**Nursing Facility Task Force**

Meeting Minutes

December 20, 2019

2:00-4:00 pm

Date of meeting: December 20, 2019

Start time: 2:03 pm

End time: 3:50 pm

Location: HPC Conference Space, 50 Milk St, 8th Floor, Boston, MA 02108

Members present:

* Secretary Sudders – Executive Office of Health and Human Services
* Secretary Acosta – Executive Office of Labor and Workforce Development
* Ruth B. Balser – Mass. House of Representatives
* Richard Bane – Massachusetts Senior Care Association
* Elizabeth Chen – Executive Office of Elder Affairs
* Tim Foley – 1199SEIU
* Tara M. Gregorio – Massachusetts Senior Care Association
* Elizabeth Kelley – Department of Public Health
* Patricia D. Jehlen – Mass. Senate
* Barbara Mann – Massachusetts Senior Action Council
* Mathew J. Muratore – Mass. House of Representatives
* Patrick Stapleton – Sherrill House
* Daniel Tsai – MassHealth
* Naomi Prendergast – D’Youville Life and Wellness Community
* Rebecca Annis – Pond Home

**Proceedings:**

Secretary Sudders called the meeting to order and noted that the Task Force had a quorum. Secretary Sudders thanked the Health Policy Commission for hosting the meeting and welcomed everyone to the 4th meeting of the Task Force.

**Vote 1 to approve meeting minutes from the 2nd Task Force meeting:** Secretary Sudders requested a motion to approve the [November 22nd, 2019 Meeting Minutes](https://www.mass.gov/lists/nursing-facility-task-force-meeting-materials#meeting-materials---november-22,-2019-). The motion was introduced by Rich Bane and seconded by Ms. Prendergast. The motion passed unanimously.

Secretary Sudders introduced into the record [a letter that she received](https://www.mass.gov/doc/letter-to-secretary-sudders-disability-advocatespdf/download) from individuals representing the Boston Center for Independent Living, Metrowest Center of Independent Living, the Disability Law Center, Disability Policy Consortium, Mass Law Reform Institute, Greater Boston Legal Services, Massachusetts Advocates for Nursing Home Reform and Disability Advocates Advancing our Healthcare Rights. She summarized the letter by saying that they were writing to express their serious concern that the nursing facility task force had not included the voice of individuals with disabilities in its conversations, emphasizing the importance of considering the entire LTSS continuum, the disability community and its implications for the support of services in the community. The [complete letter](https://www.mass.gov/doc/letter-to-secretary-sudders-disability-advocatespdf/download) can be found on the [Nursing Facility Task Force website](https://www.mass.gov/lists/nursing-facility-task-force-meeting-materials).

Secretary Sudders then presented, as a follow up to member requests from the last meeting, compiled data on nursing facility quality, occupancy, and geography. The [full EOHHS presentation can be found on the website](https://www.mass.gov/lists/nursing-facility-task-force-meeting-materials). Secretary Sudders showed the first map displaying the location of high and low quality stars across the Commonwealth. She noted that except for Nantucket, and potentially Barnstable, the dots are reasonably close together when looking at a county level. On the next slide, she showed a map of low quality and low occupancy facilities. There are ~30 low occupancy and low quality facilities throughout the Commonwealth, representing about 8% of all NFs. MassHealth conducts a quarterly survey of occupancy and a 80% occupancy threshold was selected for the purpose of this map. In addition, for the purpose of this map, 1 or 2 CMS quality Stars were highlighted. Secretary Sudders finished this portion of the presentation overlaying a map of 3+ star facilities over those with low occupancy and low quality. She continued by saying that the map shows that all low quality and low occupancy facilities have a 3+ Star facility nearby, except for Nantucket.

Senator Jehlen and Representative Balser joined the meeting.

Secretary Sudders referenced the meeting agenda to members highlighting that today’s meeting would facilitate a conversation first about quality and suitability measures, followed by a presentation by Assistant Secretary Tsai on a possible concept for a revised rate structure.

Secretary Sudders invited Ms. Kelley and Ms. Katherine Fillo, Director of Clinical Quality Improvement for the Bureau of Healthcare Safety and Quality at the Massachusetts Department of Public Health, to make a presentation on [Quality in Nursing Facilities in Massachusetts](https://www.mass.gov/lists/nursing-facility-task-force-meeting-materials)**.** Ms. Kelley said that today they would present onboth state and federal quality tools, DPH initiatives to address and improve quality and an overview of the suitability process. She said there are 383 skilled nursing facilities with 62 free-standing rest homes. The department of public health oversight ensures compliance with the federal and state regulations through its three oversight units. The units include licensure, survey operations/certification, and complaints. The state received about 16,000 complaints in FY19 ranging in terms of severity. Of total complaints, 86% were facility reported. In addition to the 3 oversight units, DPH works with long term care partners to improve quality of care provided in nursing homes and rest homes.

Secretary Acosta joined the meeting.

Ms. Kelley continued and said that in November 2017, DPH surveyors began surveying MA nursing homes using a new federal computer based resident centered inspection process, designed increase the number of direct observations of care. The new survey methodology allows for the evaluation of a wider range of care areas and issues due to the change in federal regulations.

Secretary Sudders asked how well this change was socialized to industry, following with the comment that she had heard that the change resulted in a material impact on the number of issues documented in the industry.

Ms. Kelley answered that it was a difficult transition given its impact but believes the industry is now more comfortable given the fact that facilities have now had 1-2 surveys.

Ms. Gregorio said that the engagement on the part of the department was quite good and that CMS worked diligently to deal with technical issues. However, there was a concern that the change resulted in an increase of recorded deficiencies. Ms. Gregorio added that there is a difference between annual surveys and complaints.

Rep Muratore joined the meeting.

Ms. Kelley introduced Ms. Fillo to talk about suitability and quality. Ms. Fillo began saying that the department uses the Nursing Home Survey Performance Tool for its surveys. The tool uses finding from the 3 most current standard surveys as well as complaint survey findings from the previous year, focusing on findings from 5 domains that are considered to be important to consumers and a have a significant impact on a resident’s quality of life. A facility’s score is calculated across the 5 different domains: administration, environment, food service, nursing, and resident rights. A perfect score of 132 points represents zero deficiencies under these domains. Ms. Fillo emphasized that the domains included in the nursing home performance tool are important in measuring quality of life and quality of care.

Senator Jehlen asked if there is a standard for nursing hours. Ms. Fillo said that while there is no national standard, individual nursing homes are expected to provide the proper number of nursing hours needed for each individual care plan.

Ms. Fillo continued with the presentation noting that if there are any deficiencies, the points are removed from the nursing home’s total score. The next slide showed the distribution of nursing homes by their DPH score. Based on these quality scores, DPH has launched a number of quality-focused initiatives, including the SPOT (Supportive Planning and Operations Team) and the Long Term Care Quality Improvement Fund.

Secretary Chen asked how much is spent on these quality measures. Ms. Fillo highlighted a few programs citing that $633K was provided per year for the SPOT program while the Infection Control Assessment Response Program was part of a larger CDC grant.

Ms. Gregorio asked Ms. Fillo how much money was in the civil monetary fund, which collects civil monetary penalties in partnership with the federal government from nursing homes for cited deficiencies, and if there were opportunities for facilities to apply for grants to fund quality improvement programs. Ms. Fillo responded, citing that the Civil Penalty Monetary fund will have $10M at the beginning of Jan 1, 2020. She continued saying that the department needs to seek approval from CMS to utilize the funds for projects. Last fall, DPH posted an RFR for projects that comply with federal regulations and advance the quality of life and quality of care for nursing home residents. DPH is continuing to work on securing the funding for these projects.

Ms. Fillo transitioned the presentation to talk about the process of transfer of ownership. The department completes a suitability review to ensure appropriate transfer of ownership. DPH ensures that the applicant is suitable to manage a nursing facility responsibly and is compliant with all regulations. The process includes multiple transparency mechanisms and also checks the quality information of other nursing facilities under management by the same company.

Mr. Foley commented that he has some concerns around the suitability process and then asked if there has been an example of a case where ownership has been found unsuitable. Ms. Kelley said that she could not think of a specific case and said that it was more common for applicants to withdraw than be denied. She noted that if found unsuitable, the owner cannot operate a nursing facility in the state for 10 years. Mr. Foley then asked if there is a look back period to make sure that the new owners are meeting the requirements they are expected to meet or if there are any temporary licenses granted. Ms. Kelley responded saying that facilities have to comply with multiple state and federal regulations that are very comprehensive and so new owners are held to standards through this process. Responding to the latter question, Ms. Kelley confirmed that the department does not grant temporary licenses and furthermore, if the department does not make a decision in a specified time the application defaults to approval.

Ms. Gregorio then asked if DPH has the tools under statute and regulation to perform a thorough suitability review. Ms. Kelley said that enhancements could be helpful as they are limited by statute to review only four factors. In addition, there is a time limit to the review, which makes the process more challenging to perform.

Ms. Gregorio said that recently there were states that sought to strengthen their suitability reviews and posed the question if this is something that should be considered. Ms. Gregorio added that the Task Force did not specifically get into the 5 Star CMS ratings and that it should be noted that because of CMS’s rules we are always going to have 1-2 star homes. She asked DPH if they could speak a little more about why that is the case. Secondly, she asked if there are any other quality indicators or tools that we should evaluate especially as it pertains to trends over time.

Ms. Fillo responded saying that that one of the differences between the state and CMS quality measurements is absolute values vs. relative values. CMS starts with the health inspections rating, assigning scores on a fixed distribution. The scores can move up and down based on staffing and quality of care standards. As a result, the CMS rating system will always result in 1-2 Star ratings for a certain percentage of facilities(it was later clarified that only the health inspection component of the CMS score has a fixed distribution). The DPH score is an absolute score, which correlates with the health inspections used in the CMS score, but also includes additional quality information available through the ombudsman program. The DPH score is the primary tool for quality measure in MA.

Mr. Bane said that he believed the DPH presentation was excellent because it provides some common language. He continued saying that as we start to think about quality and occupancy across the system, we need to remember the voice of the patient. A decade ago, the legislature provided funding for a two-year resident survey and as we move forward it is important that we include the voice of the patient and continue to benchmark that over a period of time. Mr. Bane also reaffirmed that from the provider perspectives, in the face of all regulatory standards, they are concerned about the voice of the patient.

Secretary Sudders noted that Mr. Bane’s facilities have 5 Stars.

Mr. Bane noted that a 5 Star facility can turn into a 1 Star facility with a single incident due to the way the algorithms work and therefore it is important to determine if a facility has chronically bad surveys.

In response to Mr. Bane’s comment, Secretary Chen said that CMS looks at a large number of factors and asked how could one patient result in a facility downgrade from a 5 to 1 star. Mr. Bane provided a case example of a patient nurse interaction where the nurse fled the room leaving the patient unattended after encountering a complex wound, improperly managed during a previous hospital stay. As a result, the facility received a citation bringing down its overall rating. Mr. Bane explained that recovering a previous rating takes time and therefore frameworks should focus on chronically underperforming facilities.

Mr. Stapleton said that it takes 2-3 years for complaints and issues to be removed from a facility. He continued saying that incidents can be financially crushing often resulting in over $100K in losses.

Representative Balser addressed Mr. Bane asking him to what happened to the patient in his facility. Mr. Bane explained that the patient passed away noting that there was nothing the facility could have done. He continued explaining that even if the nursing had remained in the room, the patient could not have been saved due to the situation. Representative Balser said that she would like to better understand the various levels of incidents, asking DPH if they think it is appropriate for a facility with one serious incident to see such a dramatic decrease in quality score. The representative noted that she sees the perspective of the facility but would also like to understand the perspective of those assessing the facility. Ms. Fillo offered a response and said that the investigators look at both the scope and the severity of the incident with death being an example of high severity. The investigators evaluate if the event is likely to happen again and if it’s appropriate to provide an “Immediate Jeopardy” also known as an “IJ.” Ms. Kelley noted that the IJ is provided in consultation with CMS. Representative Balser asked if the state believes an IJ indicates that the state of the facility could threaten the health and safety of other patients? Mr. Bane added that in his view there was nothing that his team could have done differently and that sadly incidents happen as facilities care for very sick people. The fundamental point is that we should not paint a broad brush when we talk about 1 and 2 star facilities.

Secretary Sudders said that she notes that Mr. Bane drew a distinction between chronic and a single issue. She asked how the Task Force would define chronic.

Mr. Bane said that while he does not have a specific answer for a definition, but it would be helpful to evaluate 3-5 years of facility data. Mr. Bane also added said that the state was ahead of the federal government in implementing a survey quality performance tool.

Noting the DPH slide showing the distribution of state quality scores, Mr. Bane stated that he has always operated facilities on the high quality distribution side of the chart but for the facilities on the low side, some of them have been there for a while and that is a symbol of chronic low quality.

Secretary Chen added that she believes 3 years is an appropriate time frame to consider overall quality. She also offered the suggestion that the Task Force considers transition from the CMS 5 star rating to the state scoring system when talking about quality, as it is absolute and updated weekly.

Mr. Bane said that if there are facilities with very low scores and they are there for multiple years, that’s a symbol of chronic low quality.

Representative Balser suggested that the Task Force create a new map, like the ones displayed at the beginning of the meeting using DPH quality data.

Representative Muratore asked how many facilities fall into the low quality group. The group answered that it is about 40 facilities.

Mr. Bane said that we should focus on the chronic low performers and Mr. Foley added that the occupancy rate is an important consideration as well.

Secretary Sudders transitioned the conversation and noted that the Task Force provided ‘points of agreement’ to staff ahead of the meeting. She then pointed members to a slide listing the possible points of agreement. Secretary Sudders noted that they will go through the points, but unanimous support is not required and therefore it is important for people to voice their opinions if they disagree. She also noted that the points are numbered, but not by order of importance. The Secretary then proceeded to go through the first nine points listed below.

1. It is important to have quality nursing facilities available for those who need this level of care
2. 32% of long term facilities are low quality, as defined as 1 or 2 CMS stars
3. Nursing facilities are struggling financially; margins have fallen over the last few years
4. Nursing facilities in the top quartile of Medicaid mix, operate with negative median total margins of -6.2% compared to the industry’s median total margin of -3.2% (CHIA, 2017)
5. There is excess capacity in the system
6. Beds need to be taken offline to solve for excess capacity in the system
7. Structural changes to the industry are needed to ensure longer term financial sustainability
8. We should incentivize the conversion of nursing facilities to alternative models such as affordable senior housing and or assisted living units
9. The state should focus on expanding other community based services (e.g. PACE and Adult Day Health)

On point 1 no one disagreed. On point 2, which noted that 32% of long term facilities are low quality as defined by 1 to 2 CMS stars, Mr. Bane noted that he would like to refocus this point to be about chronic low quality facilities. Representative Balser noted that we should shift this point to include to the state score.

Assistant Secretary Tsai noted that there has not been a discussion around where the cut off point is for low quality on the DPH scoring spectrum. Mr. Bane again said that it is more important to look at chronically low quality facilities with low occupancy.

Senator Jehlen offered that it is important to note that, by definition, about 1/3 of the facilities have to be 1 or 2 stars. Ms. Gregorio noted that this is not always the case as only the health inspection score is fixed, allowing for other components to increase a facility’s overall score. She continued saying that it is important to use as much information as possible and that we should integrate multiple quality and occupancy data sources. Ms. Fillo confirmed Ms. Gregorio’s comment stating that only the Health Inspection score of CMS is fixed distribution. Representative Balser noted that it appears as if the group is trying to shift from a curved system to a fixed system. Secretary Sudders reemphasized that it is important to look at chronically low quality facilities and Mr. Bane agreed that no one wants low quality.

Secretary Sudders directed the members to point 3. Senator Jehlen offered that we should add the word “most” to precede the statement “Nursing Facilities are struggling financially”.

Secretary Sudders continued to point 4. Mr. Bane noted that we should strive for a system that has a positive margin and the facilities should have a positive margin to be able to reinvest. Assistant Secretary Tsai responded saying that MassHealth does not have a margin expectation for providers. Secretary Sudders added to Assistant Secretary Tsai’s comment noting that there is no margin standard for any provider type in the Commonwealth. Mr. Bane said that negative margins are not sustainable. Secretary Sudders noted that this is true on a chronic basis.

Secretary Sudders continued with point 5. Mr. Bane offered that we should add the word “currently” when saying that the system has excess capacity. Representative Muratore added that we should clarify that we mean excess bed capacity.

Secretary Sudders moved to point 6. Ms. Prendergast suggested that the statement focusing on removing excess capacity be broadened. Secretary Sudders asked Ms. Prendergast for clarification. Ms. Prendergast explained saying that using the term “right sized” is potentially broader as it accounts for various factors impacting the industry such as unique services and geography. Secretary Sudders noted that to her, the term “right-sized” suggests the consideration of other LTSS services, emphasizing that we need to keep the entire continuum in mind. Ms. Prendergast suggested that the statement read, “beds may need to be taken offline.” Secretary Sudders said that she’s not comfortable with “may.” Ms. Gregorio said that she would like to focus on both supply and demand noting for nursing facilities. She noted that the term “right size” looks at multiple factors and takes into account community based services. Secretary Sudders noted that statement 6 regarding removing excess capacity does not preclude Ms. Gregorio’s comment, as statement 9 suggests a similar idea. Ms. Prendergast noted that alternate language for statement 6 is potentially better. Secretary Sudders suggested that we combine statements 6 and 9. The members agreed.

Secretary Sudders continued with statement 7 and hearing no disagreements continued to statement 8. In regard to statement 8, Mr. Bane said that while he doesn’t disagree, it’s difficult to convert facilities to alternative models of housing or care. Mr. Bane again emphasized the importance of adding the voice of the patient. Representative Muratore noted that the historical patient survey tool was well received and can likely be reused. Secretary Sudders asked DPH to present on the patient survey tool at the next meeting.

Secretary Sudders proceeded to the next agenda item, introducing Assistant Secretary Tsai to present [an outline of a sensible, sustainable payment model](https://www.mass.gov/doc/december-20th-2019-eohhs-presentationpptx/download). Assistant Secretary Tsai noted that at the previous meeting, Representative Balser had asked a great question: given the historical complexities of the payment model, how should MassHealth redesign the payment system? Assistant Secretary Tsai began by reminding the group of the complicated structure of the current system, emphasizing how it is complex and outdated. He continued noting that there are certain policy goals that could not be accomplished through the current rate structure due to limited funding and regressive rates. In reference to the first slide, Assistant Secretary Tsai noted that the outline is a concept and not a proposal. The slide outlined 5 building blocks of a sensible sustainable nursing facility rate structure which is integrated, is based on the complexity and acuity of members, incentives higher occupancy, is progressive for high Medicaid facilities and includes material incentives for quality.

Secretary Sudders paused to ask for comments and asked if others agreed. There were some quick comments of agreement. Assistant Secretary Tsai continued and noted that the 3rd slide provides a concept of what a new simplified rate structure could look like, compared to the current system. Assistant Secretary Tsai said it’s important to have an integrated rate structure as in the current system, there are too many hold harmlessness provisions that are difficult to maintain over time. One integrated rate structure allows for all components to be updated together. Continuing, Assistant Secretary Tsai addressed the bucket centering on paying for member complexity and acuity. Assistant Secretary Tsai noted that the state-specific system MMQ system does not capture clinical complexity as well as the federal assessment called the MDS, a measurement that all the nursing facilities are already required to track. Assistant Secretary Tsai noted that transitioning to the MDS would also allow for the potential to create additional payment streams for specific populations such as SUD or dementia. Addressing the third component, Assistant Secretary Tsai said that he is interested in including payment incentives for higher occupancy. He continued saying that there comes a point where the operator must decide if they should close or convert to other kinds of services and therefore rewarding high occupancy is a natural way to incentivize sustainability. Moving to the fourth component, establishing a progressive rate structure, Assistant Secretary Tsai said that MassHealth already does this for other programs. He continued explaining that this structure is intended to pay facilities that treat a large percentage of safety net members a higher reimbursement. Finishing with the fifth component, Assistant Secretary Tsai explained that the Task Force should increase the material incentives tied to quality. Assistant Secretary Tsai noted that you could measure quality using either the DPH or CMS scores while also distinguishing those facilities that are chronically low quality.

Secretary Sudders emphasized that this model is a potential outline of a way to reorganize rates. Mr. Bane stated his agreement noting that it would be to move in the direction that Assistant Secretary Tsai outlined, however with the caveat that the quality measure should account for chronic quality issues and not just incidences.

Ms. Annis noted that we need to add the word “affordable” to the point on housing. The Task Force agreed.

Representative Balser asked Assistant Secretary Tsai to define acuity and complexity. Assistant Secretary Tsai responded saying that this refers to accurately measuring ADLs, conditions and disorders as well as other measures of more difficult to care for members.

Secretary Sudders directed the conversation to a discussion, asking members to propose strategies to direct funding towards high quality facilities and those with highly acute and or complex patient populations. Mr. Bane said that transitioning to the MDS is the right direction and coming out of the Task Force would be a great accomplishment. He continued saying that for Medicare patients, funded through the federal government, the payment model is called the PDPM and went into affect on October 1st creating more the need for increased staff training to assist with the transition. Assistant Secretary Tsai said that the transition has been discussed before but there has always been a request that MassHealth create a hold harmless. Mr. Bane said that the enhanced training would help with that.

Ms. Gregorio said that while an early position of hers was a hold harmless, she has evolved, as there are ways to more seamlessly transition as other states have done. Ms. Gregorio asked Assistant Secretary Tsai if the current system is based on medians and historical look backs. She also thanked Assistant Secretary Tsai for saying that we should use a more recent cost base year, emphasizing the need to remember work force and rising wages. Assistant Secretary Tsai answered saying that this is outline is a concept. He addressed the members saying that we need to achieve alignment around the building blocks and required timing for a potential payment transition.

Secretary Sudders noted that there are realities that we need to account for and provide transparency.

Secretary Chen asked how a scoring system is reliable from one nurse to the next. The Task Force answered that it is a standard tool. Mr. Bane said that he feels the tool is reliable. Assistant Secretary Tsai noted that the MDS is used across the full LTSS system. Assistant Secretary Tsai then asked the members if we transitioned to the MDS, what populations or measures of acuity would not being accounted for. Secretary Sudders noted that might be beyond the scope of this task force, a scope that is described by statute. She then said that there seems to be member agreement in regard to the components of a clean rate structure.

Mr. Bane said that everyone agrees that we should pay for quality but is worried about implementation. Secretary Sudders emphasized that it is about incentivizing quality. Mr. Bane asked how the Special Focus Facilities (also referred to as SPOT) identification program worked. Ms. Kelley said that some facilities have improved under program as reflected in their scores. She noted that you are never going to get everyone to improve. Representative Balser asked about the other facilities that did not improve. Ms. Gregorio offered a response saying that the SPOT team was missed when they left, but it is the nature of facilities that strong leadership within the facility is the key to drive improvements in quality.

Secretary Sudders transitioned the Task Force to return to the remaining points of agreement. She noted that she wants the Task Force to come to agreement on some points regarding payments. Secretary Sudders noted that these points were sourced from the members on the Task Force. The points discussed were as follows:

1. A greater share of payments should be based on utilization and quality
2. The current payment system does not adequately account for acuity or complex patient populations
3. A new payment system should include a transition from the current MMQ system to the MDS
4. The nursing home user fee should be enforced
5. The DPH licensing process for nursing facilities should be modified to strengthen ‘suitability review’
6. Current state oversight and reporting standards limit the state’s and other stakeholders’ opportunities to monitor nursing facility’s financial stability, the quality of their care, their staffing sufficiency, and their worker readiness to meet anticipated care needs.
7. Nursing homes are challenged to recruit and retain enough certified nurse assistants and other direct care staff.
8. Rates and market forces are not enough to preserve quality nursing facilities and reduce low-quality beds. The state should consider other tools including, but not limited to, incentives, assistance and sanctions to achieve those goals.

On statement number 10, Secretary Sudders noted that she may object to the word greater. She then moved to point 11 and then 12 where there was no vocal disagreement.

On statement 13, regarding the user fee, Mr. Bane asked if this was already enforced. Secretary Sudders said that at the beginning of her tenure, the assessment was not always adhered to, as the Commonwealth’s oversight was not always strong. Mr. Bane asked if there were administrative shortfalls. Assistant Secretary Tsai explained that MassHealth is still at a $20M shortfall on the user fee. He continued saying that the state has created additional levers to reduce this shortfall. Mr. Bane said there’s no question that the industry wants to work with the administration on the user fee assessment. Secretary Sudders suggested that the point be revised to read, ‘full compliance of the user fee should be enforced.”

There was no disagreement on point 14.

On statement 15, regarding state oversight and reporting standards, Mr. Bane said he does not agree because there are many guardrails. Mr. Foley said that he submitted the point and clarified that he wants to strengthen the oversight and reporting related to financial stability, quality, staffing, and worker readiness. Mr. Bane said that he thinks there are good tools already in place but wants to work collaboratively to make sure everyone is in full compliance. Representative Balser suggested that we just add the word collaboration. Secretary Sudders said the point can be rewritten to add “collaboration.”

On statement 16, Representative Balser said that she wants to strengthen the point by saying we need to improve and support the direct care staff to improve retention. Senator Jehlen said that the nursing facility staff should not be in tough competitive with other LTSS providers. Representative Balser said that she is concerned that raising the minimum wage and passing FMLA will impact facilities, which is challenging because she wants those initiatives to succeed just as she wants nursing facilities succeed. Secretary Sudders said this point could be rewritten as well.

On point 17, Senator Jehlen said that she wants something similar to the SPOT teams to add a housing focus, and if possible, to use interest free loans to help convert nursing facilities to other services. Senator Jehlen said there are other housing tools that should be explored.

Secretary Sudders said that from members, she has heard an emphasis on including the voice of the patient, learning from the SPOT team mode and zero interest loans as possible additional tools. She asked she Task Force if there was consensus. Mr. Bane said that he wants facilities to improve in quality and if they cannot improve, then they should not be providing care. Secretary Chen added that she would like to help facilities transition to different services.

Secretary Sudders noted that the limited remaining time and addressed the remaining meeting agendas. She said that there was a presentation on Rest Homes teed up. She also said that given the letter that was received from disability advocates, we should invite individuals to present on other aspects.

Secretary Sudders’ laid out the remaining meeting schedules with the next meeting to occur on January 10 from 2-4pm at Ashburton with the final meeting occurring on January 31st. She said that these will be the final two meetings. She asked if there were additional comments.

Mr. Foley said he thought this was a good meeting today and he like the points of consensus and that he liked the sensible and sustainable rate structure. He continued staying that he still had concerns around only having 2 meetings left and achieving consensus around recommendations. The Secretary responded in saying that the Task Force can discuss recommendations at the next meeting.

**Vote 2 to adjourn:** Secretary Sudders requested a motion to adjourn. Mr. Bane offered a motion to adjourn and Assistant Secretary Tsai seconded the motion. The motion was unaniomous.