HOUSE SUMMARY OF SENATE AMENDMENTS

House Bill No. 642 by Representative Burford

HEALTH CARE/PROVIDERS: Provides with respect to the licensing standards, rules, and regulations and quality of services applicable to home- and community-based providers

Synopsis of Senate Amendments

1. Added a provision requiring the comprehensive plan prepared by the Dept. of Health and Hospitals address medicaid delivery options which provide for the use of organized health care delivery systems as an option for the provision of Medicaid-funded home- and community-based services.

Digest of Bill as Finally Passed by Senate

Present law (R.S. 37:1031(A)) provides that the provisions of present law apply to all direct service workers employed by a licensed agency, or employed as part of an authorized departmental self-directed program, and who attend to individuals receiving state or federally funded home and community-based long-term services. Establishes criteria which must be met for an individual being served by direct service workers.

Proposed law specifies that the provisions of present law apply to direct service workers receiving any home- and community-based long-term services who are not authorized to perform these tasks under other state laws or regulations. Also adds to the list of criteria in present law that an individual being served must require assistance with medication administration or other noncomplex medical tasks.

Proposed law (R.S. 37:1031(D)) authorizes that a registered nurse may delegate to a licensed practical nurse components of the training and supervision of the direct service worker provided that the registered nurse shall retain the responsibility and accountability for all acts of delegation and ensuring authorization and competency validation.

Present law (R.S. 37:1033(A)(3)) provides that as a condition of being authorized to perform the procedures specified in R.S. 37:1032, a direct service worker must be employed by a licensed agency or employed as part of an authorized departmental self-directed program and must receive at least six hours of person-specific training from a registered nurse who has assessed the health status of the individual in the residence where the services are to be performed and determined that the direct service worker can perform the tasks in a safe, appropriate manner, with additional person-specific training by a registered nurse whenever the tasks to be performed or the types of medications to be administered are changed. Written documentation of training provided by the registered nurse must be submitted to and maintained by the direct service worker's employing agency. Also requires the direct service worker to receive training in current cardio-pulmonary resuscitation certification.

Proposed law modifies present law by adding a provision that requires a direct service worker receive complete didactic training, and demonstration of competency in accordance with guidelines established and approved by the Dept. of Health and Hospitals and the La. Board of Nursing in order to administer noncomplex tasks. Also specifies that a direct service worker must receive appropriate person-specific training from a registered nurse who has assessed the health status of the individual receiving services and determined that the direct service worker can perform the tasks in a safe, appropriate manner, with additional person-specific training by a registered nurse whenever the tasks to be performed or the types of medications to be administered are changed. Deletes a requirement that a direct service worker receive training in current cardio-pulmonary resuscitation certification. Also, makes technical changes.

Present law (R.S. 37:1033(B)) requires all unlicensed people performing the procedures authorized by present law to complete the required training no later than 36 months after promulgation of the regulations required by this Part.

Proposed law modifies present law by specifying that all required training must be completed within 12 months after the promulgation of regulations.

Present law (R.S. 37:1033(D)(1)) provides that any registered nurse who has properly trained and documented that a direct service worker can perform the prescribed tasks shall not be liable for any civil damages as a result of any act or omission of the direct service worker.

Proposed law changes the term "registered nurse" to "licensed nurse."

Present law (R.S. 37:1033(F)) requires direct service workers performing tasks under present law to maintain current registration with the Dept. of Health and Hospital's Direct Service Worker Registry.

Proposed law modifies present law by prohibiting direct service workers with a finding on the Dept. of Health and Hospital's Direct Service Worker Registry from performing tasks pursuant to present law.

Present law (R.S. 37:1033(H)) provides that during the 36-month training period required by present law, the Dept. of Health and Hospitals and the La. State Board of Nursing must meet quarterly to review data collected by the Dept. of Health and Hospitals that is relevant to the administration of health care tasks.

Proposed law modifies present law by removing the 36 month training requirement period and instead requires the Dept. of Health and Hospitals and the La. State Board of Nursing to meet at least annually to review data collected by the Dept. of Health and Hospitals that is relevant to the administration of health care tasks authorized by this Part.

Present law (R.S. 37:1034(3)) authorizes a direct service worker to be terminated if he no longer maintains a current registration in the Direct Service Worker Registry.

Proposed law modifies present law by specifying that a direct service worker shall be terminated if he has a finding against him placed on the Direct Service Worker Registry.

Proposed law (R.S. 40:2119) requires the Dept. of Health and Hospitals to develop a comprehensive plan to address the delivery of quality services to a person receiving a home- and community-based service and to submit a written report to the House Committee on Health and Welfare and the Senate Committee on Health and Welfare by Jan. 15, 2012.

Specifies that the plan must be developed with input from stakeholders and include action steps, recommended timelines, and identified necessary resources for implementation, and address the following:

(1) Accreditation - accreditation of home- and community-based service providers.

(2) Compliance - assurance that all home- and community-based service providers meet the standards for licensure, and plan for monitoring to ensure ongoing compliance.

(3) Billing - appropriate revisions to streamline the procedures for the billing of home- and community-based services and the monitoring thereof to reduce fraud and errors.

(4) Cost reporting - mandatory cost reporting by providers of home- and community-based services to verify expenditures and for use in determining appropriate reimbursement rates.

(5) Support coordination - appropriate revisions to streamline the delivery of support

coordination and ensure that these services are timely, cost-effective, and efficient. The department shall assess the current support coordination system, in conjunction with a stakeholders group, to include families, persons who utilize support coordination and providers of home- and community-based services and based on the assessment to implement revisions to reform and streamline the delivery of support coordination.

(6) Rate reimbursement - review of reimbursement rate methodologies to promote administrative efficiencies and reflect the cost of providing quality home- and community-based services. This is inclusive of but not limited to medication adminstration.

(7) Technology - utilization of technology to simplify the training, delivery, monitoring, and payment for home- and community-based services.

(8) Medicaid enrollment - revision to requirements for Medicaid enrollment to promote sustainable quality home- and community-based services.

(9) Medicaid delivery options - provide for the use of organized health care delivery systems as an option for the provision of Medicaid-funded home- and community-based services.

Present law (R.S. 40:2120.4(B)(1)) requires the department to establish and publish rules, regulations, and licensing standards that include licensure application and renewal application procedures and requirements. These licensure procedures and requirements may include provisions for granting deemed status to home- and community-based service providers that obtain accreditation through a recognized national, not-for-profit accrediting body, the licensure procedures and requirements may include provisions for denying and revoking deemed status, for complaint surveys and investigations of providers holding deemed status, and for approved accreditation organizations.

Proposed law requires licensure procedures and requirements to include provisions for the granting of deemed status based to home- and community-based providers that either obtain accreditation through a recognized national, not-for-profit accrediting body approved by the department, or comply with any other procedure developed by the department to ensure that every home- and community-based provider meets minimum standards for the delivery of services and is in compliance with all applicable federal and state regulations.

Present law (R.S. 40:2120.5(D)) provides that in order to renew a license, the licensee must submit to the licensing agency a completed annual renewal application on forms prescribed by the licensing agency and shall contain such information as required by the agency additionally, the annual renewal licensing fee must be submitted with the annual renewal application. Also, provides that upon receipt of the completed annual renewal application and the annual renewal licensing fee, the licensing agency shall determine if the facility or provider continues to meet the requirements established under this Part and the licensing standards adopted pursuant to this Part. Provides that the licensing agency may perform an onsite survey and inspection upon annual renewal. Also, provides that if the facility or provider continues to meet the requirements established under this Part and the licensing standards adopted pursuant to this Part, a license shall be issued which is valid for one year.

Proposed law makes technical changes.

Present law (R.S. 40:2179(C)) provides that the provisions of present law apply only to direct service workers who are compensated through state or federal funds, regardless of the setting, and specifically do not apply to those direct service workers listed on the Certified Nurse Aide Registry established under rules promulgated by the Dept. of Health and Hospitals.

Proposed law modifies present law by extending its application to all direct service workers who are compensated in any form.

(Amends R.S. 37:1031(A)(intro. para.) and (D), 1033(A)(3) and (4), (B), (D)(1), (F), and (H) and 1034(3), and R.S. 40:2120.4(B)(1), 2120.5(D), and 2179(C); Adds R.S. 37:1031(A)(5) and (E) and R.S. 40:2119; Repeals R.S. 37:1033(G))