

NORTH DAKOTA

Licensure Terms

Assisted Living Facility and Basic Care Facility

General Approach

The Department of Health establishes rules for basic care facilities and the Department of Human Services oversees licensing and rules for assisted living facilities (ALFs), which must also meet some Department of Health rules. The primary differences between these licensure categories are: (1) the extent to which they are regulated--the ALF regulations are very brief; and (2) only basic care facilities are required to provide meals.

Adult Foster Care. Family foster homes for adults are licensed by the Department of Human Services and defined as an occupied private residence in which care is regularly provided to four or fewer adults who are not related by blood or marriage to the owner or lessee. Care includes the provision of personal, non-medical services to assist a resident with activities of daily living (ADLs). *Regulatory provisions for these settings are not included in this profile but a link to the provisions can found at the end.*

This profile includes summaries of selected regulatory provisions for ALFs and basic care facilities. The complete regulations are online at the links provided at the end.

The state will be making major changes to the assisted living regulations during Spring 2015.

Definitions

Assisted living facility means a building comprising at least five living units in which individualized support services are provided to five or more adults. An ALF is not a congregate housing facility or a basic care facility.

Basic care facility means a facility that provides room and board, and health, social, and personal care to assist five or more residents to attain or maintain their highest level of functioning.

Resident Agreements

Assisted Living Facilities. The resident agreement must include the rates for rent and services; payment, refund, and rate change policies; resident criteria; discharge criteria; and living unit inspection policies.

Basic Care Facilities. *No provisions identified.* However, all agreements and contracts must be included in the resident's record.

Disclosure Provisions

No provisions identified for either licensure category.

Admission and Retention Policy

Assisted Living Facilities. Each facility must develop residency criteria.

Basic Care Facilities. Residents must be capable of self-preservation, and may not have a condition that requires continuous, 24-hour on-site availability of nursing or medical care. Facilities may develop residency criteria.

Services

Assisted Living Facilities. Facilities must provide or coordinate individualized support services, including assistance with ADLs. Facilities may provide health services, described as services provided to an individual for the purpose of preventing disease and promoting, maintaining, or restoring health or minimizing the effects of illness or disability. Residents pay for individual services, not a service package.

Basic Care Facilities. Facilities provide personal care (assistance with ADLs and instrumental activities of daily living); observation and documentation of changes in physical, mental, and emotional functioning; arrangements for health care when needed; arrangements for transfer and transportation; assistance with functional aids; housekeeping and laundry; medication services; and social and recreational activities. Nursing services must be available if needed. Residents purchase a package of services.

Service Planning

Assisted living facilities must evaluate applicants to make certain they meet residency criteria, and must keep an individual record of services provided to each resident.

Basic Care Facilities. Residents must be assessed within 14 days of move-in and at least quarterly, thereafter. Assessment areas include health, psychosocial, functional, nutritional, and activity status; personal care needs; capacity for self-preservation; and social interests and activities. A care plan is developed based on the assessment and resident input.

Third-Party Providers

Both licensure categories permit residents to contract with home health agencies.

Medication Provisions

Both Licensure Categories. Facilities must meet state requirements and regulations for medication administration, including those in the Nurse Practice Act. Unlicensed staff may provide assistance with medications. Staff who are certified by the Department of Health as a Medication Assistant--Level I, II, or III--may administer medications when supervised by a registered nurse (RN). Only Medication Assistant Level III staff may administer medications by injection, and under provisions defined by the state Board of Nursing.

Basic Care Facilities. In addition to the above, basic care facilities must have a health professional or consulting pharmacist review each resident's medication regimen as needed, and at least annually.

Food Service and Dietary Provisions

Assisted Living Facilities. Facilities are not required to provide meals.

Basic Care Facilities. Facilities must serve a minimum of three meals and snacks per day that meet the recommended dietary allowances of the National Academy of Science's Food and Nutrition Board. If the facility accepts individuals who require prescribed diets, the diets must be planned and reviewed by a professional as described by the Dietetic Practice Board.

Staffing Requirements

Assisted Living Facilities

Type of Staff. A *manager* (who may be the licensee) and *direct care staff* are required. If the facility provides medication administration, a *registered nurse* must be available to administer medications and/or to train and supervise certified *medication assistants*.

Staff Ratios. *No minimum ratios.* Staff must be available 24 hours a day and able to provide resident care.

Basic Care Facilities

Type of Staff. An *administrator* is required to be in charge of the general administration of the facility. A *licensed nurse* must be employed or contracted with to provide nursing services, including supervision of any *medication assistants*. Staff are required to provide personal care and other services to residents.

Staff Ratios. *No minimum ratios.* Staff must be awake and available 24 hours a day.

Training Requirements

Assisted Living Facilities. All staff must receive annual training on resident rights; fire and accident prevention and response; mental and physical health; behavior problems and preventions; and infection control, including universal precautions. Managers must complete 12 hours of annual continuing education.

Basic Care Facilities. Annually, all employees must receive in-service training in at least the following: (1) fire and accident prevention and safety; (2) residents' mental and physical health needs, including behavior problems; (3) prevention and control of infections, including universal precautions; and (4) residents' rights. Staff responsible for activities must attend a minimum of two activity-related educational programs per year. Administrators must attend at least 12 hours of continuing education annually.

Provisions for Apartments and Private Units

Assisted Living Facilities. Apartment-style units are not required. A resident living unit must include a sleeping area, an entry door that can be locked, and a private bath with a toilet, sink, and a bathtub/shower. Units may be single-occupancy or double-occupancy.

Basic Care Facilities. Resident rooms may be single-occupancy or multiple-occupancy (three or more). At least one toilet and sink is required for every four residents, and one bathtub/shower for every 15 residents.

Provisions for Serving Persons with Dementia

Assisted Living Facilities. *No provisions identified.*

Basic Care Facilities. Facilities may provide memory care but there are no specific provisions.

Background Checks

Assisted Living Facilities. *No provisions identified.*

Basic Care Facilities. Before employing a new staff person, facilities must check state registries and licensure boards to identify any findings of inappropriate conduct, employment, disciplinary actions, and termination.

Inspection and Monitoring

Assisted Living Facilities. The Department receives complaints by and on behalf of residents and must forward the complaints to the appropriate agency, entity, or program for investigation. The state contracts with the Ombudsman Program to provide oversight and monitoring.

Basic Care Facilities. The Department may inspect a new applicant before granting a license, and may, at any time, inspect a facility to determine compliance with regulations. On-site scheduled and unscheduled surveys are conducted, and licenses must be issued on a calendar year basis and expire on December 31st of each year.

Public Financing

The state's Medicaid 1915(c) Waiver for Home and Community-Based Services (HCBS) program pays for residential care provided to eligible residents in basic care facilities (not ALFs). Services are provided in conjunction with shelter and include personal care; therapeutic, social, and recreational programming; and 24-hour on-site response staff to meet scheduled and unpredictable needs and to provide supervision, safety, and security. The Waiver program also pays for adult family foster care.

The state has a Medicaid State Plan program--Basic Care Assistance Program--that supplements the income of Medicaid-eligible residents in participating licensed basic care facilities who, after applying all available income to the cost of care at a basic care facility, requires further assistance.

Room and Board Policy

In 2015, the room and board paid by HCBS waiver clients in a basic care facility is capped at \$683 with a personal needs allowance (PNA) of \$144. Family supplementation is allowed.

The Basic Care Assistance Program limits the room and board rate that facilities charge to Medicaid-eligible residents to the Supplemental Security Income (SSI) federal benefit of \$733 minus a PNA of \$100 in 2015. The state does not provide SSI payment.

Location of Licensing, Certification, or Other Requirements

North Dakota Legislative Branch, Chapter 75-03-34: Licensing of Assisted Living Facilities.
<http://www.legis.nd.gov/information/acdata/pdf/75-03-34.pdf?20150112162529>

North Dakota Legislative Branch, Chapter 23-09: Lodging Establishments and Assisted Living Facilities.
<http://www.legis.nd.gov/cencode/t23c09.pdf?20150112163253>

North Dakota Legislative Branch, Chapter 33-03-24.1: Basic Care Facilities.
<http://www.legis.nd.gov/information/acdata/pdf/33-03-24.1.pdf?20150112162840>

North Dakota Legislative Branch, Chapter 23-09.3: Basic Care Facilities.
<http://www.legis.nd.gov/cencode/t23c09-3.pdf?20150112163011>

North Dakota Legislative Branch, Chapter 75-03-21: Licensing of Family Foster Homes for Adults.
<http://www.legis.nd.gov/information/acdata/pdf/75-03-21.pdf?20150112154207>

Information Sources

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President
North Dakota Long Term Care Association

Bruce Pritsch
Director
Division of Health Facilities
Department of Health

COMPENDIUM OF RESIDENTIAL CARE AND ASSISTED LIVING REGULATIONS AND POLICY: 2015 EDITION

Files Available for This Report

FULL REPORT

Executive Summary	http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary
HTML	http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition
PDF	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile
Alaska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alaska-profile
Arizona	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arizona-profile
Arkansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arkansas-profile
California	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-california-profile
Colorado	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-colorado-profile
Connecticut	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-connecticut-profile
Delaware	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-delaware-profile
District of Columbia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-district-columbia-profile
Florida	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-florida-profile

Georgia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-georgia-profile
Hawaii	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-hawaii-profile
Idaho	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-idaho-profile
Illinois	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-illinois-profile
Indiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-indiana-profile
Iowa	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-iowa-profile
Kansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kansas-profile
Kentucky	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kentucky-profile
Louisiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-louisiana-profile
Maine	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maine-profile
Maryland	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maryland-profile
Massachusetts	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-massachusetts-profile
Michigan	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-michigan-profile
Minnesota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-minnesota-profile
Mississippi	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-mississippi-profile
Missouri	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-missouri-profile
Montana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-montana-profile
Nebraska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nebraska-profile
Nevada	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nevada-profile
New Hampshire	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-hampshire-profile
New Jersey	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-jersey-profile

New Mexico	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-mexico-profile
New York	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-york-profile
North Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-carolina-profile
North Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-dakota-profile
Ohio	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-ohio-profile
Oklahoma	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oklahoma-profile
Oregon	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oregon-profile
Pennsylvania	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-pennsylvania-profile
Rhode Island	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-rhode-island-profile
South Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-carolina-profile
South Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-dakota-profile
Tennessee	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile
Texas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile
Utah	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-utah-profile
Vermont	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile
Virginia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile

Washington	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-washington-profile
West Virginia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-west-virginia-profile
Wisconsin	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wisconsin-profile
Wyoming	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wyoming-profile