

Nursing Facility Quality Care Assessment; Senate Sub. for HB 2365

Senate Sub. for HB 2365 increases the maximum annual amount of the quality care assessment and extends its sunset date, and updates and makes changes to the membership and reporting requirements of the Quality Care Improvement Panel.

The bill increases the maximum annual amount of the quality care assessment from \$1,950 to \$4,908 per licensed bed. The bill also extends the expiration date of the assessment by four years, from July 1, 2016, to July 1, 2020. The bill requires the implementation of the statutory three-year rolling average to determine nursing facilities' reimbursement rates, notwithstanding the provisions of the 2015 appropriations bill for FY 2017.

In addition, the bill updates reference to the Kansas Homes and Services for the Aging to the entity's new name, LeadingAge Kansas, in relation to the Quality Care Improvement Panel membership. The bill also increases the membership of the Quality Care Improvement Panel from the current 11 members to 13 members. One of the new members will be appointed by the President of the Senate and be affiliated with an organization representing the interests of retired persons, and the other new member will be appointed by the Speaker of the House of Representatives and be a volunteer with the Office of the State Long-Term Care Ombudsman.

The bill also specifies the annual report from the Quality Care Improvement Panel be submitted to the Senate Committees on Public Health and Welfare and Ways and Means, the House Committees on Health and Human Services and Appropriations, and the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight. (Under continuing law, the report must be provided annually to the Legislature on or before January 10 and address the activities of the panel during the preceding calendar year and any recommendations which the panel may have concerning the administration of and expenditures from the Quality Care Assessment Fund.)

The bill directs the annual report also include information regarding the reduction of use of anti-psychotic medication for elders with dementia, participation in the nursing facility quality and efficiency outcome incentive factor, participation in the culture change and person-centered care incentive program, and annual resident satisfaction ratings.

[*Note:* The quality care assessment is a provider assessment, which is a mechanism used to maximize the amount of federal funding for the state by generating new state funds. After collection, the additional funds are used as the state match to draw down additional federal funds. This results in increased Medicaid payments to providers for Medicaid eligible services.]