



# Senate

General Assembly

**File No. 405**

January Session, 2003

Substitute Senate Bill No. 999

*Senate, April 16, 2003*

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING THE ADMISSION AND CARE OF PATIENTS IN NURSING HOMES.***

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

1 Section 1. (NEW) (*Effective October 1, 2003*) The Department of Social  
2 Services, in consultation with the Department of Mental Health and  
3 Addiction Services, shall amend the Pre-Admission Level II Evaluation  
4 for Positive Mental Illness Mental Retardation Screening Form, as  
5 required under federal law, to incorporate additional information  
6 regarding high risk behavior of any patient to be evaluated.

7 Sec. 2. (NEW) (*Effective October 1, 2003*) (a) In addition to any  
8 requirement of sections 17b-359 and 17b-360 of the general statutes,  
9 each nursing home, as defined in section 19a-490 of the general  
10 statutes, shall have a copy of the results of any patient's Pre-Admission  
11 Level II Evaluation for Positive Mental Illness Mental Retardation  
12 Screening, as required under federal law, and a copy of the  
13 determination letter prepared by Advanced Behavioral Health for a

14 patient prior to admitting any such patient. Prior to admitting any  
 15 person who has had such Pre-Admission Level II Screening, the  
 16 administrator for any such nursing home, in consultation with the  
 17 director of nursing and the director of admissions for such nursing  
 18 home, shall make a written determination of whether such home has  
 19 appropriate: (1) Physical and program space, (2) trained staff, and (3)  
 20 programming to provide for the care and safety of such patient and  
 21 other residents of the nursing home. For purposes of this section,  
 22 "trained staff" means staff trained in risk assessment and risk  
 23 management of behavioral health care appropriate for a nursing home  
 24 setting.

25 (b) The Department of Mental Health and Addiction Services, in  
 26 consultation with the Department of Public Health, shall develop a  
 27 recommended curriculum guide and continued training syllabus for  
 28 trained staff.

29 (c) In the course of the admission process for any nursing home  
 30 resident, including, but not limited to, assessment utilizing the Centers  
 31 for Medicare and Medicaid Services' Minimum Data Set, or any  
 32 subsequent review, if problem behavior is identified in such resident,  
 33 the nursing home shall document in such resident's care plan that said  
 34 nursing home has the appropriate physical environment, staff and  
 35 programs to meet such patient's individualized needs.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>

**Statement of Legislative Commissioners:**

In section 2, language was included to clarify that the provisions of section 2 are in addition to any existing requirements under sections 17b-359 and 17b-360 of the general statutes.

**AGE**

*Joint Favorable Subst. C/R*

PH

*PH*      *Joint Favorable Subst.-LCO*

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:

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### **OFA Fiscal Note**

#### **State Impact:**

<b>Agency Affected</b>	<b>Fund-Type</b>	<b>FY 04 \$</b>	<b>FY 05 \$</b>
Department of Social Services	GF - Cost	Potential Significant	Potential Significant
Department of Mental Health & Addiction Services	GF - Cost	Potential Significant	Potential Significant

**Municipal Impact:** None

#### **Explanation**

This bill requires the Department of Social Services (DSS) in consultation with the Department of Mental Health and Addiction Services (DMHAS) to amend the current Pre-Admission Level II form to incorporate additional information regarding high-risk behavior. This requirement is not expected to result in any fiscal impact to either department.

The bill further requires that each nursing home have a copy of either this form or a determination letter from Advanced Behavioral Health prior to admitting any patient. Prior to admitting any patient with such a screening, the nursing home administrator must make a written determination that the home has appropriate physical and program space, trained staff and programming to provide care and safety of such patients and other residents of the home. To the extent that this requirement leads nursing home administrators to refuse admittance of certain high-risk clients, this may result in patients remaining in more expensive settings, such as hospitals or mental health care facilities. The state may incur these higher costs through the Medicaid program as well as the DMHAS operating budget. The extent of these increased costs would be dependent upon the number

of delayed placements, the cost of the higher setting and the length of delay in the placement. These costs cannot be calculated at this time.

The bill further requires DSS, in consultation with the Department of Public Health, to develop a recommended curriculum guide and training syllabus for training staff in risk assessment and management for behavioral health clients in nursing home settings. This requirement is not expected to result in any fiscal impact to either department.

**OLR Bill Analysis**

sSB 999

***AN ACT CONCERNING THE ADMISSION AND CARE OF PATIENTS IN NURSING HOMES*****SUMMARY:**

Federal and state laws require preadmission screening for mental illness or mental retardation for people who are about to enter a nursing home. The screening consists of two levels. Level I, administered by the Department of Social Services (DSS), determines whether the individual has one of these conditions. If he does, he must undergo a Level II screening to determine whether he is appropriate for nursing home admission or needs other specialized services. Advanced Behavioral Health performs the Level II screening for people coming from the community or a state mental hospital under contract with the Department of Mental Health and Addiction Services (DMHAS) and sends the nursing home a determination letter approving or disapproving the admission. For a private hospital, hospital staff may do the Level II screening.

This bill requires additional information about a patient's high-risk behavior to be incorporated into the Level II preadmission screening process. (DMHAS already collects this type of information separately for its own clients entering nursing homes.) The bill also requires a nursing home to have a copy of these results and the determination letter before admitting the patient, as well as to determine in writing whether it has adequate space, programming, and trained staff to meet the patient's needs before admitting the patient. If in the course of admission or afterward, the nursing home identifies any problem behavior, it must document in the patient's care plan that it has adequate resources to meet his needs.

The bill requires DMHAS, in consultation with the Department of Public Health, to develop a recommended curriculum guide and continued training syllabus for trained staff. Trained staff means staff trained in risk assessment and risk management of behavioral health care appropriate for a nursing home setting.

EFFECTIVE DATE: October 1, 2003

**HIGH RISK BEHAVIOR INFORMATION ADDED TO LEVEL II FORM**

The bill requires DSS, in consultation with DMHAS, to amend the nursing home Pre-Admission Level II Evaluation for Positive Mental Illness Mental Retardation Screening form, which federal law requires, to incorporate additional information about the patient's high risk behavior.

**NURSING HOME'S RESPONSIBILITIES**

The bill requires:

1. a nursing home to have a copy of the patient's Level II results and a copy of Advanced Behavioral Health's determination letter for a patient before admitting him;
2. the nursing home's administrator, before admitting a patient who has had the Level II screening, to make a written determination, in consultation with the home's directors of admissions and nursing, as to whether the home has appropriate physical and program space, trained staff, and programming to provide for the care and safety of such a patient and other residents; and
3. the nursing home, if it identifies problem behavior in a resident in the course of the admission process, including assessment using the federal Centers for Medicare and Medicaid Services' Minimum Data Set, or in a subsequent review, to document in the residents' care plan that the home has the appropriate physical environment, staff, and programs to meet the patient's individual needs.

**BACKGROUND*****Mental Illness/Mental Retardation Preadmission Screening Law***

Connecticut law prohibits nursing homes 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.

Federal regulations also require preadmission screenings for mental illness and mental retardation (42 C. F. R. § 483. 100ff). The federal rules create the two screening levels defined above.

A home must notify DMHAS if any resident's mental condition changes. If this occurs, the person may be reevaluated, depending on whether he was previously identified as having a serious mental illness.

**Minimum Data Set Assessment**

Federal law requires all nursing homes to do a comprehensive assessment of a new patient's condition and needs within 14 days after admission. This information is collected for all nursing home residents nationwide and incorporated into an statistical database known as the Minimum Data Set at the federal Centers for Medicare and Medicaid Services (42 CFR Sec. 483.20).

**COMMITTEE ACTION**

Select Committee on Aging

Joint Favorable Substitute Change of Reference  
Yea 12 Nay 0

Public Health Committee

Joint Favorable Report  
Yea 21 Nay 0