

HOUSE RESEARCH

Bill Summary

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Overview

This bill modifies personal care assistance requirements, nursing assistant requirements, housing with services registration fees and certain other license fees, customized living services, nursing facility rates, and requires long-term care transitional assistance.

Section

- 1 License fees.** Amends § 144A.4605, subd. 5. Doubles annual license fees related to class F home care providers.
- 2 Registry fee.** Amends § 144A.61 by adding subd. 9. Requires nursing assistants registered with the department of health to pay an annual fee of \$50. Deposits fee revenue collected under this subdivision in the general fund.

Provides an August 1, 2010 effective date.
- 3 Registration procedures.** Amends § 144D.03, subd. 1. Increases the annual registration fee for HWS establishments to \$2,000. Deposits fee revenue collected under this subdivision in the general fund.
- 4 Registration information.** Amends § 144D.03, subd. 2. Adds to the list of information that HWS establishments must provide to the commissioner in order to be registered by including information on services that are included in the base rate paid by residents.
- 5 Contents of contract.** Amends § 144D.04, subd. 2. Clarifies that the description of services provided to residents in HWS contracts must delineate the portion of the base rate that is charged for rent and the portion that is charged for services.
- 6 Uniform consumer information guide.** Adds § 144D.08. Requires HWS establishments

to make available to current and prospective residents the consumer information that is required under Minnesota Statutes, § 144G.06.

- 7 Termination of lease.** Adds § 144D.09. Requires HWS establishments to include, with a notice to terminate a lease, contact information for the ombudsman for long-term care and a statement of how to request problem solving assistance.
- 8 Uniform consumer information guide.** Amends § 144G.06. Adds to the recommendations upon which the assisted living advisory committee must advise the commissioner of health by including services that are covered by Medicare.
- 9 Consumer information and assistance and long-term care options counseling; Senior LinkAge Line.** Amends § 256.975, subd. 7. Modifies long-term care options counseling. Requires housing with services establishment to provide information that will facilitate price comparisons, including the delineation of charges for rent and for services available. Requires the commissioners of health and human services to align the data elements required by the Uniform Consumer Information Guide and this section to provide consumers standardized information and ease of comparison of long-term care options.
- 10 Personal care assistance services.** Amends § 256B.0625, subd. 19a. Modifies eligibility for PCA services. Beginning July 1, 2010, requires recipients to require assistance and be dependent in at least two activities of daily living in order to be eligible for PCA services. This requirement is currently scheduled to take effect on July 1, 2011.
- 11 Personal care assistant; requirements.** Amends § 256B.0659, subd. 11. Requires PCAs to pay an annual \$50 registration fee to the Department of Human Services. Deposits all fee revenue collected under this subdivision in the state general fund. Makes this section effective August 1, 2010.
- 12 Rate reduction for customized living and 24-hour customized living services.** Amends § 256B.0915, by adding subd. 3i. (a) Requires the commissioner to array counties by the number of housing with services beds per 1,000 individuals age 65 and over, for each county and contiguous counties. Requires the commissioner to divide counties into three groups, of low, medium, and high bed concentration.
- (b) Requires the commissioner, effective July 1, 2010, to reduce payment rates for customized living services and 24-hour customized living services from the rates in effect on June 30, 2010, by: (1) ... percent for facilities located in counties with low concentrations of housing with services beds; (2) ... percent for facilities in counties with a medium concentration of beds; and (3) ... percent for facilities in counties with a high concentration of beds.
- (c) Requires the commissioner to reduce capitation rates, effective January 1, 2011, to reflect the reduction. Requires the reduction in capitation rates for the period January 1, 2011, to June 30, 2011, to provide savings equivalent to applying the reduction for all of FY 2011.
- 13 Phase-in of rebased operating payment rates.** Amends § 256B.441, subd. 55. Reinstates the phase-in of rebased nursing facility operating payment rates that was eliminated during the 2009 session. The reinstated language requires rates to be determined for the rate year beginning October 1, 2014, based on 14 percent of the rebased rates and 86 percent of the

alternative payment system rate, with the percentage for rebased rates increasing to 31 percent for the rate year beginning October 1, 2011, and 48 percent for the rate year beginning October 1, 2012.

- 14 Nursing facility rate reduction.** Amends § 256B.441, by adding subd. 60. For the rate year beginning October 1, 2010, requires the commissioner to reduce nursing facility operating payment rates, after any blending and rebasing of rates, by:
- (1) 3 percent for facilities with 50 percent or more of patient days reimbursed through private pay;
 - (2) 2 percent for facilities with greater than 25 but less than 50 percent of patient days reimbursed through private pay; and
 - (3) 1 percent for facilities with 25 percent or less of patient days reimbursed through private pay.
- 15 Prohibited practices.** Amends § 256B.48, subd. 1. Phases-out the MA nursing facility rate equalization requirement over a three-year period. Effective October 1, 2010, allows facilities to charge private pay residents 2 percent higher than the rate in effect on June 30, 2010 (the MA equalized rate), plus an adjustment equal to any other increase provided in law, for the RUGs group assigned to a resident. This percentage increases to 4 percent effective October 1, 2011, and 6 percent effective October 1, 2012. Defines allowable payment rate. Effective October 1, 2013, provides that paragraph (a), the MA equalization requirement and related provisions, no longer applies, except that special services if offered must be available to all residents of a facility and charged separately at the same rate. Specifies requirements related to special services.
- Provides that for MA residents, the MA payment must be accepted by a facility as payment in full for a continued stay, except as otherwise provided in law.
- Modifies the prohibition on discriminating in admissions, in part by excluding from the definition of discrimination in admissions engaging in preferential selection from waiting lists based on ability to pay privately or an applicant's refusal to pay for a special services. Also clarifies language of an existing prohibition on basing admissions decisions on public assistance status.