

2018 -- S 2735

LC005246

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2018

A N A C T

RELATING TO HUMAN SERVICES - MEDICAL ASSISTANCE

Introduced By: Senator Maryellen Goodwin

Date Introduced: March 20, 2018

Referred To: Senate Labor

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 40-8-19 of the General Laws in Chapter 40-8 entitled "Medical
2 Assistance" is hereby amended to read as follows:

3 **40-8-19. Rates of payment to nursing facilities.**

4 (a) Rate reform.

5 (1) The rates to be paid by the state to nursing facilities licensed pursuant to chapter 17 of
6 title 23, and certified to participate in Title XIX of the Social Security Act for services rendered to
7 Medicaid-eligible residents, shall be reasonable and adequate to meet the costs that must be
8 incurred by efficiently and economically operated facilities in accordance with 42 U.S.C. §
9 1396a(a)(13). The executive office of health and human services ("executive office") shall
10 promulgate or modify the principles of reimbursement for nursing facilities in effect as of July 1,
11 2011, to be consistent with the provisions of this section and Title XIX, 42 U.S.C. § 1396 et seq.,
12 of the Social Security Act.

13 (2) The executive office shall review the current methodology for providing Medicaid
14 payments to nursing facilities, including other long-term-care services providers, and is
15 authorized to modify the principles of reimbursement to replace the current cost-based
16 methodology rates with rates based on a price-based methodology to be paid to all facilities with
17 recognition of the acuity of patients and the relative Medicaid occupancy, and to include the
18 following elements to be developed by the executive office:

19 (i) A direct-care rate adjusted for resident acuity;

1 (ii) An indirect-care rate comprised of a base per diem for all facilities;

2 (iii) A rearray of costs for all facilities every three (3) years beginning October, 2015, that
3 may or may not result in automatic per diem revisions;

4 (iv) Application of a fair-rental-value system;

5 (v) Application of a pass-through system; and

6 (vi) Adjustment of rates by the change in a recognized national nursing home inflation
7 index to be applied on October 1st of each year, beginning October 1, 2012. This adjustment will
8 not occur on October 1, 2013, or October 1, 2015, but will occur on April 1, 2015. The
9 adjustment of rates will also not occur on October 1, 2017. Said inflation index shall be applied
10 without regard for the transition factor in subsection (b)(2). For purposes of October 1, 2016,
11 adjustment only, any rate increase that results from application of the inflation index to
12 subparagraphs (a)(2)(i) and (a)(2)(ii) shall be dedicated to increase compensation for direct-care
13 workers in the following manner: Not less than 85% of this aggregate amount shall be expended
14 to fund an increase in wages, benefits, or related employer costs of direct-care staff of nursing
15 homes. For purposes of this section, direct-care staff shall include registered nurses (RNs),
16 licensed practical nurses (LPNs), certified nursing assistants (CNAs), certified medical
17 technicians, housekeeping staff, laundry staff, dietary staff, or other similar employees providing
18 direct-care services; provided, however, that this definition of direct-care staff shall not include:
19 (i) RNs and LPNs who are classified as "exempt employees" under the Federal Fair Labor
20 Standards Act (29 U.S.C. § 201 et seq.); or (ii) CNAs, certified medical technicians, RNs, or
21 LPNs who are contracted, or subcontracted, through a third-party vendor or staffing agency. By
22 July 31, 2017, nursing facilities shall submit to the secretary, or designee, a certification that they
23 have complied with the provisions of this subparagraph (a)(2)(vi) with respect to the inflation
24 index applied on October 1, 2016. Any facility that does not comply with terms of such
25 certification shall be subjected to a clawback, paid by the nursing facility to the state, in the
26 amount of increased reimbursement subject to this provision that was not expended in compliance
27 with that certification.

28 (b) Transition to full implementation of rate reform. For no less than four (4) years after
29 the initial application of the price-based methodology described in subdivision (a)(2) to payment
30 rates, the executive office of health and human services shall implement a transition plan to
31 moderate the impact of the rate reform on individual nursing facilities. Said transition shall
32 include the following components:

33 (1) No nursing facility shall receive reimbursement for direct-care costs that is less than
34 the rate of reimbursement for direct-care costs received under the methodology in effect at the

1 time of passage of this act; for the year beginning October 1, 2017, the reimbursement for direct-
2 care costs under this provision will be phased out in twenty-five-percent (25%) increments each
3 year until October 1, 2021, when the reimbursement will no longer be in effect. No nursing
4 facility shall receive reimbursement for direct-care costs that is less than the rate of
5 reimbursement for direct-care costs received under the methodology in effect at the time of
6 passage of this act; and

7 (2) No facility shall lose or gain more than five dollars (\$5.00) in its total, per diem rate
8 the first year of the transition. An adjustment to the per diem loss or gain may be phased out by
9 twenty-five percent (25%) each year; except, however, for the years beginning October 1, 2015,
10 there shall be no adjustment to the per diem gain or loss, but the phase out shall resume
11 thereafter; and

12 (3) The transition plan and/or period may be modified upon full implementation of
13 facility per diem rate increases for quality-of-care related measures. Said modifications shall be
14 submitted in a report to the general assembly at least six (6) months prior to implementation.

15 (4) Notwithstanding any law to the contrary, for the twelve-month (12) period beginning
16 July 1, 2015, Medicaid payment rates for nursing facilities established pursuant to this section
17 shall not exceed ninety-eight percent (98%) of the rates in effect on April 1, 2015.

18 (c) Changes to state minimum wage. Notwithstanding any provision of the general or
19 public laws to the contrary, at any time when the state increases the required minimum wage
20 pursuant to chapter 12 of title 28, or successor statute, the direct care and indirect care
21 components of the Medicaid rates to be paid by the state to nursing facilities under subsections
22 (a)(2)(i) and (a)(2)(ii) of this section shall be increased by the same percentage by which the
23 minimum wage is increased. The adjustment shall become effective on the date that the minimum
24 wage increase becomes effective, and shall take place irrespective of and in addition to any
25 inflation index applied pursuant to subsection (a)(2)(vi) of this section.

26 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO HUMAN SERVICES - MEDICAL ASSISTANCE

1 This act would provide that anytime the state increases the required minimum wage, the
2 direct care and indirect care of Medicaid rates paid by the state to nursing facilities would be
3 increased by the same percentage.

4 This act would take effect upon passage.

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