Brief*

HB 2147 would amend the “Home Plus” definition in current law to increase from eight to twelve the number of individuals who could be cared for in a home plus facility. Adult care homes converting a portion of one wing of a facility to a home plus facility, which is separate from and contiguous with the adult care home, would be allowed to have not less than a five-bed and not more than a twelve-bed home plus facility. (The current maximum is eight beds.) Technical amendments also were made.

Background

HB 2147 was introduced by the House Committee on Aging and Long Term Care at the request of Representative Ron Worley. Proponents of the bill before the Committee included a private citizen operator and owner of a home plus facility, testifying in person, and written testimonies provided by a private citizen operator of a home plus facility, a consumer, and a representative of the Kansas Association of Homes and Services for the Aging. Proponents stated that home plus facilities are good long-term care alternatives for the elderly, but the financial feasibility of home plus facilities is an issue. The proponents indicate the bill would make it more efficient and financially feasible to stay in business and provide resident services.

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at http://www.kslegislature.org
A representative of Kansas Advocates for Better Care testified in opposition to the bill before the House Committee. The representative stated raising the number of residents in a home plus facility should be done only if there is a concurrent required increase in daily nurse staffing, and in specific licensed nurse categories.

A representative of the Kansas Health Care Association provided neutral testimony on the bill before the House Committee. The representative stated the current limits in the number of residents in home plus facilities pose financial difficulties on providers. Among the concerns expressed by this representative was the need for specific staffing requirements in regulations to ensure consistent quality care.

The fiscal note prepared by the Division of the Budget states that both the Kansas Department on Aging and the Kansas Department of Health and Environment indicated the bill would have no fiscal effect on their operations.