandan area from the moratorium until 2015 or until there is an increase of XXX beds over the January 1, 2007 inventory.

Pamela Thompson

From: Karen Olson [k.olson@ndsu.edu]
Sent: Thursday, February 08, 2007 9:56 AM
To: Pamela Thompson
Subject: North Dakota Elderly

Good morning Pamela,

Here are the things you wanted clarified. Please let me know if I can offer additional information.

1. Where I think the confusion lays:

If I understand correctly, you were using the Burleigh/Morton County estimates I provided Shelly in 2006 (referred to as the Bismarck-Mandan Metropolitan Statistical Area) and comparing to City Projections I provided you yesterday...thus the projections seemed quite low. However, if you compare the County Estimates to the County Projections, you get a much different picture. Here is the trend using all the same data (with revised estimates), but focusing only on the MSA (Burleigh and Morton):

Ages 65 and older in Burleigh and Morton Counties in North Dakota:

2000 Census = 12,333
 July 1, 2001 Estimate = 12,490
 July 1, 2002 Estimate = 12,651
 July 1, 2003 Estimate = 12,844
 July 1, 2004 Estimate = 13,027
 July 1, 2005 Estimate = 13,327
 2005 Projection = 12,704
 2010 Projection = 14,556
 2015 Projection = 17,340
 2020 Projection = 21,410

Unfortunately, we don't have age estimates for cities, thus I cannot put together the same profile for Bismarck/Mandan, however, I have provided the Census 2000 data along with our projections from the Housing project:

Ages 65 and older in Bismarck and Mandan in North Dakota:

2000 Census = 9,772
 July 1, 2001 Estimate = Not available
 July 1, 2002 Estimate = Not available
 July 1, 2003 Estimate = Not available
 July 1, 2004 Estimate = Not available
 July 1, 2005 Estimate = Not available
 2005 Projection = 10,012
 2010 Projection = 11,426
 2015 Projection = 13,531

2/8/2007

2. Metropolitan Statistical Areas

Counties form the building blocks for Metropolitan Statistical Areas (MSAs) in the United States. The central county must have a core urban center of at least 50,000 people. The MSA also includes outlying counties based on commuting to and from the central county. As such, there are three MSAs in North Dakota:

Fargo, ND-MN MSA (Cass County, ND and Clay County, MN)

*Formerly called Fargo-Moorhead, ND-MN MSA

Bismarck, ND MSA (Burleigh and Morton counties)

*Formerly called Bismarck-Mandan, ND MSA

Grand Forks, ND-MN MSA (Grand Forks County, ND and Polk County, MN)

For additional information on MSAs, visit:

<http://www.census.gov/population/www/estimates/metroarea.html>

3. Population Projections

A. County level population projections produced by the North Dakota State Data Center in 2002 were calculated using a standard cohort-survival model. The assumptions were that rates of births and deaths between 1998 and 2000 would remain unchanged and migration rates between 1990 and 2000 would continue unchanged. For a complete explanation of the methodology used, visit:

<http://www.ndsu.nodak.edu/sdc/data/ndpopulationprojections.htm>

B. City level projections we prepared for the Housing Finance Agency in 2004 were calculated based on the assumption that the percentage they comprise of the overall county population will stay consistent into the future.

4. Population Estimates

The population estimates provided to Shelly on January 25, 2006 reflect a July 1 estimate calculated by the Population Estimates Branch (PEB) of the U.S. Census Bureau for the entire Bismarck MSA (Burleigh and Morton Counties combined). The Bureau uses birth and death records submitted from each state along with data from the IRS to determine migration. With each release by the Bureau, the previous few years are revised based on additional administrative records received in the interim. For a complete description of their methodology:

<http://www.census.gov/popest/topics/methodology/>

5. Current Population Estimates

The current population estimates by age, released by PEB, are as follows for the Bismarck, ND MSA (Burleigh and Morton Counties combined):

Ages 65 and older:

2000 Census = 12,333

July 1, 2001 = 12,490

July 1, 2002 = 12,651

July 1, 2003 = 12,844

July 1, 2004 = 13,027

July 1, 2005 = 13,327

Ages 65 to 74:

2000 Census = 6,431

July 1, 2001 = 6,400

July 1, 2002 = 6,395

July 1, 2003 = 6,410

July 1, 2004 = 6,334

July 1, 2005 = 6,340

Ages 75 to 84:

2000 Census = 4,186

July 1, 2001 = 4,260

July 1, 2002 = 4,349

July 1, 2003 = 4,469

July 1, 2004 = 4,620

July 1, 2005 = 4,729

Ages 85 and older:

2000 Census = 1,716

July 1, 2001 = 1,830

July 1, 2002 = 1,907

July 1, 2003 = 1,965

July 1, 2004 = 2,073

July 1, 2005 = 2,167

Sources: U.S. Census Bureau, Census 2000, Summary File 1 (SF1) Table DP1;
U.S. Census Bureau, Population Estimates Branch,

CC-EST2005-alldata-38: County Population Estimates by Age, Sex, Race
and
Hispanic Origin: April 1, 2000 to July 1, 2005

<http://www.census.gov/popest/estimates.php>.

Please let me know if this answers all of your questions or if I can be of further assistance.

Have a great day,
Karen

2/8/2007

Shelly Peterson

From: Karen Olson [k.olson@ndsu.edu]
Sent: Thursday, January 26, 2006 11:50 AM
To: Shelly Peterson
Subject: RE: SDC WEB REQUEST

Hi Shelly,

No problem. Here are the numbers for North Dakota:

Persons 65 and older:

2000 = 94,478

2001 = 94,146

2002 = 93,879

2003 = 93,530

2004 = 93,171

Karen

At 11:49 AM 1/26/2006, you wrote:

Hi Karen,

Can you give me the total number of individuals 65 years and older in ND? Sorry I keep on asking questions. Hopefully this is my last. Thanks Again. Shelly

From: Karen Olson [mailto:k.olson@ndsu.edu]

Sent: Thursday, January 26, 2006 10:52 AM

To: Shelly Peterson

Subject: RE: SDC WEB REQUEST

Good morning Shelly,

The calculation you used results in "persons per bed", not "beds per person". To obtain "beds per person", you need to do the following:

612 beds divided by 13,034 persons = .04695 beds per 1 person 65 and older. Multiply this by 1,000 to get 46.95 or 47 beds per 1,000 elderly.

Please let me know if you have additional questions.

Have a great afternoon,

Karen

At 10:40 AM 1/26/2006, you wrote:

Thank you very much. Am I doing the calculation correct to determine the beds per thousand for people over the age of 65, by taking 13,034 divided by 612 (number of beds)= 21.3 ? Shelly

From: Karen Olson [mailto:k.olson@ndsu.edu]

Sent: Wednesday, January 25, 2006 3:20 PM

To: shelly@ndltca.org
Subject: Re: SDC WEB REQUEST

Good afternoon Shelly,

According to Census 2000 figures, there were 12,333 persons 65 and older in the Bismarck-Mandan Metropolitan Statistical Area (Burleigh and Morton counties combined). We also have annual estimates by age through 2004. Here are the age groups for persons 65 and older for Census 2000 as well as the July 1st estimates for 2001 through 2004.

Ages 65 and older:

2000 = 12,333
2001 = 12,493
2002 = 12,660
2003 = 12,843
2004 = 13,034

Ages 65 to 74:

2000 = 6,431
2001 = 6,411
2002 = 6,408
2003 = 6,415
2004 = 6,403

Ages 75 to 84:

2000 = 4,186
2001 = 4,259
2002 = 4,349
2003 = 4,463
2004 = 4,559

Ages 85 and older:

2000 = 1,716
2001 = 1,823
2002 = 1,903
2003 = 1,965
2004 = 2,072

Sources: U.S. Census Bureau, Census 2000, Summary File 1 (SF1) Table DP1; U.S. Census Bureau, Population Estimates Branch.

Please let me know if you have any further questions. Have a great week,
Karen

At 03:04 PM 1/25/2006, you wrote:

Name: Shelly Peterson
Organization: ND Long Term Care Association
Email: shelly@ndltca.org
Phone: 701-222-0660

North Dakota Department of Health
Office of Community Assistance
Regional Profile
Institutional Long Term Care

2/9/2007

Region VII

Elder Population - 2005 *								
	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Total	7434	5598					2848	
	Total 65+		19455	Total 65-74		9198	Total 75-84	
						7409		

Long Term Care Capacity (2007)					
Community	Facility	Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Bismarck	MedCenter One Subacute Care Unit	22			22
Bismarck	St. Alexius Transitional Care Unit	19			19
Bismarck	Baptist Home Inc.	141		10	151
Bismarck	Edgewood Vista			48	48
Bismarck	Missouri Slope Lutheran Care Center	250			250
Bismarck	St Vincent's Care Center	101			101
Bismarck	The View (Pending)			28	28
Bismarck	Maple View II East			24	24
Bismarck	The Terrace			40	40
Bismarck	Waterford on West Century			20	20
Wilton	Redwood Village			34	34
Linton	Linton Hospital		17		17
Strasburg	Strasburg Nursing Home	68			68
Elgin	Dakota Hill Housing			35	35
Elgin	Jacobson Care Center	25	21		46
Steele	Golden Manor Inc.	50			50
Garrison	Garrison Memorial Hospital	26	22		48
Garrison	Benedictine Living Center	63			63
Turtle Lake	Community Memorial Hospital		25		25
Underwood	Prairieview Nursing Home	60			60
Beulah	Knife River Care Center	85			85
Hazen	Sakakawea Medical Center		25		25
Hazen	Senior Suites at Sakakawea			34	34
Glen Ullin	Marian Manor Healthcare Center	86			86
Mandan	Dakota Alpha	11			11
Mandan	Dakota Pointe			10	10
Mandan	Medcenter One Care Center	120			120
New Salem	Elm Crest Manor	61			61
McClusky	Sheridan Memorial Home			16	16
Totals		1188	110	299	1597
Bed/Elder Population Ratios**		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	Year				
	2007	61.06		15.37	76.43
State Target Ratios***		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections - 2005					
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

Population - NDSU 2005 Census Projections							
County	55-59	60-64	65-74	75-84	85+	65+	
Burleigh	3820	2748	4326	3245	1135	8706	
Emmons	249	218	498	492	170	1160	
Grant	178	155	279	268	126	673	
Kidder	133	128	296	256	99	651	
McLean	651	573	847	756	363	1966	
Mercer	494	360	586	524	216	1326	
Morton	1479	1060	1878	1490	630	3998	
Oliver	168	111	140	123	35	298	
Sheridan	103	109	195	180	59	434	
Sioux	159	136	153	75	15	243	
Totals	7434	5598	9198	7409	2848	19455	

North Dakota Department of Health
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Regional Profile
Institutional Long Term Care

2/9/2007

Region VII

Elder Population - 2005 *								
	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Total	7434	5598					2848	
	Total 65+		19455	Total 65-74		9198	Total 75-84	
						7409		

Long Term Care Capacity (2007)		Nursing Beds	Swing Beds	Basic Care Beds	Total LTC Beds
Community	Facility				
Bismarck	MedCenter One Subacute Care Unit				0
Bismarck	St. Alexius Transitional Care Unit				0
Bismarck	Baptist Home Inc.	141		10	151
Bismarck	Edgewood Vista			48	48
Bismarck	Missouri Slope Lutheran Care Center	250			250
Bismarck	St Vincent's Care Center	101			101
Bismarck	The View (Pending)			28	28
Bismarck	Maple View II East			24	24
Bismarck	The Terrace			40	40
Bismarck	Waterford on West Century			20	20
Wilton	Redwood Village			34	34
Linton	Linton Hospital		17		17
Strasburg	Strasburg Nursing Home	68			68
Elgin	Dakota Hill Housing			35	35
Elgin	Jacobson Care Center	25	21		46
Steele	Golden Manor Inc.	50			50
Garrison	Garrison Memorial Hospital	26	22		48
Garrison	Benedictine Living Center	63			63
Turtle Lake	Community Memorial Hospital		25		25
Underwood	Prairieview Nursing Home	60			60
Beulah	Knife River Care Center	85			85
Hazen	Sakakawea Medical Center		25		25
Hazen	Senior Suites at Sakakawea			34	34
Glen Ullin	Marian Manor Healthcare Center	86			86
Mandan	Dakota Alpha				0
Mandan	Dakota Pointe			10	10
Mandan	Medcenter One Care Center	120			120
New Salem	Elm Crest Manor	61			61
McClusky	Sheridan Memorial Home			16	16
Totals		1136	110	299	1545
Bed/Elder Population Ratios**		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
	Year				
	2007	58.39		15.37	73.76
State Target Ratios***		Nursing Beds		Basic Care Beds	Total Basic & Nursing Beds
*NDSU Projections - 2005					
**Per 1000 Age 65+		60		15	75
***Basic Care by State Health Council - 1994					
Nursing Facility by ND Task Force on Long Term Care Planning - 1996					

22
19

11

Population - NDSU 2005 Census Projections							
County	55-59	60-64	65-74	75-84	85+	65+	
Burleigh	3820	2748	4326	3245	1135	8706	
Emmons	249	218	498	492	170	1160	
Grant	178	155	279	268	126	673	
Kidder	133	128	296	256	99	651	
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Morton	1479	1060	1878	1490	630	3998	
Oliver	168	111	140	123	35	298	
Sheridan	103	109	195	180	59	434	
Sioux	159	136	153	75	15	243	
Totals	7434	5598	9198	7409	2848	19455	

**NURSING FACILITY BEDS PER 1000
in the Bismarck/Mandan Area**

Bismarck/Mandan MSA	65 Plus Population	Current Capacity Bismarck & Mandan	Add		Current Capacity Burleigh & Morton Cty	Add	
			20 GSS 90 St A's 8 MCO	60 GSS 90 St A's 8 MCO		20 GSS 90 St A's 8 MCO	60 GSS 90 St A's 8 MCO
<i>Total NF Bed Count</i>		612	730	770	759	877	917
2000 Census	12,333	49,623	59,191	62,434	61,542	71,110	74,353
July 1, 2001 Estimate	12,490	48,999	58,447	61,649	60,769	70,216	73,419
July 1, 2002 Estimate	12,651	48,376	57,703	60,865	59,995	69,323	72,484
July 1, 2003 Estimate	12,844	47,649	56,836	59,950	59,094	68,281	71,395
July 1, 2004 Estimate	13,027	46,979	56,037	59,108	58,264	67,322	70,392
July 1, 2005 Estimate	13,327	45,922	54,776	57,777	56,952	65,806	68,808
2005 Projection	12,704	48,174	57,462	60,611	59,745	69,033	72,182
2010 Projection	14,556	42,045	50,151	52,899	52,143	60,250	62,998
2015 Projection	17,340	35,294	42,099	44,406	43,772	50,577	52,884
2020 Projection	21,410	28,585	34,096	35,965	35,451	40,962	42,830

Bismarck and Mandan City Census	65 Plus Population	Current Capacity Bismarck & Mandan	Add		Current Capacity Bismarck & Mandan	Add	
			20 GSS 90 St A's 8 MCO	60 GSS 90 St A's 8 MCO		20 GSS 90 St A's 8 MCO	60 GSS 90 St A's 8 MCO
<i>Total NF Bed Count</i>		612	730	770	612	770	770
2000 Census	9,772	62,628	74,703	78,797	62,628	74,703	78,797
2005 Projection	10,012	61,127	72,913	76,908	61,127	72,913	76,908
2010 Projection	11,426	53,562	63,889	67,390	53,562	63,889	67,390
2015 Projection	13,531	45,229	53,950	56,906	45,229	53,950	56,906

OCCUPANCY FOR THE BISMARCK/MANDAN AREA

Facility	City	NF Beds	NURSING FACILITY OCCUPANCY						% Of Res From Bis/Man	Number Waiting For Bis/Man Facility
			2006	2005	2004	2003	2002			
Baptist Home, Inc.	Bismarck	141	98.98%	98.43%	99.25%	98.75%	98.77%			
Missouri Slope Lutheran Care Center	Bismarck	250	99.77%	99.79%	99.40%	99.32%	99.13%			
St. Vincent's Care Center	Bismarck	101	99.70%	99.83%	99.65%	99.72%	99.71%			
Medcenter One Care Center	Mandan	120	99.47%	98.76%	98.82%	99.10%	98.06%			
Benedictine Living Center of Garrison	Garrison	63	95.73%	92.53%	95.69%	90.88%	84.55%	43%	1	
Garrison Memorial Hos & NF	Garrison	26	99.66%	99.45%	98.21%	91.73%	99.08%	12%	0	
Marian Manor HealthCare Center	Glen Ullin	86	97.00%	97.00%	97.00%	97.00%	97.00%	43%	2	
Elm Crest Manor*	New Salem	61	99.00%	98.50%	97.00%	96.00%	97.00%	45%	0	
Medcenter One Golden Manor	Steele	50	99.23%	97.25%	97.81%	98.14%	99.35%	0%	0	
Prairieview Nursing Home - MCO	Underwood	60	98.39%	98.07%	93.89%	94.27%	97.00%	8%	5	
		958							8	

*During the last 12 month period we have had 4 residents go back to Bismarck for placement. 1 resident to an apartment setting, the other three were seeking private rooms of which each have to wait a year to get one in Elm Crest. We only have 5 private rooms and as you know we are trying to improve on that. I also need to pass along that we have 3 residents with Bismarck addresses that could not find a placement in Bismarck or Mandan because they smoke. One is our 106 1/2 year old.