

HOUSE RESEARCH

Bill Summary

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Overview

This bill requires the commissioner of health to transmit resident case mix classification notices electronically to nursing facilities, modifies the criteria and procedures for the competitive moratorium exception process, and gives the commissioner discretion in taking action against a facility's license. The bill also gives the commissioner authority to enforce staff training requirements related to dementia care and to issue correction orders to facilities that violate these requirements.

Section

- 1 Notice of resident reimbursement classification.** Amends § 144.0724, subd. 7. Requires the commissioner of health to send notices of resident classification by electronic means to nursing facilities. Eliminates the option for a facility to receive notices of resident classification by first class mail.
- 2 Facilities for Alzheimer's disease or related disorder.** Amends § 144.6503. Requires nursing facilities serving persons with Alzheimer's disease or related disorders to document compliance with staff training requirements for dementia care. Gives the commissioner of health enforcement authority to ensure compliance with the training requirements, and to issue correction orders for noncompliance.
- 3 Exceptions to the moratorium; review.** Amends § 144A.073.

The amendment to subdivision 1 modifies existing definitions that govern the competitive

Section

moratorium exception process, and provides definitions of “addition” and “phased project.”

The amendment to subdivision 2 extends from 90 to 150 days the time period that nursing facilities have to respond to a request for proposals for moratorium projects. If money is appropriated for moratorium exceptions, requires the application process to be initiated at least once each biennium, and requires a second application process if remaining funds are either greater than \$300,000 or more than 50 percent of the baseline appropriation. (Under current law, if funding is provided, the application process must be initiated between two and four times during a biennium.) Modifies the information that must be submitted in a proposal to, among other things, include details of any proposed funding mechanism.

The amendment to subdivision 3b. reduces the period within which project amendments must be submitted from 18 to 15 months of approval.

The amendment to subdivision 3c. requires the commissioner of health, when reviewing proposals for cost neutral relocation projects in consultation with the commissioner of human services, to also consider the extent to which the applicant demonstrates the continuing need for nursing facility care in the community and adjacent communities.

The striking of subdivision 3d. eliminates two obsolete provisions related to project amendments.

The amendment to subdivision 4 modifies a criterion for reviewing proposals related to providing equitable access by redistributing nursing home beds based on the number of nursing home beds relative to the population age 85 and older. Requires redistribution to be based on information in the biennial report on long-term care services submitted by the commissioners of health and human services to the legislature, rather than on data projected by the state demographer and on requirements specified in the subdivision. Also modifies a criterion related to quality of life in a facility by removing a reference to “narrow corridors.”

The amendment to subdivision 6 corrects a reference to the DHS annual statistical and cost report.

The amendment to subdivision 7 modifies criteria for proposals involving upgrading.

The amendment to subdivision 8 eliminates an obsolete reference to rule adoption.

The striking of subdivision 10 eliminates an obsolete extension of project approval.

4 **Correction orders.** Amends § 144A.10, subdivision 4. Requires the commissioner of health to issue correction orders if a facility is not in compliance with § 144.6503 (staff training requirements related to dementia care).

5 **Mandatory proceedings.** Amends § 144A.11, subdivision 2. Provides that the commissioner of health is not required to revoke, suspend, or refuse to renew the license of a nursing facility that has incurred specified uncorrected or repeated violations, if the facility corrects the violation. Provides an immediate effective date.