North Dakota Long Term Care ASSOCIATION

Serving the Full Continuum of Care

NDLTCA Newsletter

August 4, 2026

All Members - *All Members*
Assisted Living - *AL*
Basic Care and Adult Residential - *BC*
Care at Home - CH
Home Health - HH
Nursing Facilities - *NF*

Thank you to our Platinum Sponsor, Eide Bailly for your longstanding support!

NDLTCA Update

Welcome to Our New Sponsor!

All Members

New Bronze Sponsor!

Dakota Nurses Services, LLC

Please join us in welcoming Dakota Nurses Services, LLC as our newest **Bronze Sponsor**!

As a staffing agency, DNS LLC Supplying registered nurses (RNs), licensed practical nurses (LPNs), certified nursing assistants (CNAs), Offering temporary (per diem), travel nursing, contract-to-hire, and direct-hire (permanent) placements to address seasonal fluctuations or localized talent shortages. We work with hospitals, nursing facilities and individuals and assisted living home.

We are grateful for **Dakota Nurses Services** support of our association and look forward to partnering with them to provide valuable resources for our members.

Education

RAC-CT® Certification Virtual Workshop Hosted by North Dakota Long Term Care Association

NF

August 11–13, 2026
8:00 a.m. – 5:00 p.m. Daily
Master Teacher: Robin Hillier
Enhance your knowledge of clinical assessment and care planning, MDS completion, RAI/MDS regulations, and PDPM management by attending the AAPACN Resident Assessment Coordinator–Certified (RAC-CT®) Certification Workshop.
The RAC-CT credential is the nationally recognized gold standard in resident assessment for long-term care professionals. Earning this certification demonstrates expertise in the skilled nursing facility prospective payment system and the MDS 3.0 assessment process.

The RAC-CT certification program includes 10 educational courses designed for post-acute care professionals with at least six months of experience with the MDS/RAI process. Participants must successfully complete the associated certification exams with a score of 80% or higher to earn the credential. Exams remain available for one year following the workshop, with three attempts permitted per course. Recertification is required every two years.
Please note: This workshop is intended for individuals who are not yet RAC-CT certified.
Registration includes:

- Three days of live virtual instruction from a Master Teacher
- Access to digital workshop materials
- Access to all 10 certification exams

Participants are encouraged to download and save all PDF materials for future reference. Materials may also be printed at the participant's expense; however, updates and revisions are made regularly throughout the year.
Click Here to Register!

August 2026 Year-Long Webinar Series: August Webinars

All Members

NDLTCA's year-long webinar series continues in August! Below is a look at what each session will cover:

🩺 **Survey & Clinical Risk Management**

📅 Tuesday, August 11, 2026 | 🕐 1:30 PM CT

Medication Management & Adverse Drug Event Prevention
This session reviews safe medication practices, strategies to prevent adverse drug events, and compliance with regulatory standards. Participants will learn tools to enhance medication safety.

🔗 https://ndltca.swoogo.com/surveyclinicalriskmanagement

👩‍⚕️ **DON Playbook: Skills for Today's LTC Nurse Leader**

🗓️ Tuesday, August 18, 2026 | 🕐 1:30 PM CT

QAPI In Action: Building a Sustainable Quality Culture in SNFs

This session explores how skilled nursing facilities can develop and sustain a robust quality assurance and performance improvement program to drive meaningful improvement in resident outcomes.

🔗 https://ndltca.swoogo.com/donplaybook

📊 **TEAM MDS! Insights & Coaching for Quality Coding & PDPM Success**

🗓️ Tuesday, August 25, 2026 | 🕐 1:30 PM CT

Expert Quality Measure Management

The session is designed for IDT members who are responsible for driving quality improvement and regulatory compliance.

🔗 https://ndltca.swoogo.com/teammds

📄 Flyers and detailed schedules are available on each registration home page. If you have any questions, please reach out to Belma at belma@ndltca.org.

ServSafe Certification Course & Exam

All Members

Looking to earn or renew your **ServSafe Food Protection Manager Certification**? Join us for an upcoming **ServSafe Certification Course & Exam** in **Fargo, North Dakota**, on **Tuesday, September 15, 2026**.

This course is an excellent opportunity for dietary managers, food service professionals, and

others responsible for food safety to gain valuable knowledge and nationally recognized certification.

Important Details:

- **Course & Exam Date:** September 15, 2026
- **Registration Deadline: August 24, 2026**
- **Location:** Elim Assisted Living in Fargo, ND

To register, complete the **fillable registration form** and return it via email to reserve your spot. Course books and materials will be mailed after payment has been received.
For additional information about this course and other NDLTCA educational opportunities, visit our Education page: https://ndltca.org/education/

We encourage you to share this opportunity with anyone who may benefit from food safety training and ServSafe certification.

Advocacy

Activity Director Training Requirements Reduced

NF

A long-awaited change to North Dakota's nursing facility administrative code is now in effect. The required training for Department-approved Activity Director programs has been reduced from **180 hours to 90 hours**, removing a significant workforce barrier while maintaining quality standards and Department oversight.

NDLTCA strongly supported this change throughout the rulemaking process because it creates a more practical pathway to becoming an Activity Director, helping providers recruit and retain these vital professionals—especially in rural communities.

Interim Legislative Calendar

All Members

- Aug. 12 | 10:30 am | NDHHS Administrative Rule Hearing - Family Paid Caregiver Program
- Aug. 18 | 10 am | Judiciary Committee
- **NEW** | Sept. 9 | 9 am | Human Services Committee
- **NEW** | Sept. 16 | 10 am | Special Education Funding Committee
- **NEW** | Sept. 18 | 9 am | NDHHS Administrative Rule Hearing - Medical Services and Eligibility for Medicaid
- **NEW** | Sept. 18 | 10:30 am | NDHHS Administrative Rule Hearing - Developmental Disabilities
- **NEW** | Sept. 18 | 12 pm | NDHHS Administrative Rule Hearing - Adult Foster Homes
- **NEW** | Sept. 18 | 1:30 pm | NDHHS Administrative Rule Hearing - Home and Community Based Services

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Regulatory

CMS Issues FY27 SNF Final Payment Rule

NF

Centers for Medicare and Medicaid Services (CMS) has issued the **FY 2027 Skilled Nursing Facility Prospective Payment System (SNF PPS) Final Rule**, outlining payment updates and policy changes that will take effect October 1, 2026. While annual payment adjustments are expected, the final rule also reinforces CMS's continued focus on payment accuracy, quality reporting, and value-based care.

For FY 2027, CMS finalized updating SNF PPS rates by 2.4% based on the final SNF market basket of 3.3%, reduced by a 0.9% productivity adjustment. The forecast error adjustment was not applied due to the 0.5 percentage point threshold not being met. This will be an estimated increase of $882.74 million in aggregate payments to SNFs.

SNF Quality Reporting Program (SNF QRP) Updates

CMS is finalizing the removal of two measures from the SNF QRP, beginning with the FY 2028 SNF QRP. The COVID-19 Vaccination Coverage Among Healthcare Personnel measure and the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure will be removed since the measures no longer align with current clinical guidelines or practice. This data would be publicly reported for the last time with the October 2026 Care Compare refresh.

Expanded MDS Reporting

Additionally, there were several comments about the requirement of MDS data submission on all SNF residents regardless of payer. CMS finalized this requirement based on several factors that include, but not limited to:

- Alignment of the SNF QRP with data submission practices of other CMS programs; and
- Provision of robust and accurate representation of SNF quality.

This data submission would only apply to residents admitted or readmitted for covered skilled services regardless of payer and not long-term residents that become "skilled-in-place."

Submission of this MDS data would be required effective ***October 1, 2029*** for purposes of FY 2031 SNF QRP. MDS data elements would include one modification of an item and an addition of three new items to the MDS.

SNF Value-Based Purchasing Program (SNF VBP) Updates

CMS finalized performance standards for the FY 2029 and FY 2030 program years and will update the "snapshot date" for the DC Function and Falls with Major Injury (Long-Stay) measures beginning with data collection in FY 2027. This "snapshot date" would be the 15th day of the second month after the last day of the applicable baseline or performance period

Learn more from the CMS fact sheet and view the final rule in the Federal Register.

Q3 2026 Payroll-Based Journal Submission Deadline Reminder

NF

Q3 2026 Payroll-Based Journal Submission Deadline Reminder: The deadline to submit Payroll-Based Journal (PBJ) data for Quarter 3 (April 1–June 30, 2026) is Friday, August 14, 2026, at 11:59 PM ET. AHCA strongly encourages providers to submit PBJ data as early as possible to avoid last minute submission issues. Read More

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Risk-Based Surveys Expanding Nationwide

NF

Centers for Medicare and Medicaid Services (CMS) released the long-awaited guidance on the Nursing Home Risk-Based Survey (RBS) National Implementation. This is a landmark decision!

Expanding RBS was one of our key recommendations to CMS in how to rationalize the regulatory environment, a pillar of AHCA's Better Way agenda.

CMS plans to implement the nationwide RBS on September 8, 2026. Currently, about 12% of all nursing facilities nationwide will qualify for the new RBS survey process.

See QSO-26-14-NH and the announcement from CMS for more information. But here's a brief overview.

How It Will Work

CMS began a pilot program of the RBS in 2023. The agency noted in the memo that the goal of RBS is to improve the effectiveness and efficiency of nursing home oversight to protect residents' health and safety. It also notes that the RBS will allow the agency to focus less survey resources on facilities that continue to excel at providing quality care.

At the end of each quarter, CMS plans to provide State Agencies with a list of RBS-qualified facilities. The list of qualifying nursing homes, each quarter, will be made publicly available on CMS's Provider Data Catalog and the Nursing Home Care Compare website beginning September 30, 2026. To identify the higher-performing facilities that qualify for the RBS, CMS will include an icon (a gold trophy) on the facility's Care Compare site to recognize such facilities. Based on CMS's June 2026 data, **14 of North Dakota's 72 nursing facilities qualify** for the new risk-based survey process—**19.44% of facilities**.

Examples of reasons why a facility would not qualify for an RBS include:

1. Less than a 5-Star Overall Rating
2. Less than 3-star Staffing Rating
3. Any citation(s) for Actual Harm, or Immediate Jeopardy (IJ), or Substandard Quality of Care (SQC) in the last survey cycle (the last standard survey and any complaint investigations in the last year)

4. More than 18 months without a standard survey
5. Any staffing waivers in effect
6. Failed Payroll-Based Journal (PBJ) staffing data audit
7. Failed resident assessment Minimum Data Set audit (MDS)
8. Health Inspection Score higher than the 50th percentile in the state (lower scores indicate better performance)
9. Two or more residents aged 65 or older who are coded with a diagnosis of schizophrenia after being admitted without this diagnosis
10. A change in ownership since the last standard survey
11. Special Focused Facility Candidate

What Comes Next

The AHCA Regulatory team will continue to review the memo and will review any additional materials CMS releases before the national implementation date on September 8. More information on webinars and additional member materials will be made available soon.

GUIDE Model Update: Why Assisted Living Providers May Be Contacted About New Partnership Agreements

AL & BC

CMS has implemented new GUIDE Model requirements that affect assisted living participation, including updated partnership agreements, reporting requirements, and operational changes effective July 1, 2026. Read More

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CMS Finalizes FY 2027 Hospital Payment Rule and New Joint-Replacement Model

All Members

CMS recently issued the FY 2027 Hospital Inpatient Prospective Payment System final rule, which includes an estimated 2.3% increase in hospital payment rates. Of greatest relevance to NF, BC, AL and care at home providers, the rule also finalizes the Comprehensive Care for Joint Replacement Expanded Model, or CJR-X.

Beginning January 1, 2028, hospitals nationwide will be accountable for the quality and total cost of care during the 90 days following certain lower-extremity joint replacement surgeries. This will likely increase hospitals' focus on post-acute providers that can demonstrate strong outcomes, effective care transitions, low rehospitalization rates and responsive communication.

Medicare beneficiaries will continue to have the right to choose their provider. Hospitals may recommend providers with whom they have established care-coordination relationships, but they cannot restrict beneficiary choice or access to medically necessary post-acute services.

Members can review the FY 2027 IPPS final rule and additional information about CJR-X

CMS releases final rule for FY 2027 Medicare hospice payments

CH

Centers for Medicare & Medicaid Services (CMS) issued the fiscal year (FY) 2027 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, and Hospice Quality Reporting Program final rule. CMS also released a fact sheet accompanying the final rule. The Alliance issued a statement in response. As illustrated in our statement, we are seriously concerned about CMS's decision to move forward with the Service and Spending

Variation Index (SSVI) and the proposed election statement addendum on top of a rate update that fails to keep pace with actual costs. We remain committed to working with our membership on an appropriate response.
Key provisions include:

- **Final Payment Rate Update.** CMS is finalizing a 2.3% update for FY 2027, which reflects a 3.2% market basket percentage increase, decreased by a 0.9 percentage point productivity adjustment. Comparatively, CMS proposed a 2.6% update for FY 2026.
- **Final Hospice Cap Amount.** CMS finalizes a hospice cap amount for the FY 2027 cap year of $36,174.75, which is equal to the FY 2026 cap amount ($35,361.44) updated by the final FY 2027 hospice payment update percentage of 2.3%.
- **Service and Spending Variation Index (SSVI).** CMS moves forward with the publication of a SSVI dataset to score hospices across different utilization and non-hospice spending metrics.
- **Election Statement Addendum.** CMS is finalizing its proposal to require hospices to provide the hospice election statement addendum to all Medicare beneficiaries at the time of hospice election for hospice elections beginning on or after October 1, 2026.
- **HQRP Requirements.** CMS is finalizing its proposal to add an icon on Care Compare for hospices that do not meet HOPE record submission requirements.

The overall impact of the rule is an estimated $755 million increase in Medicare hospice payments relative to FY 2026. The final rule, wage index tables, and SSVI dataset are published on CMS's webpage: https://www.cms.gov/medicare/payment/fee-for-service-providers/hospice/hospice-regulations-and-notices/cms-1851-f.

See the Alliance's summary for additional details. The Alliance will be hosting a webinar on the hospice final rule on Wednesday, August 5 from 2:30 – 3:30 pm ET. Register for the webinar.

CMS releases CY 2027 Home Health Prospective Payment System Proposed Rule

CH

CMS issued a **proposed rule** on the CY 2027 Home Health (HH) Prospective Payment System (PPS). CMS is proposing a 2.1% home health payment update ($370 million increase) for home health agencies (HHAs) that submit the required quality data for CY 2027, as well as a 2.4% increase in aggregate Medicare payments to home health agencies by $420 million compared to CY 2026. Also included is a request for information on the future Advance Care Planning quality measure concept, expanding access to palliative care under the home health benefit, and development of a home health-specific wage index. Please find CMS' factsheet **here**. Comments are due **August 31, 2026, at 5pm EDT** via **regulations.gov**.

Workforce

Register for AHCA/NCAL's Workforce Webinar Series on Supporting the Workforce with Smart Technology

All Members

Join AHCA/NCAL provider members and staff as they provide an introductory webinar panel discussion on how AI can support the long term care workforce. Read More

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HHS

Rural Health Transformation Program

All Members

Funding opportunities currently accepting applications:

Childcare for the Rural Health Workforce

- Supports planning for sustainable childcare solutions that help rural hospitals recruit, retain and support healthcare professionals
- Due Aug. 11, 2026, at 5 p.m. CT

Technology as an Extender

- Supports technology that helps rural healthcare providers reduce reliance on in-person staff and strengthen the healthcare workforce
- Due Aug. 18, 2026, at 5 p.m. CT

Clinics Without Walls: Telehealth Infrastructure

- Supports telehealth infrastructure that brings primary care, behavioral health and specialty services closer to home for rural and tribal communities
- $3.6 million in federal funding; 25 grants of about $144,000 each anticipated.
- Due Aug. 14, 2026, at 5:00 p.m. CT

Clinics Without Walls: Remote Patient Monitoring

- Supports remote patient monitoring technology that helps rural healthcare providers improve care coordination, manage chronic conditions and expand access to care from home
- Approximately $1.6 million in federal funding; up to 20 grants averaging about $80,000 each anticipated
- Due Aug. 14, 2026, at 5:00 p.m. CT

Rural Ambulance Equipment and Upgrades

- Supports equipment and technology upgrades that strengthen rural ambulance services, improve emergency response and enhance patient care closer to home
- Approximately $22 million in federal funding; 110 grants of about $200,000 each anticipated
- Due Aug. 9, 2026, at 11:59 p.m. CT

Funding opportunities expected to be released over the coming days:

Non-Emergency Medical Transportation Acquisition

- Supports the purchase of accessible transportation vehicles to help rural residents, including Medicaid members, get to non-emergency medical appointments and improve access to care
- Anticipated release date: To be determined

Eligible applicants may apply for more than one funding opportunity. Additional information, eligibility requirements, application materials and future funding opportunities are available at http://hhs.nd.gov/rural-health-transformation.

North Dakota Behavioral Health Program Directory

All Members

North Dakota Health and Human Services (HHS) announced that residents can now search for mental health and substance use disorder programs in one place through the newly broadened Behavioral Health Program Directory.

The update is another step in the state's ongoing efforts to improve coordination and accessibility of behavioral health services.

The expanded directory allows users to search for mental health and substance use programs by location, specialties, telehealth options, insurance accepted, translation services and more. The directory is available at hhs.nd.gov/behavioral-health/directory.

Nearly 300 behavioral health programs are currently registered in the directory. Behavioral health programs, including substance use disorder programs, are required to register throughhhs.nd.gov/behavioral-health/program-registry.

HHS holds roundtable on behavioral health

All Members

Last Wednesday, the Department of Health and Human Services (HHS) **hosted** a roundtable with HHS Secretary Kennedy and healthcare leaders, medical societies, providers, and behavioral health experts to discuss strengthening the nation's behavioral health system. Within this discussion, all parties pledged to help advance best practices to improve patient care and outcomes for individuals experiencing mental health conditions and the chronic disease of addiction. The pledge included the commitment to advancing best practices to support:

- Timely access to high-quality mental health and addiction treatment;
- Evidence-based assessment, diagnosis, treatment, referral, and recovery support;
- Measurement of quality, outcomes, accountability, and continuous improvement;
- Patient-centered, recovery-focused care that supports long-term wellness;
- Clinical expertise and individualized treatment decisions based on patient needs and the best available evidence; and

Whole-person care is delivered, including addressing chronic physical conditions such as HIV and HCV, in tandem with behavioral health treatment.

Contact us at 701-222-0660 or email Nikki at nikki@ndltca.org or Peggy at peggy@ndltca.org.