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COMMITTEE REPORT

SENATE

3/9/81

FURTHER: None

Date: _____

Mr. President:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had SB 256

repealing requirement that person managing or administering an Alaska Pioneers Home be a licensed nursing home administrator

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for _____ same title
- new title
- and recommends _____
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Gallotta

Charles R.

MEMBERS HAVING
OTHER RECOMMENDATIONS:

W. T. ...

Langston ...

Pass until ...

applied for Pioneer Home

Administrator

Charles R.

CHAIRMAN

erculosis hospital. The factors explaining the standard are as follows:

mental health services are not provided by hospital staff, arranged for these services by agencies or institutions.

mental health consultation and guidance with respect to alcoholic patient, are provided by staff by qualified mental health professionals such as psychiatrists, psychologists.

patients with severe mental disorders have ready access to the services of a qualified psychiatrist.

Standard; social needs. A staff member is responsible for direction and supervision of activities related to the needs of all patients, and to the planning and use of community resources to meet these needs. The professional personnel, and non-professional social work assistants are responsible to meet the institution's needs. The factors explaining the standard are as follows:

(1) Social work direction and supervision are by a qualified person with a master's degree from an accredited school of social work, and related professional experience.

(2) If the hospital does not have a social worker on the staff, arrangements are made with another institution for overall direction and supervision of hospital social work by a qualified social worker.

(3) The director of the service is responsible for the social work assistants related to the needs of individual patients to provide social workers or to non-professional social work assistants according to their ability or training. Non-professional social work assistants receive service training to enable them to perform assigned functions.

(4) A social worker familiar with the patient's social needs participates in the patient's care conference.

(5) The social service staff effectively utilizes available community resources providing needed services to the patient and his family, and is responsible for proper community referral and discharge from the hospital.

(g) **Standard; diversionary and recreational services.** A staff person is responsible for arranging for patients appropriate diversionary and recreational activities as an important adjunct to the active treatment program. The factors explaining the standard are as follows:

(1) Preferably, these activities are under the direction of an occupational therapist who is registered by the American Occupational Therapy Association.

(2) Assistants, aides, or volunteers providing these services are directly responsible to a qualified person on the staff and are provided on-the-job training.

(h) **Standard; liaison.** There is a staff person with major responsibility for liaison between the hospital and, in the community in which the patient is to be supervised and treated upon discharge, the official health agency responsible for tuberculosis control and any other agencies or individuals who will be involved in the patient's treatment and follow-up. The factors explaining the standard are as follows:

(1) This person may be an employee of the hospital or an employee of an outside health agency assigned to the hospital for this purpose.

(2) This person is responsible for the administration of a written policy establishing effective lines of communication between the hospital and the official health agency responsible for tuberculosis control in the community and other agencies or individuals who will be involved in the patient's treatment and follow-up.

(3) The policy includes procedures for:

(i) Informing the official health agency of the admission of the patient to the hospital and of the anticipated return of the patient to the community either on discharge or leave from the hospital.

(ii) Assisting the local health agency in obtaining information from the patient on sources of infection and contacts that may have public health significance.

(iii) Transferring to the official health agency and any other agencies or individuals involved in the patient's treatment and follow-up medical and

related information as needed to insure continuity and effectiveness of medical care.

Subpart K—Conditions of Participation; Skilled Nursing Facilities

Authority: Secs. 1102, 1814, 1832, 1833, 1861, 1863, 1865, 1866, 1871, 49 Stat. 647, as amended, 79 Stat. 294, as amended, 79 Stat. 313-327, as amended, 79 Stat. 331 (42 U.S.C. 1302, 1395f, 1395k, 1395l, 1395x, 1395z, 1395bb, 1395cc, 1395hh).

Source: 39 FR 2240, Jan. 17, 1974, unless otherwise noted. Redesignated at 42 FR 52826, Sept. 30, 1977.

§ 405.1101 Definitions.

As used in this subpart, the following definitions apply:

(a) **Administrator of skilled nursing facility.** A person who:

(1) Is licensed as required by State law; or

(2) If the State does not have a Medicaid program, and has no licensure requirement, is a high school graduate or equivalent, has completed courses in administration or management approved by the appropriate State agency, and has 3 years of supervisory management experience in a skilled nursing facility or related health program; or

(3) If the administrator of a hospital in which there is a hospital-based distinct-part skilled nursing facility, in a State that does not license skilled nursing facility administrators, meets the requirements of § 405.1021(f).

(b) **Approved drugs and biologicals.** Only such drugs and biologicals as are:

(1) In the case of Medicare:

(i) Included (or approved for inclusion) in the United States Pharmacopoeia, National Formulary, or United States Homeopathic Pharmacopoeia; or

(ii) Included (or approved for inclusion) in AMA Drug Evaluations or Accepted Dental Therapeutics, except for any drugs and biologicals unfavorably evaluated therein; or

(iii) Not included (nor approved for inclusion) in the compendia listed in paragraphs (b) (1) (i) and (b) (1) (ii) of this section, may be considered approved if such drugs:

(A) Were furnished to the patient during his prior hospitalization, and

(B) Were approved for use during a prior hospitalization by the hospital's pharmacy and drug therapeutics committee (or equivalent), and

(C) Are required for the continuing treatment of the patient in the facility.

(2) In the case of Medicaid, those drugs approved by the State Title XIX agency.

(c) **Charge nurse.** A person who is:

(1) Licensed by the State in which practicing as a:

(i) Registered nurse; or

(ii) Practical (vocational) nurse who:

(A) Is a graduate of a State-approved school of practical (vocational) nursing; or

(B) Has 2 years of appropriate experience following licensure by waiver as a practical (vocational) nurse, and has achieved a satisfactory grade on a proficiency examination approved by the Secretary, or on a State licensure examination which the Secretary finds at least equivalent to the proficiency examination, except that such determinations of proficiency shall not apply with respect to persons initially licensed by a State or seeking initial qualifications as a practical (vocational) nurse after December 31, 1977; and

(2) Is experienced in nursing service administration and supervision and, in areas such as rehabilitative or geriatric nursing, or acquires such preparation through formal staff development programs.

In the case of skilled nursing facility services in an institution for the mentally retarded or in an institution for those with mental diseases, or a distinct part thereof, a person licensed in another category of health care discipline who has special training in the care of such patients may serve as charge nurse provided that such person is licensed in such category by the State following completion of a course of training which included at least the number of classroom and practice hours in all the nursing subjects included in the program of a State-approved school of practical (vocational) nursing, as evidenced by a report on comparison of the courses in

respective curricula to the State agency by the agency(ies) of the State responsible for the licensure of such personnel. (An institution primarily engaged in the care of the mentally retarded or in the treatment of mental disease cannot qualify as a participating skilled nursing facility under Medicare.)

(d) *Controlled drugs.* Drugs listed as being subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Pub. L. 91-513) as set forth in 21 CFR Part 308.

(e) *Dietetic service supervisor.* A person who:

(1) Is a qualified dietitian; or
(2) Is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or

(3) Is a graduate of a State-approved course that provided 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietitian; or

(4) Has training and experience in food service supervision and management in a military service equivalent content to the program in paragraph (e)(2) or (e)(3) of this section.

(f) *Dietitian (qualified consultant).* A person who:

(1) Is eligible for registration by the American Dietetic Association under its requirements in effect on January 1, 1974; or

(2) Has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, and 1 year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

(g) *Director of nursing services.* A registered nurse who is licensed by the State in which practicing, and has 1 year of additional education or experience in nursing service administration, as well as additional education or experience in such areas as rehabilitative geriatric nursing, and participates annually in continuing nursing education.

(h) *Drug administration.* An act in which a single dose of a prescribed drug or biological is given to a patient

by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper patient, and promptly recording the time and dose given.

(i) *Drug dispensing.* An act entailing the interpretation of an order for a drug or biological and, pursuant to that order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological for a patient or for a service unit of the facility.

(j) *Existing buildings.* For purposes of ANSI Standard No. A117.1 and minimum patient room size (see § 405.1134 (c) and (e)) in skilled nursing facilities or parts thereof whose construction plans are approved and stamped by the appropriate State agency responsible therefore before the date these regulations become effective.

(k) *Licensed nursing personnel.* Registered nurses or practical (vocational) nurses licensed by the State in which practicing.

(l) *Medical record practitioner (qualified consultant).* A person who:

(1) Is eligible for certification as a registered record administrator (RRA), or an accredited record technician (ART), by the American Medical Record Association under its requirements in effect on the publication of this provision; or

(2) Is a graduate of a school of medical record science that is accredited jointly by the Council on Medical Education of the American Medical Association and the American Medical Record Association.

(m) *Occupational therapist (qualified consultant).* A person who:

(1) Is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association; or

(2) Is eligible for certification by the American Occupational Therapy Association under its requirements in

effect on the publication of this provision; or

(3) Has 2 years of appropriate experience as an occupational therapist, and has achieved a satisfactory grade on a proficiency examination approved by the Secretary, except that such determinations of proficiency shall not apply with respect to persons initially licensed by a State or seeking initial qualifications as an occupational therapist after December 31, 1977.

(n) *Occupational therapy assistant.* A person who:

(1) Is eligible for certification as a certified occupational therapy assistant (COTA) by the American Occupational Therapy Association under its requirements in effect on the publication of this provision; or

(2) Has 2 years of appropriate experience as an occupational therapy assistant, and has achieved a satisfactory grade on a proficiency examination approved by the Secretary, except that such determination of proficiency shall not apply with respect to persons initially licensed by a State or seeking initial qualification as an occupational therapy assistant after December 31, 1977.

(o) *Patient activities coordinator (qualified consultant).* A person who:

(1) Is a qualified therapeutic recreation specialist; or

(2) Has 2 years of experience in a social or recreational program within the last 5 years, 1 year of which was full-time in a patient activities program in a health care setting; or

(3) Is a qualified occupational therapist or occupational therapy assistant.

(p) *Pharmacist.* A person who:

(1) Is licensed as a pharmacist by the State in which practicing, and

(2) Has training or experience in the specialized functions of institutional pharmacy, such as residencies in hospital pharmacy, seminars on institutional pharmacy, and related training programs.

(q) *Physical therapist (qualified consultant).* A person who is licensed as a physical therapist by the State in which practicing, and

(1) Has graduated from a physical therapy curriculum approved by the American Physical Therapy Association, or by the Council on Medical

Education and Hospitals of the American Medical Association, or jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association; or

(2) Prior to January 1, 1966, was admitted to membership by the American Physical Therapy Association, or was admitted to registration by the American Registry of Physical Therapists, or has graduated from a physical therapy curriculum in a 4-year college or university approved by a State department of education; or

(3) Has 2 years of appropriate experience as a physical therapist, and has achieved a satisfactory grade on a proficiency examination approved by the Secretary, except that such determinations of proficiency shall not apply with respect to persons initially licensed by a State or seeking qualification as a physical therapist after December 31, 1977; or

(4) Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring physicians; or

(5) If trained outside the United States, was graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy, meets the requirements for membership in a member organization of the World Confederation for Physical Therapy, has 1 year of experience under the supervision of an active member of the American Physical Therapy Association, and has successfully completed a qualifying examination as prescribed by the American Physical Therapy Association.

(r) *Physical therapist assistant.* A person who is licensed as a physical therapist assistant, if applicable, by the State in which practicing, and

(1) Has graduated from a 2-year college-level program approved by the American Physical Therapy Association; or

(2) Has 2 years of appropriate experience as a physical therapist assistant, and has achieved a satisfactory grade on a proficiency examination approved by the Secretary, except that such determinations of proficiency shall not apply with respect to persons initially licensed by a State or seeking initial licensure as a physical therapist assistant after December 31, 1977.

(s) *Social worker (qualified consultant)*. A person who is licensed, if applicable, by the State in which practicing, is a graduate of a school of social work accredited or approved by the Council on Social Work Education, and has 1 year of social work experience in a health care setting.

(t) *Speech pathologist or audiologist (qualified consultant)*. A person who is licensed, if applicable, by the State in which practicing, and

(1) Is eligible for a certificate of clinical competence in the appropriate area (speech pathology or audiology) granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision; or

(2) Meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

(u) *Supervision*. Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his sphere of competence, with initial direction and periodic inspection of the actual act of accomplishing the function or activity. Unless otherwise stated in regulations, the supervisor must be on the premises if the person does not meet assistant-level qualifications specified in these definitions.

(v) *Therapeutic recreation specialist (qualified consultant)*. A person who is licensed or registered, if applicable, by the State in which practicing, and is eligible for registration as a therapeutic recreation specialist by the National Therapeutic Recreation Society (Branch of National Recreation and Park Association) under its requirements in effect on publication of this provision.

[39 FR 2240, Jan. 17, 1974, as amended at 39 FR 35775, Oct. 3, 1974. Redesignated at 42 FR 52826, Sept. 30, 1977]

§ 405.1120 Condition of participation—compliance, with Federal, State, and local laws.

The skilled nursing facility is in compliance with applicable Federal, State, and local laws and regulations.

(a) *Standard: Licensure*. The facility, in any State in which State or applicable local law provides for licensing of facilities of this nature:

(1) Is licensed pursuant to such law, or

(2) If not subject to licensure, is approved by the agency of the State or locality responsible for licensing skilled nursing facilities as meeting fully the standards established for such licensing, and

(3) Except that a facility which formerly met fully such licensure requirements, but is currently determined not to meet fully all such requirements, may be recognized for a period specified by the State standard-setting authority.

(b) *Standard: Licensure or registration of personnel*. Staff of the facility are licensed or registered in accordance with applicable laws.

(c) *Standard: Conformity with other Federal, State, and local laws*. The facility is in conformity with all Federal, State, and local laws relating to fire and safety, sanitation, communicable and reportable diseases, postmortem procedures, and other relevant health and safety requirements.

§ 405.1121 Conditions of participation—governing body and management.

The skilled nursing facility has an effective governing body, or designated persons so functioning, with full legal authority and responsibility for the operation of the facility. The governing body adopts and enforces rules and regulations relative to health care and safety of patients, to the protection of their personal and property rights, and to the general operation of the facility.

(a) *Standard: Disclosure of ownership*. The facility complies with the disclosure requirements of § 420.206 of this chapter.

(b) *Standard: Staffing patterns*. The facility furnishes to the State survey agency information from payroll records setting forth the average numbers and types of personnel (in full-time equivalents) on each tour of duty during at least 1 week of each quarter. Such week will be selected by the survey agency.

(c) *Standard: Bylaws*. The governing body adopts effective patient care policies and administrative policies and bylaws governing the operation of the facility, in accordance with legal requirements. Such policies and bylaws are in writing, dated, and made available to all members of the governing body which ensures that they are operational, and reviews and revises them as necessary.

(d) *Standard: Independent medical evaluation (medical review)*. The governing body adopts policies to ensure that the facility cooperates in an effective program which provides for a regular program of independent medical evaluation and audit of the patients in the facility to the extent required by the programs in which the facility participates (including, at least annually, medical evaluation of each patient's need for skilled nursing facility care).

(e) *Standard: Administrator*. The governing body appoints a qualified administrator who is responsible for the overall management of the facility, enforces the rules and regulations relative to the level of health care and safety of patients, and to the protection of their personal and property rights, and plans, organizes, and directs those responsibilities delegated to him by the governing body. Through meetings and periodic reports, the administrator maintains ongoing liaison among the governing body, medical and nursing staffs, and other professional and supervisory staff of the facility, and studies and acts upon recommendations made by the utilization review and other committees. In the absence of the administrator, an employee is authorized, in writing, to act on his behalf.

(f) *Standard: Institutional planning*. The skilled nursing facility, under the direction of the governing body, prepares an overall plan and budget

which provides for an annual operating budget and a capital expenditure plan.

(1) *Annual operating budget*. There is an annual operating budget which includes all anticipated income and expenses related to items which would, under generally accepted accounting principles, be considered income and expense items (except that it is not required that there be preparation in connection with any budget, and item by item identification of the components of each type of anticipated income or expense).

(2) *Capital expenditure plan*. (i) There is a capital expenditure plan for at least a 3-year period (including the year to which the operating budget described in paragraph (f)(1) of this section is applicable), which includes and identifies in detail the anticipated sources of financing for, and the objectives of, each anticipated expenditure in excess of \$100,000 for items which would, under generally accepted accounting principles, be considered capital items. In determining if a single capital expenditure exceeds \$100,000, the cost of studies, surveys, designs, plans, working drawings, specifications and other activities essential to the acquisition, improvement, modernization, expansion, or replacement of land, plant, building, and equipment are included. Expenditures directly or indirectly related to capital expenditures, such as grading, paving, broker commissions, taxes assessed during the construction period, and costs involved in demolishing or razing structures on land are also included. Transactions which are separated in time but are components of an overall plan or patient care objective are viewed in their entirety without regard to their timing. Other costs related to capital expenditures include title fees, permit and license fees, broker commissions, architect, legal, accounting, and appraisal fees; interest, finance, or carrying charges on bonds, notes and other costs incurred for borrowing funds.

(ii) If the anticipated source of such financing is, in any part, the anticipated reimbursement from title V (Maternal and Child Health and Crippled Children's Services) or title XVIII (Health Insurance for the Aged and

in the tuberculosis hospital. The factors explaining the standard are as follows:

(1) Mental health services are not available from hospital staff, arrangements are made for these services with outside agencies or institutions.

(2) Mental health consultation and guidance, including guidance with respect to the alcoholic patient, are provided to the staff by qualified mental health personnel such as psychiatrist and/or psychologists.

(3) Patients with severe mental disturbances have ready access to the services of a qualified psychiatrist.

(f) *Standard; social needs.* A staff person is responsible for direction and supervision of activities related to the social needs of all patients, and to the mobilization and use of community resources to meet these needs. The number of professional personnel, and nonprofessional social work assistants is sufficient to meet the institution's requirements. The factors explaining the standard are as follows:

(1) Preferably, social work direction and supervision are by a qualified social worker with a master's degree from an accredited school of social work and related professional experience.

(2) If the hospital does not have a qualified social worker on the staff, arrangements are made with another agency for overall direction and continuing supervision of hospital social services by a qualified social worker.

(3) The director of the service assigns responsibilities related to the specific needs of individual patients to professional social workers or to nonprofessional social work assistants according to their ability or training. Nonprofessional social work assistants receive in-service training to enable them to perform assigned functions.

(4) A social worker familiar with the patient's social needs participates in the case review conference.

(5) The social service staff effectively uses available community resources to assist in providing needed services to the patient and his family, and is responsible for proper community referrals upon discharge from the hospital.

(g) *Standard; diversionary and recreational service.* A staff person is responsible for arranging for patients appropriate diversionary and recreational activities as an important adjunct to the active treatment program. The factors explaining the standard are as follows:

(1) Preferably, these activities are under the direction of an occupational therapist who is registered by the American Occupational Therapy Association.

(2) Assistants, aides, or volunteers providing these services are directly responsible to a qualified person on the staff and are provided on-the-job training.

(h) *Standard; liaison.* There is a person with major responsibility for liaison between the hospital and, in the community in which the patient is to be supervised and treated upon discharge, the official health agency responsible for tuberculosis control and any other agencies or individuals who will be involved in the patient's treatment and follow-up. The factors explaining the standard are as follows:

(1) This person may be an employee of the hospital or an employee of an outside health agency assigned to the hospital for this purpose.

(2) This person is responsible for the administration of a written policy establishing effective lines of communication between the hospital and the official health agency responsible for tuberculosis control in the community and other agencies or individuals who will be involved in the patient's treatment and follow-up.

(3) The policy includes procedures for:

(i) Informing the official health agency of the admission of the patient to the hospital and of the anticipated return of the patient to the community either on discharge or leave from the hospital.

(ii) Assisting the local health agency in obtaining information from the patient on sources of infection and contacts that may have public health significance.

(iii) Transferring to the official health agency and any other agencies or individuals involved in the patient's treatment and follow-up medical and

related information as needed to insure continuity and effectiveness of medical care.

Subpart K—Conditions of Participation; Skilled Nursing Facilities

AUTHORITY: Secs. 1102, 1814, 1832, 1833, 1861, 1863, 1805, 1866, 1371, 49 Stat. 647, as amended, 76 Stat. 294, as amended, 79 Stat. 313-327, as amended, 79 Stat. 331 (42 U.S.C. 1302, 1395f, 1395k, 1395l, 1395x, 1395z, 1395bb, 1395cc, 1395hh).

SOURCE: 39 FR 2240, Jan. 17, 1974, unless otherwise noted. Redesignated at 42 FR 52828, Sept. 30, 1977.

§ 405.1101 Definitions.

As used in this subpart, the following definitions apply:

(a) *Administrator of skilled nursing facility.* A person who:

(1) Is licensed as required by State law; or

(2) If the State does not have a Medicaid program, and has no licensure requirement, is a high school graduate (or equivalent), has completed courses in administration or management approved by the appropriate State agency, and has 3 years of supervisory management experience in a skilled nursing facility or related health program; or

(3) If the administrator of a hospital in which there is a hospital-based distinct-part skilled nursing facility, in a State that does not license skilled nursing facility administrators, meets the requirements of § 405.1021(f).

(b) *Approved drugs and biologicals.* Only such drugs and biologicals as are:

(1) In the case of Medicare:

(i) Included (or approved for inclusion) in the United States Pharmacopoeia, National Formulary, or United States Homeopathic Pharmacopoeia; or

(ii) Included (or approved for inclusion) in AMA Drug Evaluations or Accepted Dental Therapeutics, except for any drugs and biologicals unfavorably evaluated therein; or

(iii) Not included (nor approved for inclusion) in the compendia listed in paragraphs (b) (1) (i) and (b) (1) (ii) of this section, may be considered approved if such drugs:

(A) Were furnished to the patient during his prior hospitalization, and

(B) Were approved for use during his prior hospitalization by the hospital pharmacy and drug therapeutic committee (or equivalent), and

(C) Are required for the continued treatment of the patient in the facility.

(2) In the case of Medicaid, drugs approved by the State Title agency:

(c) *Charge nurse.* A person who:

(1) Licensed by the State in practicing as a:

(i) Registered nurse; or

(ii) Practical (vocational) nurse

(A) Is a graduate of a State-approved school of practical (vocational) nursing; or

(B) Has 2 years of appropriate experience following licensure by waiving a practical (vocational) nurse, and achieved a satisfactory grade on a proficiency examination approved by the Secretary, or on a State licensure examination which the Secretary at least equivalent to the proficiency examination, except that such examinations of proficiency shall apply with respect to persons initially licensed by a State or seeking initial qualifications as a practical (vocational) nurse after December 31, 1977.

(2) Is experienced in nursing supervision and supervision in areas such as rehabilitative or geriatric nursing, or acquires such preparation through formal staff development programs.

In the case of skilled nursing facilities services in an institution for the mentally retarded or in an institution for those with mental diseases, or a distinct part thereof, a person licensed in another category of health care discipline who has special training in care of such patients may serve as charge nurse provided that the person is licensed in such category in the State following completion of a course of training which includes at least the number of classroom and practice hours in all the nursing subjects included in the program of a State-approved school of practical (vocational) nursing, as evidenced by a report on comparison of the course

(d) of this section by Pub.L. 92-223 effective Jan. 1, 1972, see section 4(d) of Pub.L. 92-223, set out as a note under section 1396a of this title.

Effective Date of 1968 Amendment. Section 248(e) of Pub.L. 90-248 provided in part that amendment of subsec. (b) of this section by such section 248(e) shall be effective with respect to quarters after 1967.

Legislative History. For legislative history and purpose of Pub.L. 80-07, see 1945 U.S.Code Cong. and Adm.News, p. 1943. See, also, Pub.L. 90-248, 1967 U.S. Code Cong. and Adm.News, p. 2834; Pub.L. 92-223, 1971 U.S.Code Cong. and Adm.News, p. 2435; Pub.L. 92-603, 1972 U.S.Code Cong. and Adm.News, p. 4099; Pub.L. 93-233, 1973 U.S.Code Cong. and Adm.News, p. 3177.

§ 1396e. Repealed. Pub.L. 92-603, Title II, § 287(a), Oct. 30, 1972, 86 Stat. 1457

Historical Note

Section, Act Aug. 14, 1935, c. 531, Title XIX, § 1907, as added Jan. 2, 1968, Pub.L. 90-248, Title II, § 232, 81 Stat. 905, created the Advisory Council on Medical Assistance, set forth the composition of the Council, term of membership of the members, and the purposes of the Council, and provided for the compensation of the members.

Effective Date of Repeal. Section 287 (b) of Pub.L. 92-603 provided that: "The provisions of subsection (a) [which repealed this section] shall become effective on the first day of the third calendar month following the month in which this Act is enacted [Oct. 30, 1972]."

§ 1396f. Observance of religious beliefs

Nothing in this subchapter shall be construed to require any State which has a plan approved under this subchapter to compel any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose (other than for the purpose of discovering and preventing the spread of infection or contagious disease or for the purpose of protecting environmental health), if such person objects (or, in case such person is a child, his parent or guardian objects) thereto on religious grounds.

Aug. 14, 1935, c. 531, Title XIX, § 1907, as added Jan. 2, 1968, Pub.L. 90-248, Title II, § 232, 81 Stat. 905.

Historical Note

Legislative History. For legislative history and purpose of Pub.L. 90-248, see 2831.

§ 1396g. State programs for licensing of administrators of nursing homes—Nature of State program

(a) For purposes of section 1396a(a)(29) of this title, a "State program for the licensing of administrators of nursing homes" is a program which provides that no nursing home within the State may operate except under the supervision of an administrator licensed in the manner provided in this section.

Licensing by State agency or board representative of concerned professions and institutions

(b) Licensing of nursing home administrators shall be carried out by the agency of the State responsible for licensing under the healing arts licensing act of the State, or, in the absence of such act or such an agency, a board representative of the professions and institutions concerned with care of chronically ill and infirm aged patients and established to carry out the purposes of this section.

Functions and duties of State agency or board

(c) It shall be the function and duty of such agency or board to—

(1) develop, impose, and enforce standards which must be met by individuals in order to receive a license as a nursing home administrator, which standards shall be designed to insure that nursing home administrators will be individuals who are of good character and are otherwise suitable, and who, by training or experience in the field of institutional administration, are qualified to serve as nursing home administrators;

(2) develop and apply appropriate techniques, including examinations and investigations, for determining whether an individual meets such standards;

(3) issue licenses to individuals determined, after the application of such techniques, to meet such standards, and revoke or suspend licenses previously issued by the board in any case where the individual holding any such license is determined substantially to have failed to conform to the requirements of such standards;

(4) establish and carry out procedures designed to insure that individuals licensed as nursing home administrators will, during any period that they serve as such, comply with the requirements of such standards;

(5) receive, investigate, and take appropriate action with respect to, any charge or complaint filed with the board to the effect that any individual licensed as a nursing home administrator has failed to comply with the requirements of such standards; and

(6) conduct a continuing study and investigation of nursing homes and administrators of nursing homes within the State with a view to the improvement of the standards imposed for the licensing of such administrators and of procedures and methods for the enforcement of such standards with respect to administrators of nursing homes who have been licensed as such.

Waiver of standards other than good character or suitability standards

(d) No State shall be considered to have failed to comply with the provisions of section 1396a(a)(29) of this title because the

agency or board of such State (established pursuant to subsection (b) of this section) shall have granted any waiver, with respect to any individual who, during all of the three calendar years immediately preceding the calendar year in which the requirements prescribed in section 1396a(a)(29) of this title are first met by the State, has served as a nursing home administrator, of any of the standards developed, imposed, and enforced by such agency or board pursuant to subsection (c) of this section.

Definitions

(e) As used in this section, the term—

(1) "nursing home" means any institution or facility defined as such for licensing purposes under State law, or, if State law does not employ the term nursing home, the equivalent term or terms as determined by the Secretary, but does not include a Christian Science sanatorium operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Massachusetts, and

(2) "nursing home administrator" means any individual who is charged with the general administration of a nursing home whether or not such individual has an ownership interest in such home and whether or not his functions and duties are shared with one or more other individuals.

Aug. 14, 1935, c. 531, Title XIX, § 1908, as added Jan. 2, 1935, Pub.L. 90-248, Title II, § 236(b), 81 Stat. 908, and amended Oct. 30, 1972, Pub.L. 92-603, Title II, §§ 268(b), 269, 274, 86 Stat. 1451, 1452; Dec. 31, 1973, Pub.L. 93-233, § 18(y)(3), 87 Stat. 973.

Historical Note

1973 Amendment. Subsec. (d). Pub.L. 93-233, § 18(y)(3), struck out second sentence reading substantially the same as the first sentence but containing the following additional text reading "other than such standards as relate to good character or suitability if—

"(1) such waiver is for a period which ends after being in effect for two years or on June 30, 1972, whichever is earlier, and

"(2) there is provided in the State (during all of the period for which waiver is in effect), a program of training and instruction designed to enable all individuals with respect to whom any such waiver is granted, to attain the qualifications necessary in order to meet such standards" and also "calendar year" instead of "three calendar years" and reference to "subsection (c) (1) of this section" instead of "subsection (1) of this section".

Subsec. (e). Pub.L. 93-233, § 18(y)(3), redesignated former subsec. (g) as (e).

and repealed prior subsec. (e) relating to authorization of appropriations for fiscal years 1965 through 1972 and to limitation of grants.

Subsec. (f). Pub.L. 93-233, § 18(y)(3), repealed subsec. (f) providing for creation of National Advisory Council on Nursing Home Administration and for its composition, appointment of members, the Chairman, representation of interests, functions and duties, compensation and travel expenses, technical assistance, availability of assistance and data, and termination date of Dec. 31, 1971.

Subsec. (g). Pub.L. 93-233, § 18(y)(3), redesignated former subsec. (g) as (e).

1972 Amendment. Subsec. (d). Pub.L. 92-603, § 268, 274(b), inserted reference to the grant of waivers to individuals who, during all of the three calendar years immediately preceding the calendar year in which the requirements prescribed in section 1396a(a)(29) of this title are first met by the State, have served as

nursing home administrators and substituted "subsection (c) (1)" for "subsection (b) (1)".

Subsec. (g) (1). Pub.L. 92-603, § 268 (b), added ", but does not include a Christian Science sanatorium operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Massachusetts" after "Secretary".

Effective Date of 1972 Amendment. Amendment of subsec. (g) (1) of this section by section 268(b) of Pub.L. 92-603 effective on Oct. 30, 1972, see section 268 (c) of Pub.L. 92-603, set out as a note under section 1396a of this title.

Effective Date. Section 236(c) of Pub.L. 90-248 provided that: "Except as otherwise specified in the text thereof (affecting this section and subsec. (a) (29) of section 1396a of this title) the amendments made by this section shall take effect on July 1, 1970."

Legislative History. For legislative history and purpose of Pub.L. 90-248, see 1967 U.S. Code Cong. and Adm. News, p. 2531. See, also, Pub.L. 92-603, 1972 U.S. Code Cong. and Adm. News, p. 4080; Pub.L. 93-233, 1973 U.S. Code Cong. and Adm. News, p. 3177.

§ 1396h. Offenses and penalties

(a) Whoever—

(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a State plan approved under this subchapter,

(2) at any time knowingly and willfully makes or causes to be made any false statement or representation of a material fact for use in determining rights to such benefit or payment,

(3) having knowledge of the occurrence of any event affecting (A) his initial or continued right to any such benefit or payment, or (B) the initial or continued right to any such benefit or payment of any other individual in whose behalf he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event with an intent fraudulently to secure such benefit or payment either in a greater amount or quantity than is due or when no such benefit or payment is authorized, or

(4) having made application to receive any such benefit or payment for the use and benefit of another and having received it, knowingly and willfully converts such benefit or payment or any part thereof to a use other than for the use and benefit of such other person,

shall be guilty of a misdemeanor and upon conviction thereof shall be fined not more than \$10,000 or imprisoned for not more than one year, or both.

(b) Whoever furnishes items or services to an individual for which payment is or may be made in whole or in part out of Federal funds under a State plan approved under this subchapter and who solicits, offers, or receives any—

(1) kickback or bribe in connection with the furnishing of such items or services or the making or receipt of such payment, or

ices shall be deemed to have been furnished to an individual after transfer from a hospital, and he shall be deemed to have been an inpatient in the hospital immediately before transfer therefrom, if he is admitted to the skilled nursing facility (A) within 14 days after discharge from such hospital, or (B) within 28 days after such discharge, in the case of an individual who was unable to be admitted to a skilled nursing facility within such 14 days because of a shortage of appropriate bed space in the geographic area in which he resides, or (C) within such time as it would be medically appropriate to begin an active course of treatment, in the case of an individual whose condition is such that skilled nursing facility care would not be medically appropriate within 14 days after discharge from a hospital; and an individual shall be deemed not to have been discharged from a skilled nursing facility if, within 14 days after discharge therefrom, he is admitted to such facility or any other skilled nursing facility.

Skilled nursing facility

(j) The term "skilled nursing facility" means (except for purposes of subsection (a)(2) of this section) an institution (or a distinct part of an institution) which has in effect a transfer agreement (meeting the requirements of subsection (l) of this section) with one or more hospitals having agreements in effect under section 1395cc of this title and which—

(1) is primarily engaged in providing to inpatients (A) skilled nursing care and related services for patients who require medical or nursing care, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons;

(2) has policies, which are developed with the advice of (and with provision of review of such policies from time to time by) a group of professional personnel, including one or more physicians and one or more registered professional nurses, to govern the skilled nursing care and related medical or other services it provides;

(3) has a physician, a registered professional nurse, or a medical staff responsible for the execution of such policies;

(4)(A) has a requirement that the health care of every patient must be under the supervision of a physician, and (B) provides for having a physician available to furnish necessary medical care in case of emergency;

(5) maintains clinical records on all patients;

(6) provides 24-hour nursing service which is sufficient to meet nursing needs in accordance with the policies developed as provided in paragraph (2), and has at least one registered professional nurse employed full time;

(7) provides appropriate methods and procedures for the dispensing and administering of drugs and biologicals;

(8) has in effect a utilization review plan which meets the requirements of subsection (k) of this section;

(9) in the case of an institution in any State in which State or applicable local law provides for the licensing of institutions of this nature, (A) is licensed pursuant to such law, or (B) is approved, by the agency of such State or locality responsible for licensing institutions of this nature, as meeting the standards established for such licensing;

(10) has in effect an overall plan and budget that meets the requirements of subsection (z) of this section;

(11) supplies full and complete information to the Secretary or his delegate as to the identity (A) of each person who has any direct or indirect ownership interest of 10 per centum or more in such skilled nursing facility or who is the owner (in whole or in part) of any mortgage, deed of trust, note, or other obligation secured (in whole or in part) by such skilled nursing facility or any of the property or assets of such skilled nursing facility, (B) in case a skilled nursing facility is organized as a corporation, of each officer and director of the corporation, and (C) in case a skilled nursing facility is organized as a partnership, of each partner; and promptly reports any changes which would affect the current accuracy of the information so required to be supplied;

(12) cooperates in an effective program which provides for a regular program of independent medical evaluation and audit of the patients in the facility to the extent required by the programs in which the facility participates (including medical evaluation of each patient's need for skilled nursing facility care);

(13) meets such provisions of the Life Safety Code of the National Fire Protection Association (21st edition, 1967) as are applicable to nursing homes; except that the Secretary may waive, for such periods as he deems appropriate, specific provisions of such Code which if rigidly applied would result in unreasonable hardship upon a nursing home, but only if such waiver will not adversely affect the health and safety of the patients; except that the provisions of such Code shall not apply in any State if the Secretary finds that in such State there is in effect a fire and safety code, imposed by State law, which adequately protects patients in nursing facilities; and

(15) meets such other conditions relating to the health and safety of individuals who are furnished services in such institution or relating to the physical facilities thereof as the Secretary may find necessary (subject to the second sentence of sec-

tion 1395z of this title), except that the Secretary shall not require as a condition of participation that medical social services be furnished in any such institution. Notwithstanding any other provision of law, all information concerning skilled nursing facilities required by this subsection to be filed with the Secretary shall be made available to Federal or State employees for purposes consistent with the effective administration of programs established under subchapters XVIII and XIX of this chapter;

except that such term shall not (other than for purposes of subsection (a)(2) of this section) include any institution which is primarily for the care and treatment of mental diseases or tuberculosis. For purposes of subsection (a)(2) of this section, such term includes any institution which meets the requirements of paragraph (1) of this subsection. The term "skilled nursing facility" also includes an institution described in paragraph (1) of subsection (y) of this section, to the extent and subject to the limitations provided in such subsection. To the extent that paragraph (6) of this subsection may be deemed to require that any skilled nursing facility engage the services of a registered professional nurse for more than 40 hours a week, the Secretary is authorized to waive such requirement if he finds that—

(A) such facility is located in a rural area and the supply of skilled nursing facility services in such area is not sufficient to meet the needs of individuals residing therein,

(B) such facility has one full-time registered professional nurse who is regularly on duty at such facility 40 hours a week, and

(C) such facility (i) has only patients whose physicians have indicated (through physicians' orders or admission notes) that each such patient does not require the services of a registered nurse or a physician for a 48-hour period, or (ii) has made arrangements for a registered professional nurse or a physician to spend such time at such facility as may be indicated as necessary by the physician to provide necessary skilled nursing services on days when the regular full-time registered professional nurse is not on duty.

Utilization review

(k) A utilization review plan of a hospital or skilled nursing facility shall be considered sufficient if it is applicable to services furnished by the institution to individuals entitled to insurance benefits under this subchapter and if it provides—

(1) for the review, on a sample or other basis, of admissions to the institution, the duration of stays therein, and the professional services (including drugs and biologicals) furnished, (A)

with respect to the medical necessity of the services, and (B) for the purpose of promoting the most efficient use of available health facilities and services;

(2) for such review to be made by either (A) a staff committee of the institution composed of two or more physicians, with or without participation of other professional personnel, or (B) a group outside the institution which is similarly composed and (i) which is established by the local medical society and some or all of the hospitals and skilled nursing facilities in the locality, or (ii) if (and for as long as) there has not been established such a group which serves such institution, which is established in such other manner as may be approved by the Secretary;

(3) for such review, in each case of inpatient hospital services or extended care services furnished to such an individual during a continuous period of extended duration, as of such days of such period (which may differ for different classes of cases) as may be specified in regulations, with such review to be made as promptly as possible, after each day so specified, and in no event later than one week following such day; and

(4) for prompt notification to the institution, the individual, and his attending physician of any finding (made after opportunity for consultation to such attending physician) by the physician members of such committee or group that any further stay in the institution is not medically necessary.

The review committee must be composed as provided in clause (B) of paragraph (2) rather than as provided in clause (A) of such paragraph in the case of any hospital or skilled nursing facility where, because of the small size of the institution, or (in the case of a skilled nursing facility) because of lack of an organized medical staff, or for such other reason or reasons as may be included in regulations, it is impracticable for the institution to have a properly functioning staff committee for the purposes of this subsection. If the Secretary determines that the utilization review procedures established pursuant to subchapter XIX of this chapter are superior in their effectiveness to the procedures required under this section, he may, to the extent that he deems it appropriate, require for purposes of this subchapter that the procedures established pursuant to subchapter XIX of this chapter be utilized instead of the procedures required by this section.

Agreements for transfer between skilled nursing facilities and hospitals

(l) A hospital and a skilled nursing facility shall be considered to have a transfer agreement in effect if, by reason of a written agreement between them or (in case the two institutions are under com-

before transfer therefrom, if he is admitted to the skilled nursing facility (A) within 30 days after discharge from such hospital, or (B) within such time as it would be medically appropriate to begin an active course of treatment, in the case of an individual whose condition is such that skilled nursing facility care would not be medically appropriate within 30 days after discharge from a hospital; and an individual shall be deemed not to have been discharged from a skilled nursing facility if, within 30 days after discharge therefrom, he is admitted to such facility or any other skilled nursing facility.

Skilled nursing facility

(j) The term "skilled nursing facility" means (except for purposes of subsection (a)(2) of this section) an institution (or a distinct part of an institution) which has in effect a transfer agreement (meeting the requirements of subsection (i) of this section) with one or more hospitals having agreements in effect under section 1395cc of this title and which—

[See main volume for text of (i) to (10)]

(11) complies with the requirements of section 1320a-3 of this title;

(12) cooperates in an effective program which provides for a regular program of independent medical evaluation and audit of the patients in the facility to the extent required by the programs in which the facility participates (including medical evaluation of each patient's need for skilled nursing facility care);

(13) meets such provisions of such edition (as is specified by the Secretary in regulations of the Life Safety Code of the National Fire Protection Association) as are applicable to nursing homes; except that the Secretary may waive, for such periods as he deems appropriate, specific provisions of such Code which, if rigidly applied would result in unreasonable hardship upon a nursing home, but only if such waiver will not adversely affect the health and safety of the patients; except that the provisions of such Code shall not apply in any State if the Secretary finds that in such State there is in effect a fire and safety code, imposed by State law, which adequately protects patients in nursing facilities;

(14) establishes and maintains a system that (A) assures a full and complete accounting of its patients' personal funds, and (B) includes the use of such separate account for such funds as will preclude any commingling of such funds with facility funds or with the funds of any person other than another such patient; and

[See main volume for text of (15)]

Utilization review

(k) A utilization review plan of a hospital or skilled nursing facility shall be considered sufficient if it is applicable to services furnished by the institution to individuals entitled to insurance benefits under this subchapter and if it provides—

[See main volume for text of (l)]

(2) for such review to be made by either (A) a staff committee of the institution composed of two or more physicians, (of which at least two must be physicians described in subsection (r)(1) of this section) with or without participation of other professional personnel, or (B) a group outside the institution which is similarly composed and (i) which is established by the local medical society and some or all of the hospitals and skilled nursing facilities in the locality, or (ii) if (and for as long as) there has not been established such a group which serves such institution, which is established in such other manner as may be approved by the Secretary;

[See main volume for text of (3) and (4)]

The review committee must be composed as provided in clause (B) of paragraph (2) rather than as provided in clause (A) of such paragraph in the case of any hospital or skilled nursing facility where, because of the small size of the institution, or (in the case of a skilled nursing facility) because of lack of an organized medical staff, or for such other reason or reasons as may be included in regulations, it is impracticable for the institution to have a properly functioning staff committee for the purposes of this subsection. If the Secretary determines that the utilization review procedures established pursuant to subchapter XIX of this chapter are superior in their effectiveness to the procedures required under this section, he may, to the extent that he deems it appropriate, require for purposes of this subchapter that the procedures established pursuant to subchapter XIX of this chapter be utilized instead of the procedures required by this section.

[See main volume for text of (l)]

Home health services

(m) The term "home health services" means the following items and services, furnished to an individual, who is under the care of a physician, by a home health agency or by others under arrangements with them made by such agency, under a plan (for furnishing such items and services to such individual) established and periodically reviewed by a physician, which items and services are, except as provided in paragraph (7), provided on a visiting basis in a place of residence used as such individual's home—

(1) part-time or intermittent nursing care provided by, or under the supervision of a registered professional nurse;

(2) physical, occupational, or speech therapy;

(3) medical social services under the direction of a physician;

(4) to the extent permitted in regulations part-time or intermittent services of a home health aide, who has successfully completed a training program approved by the Secretary;

[See main volume for text of (5) to (7)]

excluding, however, any item or service if it would not be included under subsection (b) of this section if furnished to an inpatient of a hospital.

(n) Repealed. Pub.L. 90-499, Title IX, § 930(m), Dec. 8, 1980, 94 Stat. 2682

Home health agency

(o) The term "home health agency" means a public agency or private organization, or a subdivision of such an agency or organization, which—

[See main volume for text of (1) to (4)]

(5) has in effect an overall plan and budget that meets the requirements of subsection (z) of this section;

(6) meets such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization; and

(7) meets such additional requirements (including conditions relating to bonding or establishing of escrow accounts as the Secretary finds necessary for the financial security of the program) as the Secretary finds necessary for the effective and efficient operation of the program;

except that for purposes of part A such term shall not include any agency or organization which is primarily for the care and treatment of mental diseases.

Position Paper on House CS for Senate Bill No. 256 (HESS) am H

Nancy -
?

"An Act relating to nursing homes and Pioneers' Homes; and providing for an effective date."

House CS for Senate Bill No. 256 (HESS) am H exempts administrators of hospitals and Pioneer Homes from licensure as nursing home administrators and requires such licensure only for administrators of free standing nursing homes.

Professional licensure of administrators of skilled and/or intermediate care facilities was instituted to ensure that those who had accepted responsibilities for the sick and disabled had a basic knowledge of life safety codes, institutional management and patient care considerations.

In order to meet the State's operational licensure standards for skilled and/or intermediate nursing facilities as outlined in 7 AAC 12.040(d)(B), nursing home administrators must be licensed by the Alaska Nursing Home Administrators Licensing Board.

Federal statutes and regulations require that if a facility or distinct part of a hospital is licensed or formally recognized as meeting state nursing home standards under state law, it must be managed by a licensed nursing home administrator. If this bill is enacted, it may jeopardize federal financial payment for the Medicaid Program and preclude payments to Medicare certified skilled nursing facilities because the change is in conflict with federal statutes and regulations.

Passage of House CS for Senate Bill No. 256 (HESS) am H would be in conflict with existing state regulations and would jeopardize the basic federal funding sources for skilled and/or intermediate care facilities.

Recommended by:

Phoebe A. Lindsey
Phoebe A. Lindsey, Director
Division of State Health
Planning & Development

Date:

May 24, 1982

Approved by:

Helen D. Beirne
Helen D. Beirne, Commissioner
Department of Health & Social
Services

Date:

5/25/82

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

I. REQUEST

Bill/Resolution No. CS for Senate Bill No. 256 (HESS) am H
 Title "An Act relating to nursing homes and Pioneers' Homes; and"
 Requested by _____ Date: May 24, 1982

II. FISCAL DETAIL

Agency Affected Health & Social Services
 Program Category Affected State Health Planning & Development Agency
 BRU, Program, Or Subprogram(s) Affected _____
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88
100 PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
200 TRAVEL	-0-	-0-	-0-	-0-	-0-	-0-
300 CONTRACTUAL	-0-	-0-	-0-	-0-	-0-	-0-
400 COMMODITIES	-0-	-0-	-0-	-0-	-0-	-0-
500 EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
600 LAND & STRUCTURES	-0-	-0-	-0-	-0-	-0-	-0-
700 GRANTS, CLAIMS, ETC.	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Source)	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS

FULL TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

This bill does not directly impact the Division of State Health Planning and Development.

IV. DATE May 24, 1982 PREPARED BY Phoebe A. Lindsey, Director
 AGENCY State Health Planning & Development
 Original: Legislative Finance PHONE 465-3037
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)
 33-001 (Rev. 12/81)

pal
JCC

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care
Financing Administration

Region X
MS 701 Arcade Plaza Building
1321 Second Avenue
Seattle WA 98101

May 13, 1982

Helen F. Beirne, Ph.D., Commissioner
Department of Health and Social Services
Office of the Commissioner
Pouch H 01
Juneau, Alaska 99811

Dear Dr. Beirne:

It is our understanding that the State of Alaska is currently debating whether to exempt hospital-based nursing home beds from the requirement of having a licensed nursing home administrator. Per your request, we are providing our comments on this proposed change.

This office is concerned about the proposed change. If enacted, it may jeopardize federal financial payment for the Medicaid Program and preclude payments to Medicare certified skilled nursing facilities because the change is in conflict with federal statutes and regulations.

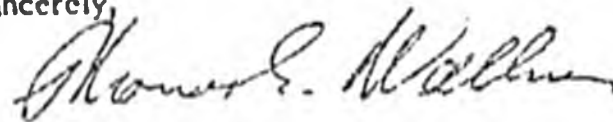
Section 1861((X9) and (15) of the Social Security Act define a skilled nursing facility as an institution or a distinct part of an institution (emphasis mine) which is licensed under an applicable state law or is approved by an agency of the state or locality responsible for licensing institutions of this nature, as meeting the standards established for such licensing; and meets such other conditions relating to the health and safety of individuals who are furnished skilled nursing care in such institution.

One of the conditions required by **42 CFR 405.1121(e)** is that the governing body appoint a qualified administrator to manage the facility. A qualified administrator is defined in **42 CFR 405.1101(a)** as a person who is licensed as required by State law. This regulation was written with the understanding that **Sections 1902(a)(29) and 1903 of the Social Security Act** require that no nursing home within the State may operate except under the supervision of an administrator licensed in a manner prescribed by **Section 1903(b) - (d)**. **Section 1903(e)** also defines a "nursing home" as an institution or facility defined as such for licensing purposes under State law, or, if State law does not employ the term nursing home, the equivalent terms or terms as determined by the Secretary. This section also defines a nursing home administrator as an individual who is charged with the general administration of a nursing home.

In summary, if a facility or distinct part of hospital is licensed or formally recognized as meeting state nursing home standards under State law, it must be managed by a licensed nursing home administrator under federal statute and regulations.

I hope you find this information useful in making decisions regarding changes in Alaska State law licensing nursing home administrators. Please let me know if you wish further information or have any questions.

Sincerely,



Thomas G. Wallner
Associate Regional Administrator
Division of Health Standards and Quality

42 CFR

FILE
SB 254

Chapter IV—Health Care Financing Administration

§ 431.704

(1) The provisions of paragraphs (a), (b), (c), (g), (h), (i), (m), and (n) of § 431.503 of this subchapter are met;

(2) A monitoring and evaluation plan is in effect by which the State will assure satisfactory performance by the PSRO;

(3) The services and providers subject to PSRO review are identified; and

(4) The review activities performed by the PSRO are not inconsistent with those activities performed for the review of Title XVIII services, including a description of whether and to what extent PSRO determinations will be considered conclusive for payment purposes.

[46 FR 48565, Oct. 1, 1981; 46 FR 54741, Nov. 4, 1981]

EFFECTIVE DATE NOTE: For the effective date of § 431.630, see 46 FR 48554, Oct. 1, 1981.

Subpart N—State Programs for Licensing Nursing Home Administrators

§ 431.700 Basis and purpose.

This subpart implements sections 1903(a)(29) and 1908 of the Act which require that the State plan include a State program for licensing nursing home administrators.

§ 431.701 Definitions.

Unless otherwise indicated, the following definitions apply for purposes of this subpart:

"Agency" means the State agency responsible for licensing individual practitioners under the State's healing arts licensing act.

"Board" means an appointed State board established to carry out a State program for licensing administrators of nursing homes, in a State that does not have a healing arts licensing act or an agency as defined in this section.

"Licensed" means certified by a State agency or board as meeting all of the requirements for a licensed nursing home administrator specified in this subpart.

"Nursing home" means any institution, facility, or distinct part of a hospital that is licensed or formally recognized as meeting nursing home stand-

ards established under State law, or that is determined under § 431.704 to be included under the requirements of this subpart. The term does not include—

(a) A Christian Science sanatorium operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Mass.; or

(b) A distinct part of a hospital, if the hospital meets the definition in § 440.10 or § 440.140 of this subchapter, and the distinct part is not licensed separately or formally approved as a nursing home by the State even though it is designated or certified as a skilled nursing facility.

"Nursing home administrator" means any person who is in charge of the general administration of a nursing home whether or not the person—

(a) Has an ownership interest in the home; or

(b) Shares his functions and duties with one or more other persons.

§ 431.702 State plan requirement.

A State plan must provide that the State has a program for licensing administrators of nursing homes that meets the requirements of §§ 431.703 through 431.713 of this subpart.

§ 431.703 Licensing requirement.

The State licensing program must provide that only nursing homes supervised by an administrator licensed in accordance with the requirements of this subpart may operate in the State.

§ 431.704 Nursing homes designated by other terms.

If a State licensing law does not use the term "nursing home," the HCFA Administrator will determine the term or terms equivalent to "nursing home" for purposes of applying the requirements of this subpart. To obtain this determination, the Medicaid agency must submit to the Regional Medicaid Director copies of current State laws that define institutional health care facilities for licensing purposes.

§ 431.705 Licensing authority.

(a) The State licensing program must provide for licensing of nursing home administrators by—

- (1) The agency designated under the healing arts act of the State; or
- (2) A State licensing board.

(b) The State agency or board must perform the functions and duties specified in §§ 431.707 through 431.713 and the board must meet the membership requirements specified in § 431.706 of this subpart.

§ 431.706 Composition of licensing board.

(a) The board must be composed of persons representing professions and institutions concerned with the care and treatment of chronically ill or infirm elderly patients. However—

(1) A majority of the board members may not be representative of a single profession or category of institution; and

(2) Members not representative of institutions may not have a direct financial interest in any nursing home.

(b) For purposes of this section, nursing home administrators are considered representatives of institutions.

§ 431.707 Standards.

(a) The agency or board must develop, impose, and enforce standards that must be met by individuals in order to be licensed as a nursing home administrator.

(b) The standards must be designed to insure that nursing home administrators are—

- (1) Of good character;
- (2) Otherwise suitable; and
- (3) Qualified to serve because of training or experience in institutional administration.

§ 431.708 Procedures for applying standards.

The agency or board must develop and apply appropriate procedures and techniques, including examinations and investigations, for determining if a person meets the licensing standards.

§ 431.709 Issuance and revocation of license.

Except as provided in § 431.714 of this subpart, the agency or board must—

(a) Issue licenses to persons who meet the agency's or board's standards; and

(b) Revoke or suspend a license if the agency or board determines that the person holding the license substantially fails to meet the standards.

§ 431.710 Provisional licenses.

To fill a position of nursing home administrator that unexpectedly becomes vacant, the agency or board may issue one provisional license, for a single period not to exceed 6 months. The license may be issued to a person who does not meet all of the licensing requirements established under § 431.707 but who—

- (a) Is of good character and otherwise suitable; and
- (b) Meets any other standards established for provisional licensure by the agency or board.

§ 431.711 Compliance with standards.

The agency or board must establish and carry out procedures to insure that licensed administrators comply with the standards in this subpart when they serve as nursing home administrators.

§ 431.712 Failure to comply with standards.

The agency or board must investigate and act on all complaints it receives of violations of standards.

§ 431.713 Continuing study and investigation.

The agency or board must conduct a continuing study of nursing homes and administrators within the State to improve—

- (a) Licensing standards; and
- (b) The procedures and methods for enforcing the standards.

§ 431.714 Waivers.

The agency or board may waive any standards developed under § 431.707 of this subpart for any person who has served in the capacity of a nursing home administrator during all of the 3 calendar years immediately preceding the calendar year in which the State first meets the requirements in this subpart.

§ 431.715 Federal financial participation.

No FFP is available in expenditures by the licensing board for establishing and maintaining standards for the licensing of nursing home administrators.

Subpart O—[Reserved]

Subpart P—Quality Control

§ 431.800 Medicaid quality control (MQC) system.

(a) *Basis and purpose.* This section establishes State plan requirements for a Medicaid quality control system designed to reduce erroneous expenditures by monitoring eligibility determinations, third-party liability activities, and claims processing.

(See 1992(a)(4) of the Act)

(b) *Definitions.* For purposes of this section—

"Active case" means an individual or family determined to be currently eligible for Medicaid.

"Claims processing error" means FFP has been claimed for a Medicaid payment that was made—

- (1) For a service not authorized under the State plan;
- (2) To a provider not certified for participation in the Medicaid program;
- (3) For a service already paid for by Medicaid; or
- (4) In an amount above the allowable reimbursement level for that service.

"Eligibility error" means that Medicaid coverage has been certified or payment has been made for a recipient under review who—

- (1) Was ineligible when certified or when he received services under the State's plan; or
- (2) Had not met recipient liability requirements when certified eligible for Medicaid; that is, he had not incurred medical expenses equal to the amount of this excess income over the State's financial eligibility level.

"Negative case action" means a Medicaid application that was denied or otherwise disposed of without a determination of eligibility (for instance, because the application was withdrawn or abandoned) or an individual

or family for whom Medicaid eligibility was terminated.

"State agency" means either the State Medicaid agency, or a State agency that is responsible for determining eligibility for Medicaid.

"Third-party liability error" means FFP has been claimed for a Medicaid payment when—

(1) All or part of the medical services should have been paid for by a third party; and

(2) The State failed to meet the requirements of § 431.135 of this subchapter for considering third party liability.

(c) *State plan requirements.* A State plan must provide for operating a Medicaid quality control (MQC) system that meets the requirements of paragraphs (d) through (h) of this section.

(d) *Basic elements of MQC system.* The agency—

(1) Must operate the MQC system in accordance with the policies, sampling methodology, review procedures, and reporting forms and requirements specified in Medicaid quality control manuals issued by HCFA;

(2) Must select statistical samples of both active and negative case actions;

(3) Must review each case in the sample to identify eligibility errors; and

(4) Must review any claims pertaining to each active case to identify erroneous payments resulting from—

- (i) Ineligibility;
- (ii) Recipient understated or overstated liability;
- (iii) Third party liability; and
- (iv) Claims processing errors.

(5) In order to verify eligibility information, must conduct field investigations, including—

(i) Personal interviews for each case in the active case sample; and

(ii) Personal interviews for cases in the negative case action sample, to the extent necessary to verify erroneous eligibility determinations; and

(6) Must use 6 month sampling periods, from April through September and from October through March.

(e) *Reporting requirements.* The agency must submit reports to the Administrator, in the form and at the time specified by him, including—



JUNEAU, ALASKA

Alaska State Legislature
House

Held 1 day

MESSAGE TO THE SENATE

Date May 17, 1982

MR. PRESIDENT:

The House has passed SB 256 (repealing the requirement that the person managing or administering an Alaska Pioneers' Home be a licensed nursing home administrator; eff. date) with the following amendment:

HCSSB 256(HESS)amh "An Act relating to nursing homes and Pioneers' Homes; and providing for an effective date."

(34-4)

*Ziegler
Ehrson
Parr*

Emilia Lloyd

Chief Clerk of the House



Alaska State Legislature House

JUNEAU, ALASKA

MESSAGE TO THE SENATE

Date May 17, 1982

MR. PRESIDENT:

*Copy
M. H. H. H.*

The House has passed SB 256 (repealing the requirement that the person managing or administering an Alaska Pioneers' Home be a licensed nursing home administrator; eff. date) with the following amendment:

HCSSB 256(HESS)amH

"An Act relating to nursing homes and Pioneers' Homes; and providing for an effective date."

(34-4) Sections 3-4 are simply raising the amount of personal money allowable to residents of Pioneer Homes

Section 2 - the definition of Nursing Home (from Senate Bill 11) is an attempt to retain the essence of Fed. health regulations which exempt facilities not licensed separately as a nursing home from having a licensed administrator. However, the Department has a letter from Regional Survey and Health Care funds are under review of this Bill enacted. California, Idaho and Oregon have had similar legislation which will for years and as far as we know still get their Medicaid bucks.

(Personally, I think the language is awkward and convoluted!! N)

Emilio Lloyd
Chief Clerk of the House

MEMORANDUM

State of Alaska

TO: Phoebe A. Lindsey
Director
Division of State Health Planning
and Development

DATE: May 17, 1982

FILE NO:

TELEPHONE NO: 465-3015

FROM: Dave W. Williams *DW W*
Chief
Health Resources Development Section

SUBJECT: Licensure of Nursing Home
Administrators

I have just called Washington and California regarding each state's requirements for occupational licensure of nursing home administrators.

Lynnell McKnight of Washington says nursing home administrators must be licensed. Requirements are: Two years college and experience in health care business. Prospective nursing home administrators are evaluated individually on a point basis. Hospital administrators who administer a hospital which offers long-term care services as well as acute care services must be licensed as a nursing home administrator.

Marcy Conner of California says nursing home administrators must be licensed. Requirements are: Baccalaureate degree and 1,000 hours training - certain experience may be accepted in lieu of training, but the minimum years experience is five years. Hospital administrators who administer a hospital which offers skilled nursing care as well as acute care are not required to be licensed as a nursing home administrator in order for the facility to receive medicaid payments for skill nursing services.



319 Seward St., Juneau, Alaska 99801 • (907) 586-1790

REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

May 20, 1982

The Honorable Robert H. Ziegler, Sr.
Pouch V, State Capitol Building
Juneau, AK 99811

Dear Senator Ziegler:

The Alaska State Hospital Association supports the House Committee Substitute for SB 256 (HESS). It, in our opinion, limits the application of this law to the minimum mandated by federal law. Many other states, Washington, Oregon and California, for example, only require nursing home administrator licensure of those facilities which are licensed only and specifically as nursing homes. We believe Alaska should take the same approach to federal compliance.

We believe that the required licensure for anyone serves little, if any, useful purpose. The license requires the taking of an exam and ever after, mailing in the annual licensing fee. There is in the act of mailing a check, no quality of care protection for patients. There are guarantees, however, in the licensing of the facility which occurs annually and any complaint investigations. This is where quality of care for the patient is achieved. We believe this to be a far more meaningful activity.

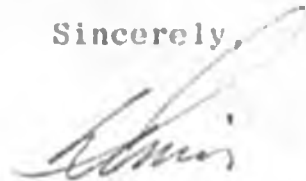
The federal representatives in Region X have raised objections to Alaska doing what two other states in Region X, Oregon and Washington, have done. We find this most unreasonable and inconsistent. It is another attempt by the federal government to goad Alaska into accepting more control than is actually required.

We believe that the use of federal language will cause the same limited application which we support but in a more obtuse fashion. A proposed definition of nursing home is attached, as well as a copy of the federal regulations upon which it is based. The pivotal question is whether skilled nursing wings of acute hospitals are licensed separately.

Senator Ziegler
Page two

In Alaska they are not. Thus under the federal definition of nursing homes, nursing home administrator licensure is unnecessary. Thank you for your consideration in this matter.

Sincerely,



Dennis L. DeWitt
President

DLD:bf

cc: Senator Parr
Senator Eliason

"Nursing home" means any institution, facility or distinct part of a hospital that is licensed as meeting skilled nursing or intermediate care standards established under state law. The term does not include a distinct part of a hospital if the hospital is licensed pursuant to AS 18.20 and the distinct part is not licensed separately as a nursing home by the state even though it is designated or certified as a skilled nursing or intermediate care facility.

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

For: "An Act repealing the requirement that the person managing or administering an Alaska Pioneers' Home be a licensed nursing home administrator; and providing for an effective date."

Senate Bill 256 is in conflict with the intent of AS 08.70.080 which it seeks to amend. Licensure by examination, Section 08.70.120, is to test the applicants' knowledge of the health and safety standards of the state and his/her experience in the practice of health care.

The law seeks to establish quality assurance measurement for the administration of skilled and intermediate care for all Alaskan residents.

Section 08.70.080 should remain unamended, and retain the quality assurance mechanism as a consistent standard for administration of all skilled and intermediate care facilities.

Recommended by:

Phoebe A. Lindsey
Phoebe A. Lindsey, Director
Division of State Health
Planning and Development

Date:

March 12, 1981

Approved by:

Heleen D. Beirne
Heleen D. Beirne
Commissioner

Date:

3/19/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill 256
Title "An Act repealing the requirement that the person managing or administering an*
Requested by Dept. of Health & Social Services Date 3/12/81

* Alaska Pioneers' Home be a licensed nursing home administrator; and providing for an effective date."

II. FISCAL DETAIL

Agency Affected Department of Health & Social Services
Program Category Affected Health
BRU, Program, or Subprogram(s) Affected _____

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		0				
200 TRAVEL		0				
300 CONTRACTUAL		0				
400 COMMODITIES		0				
500 EQUIPMENT		0				
600 LAND & STRUCTURES		0				
700 GRANTS, CLAIMS, ETC.		0				
TOTAL		0				

FUNDING (Thousands of Dollars)

GENERAL FUND		0				
FEDERAL FUNDS		0				
OTHER (Specify Fund Source)		0				

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

This bill does not directly impact the Division of State Health Planning and Development

IV. DATE March 12, 1981 PREPARED BY Phoebe A. Lindsey
AGENCY Division of State Health Planning & Development
PHONE 465-3037

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) J. Halverson M&B Approval J. Halverson Date 3/13/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 256 "An Act repealing the requirement that the person
Title managing or administering an AK Pioneers' Home be a licensed nursing home administrator
Requested by for Senator Paar Date 3-10-81

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
Program Category Affected Public Protection
BRU, Program, or Subprogram(s) Affected Regulation and licensing of professions
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

No fiscal impact.

IV. DATE 3-10-81 PREPARED BY Marjorie Olland, Regulations Specialist
AGENCY Division of Occupational Licensing
PHONE 465-2535
Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

PIONEER POSITION PAPER: SB 256 by Sen. Parr

TO: All Igloos & Auxiliarys, Pioneers of Alaska

FROM: Bob Gore, Chairman, Legislative Committee, Past Grand President, Pioneers of Alaska

This Bill is an Act: "Repealing the requirement that the Person managing or administering an Alaska Pioneers Home be a licensed Nursing Home Administrator."

BACKGROUND:

Until the legislative session of 1980, the Governor and the Commissioner of the Department of Administration had the prerogative and discretionary authority to appoint any person they felt was qualified and able to manage or administer an Alaska Pioneers' Home. Those chosen were usually selected for administrative experience and management skills plus an ability to recognize the needs of and cope with the life style of the Elderly Alaskans and Pioneers who had entered a Pioneer Home as their final residence. The Pioneer Home Managers so selected are primarily responsible for the development of the present attitude and character of our Pioneer Homes as "Homes for the Living" as opposed to some of the Private nursing homes, which give the impression of being "Institutions for the Dying" or useless Elderly.

In 1980, believing the 'professionalism' at the management level might benefit the operation of the Pioneer Homes, the Administration and Legislature supported and passed a Bill which became AS 08.70.080, requiring any new Pioneer Home manager or administrator to be the holder of a Nursing Home Administrator's License.

The passage of AS 08.70.080 did not materially affect the management of the Pioneer Homes. Passage did not bring any higher level of professionalism to Home management than had previously existed, as Pioneer Home management requirements and procedures in many areas often exceed the licensing requirements of private nursing homes. Medical professionalism is provided by the Pioneer Homes physicians and nursing staff and by the professional licensing examiners. Because Pioneer Homes are State operated facilities they are subject to the same strict scrutiny as the privately operated nursing homes and it sometimes appears as if the examiners,

PIONEER POSITION PAPER
SB 256
Pp. -2-

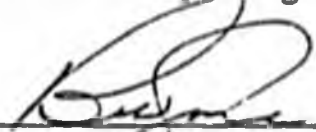
who are usually representatives of the medical profession make certain that the Pioneer Homes comply to the most stringent degree with applicable licensing requirements.

Strict compliance with licensing requirements is a matter of normal procedure with the Pioneer Homes and careful scrutiny by licensing examiners is welcomed by the Department of Administration as a means of guaranteeing and insuring good and professional management of our Pioneer Homes under an operational system employing managers or administrators selected for their administrative experience and managerial skills together with their ability to cope with the needs and demands of the elderly, individualistic Alaskans who reside in our Pioneer Homes.

Rather than benefitting the Pioneer Homes, passage of AS 08.70.080 imposed a possible constraint on the continuance of their present and desirable style of management. Selection of Pioneer Home managers is now limited by this law to those applicants who may possess only the medical and technical knowledge necessary to pass the examination for a nursing home administrators license, but who may very well lack the necessary administrative experience and management skills and who may possibly have no conception of the difference in the life style maintained in the Pioneer Homes and the style and manner in which some of the private nursing homes in Alaska are operated.

Sen. Parr and his co-sponsors on SB256 understand the needs of our Pioneer Homes and passage of this Bill will help to guarantee the continuance of our present operational management methods and provide the best for the well-being of our Pioneer Home residents.

SB 256 has been endorsed by the Pioneers Homes Advisory Board, the Department of Administration and the Legislative Committee for the Grand Igloo of the Pioneers of Alaska. All Pioneers should urge their local legislators to support and work for passage of SB256.



R.R. Gore, Past Grand President
Chairman, Legislative Committee
Grand Igloo, Pioneers of Alaska

POSITION PAPER
FOR
SENATE BILL 256



For: "An Act repealing the requirement that the person managing or administering an Alaska Pioneers' Home be a licensed nursing home administrator; and providing for an effective date."

Senate Bill 256 is in conflict with the intent of AS 08.70.080 which it seeks to amend. Licensure by examination, Section 08.70.120, is to test the applicants' knowledge of the health and safety standards of the state and his/her experience in the practice of health care.

The law seeks to establish quality assurance measurement for the administration of skilled and intermediate care for all Alaskan residents.

Section 08.70.080 should remain unchanged, and retain the quality assurance mechanism as a consistent standard for administration of all skilled and intermediate care facilities.



Recommended by:

Phoebe A. Lindsey
Phoebe A. Lindsey, Director
Division of State Health
Planning and Development

Date:

March 12, 1981

Approved by:

Helen D. Beirne
Helen D. Beirne
Commissioner

Date:

3/19/81



THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill 256
Title "An Act repealing the requirement that the person managing or administering an*
Requested by Dept. of Health & Social Services Date 3/12/81

* Alaska Pioneers' Home be a licensed nursing home administrator; and providing for an effective date."

II. FISCAL DETAIL

Agency Affected Department of Health & Social Services
Program Category Affected Health

BRU, Program, or Subprogram(s) Affected _____

(Note: if more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		0				
200 TRAVEL		0				
300 CONTRACTUAL		0				
400 COMMODITIES		0				
500 EQUIPMENT		0				
600 LAND & STRUCTURES		0				
700 GRANTS, CLAIMS, ETC.		0				
TOTAL		0				

FUNDING (Thousands of Dollars)

GENERAL FUND		0				
FEDERAL FUNDS		0				
OTHER (Specify Fund Source)		0				

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

This bill does not directly impact the Division of State Health Planning and Development

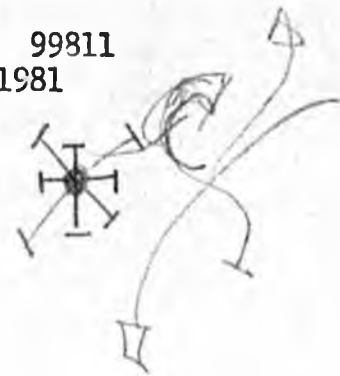
IV. DATE March 12, 1981 PREPARED BY Philip A. Lindsey
AGENCY Division of State Health Planning & Development
PHONE 465-3037

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) Richard Approval Richard Date 3/13/81



Board of Nursing Home Administrators
 Pouch D
 Juneau, AK 99811
 April 14, 1981

The Honorable Charles H. Parr
 Alaska State Senate
 Pouch V
 Juneau, AK 99811



Dear Senator Parr:

The Licensing Board of Nursing Home Administrators has reviewed Senate Bill 256, and feels compelled to make these comments.

At the last session, Section 08.70.080 was amended to grandfather those Pioneer Home administrators who were not licensed at the time. The Director of the Pioneer program, Mr. Vern Perry, assured the House Committee that they supported licensing for new administrators, and under these circumstances the licensing board was pleased to cooperate in grandfathering their existing administrators.



With this in mind, we of the licensing board feel that SB 256 is an unjustifiable attack on the standards of health care in Alaska. The board is committed to setting and maintaining minimum standards for long-term health care administration, in the firm conviction that all Alaskans in long-term care facilities have a right to a consistently high level of care. To intimate that our Pioneers do not enjoy the same rights is reprehensible.

Sincerely yours,
 BOARD OF NURSING HOME ADMINISTRATORS

Jack W. Buck, Chairman

JWB:lcr

cc: Ms. Barbara Branson ✓
 Licensing Examiner

merge ✓





ANN'S NURSING HOME

415 Sixth Street, Juneau AK 99801 (907) 586-3883

March 16, 1981

Mrs. Margie Odland
Division of Occupational Licensing
Pouch D
Juneau, AK 99811

Re: SB 256 by Senator Parr

Dear Mrs. Odland:

Our Pioneers are entitled to the same protection as any other citizens of the State of Alaska. Possibly, by reason of having helped build the state over many years, they are even more entitled. I am puzzled that anyone would see any justice in removing the protection of the licensing requirement for Pioneer Home administrators.

The Licensing Board for Nursing Home Administrators has the responsibility to set minimum requirements of skill and training for administrators. Since these requirements are minimums, it is difficult to understand why administrators of Pioneers could reasonably be exempted. Can anyone argue that Pioneers deserve less than adequate care?

I am opposed to the bill.

Sincerely yours,
ST. ANN'S NURSING HOME

Jack W. Buck
Administrator

JWB:lcr

TO Board of Nursing Home Administrators DATE 3-10-81

FROM Ruth V. Roth DATE 3/14/81

FROM Margie Odland, Regulations Specialist
Division of Occupational Licensing

to Margie Odland, Regulations Specialist
Div. of Occ. Licensing

REPLY MEMO

State of Alaska

MESSAGE

REPLY

Attached for your review is a copy of SB 256, repealing the requirement that the person managing or administering an Alaska Pioneer's Home be licensed as a nursing home administrator. This office would appreciate receiving any comments you may wish to make concerning this legislation. Please respond on this memorandum, or an attached sheet, and mail to my attention.

Thank you,

Margie Odland

I would indeed protest such a bill for to sanction and pass such a bill would say, we want all Nursing Homes, other than Pioneer Homes, run in a very efficient and professional manner, but Pioneer Homes, who cares? I feel Pioneer Homes should set an example for other Homes and we expect of them, we also expect of Pioneer Homes. I have worked in the Sitka Pioneer Home under an Administration that was not professional and under some that were and the Professional Administrator is much, much better. A professional has training in health areas (below)

1 KEEP YELLOW COPY 2 SEND WHITE AND PINK COPIES WITH CARBON INTACT 1 WRITE REPLY 2 DETACH BLUE, KEEP PINK COPY, RETURN WHITE COPY TO SENDER

07 006 Rev. 4/78: thus he/she has some knowledge of the aging process and hopefully has empathy for and understanding of the health/sickness involved in the process. I feel that special understanding/training is needed for such an important position.

Some years ago the Pioneer Homes' Administration was there as a Political appointment and I definitely believe a person's health/life should not be in the hands of politics/politicians.

It takes more than just a body and some brain to run a Nursing Home, Pioneer Home included. We need to take care and not upon the administration of our fine State Homes to inept persons.

I know that a "license" does not exclude ineptness but it sets a standard for "quality care".

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 256 "An Act repealing the requirement that the person
Title managing or administering an AK Pioneers' Home be a licensed nursing home administrator
Requested by for Senator Paar Date 3-10-81

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
Program Category Affected Public Protection
BRU, Program, or Subprogram(s) Affected Regulation and licensing of professions
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

No fiscal impact.

IV. DATE 3 10-81

Margaret Odland
PREPARED BY Margaret Odland, Regulations Specialist
AGENCY Division of Occupational Licensing
PHONE 465-2535

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SB 256 "An Act repealing the requirement that the person
Title managing or administering an AK Pioneers' Home be a licensed nursing home administrator
Requested by for Senator Paar Date 3-10-81

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
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300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

No fiscal impact.

IV. DATE 3-10-81 PREPARED BY Marjorie Odland, Regulations Specialist
AGENCY Division of Occupational Licensing
PHONE 465-2535
Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

alaska
state
hospital
association

members file

319 Seward St., Juneau, Alaska 99801 (907) 586-1790
REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

President
Sister Barbara Haase
Ketchikan General Hospital
Ketchikan

March 26, 1981

President Elect
Tom Mangan
Fairbanks Memorial Hospital
Fairbanks

Secretary/Treasurer
Ron Pivovas
Alaska Hospital & Medical
Center
Anchorage

The Honorable Charles H. Parr
Alaska State Senate
Pouch V.
Juneau, Alaska 99811

Immediate Past President
Al Carlson
Providence Hospital
Anchorage

Dear Senator Parr:

Executive Director
Dennis L. DeWitt
Juneau

The Alaska State Hospital Association has reviewed Senate Bill 256 and must express to you our concern.

The purpose of licensure for nursing home administrators is two fold. First as a quality of care issue and second to comply with a federal requirement for reimbursement under Title 19 of the Social Security Act. Alaska extended this requirement of licensure to administrators of hospitals which provide long term care and to administrators of Pioneers' Homes in 1980. We presume that the legislature did this as a matter of concern for the quality of care to which all Alaskans are entitled, irrespective of setting.

If as we presume, licensure of an administrator is intended to assist in assuring quality of care, why are persons in Pioneer's Homes not entitled to that benefit. Why should Pioneers have to settle for lesser protections under the law than the legislature feels compelled to require for all other Alaskans.

If the purpose for licensure is only to respond to a federal mandate and the legislature sees such licensure as having no quality of care value, why does SB 256 not exempt all those not required to be licensed for reimbursement purposes under Title 19 of the Social Security Act.

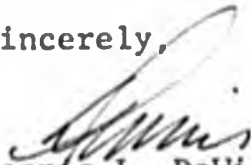
The Alaska State Hospital Association is currently re-examining its position on Nursing Home Administrator licensure and is not prepared to aggressively advocate either position at this time. However, SB 256 somewhat removes the luxury of time

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on this issue. In view of our own evolving position, we feel it is best to error on the side of the patient and must then suggest that the enactment of SB 256 at this time would be inappropriate and not in the best interest of Pioneers.

We would be pleased to discuss this with you at your convenience.

Sincerely,



Dennis L. DeWitt
Executive Director

DLD/sam

cc: Senate HESS
Senator Dick Eliason
Commissioner Hudson
Commissioner Webber