January 29,2020

EOHHS Secretary Marylou Sudders

Chair, Nursing Facility Task Force

One Ashburton Place

Boston, MA 02108

Delivered by email to [Marylou.sudders@state.ma.us](mailto:Marylou.sudders@state.ma.us)

Dear Secretary Sudders,

As leaders of the One Care Implementation Council, we are writing to request that you include this letter in the official record of findings on the nursing home Task Force. The Council acknowledges the important role nursing homes play in the lives of persons who have medically complex needs and/or other confounding factors. At the same time, it is imperative that the Task Force recommendations and subsequent steps taken by Statehouse policy makers align with innovations being championed by the Executive Office of Health and Human Services (EOHHS).

It is important to point out that the Task Force lacks two elements necessary for successful innovations in person-centered care. First, improving quality of care is not listed among the Purposes of the Task Force. Second, despite comprising 20% of the nursing home population, the Task Force lacks representation from the disability community and/or their family members/guardians.

Additional considerations include:

* the current nursing home model is fiscally unsustainable;
* initiatives being undertaken by MassHealth, including One Care, were established to reduce institutionalization by rebalancing spending through better alignment of Medicare and Medicaid dollars;
* the current nursing home model is not aligned with needs and goals of many elders and persons with disabilities requiring nursing home level care;
* health inequities may lead to increased institutionalization and isolation of low income ethnic, minority and other underserved populations with complex care needs.

Over the past 20 years alternatives to the current nursing home model have emerged. Assisted living facilities are probably the most popular. However, current regulations do not permit persons with ADL and IADL needs to reside in assisted living facilities. There is also the greenhouse model. The Leonard Florence Center for Living stands is an example of the greenhouse model. In addition, the Veterans Administration is also advancing variations on the current nursing home model. All these models provide residents choice, control and dignity of risk not available not available in the standard nursing home model.

Attached is a list of recommendations for the Task Force’s consideration. We thank you for your leadership and look forward to ongoing partnership with EOHHS in the development of One Care 2.0 and other initiatives that impact populations with complex care needs. Please contact us if you have any questions.

Dennis Heaphy, Chair

Crystal Evans, Co Vice-Chair

Paul Styczko, Co Vice-Chair

We ask that Task Force recommendations made to Statehouse policymakers provides a roadmap to sustainable whole person-centered nursing home level care:

1. Committed to advancing the dignity and human rights of elders, persons with disabilities, and their family members.
2. Requires ongoing engagement with and oversight by disability, elder and other advocacy groups in the development and implementation of systems transformation of the nursing home industry.
3. Aligned with the commitment by MassHealth to the State’s Olmstead plan, community first, and rebalancing spending priorities.
4. Balances new investment dollars in institutional care with equitable increased investment in community based LTSS initiatives such as expansion of affordable housing availability in the Commonwealth.
5. Remedy health and wellness inequities across racial, ethnic and other populations.
6. Establish value-based and alternative payment methodologies that are adjusted by risk category along with quality adjustment criteria.
7. Researching best practices being developed in other states e.g. work done in Tennessee which has developed a Quality Improvement and Long-Term Service in Supports Initiative.[[1]](#endnote-1)
8. Providing consumers alternative models of care that advance consumer choice, control and dignity of risk that includes removal regulatory barriers preventing persons with disabilities from accessing options such as assisted-living communities.
9. Tying sustainability and quality to just working conditions and wages of nursing home employees, in particular, direct staff e.g. nurses and Certified Nursing Assistants.
10. Strengthening incentives for One Care plans to rebalance spending in a manner that promotes person-centered LTSS to their members.

1. <https://www.tn.gov/content/dam/tn/tenncare/documents/QuiltssFramwork.pdf> these alternative models. [↑](#endnote-ref-1)