



Senate

General Assembly

File No. 173

February Session, 2002

Substitute Senate Bill No. 140

Senate, March 26, 2002

The Committee on Public Health reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING ADMISSIONS TO NURSING HOMES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2002*) The medical director of a
2 nursing home or rest home shall have results of Mental Illness/Mental
3 Retardation screening before admitting any patient and shall deny
4 admission to such facility by any patient if the medical director
5 determines that the nursing home or rest home does not have adequate
6 numbers of trained staff and the proper treatment protocols to meet
7 the needs of said patient.

8 Sec. 2. (NEW) (*Effective October 1, 2002*) No hospital, state hospital,
9 community mental health center or public or private mental health
10 facility, as defined in section 19a-490 of the general statutes, may
11 discharge, to any chronic and convalescent nursing home or any rest
12 home with nursing supervision, any patient having a psychiatric
13 diagnosis unless the nursing home or rest home has a separate unit
14 with an adequate level of trained personnel to care for the psychiatric

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Fund-Type	Agency Affected	Current FY \$	FY 03 \$	FY 04 \$
GF - Cost	Dept of Social Services	None	Potential Significant	Potential Significant
GF - Cost	Dept of Mental Health & Addiction Services	None	Potential Significant	Potential Significant

Municipal Impact: None

Explanation

This bill requires the medical director of a nursing home or rest home to have the results of a Mental Illness / Mental Retardation screening before admitting any patient. The director must deny admission if it is determined that the home does not have adequate numbers of trained staff and proper treatment protocols to meet the needs of the patient. The bill further forbids any hospital, state hospital, community mental health center or public or private mental health center from discharging a patient with a psychiatric diagnosis to a nursing or rest home unless the home has a separate unit with personnel trained to care for the psychiatric needs of patients.

The requirements of this bill may result in significant increased costs to both the Department of Social Services and the Department of Mental Health and Addiction Services (DMHAS). The potential inability to place patients in community settings may result in patients remaining in more expensive hospital or mental health center settings. The state would incur these higher costs through the Medicaid program as well as the DMHAS operating budget. The extent of these increased cost would be dependent upon the number of delayed placement, the cost of the higher setting and the length of delay in the

placement. These costs cannot be calculated at this time.

OLR Bill Analysis

sSB 140

AN ACT CONCERNING ADMISSIONS TO NURSING HOMES**SUMMARY:**

This bill requires a medical director of a nursing or rest home to (1) have the results of a patient's mental illness/mental retardation screening before admitting him and (2) deny any patient admission if he determines that the facility does not have sufficient trained staff and the proper treatment protocols to meet the patient's needs.

The bill also prohibits any hospital, state hospital, community mental health center, or public or private mental health facility from discharging a patient who has a psychiatric diagnosis to any nursing home (chronic and convalescent nursing home or rest home with nursing supervision), unless the facility has a separate unit with an adequate level of trained personnel to care for the patient's psychiatric needs.

EFFECTIVE DATE: October 1, 2002

BACKGROUND***Types of Nursing Homes***

The state licenses two types of nursing homes:

1. "chronic and convalescent care nursing homes" (CCNHs), which provide skilled nursing home care and
2. rest homes with nursing home supervision (RHNSs), which provide intermediate nursing care.

Licensed residential care homes (formerly known as homes for the aged) also provide limited help with activities of daily living, but they do not provide nursing services and are not considered nursing homes.

For licensing purposes, state law defines "rest home" along with "residential care home" and "nursing home" as an establishment that

furnishes, in single or multiple facilities, food and shelter to two or more persons unrelated to the proprietor and, in addition, provides services that meet a need beyond the basic provisions of food, shelter, and laundry (CGS § 19a-490). It is not entirely clear, but the bill's references to "rest home" probably mean "rest home with nursing home supervision."

Mental Illness/Mental Retardation Preadmission Screening

Connecticut law prohibits nursing homes (CCNHs and RHNSs) from admitting anyone, irrespective of the payment source, who has not undergone a preadmission screening process for mental illness and mental retardation, based on an independent physical and mental evaluation, that determines whether the person has mental illness or mental retardation and, if so, whether he requires nursing facility services or specialized services. The law also prohibits nursing homes that violate the preadmission screening requirement from receiving payment from any source for their services to that individual. Federal regulations also require preadmission screenings for mental illness and mental retardation for anyone entering a Medicaid-certified nursing home (most homes are Medicaid-certified) (42 C.F.R. § 483.100ff).

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Substitute Change of Reference
Yea 12 Nay 0

Public Health Committee

Joint Favorable Substitute
Yea 25 Nay 0