

General Assembly

Raised Bill No. 5236

February Session, 2020

LCO No. 1455



Referred to Committee on HUMAN SERVICES

Introduced by: (HS)

## AN ACT CONCERNING THE TRANSITION TO A MEDICAID NURSING HOME FACILITY CASE MIX PAYMENT SYSTEM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 17b-340d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2020*):
- 3 (a) For purposes of this section, "Minimum Data Set", or "MDS"
- 4 means a federally mandated process for clinical assessments of the
- 5 <u>functional capabilities and health needs of residents in a nursing home</u>
- 6 facility certified by Medicare or Medicaid. The Commissioner of Social
- 7 Services may implement an acuity-based methodology for Medicaid
- 8 reimbursement of nursing home services, which shall be known as the
- 9 Medicaid nursing home facility case mix payment system. In the course
- 10 of developing such a system, the commissioner shall review the skilled
- 11 nursing facility prospective payment system developed by the Centers
- 12 for Medicare and Medicaid Services, as well as other methodologies
- 13 used nationally, and shall consider recommendations from the nursing
- 14 home finance advisory committee established pursuant to section 17b-
- 15 339, as amended by this act, and the nursing home industry. For the

LCO No. 1455 **1** of 7

- 16 purpose of formulating such recommendations, the commissioner shall
- 17 provide to the nursing home finance advisory committee and
- 18 representatives of the nursing home industry any (1) MDS provider
- 19 <u>data, (2) nursing home facility cost report and rate computation data, (3)</u>
- 20 case mix payment models, and (4) other data included in the design,
- 21 <u>development, modeling, implementation and operation of the case mix</u>
- 22 payment system.
- 23 (b) The Commissioner of Social Services may implement policies as
- 24 necessary to carry out the provisions of this section while in the process
- 25 of adopting the policies as regulations, provided that prior to
- 26 implementation the policies are posted on the eRegulations System
- 27 established pursuant to section 4-173b and the Department of Social
- 28 Services' Internet web site. <u>In no event may the commissioner</u>
- 29 <u>implement the provisions of this section prior to federal approval of a</u>
- 30 Medicaid state plan amendment and the adoption of state regulations
- 31 <u>to implement the transition to a Medicaid nursing home facility case mix</u>
- 32 payment system from a cost-based payment system.
- 33 (c) The Commissioner of Social Services shall submit a proposed
- 34 amendment to the Medicaid state plan to implement the transition to a
- 35 Medicaid nursing home facility case mix payment system from a cost-
- 36 <u>based payment system in accordance with the provisions of section 17b-</u>
- 37 <u>8, as amended by this act, prior to submission of the Medicaid state plan</u>
- 38 <u>amendment to the federal government.</u>
- 39 (d) The Medicaid state plan amendment implementing the transition
- 40 to a Medicaid nursing home facility case mix payment system shall
- 41 include, but not be limited to, the following components:
- 42 (1) A fiscal impact evaluation providing the assurance of (A)
- 43 adequate funding to achieve quality and access to care; (B) an evaluation
- 44 of any funding shortfall for Medicaid-certified nursing home facilities,
- 45 including, but not limited to, the accumulated impact of previous
- 46 adopted restraints on cost-based nursing home facility rate increases as
- 47 well as any anticipated funding shortfall in the case mix payment

LCO No. 1455 **2** of 7

- 48 system; and (C) provisions for an annual inflationary adjustment and
- 49 periodic rebasing of the rates;
- 50 (2) A facility-by-facility specific impact analysis, including a
- 51 <u>comparison of current cost-based provider rates to rates under a case</u>
- 52 <u>mix payment system;</u>
- 53 (3) A facility-by-facility comparison of the calculated model case mix
- 54 rates prior to adjustment based on available state resources versus such
- 55 rates adjusted for available state resources;
- 56 (4) A provision to provide adequate reimbursement in the case mix
- 57 payment methodology for costs, including, but not limited to, those
- 58 related to dementia and Alzheimer's disease care, ventilator usage,
- 59 <u>bariatric conditions</u>, HIV/AIDS treatment, behavioral health and
- 60 <u>substance use disorders;</u>
- 61 (5) A provision to address distinct needs of facilities with an
- 62 occupancy rate of ninety-five per cent or higher with residents
- 63 <u>predominantly supported by Medicaid;</u>
- 64 (6) A provision for the establishment of value-based performance
- 65 incentives to reward quality performance measured by quality metrics,
- 66 provided the incentives are paid for from supplemental funding and not
- 67 <u>obtained through withholding rate increases for facilities;</u>
- 68 (7) An analysis of data concerning access to care to ensure a sufficient
- 69 supply of nursing home facility beds and services, including specialty
- 70 care services;
- 71 (8) A phased-in implementation schedule, including a stop loss
- 72 provision to limit the amount a rate can be reduced within an
- 73 established time period;
- 74 (9) A rate differential based on geographic location of the nursing
- 75 home facilities located in Fairfield county;
- 76 (10) For the purpose of achieving voluntary licensed bed reductions,

LCO No. 1455 3 of 7

- a provision to require the recalculation of the base rates within the 2018
- 78 cost report year for nursing homes that reduce their licensed bed
- 79 <u>capacity effective June 30, 2020, or before; and</u>

94

95

96

97

98

99

100

101102

103

104

105

106

107

108

- 80 (11) Initial and annual training for nursing home facility staff in the 81 new Medicaid nursing facility case mix payment system.
- 82 (e) Not later than January 1, 2021, the Commissioner of Social Services 83 shall submit a report, in accordance with section 11-4a, to the joint 84 standing committees of the General Assembly having cognizance of 85 matters relating to human services, public health and appropriations 86 and the budgets of state agencies, on the implementation of the 87 transition to a Medicaid nursing home facility case mix payment system 88 from a cost-based payment system. Such report shall include, but not be 89 limited to, an evaluation of each component of the transition to a 90 Medicaid nursing home facility case mix payment system.
- 91 Sec. 2. Subsection (a) of section 17b-8 of the general statutes is 92 repealed and the following is substituted in lieu thereof (*Effective July 1*, 93 2020):
  - (a) The Commissioner of Social Services shall submit an application for a federal waiver or renewal of such waiver of any assistance program requirements, except such application pertaining to routine operational issues, and any proposed amendment to the Medicaid state plan to (1) make a change in program requirements that would have required a waiver were it not for the passage of the Patient Protection and Affordable Care Act, P.L. 111-148, and the Health Care and Education Reconciliation Act of 2010, P.L. 111-152, or (2) implement the transition to a Medicaid nursing home facility case mix payment system from a cost-based payment system, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies prior to the submission of such application or proposed amendment to the federal government. Not later than thirty days after the date of their receipt of such application or proposed amendment, the joint standing

LCO No. 1455 **4** of 7

committees shall: [(1)] (A) Hold a public hearing on the waiver application, or [(2)] (B) in the case of a proposed amendment to the Medicaid state plan, notify the Commissioner of Social Services whether or not said joint standing committees intend to hold a public hearing. Any notice to the commissioner indicating that the joint standing committees intend to hold a public hearing on a proposed amendment to the Medicaid state plan shall state the date on which the joint standing committees intend to hold such public hearing, which shall not be later than sixty days after the joint standing committees' receipt of the proposed amendment. At the conclusion of a public hearing held in accordance with the provisions of this section, the joint standing committees shall advise the commissioner of their approval, denial or modifications, if any, of the commissioner's waiver application or proposed amendment. If the joint standing committees advise the commissioner of their denial of the commissioner's waiver application or proposed amendment, the commissioner shall not submit the application for a federal waiver or proposed amendment to the federal government. If such committees do not concur, the committee chairpersons shall appoint a committee of conference which shall be composed of three members from each joint standing committee. At least one member appointed from each joint standing committee shall be a member of the minority party. The report of the committee of conference shall be made to each joint standing committee, which shall vote to accept or reject the report. The report of the committee of conference may not be amended. If a joint standing committee rejects the report of the committee of conference, that joint standing committee shall notify the commissioner of the rejection and the commissioner's waiver application or proposed amendment shall be deemed approved. If the joint standing committees accept the report, the committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the commissioner of their approval, denial or modifications, if any, of the commissioner's waiver application or proposed amendment. If the joint standing committees do not so advise the commissioner during the thirty-day period, the waiver application or proposed amendment shall be deemed approved. Any application

109110

111

112

113

114

115

116

117118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

LCO No. 1455 **5** of 7

for a federal waiver, waiver renewal or proposed amendment submitted to the federal government by the commissioner, pursuant to this section, shall be in accordance with the approval or modifications, if any, of the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies.

- Sec. 3. Subsection (b) of section 17b-339 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1*, 2020):
- 153 (b) The committee shall (1) evaluate any information and data available, including, but not limited to, (A) quality of care, (B) acuity, 154 155 (C) census, and (D) staffing levels of nursing homes operating in the 156 state to assess the (i) transition to a Medicaid nursing home facility case 157 mix payment system from a cost-based payment system, and (ii) the 158 overall infrastructure and projected needs of such homes, and (2) 159 recommend appropriate action consistent with the goals, strategies and 160 long-term care needs set forth in the strategic plan developed pursuant 161 to subsection (c) of section 17b-369 to the Commissioner of Social 162 Services and the Commissioner of Public Health. The Commissioner of 163 Social Services shall submit quarterly reports to the committee 164 concerning pending nursing home requests for interim rate increases. 165 Such reports shall, without identifying any requesting facility by name, 166 list the amount of each increase requested, the reason for the request and 167 the rate that will result if the request is granted.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2020	17b-340d
Sec. 2	July 1, 2020	17b-8(a)
Sec. 3	July 1, 2020	17b-339(b)

## Statement of Purpose:

To ensure the transition to a new Medicaid payment system for nursing home facilities is equitable, efficient and adequately funded.

LCO No. 1455 **6** of 7

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

**L**CO No. 1455 **7** of 7