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No. 1575

H.P. 1020

House of Representatives, April 11, 2023

An Act to Promote Quality and Innovation in Nursing and Residential Care Facilities

Submitted by the Department of Health and Human Services pursuant to Joint Rule 204. Reference to the Committee on Health and Human Services suggested and ordered printed.

R(+ B. Hunt

ROBERT B. HUNT Clerk

Presented by Representative MEYER of Eliot.

1	Be it enacted by the People of the State of Maine as follows:
2 3	Sec. 1. 22 MRSA §1708, sub-§3, ¶E, as amended by PL 2013, c. 594, §1, is further amended by amending subparagraph (2) to read:
4 5 6	(2) Uses the applicable regional inflation factor as established by a national economic research organization selected by the department to adjust costs other than labor costs or fixed costs; and
7 8	Sec. 2. 22 MRSA §1708, sub-§3, ¶ F, as amended by PL 2021, c. 29, Pt. R, §1, is further amended by enacting at the end a new last blocked paragraph to read:
9	This paragraph is repealed on June 30, 2024; and
10	Sec. 3. 22 MRSA §1708, sub-§3, ¶G is enacted to read:
11 12 13 14 15 16 17 18 19 20	G. For the state fiscal year beginning on July 1, 2024, the department may implement updated rates to take effect on January 1, 2025. The rates may be updated in subsequent years in accordance with principles and processes articulated in section 3173-J, subsection 2. The reimbursement methodology applied in the rates that take effect on January 1, 2025 and in subsequent years must update or replace the use of resource utilization groups with an appropriate method that promotes efficiency and reimburses nursing facilities adequately. The methodology may eliminate cost settlement and other practices that are administratively burdensome for nursing facilities and the department. The methodology may incorporate alternative payment models as defined in section 3173-J, subsection 1, paragraph A.
21	Sec. 4. Nursing and residential care facility innovation and quality
22 23 24 25 26 27 28 29 30 31	initiatives. The Department of Health and Human Services may establish innovation and quality initiatives to advance a continuum of person-centered nursing and residential care facility services that promote access, health, quality of life, autonomy and safety. The department may establish participation criteria for the initiatives that complement federal regulations and may seek waivers and Medicaid state plan amendments as needed from the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the initiatives. Participation criteria may include geographic location, past performance of applicants and commitment to program features identified by the state Department of Health and Human Services with input from stakeholders, which may include but are not limited to the following:
32 33 34 35	1. Enhanced care coordination and person-centered care planning that identifies the preferences of residents and their families or surrogate decision makers using structured, shared decision-making approaches to address health, safety, social needs, self-esteem and achievement of full potential;
36 37 38 39	2. Accessible written policies and procedures in plain language and detailed workflow plans that ensure resident safety standards to prevent infection, minimize medication errors, support appropriate use of antipsychotic medications, reduce risk of falls and recognize early the signs of exploitation and abuse;
40 41	3. Physical environments that promote resident safety, privacy, autonomy and quality of life;
42	4. Recruitment and retention of a well-trained, well-supported workforce;

- 5. Development of a quality improvement program that builds upon and strengthens quality assurance and performance improvement measures reported in the federal Centers for Medicare and Medicaid Services' Care Compare tool, with additional input and engagement from front-line providers, staff and administration, and that uses evidencebased measures that are derived from administrative data and from data collected directly from residents and their families and surrogate decision makers;
- 6. Use of technology to facilitate improvements, efficiencies and desired outcomes in
 the care of nursing and residential care facility residents;
- 9 7. Promotion of sustainable options through or approval of nursing or residential care 10 facility types and sizes that are consistent with a county's needs, as established by a service 11 delivery needs assessment conducted by the department or its designee; and
- 8. Incentives for nursing and residential care facilities to participate, including but not limited to start-up grants, alternative payment methods, waiver of certificate of need and other requirements contained in the Maine Revised Statutes, Title 22, chapter 103-A and participation in a learning collaborative or other technical assistance provided by the department or its designees.
- For purposes of this section, "residential care facility" means any adult residential care
 setting licensed by the department, including but not limited to an assisted living facility,
 residential care facility and adult family care home.
- The Commissioner of Health and Human Services shall appoint stakeholders to a nursing and residential care facility innovation and quality advisory committee to provide feedback on the initiatives. The committee must include representatives of nursing and residential care facility residents and their families; a representative from the long-term care ombudsman program under the Maine Revised Statutes, Title 22, section 5107-A; nonprofit and for-profit facility providers; medical directors or geriatricians; and experts from universities or other settings.
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SUMMARY

This bill authorizes the Department of Health and Human Services to implement new
 payment methods for nursing facilities, as well as implement nursing and residential care
 facility innovation and quality initiatives.