

SUBJECT: Reporting requirements for nursing homes and related institutions.

COMMITTEE: Human Services — committee substitute recommended

VOTE: 9 ayes — Hupp, Eissler, A. Allen, J. Davis, Gonzalez Toureilles, Goodman, Naishtat, Paxton, Reyna

0 nays

SENATE VOTE: On final passage, March 17 — 31-0, on Local and Uncontested Calendar

WITNESSES: For — (*Registered, but did not testify:* Hilary Dennis, Texas Medical Association; Tim Graves, Texas Health Care Association).

Against — None

On — (*Registered, but did not testify:* Leslie Cortes, Department of Aging and Disability Services).

BACKGROUND: The Centers for Medicare and Medicaid Services (CMM) requires certain nursing facilities to complete and transmit information used to assess the quality of care and life of long-term care residents. This information, known as the Minimum Data Set (MDS), must be completed for all residents in Medicare/Medicaid nursing facilities and licensed-only nursing facilities. The MDS must be transmitted to the state database for all residents residing in Medicare or Medicaid beds, regardless of payment source, or licensed-only residents whose beds are intermingled with the Medicare/Medicaid beds. The MDS is completed but not required to be transmitted for residents in licensed-only facilities not participating in Medicare or Medicaid or for residents living in a licensed-only distinct part, a specific section of a Medicaid/Medicare facility set aside for licensed-only residents.

DIGEST: CSSB 48 would allow DADS to require all convalescent and nursing facilities or other related institutions to submit information, including MDS Resident Assessments, necessary to ensure the quality of care in these institutions. Any information submitted to DADS identifying a resident of an institution would be confidential and not subject to

disclosure under ch. 552 of the Government Code.

The bill also would authorize the Health and Human Services Commission (HHSC) to require nursing homes to report on all revenues and costs, with certain exceptions, not just on allowable costs for reimbursement under the medical assistance program rules, to be used in the determination of rates paid for nursing home services.

The bill would take effect on September 1, 2005.

**SUPPORTERS
SAY:**

CSSB 48 would help improve the quality of care and life in nursing facilities by allowing DADS to require licensed-only facilities not participating in Medicare or Medicaid, or residents living in a licensed-only section of a Medicaid/Medicare facility, to transmit MDS information. Under current law, DADS is unable thoroughly to study or report on residents' quality of care and life in all nursing facilities.

The bill would initiate new reporting requirements in order to track quality-of-care outcomes for private pay nursing home residents and make that information available to consumers. Without data on residents in non-Medicaid and non-Medicare nursing facilities, DADS would be unable to provide consumers evaluating long-term care services with a complete assessment of the quality of care provided to residents in all facilities. Seniors deserve the best possible care, and these data would help consumers make more informed decisions when choosing a nursing home.

CSSB 48 would ensure that HHSC knew about all revenues and costs of nursing homes when determining rates to be paid for nursing home services. This would provide a rate standard more reflective of the actual costs of providing nursing home services.

The burden to nursing facilities to transmit the MDS to the state database would be minimal because all facilities are already required to compile the information on their residents.

**OPPONENTS
SAY:**

The reporting requirements in CSSB 48 would be both burdensome and time consuming for nursing facilities. These facilities would have to compile and transmit MDS information to DADS for all their residents, as

well as revenues and costs of services provided, information that might not be easily accessible and/or producible.

NOTES:

The committee substitute modified the Senate-passed bill by requiring nursing homes to report on all costs and revenues for purposes of determining rates paid for nursing homes.