

| | ASSISTED LIVING (most independent) | BASIC CARE (needing more assistance) | SKILLED NURSING HOME (needing skilled nursing care) |
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| Definition | An apartment setting that provides housing and individualized support services (see Features) can be added at a fee to meet the resident's needs and abilities to maintain as much independence as possible. | A residence that provides room and board to people who because of impaired ability for independent living, require health, social, or personal care services. Basic Care residents do not require regular 24-hour medical or nursing services. Staff are available to respond at all times to meet the 24-hour per day scheduled and unscheduled needs of a resident. Some Basic Care facilities are Alzheimer's, dementia, or secure memory care units. | A facility that provides room and board AND 24-hour care/supervision to its residents. This facility is under the supervision of a licensed health care practitioner and has 24-hour nursing care. |
| Features | Services (commonly referred to as Service Plan/Contract/Level/Package) are purchased at costs above rental fees according to the resident's needs. Services MAY include meals, housekeeping, laundry, activities, 24-hour supervision, personal care, medication reminders, and varying levels of health care services. This setting is NOT appropriate for memory-impaired (advanced stage) residents. Residents may choose additional in-home care agencies to supplement services. | Provides room and board as well as health and social services. Assistance with Activities of Daily Living (ADLs) is provided 24-hours per day. Also includes recreational and therapeutic activities, dietary consultation, and medication administration. | Provides room and board and ALSO nursing, medical, rehabilitative care, recreational activities, social services, assistance with Activities of Daily Living (ADLs), and protective supervision 24-hours a day. |
| License | Licensed by ND DHHS Health Facilities | Licensed by ND DHHS Health Facilities | Licensed by ND DHHS Health Facilities |
| Regulation/ Oversight | Licensing authority only. Landlord Tenant Law and ND Contract Law apply. Resident responsible to manage their contract/lease and costs of services. | ND DHHS Health Facilities receives complaints and has regulatory authority. | Surveyed annually by ND DHHS Health Facilities through contract with the Centers of Medicare and Medicaid Services (CMS) to monitor compliance with federal regulations. |
| Payment | Housing is a landlord/tenant rental agreement, so billed separately from Services. Usually private pay (resident's own income sources/assets) or may be covered partially through Long Term Care insurance. | One rate but there may be separate payments for room and board and personal cares. Payment source is private pay (resident's own income sources/assets), or may be paid through the state's Basic Care Assistant Program (BCAP). | Individual rates include: room and board, personal cares, nursing and ADLs assistance. Payment source may be private pay (resident's own income sources/assets), Long-Term Care insurance, the state Medicaid Program, or Medicare (short-term only). There may be limits on the types of services paid for or the length of time benefits can be utilized. |
| Nursing Staff Availability | NO set requirement or regulation. May not have any after-hours or overnight staff on duty. May be different for each assisted living. | RESPONSE staff are available at all times to meet the 24-hour per day scheduled and unscheduled needs to residents. | Sufficient qualified nursing personnel on duty at all times to meet the nursing care needs of the residents. Required staff are at least 1 registered nurse on duty 8 consecutive hrs. per day, 7 days a week, AND at least 1 licensed nurse on duty and designated to work charge 24-hours a day, 7 days a week. |
| Additional Facts | Lease agreement or tenancy agreement need to be resolved between tenant and facility due to NO oversight by a state entity. Residence in an ALF with an attached Basic Care or SNF facility does not guarantee you placement in that level of care should you require it - placement depends upon availability and facility admission protocol. There may be additional costs associated with assisted living. | Not required to have regular 24-hour medical or nursing services; only RESPONSE staff. | Not staffed by a physician; a medical director is available for consultation at all times. There may be specialized services offered by a SNF (e.g. IV therapy, wound care, dialysis, etc.) Nursing homes should disclose to residents/potential residents its special characteristics or service limitations. There is no mandated staff to resident ratio - facilities are required to be staffed to adequately meet the needs of the total number of residents. |

The Long Term Care Ombudsman Program is available to assist residents, families, friends or other persons with complaint resolution or advocacy needs. Resident Rights apply to all residents of these long term care homes and include limitations on the reasons a resident can be transferred or discharged from a long term care home. To contact the Long Term Care Ombudsman Program call: 1-855-462-5465 (option 3), or 701-328-4617, TDD: 711, FAX 701-328-0389, or submit a complaint on-line at: <https://apps.nd.gov/itd/recmgmt/rm/stFrm/eforms/Doc/sfn01829.pdf>.

Activities of Daily Living (ADLs): Eating, Bathing, Dressing, Toileting, Transferring (walking) and Continence.