

# 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 1<sup>st</sup> of each year. The rent cap is \$2,126 as of February 1, 2025. 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.

Kristin Lunneborg (701) 683-6503

Chief Financial Officer

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**NORTH DAKOTA VETERANS HOME  
NURSING FACILITY DAILY RATES  
EFFECTIVE JANUARY 1, 2025**

CLASSIFICATION		CASE- MIX WEIGHT	DIRECT RATE	CASE-MIX DIRECT RATE	OTHER DIRECT RATE	INDIRECT RATE	PROPERTY RATE	BASE OPERATING MARGIN	RATE BILLED ↓ TOTAL RATE
REHABILITATION	RAE	1.65	299.79	494.65	37.07	111.24	29.28	7.80	680.04
REHABILITATION	RAD	1.58	299.79	473.67	37.07	111.24	29.28	7.80	659.06
REHABILITATION	RAC	1.36	299.79	407.71	37.07	111.24	29.28	7.80	593.10
REHABILITATION	RAB	1.10	299.79	329.77	37.07	111.24	29.28	7.80	515.16
REHABILITATION	RAA	0.82	299.79	245.83	37.07	111.24	29.28	7.80	431.22
EXTENSIVE SERVICES LEVEL 3	ES3	3.00	299.79	899.37	37.07	111.24	29.28	7.80	1,084.76
EXTENSIVE SERVICES LEVEL 2	ES2	2.23	299.79	668.53	37.07	111.24	29.28	7.80	853.92
EXTENSIVE SERVICES LEVEL 1	ES1	2.22	299.79	665.53	37.07	111.24	29.28	7.80	850.92
SPECIAL CARE HIGH WITH DEPRESSION	HE2	1.88	299.79	563.61	37.07	111.24	29.28	7.80	749.00
SPECIAL CARE HIGH NO DEPRESSION	HE1	1.47	299.79	440.69	37.07	111.24	29.28	7.80	626.08
SPECIAL CARE HIGH WITH DEPRESSION	HD2	1.69	299.79	506.65	37.07	111.24	29.28	7.80	692.04
SPECIAL CARE HIGH NO DEPRESSION	HD1	1.33	299.79	398.72	37.07	111.24	29.28	7.80	584.11
SPECIAL CARE HIGH WITH DEPRESSION	HC2	1.57	299.79	470.67	37.07	111.24	29.28	7.80	656.06
SPECIAL CARE HIGH NO DEPRESSION	HC1	1.23	299.79	368.74	37.07	111.24	29.28	7.80	554.13
SPECIAL CARE HIGH WITH DEPRESSION	HB2	1.55	299.79	464.67	37.07	111.24	29.28	7.80	650.06
SPECIAL CARE HIGH NO DEPRESSION	HB1	1.22	299.79	365.74	37.07	111.24	29.28	7.80	551.13
SPECIAL CARE LOW WITH DEPRESSION	LE2	1.61	299.79	482.66	37.07	111.24	29.28	7.80	668.05
SPECIAL CARE LOW NO DEPRESSION	LE1	1.26	299.79	377.74	37.07	111.24	29.28	7.80	563.13
SPECIAL CARE LOW WITH DEPRESSION	LD2	1.54	299.79	461.68	37.07	111.24	29.28	7.80	647.07
SPECIAL CARE LOW NO DEPRESSION	LD1	1.21	299.79	362.75	37.07	111.24	29.28	7.80	548.14
SPECIAL CARE LOW WITH DEPRESSION	LC2	1.30	299.79	389.73	37.07	111.24	29.28	7.80	575.12
SPECIAL CARE LOW NO DEPRESSION	LC1	1.02	299.79	305.79	37.07	111.24	29.28	7.80	491.18
SPECIAL CARE LOW WITH DEPRESSION	LB2	1.21	299.79	362.75	37.07	111.24	29.28	7.80	548.14
SPECIAL CARE LOW NO DEPRESSION	LB1	0.95	299.79	284.80	37.07	111.24	29.28	7.80	470.19
CLINICALLY COMPLEX WITH DEPRESSION	CE2	1.39	299.79	416.71	37.07	111.24	29.28	7.80	602.10
CLINICALLY COMPLEX NO DEPRESSION	CE1	1.25	299.79	374.74	37.07	111.24	29.28	7.80	560.13
CLINICALLY COMPLEX WITH DEPRESSION	CD2	1.29	299.79	386.73	37.07	111.24	29.28	7.80	572.12
CLINICALLY COMPLEX NO DEPRESSION	CD1	1.15	299.79	344.76	37.07	111.24	29.28	7.80	530.15
CLINICALLY COMPLEX WITH DEPRESSION	CC2	1.08	299.79	323.77	37.07	111.24	29.28	7.80	509.16
CLINICALLY COMPLEX NO DEPRESSION	CC1	0.96	299.79	287.80	37.07	111.24	29.28	7.80	473.19
CLINICALLY COMPLEX WITH DEPRESSION	CB2	0.95	299.79	284.80	37.07	111.24	29.28	7.80	470.19
CLINICALLY COMPLEX NO DEPRESSION	CB1	0.85	299.79	254.82	37.07	111.24	29.28	7.80	440.21
CLINICALLY COMPLEX WITH DEPRESSION	CA2	0.73	299.79	218.85	37.07	111.24	29.28	7.80	404.24
CLINICALLY COMPLEX NO DEPRESSION	CA1	0.65	299.79	194.86	37.07	111.24	29.28	7.80	380.25
BEHAVIOR ONLY	BB2	0.81	299.79	242.83	37.07	111.24	29.28	7.80	428.22
BEHAVIOR ONLY	BB1	0.75	299.79	224.84	37.07	111.24	29.28	7.80	410.23
BEHAVIOR ONLY	BA2	0.58	299.79	173.88	37.07	111.24	29.28	7.80	359.27
BEHAVIOR ONLY	BA1	0.53	299.79	158.89	37.07	111.24	29.28	7.80	344.28
REDUCED PHYSICAL FUNCTION	PE2	1.25	299.79	374.74	37.07	111.24	29.28	7.80	560.13
REDUCED PHYSICAL FUNCTION	PE1	1.17	299.79	350.75	37.07	111.24	29.28	7.80	536.14
REDUCED PHYSICAL FUNCTION	PD2	1.15	299.79	344.76	37.07	111.24	29.28	7.80	530.15
REDUCED PHYSICAL FUNCTION	PD1	1.06	299.79	317.78	37.07	111.24	29.28	7.80	503.17
REDUCED PHYSICAL FUNCTION	PC2	0.91	299.79	272.81	37.07	111.24	29.28	7.80	458.20
REDUCED PHYSICAL FUNCTION	PC1	0.85	299.79	254.82	37.07	111.24	29.28	7.80	440.21
REDUCED PHYSICAL FUNCTION	PB2	0.70	299.79	209.85	37.07	111.24	29.28	7.80	395.24
REDUCED PHYSICAL FUNCTION	PB1	0.65	299.79	194.86	37.07	111.24	29.28	7.80	380.25
REDUCED PHYSICAL FUNCTION	PA2	0.49	299.79	146.90	37.07	111.24	29.28	7.80	332.29
REDUCED PHYSICAL FUNCTION	PA1	0.45	299.79	134.91	37.07	111.24	29.28	7.80	320.30
NOT CLASSIFIED	AAA	0.45	299.79	134.91	37.07	111.24	29.28	7.80	320.30

# Cost Examples

## Basic Care:

- A. John Doe is a Veteran; his monthly income includes Social Security, which is \$2,100, and a Pension of \$300. John pays \$250 a month for hospital insurance.**

Annual Income (Social Security and Pension) =	\$28,800
Annual Medical Expenses (Hospital Insurance) =	<u>\$3,000</u>
Annual Net Income	\$25,800

Monthly Rent calculation - $\$25,800 \times .55/12$	\$1,183.00
Monthly cable - optional +	<u>\$15.00</u>
Total monthly bill	\$1,198.00

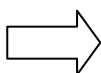
- B. Jane Doe is the spouse of a Veteran. Jane will pay the maximum rent amount; currently \$2,126. The maximum rate changes February 1 of each year.**

- C. Jim Doe is a Veteran; his monthly income includes social security of \$1,500, a pension of \$2,000 and a VA payment of \$3,800 (for a service-connected disability rating of 80%). Jim does not have any medical expenses.**

Annual Income (Social Security and VA comp) =	\$87,600
Annual Medical	= <u>0</u>
Net Income	\$87,600

Monthly Rent calculation - $\$87,600 \times .55/12$	\$4,015.00
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The veteran will pay  
the maximum rent  
cap.



Monthly rent	\$2,126.00
Cable - optional	<u>\$15.00</u>
Total monthly bill	\$2,141.00

# **Cost Examples**

## **Skilled Care:**

- A. Mike Doe is a Veteran; he has an 80% service-connected disability rating from the VA. Since the VA pays for all veterans that are 70% or more service connected, the VA will be John's payer source. John will be able to keep all his income and assets.**
- B. David Doe is a Veteran. David has a monthly income as well as \$300,000 in cashable assets. Nursing has completed David's MDS and he has been classified at a BAI daily case mix at the daily rate of \$344.28. Your daily rate is subject to change every 90 days or if you are hospitalized.**

**Rent calculation -  $\$344.28 \times 31 \text{ days} = \$10,672.68$  per month**

- C. Jack Doe is a Veteran; he has a 20% service-connected disability rating through the VA. Jack's income is \$2,400 a month, including social security and his VA compensation. Jack has no medical expenses. Jack has \$2,000 in his checking account and has an irrevocable trust in place with his local funeral home. Since Jack can't afford to pay the monthly rent amount for skilled care, Jack has completed a Medicaid application and submitted it to the North Dakota Department of Human Services Long-Term Care Unit at [dhsmedicaidltc@nd.gov](mailto:dhsmedicaidltc@nd.gov), phone 701-328-1180.**

**Jack has been approved for Medicaid and can keep \$100 of his monthly income. Jack will write a monthly check to the North Dakota Veterans Home for his recipient liability, which will be \$2,300.**

## Applying for Medicaid:

### Prior To:

It is the goal of the North Dakota Veterans Home to help you with this process as this can be a very confusing and trying time for individuals and families. We have put together a sheet of things that will help in this process.

Please know that the ND Long Term Care Unit can review asset transfers for the past 5 years. There are many things individuals can spend money on (allowable spend down) during this time frame and many things they can't so please contact your local county for more information on this.

One of the things that is an allowable expense is setting up a Burial Account. This can be done through the funeral home of your choice yet must be set-up as an irrevocable trust with the funeral home. A typical funeral usually runs between \$10,000 to \$15,000. There is no maximum amount that you can set up, however, if not all the money is used, and you have been on Medicaid the remainder will be returned to the ND Department of Human Services.

### When Applying:

It is important that residents and families share with the NDVH Business Office/Social Worker when they are getting close to applying for Medicaid.

A person is considered eligible for Medicaid when their assets reach \$3,000. It is best to get information together and plan prior to reaching this amount.

Once you have decided that you need to apply for Medicaid you will need to have verification of assets and income for the past year. These items include, but are not limited to:

Social Security

Pension/Retirement

Rental or Lease Income

Military Income/Benefits

Checking/Savings/Credit Union Account

Business/ Farm Accounts

Certificates of Deposit

Savings Bonds

Bonuses/Commissions

Property (Land, Rental etc.)

Annuities

IRA/401K/KEOGH plans

Life Insurance

Trusts

Stocks/Bonds/Mutual Funds

**Reminder-** if any assets were cashed out and money spent you will need verification of the amount cashed out, where the money went and what it was spent on. Once again this can go back up to 5 years.

## During Process:

The application for Medicaid may take up to 45 days to process. Below are some things you can do to help with this process:

1. Get any additional information to the ND Long Term Care Unit that is requested as quickly as possible. Should there be delays with getting this information please keep them and the NDVH informed.
2. Continue to pay rent monthly to the NDVH in the amount of your client share (this is your total monthly income minus medical expenses such as health insurance minus \$100.00), so you do not fall behind and you do not go over in assets. **Remember you must keep less than \$3,000 in your bank account at all times, even during the application process.**
3. The NDVH does not get communication from the Long-Term Care Unit so please keep us informed of any information. And don't hesitate to reach out if you are needing help to submit information.
4. Medicaid should go retro-active to the date that you applied so do not pay any new medical bills that are for services after the date you turned in your application. Keep these bills so that you can contact the provider with the Medicaid Number once approved.

**North Dakota Department of Human Services Long-Term Care Unit**

**E-mail:** [dhsmedicaidltc@nd.gov](mailto:dhsmedicaidltc@nd.gov)

**Phone:** 701-328-1180 or 1-833-755-0235



## Administration Services Rent Income

Effective Date: 04/01/2013  
Reviewed/Revised: 10/14/2025

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 1<sup>st</sup> 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 CALCULATED –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 1<sup>st</sup> business day of each month and must be paid by the 15<sup>th</sup> 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.





# 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.

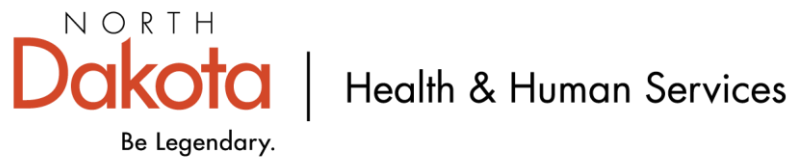
For more information,  
go to [applyforhelp.nd.gov](https://applyforhelp.nd.gov)



# **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>