

# HOUSE RESEARCH

## Bill Summary

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**Subject:** Nursing Home Regulatory Requirements

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### Overview

This bill modifies nursing home regulatory standards related to facility-specific waivers, care for incontinent residents, and quality improvement for facilities in the alternative payment system. The bill also establishes an informal dispute resolution process, places a two year moratorium on state surveys and complaint investigations, and requires the commissioner of health to review the appropriateness of survey and investigation procedures.

### Section

- 1 Standards.** Amends § 144A.04, subd. 3. Requires the commissioner of health to make information on facility-specific waivers related to technology or physical plant available to other nursing homes. Requires the commissioner, upon the request of a facility, to extend a waiver granted to a specific facility related to technology or physical plant to other similarly situated facilities, if certain conditions are met. Exempts a facility from seeking a waiver for room furniture or equipment when responding to resident-specific requests, if health and safety concerns have been discussed with the resident and this is documented in the patient record.
- 2 Incontinent residents.** Amends § 144A.04, by adding subd. 11. Provides an exemption from the requirement that incontinent residents be checked every two hours, by requiring the resident to be checked according to a time interval specified in the care plan. Requires the attending physician to authorize any interval longer than two hours, unless the resident or representative of the resident agrees to waive physician involvement.
- 3 Fines for federal certification deficiencies.** Amends § 144A.10, subd. 6b. Allows money collected from nursing home fines to be used by the commissioner to reimburse the office of administrative hearings for costs related to arbitration.

- 4 Independent informal dispute resolution.** Amends § 144A.10, by adding subd. 16. Establishes an independent informal dispute resolution process, through the office of administrative hearings, for deficiency citations issued to nursing facilities. Specifies procedures and timelines, and the types of findings that can be issued. Specifies that the findings of the arbitrator are not binding on the commissioner. Requires the commissioner to reimburse the office of administrative hearings for the costs of arbitration proceedings, and requires facilities to reimburse the commissioner when deficiency citations are supported in full or in substance.
- 5 Exemptions.** Amends § 256B.434, subd. 10. Requires nursing facilities participating in the alternative payment system to either participate in the alternative payment system quality improvement program or submit information on their own quality improvement process to the commissioner for approval. Requires facilities that have received approval to report annually on at least one key area of quality improvement.
- 6 Imposition of federal certification remedies.** Requires the commissioner of health to seek changes in the federal policy that mandates the imposition of sanctions if a nursing facility has previous deficiencies.
- 7 State licensure activities and the issuance of state correction orders.** Prohibits the commissioner of health from conducting surveys or complaint investigations, or issuing correction orders or penalty assessments, for the biennium beginning July 1, 2003. During that biennium, requires the commissioner to establish a working group to review and evaluate current survey and investigation procedures, and to report to the legislature by January 1, 2005.