## **SENATE, No. 2892**

# **STATE OF NEW JERSEY**

### 220th LEGISLATURE

INTRODUCED JUNE 20, 2022

Sponsored by: Senator JOSEPH F. VITALE District 19 (Middlesex) Senator JOSEPH P. CRYAN District 20 (Union)

#### **SYNOPSIS**

Establishes requirements for sanctions and other actions involving low-performing nursing homes.

#### **CURRENT VERSION OF TEXT**

As introduced.



**AN ACT** concerning nursing homes and supplementing P.L.1976, c120 (C.30:13-1 et seq.).

**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

- 1. a. In the event that a nursing home receives a one-star rating from the federal Centers for Medicare and Medicaid Services, and the nursing home received a rating of two stars or higher in the preceding quarter, the Division of Medical Assistance and Health Services in the Department of Human Services shall issue a warning to the nursing home:
- (1) urging the nursing home to improve the quality of care provided to residents;
- (2) advising the nursing home that a second or subsequent onestar rating may result in the division requiring the nursing home to take specific steps to improve the quality of care; and
- (3) advising the nursing home that the failure to improve quality of care at the nursing home may result in the division imposing sanctions against the nursing home.
- b. In the event a nursing home receives a one-star rating from the federal Centers for Medicare and Medicaid Services in two consecutive quarters, the division shall evaluate whether to impose sanctions against the nursing home, which sanctions may include, but shall not be limited to: issuing an order prohibiting the nursing home from admitting new Medicaid enrollees; limiting the total number of Medicaid enrollees who may be admitted to the nursing home; and reducing or limiting payments to the nursing home under the Department of Human Services' quality incentive payment program.
- In the event a nursing home receives a one-star rating from the federal Centers for Medicare and Medicaid Services in three consecutive quarters, the division shall evaluate whether to impose additional sanctions against the nursing home, which sanctions shall be in addition to, and more severe than, any sanctions imposed pursuant to subsection b. of this section. Sanctions imposed pursuant to this subsection may include, but shall not be limited to: issuing an order prohibiting the nursing home from admitting new residents; removing current residents who are Medicaid enrollees from the nursing home; stopping all payments to the nursing home under the Department of Human Services' quality incentive payment program; declining to approve or revoking the approval of the owner or operator of the nursing home to participate in Medicaid; and, in consultation with the Department of Health, prohibiting the owner or operator of the nursing home from obtaining an interest in, or contracting with, any other nursing home in the State.

- d. (1) In addition to any other actions taken pursuant to subsection b. or c. of this section, the division shall require a nursing home that receives a one-star rating from the federal Centers for Medicare and Medicaid Services in three or more consecutive quarters to submit an improvement plan to the division, in a manner and method to be determined by division, providing a description of the action steps to be taken by the nursing home over an 18-month period to resolve the quality issues indicated by facility's consecutive one-star ratings.
  - (2) The division, in consultation with the Department of Health, shall review a plan submitted by a nursing home pursuant to paragraph (1) of this subsection. A nursing home shall immediately commence implementing the plan upon written approval by the If the division does not approve a nursing home's improvement plan, the division shall return the disapproved plan to the nursing home with a written explanation of the plan's deficiencies. The nursing home shall have 30 days from receipt of a disapproved plan to submit an updated improvement plan to the division for approval. If the division determines a nursing home's updated improvement plan cannot be approved, the division shall have the discretion to return the plan to the nursing home with a written explanation of the plan's deficiencies and allow the nursing home to submit a second updated plan, or to make a determination that the nursing home is noncompliant with the requirements of this subsection.
  - (3) Within 60 days of the completion of the nursing home's approved improvement plan, the nursing home shall submit a report to the division documenting the execution of the plan, as well as the outcomes of the action steps. The division, in consultation with the Department of Health, shall evaluate the report and determine the whether the nursing home was compliant in implementing the plan as approved by the division. At the division's discretion, a nursing home determined to be noncompliant with the implementation of its improvement plan may be provided additional time to fulfill the actions steps outlined in the plan.
  - (4) A nursing home that fails to comply with the requirements of this subsection shall be ineligible to receive reimbursement under the Medicaid program, provided that reimbursement for services shall continue until all Medicaid beneficiaries residing at the nursing home have been relocated. The nursing home shall be responsible for informing Medicaid residents, in writing, of the nursing home's non-compliance with the requirements of this subsection, and shall provide the division with a patient-centered discharge plan for current Medicaid residents within 30 days of the receipt of the division's written determination of noncompliance with the requirements of this subsection. The division shall include information on an appeals process, to be established by the division,

1 in the written documentation provided to a noncompliant nursing 2 home.

- e. When evaluating whether to impose sanctions against a nursing home as provided under subsection b. and subsection c. of this section, the division shall consult with the Department of Health concerning its recommendations for action against the nursing home, and shall review the information concerning the nursing home that is available on the data dashboard maintained by the Department of Health pursuant to subsection f. of section 3 of ). In the event the division does not take P.L.2021, c.457 (C. action against a nursing home as authorized under subsection b. or subsection c. of this section, the division shall document the reason why action was not taken.
  - f. In addition to any actions taken pursuant to subsections b., c., or d. of this section, the division may, at any time, institute any actions as shall be necessary to protect the health and well-being of residents and staff at a nursing home.

- g. Commencing one year after the effective date of this act, and annually thereafter, the Assistant Commissioner for the Division of Medical Assistance and Health Services in the Department of Human Services shall prepare and submit a report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, outlining the sanctions imposed pursuant to this act in each quarter of the preceding year, providing the reasons why sanctions were not imposed against any nursing home for which sanctions were authorized pursuant to subsection b. or subsection c. of this act, and outlining the results of any improvement plans required pursuant to subsection d. of this section and actions taken against nursing homes determined to be non-compliant with the requirements of subsection d. of this section.
- h. Nothing in this section shall be construed to diminish the authority of the Department of Health or any other department or agency having regulatory authority over nursing homes. A sanction or other action imposed against a nursing home pursuant to this section shall be in addition to any other penalties as may be imposed against the nursing home for violations of State or federal law by the Department of Health or any other department or agency having jurisdiction.
- i. The Assistant Commissioner for the Division of Medical Assistance and Health Services in the Department of Human Services shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), establishing the criteria the division shall consider when determining whether to impose sanctions against a nursing home pursuant to this section and when determining which sanctions are appropriate for the nursing home, which criteria shall include, at a minimum, the preferences of nursing home residents and the availability of other nursing homes in the same region.

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2. The Commissioner of Human Services shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this act and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

3. This act shall take effect 90 days after the date of enactment.

#### **STATEMENT**

This bill requires the Division of Medical Assistance and Health Services in the Department of Human Services (DHS) to take certain actions involving nursing homes that receive a one-star quality rating from the federal Centers for Medicare and Medicaid Services (CMS). The CMS currently rates the quality of care in nursing homes on a scale of one to five stars.

Specifically, if the nursing home did not receive a one-star rating in the preceding quarter, the division will be required to issue a warning to the nursing home: 1) urging the nursing home to improve the quality of care provided to residents; 2) advising the nursing home that a second or subsequent one-star rating may result in the division requiring the nursing home to take specific steps to improve the quality of care; and 3) advising the nursing home that the failure to improve quality of care at the nursing home may result in the division imposing sanctions against the nursing home.

If the nursing home receives a one-star CMS rating in two consecutive quarters, the division will be required to evaluate whether to impose sanctions against the nursing home, which sanctions may include, but will not be limited to: issuing an order prohibiting the nursing home from admitting new Medicaid enrollees; limiting the total number of Medicaid enrollees who may be admitted to the nursing home; and reducing or limiting payments to the nursing home under the DHS quality incentive payment program.

If the nursing home receives a one-star CMS rating in three consecutive quarters, the division will be required to evaluate whether to impose additional sanctions against the nursing home, which sanctions will be in addition to, and more severe than, any sanctions imposed for a one-star CMS rating in two consecutive quarters. The sanctions may include, but will not be limited to: issuing an order prohibiting the nursing home from admitting new residents; removing current residents who are Medicaid enrollees from the nursing home; stopping all payments to the nursing home under the DHS quality incentive payment program; declining to approve or revoking the approval of the owner or operator of the nursing home to participate in Medicaid; and, in consultation with the Department of Health (DOH), prohibiting the owner or operator

of the nursing home from obtaining an interest in, or contracting with, any other nursing home in the State. The division may additionally institute any actions as are necessary to protect the health and well-being of residents and staff at the nursing home.

When evaluating whether to impose sanctions against a nursing home, the division will be required to consult with the DOH concerning its recommendations for action against the nursing home and review the information concerning the nursing home that is available on the DOH's nursing home data dashboard. In the event the division does not take action against a nursing home as authorized under the bill, the division will be required to document the reason why action was not taken.

In addition to any other actions taken against a nursing home under the bill, the division is to require a nursing home that receives a one-star CMS rating in three or more consecutive quarters to submit an improvement plan to the division, in a manner and method to be determined by division, providing a description of the action steps to be taken by the nursing home over an 18-month period to resolve the quality issues indicated by nursing home's consecutive one-star ratings. The division, in consultation with the DOH, will review the plan and either approve it or return it to the nursing home with a description of the changes needed for the plan to be approved. Upon approval of its improvement plan, a nursing home will be required to begin implementing the plan immediately.

If an improvement plan is returned to the nursing home for revision, the nursing home will then have 30 days to submit an updated plan to the division for approval. If the division determines the updated plan cannot be approved, it will have the discretion to allow the nursing home to submit a second updated plan or to make a determination that the nursing home is noncompliant with improvement plan requirements, which will result in the division removing all Medicaid enrollees from the nursing home, as outlined below.

Within 60 days after completing its improvement plan, a nursing home will be required to submit a report to the division documenting the execution of the plan, as well as the outcomes of the action steps. The division, in consultation with the DOH, will evaluate the report and determine the nursing home's compliance in implementing the plan as approved by the division. discretion, a nursing home determined division's to noncompliant with the implementation of the facility's improvement plan may be provided additional time to fulfill the actions steps outlined in the plan.

A nursing home that fails to comply with the requirements concerning the submission and implementation of an improvement plan will be ineligible to receive reimbursement under the Medicaid program, although reimbursement for services will continue until all Medicaid beneficiaries residing at the nursing home have been

1 relocated. The nursing home will be responsible for: 1) informing 2 residents, in writing, of the nursing home's 3 noncompliance with the improvement plan requirements; and 2) providing the division with a patient-centered discharge plan for 4 5 current Medicaid residents within 30 days of the determination of

6 noncompliance. Nursing homes will have the right to appeal the

7 determination of non-compliance.

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Commencing one year after the effective date of the bill, and annually thereafter, the division will be required to prepare and submit a report to the Governor and the Legislature outlining the sanctions imposed against nursing homes under the bill in each quarter of the preceding year, explaining the reason why sanctions were not imposed against any nursing home for which sanctions were authorized under the bill, and outlining the results of any nursing home improvement plans required under to the bill and the actions taken against each nursing home that was determined to be noncompliant with the improvement plan requirements established under the bill.

In addition to the sanctions authorized under the bill, the bill specifies that the division may, at any time, institute any actions necessary to protect the health and well-being of residents and staff at a nursing home.

Nothing in the bill is to be construed to diminish the authority of the DOH or any other department or agency having regulatory authority over nursing homes, and a sanction or other action imposed against a nursing home under the bill will be in addition to any other penalties imposed against the nursing home for violations of State or federal law.

The division will be required to promulgate regulations establishing the criteria the division will consider when determining whether to impose sanctions against a nursing home and which sanctions are appropriate for the nursing home. These criteria will include, at a minimum, consideration of the preferences of nursing home residents and the availability of other nursing homes in the same region.

This bill implements the recommendations of the Office of the State Comptroller outlined in its February 2022 report titled, "An Examination of the Lowest-Rated Long Term Care Facilities Participating in New Jersey's Medicaid Program."