

SUMMARY OF RECOMMENDATIONS

LEGISLATIVE COMMISSION'S SUBCOMMITTEE TO CONDUCT A STUDY OF POSTACUTE CARE

Assembly Bill 242
(Chapter 306, *Statutes of Nevada 2015*)

On July 6, 2016, during the fourth and final meeting of the Subcommittee to Conduct a Study of Postacute Care, the members conducted a work session and voted to forward five recommendations as bill draft requests (BDRs) to the 2017 Legislative Session. The Subcommittee members also voted to have one letter expressing their support for a specific issue and encouraging certain action. During the work session, the members also voted to include several statements of support for issues in the Subcommittee's final report. A summary of each BDR and letter follows, while the statements of support will appear in the Subcommittee's bulletin (interim study report).

During the drafting process, specific details of the following proposals for legislation and letters may be further clarified by staff in consultation with the Chair or others, as appropriate. If a proposal for legislation or the letter includes reference to specific chapters or statutes of the *Nevada Revised Statutes* (NRS), as part of the drafting process, amendments to other related chapters or sections of NRS may be made to fully implement the proposals.

BILL DRAFT REQUESTS

1. Submit a BDR requiring the Division of Health Care Financing and Policy (DHCFP), Department of Health and Human Services (DHHS), to study the adequacy of the rates of reimbursement through Medicaid waiver programs for personal care services provided in personal residences, assisted living facilities, residential facilities for groups, and facilities for the care of adults during the day. In conducting the study, the DHCFP must consider reasonable cost of care assessments provided by personal care service providers in Nevada, the Medical Care Consumer Price Index, Nevada's rates in comparison to rates in other demographically similar states, and direct care staff labor costs. Upon completion of this study, the DHCFP shall prepare a report setting forth its findings and recommendations. In addition, if the rate is determined to be inadequate, the DHCFP must propose an adjusted Medicaid rate that adequately covers the cost for providing personal care services for consideration during the 80th (2019) Session of the Nevada Legislature. The report must be completed by March 1, 2018, and submitted to the Legislative Counsel Bureau (LCB) to be transmitted to the Legislative Committee on Health Care and the Interim Finance Committee. **(BDR S-368)**
2. Submit a BDR requiring the DHCFP to conduct a comparative analysis of the rates of reimbursement that cover the cost for personal care services and home- and

community-based services provided by: (1) residential facilities for groups (as defined by NRS 449.017); (2) providers of supported living arrangement services (as defined by NRS 449.0159); and (3) providers of community-based services for persons with physical disabilities, frail elderly persons, and persons with intellectual disabilities or related conditions to identify any disparities in the rates of reimbursement for equivalent services among these different types of providers. Upon the completion of its analysis, the DHCFP shall prepare a report setting forth its findings and recommendations. The report must be completed by March 1, 2018, and submitted to the LCB to be transmitted to the Legislative Committee on Health Care and the Interim Finance Committee. **(BDR S-369)**

3. Submit a BDR requiring the DHHS to establish by regulation standards for certain facilities providing 24-hour, long-term care for individuals who need supervision and assistance with personal care and medication management, including residential facilities for groups, supported living arrangements, and community-based living arrangements. Specifically, provide uniformity by establishing the following essential standards:
 - a. Develop consistent authority to provide oversight for each regulating State agency;
 - b. Require every facility or living arrangement to receive an annual State inspection or survey;
 - c. Ensure that the penalties which may be imposed on a facility or living arrangement for violation of an applicable law or regulation are enforceable and consistent;
 - d. Authorize each regulating agency to impose comparable fines; and
 - e. Require clear notification of the State agency responsible for providing oversight for each facility or living arrangement; develop a “no wrong door” policy for reporting complaints among regulatory agencies; and ensure that residents are notified of the services that are authorized and the services that are required to be provided within that setting. **(BDR 40-370)**
4. Submit a BDR expanding the authority of the long-term care ombudsmen to include the ability to advocate for residents of the following living arrangements and facility types:
 - a. Living arrangements;
 - (1) Supported living arrangements, Aging and Disability Services Division, DHHS (NRS 435.3315); and
 - (2) Community-based living arrangements, Division of Public and Behavioral Health (DPBH), DHHS; and

- b. Facilities for the care of adults during the day. **(BDR 38–371)**
- 5. Submit a BDR requiring the adoption of regulations by the State Board of Health, DPBH, DHHS, and relevant professional licensing agencies that authorize any person: (1) who is employed by a residential facility for groups (as defined by NRS 449.017), an agency to provide personal care services in the home (as defined by NRS 449.0021), an intermediary service organization (as defined by NRS 449.4304), or a facility for the care of adults during the day (as defined by NRS 449.004); and (2) who has completed training in accordance with standards adopted by the State Board of Health and relevant professional licensing agencies to engage in the activities noted below.

Such a person may, with the consent of the resident: (1) check, record, and report the temperature, blood pressure, pulse, apical heart rate, respiration or oxygen saturation of a resident, or any combination of these; (2) administer insulin furnished by a registered pharmacist to a resident for the treatment of insulin-dependent diabetes as directed by a physician and using an auto-injection device approved by the United States Food and Drug Administration for use in the home; and (3) conduct a glucose test on a resident with diabetes using a device for monitoring that is approved as described above and used only on that resident. **(BDR 40–372)**

LETTER

- 6. Submit a letter to the Governor of the State of Nevada, the Director of the DHHS, and the Chairs of the Senate Committee on Finance and Assembly Committee on Ways and Means during the 2017 Legislative Session recommending and expressing support for:
 - a. A review of the rate methodology for postacute care facilities and personal care and home health care services;
 - b. Inclusion of an appropriation in the Governor’s recommended budget and the legislatively approved budget that supports payment rates that are sufficient to ensure that Medicaid beneficiaries have access to covered Medicaid services; and
 - c. Indexing the rate to increase with inflation in future biennia.