The House Committee on Human Relations and Aging offers the following substitute to HB 300:

A BILL TO BE ENTITLED AN ACT

To amend Chapter 6 of Title 31 and Chapter 45 of Title 33 of the Official Code of Georgia Annotated, relating to continuing care providers and facilities and state health planning and development, so as to redesignate continuing care retirement communities as life plan communities; to revise definitions; to provide for related matters; to repeal conflicting laws; and for other purposes.

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BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

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SECTION 1.

8 Chapter 6 of Title 31 of the Official Code of Georgia Annotated, relating to state health 9 planning and development, is amended in Code Section 31-6-2, relating to definitions, by 10 revising paragraphs (11) and (23.1) as follows:

11 "(11) 'Continuing care retirement community' means an organization, whether operated 12 for profit or not, whose owner or operator undertakes to provide shelter, food, and either nursing care or personal services, whether such nursing care or personal services are 13 14 provided in the facility or in another setting, and other services, as designated by 15 agreement, to an individual not related by consanguinity or affinity to such owner or 16 operator providing such care pursuant to an agreement for a fixed or variable fee, or for 17 any other remuneration of any type, whether fixed or variable, for the period of care, payable in a lump sum or lump sum and monthly maintenance charges or in installments. 18 19 Agreements to provide continuing care include agreements to provide care for any 20 duration, including agreements that are terminable by either party Reserved."

21 "(23.1) 'Micro-hospital' means a hospital in a rural county which has at least two and not 22 more than seven inpatient beds and which provides emergency services seven days per 23 week and 24 hours per day. 'Life plan community' means an organization, whether 24 operated for profit or not, whose owner or operator undertakes to provide shelter, food, 25 and either nursing care or personal services, whether such nursing care or personal 26 services are provided in the facility or in another setting, and other services, as designated

by agreement, to an individual not related by consanguinity or affinity to such owner or
operator providing such care pursuant to an agreement for a fixed or variable fee, or for
any other remuneration of any type, whether fixed or variable, for the period of care,
payable in a lump sum, lump sum and monthly maintenance charges or in installments.
Agreements to provide continuing care include agreements to provide care for any
duration, including agreements that are terminable by either party.

(23.2) 'Micro-hospital' means a hospital in a rural county which has at least two and not
 more than seven inpatient beds and which provides emergency services seven days per
 week and 24 hours per day."

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SECTION 2.

37 Said chapter is further amended in Code Section 31-6-21, relating to Department of38 Community Health generally, by revising paragraph (8) of subsection (b) as follows:

39 "(8) To establish, by rule, need methodologies for new institutional health services and 40 health facilities. In developing such need methodologies, the department shall, at a minimum, consider the demographic characteristics of the population, the health status 41 42 of the population, service use patterns, standards and trends, financial and geographic 43 accessibility, and market economics. The department shall establish service-specific need 44 methodologies and criteria for at least the following clinical health services: short stay 45 hospital beds, adult therapeutic cardiac catheterization, adult open heart surgery, pediatric 46 cardiac catheterization and open heart surgery, Level II and III perinatal services, 47 freestanding birthing centers, psychiatric and substance abuse inpatient programs, skilled 48 nursing and intermediate care facilities, home health agencies, and continuing care retirement life plan community sheltered facilities;" 49

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SECTION 3.

Said chapter is further amended in Code Section 31-6-47, relating to exemptions from state 51 health planning and development, by revising paragraph (17) of subsection (a) as follows: 52 53 "(17) Continuing care retirement Life plan communities, provided that the skilled nursing 54 component of the facility is for the exclusive use of residents of the continuing care retirement life plan community and that a written exemption is obtained from the 55 department; provided, however, that new sheltered nursing home beds may be used on 56 a limited basis by persons who are not residents of the continuing care retirement life plan 57 community for a period up to five years after the date of issuance of the initial nursing 58 home license, but such beds shall not be eligible for Medicaid reimbursement. For the 59 first year, the continuing care retirement life plan community sheltered nursing facility 60 may utilize not more than 50 percent of its licensed beds for patients who are not 61

residents of the continuing care retirement life plan community. In the second year of 62 operation, the continuing care retirement life plan community shall allow not more than 63 64 40 percent of its licensed beds for new patients who are not residents of the continuing care retirement life plan community. In the third year of operation, the continuing care 65 retirement life plan community shall allow not more than 30 percent of its licensed beds 66 67 for new patients who are not residents of the continuing care retirement life plan community. In the fourth year of operation, the continuing care retirement life plan 68 community shall allow not more than 20 percent of its licensed beds for new patients who 69 70 are not residents of the continuing care retirement <u>life plan</u> community. In the fifth year of operation, the continuing care retirement life plan community shall allow not more 71 72 than 10 percent of its licensed beds for new patients who are not residents of the 73 continuing care retirement life plan community. At no time during the first five years shall the continuing care retirement life plan community sheltered nursing facility occupy 74 75 more than 50 percent of its licensed beds with patients who are not residents under 76 contract with the continuing care retirement life plan community. At the end of the five-year period, the continuing care retirement life plan community sheltered nursing 77 78 facility shall be utilized exclusively by residents of the continuing care retirement life 79 plan community, and at no time shall a resident of a continuing care retirement life plan 80 community be denied access to the sheltered nursing facility. At no time shall any 81 existing patient be forced to leave the continuing care retirement life plan community to 82 comply with this paragraph. The department is authorized to promulgate rules and 83 regulations regarding the use and definition of 'sheltered nursing facility' in a manner consistent with this Code section. Agreements to provide continuing care include 84 agreements to provide care for any duration, including agreements that are terminable by 85 86 either party;"

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SECTION 4.

Chapter 45 of Title 33 of the Official Code of Georgia Annotated, relating to continuing care
providers and facilities, is amended by revising Code Section 33-45-1, relating to definitions,

- 90 as follows:
- 91 "33-45-1.
- 92 As used in this chapter, the term:
- 93 (1) 'Continuing care' means furnishing pursuant to a continuing care agreement:
- 94 (A) Lodging that is not:
- 95 (i) In a skilled nursing facility, as such term is defined in paragraph (34) of Code
 96 Section 31-6-2;

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- 97 (ii) An intermediate care facility, as such term is defined in paragraph (22) of Code
 98 Section 31-6-2;
 99 (iii) An assisted living community, as such term is defined in Code Section
 100 31-7-12.2; or
- 101 (iv) A personal care home, as such term is defined in Code Section 31-7-12;

102 (B) Food; and

(C) Nursing care provided in a facility or in another setting designated by the 103 agreement for continuing care to an individual not related by consanguinity or affinity 104 105 to the provider furnishing such care upon payment of an entrance fee including skilled or intermediate nursing services and, at the discretion of the continuing care provider, 106 personal care services including, without limitation, assisted living care services 107 108 designated by the continuing care agreement, including such services being provided pursuant to a contract to ensure the availability of such services to an individual not 109 110 related by consanguinity or affinity to the provider furnishing such care upon payment of an entrance fee. 111

112 Such term shall not include continuing care at home.

(2) 'Continuing care agreement' means a contract or agreement to provide continuing
care, continuing care at home, or limited continuing care. Continuing care agreements
include agreements to provide care for any duration, including agreements that are
terminable by either party.

(2.1)(3) 'Continuing care at home' means the furnishing of services pursuant to a
continuing care agreement at a location other than at a facility and which includes the
obligation to provide nursing care, assisted living care, or personal care home services.
A continuing care at home agreement may, but is not required to, include an obligation
to provide food.

(3)(4) 'Entrance fee' means an initial or deferred payment of a sum of money or property 122 made as full or partial payment to assure the resident continuing care, limited continuing 123 care, or continuing care upon the purchase of a resident owned living unit; provided, 124 however, that any such initial or deferred payment which is greater than or equal to 12 125 times the monthly care fee shall be presumed to be an entrance fee so long as such 126 payment is intended to be a full or partial payment to assure the resident lodging in a 127 residential unit. An accommodation fee, admission fee, or other fee of similar form and 128 application greater than or equal to 12 times the monthly care fee shall be considered to 129 be an entrance fee. Such term shall not include any portion of the purchase or sale of a 130 131 resident owned living unit.

132	(4)(5) 'Facility' means a place which is owned or operated by a provider and provides
133	continuing care or limited continuing care. Such term includes a facility which contains
134	resident owned living units.
135	(5)(6) 'Licensed' means that the provider has obtained a certificate of authority from the
136	department.
137	(7) 'Life plan community' means a licensed provider furnishing continuing care or
138	limited continuing care which has been issued a certificate of authority pursuant to this
139	<u>chapter.</u>
140	(6)(8) 'Limited continuing care' means furnishing pursuant to a continuing care
141	agreement:
142	(A) Lodging that is not:
143	(i) In a skilled nursing facility, as such term is defined in paragraph (34) of Code
144	Section 31-6-2;
145	(ii) An intermediate care facility, as such term is defined in paragraph (22) of Code
146	Section 31-6-2;
147	(iii) An assisted living community, as such term is defined in Code Section
148	31-7-12.2; or
149	(iv) A personal care home, as such term is defined in Code Section 31-7-12;
150	(B) Food; and
151	(C) Personal services, whether such personal services are provided in a facility such
152	as a personal care home or an assisted living community or in another setting
153	designated by the continuing care agreement, to an individual not related by
154	consanguinity or affinity to the provider furnishing such care upon payment of an
155	entrance fee.
156	Such term shall not include continuing care at home.
157	(7)(9) 'Monthly care fee' means the fee charged to a resident for continuing care or
158	limited continuing care on a monthly or periodic basis. Monthly care fees may be
159	increased by the provider to provide care to the resident as outlined in the continuing care
160	agreement. Periodic fee payments or other prepayments shall not be monthly care fees.
161	(8)(10) 'Nursing care' means services which are provided to residents of skilled nursing
162	facilities or intermediate care facilities.
163	(9)(11) 'Personal services' means, but is not limited to, such services as individual
164	assistance with eating, bathing, grooming, dressing, ambulation, and housekeeping;
165	supervision of self-administered medication; arrangement for or provision of social and
166	leisure services; arrangement for appropriate medical, dental, nursing, or mental health
167	services; and other similar services which the department may define. Personal services
168	may be provided at a facility or at a home on or off site of a facility. Personal services

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- shall not be construed to mean the provision of medical, nursing, dental, or mental health
 services. Personal services provided, if any, shall be designated in the continuing care
 agreement.
- (10)(12) 'Provider' means the owner or operator, whether a natural person, partnership,
 or other unincorporated association, however organized, trust, or corporation, of an
 institution, building, residence, or other place, whether operated for profit or not, which
 owner or operator undertakes to provide continuing care, limited continuing care, or
 continuing care at home for a fixed or variable fee, or for any other remuneration of any
 type for the period of care, payable in a lump sum or lump sum and monthly maintenance
 charges or in installments.
- (11)(13) 'Resident' means a purchaser of or a nominee of or a subscriber to a continuing
 care agreement. Such an agreement may permit a resident to live at a home on or off site
 of a facility but shall not be construed to give the resident a part ownership of the facility
 in which the resident is to reside unless expressly provided for in the agreement.
- (12)(14) 'Resident owned living unit' means a residence or apartment, the purchase or
 sale of which is not included in an entrance fee, which is a component part of a facility
 and in which the resident has an individual real property ownership interest.
- (13)(15) 'Residential unit' means a residence or apartment in which a resident lives that
 is not a skilled nursing facility as defined in paragraph (34) of Code Section 31-6-2, an
 intermediate care facility as defined in paragraph (22) of Code Section 31-6-2, an assisted
- living community as defined in Code Section 31-7-12.2, or a personal care home as
 defined in Code Section 31-7-12."

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SECTION 5.

Said chapter is further amended by revising Code Section 33-45-3, related to certificate ofauthority required for operation of continuing care facilities, as follows:

194 *"*33-45-3.

(a) Nothing in this title or chapter shall be deemed to authorize any provider to transact 195 any insurance business other than that of continuing care insurance or limited continuing 196 197 care insurance or otherwise to engage in any other type of insurance unless it is authorized under a certificate of authority issued by the department under this title. Nothing in this 198 199 chapter shall be construed so as to interfere with the jurisdiction of the Department of 200 Community Health or any other regulatory body exercising authority over providers regulated by this chapter or real property law related to the purchase and sale of resident 201 202 owned living units.

203 (b) Nothing in this chapter shall be construed so as to modify or limit in any way:

(1) Provisions of Article 3 of Chapter 6 of Title 31 and any rules and regulations
promulgated by the Department of Community Health pursuant to such article relating
to certificates of need for continuing care retirement communities life plan communities
or home health agencies, as such terms are defined in Code Section 31-6-2; or

(2) Provisions of Chapter 7 of Title 31 relating to licensure or permit requirements and
any rules and regulations promulgated by the Department of Community Health pursuant
to such chapter, including, without limitation, licensure or permit requirements for
nursing home care, assisted living care, personal care home services, home health
services, and private home care services.

(c) Nothing in this chapter shall be construed so as to allow private home care services tobe provided by any person or entity other than a licensed private home care provider.

(d) A provider of continuing care at home may contract with a licensed home health
agency to provide home health services to a resident. In order to provide home health
services directly, a provider of continuing care at home shall obtain a certificate of need for
a home health agency, as such term is defined in paragraph (20) of Code Section 31-6-2,
pursuant to the same criteria and rules as are applicable to freestanding home health

agencies that are not components of continuing care retirement life plan communities."

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SECTION 6.

All laws and parts of laws in conflict with this Act are repealed.