The amendment strikes the language in the underlying bill and the associated fiscal impact.

The amendment results in a cost to the Department of Social Services associated with eliminating the distinction between a chronic and convalescent nursing home and a rest home with nursing supervision and increasing minimum staffing level requirements in nursing homes.

The amendment requires the Department of Public Health (DPH) to establish a minimum staffing level of three hours of direct care per resident per day, by January 1, 2022. Based on 2019 cost report data, there are several homes providing less than three hours of direct care per resident per day. The total cost for these homes to meet the amendment's provisions is approximately $600,000 to $1 million. If the state supported those costs through increased rates, it would result in a state Medicaid cost of $300,000 to $500,000. The actual cost depends on the number and type of staff required.

The amendment also requires DPH to modify staffing requirements to (1) include one full-time social worker per sixty residents, and (2) reduce current staffing requirements for recreational staff. The net impact will depend on the adjusted staffing required for each home and the extent to which associated costs are reflected in Medicaid rates.
The preceding Fiscal Impact statement is prepared for the benefit of the members of the General Assembly, solely for the purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst’s professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

Sources: 2019 Annual Cost Reports of Long Term Care Facilities per the Department of Social Services