# MAINE STATE LEGISLATURE

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## 120th MAINE LEGISLATURE

### FIRST REGULAR SESSION-2001

Legislative Document	No. 525
H.P. 404	House of Representatives, February 6, 2001
An Act to Improve A	access to Residential Care in Rural Maine.

Reference to the Committee on Health and Human Services suggested and ordered printed.

MILLICENT M. MacFARLAND, Clerk

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Presented by Representative LOVETT of Scarborough. Cosponsored by Representatives: FULLER of Manchester, STEDMAN of Hartland, Senators: LONGLEY of Waldo, MILLS of Somerset.

2	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 22 MRSA §303, sub-§12-C is enacted to read:
4	12 G Warte G 1311 Glas No. 1 Warring Spritting Slave
6	12-C. Nursing facility flex bed. "Nursing facility flex bed" means any bed defined under section 1812-I.
8	Sec. 2. 22 MRSA §304-A, sub-§8-A, as enacted by PL 1997, c.
10	689, Pt. B, $\S10$ and affected by Pt. C, $\S2$ , is amended to read:
10	8-A. Nursing facilities. The obligation by a nursing
12	facility, when related to nursing services provided by the nursing facility, of any capital expenditures of \$500,000 or
14	more, as adjusted pursuant to section 305-A.
16	A certificate of need is not required for a nursing facility to convert beds used for the provision of nursing services to beds
18	to be used for the provision of residential care services. If such a conversion occurs, public funds are not obligated for
20	payment of services provided in the converted beds +-and.
22	A certificate of need is not required for a nursing facility to
	use nursing facility flex beds; and
24	Sec. 3. 22 MRSA §1708, sub-§3, ¶C, as amended by PL 1995, c.
26	696, Pt. A, §32, is further amended to read:
28	C. Are consistent with federal requirements relative to limits on reimbursement under the federal Social Security
30	Act, Title XIX; and
32	Sec. 4. 22 MRSA §1708, sub-§3, ¶D, as enacted by PL 1995, c. 696, Pt. A, §33, is amended to read:
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	D. Ensure that any calculation of an occupancy percentage or other basis for adjusting the rate of reimbursement for
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36 38	nursing facility services to reduce the amount paid in response to a decrease in the number of residents in the facility or the percentage of the facility's occupied beds

50 Sec. 5. 22 MRSA §1708, sub-§3, ¶E is enacted to read:

rules of the department,; and

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with section 304-F. If the excluded beds are converted to residential care beds or another program for which the department provides reimbursement, nothing in this paragraph

precludes the department from including those beds for

purposes of any occupancy standard applicable to the residential care or other program pursuant to duly adopted

E. Determine how nursing facilities are reimbursed for nursing facility flex beds as defined in section 1812-I.

Reimbursement must be commensurate with the level of care provided, rather than applying a days' waiting placement rate.

Sec. 6. 22 MRSA §1812-I is enacted to read:

### §1812-I. Nursing facility flex beds

"Nursing facility flex beds" means nursing facility beds licensed by the department for use also as residential care beds.

Sec. 7. 22 MRSA §1813, as amended by PL 1997, c. 488, §1, is further amended by adding at the end a new paragraph to read:

For nursing facilities providing nursing facility flex beds as defined in section 1812-I, the department shall issue a single license reflecting the nursing and residential facility levels of care and the number of nursing facility beds allowed to be used as nursing facility flex beds. Nursing facility flex beds may be established only in nursing facilities that are farther than 25 miles from the nearest available licensed residential care facility at the time of licensing the nursing facility flex beds, or if necessary to meet the care needs of an existing resident. The number of nursing facility flex beds in any one nursing facility may not exceed 30% of the total number of beds licensed in that facility. The commissioner shall adopt rules, which are routine technical rules pursuant to Title 5, chapter 375, subchapter II-A, to implement this paragraph.

Sec. 8. Application for pilot program required. The Department of
Human Services shall seek federal matching funds for a pilot
program utilizing all nursing facilities with nursing facility

36 flex beds.

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#### **SUMMARY**

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This bill addresses the issue identified in the Final Report of the Commission to Examine Rate Setting and the Financing of Maine's Long-Term Care Facilities, dated November 20, 1998, regarding resident access to long-term care in rural communities by allowing the use of "nursing facility flex beds," through which nursing facilities may use a designated number of beds for nursing or residential care. In circumstances when residents would otherwise have no access to residential care services, either because they live in a rural area where no residential care facility exists or they currently live in a nursing facility and their health improves to the extent that they require only

residential care services and the nearest residential care facility is located more than 25 miles from a nursing facility, 2 this bill enables them to receive residential care without undertaking a major geographic relocation. This bill also allows a resident to remain in that resident's current nursing facility, even if that resident's care needs fluctuate between nursing facility and residential care levels. This bill also allows 6 nursing facilities reimbursement in such circumstances, 8 accordance with the level of care provided and in accordance with rules adopted by the Commissioner of Human Services. This bill 10 also directs the Department of Human Services to seek federal 12 matching funds for a pilot project utilizing nursing facility flex beds.