



NDLTCA Newsletter

December 30, 2025

All Members - *All Members*
Assisted Living - *AL*
Basic Care and Adult Residential - *BC*
Nursing Facilities - *NF*



NDLTCA Updates

2025 Legislative Session & Interim Advocacy: Year in Review

All Members

As we close out the year, the 2025 legislative session and the months that followed reflect sustained, coordinated work to protect access to long term care, reduce unnecessary regulatory

burden, and position providers for long-term stability. Much of this progress occurred after adjournment — through interim committees, ad hoc workgroups, and continued engagement with state and federal leaders — ensuring that policy decisions translated into workable, provider-informed outcomes.

Legislative Activity & Interim Work

During the 2025 session, NDLTCA actively engaged on legislation impacting nursing facilities, basic care, assisted living, and the broader long term care continuum. Several measures required continued collaboration with the Department of Health and Human Services during the interim, shifting the focus from statutory language to practical implementation.

That interim work has been intensive and highly productive, allowing providers to help shape outcomes rather than simply respond to them.

HB 1012: Interim Work on a Potential Quality Withhold Framework

A central focus of the interim has been follow-up work related to HB 1012, which directed NDDHHS to collaborate with stakeholders and return in 2027 with a proposal for a potential nursing facility withhold.

Since session, an NDLTCA-led ad hoc committee has met regularly with the Department to develop a structure that balances accountability with fairness. NDLTCA submitted a **process-based proposal** emphasizing transparency, predictability, and reinvestment. That proposal was largely accepted by NDDHHS with only minimal modifications.

While clarification is still pending on a small number of requests, we consider this effort largely successful and reflective of the best possible outcome under a withhold framework — one that avoids punitive design and recognizes operational realities. This work will continue into the next biennium as part of broader value-based discussions.

SB 2271: Licensure Review, Payment Reform, and Regulatory Relief

SB 2271 required additional interim collaboration with NDDHHS to evaluate potential licensure streamlining for Assisted Living and Basic Care, as well as the adequacy of the Basic Care payment system.

Through a standing ad hoc workgroup, stakeholders reached a shared conclusion that **there is no demonstrated benefit to streamline the Assisted Living and Basic Care licenses**. Although we continue to discuss potential expansion of licensure, that clarity has allowed discussions to move toward more impactful system improvements.

Meaningful Regulatory Improvements for Basic Care

As a direct result of these discussions, significant progress was made in rolling back interpretive guidance that exceeded statutory and regulatory authority. Existing Interpretive Guidelines will be phased out, with surveyors relying directly on regulatory language when determining compliance. This change restores flexibility and reduces confusion in several key areas, including:

- **Annual In-Service Training:** Providers regain flexibility within the annual training window without rigid date-driven interpretations.
- **Care Planning:** Facilities may use a service-plan model aligned with residents' personal support and ADL needs rather than a skilled nursing framework.
- **Social Services:** Providers may designate appropriate staff to meet residents' needs, using licensed social workers when clinically indicated rather than as a blanket requirement.
- **Meal Timing and Snacks:** Greater flexibility to reflect resident preference while maintaining access and safety.
- **Fire Safety Requirements:** Movement toward alignment with national standards, including fewer drills, more practical scheduling, and clarified walk-through expectations.
- **End-of-Life E-Scores:** Progress toward eliminating E-score requirements for qualifying larger facilities meeting defend-in-place standards.

Separately, NDLTCA worked with Aging Services to address safety concerns related to memory care access. Provider-recommended language was developed to ensure individuals who are capable — and their families — have appropriate access without creating additional risk for residents vulnerable to wandering.

Payment System Modernization

With licensure questions clarified, attention has shifted to **Basic Care payment reform**. NDLTCA is seeking to work with a consultant, in conjunction with Eide Bailly, to evaluate alternative payment models that more accurately reflect the cost of care while remaining mindful of cost containment and long-term system stability. These conversations are ongoing.

RSMeans Construction Cost Data: Clarifying Use and Limitations

NDLTCA engaged in focused discussions with NDDHHS, architects, and financial consultants to assess the applicability of RSMeans construction cost data as it relates to long term care projects in North Dakota. While RSMeans can serve as a general benchmarking tool, stakeholders reached consensus that it has meaningful limitations when applied to long term care facilities in ND, particularly given our labor market constraints, geographic factors, and facility-specific design requirements.

NDLTCA worked to ensure the Department understood that RSMeans should not be used as a stand-alone determinant for reimbursement. These conversations helped establish a more realistic, informed understanding of construction and renovation costs and reinforced the importance of provider-specific data and professional cost estimates in infrastructure decision-making. This work will continue as infrastructure financing is complex and this is just one piece in project feasibility.

Rural Health Transformation Fund: A Defining Opportunity

It was just announced that North Dakota was awarded \$199 million for the first year of a five-year federal Rural Health Transformation Program — a once-in-a-generation opportunity to reshape how health care is delivered in rural communities.

The funding allocation must be approved by the Legislature during a **special session beginning January 21**, with limited opportunity for changes. NDDHHS has indicated that the first grant opportunities are expected to be announced within the first three months of 2026, with funding awarded annually over the remaining four years of the program.

NDLTCA worked closely with NDDHHS throughout development of the state's application to ensure long term care perspectives were included. Our input focused on broad priority areas such as workforce stabilization, behavioral health supports within long term care settings, payment and infrastructure modernization, and reducing regulatory friction that drives cost without improving care.

Implementation planning is now underway, with awards expected to begin rolling out in early 2026 following legislative approval.

Financing & Infrastructure: Interim Loan Program Awards

During the interim, NDLTCA also participated in an ad hoc group with the Bank of North Dakota to develop scoring criteria for long term care infrastructure financing awards. Following application review, three projects were selected for funding: **Strasburg Care Center, Bethel Lutheran, and Richardton Health Center**. Two projects are new builds and one is a renovation.

NDLTCA will continue to provide updates to the Legislature during the 2027 session and will work with key legislators to advance legislation expanding this program as a revolving loan structure with additional funding for providers.

Federal Advocacy & Deregulatory Efforts

At the federal level, NDLTCA has devoted significant time and resources to addressing the growing disconnect between regulatory intent and real-world application in skilled nursing facilities.

Working in coordination with North Dakota’s congressional delegation, national partners, and CMS leadership, we have submitted multiple rounds of federal comments, participated in in-person briefings, and elevated concerns regarding strict liability interpretations that penalize facilities for events rather than failures.

Our position remains consistent: **we support oversight, but it must be fair, contextual, and grounded in common sense.** When facilities are cited despite acting appropriately and in good faith, the consequences extend beyond fines — impacting workforce morale, resident well-being, and access to care in rural communities. This work is ongoing and remains a top priority.

A Shared Effort — and What’s Next

The progress made this year reflects the time, insight, and engagement of providers across the state who shared real-world experiences, participated in workgroups, and stayed involved as complex issues moved from legislation to implementation. That input has been critical to ensuring policy decisions remain grounded in operational reality and focused on resident care.

As we enter the new year, we are also excited to welcome **Home Health, Home Care, and Hospice providers** into the association as we strengthen representation across the full continuum of care. Bringing these sectors together better reflects how care is delivered in North Dakota communities and allows us to engage policymakers with a more complete, coordinated voice.

We look forward to continuing this work together and to advocating for policies that support access, stability, and quality care at every stage.

Consumer Satisfaction Surveys

All Members

Activated Insights, which conducts resident and family satisfaction surveys for nursing facilities and assisted living communities, has released its latest results. Once again, North Dakota facilities outperformed the national average in **every measured category**—a strong reflection of the commitment, consistency, and quality of care provided by our members. We congratulate North Dakota’s nursing facilities and assisted living providers on this continued achievement and the exceptional experience they deliver to residents and families across the state.

Nursing facilities results: [ND State Graph 12-2025](#)

Assisted living results: [ND State Graph 12-2025 AL](#)

Education

Office hours (Navigating Consent for Residents Seeking Companionship)

All Members

These one-hour sessions, held every three weeks, provide a safe and supportive space for long-term care professionals to bring forward real-life scenarios, concerns, and questions related to resident consent and companionship. Guided by trained facilitators who are **Skills2Care® certified** and **creators of the C.A.R.E.™ Checklist**, participants will explore best practices and gain practical strategies for navigating complex situations with compassion, respect, and regulatory alignment.

Time: Dec 31, 2025 02:00 PM Central Time

Join Zoom Meeting

<https://us06web.zoom.us/j/81015242958?pwd=GdYepAfjVnWc7XckXjLstZn36g12Oc.1>

Meeting ID: 810 1524 2958

Passcode: 013233

[Add to your calendar](#)

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Regulatory

CMS 855A Revalidation Update

NF

SNF providers that have **previously submitted** their provider enrollment Form CMS-855A information via PECOS or paper submission and received a request for more information to be submitted by a certain date **should still submit** that requested information by the specified due date. Contact the Medicare Administrative Contractor (MAC) provider enrollment helpdesk for further guidance if there are systems-related problems that may impact meeting the stated response deadline.

It is important to remember that the underlying SNF provider enrollment reporting policies have not changed. Every effort should be taken to assure the needed data elements regarding ownership and operational and managerial control disclosable entities and individuals are available to submit once further CMS guidance is issued.

AHCA has been relentlessly advocating to CMS about this issue, and we appreciate the agency granting our request for relief given the many difficulties providers have faced recently and throughout the process.

If you are struggling to complete this requirement, please forward the name of the facility, the facility enrollment number and the provider's contact information listed on the enrollment in PECOS to 855Revalidation@ahca.org helpdesk. Any additional information about who at the MAC the facility you may have communicated with to date regarding this issue would be helpful as well.

CMS issues guidance on new Medicaid work requirements

All Members

The Centers for Medicare & Medicaid Services released [guidance](#) Dec. 8 for states implementing Medicaid community engagement requirements outlined by the budget reconciliation bill. The agency said a framework of four principles would guide policy development: centering the connection between health and communities; balancing state flexibility with potential costs; aligning policies with existing requirements; and ensuring easy auditability of state community engagement determinations and verifications.

What This Means for People in Long Term Care:

- Eligibility rules tied to community engagement are unlikely to apply to residents of long term, but operational details will depend on state policy.
- Ongoing implementation (expected through 2026–2027) means states will be developing procedures and definitions that could indirectly influence eligibility workflows. If a long term care resident also happens to be enrolled under a category subject to engagement requirements and not clearly exempt, state procedures could affect their continued Medicaid eligibility — but states will need to implement clear policies around exemptions.

NDLTCA will continue to monitor this issue.

Workforce

GLOBAL TALENT OFFICE

IMMIGRATION POLICY & H-1B UPDATES:

WHAT EMPLOYERS NEED TO KNOW



JANUARY 8, 2026
12:00 PM - 1:30 PM CST

This webinar will provide timely immigration and H-1B updates impacting U.S. employers, with a focus on what recent changes mean for workforce planning.

REGISTER NOW

Quality

Baldrige Quality Award Program Deadline Approaching

All Members

Next year marks a special milestone – the 30th anniversary of the [AHCA/NCAL National Quality Award Program!](#) For three decades, this program has helped long term and post-acute care providers strengthen their systems, improve outcomes, and celebrate excellence in care.

Log into the [Quality Award Portal](#) to complete your application, then submit it **no later than January 22, 2026, at 7:00 PM CT**. We encourage you not to wait until the last minute in case you encounter any technical or internal delays.

Thank you for your ongoing commitment to quality. We look forward to celebrating our 30th anniversary year by recognizing providers like you who go above and beyond for the individuals you serve.

Questions? Contact qualityaward@ahca.org.

Insurance

Medica Updates

All Members

Pharmacy News

- [Medica retires Infugem medical pharmacy drug UM policy](#)
- [Medica adding 4 new UM policies for medical pharmacy drugs](#)
- [Medica adds new drug UM policy for Mayo Medical Plan, eff. Dec. 1](#)
- [Medica making Medicare Part B step therapy changes](#)

Administrative News

- [Reminder: Up-to-date directories help our members find providers](#)
- [Updates to Medica Provider Administrative Manual](#)

Tips & Training

[Self-service resources, featuring: 'Medicare 101' training](#)

BCBS of North Dakota

All Members

Pharmacy Policies Updates

Blue Cross Blue Shield of North Dakota (BCBSND) continually develops and revises pharmacy policies in response to rapidly changing pharmaceutical requirements. Our commitment is to update the provider community as pharmacy policies are adopted and/or revised.

The following Commercial prior authorization medical drug policies have revisions effective Feb. 10, 2026:

*see www.gatewaypa.com/policydisplay/52

Also see the [December HealthCare News here.](#)



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