**Nursing Facility Task Force**

Meeting Minutes

January 10, 2020

2:00-4:00 pm

Date of meeting: December 20, 2019

Start time: 2:05 pm

End time: 4:06 pm

Location: McCormack Building, One Ashburton Place, 21st floor, Boston, MA 02108

Members present:

* Secretary Sudders – Executive Office of Health and Human Services
* 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

Members absent:

* Secretary Acosta – Executive Office of Labor and Workforce Development

**Proceedings:**

Secretary Sudders called the meeting to order at 2:05 PM and welcomed everyone to the 5th meeting of the Task Force.

**Vote 1 to approve meeting minutes from the last Task Force meeting:** Secretary Sudders requested a motion to approve the [December 20th, 2019 meeting minutes](https://www.mass.gov/doc/december-20-2019-meeting-minutes/download). Representative Balser introduced the motion which was seconded and approved unanimously.

Secretary Sudders noted that there were three follow up items from the last meeting; member suggested revisions to the points of agreement, information on the patient experience survey and data regarding chronic low quality and low occupancy facilities as defined by a three year period and the CMS 5 star rating. Secretary Sudders introduced Ms. Kelley to present on these items.

Ms. Kelley opened the [follow-up presentation](https://www.mass.gov/doc/january-10-2020-presentation-follow-ups-from-december-meeting/download) and explained that the Nursing Home Satisfaction Survey was created by the state legislature as part of the FY 2002 budget. The Department of Public Health administered the Survey and worked with outside experts to develop 54 questions across six domains. The survey was administered to family members or guardians and not to the residents themselves. Ms. Kelley continued to say that the Nursing Home Satisfaction Survey was administered in 2005 as optional and became mandatory in 2007 and 2009. In 2009, DPH received 20,000 surveys, a response rate of 60%. Further, 89% of respondents in 2009 stated that they would recommend the nursing home that their family member resided in to a friend.

Ms. Kelley noted that there are three other surveys that survey consumer satisfaction. She proceeded to describe the three with the first being the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Ms. Kelley noted that this survey tool is endorsed by CMS and includes questions for discharged short and long stay members. The other two surveys highlighted were the CoreQ and MyInnerview. Ms. Kelley described the slide comparing the three surveys and noted that each survey varies in the domains assessed, the number of questions asked and the various languages available.

Secretary Sudders opened the floor to questions. Senator Jehlen asked if there was any uniformity across the surveys and if the results were public. Ms. Kelley responded and said that the results were not public and were collected for internal use.

Mr. Bane thanked Ms. Kelley for her comments and noted that the CAHPS survey is the gold standard survey. He continued to say that the CAHPS survey is both difficult to administer and hard to implement, unlike the CoreQ which is much easier to implement. Mr. Bane said he believed that any survey would serve the overall purpose and that it is important to get real time information in the field.

Ms. Prendergast asked if the survey stratifies results by the size of the facility. Ms. Kelley responded noting that it is possible to incorporate sampling and other survey methods within the survey.

Mr. Foley referenced the slide and noted that only one of the surveys was available in Spanish. He also noted that only one of the survey tools interviewed long term care employees.

Secretary Sudders asked Ms. Kelley if the DPH survey that was completed in 2007 and 2009, was created by EOHHS. Ms. Kelley confirmed that it was. Ms. Gregorio added that EOHHS worked with an outside contractor to vet and test the survey. Ms. Gregorio continued saying that she was pleased that the Task Force was discussing the possibility of conducting a patient survey, but emphasized that they should consider the proper instrument to use and ensure that the survey is accessible to people of all languages.

Ms. Prendergast added that she was pleased with the use of the survey in 2007 and 2009.

Secretary Sudders directed the Task Force to the next slide which displayed a map of chronically low quality and low occupancy facilities across the state. She noted that there were 19 facilities that had low quality (1 or 2 stars) and low occupancy (<80%) over a three year period, from 2017-2019. Secretary Sudders noted that the next slide included a list with additional information regarding the 19 facilities.

Mr. Bane referenced the data on the slide and noted that these 19 facilities included a lot of beds. Secretary Sudders clarified that it was a lot of licensed beds.

Ms. Gregorio noted that within the 19 facilities there had been some changes in ownership.

Secretary Sudders invited Ms. Annis to present on the Rest Home industry. Ms. Annis thanked Secretary Sudders for the opportunity to speak present on behalf of the Massachusetts Association of Residential Care Homes (MARCH). She began her [presentation on Rest Homes](https://www.mass.gov/doc/january-10-2020-presentation-rest-homes/download), explaining that the goal was to present on solutions to the financial crisis affecting Rest Homes and to share the importance of including Rest Homes in the conversation of the Nursing Facility Task Force. Ms. Annis explained that many Rest Homes have a long history of providing care to vulnerable populations. She expressed her belief that Rest Homes help residents feel safe and secure, allowing them to live a full life in their later years. Ms. Annis said that in Massachusetts, there are 67 freestanding Rest Homes and 24 that are attached to nursing facilities as a separate wing. The average Rest Home reimbursement rate is $98.20. Ms. Annis noted that the industry recently received a total $4M increase in incremental funding from DTA and other government agencies. Ms. Annis invited the public to visit the [MARCH website.](https://maresidentialcarehomes.org/about-march/) She continued to present the next slide, highlighting that the Rest Homes are the 2nd least expensive cost of care when compared to other options across the long term care continuum at $37K per year although they still provide a high level of services.

Mr. Bane asked Ms. Annis what source was used to report on the average annual cost of nursing facilities. Ms. Annis noted the website [Dibbern](https://www.dibbern.com/nursing-homes/massachusetts/massachusetts-nursing-homes-directory.htm)as her source. Secretary Chen noted that the homemaker and home health aide numbers did not necessarily align. Ms. Annis suggested that members visit the website that served as the source.

Ms. Annis continued with her presentation, noting that Rest Homes cover a wide array of services including nursing, pharmacy, dietary and social service consultation. She also noted that Rest Homes provide care in collaboration with nursing and assisted living facilities. If a nursing facility resident no longer requires that level of care, the resident can be transferred to a Rest Home. Ms. Annis noted that this reduces the cost of care paid for by the state.

Ms. Annis continued with her presentation, sharing the results of a 2015 survey focused on the population that Rest Homes serve. She noted that the majority of residents are older with 75% of the population above 65 and the remaining 25% being above 65. Ms. Annis also noted that 80% have some form of cognitive dysfunction.

Secretary Chen asked Ms. Annis which Rest Homes participated in the survey. She also asked if these survey results have been compared to other [EOHHS survey results](https://www.mass.gov/doc/january-10-2020-follow-up-document-summary-of-findings-from-on-site-rest-home-visits-summer/download). The president of MARCH, Ron Pawelski, responded from the audience and said that the survey included Rest Home in 2015. He also noted that the survey was conducted by Dr. Bronski. Representative Balser asked Ms. Annis why more people were receiving antipsychotic medication (38%) than the percent of individuals reported to have mental health issues (29%). Secretary Chen said that she can help make the [2018 EOHHS presentation available](https://www.mass.gov/doc/january-10-2020-follow-up-document-summary-of-findings-from-on-site-rest-home-visits-summer/download).

Ms. Annis continued, highlighting some of the financial challenges facing the industry, including the ability to recruit and retain direct care professionals in a highly competitive environment. Secretary Chen asked Ms. Annis to clarify a statement on the slide pertaining to the sale of Rest Homes. Ms. Annis deferred to Mr. Pawelski from the audience who explained that Rest Homes were sometimes sold to relatives, triggering higher reimbursement rates. Mr. Pawelski continued, explaining that recent legislation addressed this to ensure that owners trying to sell receive an adequate purchase price. Secretary Chen stated her uncertainty in regards to this explanation, but suggested a comparison to a stock that has depreciated in value.

Ms. Annis continued, noting a set of proposals to address the financial challenges facing the industry and referenced the [Rest Home handout](https://www.mass.gov/doc/january-10-2020-handout-rest-homes-proposed-policy-changes/download), for a list of complete recommendations. Ms. Annis continued to highlight a member example and the impact Rest Home closures can have on residents. She noted that when Rest Homes close, residents are often subject to trauma associated with an involuntary transfer. Ms. Annis also cited the economic impact on the local economy and loss of jobs. In conclusion, Ms. Annis said that she hopes that members of the Task Force appreciate the important role that Rest Homes play within the continuum.

Secretary Sudders opened the floor to questions. Secretary Sudders said that she has visited several Rest Homes while in public service. She said that she has observed that when individuals move out of a Rest Home, they receive greater access to private funds as a result of the personal needs allowance.

Secretary Chen asked Ms. Annis if Rest Homes were considered a medical or community based service, noting that the presentation had referred to the homes in both contexts. Ms. Annis responded and said that Rest Homes are considered to be in the community and are licensed by DPH. She added that the term ‘community’ in this context is different than the EOHHS definition of that term.

Representative Balser asked if there is a triage system to determine where on the continuum an individual should go. Ms. Annis offered an answer and said that area agencies on aging, known as Aging Service Access Points (ASAPs), assist in directing individuals to the proper care setting. Those eligible for a nursing home, and enrolled in MassHealth, may be placed in a nursing facility level of care. Representative Balser asked Ms. Annis who pays for Rest Homes. Ms. Annis responded and said that it is both private pay as well as state funds from DTA. MassHealth is not a payer. She clarified that you do not need to go through an ASAP for admission and can be self-directed to a Rest Home.

Secretary Chen asked Ms. Annis how many Rest Home beds were private pay. Ms. Annis responded saying that she did not know. Secretary Sudders suggested that this information be provided as a follow up at the next meeting.

Mr. Bane asked Ms. Annis about staffing, citing that Nursing Homes provide 3 to 4 hours of nursing care per patient per day. Ms. Annis responded stating that Rest Homes have a minimum requirement, but does not know the average. She added that her facility, Pond Home, is unique for being primarily a Rest Home operation with a small 24 hour nursing facility operation.

Mr. Foley asked about the workforce, noting that 90% of the resident population is white and not reflective of the state’s demographics. Ms. Annis responded saying that the staffing is similar to a nursing facility with a heavy reliance on CNAs and that there is a staffing requirement set forth by DPH to ensure the appropriate provision of medication by staff.

Secretary Chen presented two follow-up requests. She asked if Rest Homes provide cost reports and if so what is their margin. Ms. Annis responded stating that homes submit cost reports if they receive funds from DTA. Secretary Chen outlined her second request, asking for additional information regarding where individuals go when a Rest Home closes. Ms. Kelley offered an answer explaining that individuals are transferred to a range of locations, including the homes of family members as well as nursing facilities. She added that residents are not discharged to shelters.

Representative Muratore asked why Rest Homes have closed. Ms. Annis responded explaining that it is a mix of low occupancy and low reimbursement but it depends on the payer mix. Representative Muratore asked if there was a correlation between the rise of services such as Home Health and the decline of Rest Homes, citing that home health services are often a lower cost service than Rest Homes. Adding to his question, Representative Muratore asked for clarification on the services provided in a Rest Home. Ms. Annis listed the services: personal care, assistance with bathing and grooming, medication management, and oversight of the residents overall medical needs. Representative Muratore added that Rest Homes could be thought of as affordable, publicly financed assisted living.

Ms. Prendergast noted that two Rest Homes in Lowell, have recently closed due to financial struggles and low occupancy. These homes then merged with her nursing facility.

Senator Jehlen offered a similar statement explaining that there was a Rest Home that closed in her community due to low occupancy. She noted that home served a different function than other institutions. Senator Jehlen then offered a recommendation, proposing that the Executive Office of Elder Affairs (EOEA), at the direction of Secretary Chen, propose a transition plan for Rest Homes. She added that the Task Force should not assume that these services should not exist. Representative Muratore asked if EOEA is the proper department to propose a plan for Rest Homes as they are in many ways more similar to Assisted Living than Nursing Facilities.

Secretary Sudders thanked Ms. Annis for her remarks and presentation.

Secretary Sudders reminded members that at the December meeting of the Task Force, she had shared a [letter from Disability Advocates.](https://www.mass.gov/doc/letter-to-secretary-sudders-disability-advocatespdf/download) Secretary Sudders said that she was delighted that several members of the community organizations representing the disability community were in attendance and invited Mr. Dennis Heaphy, Mr. Paul Spooner and Ms. Millie Hernandez to begin their presentation.

Mr. Spooner greeted the Task Force and thanked them for the opportunity to present his experiences. He then introduced himself as the Executive Director of the MetroWest Center for Independent Living. He continued to say that the MetroWest center serves 27 regions and towns. Mr. Spooner stated that he does not intend to speak negatively on the nursing facility industry but instead believes that there is an important role for both nursing facilities and community based services to provide resources and supports to the disabled community. Mr. Spooner explained that his career in advocacy began at the Massachusetts Hospital School. He said that from the start, he held strong thoughts about living in the community. He continued to explain that when he graduated from high school in 1973, there were only two options for disabled individuals; family care or nursing homes. Mr. Spooner explained that few services, such as personal care attendants or home health aides existed. He said that he started using the personal care program in 1978 living at home, going to college and enabling him to stay in the community. Mr. Spooner explained that he had helped in the foundation of an independent community based program, the Independent Living Center whose mission was to give individuals their rights to live in the community. This program provides individuals with education on their options. Mr. Spooner said that the organization has provided over 40 years of service.

Mr. Spooner said that his presentation did not include a visual because the issue is not about charts and numbers. He added that his organization has succeeded in Massachusetts. Mr. Spooner said that he understands the problem of low reimbursement facing Nursing Facilities but also acknowledges that Massachusetts is at the forefront of offering a variety of options to individuals whether in a facility or in the community. Mr. Spooner said that things have changed since 1978 when he first joined the PCA program. In 1978, less than 2,000 people were enrolled and now there are 39,000K, a number greater than those in nursing facilities. Mr. Spooner emphasized that it is about maintaining choice and through his work, PCAs receive a decent wage. He continued to say that the Independent Learning Center has 15 staff members that provide important services to help individuals stay in the community. The staff visits nursing homes and provides consultation for referrals for those individuals who would like to transition to the community.

Mr. Spooner said that the structure of healthcare is an interesting cycle, explaining that when you are discharged from a hospital, you often end up in a nursing facility. He said that you often do not need to be there and therefore the Independent Living Center works with ASAPs to ensure that people know their options. Mr. Spooner emphasized the point that nursing facility residents are primarily low income and acknowledged that facilities have lost the private payers that have historically helped subsidize the rates. He said that in addition to those who are low income is another population, those struggling with mental illness and cognitive disabilities. Mr. Spooner said that his organization sees many individuals within this category. Mr. Spooner concluded by citing the complexity of the problem and emphasizing the need to responsibly look at a number key factors including workforce. He said that taking care of people deserves a reasonable wage and that rates should be evaluated and determined to ensure that wages are able to support people. Mr. Spooner acknowledged that there is not an endless pool of financial resources. Mr. Spooner continued to say that there is a need to develop a modified business plan for the future that considers both nursing facilities and options in the community. Mr. Spooner added that the current oversight system is not enforced. He suggested that the legislature and state government address this as it cannot be tolerated.

Secretary Sudders next welcomed Ms. Hernandez to deliver her remarks

Ms. Hernandez introduced herself and said that she was a member of the Boston Center for Independent Living (BCIL). She said that she wanted to share her experience, emphasizing that to the Task Force that the nursing facility model should be reconsidered as community based services are very important. Ms. Hernandez continued to provide details of her experience at the Harbor Lights Nursing Facility, citing that she was there for two months. She stated that it was the worst experience she had endured except homelessness. Ms. Hernandez said that her medications were increased at the facility, inhibiting her ability to work or move. She said that she wished she could find the words to describe how horrible it was. Ms. Hernandez shared that the elderly and disabled were ignored and that her roommate, who suffered from cognitive disabilities, did not have her needs properly met. Ms. Hernandez told the story of another man who did not receive water upon request and that she had attempted to help him but couldn’t walk herself because she wasn’t receiving proper physical therapy to improve her mobility. She had said that she did not want to be in that facility as they did not properly care for their patients. She emphasized again that she was not able to walk and therefore had to remain in the facility. Ms. Hernandez said that she eventually transferred out of the facility but still suffered from several complex medical conditions. Ms. Hernandez said that there was little supervision at the nursing home; the staff did not help with transitions as they expected residents to stay. She finished by saying that the fundamental model of nursing homes needs to change.

Secretary Sudders thanked Ms. Hernandez for her remarks and invited Mr. Dennis Heaphy to speak.

Mr. Heaphy introduced himself and said that he worked for the Disability Policy Consortium, and serves as the co-chair of the Disability Advocates Advancing our Healthcare Rights (DAAHR) coalition. Mr. Heaphy explained that DAAHR works very closely with MassHealth, particularly in the development and improvement of the One Care program. He continued to say that one of his greatest fears was going to a nursing facility. He emphasized that he would rather die than go to a nursing facility. Mr. Heaphy continued to say that he had a friend that received very good care at a nursing facility. Mr. Heaphy offered an example saying that nursing facilities were similar to the experiment between baby chimps and a steel cage mother. The chimps were being fed but they were not being cared for in a way that allowed them to flourish. He emphasized that people need warmth and care to flourish emotionally and creatively. He noted that his role on the One Care Implementation Council. Mr. Heaphy said that dollars are being invested in a failing model instead of being invested into community services. Mr. Heaphy noted that many facilities have 80% occupancy rates and provide substandard care. He said that he has visited people in facilities and tried to save others from ending up in a facility. Mr. Heaphy said that he was grateful for One Care because he is able to get all the care he needs at home. He said if it wasn’t for One Care, he would be in a nursing facility. Mr. Heaphy added that the cost savings are tremendous for community based programs. He said that we need to look at other models such as the Tennessee model. Mr. Heaphy continued to say that members should look at creative ways to measure quality and provide risk adjusted payments with real quality measures. He added that acuity should also be paid appropriately and that the current system should be restructured. Mr. Heaphy referenced the December Task Force meeting and the discussion regarding how a 5 star facility dropped to a 1 star after an incident. Mr. Heaphy said he was horrified that the situation was being defended at the meeting and said that he thought the facility should have been closed down saying that the nurse should know the right thing to do. Mr. Heaphy said that it is not an incident problem, it is a system problem and the whole system is sick. He continued to say that the key word is patient. He posed a question to members, and asked if we were talking about nursing facilities for people at the end of their lives, or are we talking about nursing homes where people are treated with dignity. Mr. Heaphy said that he did not want the nursing facility industry to determine the way quality is measured and that instead people in the community should define what quality means. Mr. Heaphy addressed the legislators in the room and asked that they not try to address everything now, but instead take a first step to address this medical model that no longer works. He said that we can do better as a state and that we can do better for our tax payers. He concluded by asking the Task Force to invite the disability community to the table and said that they would like to work with members moving forward.

Secretary Sudders thanked Mr. Spooner, Ms. Hernandez and Mr. Heaphy for their words.

Ms. Annis addressed Ms. Hernandez and thanked her for her comments and said that she was sorry for her experience. Ms. Annis said that she hopes this experience was an exception.

Ms. Hernandez said that when the state came to her facility, many people were afraid to speak their mind but she was not. She continued to say that if people spoke out, the facility would treat them poorly.

Ms. Gregorio thanked Mr. Spooner, Ms. Hernandez and Mr. Heaphy for their remarks and said that their words emphasized the importance of the work of the Task Force. She said that she also hoped that the dialogue between the group and the Task Force is an ongoing conversation.

Secretary Sudders said that Mr. Heaphy referenced the word “home” in his presentation and highlighted the dignity that comes with a home.

Mr. Heaphy said that 40 years ago, his grandmother died in a nursing facility and that his mother found her dead on the floor. He said that not much has changed in how nursing homes function since then.

Secretary Sudders thanked the group as a whole and individually thanked Ms. Hernandez for sharing her deeply personal experience. Secretary Sudders said that these two presentations are important because they remind the Task Force of the value of the home.

Secretary Sudders introduced the next agenda item, discussion on “Possible Policy Options” and said that it was unlikely that they would finish evaluating all options that day.

Secretary Sudders opened the [presentation on Possible Policy Options and Points of Agreement](https://www.mass.gov/doc/january-10-2020-presentation-possible-policy-proposals-and-points-of-agreement-0/download) and presented the first slide and said that over the course of the Task Force, members have discussed and presented on relevant topics and issues. She noted that these ideas were consolidated into various policy goals and points of agreement. From the points of agreement, four policy goals were identified:

* Right size the industry and support facilities in adapting to future demand
* Establish a reasonable and sustainable rate structure
* Promote quality
* Ensure a sustainable workforce

Secretary Sudders said these goals represent the comments, concerns and ideas expressed by members throughout the meetings of the Task Force. Secretary Sudders continued to say that this is not a Quaker meeting and therefore she was not expecting perfect consensus, although it would be great if there were. Secretary Sudders said that she is hearing from her friends in the legislature that they would like a plan. She continued to say that the final thinking that is submitted by the Task Force may be more directional and focused on findings.

Mr. Bane said that he thinks this was a terrific way to organize. He continued, noting that while it is complicated, it is important to agree to some of guiding principles and sketch some potential approaches.

Secretary Sudders said that she is privileged to work with great staff who have tried to be objective synthesizing what they’ve heard.

Representative Balser referred to the map of chronically low quality and low occupancy facilities displayed at the beginning not the meeting, and ask how one would go about closing those facilities? She continued to say that she does not know the answer but asked members if their plan would be to rely on the market.

Mr. Bane offered a response and said that in the short term the market will assist but in the long term, a new rate structure is needed to support the closure of some facilities.

Secretary Sudders said that the state does not have the authority to close facilities. Ms. Kelley clarified that there is no direct authority for closure.

Ms. Annis asked if the state could stop admissions to assist with closure. Ms. Kelley responded that it is not possible to stop admissions unless there is jeopardy found. Ms. Gregorio said that involuntary closures can occur as a result of CMS enforcement for quality performance issues. Representative Balser said that she objected to the policy proposal ‘plan to close facilities that are chronically underperformers in quality and occupancy.” She said that the development of a different rate structure will force certain facilities to close.

Mr. Bane referred to Mr. Tsai’s presentation regarding a potential rate structure, presented at the December meeting. Mr. Bane said that Mr. Tsai had proposed a new rate structure that would incentivize and reward higher occupancy facilities. He added that the ‘winners’ would be able to offer high quality services and that the ‘losers’ would lose. Representative Balser referred back to the policy initiative and said that the proposal could read ‘as we structure the rate structure, facilities will close’.

Mr. Foley said that members had talked about defining the term chronic but had yet to determine a definition. He added that the Task Force had agreed to emphasize the DPH scores, but questioned if it is forward or backwards looking.

Mr. Tsai said that the various levers, including payment that we have talked about should serve as a guiding principle when closing chronically underperforming facilities in terms of quality and occupancy. He emphasized that while this should be a guiding principle, there is still a need to flesh out the details.

Ms. Prendergast said that for the sake of conversation, they do not need to define chronically low quality because there is a focus on redesigning a system that is going to incentivize quality. She concluded by saying that this will lead to closures.

Secretary Sudders said that she does not want to be passive and would like to offer a firm definition. She continued to say that there should be an affirmative plan to pursue certain closures and not just rely on a market result. Secretary Sudders also added we need to ensure a continuum of long term supports and therefore sustaining chronic under performers should not be a passive process.

Senator Jehlen said that she agreed with Secretary Sudders and that a market is not enough to protect people who are currently in those low occupancy and low quality homes. She said that we need to increase the suitability requirements for new purchasers and renewals and improve the process for receivership. She noted that there may be a fundamental disagreement on whether we should rely on the market or take a more active role.

Senator Jehlen continued and said that she had two policy proposals to improve quality. She said the first proposal included requiring CHIA to set a Medical Loss Ratio (MLR) to help estimate the cost of delivering nursing care. She added that there would need to be assurance that money is properly spent on nursing and that nursing facilities are not siphoning funds to rent and executive salaries. Senator Jehlen continued to say that we need a foundation budget to ensure that money is spent on residents.

Secretary Sudders suggested that the Task Force should focus on quality.

Ms. Gregorio said that at the risk of being provocative, the Task Force should talk to the low occupancy facilities to understand what’s going on. She continued to say that within these facilities, some are run by new owners while others have been there for a longer term. Ms. Gregorio said that there is a need to understand the root cause of low occupancy. She added that the Task Force should consider opportunities for performance improvement plans.

Ms. Kelley noted that SPOT and other quality programs through DPH serve as quality improvement plans. She added that it is important to consider if there are methods of enforcement along the way as well as the end result.

Ms. Annis noted that it is important to consider geography. Secretary Sudders noted that if you look at the geographic access across the state, few facilities pose a geographic concern.

Representative Balser added that she had received a recommendation from Len Fisman of the UMass Boston Gerontology Institute, outlining a proposal to implement a value-based purchasing arrangement that provides financial incentives to nursing facilities that meet specific quality measure targets.

Representative Muratore asked if more than two facilities could be designated as Special Focus Facilities.

Secretary Chen said that the state does not have the authority to close facilities and that its authority is difficult to find in regulation. Ms. Kelly responded to Representative Muratore’s previous quested and noted that the Special Focus Facility Program is a CMS program. She also added that it is very resource intensive and difficult to put together at the state level.

Secretary Sudders noted that the time was after 4:00 PM. Secretary Sudders affirmed that it seems as though the Task Force as a whole agreed on the framework of the four policy goals. She continued and requested that at the next meeting, the Task Force really look at the words and the different policy ideas that tie together. Secretary Sudders asked members to review the document individually and provide edits. She emphasized that members must review individually so as not to be in violation of the open meeting law. Secretary Sudders said that if there is no path to total consensus, then the various policy options will be listed. She noted that they will try to find consensus where they can and discuss at the next meeting.

Secretary Sudders noted that geography needs to be added to the framework.

Secretary Sudders told members that they will receive an email with the policy goals and policy options to which they can provide edits. She said we will try to get an email back from you very quickly.

**Vote 2 to adjourn:** Secretary Sudders requested a motion to adjourn. Senator Jehlen offered the motion and Ms. Annis seconded. The motion was approved unanimously.