



THE DEPARTMENT OF HUMAN SERVICES

Committee on Health, Hospitals and Human Services

Monday, 7 July 2025

SENATOR RAY FONSECA, JR.

Good morning Honorable Senator Ray Fonseca, Chairman of the Committee on Health, Hospitals and Human Services, committee members and other Senators present, colleagues, and the listening and viewing audience. My name is Taetia Phillips-Dorsett, Assistant Commissioner of the Virgin Islands Department of Human Services. Accompanying me today are Senior Citizens Affairs **(SCA)** Assistant Administrator Kishma Vincent and Ana Velez-Martinez, Director of Residential Services.

Introduction and Bill Support

On behalf of the Department of Human Services **(DHS)**, I am pleased to testify in strong support of **Bill No. 36-0003**, *An Act amending Title 19 Virgin Islands Code relating to nursing homes and assisted living facilities by adding a new Chapter 76 to establish the services that nursing homes and assisted living facilities are required to provide; establishing limitations on financial charges, requirements for visitation, and the rights of a resident—**proposed by Senator Angel L. Bolques, Jr.***

As the agency responsible for the oversight and daily administration of nursing homes and assigned living facilities in the Virgin Islands, DHS fully endorses this legislation. This bill is a critical advancement toward fostering improved accommodations, living conditions, and protections for residents, while clearly specifying the services these facilities are mandated to provide alongside important financial safeguards.

At the Department's own long-term care facilities—the **Herbert Grigg Home for the Aged on St. Croix and the Queen Louise Home for the Aged on St. Thomas**—our practices already reflect core principles found in this legislation. Both facilities operate under the standards and guidelines set forth by the Centers for Medicare & Medicaid Services **(CMS)** to ensure compliance with national expectations for homes for the aged. Admissions are based not on financial means, but on individual needs and placement on the waiting list. Through a longstanding sliding scale policy, all applicants—whether they have no income or modest resources—are assured equal access to services, rights, and dignity of care. This legislation, therefore, reinforces and extends practices that are already central to the Department's mission and model of care.

The proposed legislation reflects best practices in long-term care policy by defining and requiring assistance with Activities of Daily Living **(ADLs)**; ensuring residents have the right to visitation, representative participation, and protection from coercion; and establishing guardrails around facility billing practices and care responsibilities. The bill creates a framework that supports resident dignity, clinical oversight, and financial transparency—each of which are essential in achieving quality institutional care.

Key Provisions of the Bill

Section 4121 requires facilities to provide necessary services that maintain residents' good nutrition, grooming, and personal hygiene. This includes care that enhances daily living such as assistance with oral care, mobility support, dining assistance, speech and language therapy, and other functional communication systems. These provisions promote dignity, independence, and quality of life for residents.

Section 4122 prohibits facilities from excluding residents based solely on income, removing significant barriers to admission. It also forbids charging residents for any items or services covered by Medicaid or Medicare, protecting them from undue financial burdens. This includes nursing services, food and nutrition, activities programs, room and bed maintenance, and routine personal hygiene supplies such as hair hygiene products, bath soap, and grooming commodities. Medically prescribed special foods or supplements ordered by licensed healthcare providers are likewise exempt from charges to residents.

The bill further guarantees residents' rights to organize and participate in resident groups, and mandates that facilities provide private spaces for meetings and activities. Residents retain the right to manage their financial affairs and to receive advance notice of any charges the facility may impose. Competent residents also have the right to appoint personal representatives empowered to exercise these rights on their behalf, contingent on valid legal documentation such as notarized powers of attorney or court guardianship orders. We recommend clarifying **Section 4124** to explicitly reflect this legal requirement, ensuring clarity and protection of resident autonomy.

While the bill comprehensively addresses financial protections, some services listed in **Section 4122(c)** may not consistently be covered by **Medicaid or Medicare**. We recommend continued collaboration to keep guidance current and prevent unintentional financial exposure for residents.

II. Rationale for Department of Human Services' Proposed Amendments

While DHS strongly supports the bill's framework, we recommend some amendments to enhance clarity, inclusivity, and practical implementation:

1. Inclusion of Adults with Disabilities

The bill currently emphasizes seniors, but many adults with disabilities also reside in these facilities and require protections. Amendments adding "and adults with disabilities" alongside "seniors" throughout the bill will ensure the legislation reflects the full spectrum of residents served.

2. Prohibition of Admission Conditions Based on Prepayment or Financial Guarantees

To prevent undue barriers to access, DHS proposes explicitly prohibiting facilities from conditioning admission on prepayment or other financial guarantees for services covered by Medicaid or public assistance programs. This aligns with federal non-discrimination standards and promotes fair access.

3. **Written Notification and Consent for Non-Covered Services**

Facilities should be required to provide residents with clear, written notice of any items or services not reimbursable by Medicaid or Medicare, including an itemized list of costs and the option to opt in or out without coercion. This amendment promotes transparency and protects residents from surprise charges.

4. **Assistance with Financial Aid Applications and Admissions Policy Transparency**

Facilities should assist eligible residents in applying for public financial assistance programs and maintain publicly accessible policies on admitting residents with limited financial means. DHS will maintain a reference guide on Medicaid and Medicare coverage to aid compliance and resident understanding.

5. **Legal Documentation for Designated Representatives**

To ensure facilities properly recognize representatives, designations should be supported by valid legal documentation such as notarized powers of attorney, court guardianship orders, or recognized healthcare proxies.

6. **Phased Implementation and Compliance Oversight**

Given the significant service requirements, DHS recommends a phased implementation period of 12 months post-enactment, with facilities submitting compliance plans within 90 days. DHS will provide technical assistance and enforce compliance through established penalties where necessary.

7. **Financial Protections and Billing Transparency:**

- Prohibit conditioning admission on prepayment or financial guarantees for services covered by Medicaid or other public programs.
- Require written, itemized disclosures for any service not covered by Medicaid or Medicare, paired with a voluntary, non-coercive opt-in process.
- Mandate facilities to assist residents and their representatives in applying for public assistance and to submit annual admissions policies for regulatory review.
- Empower DHS to maintain a reference guide outlining common Medicaid and Medicare covered services to promote transparency and protect residents.

8. **Legal Representative Documentation:** Clarify that any appointed representative must present valid legal authorization, such as a notarized Power of Attorney, court guardianship order, authorized beneficiary representative, or healthcare proxy. This safeguards residents' autonomy and legal rights.

9. **Phased Implementation and Oversight:** Propose a 12-month phased implementation period following the bill's effective date. Facilities should submit compliance plans within 90 days, with DHS providing technical assistance and monitoring. Non-compliance should result in penalties as specified by forthcoming DHS regulations.

These amendments are designed to ensure that the bill not only sets important minimum

standards but also reflects the diverse needs of residents, protects their rights with legal precision, and creates a transparent, enforceable framework for financial and operational practices.

By prohibiting admission conditioning on financial prepayment for publicly funded services, requiring itemized billing disclosures with a non-coercive opt-in process, and mandating assistance with public benefit applications, the bill will protect residents from undue financial hardship and potential exploitation.

The phased implementation approach balances the urgency of improving care with the practical realities faced by facilities, while allowing DHS to provide the technical support and enforcement necessary for success.

Conclusion

In conclusion, DHS supports Bill No. 36-0003. How a society cares for its most vulnerable—our elderly and disabled residents—is a profound measure of its humanity. This legislation will help ensure that residents live with dignity, compassion, and the highest quality of care possible in our Territory.

We commend the Legislature for prioritizing this vital issue and stand ready to support the bill's passage, implementation, and ongoing enforcement.

Thank you for the opportunity to testify. I am happy to answer any questions you may have.