

| | 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 or coordinates individualized support services (see Features) 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 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 Dept. of Human Services | Licensed by ND Dept. of Health | Licensed by ND Dept. of Health |
| Regulation/ Oversight | No state oversight - Landlord Tenant Law and ND Contract Law apply. It is up to the resident to manage their contract/lease and monitor costs and services. | Surveyed by ND Dept. of Health every 3-5 yrs. | Surveyed annually by ND Dept. of Health |
| 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 is billed for room and board, personal care, and ADL assistance. May be private pay (resident's own income sources/assets), or paid through the state's Basic Care program. | Individual rates include: room and board, personal cares, nursing and ADLs assistance. May be private pay (resident's own income sources/assets), through Long Term Care insurance, through the state Medicaid Program, or Medicare. 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. | 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 | Most issues with lease agreement or lease contract 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 can be many additional costs associated with this level of care. | Not required to have regular 24-hour medical or nursing services; only RESPONSE staff. | Not staffed by a physician; a physician is available for consultation at all times. There are differences among SNFs with regard to services provided (i.e.. IV therapy, wound care, 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. |
| <p>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 there are 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 or 328-4617, TDD: 701-328-8968, Fax: 701-328-0389 or submit a complaint on-line at: www.nd.gov/eforms/Doc/sfn01829.pdf .</p> | | | |

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