OLR Bill Analysis

sSB 852 (File 339, as amended by Senate "A")*

AN ACT CONCERNING NURSING HOME OVERSIGHT AND COMMUNITY-BASED PLACEMENTS.

SUMMARY:

This bill requires certain facilities (i.e., nursing homes, rest homes, residential care homes, and intermediate care facilities for intellectually disabled people) to notify the Department of Social Services (DSS) and the long-term care ombudsman (LTCO) in writing at least 30 days before submitting a letter of intent to DSS for a certificate of need (CON) application. It requires the facilities, after providing such notice, to allow DSS to evaluate the residents to determine which ones may be eligible to transition to a community-based setting through the Money Follows the Person (MFP) program (see BACKGROUND).

The bill changes the Nursing Home Financial Advisory Committee membership and requires it to convene by August 1, 2013. It also requires the committee to:

1. evaluate nursing home data and information and recommend appropriate action to the DSS and Department of Public Health (DPH) commissioners consistent with DSS' strategic plan to rebalance Medicaid long-term care supports and services;

2. by October 1, 2013, begin holding already required quarterly meetings with the Appropriations, Human Services, and Public Health committee chairpersons and ranking members but it eliminates an existing requirement that the meetings also include the LTCO; and

3. by January 1, 2014, begin submitting already required annual reports on its activities to the Aging, Appropriations, Human Services, and Public Health committees.

*Senate Amendment "A" (1) changes how the Nursing Home Financial Advisory Committee makes recommendations; (2) eliminates a requirement that the committee meet with the LTCO during the quarterly meetings; and (3) eliminates the authority for the Appropriations, Human Services, and Public Health chairpersons and ranking members to ask the committee to study and make recommendations on any issue related to nursing homes' financial solvency and quality of care.

EFFECTIVE DATE: Upon passage

LETTER OF INTENT NOTIFICATION AND MFP EVALUATION

By law, a facility must submit a request for permission and required information to DSS when it intends to (1) transfer all or part ownership or control of the facility before it is initially licensed, (2) introduce a function or service into its program of care or expand an existing one, or (3) terminate a service or substantially decrease its total bed capacity. As part of this process, the facility must first request a CON application from DSS through a letter of intent.

The bill eliminates requirements that a facility (1) notify the LTCO when it requests such permission from DSS and (2) in receivership notify the LTCO when it is closed by Superior Court order. Instead, it requires facilities to notify the DSS commissioner and the LTCO in writing at least 30 days before submitting a letter of intent to DSS for a CON application. Once notified, the facility must allow DSS to evaluate each resident for MFP program eligibility (see BACKGROUND). (The bill does not require DSS to perform such evaluations or state a timeframe for completing the evaluation.)

NURSING HOME ADVISORY COMMITTEE

The bill requires the Nursing Home Financial Advisory Committee to convene by August 1, 2013. It retains on the committee one representative each from the for-profit and nonprofit nursing home industry but removes the president of Leading Age Connecticut, Inc. and the executive director of Connecticut Association of Health Care Facilities or their designees. It also adds the LTCO to the committee and allows the labor commissioner to appoint a non-voting member. The governor appoints the nursing home industry representatives.

The bill requires the committee to (1) evaluate any available information and data on the state's nursing homes, including quality of care, acuity, census, and staffing levels to assess their infrastructure and projected needs and (2) recommend appropriate action to the DSS and DPH commissioners consistent with the goals, strategies, and long-term care needs in DSS' strategic plan to rebalance Medicaid long-term care supports and services. Currently, the committee, when it receives a report relating to nursing homes' financial solvency and quality of care, must recommend appropriate action to the DSS and DPH commissioners to improve the financial condition of any nursing home in financial distress.

BACKGROUND

MFP

MFP is a federal demonstration program that allows states to move people out of nursing homes or other institutional settings into less-restrictive, community-based settings. The recent federal health care reform law extends the demonstration period to 2016.

To qualify, an individual must have lived in a nursing home or other institution for at least 90 days and, if not for the community-based services provided under the demonstration, would have to remain in the institution. For the first 12 months the participant lives in the community, the federal government pays an enhanced federal Medicaid match. (In Connecticut, the normal Medicaid match is 50%, and the enhanced demonstration match is up to 75%).

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute
Yea 18 Nay 0 (03/21/2013)