

Cost



Basic Care:

Room and board charges for basic care are based on income and medical expenses. Rent is calculated at 55% of your monthly net income. To get to this number, we take all of your yearly income and subtract all allowable medical expenses and divide this number by 12 months. The maximum rate will increase yearly by the same percentage as the social security cost of living adjustment. Any changes to the rent caps go into effect on February 1st of each year. The rent cap is \$2,186 as of February 1, 2026. Spouses of veterans pay the maximum rate regardless of income or expenses.

Other charges in addition to rent that may be incurred are:

Haircuts

Pharmacy copays -Per VA copay regulations

Cable-\$15.00

Long Distance telephone plans - resident must set up directly with Dickey Rural Networks

Skilled Care:

Skilled care residents are charged a daily rate as developed by the State of North Dakota Human Services Case Mix System. The North Dakota Veterans Home completes an MDS assessment on each new admission within 14 days. This information is then transmitted to the State of North Dakota Department of Human Services to assign a case mix level. The case mix level determines the daily rate that will be charged.

The North Dakota Veterans Home pre-bills room and board charges at the lowest case mix level. Rent will be calculated using the lowest case mix level on the day of admission and payment will be due then. Once we have received the case mix level assigned from the State of North Dakota, we will correct the billing, and any additional charges will be due on the next bill.

Upon approval, the VA will pay for skilled nursing home placement for the following individuals:

- Service-Connected (SC) disability rating of 70 percent or more: OR
- Needs nursing home care for a SC disability; OR
- Rated 60 percent SC and is either unemployable or has an official rating of “permanently and totally disabled.”

Other charges in addition to rent that may be incurred are:

Pharmacy copays - Per VA Copay regulations

If you have any further questions, please don't hesitate to call.

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Administration Services Rent Income

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F Tag:
State Reg. 37-15-14.1

POLICY: It is the policy of the North Dakota Veterans Home to charge rent to residents in accordance with the North Dakota Veterans Home Governing Board and the State of North Dakota laws and regulations. The North Dakota Veterans Home has set procedures for calculating and administering rents.

PROCEDURES:

WHEN RENT IS CALCULATED – BASIC CARE

- 1) Rent will be calculated upon admission for new residents.
- 2) Rent will be calculated monthly for resident workers due to fluctuating income.
- 3) Resident rents will be recalculated every January, with new rates taking effect February 1.
- 4) If a resident's income changes at any time, they must notify the accounting department so rent can be updated.
- 5) If income or expense details aren't provided, the facility will charge the maximum rent until the correct information is turned in. Once the information is received, rent will be recalculated and adjusted.

HOW RENT IS CALCULATED-BASIC CARE

1. Rent is calculated on an official Veterans Home form. Each resident or their financial representative must sign the form agreeing that the information is correct.
2. Residents must provide proof of all income and expenses.
3. Rent will be calculated using current income (amounts known) as well as prior year's income for items such as interest or land rent; unless the income sources have ended.
4. Annual income includes all allowable income sources. The annual income will be reduced by paid allowable medical expenses to get the resident's net annual income.
5. Rent is set at 55% of the resident's net annual income. This annual amount is divided by 12 to get the monthly rent. Rent will be based upon this figure unless it's higher than the maximum rent cap.
6. The maximum rent cap increases each year by the same percentage as the social security cost-of-living adjustment. Changes to the rent caps take effect February 1st of each year.
7. Spouses of veterans will pay the maximum rate regardless of income or expenses.

North Dakota Veterans Home Rent Income Policy

LEAVE OF ABSENCE DAYS - BASIC CARE

1. Rent will be charged for all days, including leaves of absence, for veterans and non-veterans.
2. Upon admit, veterans must stay in the facility for 24 hours before they can go on leave.
3. If a veteran is gone more than 96 hours, the Veterans Home will bill the daily per diem rate that it receives from the Department of Veterans Affairs for each day the veterans is away. If the veteran returns within 96 hours, no extra charges apply.
4. Each veteran can take 14 days (two weeks) of leave per calendar year without being charged the daily per diem. Those days can be taken all at once or split into two leaves. If the veteran goes beyond the 14 days, they'll be charged the daily per diem for any extra days.
5. After returning from leave, the veteran must stay at least 24 hours before starting a new leave period.
6. No additional fees will be charged for leave days due to hospitalization.
7. Leave of absence rules do not apply to non-veterans.

HOW RENT IS CALCUCATED –SKILLED CARE

1. Rent calculations don't apply to Skilled Care. Skilled Care residents are charged a daily rate set by the North Dakota Human Services Case Mix System.

LEAVE OF ABSENCE DAYS – SKILLED CARE

1. Rent will be charged for all days, including leaves of absence.

COLLECTIONS

1. Rent statements will be printed and mailed on the 1st business day of each month and must be paid by the 15th of the month.
2. Statements issued on the 1st business day of the month represent rent for that current month.
3. All rent must be paid in full upon a resident's voluntary or involuntary discharge from the North Dakota Veterans Home. Rent will be prorated up to the day of discharge.
4. Any rent outstanding may be collected through internal collection efforts or referred to external collection agencies if necessary.
5. A finance charge of 1% per month, not to exceed \$25.00 per month, will be added to any outstanding balance. Finance charges will not be applied if reasonable monthly payments are being made. A charge will be applied for any month in which no payment is received.
6. Residents with an outstanding balance that is 30 days past due may be discharged from the facility.
7. Any exceptions to this policy must receive prior approval from the Administrator.

Any revisions or updates to this policy must be approved by the North Dakota Veterans Home Governing Board.

North Dakota

Nursing Facility

Payment System FAQs



Published by:

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Background

State law requires all nursing facilities to charge both private pay and Medicaid residents the same rate for services based on a case mix system. Additional charges may be made by a facility for a private room or services that are not required to be provided. Nursing facilities in North Dakota have been operating with case mix and equalization of rates since January 1, 1990.

What is a Case Mix Payment System?

North Dakota uses a case mix payment system to pay for nursing facility care. Case Mix is a means of payment for a resident's cost of care that is based on documented evidence of the intensity of care and services provided to the resident. Each nursing facility has a daily base rate that is multiplied by the case mix value to identify the individualized payment rate for a resident. The individual daily rate for a resident who needs more care will be higher than for a resident who needs less care. Equalization of rates requires all residents be charged the same rate for comparable care and services.

Do All Nursing Facilities Have the Same Rates?

No. Each facility will have its own set of rates. The facility's rates are based on costs incurred by the facility for property, administration, chaplain, medical records, plant operations, housekeeping, dietary, pharmacy consultant, food, laundry, social services, activities, therapies, and nursing. Only the portion of the rates related to the case mix classification varies by individual care and services. Facility rates change on January 1. Rate changes may also occur during the year to adjust costs due to audits, property changes, or one-time adjustments.

How is My Rate Determined?

Rates are determined by using a state adjusted Patient Driven Payment Model (ND PDPM) that generates a three-letter classification. Classifications are generated using individual resident assessments. An interdisciplinary team uses documentation in the medical record to complete the assessment. Once completed, the assessment is sent to the North Dakota Department of Health and Human Services, and a classification is assigned based on the information in the resident assessment.

Will My Rate Remain the Same Once I Have Been Classified?

Individual rates will change if the classification changes. Classification changes can only occur at specific times during residence at a nursing facility: within 14 days after admission or return from a hospital stay, and every three months after that. Even if there is a change to an individual's condition, the classification can only be reassessed every three months.

The facility daily base rate will also remain the same unless a rate adjustment creates a change in the facility's rates.

What Types of Things Determine a ND PDPM Classification?

The North Dakota Case Mix System considers three parts of a federal classification system known as the Patient Driven Payment Model (PDPM): Speech Language Pathology (SLP), Nursing, and Non-Therapy Ancillaries (NTA). Each part generates its own case mix letter that affects the classification.

Once the three parts (SLP, Nursing, and NTA) have a letter, they are combined into one case mix value. The case mix value is multiplied by the facility's specific daily base rate to determine the resident's daily reimbursement rate.

Speech Language Pathology (SLP)

The SLP letter is affected by certain diagnoses identified as acute neurologic conditions, related medical conditions, severe mental impairment, and swallowing problems and/or needing a mechanically altered diet (such as pureed foods or thickened liquids). The list of related illness diagnoses that can affect SLP classification include aphasia, stroke (CVA or TIA), hemiplegia or hemiparesis, traumatic brain injury, tracheostomy, ventilator use, laryngeal cancer, apraxia, dysphagia, Amyotrophic Lateral Sclerosis (ALS), oral cancers, and other speech or language deficits. These medical conditions are considered conditions that may contribute to a resident's communication or swallowing needs.

Nursing

The nursing letter is determined by the resident's clinical condition, functional abilities, and the presence of specific care needs or services. This classification is based on factors such as the need for extensive nursing services (e.g., ventilator, tracheostomy care, IV medications), certain medical conditions, level of assistance needed with activities of daily living (ADLs) such as eating, toileting, bed mobility and transferring, and the presence of depression or behavioral symptoms. Medical conditions that may affect the nursing classification include septicemia, pneumonia, pressure ulcers, wounds, chronic obstructive pulmonary disease (COPD), urinary tract infections, and others that require skilled nursing care or monitoring. Participation in a restorative nursing program may also affect this classification.

Non-Therapeutic Ancillary Services (NTA)

The NTA (Non-Therapy Ancillary) letter is based on the presence of specific medical conditions and the use of certain treatments or services that require additional resources beyond therapy and basic nursing care. It is designed to recognize the cost and complexity of caring for residents with high medical needs. Each qualifying condition or service is assigned a point value, and the total number of points determines the resident's NTA classification. Examples of qualifying conditions include diabetes with complications, severe wounds, end-stage renal disease, chemotherapy, dialysis, and use of IV medications.

What will the Classification Notice Show?

The classification notice will have a three-letter code that is known as the 'classification'. The SLP part of ND PDPM will be the first letter, the Nursing part will be the second letter, and the NTA part will be the third letter.

Classification Order

- 1 – Speech Language Pathology (SLP)
- 2 – Nursing
- 3 – Non-Therapy Ancillaries (NTA)

What if I Disagree with My Classification?

You have the right to review the documentation supporting your classification. You also have the right to appeal your classification. If requested, the nursing facility will assist you in this process.

What if I Need More Information?

If you need more information, you may contact your local nursing facility or the Medical Services Division, North Dakota Department of Health and Human Services, 600 E Boulevard Ave – Dept 325, Bismarck, ND 58505-0250. Telephone 701-328-7068 or 800-755-2604 or FAX 701-328-1544. A detailed guide to assigning a nursing facility classification is available at: [Long Term Care Providers](#)

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<https://www.hhs.nd.gov/nondiscrimination-policy>

*North Dakota Patient Driven Payment Model
Quick View – Resident/Family*

Resident Care Resource

Starting January 1, 2026, the way classifications for North Dakota nursing facility residents are set will change. Classifications will be based on the North Dakota Patient Driven Payment Model (ND PDPM).

The ND PDPM looks at each resident's health and care needs. The nursing facility completes an assessment every 3 months that sets a three-letter classification for each resident. This three-letter classification is communicated in the classification notice and is used to set a daily rate.

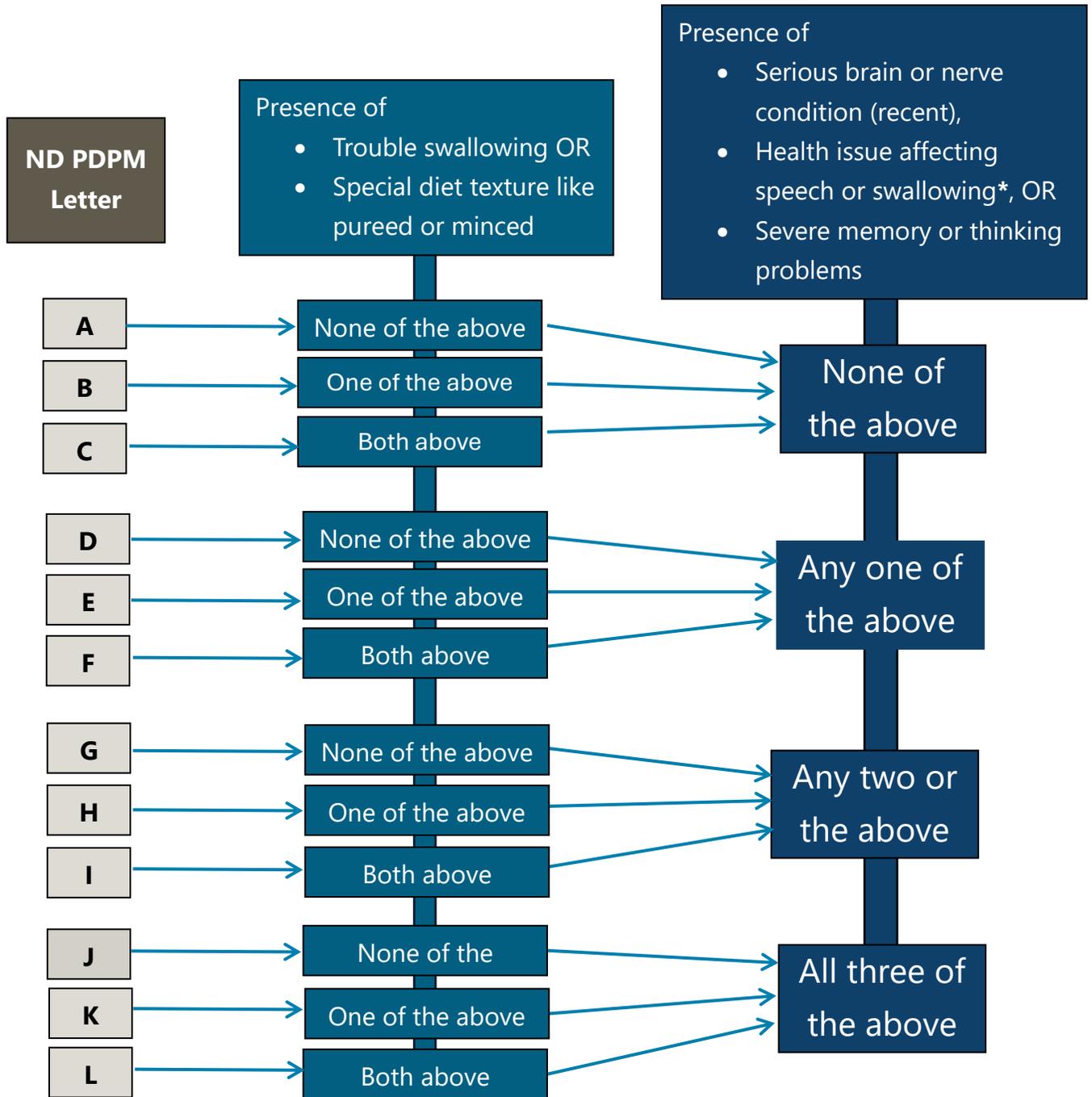
Each letter in the classification stands for a part of the ND PDPM:

- 1 – Speech Language Pathology (SLP)
- 2 – Nursing
- 3 – Non-Therapy Ancillaries (NTA)

This guide will show, step by step, how the classifications are developed. Charts and examples will help explain what health conditions and care needs affect the SLP, Nursing, and NTA letters. The goal is to help residents and families understand what health conditions and care needs influence the classification. Each ND PDPM classification will have its own daily rate.

- More information is available at [Medicaid Long Term Care Services](https://www.hhs.nd.gov/healthcare/medicaid/provider/long-term-care-services) (<https://www.hhs.nd.gov/healthcare/medicaid/provider/long-term-care-services>)
Nursing Facility Payment System FAQs booklet – Read more about frequently asked questions and what to do if you disagree with a classification. The nursing facility can give you a copy, or you can find it online.
- Daily Rate Lookup – An online tool to look up the daily rate. To use it, you enter the three-letter classification from the notice letter and the seven-digit nursing facility provider number. The tool will then show the daily rate for that classification.
- Nursing Facility Rates – See the base daily rate for each nursing facility. This lets you compare costs between different nursing facilities.

Speech Language Pathology (SLP)



***SLP related health issues:**

Aphasia, stroke, hemiplegia or hemiparesis, traumatic brain injury (TBI), tracheostomy, invasive mechanical ventilator, Amyotrophic Lateral Sclerosis (ALS), laryngeal cancer, dysphagia, apraxia, trach care, vent use.

Nursing

ND PDPM Letter	Category	Health Issue	Support Needed for Daily *Self-Care Score	Restorative Nursing Services	Depression
A	Extensive Services	• Tracheostomy AND Ventilator	0-14	-	-
B		• Tracheostomy OR Ventilator		-	-
		If none of the above continue below. If Self-care score 15 or 16 = Clinically Complex Category			
D	Special Care High	<ul style="list-style-type: none"> • In a coma & fully dependent on select Activities of Daily Living (ADLs) • Blood infection (Septicemia) • Diabetes requiring insulin shots every day, plus changes to the insulin dose on 2+ days • Quadriplegia with Self-care score <= 11 • Chronic lung disease (COPD) & shortness of breath while lying flat • Fever and one of the following: pneumonia, vomiting, weight loss, or specific amount of nutrition provided from a feeding tube • Nutrition given through an IV (parenteral feeding) • Daily respiratory (breathing) treatments 	0-5	-	Yes
E				-	No
F			6-14	-	Yes
G				-	No
		If none of the above continue below. If Self-care score 15 or 16 = Clinically Complex Category			
H	Special Care Low	<ul style="list-style-type: none"> • Daily Self-care needs score <=11 and has Cerebral Palsy, multiple sclerosis or Parkinson's disease • Respiratory Failure AND requires oxygen while a resident of the facility • Feeding tube used to provide a significant portion of nutritional need • 2 or more moderate (stage 2) pressure sores with select treatment • Any severe pressure sore (stage 3 or 4) or cannot be measured because of dead tissue (unstageable) with select treatments • Two or more leg ulcers (vein or artery related) with select treatments • One moderate pressure sore (stage 2) plus one leg ulcer (vein or artery related) with select treatments • Foot infection, diabetic foot ulcer, or other open lesion of foot that needs dressings • Radiation treatment while a resident of the facility • Dialysis treatments while a resident of the facility 	0-5	-	Yes
I				-	No
J			6-14	-	Yes
K				-	No
		If none of the above continue below. If Self-care score 15 or 16 = Clinically Complex Category			

Nursing Continued

ND PDPM Letter	Category	Health Issue	Support Needed for Daily Self-Care Score	Restorative Nursing Services	Depression
L	Clinically Complex	<ul style="list-style-type: none"> • Pneumonia (lung infection) • Paralysis or weakness on one side of the body with Self-care score <=11 • Open wound (other than ulcers, rashes, cuts) or surgical wounds with select treatment • Serious burns (second or third degree) • Any of the following while a resident of the facility: chemotherapy, oxygen therapy, IV medications or transfusions 	0-5	-	Yes
M				-	No
N			6-14	-	Yes
O			15-16	-	No
P			6-14	-	Yes
Q			15-16	-	No
		If none of the above continue below			
R	Behavior Symptoms and Cognitive	<ul style="list-style-type: none"> • Significant memory or thinking problem (BIMS summary score <=9) • Severe problem with thinking skills needed for daily life • Communication problems being understood, short-term memory problems, and thinking skills needed for needed for daily life • Behavioral symptoms such as hallucinations, delusions, physical or verbal aggression, refusal of care, or wandering 	11-16	2 or more	-
S				0-1	-
		If Self Care score <11, continue to Reduced Physical Function Category			
T	Reduced Physical Function	<ul style="list-style-type: none"> • Has health issue that qualifies for the Behavior Symptoms and Cognitive Performance category with a Self-care score <11 • Does not fit into any of the other Nursing component categories 	0-5	2 or more	-
U				0-1	-
V			6-14	2 or more	-
W			15-16	2 or more	-
X			6-14	0-1	-
Y			15-16	0-1	-

***Support needed for daily self-care score:**

- 0-5 = Dependent or mostly dependent
- 6-14 = Moderate support needed
- 15-16 = Minimal to no support needed

Non-Therapy Ancillary (NTA)

The Non-Therapy Ancillary (NTA) part of the ND PDPM payment model looks at certain health conditions that make a resident’s care more complex and costly. Each condition is given points, and those points are added up to create a score. The score helps decide the payment rate for care. More than 40 health conditions and services are included in this component, such as organ transplants, multiple sclerosis, diabetes, chronic lung disease, morbid obesity, malnutrition, cirrhosis, and certain infections, including wound infections.

ND PDPM NTA Letters and Points	
ND PDPM Letter	NTA Points Range
A	12+
B	9-11
C	6-8
D	3-5
E	1-2
F	0



Long Term Care Medicaid Application Checklist

Long Term Care Medicaid includes individuals in the following settings:

- Skilled Nursing Facility
- Basic Care Facility
- Memory Care Facility
- Hospital with a Swing Bed Level of Care
- Receiving HCBS-Waivered Services in their home

Use this checklist to determine which documents to include with your application. Submitting these items with your application may help us process your request faster.

POSSIBLE VERIFICATIONS THAT MAY BE REQUIRED:

INCOME

- Social Security/SSI
- Pension/Retirement
- Unemployment
- Veteran/Military
- Lease Income
- Self-Employment (Tax returns)
- Rental Income
- CRP Income
- Royalty/Mineral Income
- Contract for Deed Income/Amortization Schedule
- Trust Income
- Workers Compensation
- Spousal Support

IDENTITY VERIFICATIONS

(Electronic Verification also used)

- Driver's License
- SSN Card
- Birth Certificate
- Passport, Tribal ID

EXPENSES

- Health Insurance Premiums
- Prescription Costs for previous 3 months
- Property Tax

POSSIBLE VERIFICATIONS THAT MAY BE REQUIRED CONTINUED:

FINANCIAL VERIFICATIONS

- Checking (with Cancelled Checks)
- Savings
- Annuities
- Business Accounts
- CD's
- IRA/401 K/Retirement accounts
- Stocks/Bonds/Mutual Funds
- Life Insurance (Cash Value)
- Property – Occupied or Not Occupied (Current Fair Market Value)
- Contract for Deed
- Trusts (Full copy of trust and any related trusts – Be sent to Legal Advisory Unit for Review)
- Life Estate (Deeds indicating ownership)
- Funeral Plans (Must be in an Itemized Irrevocable Burial Contract in order to be exempt for Assets)
- Nursing Home Insurance

NOTE:

Skilled Nursing, Memory Care, Swing Bed, and HCBS-In Home use your financial history for the past **5 years** when verifying eligibility.

Basic Care uses your financial history for the past **3 years** for financial verification.

For more information,
go to applyforhelp.nd.gov

