



Rest Home Task Force – Proposed Recommendations for Long-term Strategies

Executive Office of Health and Human Services

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Rest Home Task Force – Proposed Recommendations for Long Term Strategies

Over the last several months we have heard from subject matter experts who raised important concerns regarding the viability of the rest home industry. EOHHS proposes that this Task Force aligns on recommendations that include strategies across the following key topics that have been raised in these discussions.

Long term strategies to support rest homes:

- 1 Update regulatory requirements to ensure standard expectations of care and distribution of funding across rest homes**
- 2 Enhance financial reporting requirements to increase transparency and best identify impacts of costs on rest homes**
- 3 Increase data collection to improve access to data related to quality of care, patient demographics and geographic trends in occupancy**

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Update regulatory requirements to ensure standard expectations of care and distribution of funding across rest homes	
A	Collaborate with DPH and the rest home industry to review and propose updates to the rest home regulations, including establishing reasonable staffing minimums for rest homes.
B	Conduct an analysis to report on the viability of receiving federal approval to receive FMAP for rest home services.
C	<p>In the instance where additional funding is allocated to rest homes, consider the following rate adjustments:</p> <ul style="list-style-type: none">• Lower the occupancy standard from 90% and increase the cap on variable costs from 85%• Use alternative inflation forecasting data (e.g., Massachusetts CPI) for updating rates• Adjust the methodology for determining capital rates• Combine the two existing add-ons, the DTA/EAEDC and Resident Care add-ons, into a single DTA add-on.<ul style="list-style-type: none">○ For example, rest homes above a certain DTA occupancy threshold would receive a higher DTA adjustment and rest homes below the DTA occupancy threshold would receive a lower adjustment.
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Enhance financial reporting requirements to increase transparency and best identify impacts of costs on rest homes

A	Strengthen cost report data submissions by requiring rest homes to submit financial statements with cost reports.
B	<p>Update the RCC-Q report as follows:</p> <ul style="list-style-type: none">Align the current RCC-Q requirements for rest homes with the DCC-Q requirements for nursing facilities by lowering the RCC-Q threshold to 75% and disallowing the costs related to the rest homes ED/CEO/owner(s) and staff not providing direct care services. <i>(However, in certain circumstances, costs may be prorated if ED/CEO/owner provides care to residents.)</i>Allow, under the RCC-Q submission process, for rest homes to petition EOHHS for a temporary “waiver” if a rest home was below the RCC-Q threshold because the costs incurred by the rest home to make physical plant improvements were more than 10% of the rest home’s annual revenue in the reporting year.
C	Ensure transparency and accountability in the RCC-Q submissions by annually publishing the RCC-Q scores on the EOHHS website, in the manner it is currently done for the DCC-Q scores for nursing facilities.
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Increase data collection to improve access to data related to quality of care, patient demographics and geographic trends in occupancy

A	Monitor the Commonwealth’s needs for rest home services in all geographic areas by collecting staffing and occupancy data from rest homes on a quarterly basis
B	Improve hospitals and other providers’ awareness of rest homes by publishing a dedicated page containing information about rest home services, an interactive map of rest homes, their contact information, etc.
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