

Common Sense Initiative

Long Term Care Regulatory Relief

HB153 Summary

1. Certificate of Need (CON): Allows the skilled nursing facility to change the site of the proposed project. For each change a 25% fee will be assessed to the CON application.
2. Independent Deficiency Review: Allows a skilled nursing facility up to two independent reviews of any deficiency of non-compliance. If the skilled nursing facility does not agree with the findings of the first review, they can request a second review overseen by a hearing officer selected by ODH through an RFP process. The second review will be paid for by the skilled nursing facility.
3. Shower rooms: Removes the rule requirement for skilled nursing facilities to provide a shower/toilet room in each new resident room. Requires the skilled nursing facility to ensure the dignity and privacy of every resident when being transported to and from bathing facilities.
4. Nurse Staffing: Moves from rule to statute the nursing staffing requirement. Changes the nurse staffing requirement from 2.0 hours per resident day for nurse aide, .5 hours per resident day for RN and .25 hours per resident day for LPN to a flexible nurse staffing of 2.5 hours per resident day for nurse aide, RN, LPN, RN administrator and LPN administrator.
5. Resident Relocation: Allows the resident's sponsor to choose a location of transfer on behalf of the resident. The proposed location must meet the resident's safety and healthcare needs. The proposed location need not have accepted the resident at the time notice is given.
6. Estate Priorities: Gives nursing facilities a priority for unpaid bills for the last stay in the facility. The priority is immediately before the state's ability to recover for payments by Medicaid.
7. Franchise Permit Fee Redetermination: Creates a requirement that the department redetermine nursing facility franchise permit fees related to the second half of each fiscal year to account for beds surrendered to the Department of Health.
8. Franchise Permit Fee and Changes of Operator: Shifts responsibility for franchise fee payments to the entering operator when a change of operator occurs. The expense for the fiscal year is apportioned based on the number of days the entering operator and exiting operator hold the provider agreement.

9. ICF-MR Depreciation Recapture: Eliminates depreciation recapture when an ICF-MR is sold. This aligns ICF-MR policy with NF policy.
10. Delegated Nursing in ICFs-MR: Expands the use of delegated nursing for individuals served in ICFs-MR in limited situations.
11. Resident Safety Assurance Manager: Provides permissive authority for the department to use "Resident Safety Assurance Managers" at the request of the current operator when necessary to ensure the health and safety of the facility residents.
12. Unified Long Term Care Advisory Workgroup: Creates the Unified Long Term Care Advisory Workgroup and charges four subcommittees focused on issues related to institutional long term care services. Reports on the role of Medicaid distinct parts in nursing homes and nursing home quality are due to the General Assembly on September 1, 2011. A report on the process used to determine Medicaid eligibility for nursing home residents is due on December 31, 2011. A report on nursing facility reimbursement is due on December 31, 2012.
13. Joint Legislative Committee for Unified Long-Term Services and Supports: Creates the Joint Legislative Committee for Unified Long Term Services and Supports. The joint committee will include three members of the House of Representatives and three members of the Senate. The committee will examine issues related to the dual eligible integrated care management demonstration project, the implementation of a unified long term services and supports Medicaid waiver, the extension of the nursing facility franchise permit fee to county facilities, and other issues related to the delivery of long term care services. The Medicaid Director will testify at least quarterly.
14. Audit Penalties: Creates penalties for audit findings related to nursing home cost reports. The amount of the penalties is related to the scale of any audit findings.