

**Testimony**  
**Senate Bill 2068 – Department of Human Services**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**  
**January 8, 2007**

Chairman Lee, members of the Human Services Committee, I am Alex Schweitzer, Superintendent of the North Dakota State Hospital/Developmental Center for the Department of Human Services. I am here to testify in support of Senate Bill number 2068.

This bill provides the Department the authority to establish a second geropsychiatric unit. 1999 Senate Bill number 2012, authorized the Department to establish the first geropsychiatric unit in a nursing facility. That law also allowed for an exception to the case mix limit rates for the facility serving this population.

There is a growing need for this level of service for individuals with physical conditions and severe behavior problems; therefore, the Department is requesting the authority to establish a second geropsychiatric unit within a nursing facility, when we have determined that access to nursing facility services is becoming difficult for this population. The individuals to be served would primarily come from an inpatient stay at the State Hospital, once they have been stabilized and a determination has been made that the individual would be most appropriately served at a nursing facility level of care. Also, a few individuals may come from community nursing facilities that cannot manage their behaviors in that setting.

This bill does not conflict with the current nursing facility bed moratorium, as it would require the establishment of the unit, using existing licensed bed capacity.

The Department determined this bill would have no fiscal impact, as we would only initiate a second geropsychiatric unit if a need is identified, and if the funds were available within the 2007-2009 Appropriation.

The bill allows the Department to select a geropsychiatric unit based on the experience, qualification and capacity of the home that proposes to provide it.

This bill does not preclude any nursing facility from providing services to individuals who may have a severe behavior challenge within the existing case mix system.

The bill does not make change to the current referral process, which requires that services can only be granted after the state hospital has performed an evaluation of the individual.

Barb Fischer and Maggie Anderson with the Medical Services Division or I would be happy to answer any questions that you may have.