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	AMENDMENTS TO INTERMEDIATE CARE					
FACILITIES FOR MENTALLY RETARDED						
	2005 GENERAL SESSION					
	STATE OF UTAH					
Sponsor: Rebecca D. Lockhart						
LO	NG TITLE					
Ger	neral Description:					
	This bill amends the Nursing Care Facility Assessment Act to include intermediate care					
faci	lities for the mentally retarded.					
Hig	chlighted Provisions:					
	This bill:					
	► amends the definition of nursing care facility to include intermediate care facilities					
for	the mentally retarded; and					
	 clarifies the rulemaking authority of the department in setting the uniform rate 					
	for intermediate care facilities for the mentally retarded.					
Mo	nies Appropriated in this Bill:					
	None					
Oth	ner Special Clauses:					
	This bill takes effect on July 1, 2005.					
Uta	h Code Sections Affected:					
AM	IENDS:					
	26-35a-103, as enacted by Chapter 284, Laws of Utah 2004					
EN.	ACTS:					
	26-35a-108 , Utah Code Annotated 1953					



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28	Section 1. Section 26-35a-103 is amended to read:
29	26-35a-103. Definitions.
30	As used in this chapter:
31	(1) (a) "Nursing care facility" means:
32	(i) a nursing care facility described in Subsection 26-21-2(17)[-];
33	(ii) Ĥ→ beginning January 1, 2006, ←Ĥ a designated swing bed in Ĥ→:
33a	(A) ←Ĥ a general acute hospital as defined in Subsection
34	26-21-2(11); and
34a	$\hat{H} \rightarrow (B)$ a critical access hospital which meets the criteria of 42 U.S.C. 1395i-4(c)(2)(1998);
34b	<u>and</u> ←Ĥ
35	(iii) an intermediate care facility for the mentally retarded that is licensed under Section
36	<u>26-21-13.5.</u>
37	(b) "Nursing care facility" does not include:
38	(i) the Utah State Developmental Center;
39	(ii) the Utah State Hospital;
40	(iii) a general acute hospital, specialty hospital, or small health care facility as defined
41	in Section 26-21-2; <u>or</u>
42	[(iv) an intermediate care facility for the mentally retarded that is licensed under
43	Section 26-21-13.5; or]
44	[(v)] <u>(iv)</u> the Utah State Veteran's Home.
45	(2) "Patient day" means each calendar day in which an individual patient is admitted to
46	the nursing care facility during a calendar month, even if on a temporary leave of absence from
47	the facility.
48	Section 2. Section 26-35a-108 is enacted to read:
49	<u>26-35a-108.</u> Intermediate care facilities for the mentally retarded Uniform rate.
50	An intermediate care facility for the mentally retarded is subject to all the provisions of
51	this chapter, except that the department shall establish a uniform rate for intermediate care
52	<u>facilities for the mentally retarded that:</u>
53	(1) is based on the same formula specified for nursing care facilities under the
54	provisions of Subsection 26-35a-104(1)(b); and
55	(2) may be different than the uniform rate established for other nursing care facilities.
56	Section 3. Effective date.
57	This bill takes effect on July 1, 2005.

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Legislative Review Note as of 1-7-05 9:23 AM

Based on a limited legal review, this legislation has not been determined to have a high probability of being held unconstitutional.

Office of Legislative Research and General Counsel

State Impact

This bill adds intermediate care facilities for the mentally retarded to the definition of "nursing care facilities" which are subject to the Nursing Care Facility Assessment. It is estimated that revenue generated from this assessment would be approximately \$1,454,300, which could be matched with federal funds of \$3,579,600. The total of \$5 million would be appropriated to the Medicaid budget to increase reimbursement rates for those facilities.

	FY 2006	FY 2007	FY 2006	FY 2007
	Approp.	Approp.	Revenue	Revenue
Federal Funds	\$3,579,600	\$3,579,600	\$3,579,600	\$3,579,600
Restricted Funds	\$1,454,300	\$1,454,300	\$1,454,300	\$1,454,300
TOTAL	\$5,033,900	\$5,033,900	\$5,033,900	\$5,033,900

Individual and Business Impact

Owners of intermediate care facilities for the mentally retarded would be required to pay the assessment imposed by 26-35a-104. This increase will be offset by an increase in reimbursement rates for Medicaid patients.

Office of the Legislative Fiscal Analyst