

MHCC Updates and Proposed Revisions to Nursing Home Plan Chapter (COMAR 10.24.08) DRAFT

Issues	Current NH Chapter	Proposed NH Chapter	Goal
Simplifying CON Process			
Modify Waiver bed rules	Establish some restrictions on waiver beds; eliminate bed "banking"	Any beds not licensed within one year to expire one year after approval	Reduce "paper beds"
Add Docketing Rules	No docketing rules	<p>Docketing rules requiring need for beds; star ratings 3 stars or higher; meeting previous conditions; no fraud or abuse.</p> <p>Consider docketing exception for projects demonstrating risk sharing agreements between hospitals and nursing homes to reduce total cost of care.</p> <p>Consider docketing exception for jurisdictions with low overall star ratings.</p>	<p>Clarify rules up front to reduce delayed and unnecessary reviews.</p> <p>Foster relationships consistent with the total cost of care model</p> <p>Need for high quality options</p>
Integrating Nursing Homes into Continuum of Care			
Nursing home-hospital coordination	General standards on collaborative relationships	Nursing homes should demonstrate effective collaboration with hospitals.	Encourage cooperation between hospitals and post-acute providers to reduce length of stay and costs.
Nursing home-community coordination	General standards on collaborative relationships	Nursing homes should demonstrate effective collaboration with home health agencies and hospices.	Linkages to reduce length of stay in nursing homes and provide care in the most appropriate and least restrictive setting.
Increasing Focus on Quality			
Consumer choice	"The Commission, through its Nursing Home Performance Evaluation Guide, will report	Incorporate selected quality metrics from the most recent Nursing Home Compare quality	Encourage consumer choice as well as focus on quality.

	current data ... in order to assist consumers in decision-making regarding long term care services.”	measures into standards used for CON review.	
Docketing rule	No docketing rules	Propose not docketing an application from a nursing home (or chain) with overall star rating of one or two stars.	Implement quality measures before applications are accepted for review.
Implementing Innovative Design			
FGI Guidelines	Facility and unit design to meet residents’ needs.	Nursing home design to meet FGI Guidelines.	Provide more specific and measurable standards.
Person-centered care	Reduce rooms with more than 2 beds per room; individual temp controls; no more than 2 residents share toilet.	Cluster/neighborhood design rather than institutional design, as defined by FGI Guidelines.	Incorporate elements of person-centered care.
Specialty units	Identify types of residents intended to serve and cite literature re best design.	Identify types of residents served and meet specific licensing (COMAR) regulations as well as FGI Guidelines.	Provide more specific and measurable standards.
Updating Bed Need Methodology			
Simplify steps	Apply age-adjusted use rates and migration adjustments.	Apply age-adjusted use rates and migration adjustments, but simplify steps so that projections can be updated and replicated.	Simplify.
	7-year base to target year	5-year base to target year.	With changes in health care environment, do not project too far forward.
	Community-based services adjustment to adjust past use rates downward.	No community-based services adjustment since statewide use rate is declining.	Need projections evolve as conditions change.
Occupancy adjustment	Occupancy as separate NH Chapter standard, applied after bed need.	Occupancy is incorporated into bed need projection.	Eliminates possible conflict between bed need and standards.