

2013 HOUSE HUMAN SERVICES

HB 1089

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

HB 1089
January 9, 2013
Job # 17034

Conference Committee

Committee Clerk Signature

Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

A bill for geropsychiatric facilities.

Minutes:

Testimonies #1 and 2

Chairman Weisz: Opened the hearing on HB 1089.

1:56 **Alex C. Schweitzer:** Director of Field Services for DHS testified in support of the bill. (See Testimony #1). (There is no audio for most of testimony as microphone was off.)

5:56 **Chairman Weisz:** Currently there will only be two facilities and you are only looking for the future demand?

Schweitzer: That is correct.

Chairman Weisz: There is no need for emergency clause?

Schweitzer: No need.

Rep. Laning: Do you propose to have an increased limit or not have any limit?

Schweitzer: The size is limited by federal law. Sixteen beds.

Rep. Fehr: Could you explain more about mental health and behavioral care and what that is. You talked about moving people to the state hospital. Whose money is it and are there services at the state hospital for the extra cost that they wouldn't get at the nursing home?

Schweitzer: Individual that has a diagnosis of mental illness and has extreme behavior issues. These people are often sent to the hospital and they need a lot of care. You need a facility like this. Medicaid funding is answer to second question. State hospital services are more intense. Cost would be higher. (Microphone turned off so no more sound.)

Chairman Weisz: If they stay at the state hospital because of no room in nursing home do they still receive the additional services or do they receive the services they would get in the nursing home if they had stayed there?

Schweitzer: (Microphone went dead again.)

Vice-chair Hofstad: Are Alzheimer patients in this classification or are they in a separate category? How do we treat that segment of the population?

Schweitzer: In most cases not. They could have alzheimers. There are specialized Alzheimer units in community nursing homes statewide and they manage that population pretty well.

12:33 **Shelly Peterson:** President of ND Long Term Care Association: (See Testimony #2).

15:54 **Chairman Weisz:** On the \$225 reimbursement on average; how is that determined? Is it given the same rate setting basis that we do?

Peterson: The department works with geropsychiatric on their reimbursement. For regular nursing facilities, it is the normal rate setting process. You submit a cost report, then the DHS sets limits on the different care categories and then the rates are set every year. Rates are updated with the new base year once every four years. We just had rebasing on January 1.

Chairman Weisz: Asked if any more support and then if any opposition.

NO OPPOSITION so the chairman closed the hearing.

Chairman Weisz: Took up action on HB 1089. Asked if there was a motion.

Vice-Chair Hofstad: I move a Do Pass on HB 1089.

Rep. Damschen: Second.

Rep. Fehr: Why would there be an initial limitation and what would the purpose be?

Chairman Weisz: I would say that somebody was concerned that you might have 10 units and they wanted to make sure it didn't get out of hand.

Rep. Laning: It appears the geropsychiatric units are somewhat costly, so we would want some limitations on them. I assume they will be charged that higher rate.

Chairman Weisz: That is not correct. If they are a normal nursing home patient, the reimbursement rate would be what is fixed by our capitated rates. There is no higher rate for a normal patient.

Rep. Silbernagel: Is there a minimum number of beds they have to establish or is it a maximum number?

Chairman Weisz: Maggie is there a minimum?

Maggie Anderson: From Dept. of Human Services (DHS). There is no minimum. We asked facilities to propose based on their abilities. If you had a small nursing home they might not be able to do a 16 bed because they would be over their 50% capacity of individuals with a mental illness. Ideally we look for a facility with a 16 bed unit, but we would look at anybody based on the proposals that come in.

(Microphone went dead again. Lost Chairman Weisz calling for vote.)

Roll Call Vote: 13 y 0 n 0 absent
HB 1089 passed.

Bill Carrier: Rep. Mooney

Meeting adjourned.

Date: 1-9-13
 Roll Call Vote #: 1

**2013 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1089**

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

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

Motion Made By Vice-Ch Hofstad Seconded By Rep. Damschen

Representatives	Yes	No	Representatives	Yes	No
Chairman Robin Weisz	✓		Rep. Gail Mooney	✓	
Vice Chairman Curt Hofstad	✓		Rep. Naomi Muscha	✓	
Rep. Chuck Damschen	✓		Rep. Kylie Oversen	✓	
Rep. Todd Porter	✓				
Rep. Alan Fehr	✓				
Rep. Dick Anderson	✓				
Rep. Dwight Kiefert	✓				
Rep. Vernon Laning	✓				
Rep. Alex Looyen	✓				
Rep. Peter Silbernagel	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Mooney

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

REPORT OF STANDING COMMITTEE

HB 1089: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS**
(13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1089 was placed on the
Eleventh order on the calendar.

2013 SENATE HUMAN SERVICES

HB 1089

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee Red River Room, State Capitol

HB 1089
02/19/2013
19179

Conference Committee

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Explanation or reason for introduction of bill/resolution:

Relating to geropsychiatric facilities.

Minutes:

attached testimony

Chairwoman J lee opens hearing.

Alex C Schweitzer, Director of Field Services for the Department of Human Services. Testified in support of HB 1089. See attachment #1(meter 0.50)

Sen. Anderson: questioned about the facility and about payment rate.

Alex C. Schweitzer: responded to the question that it was a per diem rate per day per person. (Meter 4:25)

Chariwoman J Lee: Commented on how many facilities there were and that this bill made sense.

No other questions for Alex C. Schweitzer.

Shelly Peterson President of the North Dakota Long Term Care Association. Testified in Support of HB 1089. See attachment #2 (Meter 5:18)

Sen. J. Lee: Questioned about the distances between the two facilities and that they are not that far apart. (Meter 8:32)

Shelly Peterson: Discussed about the resources and the staff that is needed to run such a facility. There is also a great need in Fargo however the facility that Shelly Peterson was working with did not meet the requirements.

Sen. Dever: Questioned if there would be any physical modifications to the facilities and security?

Shelly Peterson: The units are secured locked units and that some modifications are needed and are currently being done at this time.

There was no other testimony.

Chairwoman J. Lee closed the testimony.

Sen. Anderson motioned for due pass **Sen. Larsen** seconded.

Do pass 5-0-0 **Chairwoman J. Lee** will carry to the floor.

REPORT OF STANDING COMMITTEE

HB 1089: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS
(5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1089 was placed on the
Fourteenth order on the calendar.

2013 TESTIMONY

HB 1089

#1

**Testimony
House Bill 1089 – Department of Human Services
House Human Services Committee
Representative Weisz, Chairman
January 9, 2013**

Chairman Weisz, members of the House Human Services Committee, I am Alex C. Schweitzer, Director of Field Services for the Department of Human Services. I am here today to testify in support of House Bill 1089, introduced at the request of the Department of Human Services.

House Bill 1089 would remove the limitation that only two nursing homes within the state may operate a unit that provides geropsychiatric services. The changes identified in this bill would give the Department the ability to respond to an increased need for geropsychiatric services in the future.

Nursing home residents that require geropsychiatric services are individuals that have a diagnosis of a mental illness, have behavioral issues that require ongoing maintenance and need assistance with self-care. The need for specialized geropsychiatric units in nursing facilities grew out of the admission of nursing facility residents to the North Dakota State Hospital (NDSH) with mental health, behavioral, and self-care needs, who after treatment, were not accepted back to community nursing homes. This is understandable, as community nursing homes don't have the specialized environment, staffing levels, and training to address the needs of these geropsychiatric individuals.

Currently, the Sheyenne Care Center in Valley City operates a 32-bed geropsychiatric service unit within their nursing facility. That unit has been consistently at 100 percent capacity in the past 24 months. When it is full, the North Dakota State Hospital often becomes the sole alternative for geropsychiatric services, and often because of patient need and cost, this is not an appropriate setting. The Department issued an informal request for proposal for an additional geropsychiatric unit within a nursing facility in September 2012. The Department entered into an agreement with the Prince of Peace Nursing Home in Ellendale to open a second unit of 16 beds for geropsychiatric services in November 2012. The anticipated opening date of this unit is July 2013.

The criteria that is used in selecting a nursing facility to provide geropsychiatric services is based on the suitability of the building and environment, admission and discharge criteria, staffing level and experience, overall program goals, quality assurance measures, and the experience and qualifications to care for individuals with unique behavioral and nursing care needs.

The budgeted average daily rate in a geropsychiatric unit for the 2013-2015 biennium is \$225.31. This is compared to the budgeted average daily rate for North Dakota nursing facilities for 2013-2015 of \$215.31. The average daily rate at the North Dakota State Hospital is \$386.98.

The Department supports passage of this bill to assure that the Department has the flexibility to respond to increased need for geropsychiatric services in the future. The only alternative when the

community geropsychiatric units are full is the North Dakota State Hospital. The North Dakota State Hospital provides short-term acute inpatient psychiatric and substance abuse treatment. Although, a person needing geropsychiatric services may require a short stay at the NDSH for intensive treatment, a longer term stay is not in their best interests. In addition, the cost of the NDSH is higher than a community geropsychiatric facility.

Thank you. I would be happy to answer any questions.

#2

Testimony on HB 1089
House Human Services Committee
January 9, 2013

Good Morning Chairman Weisz and members of the House Human Services Committee. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. We represent assisted living facilities, basic care facilities and nursing facilities in North Dakota. I am here today to testify in support of HB 1089.

Today, Sheyenne Care Center in Valley City operates two sixteen bed Gero-Psych units (32 total beds). This unit generally operates at full capacity and specializes in meeting the unique psychiatric and health needs of individuals age 50 and older. Early in 2012, through a survey on behavioral health, nursing facilities identified this specialized service as insufficient to meet the current need. Fifty-four of eighty-two nursing facilities indicated they denied admission to 340 individuals because they posed a significant safety (needed a secure unit) concern or had mental health issues beyond their facilities capabilities. With this information we approached the Department of Human Services, where they too had already identified it as a top need.

The department moved forward and released a request for proposal asking for nursing facilities to submit a proposal to create another sixteen bed Gero-Psych unit. Prince of Peace Care Center of Ellendale was ultimately selected for specializing in this service. It is anticipated Prince of Peace Care Center will open this specialized sixteen bed unit by July 1, 2013.

HB 1089 allows the department to have the ability to work with nursing facilities to create additional Gero-Psych units, should the need continue.

Thank you for the opportunity to testify in support of HB 1089, should you have any questions, I would be happy to address them at this time.

Shelly Peterson, President
North Dakota Long Term Care Association
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Testimony
House Bill 1089 – Department of Human Services
Senate Human Services Committee
Senator Lee, Chairman
February 19, 2013

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The NDSH provides short-term acute inpatient psychiatric and substance abuse treatment. Although, a person needing geropsychiatric services may require a short stay at the NDSH for intensive treatment, a longer term stay is not in their best interests. In addition, the cost of the NDSH is higher than a community geropsychiatric facility.

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February 19, 2013**

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Occupancy over the past 12 months has been 98.5%. Of the 32 residents, 17 are males and 15 are females.

- 10 residents who are in their 50's with 52 being the youngest.
- 9 residents in their 60's.
- 12 residents in their 70's.
- 1 resident who is 80.

Residents in the Gero-Psych units are placed there because they may experience significant behavior disturbances and can be disruptive to the normal population. Residents' diagnoses include things such as schizophrenia, bipolar disorder, traumatic brain injury, personality disorder among others. The behaviors can include being combative with cares, hollering out causing disruption to others and verbal aggression.

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