



Annual Report on the Need for Additional Nursing

Facility Bed or Nursing Facilities

**Presented to the Senate and House
Health and Human Services Committees**

**By the South Dakota Department of Health and
South Dakota Department of Human Services**

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Executive Summary

In 2016, an interim legislative committee was empaneled to delve into the various issues around the regulation of nursing facility and assisted living facility beds. One of the pieces of legislation that came out of the Interim Committee was SB 6 which sought to review the process to determine the need for additional nursing facilities or nursing facility beds and to require an annual report to the Legislature. Ultimately, SB 6 was passed during the 2017 Legislative Session and subsequently codified into SDCL § 34-12-35.11. The purpose of this report is to inform the Senate and House Standing Committees on Health and Human Services of the work that has been done to date in considering additional nursing facility beds or new nursing facilities, and other long-term health care needs.

The nursing facility moratorium was originally enacted in 1988. The moratorium caps the number of nursing facility beds per facility and overall statewide. The purpose of the moratorium was to help control skyrocketing long term health care costs, to make sure our elderly received the most appropriate level of long term care, and to spur further growth of home-based and community-based services such as home health care, assisted living centers, and residential living centers. The moratorium has proven to be effective in spurring the growth of long term care options.

Over the years, several exceptions to the moratorium and several new measures have been passed to allow for some flexibility under the moratorium. Most notably, legislation was enacted in 2012 that enables the Department of Health and Department of Human Services to reallocate unused nursing home beds to identified areas of need through the statutory Request for Proposals (RFP) process. In accordance with the legislation, the Department of Health may authorize a facility to have additional beds, or may authorize the construction of a new nursing facility, so long as the total number of nursing facility beds statewide does not exceed the total number of beds in existence when the moratorium was indefinitely extended in 2005. Therefore, the beds that are eligible for redistribution come from nursing facilities that have closed since 2005, or from facilities who have voluntarily relinquished excess moratorium beds. To date, there have been seven nursing facilities that have closed since 2005 accounting for a total of 343 beds, and a total of 41 beds have been voluntarily relinquished by existing facilities. In early 2019, it is anticipated that two additional nursing homes, in the communities of Mobridge and Madison, will cease operations.

In accordance with state law, the Department of Health, with assistance from the Department of Human Services annually considers the need for additional beds or nursing facilities in the State. If a need for additional beds or nursing facilities is identified, the Department of Health is required to solicit and evaluate proposals to address the identified need. Any facility that receives redistributed beds, or any authorized new facility, is required by law to maintain minimum Medicaid occupancy rates.

When considering the need for additional beds or new facilities, the Department of Health and Department of Human Services utilize three key sources of information: 1) the 2015 Evaluation of Long-Term Care Options for South Dakota report that was prepared by Abt Associates, Inc.; 2) results from a survey conducted by the Department of Health of all nursing facility providers in the State; and 3) data from the most recent Occupancy Report. Additionally, information from the Department of Human Services staff regarding nursing facility placement difficulties is also taken into consideration. Once the analysis is complete, areas of geographic need are identified. Based on the identified need, and in consideration of the stated statutory factors, the scope of the RFP and the number of beds to be made available in each defined area are determined.

Prior to 2018, there had been three previous rounds of nursing facility bed redistribution. In 2012, the first RFP was issued identifying Rapid City as the area of need. A total of 20 additional nursing facility beds were awarded through that process. In 2015, a second round of nursing facility bed redistribution was conducted that identified Rapid City and Sioux Falls as areas of need. A total of 30 beds were awarded for Rapid City, and a total of 24 beds were awarded for Sioux Falls. In 2017, a third round of nursing facility bed redistribution was conducted that identified areas, once again, in the communities of Rapid City and Sioux Falls. Additionally, it was also recognized that there may be limited need for additional nursing facility capacity other areas of the State. As a result of the 2017 RFP process, a total of 55 beds were awarded to facilities in the following communities: Rapid City (30 beds); Parkston (2 beds); Hot Springs (11 beds); and Philip (12 beds).

In 2018, the fourth RFP for nursing facility bed redistribution was issued. The identified area of need was determined to be statewide. No proposals requesting additional nursing facility beds were received as a result of the 2018 RFP.

Purpose of the Report

In 2016, an interim legislative committee was empaneled to delve into the various issues around the regulation of nursing facility and assisted living facility beds. The Interim Committee produced several pieces of legislation that were introduced during the 2017 Legislative Session, including SB 6 which sought to review the process to determine the need for additional nursing facilities or nursing facility beds and to require an annual report to the Legislature. Ultimately, SB 6 was passed and codified into SDCL § 34-12-35.11. In compliance with SDCL § 34-12-35.11, the purpose of this report is inform the Senate and House standing committees on health and human services of the work that has been done to date in considering additional nursing facility beds or new nursing facilities, and other long-term health care needs. Since this is the first report of its kind, additional background information regarding the history of the nursing home moratorium has been included.

History of the Moratorium

The moratorium was originally enacted in 1988, the same year the state's Certificate of Need was repealed. The moratorium capped the number of nursing facility beds per facility and overall statewide. At that time the moratorium was enacted, South Dakota was one of the states with the highest number of nursing home beds per capita in the nation and there were also very few alternative long term care options available in the state at that time. Generally speaking, nursing home care is the highest, and most intensive, level of long term care thereby making it one of the most costly types of long term care. The purpose of the moratorium was to help control skyrocketing long term health care costs, to make sure our elderly received the most appropriate level of long term care, and to spur further growth of home-based and community-based services such as home health care, assisted living centers, and residential living centers.

The moratorium was extended a number of times over the years, and in 2005 it was extended indefinitely. Over the years, the moratorium has proven to be effective in spurring the growth of long term care options. Today, in addition to the 108 nursing homes currently operating in South Dakota, there are 37 licensed home health care agencies, 167 assisted living centers, and 35 residential living centers.

Although the moratorium did cap the number of nursing home beds for facilities, a number of individual providers have for various reasons chosen not utilize all of the beds available to them under the moratorium. In fact, of the 7,916 moratorium beds allocated to South Dakota nursing facilities, only 6,571 of those beds are currently licensed and operational. Furthermore, statewide, only about 86% of the licensed beds are currently occupied.

While the moratorium has historically proven to be sound public policy and is supported by the long term care industry overall, there are certainly instances where additional beds and/or nursing facilities are legitimately needed. To address these situations, several exceptions to the moratorium and several new measures have been passed to allow for some flexibility under the moratorium.

Summary of Moratorium-Related Legislation

Year	Legislation	Bill #
1988	Moratorium initially enacted for 3 years	HB 1186
1991	Moratorium extended for 2 years	SB 253
1993	Moratorium extended for 2 years	HB 1098
1995	Moratorium extended for 5 years	SB 208
2000	Moratorium extended for 5 years	HB 1040
2003	Exception to Moratorium for Reservations	HB 1210
2005	Moratorium Extended Indefinitely	SB 38
2010	Exception to Moratorium for Pine Ridge	SB 157
2010	Allowing for bed-splitting between two facilities.	SB 69
2010	Allowing for East-River Veterans Home	SB 69
2012	Allowing for redistribution of existing nursing facility beds	SB 196
2016	Allowing White River NH to relocate to Rosebud, SD	SB 138
2016	Allowing 24 additional beds to Michael J. Fitzmaurice Veterans Home	SB 148

Redistribution of Existing Nursing Facility Beds

In an effort to address areas in the State where additional nursing home beds are needed, legislation was enacted in 2012 to enable the Department of Health and Department of Human Services to reallocate unused nursing home beds to identified areas of need through the statutory Request for Proposals (RFP) process (SDCL §§ 34-12-35.6 to 34-12-35.9 – see Appendix I).

In accordance with the legislation, the Department of Health may authorize a facility to have additional beds, or may authorize the construction of a new nursing facility, so long as the total number of nursing facility beds statewide does not exceed the total number of beds in existence when the moratorium was indefinitely extended in 2005 (SDCL § 34-12-35.6). Therefore, the beds that are eligible for redistribution come from nursing facilities that have closed since 2005, or from facilities who have voluntarily relinquished excess moratorium beds. To date, there have been seven nursing facilities that have closed since 2005 accounting for a total of 343 beds, and a total of 41 beds have been voluntarily relinquished by existing facilities. In early 2019, it is anticipated that two additional nursing homes, in the communities of Mobridge and Madison, will cease operations.

State law requires the Department of Health, with assistance from the Department of Human Services to annually consider the need for additional beds or nursing facilities in the State (SDCL § 34-12-35.7). In doing so, the following factors are required to be taken into consideration:

- 1) Current number of available beds and nursing facilities;
- 2) Current and projected need for additional beds and facilities, and the State's current long-term care needs;
- 3) Number of beds available for redistribution and the number of beds that have already been redistributed;
- 4) Potential impact on existing nursing facilities;
- 5) Additional costs to the state or general public; and

6) Other current and projected long-term care needs across the state.

If a need for additional beds or nursing facilities is identified, the Department of Health is required to solicit and evaluate proposals to address the identified need (SDCL § 34-12-35.8). In doing so, the Department is required to utilize the statutory RFP process and criteria established in SDCL §§ 5-18D-17 to 5-18D-20. The Department has also been granted rulemaking authority to establish additional criteria specific to the identified need.

Any facility that receives redistributed beds, or any authorized new facility, is required by statute to maintain its current Medicaid occupancy rate for the facility's existing beds, and is also required to maintain an annual minimum Medicaid occupancy rate no less than 10% below the statewide average for the newly authorized beds (SDCL § 34-12-35.8).

Consideration of Need for Additional Beds or Facilities

When considering the need for additional beds or new facilities, the Department of Health and Department of Human Services utilize three key sources of information: 1) the 2015 Evaluation of Long-Term Care Options for South Dakota report that was prepared by Abt Associates, Inc.; 2) results from a survey conducted by the Department of Health of all nursing facility providers in the State; and 3) data from the most recent Occupancy Report. Additionally, information from the Department of Human Services staff regarding nursing facility placement difficulties is also taken into consideration. The data from these sources of information is broken down and evaluated by region. Once the analysis is complete, areas of geographic need are identified. Based on the identified need, and in consideration of the statutory factors to consider, the scope of the RFP and the number of beds to be made available in each defined area are determined.

2013 Request for Proposals

Following the passage of SB 196 in 2012, the first RFP for nursing facility bed redistribution was issued. The identified area of need was the City of Rapid City and a total of 20 additional nursing facility beds were made available. As a result of the RFP, two proposals were submitted and all 20 beds were ultimately awarded. The successful bidder was Golden Living, which at the time operated four facilities located in Rapid City. All four of the Golden Living facilities now operated by Skyline Healthcare. All 20 beds are currently being utilized by these facilities.

2015 Request for Proposals

In 2015, the second RFP for nursing facility bed redistribution was issued. The identified areas of need included the communities of Rapid City and Sioux Falls. The evaluation determined that several specifically-identified special care needs also needed to be addressed. These special care needs included: 1) bariatric residents; 2) residents requiring behavioral health services; 3) residents who may be a risk to themselves or others; 4) residents with tracheostomy care needs; and 5) residents requiring an extended stay in a nursing facility. Therefore, the RFP requested respondents to identify in their proposals their commitment to work to address these special care needs. To address the identified

areas of need, a total of 30 beds were made available for Rapid City, and a total of 24 beds were made available for Sioux Falls. As a result of the RFP, two proposals for Rapid City and three proposals for Sioux Falls were submitted. Ultimately, all 30 beds were awarded for Rapid City and all 24 beds were awarded for Sioux Falls. The successful bidders were Avera Queen of Peace (Sioux Falls – 24 beds) and Good Samaritan Society (Rapid City – 30 beds). The 24 beds awarded to Avera Queen of Peace were utilized within the first year after the award, and continue to be utilized. The Good Samaritan Society project required new construction. That facility was built and became licensed in the Fall of 2017.

2017 Request for Proposals

In July of 2017, the third RFP for nursing facility bed redistribution was issued. The identified areas of need once again included the communities of Rapid City and Sioux Falls. Additionally, it was recognized that there may be limited need for additional nursing facility capacity other areas of the State. As in 2015, the evaluation determined that several specifically-identified special care needs also needed to be addressed. These special care needs included: 1) bariatric residents; 2) residents requiring behavioral health services; 3) residents who may be a risk to themselves or others; 4) residents with tracheostomy care needs; and 5) residents requiring an extended stay in a nursing facility. (Appendix II provides the regional analysis results.) A need for the development of additional home and community-based options was also identified. Therefore, the RFP requested respondents to identify in their proposals their commitment to work to address both special care needs and their organization's efforts to develop home and community-based options.

To address the identified areas of need, up to 75 beds were made available for Rapid City, up to 75 beds were made available for Sioux Falls, and up to 41 beds were made available to other South Dakota communities (excluding Rapid City and Sioux Falls). As a result of the RFP, two proposals were submitted for the available beds in Rapid City, and three proposals were submitted for other communities (specifically, Parkston, Hot Springs, and Philip). No proposals for Sioux Falls were received.

As a result of the RFP process, a Notice of Intent to Award was issued identifying one of the Rapid City proposals as a successful bidder, and all three of the Other Community proposals as successful bidders. A total of 55 beds have been requested by the successful bidders. The successful bidders include: Good Samaritan Society (Rapid City – 30 beds); Avera Bormann Manor (Parkston – 2 beds); Fall River Health Services (Hot Springs – 11 beds); and Philip Health Services (Philip – 12 beds). Each facility will be expected to have the awarded beds available and in use within 24 months.

2018 Request for Proposals

In October of 2018, the fourth RFP for nursing facility bed redistribution was issued. While the analysis indicated that both Rapid City and Sioux Falls continue to be areas of need for additional nursing facility capacity, it was again recognized that there could be instances of need for additional nursing facility capacity in other areas of the State. Therefore, for the purposes of the 2018 RFP, the area of need was identified as being statewide. Initially, two Letters of Intent were received in the response to the RFP. However, no proposals requesting additional nursing facility beds were received as a result of the 2018 RFP.

APPENDIX I

Applicable State Statutes

34-12-35.6. Redistribution of existing nursing facility beds. Notwithstanding the provisions of §§ 34-12-35.4 and 34-12-39.2, the Department of Health may authorize the increase in the number of beds in an existing nursing facility or may authorize the construction of a new nursing facility as defined in § 34-12-1.1, so long as the total number of nursing facility beds statewide does not exceed the total number of beds in existence statewide on July 1, 2005.

Source: SL 2012, ch 178, § 1.

34-12-35.7. Annual consideration of need for additional nursing facility beds or new nursing facilities. The Department of Health, with assistance from the Department of Human Services, shall annually consider the need for additional nursing facility beds or additional new nursing facilities or both in the state. The following factors shall be taken into consideration:

- (1) The current number of available nursing facility beds and nursing facilities in the state;
- (2) The current and projected future need for additional nursing facility beds and nursing facilities in the state and the current long-term care needs of the population to be served;
- (3) The number of nursing facility beds available for redistribution and the number of nursing facility beds redistributed pursuant to this chapter;
- (4) The potential impact on existing nursing facilities;
- (5) Any additional costs to the state or general public that may result; and
- (6) Other current and projected long-term healthcare needs across the state.

Source: SL 2012, ch 178, § 2; SL 2017, ch 151, § 1.

34-12-35.8. Proposals to address identified need for additional nursing facility beds or new nursing facilities – Promulgation of rules. If a need for additional nursing facility beds or additional new nursing facilities or both in a defined area is identified by the Department of Health in accordance with § 34-12-35.7, the department shall solicit and evaluate proposals to address the identified need. In doing so the department shall utilize the process and criteria established in §§ 5-18D-17 to 5-18D-20, inclusive. Additionally, the Department of Health may promulgate rules pursuant to chapter 1-26 to establish additional criteria specific to the identified need. The rules may include criteria pertaining to:

- (1) Minimum nursing facility occupancy rates;
- (2) Unique characteristics of the area and population to be served;
- (3) Proposal viability, including financial business plan information and payor source information;
- (4) Local community support for the proposed project;
- (5) Benchmarks for quality assurance;
- (6) Additional services to be provided; and
- (7) Ability to meet workforce needs.

Source: SL 2012, ch 178, § 3.

34-12-35.9. Authorization to increase number of nursing facility beds. Notwithstanding the provisions of § 34-12-35.4, an existing nursing facility as defined in § 34-12-1.1 may increase its number of beds with prior authorization by the Department of Health in accordance with §§ 34-12-35.6 to 34-12-35.8, inclusive. Any existing nursing facility authorized to increase its number of beds in accordance with §§ 34-12-35.6 to 34-12-35.8, inclusive, shall maintain its current Medicaid occupancy rate for the facility's existing beds, and shall maintain an annual minimum Medicaid occupancy rate no less than ten percent below the statewide average at the time rates are established for the newly authorized beds.

Source: SL 2012, ch 178, § 4.

34-12-35.11. Annual report to legislative committees on need for additional nursing facility beds or nursing facilities. The Department of Health and the Department of Human Services shall, before the fourth Tuesday in January of each year, submit a written report to and testify before the Senate and House standing committees on health and human services concerning the consideration of additional nursing facility beds or additional new nursing facilities and long-term healthcare needs pursuant to § 34-12-35.7.

Source: SL 2017, ch 151, § 2.

APPENDIX II
2018 Consideration of Need for Additional Nursing Facility Capacity

ALL REGIONS (Statewide Data)

Abt Report

2015 total Bed Need: 6,795

Moratorium Beds/Licensed Beds: 8,020/6,681 (6,892 licensed beds in 2015)

Estimated Bed Need (moratorium/licensed): -1,225/114

Occupancy Report

Occupied Licensed Beds: 5,689 (6,134 in 2015)

Unoccupied Licensed Beds: 992 (758 in 2015)

Nursing Facility Survey

Facilities that Responded/Total # of Facilities (Response Rate): 65/109 (60%)

- 81% of Facilities are Medicare Certified
- 18% of Facilities Allocate Beds by Payor Source
- Bed Utilization by Payor Source
 - Medicare – Average = 8; Total = 628
 - Medicaid – Average = 28; Total = 2,117
 - VA – Average = 3; Total = 229
 - Private Pay – Average = 20; Total = 1,514
- 29% of Facilities have Active Waiting Lists
 - Average Wait Time = 3 days to 1 year
- Individuals on Waiting Lists by Payor Source
 - Medicare – Average = 1; Total = 12
 - Medicaid – Average = 10; Total = 186
 - VA – Average = 1; Total = 24
 - Private Pay – Average = 4; Total = 72
 - Unknown – Average = 5; Total = 99
- 32% of Facilities Allocate Beds by Service Category
- Number of Beds in Each Service Category
 - Long term care – Average = 50; Total = 1,055
 - Rehabilitation – Average = 9; Total = 191
 - Memory care unit – Average = 5; Total = 115
 - Traumatic brain injury – Average = 1; Total = 17
 - Behavioral health unit – Average = 1; Total = 20
- Percent of Facilities with Admission Restrictions Based on:
 - Bariatric Care- 59%
 - Dialysis Care- 49%
 - IV Treatments- 26%

- Behavioral Health- 50%
- Risk to Self and Others- 81%
- Tracheostomy Care/Suction- 59%
- Incompetency & Without a Guardian- 25%
- Criminal History – 81%
- Other- 29%
- 60% of Facilities Reported Staffing Shortage Affecting Level of Care Being Provided
 - 46% of Facilities Reported Nurse Shortage affect level of care provided
 - 33% of Facilities Reported LPN shortage affects level of care provided
 - 60% of Facilities Reported CNA shortage affects level of care provided
 - 9% of Facilities Reported Physical Therapist shortage affects level of care provided
 - 7% of Facilities Reported Resident Physicians shortage affects level of care provided
 - 16% of Facilities Reported Other Worker shortage affects level of care provided
- Facilities that Reported either Somewhat significant barriers, or Significant barriers, to Accepting Referrals:
 - Acuity- 52%
 - Need for Additional or Specialized Equipment- 50%
 - Room Will Not Accommodate Equipment Needs- 35%
 - Private Room Availability- 34%
 - Staff Availability- 34%
 - Staff Experience Level- 20%
 - Roommate Capability- 32%
 - Policy Restrictions- 11%
- Percent of Facilities that do not use all Moratorium Beds due to reduced bed capacity – 45%
 - Of those Facilities with reduced bed capacity, percent that have plans to increase bed capacity – 37%
- Percent of Respondents who indicated that additional beds are needed in their community:
 - Bariatric- 49%
 - Memory- 54%
 - Behavioral Health- 75%
 - Traumatic Brain Injury- 51%
 - General- 37%
 - Other- 18%

BREAKDOWN BY REGION

REGION 1 (Rapid City/ Northern Hills)

Abt Report

2015 total Bed Need: 1,352

Moratorium Beds/Licensed Beds: 881/831 (816 licensed beds in 2015)

Estimated Bed Need (moratorium/licensed): 471/521

Occupancy Report

Occupied Licensed Beds: 709 (750 in 2015)

Percent of Total Occupied Licensed Beds Statewide: 12.4%

Unoccupied Licensed Beds: 122 (66 in 2015)

Percent of Total Unoccupied Licensed Beds Statewide: 12.2%

Nursing Facility Survey

Facilities that Responded/Total # of Facilities (Response Rate): 2/12 (17%)

- 100% of Facilities are Medicare Certified
- 50% of Facilities Allocate Beds by Payor Source
- Bed Utilization by Payor Source
 - Medicare – Average = 24; Total = 47
 - Medicaid – Average = 42; Total = 84
 - VA – Average = 3; Total = 5
 - Private Pay – Average = 18; Total = 36
- 50% of Facilities have Active Waiting Lists
 - Average Wait Time = 1 year
- Individuals on Waiting Lists by Payor Source
 - Medicare – Average = 0; Total = 0
 - Medicaid – Average = 60; Total = 60
 - VA – Average = 5; Total = 5
 - Private Pay – Average = 10; Total = 10
- 50% of Facilities Allocate Beds by Service Category
- Number of Beds in Each Service Category
 - Long term care – Average = 50; Total = 50
 - Rehabilitation – Average = 40; Total = 40
- Percent of Facilities with Admission Restrictions Based on:
 - Bariatric Care- 50%
 - Dialysis Care- 50%
 - Risk to Self and Others- 100%
 - Tracheostomy Care/Suction- 100%
 - Criminal History – 100%
 - Other- 50%
- 100% of Facilities Reported Staffing Shortage Affecting Level of Care Being Provided
- Facilities that Reported either Somewhat significant barriers, or Significant barriers, to Accepting Referrals:
 - Acuity- 50%
 - Need for Additional or Specialized Equipment- 100%
 - Room Will Not Accommodate Equipment Needs- 50%

- Private Room Availability- 100%
- Roommate Capability- 50%
- Policy Restrictions- 50%
- Percent of Facilities that do not use all Moratorium Beds due to reduced bed capacity – 100%
 - Of those Facilities with reduced bed capacity, percent that have plans to increase bed capacity – 0%
- Percent of Respondents who indicated that additional beds are needed in their community:
 - Bariatric- 100%
 - Memory- 100%
 - Behavioral Health- 100%
 - Traumatic Brain Injury- 100%
 - General- 100%
 - Other- 50%

REGION 2 (Martin/Custer/Hot Springs/Kadoka)

Abt Report

2015 total Bed Need: 304

Moratorium Beds/Licensed Beds: 280/278 (249 licensed beds in 2015)

Estimated Bed Need (moratorium/licensed): 24/26

Occupancy Report

Occupied Licensed Beds: 234 (225 in 2015)

Percent of Total Occupied Licensed Beds Statewide: 4.1%

Unoccupied Licensed Beds: 44 (24 in 2015)

Percent of Total Unoccupied Licensed Beds Statewide: 4.4%

Nursing Facility Survey

Facilities that Responded/Total # of Facilities (Response Rate): 4/5 (80%)

- 50% of Facilities are Medicare Certified
- 0% of Facilities Allocate Beds by Payor Source
- Bed Utilization by Payor Source
 - Medicare – Average = 1; Total = 4
 - Medicaid – Average = 39; Total = 156
 - VA – Average = 25; Total = 99
 - Private Pay – Average = 8; Total = 31
- 50% of Facilities have Active Waiting Lists
 - Average Wait Time = 30+ days
- Individuals on Waiting Lists by Payor Source
 - Medicare – Average = 0; Total = 0
 - Medicaid – Average = 0; Total = 20
 - VA – Average = 7; Total = 14

- Private Pay – Average = 2; Total = 3
 - Unknown – Average = 0; Total = 0
- 25% of Facilities Allocate Beds by Service Category
- Number of Beds in Each Service Category
 - Long term care – Average = 76; Total = 76
 - Memory care unit – Average = 13; Total = 13
- Percent of Facilities with Admission Restrictions Based on:
 - Bariatric Care- 50%
 - Dialysis Care- 75%
 - Behavioral Health- 25%
 - Risk to Self and Others- 100%
 - Tracheostomy Care/Suction- 50%
 - Incompetency & Without a Guardian- 50%
 - Criminal History – 75%
 - Other- 25%
- 75% of Facilities Reported Staffing Shortage Affecting Level of Care Being Provided
 - 50% of Facilities Reported Nurse Shortage affect level of care provided
 - 50% of Facilities Reported LPN shortage affects level of care provided
 - 75% of Facilities Reported CNA shortage affects level of care provided
 - 25% of Facilities Reported Physical Therapist shortage affects level of care provided
 - 25% of Facilities Reported Other Worker shortage affects level of care provided
- Facilities that Reported either Somewhat significant barriers, or Significant barriers, to Accepting Referrals:
 - Acuity- 100%
 - Need for Additional or Specialized Equipment- 25%
 - Room Will Not Accommodate Equipment Needs- 25%
 - Private Room Availability- 25%
 - Staff Availability- 25%
 - Roommate Capability- 50%
 - Policy Restrictions- 25%
- Percent of Facilities that do not use all Moratorium Beds due to reduced bed capacity – 25%
- Percent of Respondents who indicated that additional beds are needed in their community:
 - Bariatric- 100%
 - Memory- 100%
 - Behavioral Health- 100%
 - Traumatic Brain Injury- 100%
 - General- 75%
 - Other- 50%

REGION 3 (Pierre/Philip/North Central SD)

Abt Report

2015 total Bed Need: 443

Moratorium Beds/Licensed Beds: 546/406 (464 licensed beds in 2015)

Estimated Bed Need (moratorium/licensed): -103/37

Occupancy Report

Occupied Licensed Beds: 357 (391 in 2015)

Percent of Total Occupied Licensed Beds Statewide: 6.3%

Unoccupied Licensed Beds: 49 (73 in 2015)

Percent of Total Unoccupied Licensed Beds Statewide: 4.9%

Nursing Facility Survey

Facilities that Responded/Total # of Facilities (Response Rate): 8/8 (100%)

- 63% of Facilities are Medicare Certified
- 38% of Facilities Allocate Beds by Payor Source
- Bed Utilization by Payor Source
 - Medicare – Average = 7; Total = 52
 - Medicaid – Average = 24; Total = 188
 - VA – Average = 0; Total = 1
 - Private Pay – Average = 23 Total = 184
- 50% of Facilities have Active Waiting Lists
 - Average Wait Time = 30 days – 5 months
- Individuals on Waiting Lists by Payor Source
 - Medicare – Average = 0; Total = 0
 - Medicaid – Average = 4; Total = 16
 - VA – Average = 0; Total = 1
 - Private Pay – Average = 3; Total = 10
 - Unknown – Average = 7; Total = 27
- 63% of Facilities Allocate Beds by Service Category
- Number of Beds in Each Service Category
 - Long term care – Average = 26; Total = 130
 - Rehabilitation – Average = 2; Total = 12
 - Memory care unit – Average = 10; Total = 49
- Percent of Facilities with Admission Restrictions Based on:
 - Bariatric Care- 50%
 - Dialysis Care- 88%
 - IV Treatments- 63%
 - Behavioral Health- 50%
 - Risk to Self and Others- 88%
 - Tracheostomy Care/Suction- 50%

- Incompetency & Without a Guardian- 50%
- Criminal History – 88%
- Other- 38%
- 50% of Facilities Reported Staffing Shortage Affecting Level of Care Being Provided
 - 25% of Facilities Reported Nurse Shortage affect level of care provided
 - 13% of Facilities Reported LPN shortage affects level of care provided
 - 50% of Facilities Reported CNA shortage affects level of care provided
 - 13% of Facilities Reported Physical Therapist shortage affects level of care provided
 - 13% of Facilities Reported Other Worker shortage affects level of care provided
- Facilities that Reported either Somewhat significant barriers, or Significant barriers, to Accepting Referrals:
 - Acuity- 50%
 - Need for Additional or Specialized Equipment- 50%
 - Room Will Not Accommodate Equipment Needs- 33%
 - Private Room Availability- 75%
 - Staff Availability- 33%
 - Staff Experience Level- 25%
 - Roommate Capability- 25%
 - Policy Restrictions- 13%
- Percent of Facilities that do not use all Moratorium Beds due to reduced bed capacity – 38%
- Percent of Respondents who indicated that additional beds are needed in their community:
 - Bariatric- 13%
 - Memory- 50%
 - Behavioral Health- 88%
 - Traumatic Brain Injury- 50%
 - General- 63%
 - Other- 25%

REGION 4 (Winner/Gregory/Chamberlain/White River)

Abt Report

2015 total Bed Need: 262

Moratorium Beds/Licensed Beds: 235/218 (218 licensed beds in 2015)

Estimated Bed Need (moratorium/licensed): 27/44

Occupancy Report

Occupied Licensed Beds: 183 (196 in 2015)

Percent of Total Occupied Licensed Beds Statewide: 3.2%

Unoccupied Licensed Beds: 35 (22 in 2015)

Percent of Total Unoccupied Licensed Beds Statewide: 3.5%

Nursing Facility Survey

Facilities that Responded/Total # of Facilities (Response Rate): 2/4 (50%)

- 50% of Facilities are Medicare Certified
- 0% of Facilities Allocate Beds by Payor Source
- Bed Utilization by Payor Source
 - Medicare – Average = 1; Total = 2
 - Medicaid – Average = 37; Total = 73
 - VA – Average = 1; Total = 2
 - Private Pay – Average = 13 Total = 25
- 0% of Facilities have Active Waiting Lists
- Individuals on Waiting Lists by Payor Source
 - Medicare – Average = 0; Total = 0
 - Medicaid – Average = 0; Total = 0
 - VA – Average = 0; Total = 0
 - Private Pay – Average = 0; Total = 0
 - Unknown – Average = 0; Total = 0
- 50% of Facilities Allocate Beds by Service Category
- Number of Beds in Each Service Category
 - Long term care – Average = 69; Total = 69
 - Memory care unit – Average = 11; Total = 11
- Percent of Facilities with Admission Restrictions Based on:
 - Bariatric Care- 100%
 - Dialysis Care- 50%
 - IV Treatments- 50%
 - Risk to Self and Others- 100%
 - Tracheostomy Care/Suction- 100%
- 100% of Facilities Reported Staffing Shortage Affecting Level of Care Being Provided
 - 50% of Facilities Reported Nurse Shortage affect level of care provided
 - 50% of Facilities Reported LPN shortage affects level of care provided
 - 50% of Facilities Reported CNA shortage affects level of care provided
- Facilities that Reported either Somewhat significant barriers, or Significant barriers, to Accepting Referrals:
 - Acuity- 50%
 - Need for Additional or Specialized Equipment- 100%
 - Staff Availability- 50%
 - Staff Experience Level- 50%
 - Roommate Capability- 100%
- Percent of Facilities that do not use all Moratorium Beds due to reduced bed capacity – 100%
 - Of those Facilities with reduced bed capacity, percent that have plans to increase bed capacity – 0%
- Percent of Respondents who indicated that additional beds are needed in their community:

- Bariatric- 100%
- Memory- 100%
- Behavioral Health- 100%
- Traumatic Brain Injury- 100%
- General- 50%

REGION 5 (Aberdeen/Northeast SD)

Abt Report

2015 total Bed Need: 1,087

Moratorium Beds/Licensed Beds: 1,590/1,280 (1,394 licensed beds in 2015)

Estimated Bed Need (moratorium/licensed): -503/-193

Occupancy Report

Occupied Licensed Beds: 1,115 (1,216 in 2015)

Percent of Total Occupied Licensed Beds Statewide: 19.6%

Unoccupied Licensed Beds: 165 (173 in 2015)

Percent of Total Unoccupied Licensed Beds Statewide: 16.6%

Nursing Facility Survey

Facilities that Responded/Total # of Facilities (Response Rate): 14/22 (64%)

- 100% of Facilities are Medicare Certified
- 7% of Facilities Allocate Beds by Payor Source
- Bed Utilization by Payor Source
 - Medicare – Average = 4; Total = 58
 - Medicaid – Average = 24; Total = 341
 - VA – Average = 1; Total = 13
 - Private Pay – Average = 11; Total = 151
- 29% of Facilities have Active Waiting Lists
 - Average Wait Time = 3-6 days
- Individuals on Waiting Lists by Payor Source
 - Medicare – Average = 1; Total = 4
 - Medicaid – Average = 2; Total = 8
 - VA – Average = 1; Total = 3
 - Private Pay – Average = 2; Total = 8
 - Unknown – Average = 2; Total = 9
- 21% of Facilities Allocate Beds by Service Category
- Number of Beds in Each Service Category
 - Long term care – Average = 36; Total = 109
 - Rehabilitation – Average = 12; Total = 35
 - Memory care unit – Average = 10; Total = 49
 - Traumatic brain injury – Average = 3; Total = 9

- Behavioral health unit – Average = 3; Total = 9
- Percent of Facilities with Admission Restrictions Based on:
 - Bariatric Care- 57%
 - Dialysis Care- 50%
 - IV Treatments- 7%
 - Behavioral Health- 57%
 - Risk to Self and Others- 71%
 - Tracheostomy Care/Suction- 43%
 - Incompetency & Without a Guardian- 29%
 - Criminal History – 93%
 - Other- 14%
- 57% of Facilities Reported Staffing Shortage Affecting Level of Care Being Provided
 - 50% of Facilities Reported Nurse Shortage affect level of care provided
 - 43% of Facilities Reported LPN shortage affects level of care provided
 - 57% of Facilities Reported CNA shortage affects level of care provided
 - 14% of Facilities Reported Physical Therapist shortage affects level of care provided
 - 7% of Facilities Reported Resident Physicians shortage affects level of care provided
 - 7% of Facilities Reported Other Worker shortage affects level of care provided
- Facilities that Reported either Somewhat significant barriers, or Significant barriers, to Accepting Referrals:
 - Acuity- 43%
 - Need for Additional or Specialized Equipment- 36%
 - Room Will Not Accommodate Equipment Needs- 28%
 - Private Room Availability- 28%
 - Staff Availability- 28%
 - Staff Experience Level- 14%
 - Roommate Capability- 7%
- Percent of Facilities that do not use all Moratorium Beds due to reduced bed capacity – 36%
 - Of those Facilities with reduced bed capacity, percent that have plans to increase bed capacity – 20%
- Percent of Respondents who indicated that additional beds are needed in their community:
 - Bariatric- 36%
 - Memory- 21%
 - Behavioral Health- 50%
 - Traumatic Brain Injury- 36%
 - General- 14%
 - Other- 7%

REGION 6 (Huron/Brookings/Mitchell)

Abt Report

2015 total Bed Need: 1,102

Moratorium Beds/Licensed Beds: 1,616/1,269 (1,383 licensed beds in 2015)

Estimated Bed Need (moratorium/licensed): -514/-167

Occupancy Report

Occupied Licensed Beds: 1,095 (1,219 in 2015)

Percent of Total Occupied Licensed Beds Statewide: 19.2%

Unoccupied Licensed Beds: 174 (164 in 2015)

Percent of Total Unoccupied Licensed Beds Statewide: 17.5%

Nursing Facility Survey

Facilities that Responded/Total # of Facilities (Response Rate): 12/21 (57%)

- 100% of Facilities are Medicare Certified
- 8% of Facilities Allocate Beds by Payor Source
- Bed Utilization by Payor Source
 - Medicare – Average = 7; Total = 88
 - Medicaid – Average = 23; Total = 275
 - VA – Average = 0; Total = 4
 - Private Pay – Average = 23; Total = 272
- 17% of Facilities have Active Waiting Lists
 - Average Wait Time = Varies
- Individuals on Waiting Lists by Payor Source
 - Medicare – Average = 0; Total = 0
 - Medicaid – Average = 12; Total = 23
 - VA – Average = 0; Total = 0
 - Private Pay – Average = 3; Total = 5
 - Unknown – Average = 0; Total = 0
- 8% of Facilities Allocate Beds by Service Category
- Number of Beds in Each Service Category
 - Long term care – Average = 69; Total = 69
 - Rehabilitation – Average = 15; Total = 15
- Percent of Facilities with Admission Restrictions Based on:
 - Bariatric Care- 50%
 - Dialysis Care- 50%
 - IV Treatments- 42%
 - Behavioral Health- 75%
 - Risk to Self and Others- 67%
 - Tracheostomy Care/Suction- 75%
 - Incompetency & Without a Guardian- 42%

- Criminal History – 83%
- Other- 33%
- 75% of Facilities Reported Staffing Shortage Affecting Level of Care Being Provided
 - 33% of Facilities Reported Nurse Shortage affect level of care provided
 - 17% of Facilities Reported LPN shortage affects level of care provided
 - 75% of Facilities Reported CNA shortage affects level of care provided
 - 17% of Facilities Reported Resident Physicians shortage affects level of care provided
 - 17% of Facilities Reported Other Worker shortage affects level of care provided
- Facilities that Reported either Somewhat significant barriers, or Significant barriers, to Accepting Referrals:
 - Acuity- 42%
 - Need for Additional or Specialized Equipment- 58%
 - Room Will Not Accommodate Equipment Needs- 34%
 - Private Room Availability- 17%
 - Staff Availability- 17%
 - Staff Experience Level- 8%
 - Roommate Capability- 17%
- Percent of Facilities that do not use all Moratorium Beds due to reduced bed capacity – 58%
 - Of those Facilities with reduced bed capacity, percent that have plans to increase bed capacity – 43%
- Percent of Respondents who indicated that additional beds are needed in their community:
 - Bariatric- 33%
 - Memory- 50%
 - Behavioral Health- 67%
 - Traumatic Brain Injury- 33%
 - General- 25%
 - Other- 17%

REGION 7 (Southeast & South Central SD)

Abt Report

2015 total Bed Need: 809

Moratorium Beds/Licensed Beds: 1,141/1,000 (1,037 licensed beds in 2015)

Estimated Bed Need (moratorium/licensed): -332/-191

Occupancy Report

Occupied Licensed Beds: 887 (947 in 2015)

Percent of Total Occupied Licensed Beds Statewide: 15.6%

Unoccupied Licensed Beds: 141 (90 in 2015)

Percent of Total Unoccupied Licensed Beds Statewide: 14.2%

Nursing Facility Survey

Facilities that Responded/Total # of Facilities (Response Rate): 11/17 (65%)

- 82% of Facilities are Medicare Certified
- 0% of Facilities Allocate Beds by Payor Source
- Bed Utilization by Payor Source
 - Medicare – Average = 7; Total = 78
 - Medicaid – Average = 33; Total = 368
 - VA – Average = 1; Total = 14
 - Private Pay – Average = 27; Total = 297
- 18% of Facilities have Active Waiting Lists
 - Average Wait Time = Up to 6 months
- Individuals on Waiting Lists by Payor Source
 - Medicare – Average = 3; Total = 5
 - Medicaid – Average = 9; Total = 18
 - VA – Average = 0; Total = 0
 - Private Pay – Average = 8; Total = 15
 - Unknown – Average = 20; Total = 39
- 18% of Facilities Allocate Beds by Service Category
- Number of Beds in Each Service Category
 - Long term care – Average = 53; Total = 106
 - Memory care unit – Average = 5; Total = 10
 - Traumatic brain injury – Average = 4; Total = 8
 - Behavioral health unit – Average = 6; Total = 11
- Percent of Facilities with Admission Restrictions Based on:
 - Bariatric Care- 45%
 - Dialysis Care- 27%
 - IV Treatments- 18%
 - Behavioral Health- 18%
 - Risk to Self and Others- 82%
 - Tracheostomy Care/Suction- 36%
 - Criminal History – 73%
 - Other- 27%
- 55% of Facilities Reported Staffing Shortage Affecting Level of Care Being Provided
 - 55% of Facilities Reported Nurse Shortage affect level of care provided
 - 27% of Facilities Reported LPN shortage affects level of care provided
 - 36% of Facilities Reported CNA shortage affects level of care provided
 - 9% of Facilities Reported Resident Physicians shortage affects level of care provided
 - 18% of Facilities Reported Other Worker shortage affects level of care provided
- Facilities that Reported either Somewhat significant barriers, or Significant barriers, to Accepting Referrals:
 - Acuity- 45%

- Need for Additional or Specialized Equipment- 27%
- Room Will Not Accommodate Equipment Needs- 27%
- Private Room Availability- 18%
- Staff Availability- 18%
- Staff Experience Level- 18%
- Roommate Capability- 45%
- Policy Restrictions- 27%
- Percent of Facilities that do not use all Moratorium Beds due to reduced bed capacity – 36%
 - Of those Facilities with reduced bed capacity, percent that have plans to increase bed capacity – 75%
- Percent of Respondents who indicated that additional beds are needed in their community:
 - Bariatric- 55%
 - Memory- 64%
 - Behavioral Health- 73%
 - Traumatic Brain Injury- 27%
 - General- 18%
- Factors seen as Barriers to serving Residents from HSC:
 - Staffing - 45%
 - Concern of other Resident safety - 91%
 - Ability to meet Mental Health Counseling needs - 64%
 - Concerns over changes to federal nursing home regulations - 64%
 - Other- 45%

REGION 8 (Sioux Falls/Beresford/Dell Rapids/Centerville)

Abt Report

2015 total Bed Need: 1,435

Moratorium Beds/Licensed Beds: 1,619/1,287 (1,331 licensed beds in 2015)

Estimated Bed Need (moratorium/licensed): -184/148

Occupancy Report

Occupied Licensed Beds: 1,109 (1,185 in 2015)

Percent of Total Occupied Licensed Beds Statewide: 19.4%

Unoccupied Licensed Beds: 178 (146 in 2015)

Percent of Total Unoccupied Licensed Beds Statewide: 17.9%

Nursing Facility Survey

Facilities that Responded/Total # of Facilities (Response Rate): 12/18 (67%)

- 100% of Facilities are Medicare Certified
- 42% of Facilities Allocate Beds by Payor Source
- Bed Utilization by Payor Source
 - Medicare – Average = 14; Total = 171

- Medicaid – Average = 37; Total = 441
- VA – Average = 8; Total = 91
- Private Pay – Average = 27; Total = 322
- 33% of Facilities have Active Waiting Lists
 - Average Wait Time = 7 days – 7 months
- Individuals on Waiting Lists by Payor Source
 - Medicare – Average = 1; Total = 3
 - Medicaid – Average = 10; Total = 41
 - VA – Average = 0; Total = 1
 - Private Pay – Average = 5; Total = 21
 - Unknown – Average = 6; Total = 24
- 58% of Facilities Allocate Beds by Service Category
- Number of Beds in Each Service Category
 - Long term care – Average = 64; Total = 446
 - Rehabilitation – Average = 13; Total = 89
 - Memory care unit – Average = 2; Total = 16
- Percent of Facilities with Admission Restrictions Based on:
 - Bariatric Care- 92%
 - Dialysis Care- 42%
 - IV Treatments- 25%
 - Behavioral Health- 75%
 - Risk to Self and Others- 92%
 - Tracheostomy Care/Suction- 67%
 - Incompetency & Without a Guardian- 17%
 - Criminal History – 83%
 - Other- 42%
- 83% of Facilities Reported Staffing Shortage Affecting Level of Care Being Provided
 - 67% of Facilities Reported Nurse Shortage affect level of care provided
 - 50% of Facilities Reported LPN shortage affects level of care provided
 - 83% of Facilities Reported CNA shortage affects level of care provided
 - 17% of Facilities Reported Physical Therapist shortage affects level of care provided
 - 8% of Facilities Reported Resident Physicians shortage affects level of care provided
 - 25% of Facilities Reported Other Worker shortage affects level of care provided
- Facilities that Reported either Somewhat significant barriers, or Significant barriers, to Accepting Referrals:
 - Acuity- 67%
 - Need for Additional or Specialized Equipment- 75%
 - Room Will Not Accommodate Equipment Needs- 50%
 - Private Room Availability- 34%
 - Staff Availability- 67%
 - Staff Experience Level- 41%

- Roommate Capability-41%
 - Policy Restrictions- 8%
- Percent of Facilities that do not use all Moratorium Beds due to reduced bed capacity – 50%
 - Of those Facilities with reduced bed capacity, percent that have plans to increase bed capacity – 50%
- Percent of Respondents who indicated that additional beds are needed in their community:
 - Bariatric- 67%
 - Memory- 58%
 - Behavioral Health- 92%
 - Traumatic Brain Injury- 75%
 - General- 50%
 - Other- 25%

