



# **Review of Nursing Facility Task Force Report's Recommendations**

Executive Office of Health and Human Services

February 7, 2025

## Background - Nursing Facility Task Force

- Established through the Acts of 2019. Convened six times from September 2019 through January 2020.
- Chaired by then EOHHS Secretary Marylou Sudders and comprised of 15 policymakers, medical professionals, experts on long-term care and aging policy, and representatives from skilled nursing facilities appointed by the Governor.
- Tasked with evaluating ways to ensure the financial stability of skilled nursing facilities, consider the role of skilled nursing facilities within the continuum of elder care services, and address current workforce challenges.
- While there was some discussion of rest homes, the majority of the Task Force's work focused on the nursing facility industry.
- Through its deliberations, reached consensus on 19 Points of Agreement, summarized in the group's final report submitted to the Legislature on 1/31/2020.
- These Points of Agreement were distilled into four Policy Goals, each with their own policy proposals.
- The full report is available at:  
<https://www.mass.gov/doc/nursing-facility-task-force-final-report/download>

# Nursing Facility Task Force Recommendations

Policy Area 1: Right size the Nursing Home industry in response to current and future demand	
Recommendation	Status/Notes
Establish incentives for high occupancy and high quality facilities that result in the closure or repurposing of chronically low occupancy and low quality nursing facilities	Not applicable
Provide DPH with more explicit statutory authority to revoke the licenses of chronic underperformers in quality and occupancy	Not applicable
Establish clear standards for defining “chronic underperformers” and “occupancy”	Not applicable
Establish comprehensive projection of future demand across the long term care continuum as well as the estimated costs associated with this demand	Not applicable
Rate investments should support structural change rather than funding broad based rate increases alone	Not applicable
Support and facilitate structural changes to the nursing and rest homes industry that promote sustainability across the long term care continuum, through initiatives including: <ul style="list-style-type: none"> <li>• Low-interest, capital programs to incentivize conversions or colocation of other services</li> <li>• Voluntary reconfiguration program</li> <li>• Technical assistance for NFs interested in conversion or closure</li> <li>• Development of affordable assisted living</li> </ul>	Not applicable
Build on age-friendly efforts within cities and towns and improve the availability of affordable, supportive housing for older adults	Not applicable
Support the workforce impacted by nursing facility closures and reconfiguration to ensure appropriate employment transitions	Not applicable

# Nursing Facility Task Force Recommendations (cont.)

Policy Area 2: Establish a Reasonable and Sustainable Rate Structure for Nursing Homes and Rest Homes	
Recommendation:	Status/Notes
<p>Establish one integrated rate structure based on building blocks of a sensible, sustainable rate structure. This includes:</p> <ul style="list-style-type: none"> <li>• Eliminating the MMQ and basing reimbursement on the MDS assessment</li> <li>• Incentives for higher occupancy and facilities with a high percentage of Medicaid residents</li> <li>• A rate structure and payments linked to quality achievement and improvement</li> <li>• Support for geographically isolated areas</li> </ul>	Not applicable – focused on nursing facilities – see below.
<p>Review rest home rate structure and how best to apply these principles to rest home rates</p>	<ul style="list-style-type: none"> <li>• Rest home rates cannot be tied to resident acuity or complexity because these facilities do not complete MDS assessments.</li> <li>• Incentives for high occupancy rest homes have not been implemented, as this would require the submission of occupancy data to EOHHS.</li> <li>• This incentive is provided for facilities with a high percentage of public (MassHealth) residents through the DTA &amp; EAEDC Add-on.</li> <li>• Rates linked to quality have not been implemented since rest homes do not report any quality measures to the state.</li> <li>• Incentives for rest homes in geographically isolated areas have not been introduced, as the majority of rest homes are located in urban areas.</li> </ul>
<p>Update base year costs regularly so that rates are reflective of actual costs</p>	<ul style="list-style-type: none"> <li>• EOHHS annually rebases rest home rates, applying a reasonable inflation adjustment to reflect current costs.</li> <li>• Updating rates based on the 2022 cost report data and adjusting them for inflation from 2022 to now—without further modifications—would lower rates for 51 of 52 rest homes, resulting in savings of \$15 million.</li> </ul>

# Nursing Facility Task Force Recommendations (cont.)

## Policy Area 2: Establish a Reasonable and Sustainable Rate Structure for Nursing Homes and Rest Homes

Recommendation:	Status/Notes
Structure rates to incentivize higher occupancy while maintaining quality, to invest in staff and not empty beds	EOHHS has implemented a downward rate adjustment for SNFs with low occupancy; however, this approach has not been applied to rest homes due to lack of occupancy data. The only consistently collected data comes from the RCC-Q requirements, which monitor expenditures on staff and essential supplies—key indicators of quality care.
Increase compliance of the user fee assessment through additional payment and licensing enforcement tools	Not applicable
Ensure capital component of the rate reflects ability of providers to invest in capital projects and improvements	Some rest homes do require capital improvements. In FY23 and FY24, \$30 million was distributed in supplemental lump-sum payments. The per-bed and per-facility amounts were substantial, providing a chance to resolve deferred maintenance issues. Additionally, the Long Term Care Workforce and Capital Fund was established by the LTC Bill in 2024. However, it has not yet been funded by the Legislature.

## Policy Area 3: Promote High Quality Care in Nursing Home and Rest Homes

Recommendation:	Status/Notes
Strengthen and or expand targeted quality programs such as the DPH Supportive Planning and Operations Team (SPOT) program	Not applicable
Enhance quality resident care by sharing best practices with the nursing facilities and rest homes industries to address identified resident and safety concerns	During COVID, DPH did provide technical assistance on infection control to facilities.
Promote and incorporate the resident and family experience by implementing a resident quality of life and family experience survey into quality metrics	There are currently no quality metrics for rest homes.
Strengthen and streamline suitability review standards for nursing homes and rest homes	To date, the suitability review standards have not changed. However, the 2024 LTC Bill granted DPH additional authority to enhance these standards.

# Nursing Facility Task Force Recommendations (cont.)

## Policy Area 3: Promote High Quality Care in Nursing Home and Rest Homes

Recommendation:	Status/Notes
Incorporate resident and family survey results as a measured component when determining quality incentives	There are currently no quality metrics for rest homes.
Mitigate the negative impact of involuntary transfers when a home is closed by developing a resident, family, and staff transition support program in addition to current communication standards	The rate of closures has slowed / stopped in recent years but when a facility closed in the past, MassHealth did help with transitions.
Prioritize the DPH Nursing Home Survey Performance Tool over the CMS Nursing Home Compare 5-Star Quality Rating Tool as a measure of quality	Not applicable
Quality measures should be considered over time; nursing facilities should have opportunities to implement quality performance improvement projects over a period of three years and/or survey cycles	Not applicable

## Policy Area 4: Ensure a Sustainable Workforce Serving the Care Needs of Individuals Across the Long-Term Care Continuum

Recommendation:	Status/Notes
Strengthen the quality of resident care by requiring that a certain percentage of facility expenditures are directed towards staff wages and other direct care costs	Developed DCC-Q for Nursing Facilities and RCC-Q for Rest Homes in response to this recommendation.
Provide adequate wages to recruit, train and retain direct care staff across the continuum	DCC-Q and RCC-Q requirements were put in place to encourage SNFs and rest homes to spend additional funding on direct care staff.
Support and provide resources to increase recruitment and retention initiatives, including: <ul style="list-style-type: none"> <li>▪ Career ladder grants</li> <li>▪ Loan/tuition forgiveness programs</li> <li>▪ Increased availability of affordable classes and training opportunities</li> </ul>	MassReconnect, Community College Nursing Scholarship, and MassEducate programs cover community college tuition for individuals who may be part of the Rest Home workforce.

# Nursing Facility Task Force Recommendations (cont.)

Policy Area 4: Ensure a Sustainable Workforce Serving the Care Needs of Individuals Across the Long-Term Care Continuum	
Recommendation:	Status/Notes
Evaluate and identify opportunities to improve the CNA certification process such as reducing delays in certification	There is no longer a waitlist for CNA testing due to the presence of a new vendor. CNA tests have been translated into 3 languages (Spanish, Haitian Creole, and Chinese). Testing fees waived for 1 <sup>st</sup> time test takers (ends 6/30/25).
Examine the utilization rate and impact of per diem wages on direct care staff	This has not been implemented.
Establish best practices relative to workforce and workplace standards that promote high quality, safe patient care	This has not been implemented.
Improve HPC/CHIA reporting from the nursing home industry on employers' ongoing efforts that demonstrate planning and investment in worker readiness such as education and best practice training	Not applicable