

1999 SENATE HUMAN SERVICES

SB 2036

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2036

Senate Human Services Committee

Conference Committee

Hearing Date JANUARY 13, 1999

Tape Number	Side A	Side B	Meter #
1	X		
1/19/99 1		X	2,260
1/26/99 1		X	3,310
1/26/99 2	X		
Committee Clerk Signature	<i>Karol Galandychuk</i>		

Minutes:

The Human Services Committee was called to order by SENATOR THANE with all senators present. The hearing on SB2036 was opened.

PAUL KRAMER, staff member of interim Human Services Committee, explained the bill. The first 21 sections deal with changing reference from basic care and assisted living to adult residential. Section 22 is the repeal. Section 23 deals with inspecting and regulation of nursing care facilities.

SENATOR KRAUTER gave the committee some background of the bill from the minutes of the Interim Human Services Committee. It repeals basic care and assisted living terms. SENATOR KILZER asked if this expanded eligibility by changing the name, SENATOR KRAUTER stated that it will define classifications; is this basic care or assisted living.

DAVE ZENTNER, Dept of Human Services, supports bill with written testimony. Testimony by MARY STROUD, administrator of the Baptist Home in Kenmare, was read in support of bill.

The Department of Human Services proposed an amendment to Section 8. The Dept. supports this bill with amendments.

JOHN VASTAG, General Manager of Waterford at Harwood Groves, supports this bill with amendments. (Written testimony). SENATOR DEMERS asked if it is common to not be licensed? Mr. VASTAG: Other states have used peer groups with great success. DONNA NALAWAJA supports this bill with amendments (written testimony). She asked for amendments to substitute "assisted living" for adult residential care, speed up the implementation date to 12/01/99, and work towards less restrictive oversight than licenser. SENATOR DEMERS: Is this title a new item? MS NALAWAJA stated: I'd never seen that term used in any insurance policy. We would like to see it called assisted living. What we call basic care in ND is assisted living in the rest of the country. Need to bring ND up to date. SENATOR DEMERS asked if you need to be licensed to collect on these policies, yet you are not recommending licensure does self-certification or peer review substitute and payments? Ms NALAWAJA stated that we need to deal with insurance companies; if we choose the words assisted living and this is the category and not basic care we will be more in line to deal with insurance companies.

SHELLY PETERSON, President of the ND Long Term Care Association. She is taking a neutral position, there are some concerns. (written testimony). We support the amendment by Dave Zentner. John Vastic and Donna Nalawaja suggested changing adult residential care to assisted living. We strongly support this. Insurance is a significant issue. Strongly supports some time of legislation - maybe a registration process and a stamp from the state so we could

solve that issue. SENATOR THANE favors the term assisted living. SENATOR LEE asked that if you approve the change of definition and terms and approve the pilot project and approve unlicensed, what do you not like. Ms. PETERSON answered the part they don't like is the repeal of everything as we know it today without knowing what we are going to replace it with. Basic care requirements - assessment completed- three criteria that must be met.

1. may not be severely impaired in any activity of daily living, such as toileting, transfer to and from a bed or chair or eating.
2. Must have health, welfare or safety needs.
3. Must be impaired in three of the four instrumental activities of daily living, preparing meals, doing housework, taking medication, doing laundry.

These are very specific, need to discuss it but not wise to repeal before we have something.

An emergency clause on the insurance so families are not put off like they are now.

SENATOR THANE asked why the industry was reluctant to come up with something. Ms. PETERSON answered that the amendment for consideration would be expanded beyond Alzheimer's to residents that need 24 hour supervision and long term care need 24 hour services but also have complex medical needs, so in the skilled nursing setting they look at Alzheimer's population are middle and late stages so we don't think the social environment would fit the model the we currently have in nursing homes.

TOM FOLLY, actuary in insurance department, is bringing information. Two things to be kept in mind that insurers look at in determining whether to pay a claim or not: Where it is given and Reason for the care. In long-term care policies you must not be able to do 2 or more of the 6 daily living activities or are you cognitively impaired. Policies sold before 1997 there was also a

medical necessity i.e. if a physician said this person needs care. 2. Assisted living facilities are covered in long term care policies and there is this clause if licensed. There is a list of things in the policy that the facility must meet in order to be covered. In most policies any comprehensive policies cover all. Assisted living not covered. SENATOR LEE stated that some policies will cover in other states is ADL requirements are met. Mr. FOLEY answered you need to send the policy to us and we will deal with companies. Policies written in the last 3-4 years have the intent to cover assisted living.

CHUCK STEBBANS, Dakota Stanford Independent Living, is neutral. Concerns are regarding loan fund for non profits to have an avenue to construct facilities for not less than 5 or more. He is a big proponent of community based services, no matter what the setting is. The other problem is the striking of assisted living definition. The bill limits choices (they have restrictive choice) - offers services. SENATOR THANE stated that home and community based care would be paramount. It is here to stay. Only problem is the dollars are not always there, but will try to maintain what has been started.

Opposition:

TIM EXNER, owner and administrator of Rock of Ages, Inc., Jamestown. Serious concerns on bill. (written testimony). His recommendation the bill be dropped, but likes some of the amendments that were offered by testimony. Special projects continued, term assisted living is good, Insurance; is there a nurse on staff. SENATOR LEE asked if there was a nurse on staff or one on duty 24 hours. Mr. EXNER answered they do not have a nurse on staff 24 hours a day in basic care. I believe it is adequate to say we have a nurse consultant. SENATOR THANE is

surprised the industry was not informed so they could come forward to testify. Mr. EXNER said he had written to Carol Olson and the Governor and had been shut down. No dollars included.

BRUCE BOLYARD, owner and operator of Edgewood Vista in Minot, spoke in opposition of the bill. (written testimony) SENATOR DEMERS asked what is the purpose of licensure.

Mr. BOLYARD replied the over regulation that follows authority is the concern.

No other testimony; the hearing on SB2036 was closed.

SENATOR DEMERS and SENATOR KILZER will work on subcommittee.

Discussion resumed on 1/19, 1999 with a report of the subcommittee. SENATOR DEMERS reported they recommended amending out a great portion of section 8 and 15. We are changing adult residential living to assisted living. Section 23 is left in with changes that will be discussed when it is written out. Section 16 definitions effective date.

SENATOR DEMERS and SENATOR KILZER will work on a bill for insurance reimbursement. Mayville/Portland class came in to visit this committee.

Discussion was resumed on 1/26/99. SENATOR THANE asked if we were going to utilize assisted living and drop adult residential care. SENATOR DEMERS said yes, it was part of the amendments and further explained the amendments to this bill. The major issue is that this bill repeals before the bill is in effect July 1, 2001. We left in the Alzheimer's project, the section instructing the department to continue to work with this and the section that makes the changes in the names. The rest of the bill is basically repealed. It takes effect July 1, 2001. SENATOR DEMERS moved the amendments as corrected. SENATOR KILZER seconded it. Roll call vote carried 6-0. SENATOR DEMERS moved DO PASS AS AMENDED. SENATOR FISCHER seconded it. Roll call vote carried 6-0. SENATOR DEMERS will carry the bill.

FISCAL NOTE

(Return original and 14 copies)

Bill / Resolution No.: _____

Amendment to: SB2036

Requested by Legislative Council

Date of Request: 02/01/99

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative: The amended bill would require the Department of Human Services to prepare a recommendation for the fifty-seventh legislative assembly regarding appropriate methods and means for in inspection and regulation of assisted living facilities. The amended bill has no fiscal impact on the Department.

2. State fiscal effect in dollar amounts:

	1997-1999		1999-2001		2001-2003	
	<u>Biennium</u>		<u>Biennium</u>		<u>Biennium</u>	
	<u>General</u>	<u>Special</u>	<u>General</u>	<u>Special</u>	<u>General</u>	<u>Special</u>
	<u>Fund</u>	<u>Funds</u>	<u>Fund</u>	<u>Funds</u>	<u>Fund</u>	<u>Funds</u>
Revenues:						
Expenditures:	-0-		-0-		-0-	

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

- a. For rest of 1997-99 biennium: _____ -0-
- b. For the 1999-01 biennium: _____ -0-
- c. For the 2001-03 biennium: _____ -0-

4. County, City, and School District fiscal effect in dollar amounts:

	1997-1999			1999-2001			2001-2003		
	<u>Biennium</u>			<u>Biennium</u>			<u>Biennium</u>		
	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>
	-0-								

If additional space is needed, attach a supplemental sheet.

Signed

Brenda M. Weisz

Typed Name

Brenda M. Weisz

Date Prepared: February 2, 1999

Department

Human Services

Phone No.

328-2397

FISCAL NOTE

(Return original and 10 copies)

Bill / Resolution No.: SB 2036

Amendment to: _____

Requested by Legislative Council

Date of Request: 12/10/98

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

This bill would require the Departments of Health and Human Services to prepare a recommendation for the fifty-seventh legislative assembly regarding appropriate methods and means for the inspection and regulation of adult residential care facilities. There would be no fiscal impact resulting from the preparation of the recommendation.

2. State fiscal effect in dollar amounts:

	1997-1999		1999-2001		2001-2003	
	<u>Biennium</u>		<u>Biennium</u>		<u>Biennium</u>	
	General	Special	General	Special	General	Special
	<u>Fund</u>	<u>Funds</u>	<u>Fund</u>	<u>Funds</u>	<u>Fund</u>	<u>Funds</u>
Revenues:						
Expenditures:	-0-		-0-		-0-	

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

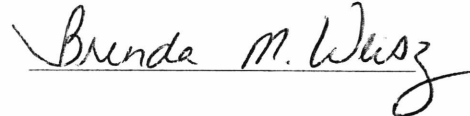
- a. For rest of 1997-99 biennium: -0-
- b. For the 1999-01 biennium: -0-
- c. For the 2001-03 biennium: -0-

4. County, City, and School District fiscal effect in dollar amounts:

	1997-1999			1999-2001			2001-2003		
	<u>Biennium</u>			<u>Biennium</u>			<u>Biennium</u>		
	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>	<u>Counties</u>	<u>Cities</u>	<u>School Districts</u>

If additional space is needed, attach a supplemental sheet.

Signed



Typed Name

Brenda M. Weisz

Date Prepared: December 30, 1998

Department

Human Services

Phone No.

328-2397

Date: 1/26/99
Roll Call Vote #: 2

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2030

Senate HUMAN SERVICES COMMITTEE Committee

Subcommittee on _____

or

Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as amended

Motion Made By Sen DeMers Seconded By Sen Fischer

Senators	Yes	No	Senators	Yes	No
Senator Thane	✓				
Senator Kilzer	✓				
Senator Fischer	✓				
Senator Lee	✓				
Senator DeMers	✓				
Senator Mutzenberger	✓				

Total 6 (yes) 0 (no)

Absent 0

Floor Assignment Sen DeMers

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

REPORT OF STANDING COMMITTEE

SB 2036: Human Services Committee (Sen. Thane, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2036 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "section 18-01-03.2, subsections 2 and 8 of section" with "sections"

Page 1, remove line 2

Page 1, line 3, remove "43-05-01, subsection 3 of section 50-01.2-00.1, sections 50-06-14.1," and replace ", subsection 1" with "and"

Page 1, remove line 4

Page 1, line 5, remove "sections 50-21-01, 50-21-02, 50-21-03, 50-21-04," and remove ", 50-24.5-02, subsection 7 of"

Page 1, remove line 6

Page 1, line 7, remove "substituting adult residential care for basic care"

Page 1, line 8, remove the first "and", after "living" insert "facilities", and remove "to repeal chapter 23-09.3 and section 50-06-14.3 of the North Dakota"

Page 1, line 9, remove "Century Code, relating to basic care;"

Page 1, line 10, remove the second "and" and after "date" insert "; and to provide an expiration date."

Page 1, remove lines 12 through 23

Page 2, remove lines 1 through 30

Page 3, remove lines 1 through 31

Page 4, remove lines 1 through 6

Page 4, line 9, after "**dementia**" insert "**and twenty-four hour care**"

Page 4, line 11, after "population" insert "and other aged, blind, or disabled persons who require twenty-four hour care"

Page 4, line 12, remove "adult residential" and overstrike "care" and insert immediately thereafter "assisted living facility"

Page 4, line 13, after "specific" insert "twenty-four hour" and after "targets" insert "either"

Page 4, line 14, after "population" insert "or other aged, blind, or disabled persons who require twenty-four hour care. Project costs must be met using amounts appropriated to the department. Approval preference must be given to projects that involve a reduction in nursing facility beds due to delicensing an entire nursing facility or wing of a nursing facility"

Page 4, remove lines 19 through 31

Page 5, remove lines 1 through 31

Page 6, remove lines 1 through 31

Page 7, remove lines 1 through 21

Page 7, line 25, replace "Adult residential care" with "Assisted living"

Page 7, replace lines 26 through 28 with:

"a. Makes response staff available at all times;

b. Provides housing and:

(1) Congregate meals;

(2) Kitchen facilities in each resident's living quarters; or

(3) Any combination of congregate meals and kitchen facilities in each resident's living quarters sufficient to assure each resident adequate access to meals;"

Page 8, line 5, remove "qualified"

Page 8, line 8, remove the underscored colon

Page 8, line 9, remove "(1) If an initial occupancy," and remove "chapter 22 of"

Page 8, line 10, replace "; or" with ", as applicable."

Page 8, remove lines 11 through 13

Page 9, line 13, overstrike "a", remove "qualified adult residential", and overstrike "care" and insert immediately thereafter "an assisted living"

Page 10, remove lines 11 through 31

Page 11, remove lines 1 through 31

Page 12, remove lines 1 through 21

Page 12, line 26, after "describing" insert "the conversion of current basic care and assisted living facilities into an integrated long-term housing and service system entitled assisted living. The recommendation must include", replace the second "and" with a comma, and replace "of adult" with ", and payment systems for assisted living"

Page 12, line 30, replace "Sections 1 through 22 are" with "Section 2 of this Act becomes" and after "effective" insert "on"

Page 12, after line 30, insert:

"SECTION 5. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2001, and after that date is ineffective."

Renumber accordingly

1999 HOUSE HUMAN SERVICES

SB 2036

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2036

House Human Services Committee

Conference Committee

Hearing Date March 2, 1999

Tape Number	Side A	Side B	Meter #
2	x		0.0-12.3
Committee Clerk Signature <i>Wayne B. Mamba</i>			

Minutes:

PAUL KRAMER, Legislative Council testified: He was here to explain the bill. Section 1 continues the Alzheimer's special project for another biennium. Section 2, taking effect in July, 2001, provides the definition of 'assisted living facility'. Section 3 requires Health Department to come up with a recommendation for conversion plan for basic care facilities.

Rep. CAROL NIEMEIER : Is there only one Alzheimer project in the state? PAUL KRAMER: There are two more that will start.

Rep. CLARA SUE PRICE pointed out that SB2036, SB2038 and SB2196 are in conflict and if all of them are passed as they stand sections of SB 2309 will be repealed. PAUL KRAMER said that he will check on the changes already in place to determine the affect.

DAVID ZENTNER, Director of Medical Services, Department of Health testified. (Testimony attached)

Page 2

House Human Services Committee

Bill/Resolution Number 2036

Hearing Date March 2, 1999

REP. CLARA SUE PRICE introduced written testimony from Shelley Peterson (attached).

Hearing closed on SB2036.

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2036

House Human Services Committee

Conference Committee

Hearing Date March 15, 1999

Tape Number	Side A	Side B	Meter #
2	x		17.0-26.3
Committee Clerk Signature <i>Wape Bjork</i>			

Minutes:

COMMITTEE DISCUSSION

There was some concern expressed about insuring that the provisions in SB2036, SB2038 and SB2196 don't cancel each other out. That will be covered in Appropriations. There were amendments proposed by DAVID ZENTNER, Director of Medical Services, Department of Health. Rep. ROXANNE JENSEN moved the amendments. Rep. ROBIN WEISZ seconded.

Motion PASSED on voice vote: 13 YES, 0 NO, 0 ABSENT.

Rep. ROBIN WEISZ moved DO PASS AS AMENDED. Seconded by Rep. ROXANNE JENSEN.

The motion PASSED on roll call vote # 2. 13 YES, 0 NO, 2 ABSENT.

CARRIER: REP. CHET POLLERT.

Date: 3/15/99
 Roll Call Vote #: 2

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2036

House Human Services Committee

Subcommittee on _____
 or
 Conference Committee

Legislative Council Amendment Number ~~70~~

Action Taken Do Pass As Amended

Motion Made By Rep Weisz Seconded By Rep Jensen

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman	✓		Bruce A. Eckre		
Robin Weisz - Vice Chairman	✓		Ralph Metcalf	✓	
William R. Devlin	✓		Carol A. Niemeier	✓	
Pat Galvin	✓		Wanda Rose	✓	
Dale L. Henegar	✓		Sally M. Sandvig	✓	
Roxanne Jensen	✓				
Amy N. Kliniske					
Chet Pollert	✓				
Todd Porter	✓				
Blair Thoreson	✓				

Total Yes 13 No 0
 Absent 2

Floor Assignment Rep Pollert

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

REPORT OF STANDING COMMITTEE

SB 2036, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2036 was placed on the Sixth order on the calendar.

Page 1, line 3, after the second "the" insert "state"

Page 1, line 12, remove the overstrike over "~~basic care~~" and remove "assisted"

Page 1, line 13, remove "living facility"

Page 1, line 17, after the second "facility" insert "or basic care facility" and after the third "facility" insert "or basic care facility"

Page 4, line 20, after "**AND**" insert "**STATE**"

Page 4, line 21, after "the" insert "state"

Renumber accordingly

1999 TESTIMONY

SB2036

MYRON H. BRIGHT
UNITED STATES CIRCUIT JUDGE

JENTIN N. BURDICK U.S. COURTHOUSE
655 FIRST AVENUE NORTH, SUITE 340
BISMARCK, NORTH DAKOTA 58102-4952

TELEPHONE (701) 297-7260
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January 8, 1999

TO WHOM IT MAY CONCERN:

I have a long term care policy for my wife which will do her no good at Waterford because even though it can provide qualified care as an intermediate or custodial care facility, the state does not license such a facility.

An insurer should not be able to avoid coverage and, in doing so, force my spouse into a nursing home. Long term care (nursing home) policies have a large gap which should be filled. Let me explain.

Long term care facility is defined as (a) a Skilled Nursing Facility; (b) an Intermediate Care Facility; or (c) a Custodial Care Facility.

A custodial care facility and an intermediate care facility are defined as a facility, or that part of one, which: (1) is licensed by the state; (2) provides nursing care or Custodial Care to persons who do not require the degree of care which a hospital or Skilled Nursing Facility provides, but require care above the level of room and board under the supervision of a Physician; (3) provides nursing care or Custodial Care by or under the direction of a registered nurse (RN) or a licensed practical or vocational nurse (LPN or LVN); and (4) keeps a daily medical record of each patient. It does not include a facility or any part of a facility which is primarily a place for persons suffering from a Mental or Nervous Disorder.

Assisted living facilities such as Waterford provide services that fit within the definition of "intermediate care" or "custodial care." Yet insurance companies won't pay for such services unless in a "licensed" facility.

As I understand it, North Dakota does not license an "assisted living" facility which provides the same services as "intermediate care" or "custodial care" which are provided in a licensed nursing home.

Page Two
January 8, 1999

As an affected person whose spouse is covered by such a long term care policy and desires assisted living services at Waterford in Fargo, I suggest legislation to the following effect so that policies will afford coverage.

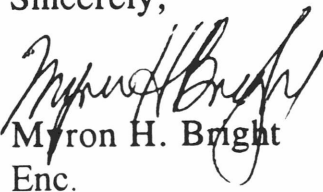
Any facility in North Dakota offering custodial or intermediate care, which facility is determined to be equivalent to a facility which otherwise can obtain licensing and which provide equivalent services to patients or residents therein as would be provided by a licensed agency, such facility, for the purpose of definition on long term care insurance coverage, shall be considered as licensed. The commissioner of insurance shall enforce this statute and shall make appropriate regulations in regard to such policies.

Further, where such policy carries an alternate plan of care benefit (attached to this letter is a statement in my policy), I would suggest the following statute:

Any long term insurance policy issued by an insurer doing business within this state in stipulating for an alternate plan of care benefit shall provide alternate benefits on application of the policyholder under the following additional conditions:

1. The alternate plan must be considered on application of the policyholder or covered person, or one acting on his or her behalf, so long as such person is eligible for confinement in a long term care facility and whether or not such person is actually receiving benefits.
2. The insurer shall not unreasonably or unfairly withhold approval of an alternate plan of care benefit.
3. The commissioner of insurance shall enforce the provisions of this law and shall have power to establish regulations to enforce this statute.

Sincerely,


Myron H. Bright
Enc.

ALTERNATE PLAN OF CARE BENEFIT

If an Insured Person is confined in a Long-Term Care Facility and is receiving benefits under this Policy, We will consider, instead, paying benefits for the cost of services provided under a written, medically acceptable, alternate plan of care.

The alternate plan of care:

- (1) can be initiated by the Insured Person or by Us;
- (2) must be developed by health care professionals;
- (3) must be consistent with generally accepted medical practices; and
- (4) must be mutually agreed to by the Insured Person, the Insured Person's Physician and Us.

The alternate plan of care may provide for services which differ from or are not usually covered by Your Policy, such as:

- (1) building a ramp for wheelchair access;
- (2) modifying a kitchen or bathroom; or
- (3) companion care or other personal care services.

Services under an alternate plan of care will be paid at the levels and limits specified in the plan. Benefits payable for an alternate plan of care and benefits paid for Long-Term Care due to the same or related cause, in total, will not exceed the benefit limits that, in the absence of such a plan, would otherwise be payable under the Long-Term Care Benefit alone.

The Insured Person's agreement to participate in an alternate plan of care will not waive any of the Insured Person's or Our rights under this Policy.

CHAIRMAN THANE AND MEMBERS OF THE HUMAN SERVICES COMMITTEE .
MY NAME IS MARY STROUD, ADMINISTRATOR OF THE BAPTIST HOME OF
KENMARE. OUR FACILITY IS A PARTICIPANT IN THE ALZHEIMERS
PIOLET PROJECT.

I WOULD LIKE TO UPDATE EVERYONE ON THE ALZHEIMERS PROJECT.
WE ARE FULL AT PRESENT WITH A WAITING LIST. IT TOOK US 8
MONTHS TO ACHIEVE THIS BUT WE FOUND THAT SLOW GROWTH
ACTUALLY WORKED TO OUR BENEFIT BECAUSE IT ALLOWED US TO GET
TO KNOW THE RESIDENTS ONE AT A TIME.

I BELIEVE WE ARE MEETING THE GOAL OF THE PIOLET WHICH IS TO
PROVIDE CARE FOR THE ALZHEIMERS/DEMENTIA CLIENT AT A LOWER
COST THAN SKILLED CARE IN A HOME LIKE ENVIRONMENT. WE DON'T
HAVE CHANDELEIRS BUT WE DO HAVE A CASUALLY FURNISHED, HOME
LIKE ENVIRONMENT WHICH I BELEIVE IS WHY WE ARE SUCCESSFUL.
SOME OF OUR RESIDENTS LIKE TO VACUUM, SOME OF OUR RESIDENTS
LIKE TO ASSIST OUR MAINTENANCE MAN WORK ON THINGS.
ALL OF THEM LIKE TO PARTICIPATE IN THE ACTIVITIES THAT ARE
OFFERED WHICH RANGE FROM BAKING, TO SINGING, TO CRAFTS.
ONE OF OUR RESIDENTS LIKES TO ROCK HER BABY IN THE FAMILY
ROOM AREA. THE WASHING MACHINE AND DRYER RUNS DURING THE
DAY AS WELL AS THE DISHWASHER. IT IS JUST LIKE HOME.

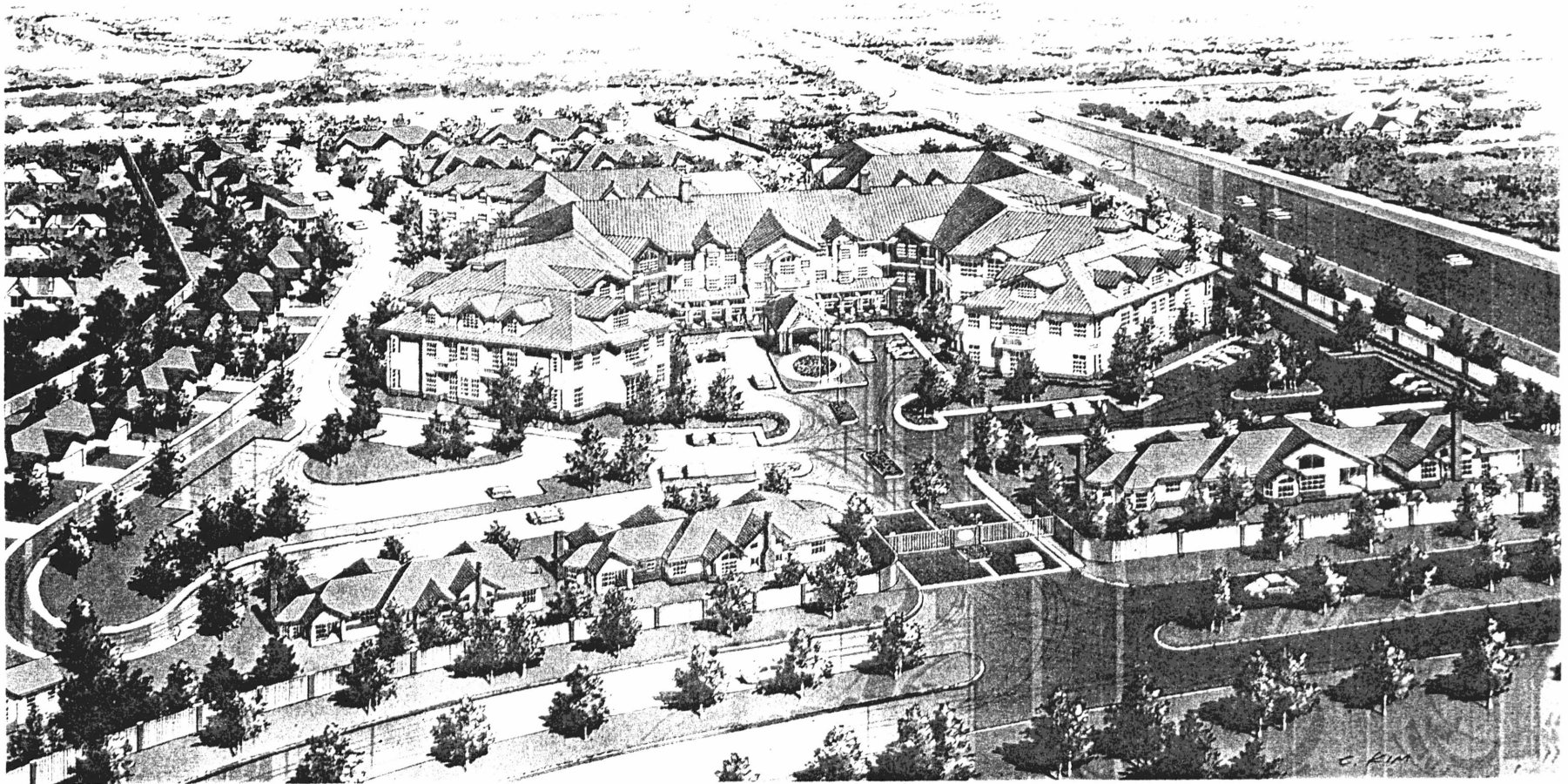
I WANTED TO TELL YOU ABOUT THE SUCCESSES WE HAVE EXPERIENCED
WITH SOME OF OUR RESIDENTS BUT THEY ARE SO HARD TO EXPLAIN.
I WILL MENTION ONE COMMENT OUR FIRST ALZHEIMERS RESIDENT
MADE TO ONE OF OUR STAFF. HE SAID "THANK YOU FOR NOT
TREATING ME LIKE A CHILD." EVEN WITH THEIR DIAGNOSIS OF
ALZHEIMERS, THEY STILL NEED TO EXPEREINCE DIGNITY AND
RESPECT.

OUR ENVIRONMENT IS PLEASANT BUT NOT OVERSTIMULATING WHICH IS
WHY I FEEL MANY OF THE RESIDENTS ACTUALLY FUNCTION AT A
HIGHER LEVEL THAN WHEN THEY ARE ADMITTED.

WE DO HAVE OUR CHALLENGES ALSO. THE STAFF HAVE LEARNED TO
BE ADAPTABLE TO THE RESIDENTS CHANGING NEEDS. EVERYONE WHO
WORKS UP THERE IS LEARNING SOMETHING NEW EACH DAY.

BY WORD OF MOUTH, FAMILIES ARE HEARING ABOUT OUR SERVICE AND
THE TYPE OF PROGRAM WE OFFER SO WE MUST BE DOING SOMETHING
RIGHT.

I URGE YOU TO CONTINUE TO FUND THIS PROGRAM. IT IS FILLING
A DEFINATE NEED. NONE OF THE RESIDENTS IN THE UNIT COULD
LIVE IN A BASIC CARE SETTING NOR WOULD THEY DO WELL IN A
NORMAL SKILLED CARE ENVIRONMENT. BECAUSE WE ARE NOT HEAVILY
REGULATED WE ARE ABLE TO SPEND MORE TIME AND ENERGY ON THE
RESIDENTS AND LESS ON PAPERWORK. THE RESIDENTS ARE
BENEFITTING AND THAT IS WHAT IT IS ALL ABOUT.



WATERFORD AT HARWOOD GROVES
1200 Harwood Drive, Fargo, North Dakota 58104





January 13, 1999

Chairman Thane, Vice-Chairman Kilzer and members of the Senate Human Services Committee:

My name is John Vastag, General Manager of Waterford At Harwood Groves; a senior living community in Fargo, ND. I am here today to testify in favor of Senate Bill 2036 with some recommended amendments.

We fully support the CONCEPT of deleting Basic Care and Assisted Living and creating one service under a unified name. However, using the term "Adult Residential Care Facility" may put North Dakota further behind in the senior housing industry.

Our recommendation would be to combine the services as suggested in SB 2036 and amend SB 2036 to use the term "Assisted Living" so North Dakota is in synchronization with the rest of the senior housing industry in the country and to have an implementation date no later than 12-01-99.

Using the term "Adult Residential Care" may also cause conflicts with the long term care insurance industry. Accompanying this testimony is a letter from United States Circuit Judge Myron H. Bright who is currently experiencing such a conflict.

Further, we recommend that such "Assisted Living" living communities use registration, peer-review or self-certification as a quality assurance monitoring process. By using these options to the antiquated option of licensure, the STATE is assured of quality of care in the most cost-effective manner.

Thank-you for the opportunity to submit testimony on this very crucial bill. I will be happy to work with the committee's staff on preparation of these recommended amendments.

Respectfully

A handwritten signature in cursive script that reads "John Vastag".

John Vastag

General Manager

Waterford At Harwood Groves

Uniquely Tasteful, Surprisingly Affordable



January 13, 1999

Chairman Thane, Vice Chairman Kilzer and Members of the Senate Human Services Committee.

For your record, I am Donna Nalewaja of Fargo and I am employed at "Waterford At Harwood Groves", a new retirement community offering a variety of apartment homes in a family style environment for seniors with optional health care and special services. Our residents are private pay and the Waterford receives no local or state tax dollars.

Research has clearly shown that seniors who choose retirement community living with a stress free environment live longer and healthier lives from 5 to 7 years longer. We owe it to our increasing population of seniors to have more options to choose from not less options because the benefits for them, their families and also the state are very clear. We have the opportunity to make those choices available to our seniors and it will save them and the state tremendous amounts of dollars. Clearly, retirement community living with continuing health care services are the future and you and I are part of this important advancement for our senior citizens.

I am testifying in favor of SB 2036 with several proposed amendments for your committee's consideration. SB 2036 seeks to repeal basic care and assisted living and creates an adult residential care facility classification to become effective July 1, 2001 after allowing time for developing new rules, policies and procedures.

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I believe the legislation has merit to combine basic care with assisted living which will bring North Dakota in line with the rest of the country. However, I recommend the bill be amended to substitute “Assisted Living” for the adult residential care classification. Assisted Living is the term I see most commonly in LTC insurance policies.

Let me share with you briefly the confusion for senior citizens, their spouse/ children/ guardians and their LTC insurance agents seeking to interpret if the policy in question provides payment for their choice of assisted living senior housing in North Dakota . The dilemma is that North Dakota does not require assisted living senior housing to be licensed; however, the majority of LTC insurance policies state that payment for services in assisted living housing will be provided for if it is licensed by the state. We have a delightful resident right now at the Waterford that wants assisted living housing to function at his highest level and maintain as much independence as possible. Unfortunately, his policy does not recognize for purposes of payment assisted living housing because it is not licensed by the state and he would have to spend 60 days in a licensed basic care or nursing facility before assisted living would even be considered as an alternative choice. This subjects our seniors to more stress, less freedom of choice and takes away their opportunity to stay as independent, active and physically and mentally healthy as long as possible. We face this dilemma nearly every day in the provision of a less restrictive choice of senior housing.

Mass licensing of assisted living housing is not the solution either. I would recommend oversight by a less intrusive and less costly method such as self-certification, registration or peer review.

In conclusion, I ask for your consideration of amendments to substitute “Assisted Living” for adult residential care, speed up the

12-01-99
implementation date, and work towards less restrictive oversight
than licensure. Thank you very much.


Donna Nalewaja

Testimony on SB 2036
Senate Human Services Committee
January 13, 1999

Chairman Thane and members of the Senate Human Services Committee, thank you for the opportunity to testify on SB 2036. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. Our Association represents basic care and nursing facility providers. I am here today to testify on their behalf.

SB 2036 is probably the scariest piece of legislation facing basic care. Although I am up here testifying with those supporting SB 2036, our basic care members have reservations regarding SB 2036 and wish for me to express them to you..

SB 2036 proposes to repeal the basic care and assisted living definition and all regulations related to basic care. Although this would not be effective until July 1, 2001, and additional new rules would be put in place, the unknown is scary

Section twenty three on page twelve states that “the Department of Human Services and the Department of Health, after consultation with individuals and entities determined appropriate by those Departments, shall prepare a recommendation for consideration by the 57th Legislative Assembly describing appropriate methods and means for the inspection and regulation of adult residential care facilities that respect residents’ choices of care providers. That recommendation must include a proposed budget and any necessary implementing legislation and appropriations.”

This does not assure representation by assisted living, basic care or nursing facilities - all potentially affected by this legislation. This potential lack of representation concerns basic care. We would also strongly recommend legislators participate in this study activity.

This past year our Association, basic care and nursing facility providers participated in the Long Term Care Planning Group chaired by Murray Sagsveen and Carol Olson. The Task Force studied basic care and unanimously made three recommendations affecting basic care. The three recommendations were:

1. Repeal equalization of rates (SB 2033)
2. Provide a 3% operating margin in the basic care rates, and
3. Fund basic care property outside the 80th percentile bed limit.

Although the Task Force supported all three recommendations, the two critical ones affecting basic care funding did not make it in the Department of Human Services’ budget. Basic care is concerned funding in the future won’t be there as evidence by their lack of funding today.

If the assisted living industry and basic care industry are folded into adult residential care, and the State begins to pay for a greater number of people, where will the money come from?

We support individuals having options and choices but this biennium we can't even fund basic care as recommended by a Long Term Care Task Force. How can we possibly afford to expand services when we can't fund and pay for basic services right now?

Basic care questions why we need to pass legislation that is not effective until July 1, 2001. Can't we do everything in this bill and go into the 2001 Legislative Session with specific recommendations and a budget?

If you feel it is in North Dakota's best interest to proceed this way, repealing everything before we know what we are replacing it with, we will support your decision.

Thank you for listening to our concerns. We will work with whatever legislation you support. I would be happy to answer any questions you may have.

Shelly Peterson, President
North Dakota Long Term Care Association
120 West Thayer Avenue
Bismarck, ND 58501
(701) 222-0660

*Done proposed Amendment
support -
John V. Adie - changing adult residential care to
assisted living
Insurance won't pay on unlicensed by state.
make registration - stamp from state -
certificate from state.*

Testimony on SB 2036
Senate Human Services Committee
January 13, 1999

Chairman Thane and members of the Senate Human Services Committee, thank you for the opportunity to testify on SB 2036. My name is Tim Exner, owner and administrator of Rock of Ages, Inc., a 53 bed basic care facility in Jamestown. I represent the basic care industry on the North Dakota Long Term Care Association Board.

I have some serious concerns on SB 2036. Since 1988, when I purchased my facility, I've been to every legislative session fighting for basic care funding. Finally last session we were given a 2% operating margin which gave the industry some breathing room. Then in a letter from Carol Olson, Executive Director of the Human Service Department, I was told that operating margin specifically sunsets at June 30, 1999 and there are no provisions, requirements or legislative intent that the operating margin continue or become part of the basic care rate setting structure. When the basic care industry heard that the basic care budget was increased by 33% we presumed that the 3% operating margin and property as a pass through was going to be implemented in the budget as recommended by the Interim Budget Committee and the Task Force on LTC Planning. I guess when it comes to budgeting, one should not presume!

I get very scared when the Department of Human Services and the Department of Health are making decisions that could be detrimental to my business. My questions are as follows:

1. How is the state going to fund all the new beds?
2. Why is there a moratorium on beds in basic care if they are going to open the market by including assisted living beds.
3. The industry voted for a moratorium because historically the funding has not been adequate for the existing beds.
4. I don't understand why the rush on this bill. Why dissolve the title basic care before the study is done. Assisted living, basic care and skilled care are all part of our states continuum of care. Assisted living works as a feeder to basic care and basic care to skilled care.

Since SB 2036 came out in the Legislative bulletin on Jan 8th, 1999, my phone has been ringing off the hook from individuals concerned about SB 2036. The calls have been from administrators of skilled facilities, basic care facilities and assisted living facilities. All providers of care are expressing concern, not just basic care.

In summary I get worried when a Bill repeals the title and scope of my business. I do not know how the waiver will be written and what regulations will be in effect. Faced with these concerns, I don't know of any business man that wouldn't be worried. I recommend SB 2036 be dropped until a study is done.

Thank you for listening. I will answer any questions at this time.

Tim Exner
NDLTCA Board Member for Basic Care
Rock of Ages, Inc./Owner and Administrator
15 4th St. NE
Jamestown, ND 58401
(701)252-9292

TESTIMONY BEFORE THE SENATE HUMAN SERVICES COMMITTEE
REGARDING SENATE BILL 2036
JANUARY 13, 1999

Chairman Thane, members of the committee I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information and support this bill.

The Task Force on Long Term Care Planning was directed through House Concurrent Resolution No. 3006 to examine nursing facility and other residential care systems to determine the changes necessary to assist in the development of alternative services.

The Task Force concluded that the delivery system for alternative long-term care services may not address the ongoing needs of the elderly and disabled of our state in a coordinated consumer friendly manner. There was concern that the current system does not ensure that appropriate alternatives are available to individuals in the least restrictive environment possible within each community and recommended that a more seamless system was needed to meet the care needs of the elderly and disabled.

For example, an elderly man qualifies for Basic Care Services. The nearest basic care facility is located 60 miles from his home town, but the community has an affordable assisted living facility. Currently, he would be required to move away from home and friends in order to use the Basic Care Assistance Program as a funding source. Under this proposal, this gentleman could be admitted to the assisted living facility in his community and Basic Care funding could be used to pay for necessary services, allowing him to remain close to family and friends. Exhibit 7 on page 52 of the Task Force Report offers some additional examples.

If the above example is to become reality, it will be necessary to separate the housing component from the service component for residential care. The bill would permit individuals to select their housing option based on cost and care consideration factors. Services would be provided based on an assessment of the type of services that will be necessary to maintain each individual and what funding source would best meet those needs. If necessary and cost-effective, the state would subsidize housing costs as is currently done for the Basic Care Assistance Program clients. It would also likely solve the problem faced by some Assisted Living Facilities where payment of long term care insurance is not allowed because the facility is not licensed in North Dakota.

The Task Force concluded that the best way to accomplish this goal was to propose a fundamental change in the current process by creating a new category of service called Adult Residential Services that would combine Basic Care licensing and definitions with that of Assisted Living. The members also realized that this was a major deviation from the current methods of providing services and for that reason, recommended that enabling legislation be passed directing the Departments of Human Services and Health, the long term care industry and consumers to develop in the next interim the rules, policies and procedures necessary to implement the proposed changes in the delivery system for alternative services. Actual implementation of the law would not occur until July 1, 2001, unless otherwise changed or rescinded by the legislature.

The bill you have before you today is designed to accomplish that goal. I will attempt to explain the major features of the bill and will offer several amendments meant to clarify the intent of this legislation. Most of the Sections of the bill merely remove references to Basic Care and or Assisted Living as they appear in various sections of the Century Code.

Section 16 defines adult residential care facility and eliminates the assisted living

and basic care definitions. In order to clarify the intent of this definition the Department suggests the following amendments which are attached to my testimony. It clarifies that each facility must have staff available to respond to resident needs and clarifies that meals can be provided in a congregate setting, by kitchen facilities in resident rooms or a combination thereof. It also removes the reference to “qualified” service providers, thus allowing for private pay residents to make other provider arrangements if they so desire. It also clarifies what life safety code chapters would be applied to adult residential facilities.

Section 17 clarifies language regarding payment for services provided in an adult residential care facility and requires the enforcement of certain standards that are mandated by the federal government when individuals receiving Supplemental Security Income receive care in residential facilities.

Section 20 clarifies that the Department can pay for adult residential facility services out of any source of funds available.

Section 23 requires that a recommendation setting forth requirements for inspection and regulation of these facilities be made to the 57th legislative assembly including a proposed budget, any needed legislation and an appropriation.

I also want to address one other issue relating to this bill that will require an amendment. It concerns the establishment of additional pilot projects to evaluate the effectiveness of alternative residential services. In the last session, the Legislature authorized the Department to establish pilot projects designed to meet the service needs of the Alzheimer’s and Related Dementia (ARD) population. One successful project was established in Kenmare and does provide cost-effective quality services in a social rather than a medical model. Given the need to further test these new concepts, the Department is requesting that the legislature allow

for the development of additional pilot projects for the ARD population and elderly and disabled individuals who require twenty-four hour care. We are aware of at least one nursing facility that wishes to give up its nursing facility license of 40 beds. In its place it wishes to create a 24-bed adult residential facility to better serve the continuum of care needed in the community. In addition, there are several facilities that are still interested in converting nursing facility wings to social model Alzheimer's and Related Dementia units. Without authorization to proceed with these projects, no bed conversion can occur because of the moratorium that prevents any expansion of Basic Care Facility beds. We request your consideration to allow these facilities to experiment by converting nursing facility beds to alternative long term care services. The changes necessary to allow for these projects are contained in the Department's proposed new Section 8 for the period from August 1, 1999 through June 30, 2001, and in proposed amendments to existing section 8 of the bill for periods after July 1, 2001. That approach allows us to continue the momentum of these projects even as we develop the specific requirements for licensing adult residential care facilities.

Section 24 establishes the effective date. The amendment makes proposed new Section 8 effective through June 30, 2001 and ineffective after that date. The rest of the bill is effective July 1, 2001.

The Department supports this bill and urges a due pass.

I would be happy to answer any questions you may have.

TESTIMONY ON SB 2036 SENATE HUMAN SERVICES COMMITTEE

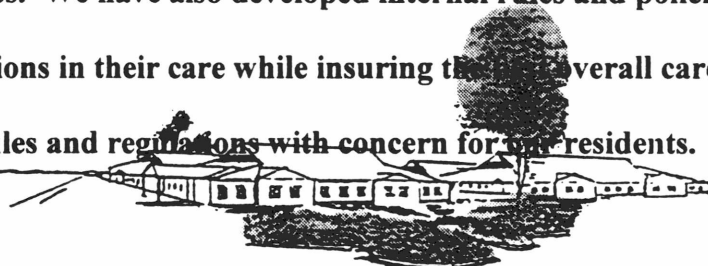
JANUARY 13, 1999

Chairman Thane and members of the Human Service Committee thank you for the opportunity to speak on SB 2036. I oppose this bill—my name is Bruce Bolyard, owner and operator of Edgewood Vista in Minot and Bismarck, with Alzheimer facilities in Montana, South Dakota, Nebraska and Minnesota.

I started Edgewood Vista in Minot in 1991. At that time, we consisted of 32 Basic Care beds and 16 Assisted Living units. Beginning in 1992 more assisted living units were added and in 1999 we have 175 residents in Minot.

Prior to building, I visited with aging services, the Department of Health and other agencies in order to glean from others what assisted living units should consist of and what services should be offered. By the way, all government agencies were very helpful.

Edgewood Vista in Minot and Bismarck has incorporated safe practices, which are prescribed in the basic care guidelines. We have also developed internal rules and policies that insure all residents are given options in their care while insuring the overall care possible. We did this without government rules and regulations with concern for our residents.



I'm afraid SB 2036 will allow the Department of Health and Department of Human Service to determine how Assisted Living (residential care) will operate. This is very scary to ME.

To us at Edgewood Vista the care of the resident in a cost-effective manner is of utmost importance. We have, without being required, installed an automatic fire suppression system, individual room emergency call lights and many security procedures, all with resident safety in mind.

Again, I am opposed to stringent, unnecessary Department regulations inherent in this bill.



I agree w/ Janet Donna
Assisted living
Nursing home policy
Private for profit.
Consider amendments

PROPOSED AMENDMENTS TO SENATE BILL NO. 2036

Page 1, line 10, remove the second "and" and after "date" insert
"; and to provide an expiration date"

Page 4, after line 6, insert:

"SECTION 8. AMENDMENT. Section 50-06-14.4 of the 1997 Supplement to the North Dakota Century Code is amended and reenacted as follows:

50-06-14.4. Alzheimer's and related dementia and twenty-four-hour care projects. The department of human services shall establish projects designed to meet the service needs of the alzheimer's and related dementia population and other aged, blind, or disabled persons who require twenty-four-hour care. The projects established under this section must explore the financial and service viability of converting existing nursing facility or basic care capacity to a specific twenty-four-hour service environment that targets either the alzheimer's and related dementia population or other aged, blind, and disabled persons who require twenty-four-hour care. Approval preference must be given to projects that involve a reduction in nursing facility beds due to delicensing an entire nursing facility or wing of a nursing facility. The state department of health shall cooperate with the department to ensure the success of the projects. The projects may be established notwithstanding subsections 2, 5, 10, and 11 and subdivision c of subsection 9 of section 50-24.5-01, relating to definitions for aid to aged, blind, and disabled persons, and subsection 1 of section 23-09.3-01, relating to the definition of a basic care facility."

Page 4, line 9, after "dementia" insert "twenty-four-hour care"

Page 4, line 11, after "population" insert "and other aged, blind, or disabled persons who require twenty-four-hour care"

Page 4, line 13, after "specific" insert "twenty-four-hour" and after "targets" insert "either"

Page 4, line 14, after "population" insert "or other aged, blind, or disabled persons who require twenty-four-hour care. Project costs must be met using amounts appropriated to the department. Approval preference must be given to projects that involve a reduction in nursing facility beds due to delicensing an entire nursing facility or wing of a nursing facility"

Page 7, replace lines 26 through 28 with:

- "a. Makes response staff available onsite at all times;
- b. Provides housing and:
 - (1) Congregate meals;
 - (2) Kitchen facilities in each resident's living quarters; or
 - (3) Any combination of congregate meals and kitchen facilities in each resident's living quarters sufficient to assure each resident adequate access to meals;"

Page 8, line 5, remove "qualified"

Page 8, line 8, remove the underscored colon

Page 8, line 9, remove "(1) If an initial occupancy," and after "22" insert "or chapter 23"

Page 8, line 10, replace "; or" with "."

Page 8, remove lines 11 through 13

Page 12, line 30, replace "22" with "7 and 9 through 24"

Page 12, after line 30, insert:

"SECTION 26. EXPIRATION DATE. Section 8 is effective through June 30, 2001, and after that date is ineffective."

Renumber accordingly

**TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE
REGARDING SENATE BILL 2036**

MARCH 2, 1999

Chairman Price, members of the committee I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information and support this bill.

The Task Force on Long Term Care Planning was directed through House Concurrent Resolution No. 3006 to examine nursing facility and other residential care systems to determine the changes necessary to assist in the development of alternative services.

The Task Force concluded that the delivery system for alternative long-term care services may not address the ongoing needs of the elderly and disabled of our state in a coordinated consumer friendly manner. There was concern that the current system does not ensure that appropriate alternatives are available to individuals in the least restrictive environment possible within each community and recommended that a more seamless system was needed to meet the care needs of the elderly and disabled.

For example, an elderly man qualifies for Basic Care Services. The nearest basic care facility is located 60 miles from his home town, but the community has an affordable assisted living facility. Currently, he would be required to move away from home and friends in order to use the Basic Care Assistance Program as a funding source. Under this proposal, this gentleman could be admitted to the assisted living facility in his community and Basic Care funding could be used to pay for necessary services, allowing him to remain close to family and friends. Exhibit 7 on page 52 of the Task Force Report offers some additional examples.

If the above example is to become reality, it will be necessary to separate the housing component from the service component for residential care. The bill would permit individuals to select their housing option based on cost and care consideration factors. Services would be provided based on an assessment of the type of services that will be necessary to maintain each individual and what funding source would best meet those needs. If necessary and cost-effective, the state would subsidize housing costs as is currently done for the Basic Care Assistance Program clients. It would also likely solve the problem faced by some Assisted Living Facilities where payment of long term care insurance is not allowed because the facility is not licensed in North Dakota.

The Task Force concluded that the best way to accomplish this goal was to propose a fundamental change in the current process by creating a new category of service that would combine Basic Care licensing and definitions with that of Assisted Living. The members also realized that this was a major deviation from the current methods of providing services and for that reason, recommended that enabling legislation be passed directing the Departments of Human Services and Health, the long term care industry and consumers to develop in the next interim the rules, policies and procedures necessary to implement the proposed changes in the delivery system for alternative services. Actual implementation of the law would not occur until July 1, 2001, unless otherwise changed or rescinded by the legislature.

The bill also allows for the establishment of additional pilot projects to evaluate the effectiveness of alternative residential services. In the last session, the Legislature authorized the Department to establish pilot projects designed to meet the service needs of the Alzheimer's and Related Dementia (ARD) population. One successful project was established in Kenmare and does provide cost-effective quality services in a social rather than a medical model. Given the need to further test these new concepts, the Department is requesting that the legislature allow for the

development of additional pilot projects for the ARD population and other elderly and disabled individuals who require twenty-four hour care. We are aware of at least one nursing facility that wishes to give up its nursing facility license of 40 beds. In its place it wishes to create a 24-bed adult facility to better serve the continuum of care needed in the community. In addition, there are several facilities that are still interested in converting nursing facility wings to social model Alzheimer's and Related Dementia units. Without authorization to proceed with these projects, no bed conversion can occur because of the moratorium that prevents any expansion of nursing facility or basic care facility beds. We request your consideration to allow these facilities to experiment by converting nursing facility or basic care beds to alternative long term care services. This will allow the momentum of these projects to continue even as we develop the specific requirements for licensing for the new assisted living facilities.

The bill you have before you today is designed to accomplish the above goals. Section 1 of the bill allows for the development of additional pilot projects. The Department would suggest one change to this section. The current language would not permit any conversion of basic care bed capacity to alternative projects. During the next biennium, basic care facilities should also have the opportunity to participate in the development of alternatives. The Department suggests an amendment on line 12 by removing the overstrike on basic care and deleting assisted living. Also on line 17 after facility add "or basic care facility" and after the second facility add "or basic care facility."

Section 2 of the bill redefines assisted living to include current basic care and assisted living facilities.

Section 3 authorizes the Departments of Human Services and Health to prepare recommendations that implement the changes outlined in Section 2 including a

proposed budget and any necessary implementing legislation and appropriation for the 2001 legislative session.

Sections 4 and 5 provide effective and expiration dates for Sections 2 and 1 of the bill respectively.

The Department supports this bill and urges a due pass.

I would be happy to answer any questions you may have.

Testimony on SB 2036
House Human Services Committee
March 1, 1999

Chairman Price and members of the House Appropriations Committee, thank you for the opportunity to testify on engrossed SB 2036. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. I am here today on behalf of our basic care and nursing facility members.

SB 2036 underwent significant change in the Senate. The Senate changes make it better legislation. When the amendments were being constructed I believe an error occurred, an error that I believe was not the intent of the Senate.

The error makes it impossible for basic care to qualify as a special project. Currently the only special project we have is the Baptist Home of Kenmare, a basic care facility specializing in Alzheimer's care. You may recall the testimony from Paulette Mattern, who described in detail the special Alzheimer's project in Kenmare. We strongly urge you to amend engrossed SB 2036 to allow additional basic care facilities to develop special projects.

SB 2036 establishes a firm foundation for testing and modeling different ways to care for individuals in need of 24 hour care. We support this development of alternatives.

SB 2036 requires the Department of Health and Human Services, after consultation with various entities, to prepare recommendations to improve the long term care delivery system in North Dakota. We believe the special projects are key to recommending changes for the future. We believe we have a lot to learn from these projects. A special area of review will be evaluation of basic care and assisted living. Should they be merged into one, or should they continue to be distinct and separate as we have them today? How should they be regulated?

We are looking forward to implementation of this important legislation. Many of our members have already expressed great interest in applying to be a project.

Thank you for your consideration of engrossed SB 2036. Further amending the bill to include basic care as a special project is appreciated. I would be happy to answer any questions you might have.

Shelly Peterson, President
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