July 18th, 2023

Dear Friends and Colleagues,

Nursing homes are people's homes. Nearly all Americans will have an experience with one of our nation's nursing homes at some point in their lives – as a resident or care partner of a resident. Over half of mid-aged adults will spend at least one night in a nursing home over the course of their lives.[1]

In surveys and conversations, nursing home residents tell us that they need more than just healthcare. Residents want to live in a place that supports positive interactions with staff members and the many others with whom they share their lives. They want nursing homes to ask and act on *What Matters* to them.

The Moving Forward Coalition is taking decisive action now to move us toward those goals.

Our Work

The Moving Forward Coalition, with funding from The John A. Hartford Foundation, builds on goals and recommendations from the 2022, National Academies of Sciences, Engineering and Medicine (NASEM) report, *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*. The Coalition focuses on practical and sustainable improvements in policy and practice that support resident well-being and provide nursing home teams with the support they need to promote person-centered care.

Starting in the summer of 2022, the Coalition engaged a diverse body of residents, advocates, researchers and experts, policymakers, nursing home leaders and direct-care staff to prioritize an initial set of recommendations from the NASEM report. From those priorities, Coalition committee members developed nine Action Plans to make meaningful progress toward improving resident quality of life and care in the near term.

[1] Distribution of Lifetime Nursing Home Use and of Out-of-Pocket Spending (2017) | RAND

What is an Action Plan?

Each Action Plan describes a particular challenge facing nursing homes today, explains why it is important to residents' quality of life, defines focused goals to address those challenges, and provides a step-by-step path the Coalition will take to achieve them over a year. The Action Plans center on developing and pilot testing strengths-based approaches to promote person-centered care that, in many cases, build on existing improvement activities. They highlight a range of equity issues that impact residents, CNAs, and others. Finally, each Action Plan describes how nursing homes, state agencies, federal policymakers and others can collaborate in the short term, while also identifying core funding needs for long-term success and sustainability. In many cases, determining cost estimates and specific funding opportunities will be part of early Year 2 work.

Next Steps

Now the Coalition will work with our partners to make these Action Plans a reality. We will:

1. Build on existing and spark new collaboration among residents, advocates, providers, policymakers, other core nursing home stakeholders, and the public;
2. Accelerate practice improvements that will have meaningful impact and can be used for continuous and shared learning;
3. Promote policy development at the state, regional and national levels in alignment with the Coalition's vision and mission.

We hope that you will share these Action Plans widely with your communities (both professional and personal), elevate the visibility of nursing home teams that are already working on these kinds of improvements, and join the Coalition to continue this important work together!

Sincerely,

Alice Bonner, Chair

Table of Contents

Addressing Residents' Goals, Preferences and Priorities

Nursing home residents should be empowered to direct their care to meet their goals, preferences and priorities (GPPs). Despite federal regulation and community consensus, some nursing homes may lack an effective system to achieve that goal. To advance best practice and support improved federal regulations, the Coalition will develop or adapt a data-supported, tech-enabled process for collecting GPPs, documenting them in a person-centered care plan, and measuring the degree to which the care provided reflects residents' needs and wishes.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"As a critical foundation to operationalizing person-centered care that reflects resident goals and preferences, the committee recommends compliance with regulations for person-centered care." (Recommendation 1A, p. 503)

"The U.S. Department of Health and Human Services should fund the development and adoption of new nursing home measures to Care Compare related to […] implementation of the resident's care plan [… and] receipt of care that aligns with resident's goals and the attainment of those goals." (Recommendation 6C, p. 532-533)

The Coalition thanks the
Person-Centered Care, Quality Measurement & Improvement
and Health Information Technology Committees
for writing this Action Plan.

Purpose

Person-centered care and well-being are recognized as essential aspects of quality of life and care in long-term care communities. Provisions such as the Code of Federal Regulations (42 483), the Center for Medicare & Medicaid Services' Reform of Requirements for Long-Term Care Facilities Final Rule, and pivotally the Omnibus Budget Reconciliation Act of 1987 (OBRA 87) support optimal person-centered care that bolster a resident's locus of control, empowerment, autonomy, dignity and optimism.

Following federal and state regulations, many nursing homes are working to improve the way they gather residents' goals, preferences and priorities (GPPs), develop a unique care plan, implement the care plan, and ensure that care is aligned with each resident's needs and wishes. These efforts are essential to nursing home residents receiving the services, care, and support they need. Aligning care with residents' GPPs represents an opportunity to improve outcomes and reduce disparities associated with race, ethnicity, gender orientation, and other characteristics.

However, in some nursing homes, information about residents' GPPs is not consistently and reliably collected; in others, residents' responses are not included in their care plans; and even when documented, GPPs are not always addressed during actual care delivery. Across the board, public reporting does not include whether care is consistent with the resident's goals.

One underlying challenge is that approaches to GPPs and person-centered care are not standardized across activities – collection, care planning, implementation, and measurement – or across existing tools and regulations. The Coalition seeks to assemble a process, collection tool, and measure that can ultimately be used in a standardized manner and exchanged across care settings, without increasing provider burden. In addition to preparing this approach for testing, the Coalition will also seek to engage the Centers for Medicare and Medicaid Services (CMS) about how this work could be integrated into national data collection through the Minimum Data Set (MDS), shared publicly through Care Compare, and used to improve other regulations and policies.

Goal: Develop or adapt a comprehensive, tech-enabled GPP collection tool, care planning process and care concordance measure ready for pilot testing in nursing homes. The Coalition will work with policymakers and stakeholders to make sure the process, tool and measure are realistic, accessible and have the potential for integration into care delivery, regulation, payment, and quality reporting and oversight systems.

Phases of Work

Progress To Date

The Coalition with the partnership of the Columbia University School of Nursing have begun an analysis of a large data set of over 10,000 individuals' care preferences to identify a core set of GPP categories for the development of a nursing-home specific documentation tool. The Coalition has also begun to identify a comprehensive list of existing tools used in assessment and care planning to identify GPPs.

Proposed Timeline

Activity	Completion Date
Complete natural language processing analysis to identify GPP categories.	July 2023
Complete literature review and documentation of existing care planning tools and care concordance measures.	August 2023
Obtain data from CMS to support measure development work.	September 2023
Work together to finalize list of GPP categories and GPP script questions. The Coalition resident focus group, other stakeholders (direct care staff, care partners, advocates), and data science experts will provide ongoing input.	November 2023
Continue working with health information technology (HIT) vendor and/or other technology subject matter experts (SMEs) to build a GPP collection tool. The Coalition will engage standards development organizations (SDOs) to code GPPs that lack standardized codes.	February 2024
Complete a care planning process and training program focused on GPP script questions and integration that can be tested along with a robust digital GPP collection tool.	April 2024
Develop or adapt one draft concordance measure that can be tested in conjunction with GPP tools and processes.	April 2024
Prepare for initial testing of the process, tool, and measure. Engage with CMS to report on progress and discuss policy strategies for advancing goal-concordant care.	June 2024

Note on Scope: Pilot testing or demonstrations will be conducted in up to six nursing homes to test proof of concept, leading to testing in more nursing homes. Initial testing may be conducted during or after the current grant period.

Additional Details

Partners and Stakeholders

Diverse Stakeholders: Efforts to develop a realistic and effective GPP process will require the input and feedback of diverse stakeholders including:

- Nursing home providers
- Nursing home clinicians (across the interdisciplinary team)
- Advocacy organizations
- State Survey Agencies
- Ombudsman Programs
- Caregivers and care partners
- Residents
- HIT Vendors
- Federal partners such as the Office of the National Coordinator (ONC) and CMS

Subject Matter and Technical Experts: The action plan will also require the engagement of partners with technical and quality expertise. These include:

- SDOs
- HIT Vendors
- Quality Innovation Networks-Quality Improvement Organizations (QIN-QIOs)
- Measure development experts

Columbia University School of Nursing: The School of Nursing has provided in-kind support by conducting preliminary GPP data analysis.

ADVault: ADVault has granted the Columbia team access to extensive advanced care planning data.

Moving Forward Resident Focus Group: The Coalition will work closely with the Coalition's resident focus group to gain feedback and resident perspectives over the course of the year.

CMS: The Coalition will seek to develop a relationship with CMS to gain access to existing federal data and lay the groundwork for related policy efforts.

Equity

As the Coalition develops and adapts a collection tool, care planning process and measure, it will consider whether those new resources adequately meet the needs of marginalized groups in nursing homes. The Coalition will look at whether these materials successfully reflect the potentially unique GPPs and other needs of residents from marginalized racial and ethnic backgrounds, residents identifying (whether openly or not) as LGBTQ+, residents with varying cognitive conditions or developmental disabilities, and residents with diverse language backgrounds.

Initial testing of parts of action plan deliverables may be too small (1-3 homes) to reflect the true diversity of individuals cared for in the 15,000 U.S. nursing homes. Subsequent scale and spread must engage nursing homes serving a wide range of populations. In addition, evaluation at all stages will look at the impact on and inclusion of marginalized individuals in nursing homes, as well as the impact on their care partners and community members.

Sustainability and Financing

This action plan will promote optimal person-centered care, which is already part of the Code of Federal Regulations. These tools will help strengthen and advance those policies.

The Coalition recognizes that the direct-care workforce will need to be trained, empowered and supported to implement comprehensive goal-concordant care. The care planning process in development will outline clear approaches to training and support of staff in all roles – including and especially certified nursing assistants (CNAs).

Appendix

Select Definitions

Data elements/items: Discrete pieces of information in the form of questions and responses that are used by providers to assess and/or evaluate residents. Data elements/items include questions and responses about treatments, services, symptoms, and resident-reported outcomes.

Domains: Frameworks that organize a set of values or categories. Many times, these values may be data items organized by type of function.

Quality measures: A quality measure is a tool used to monitor and track outcomes. Quality measures quantify processes, outcomes, structures, or systems and are often used in healthcare. Quality measures are used to report and benchmark outcomes to improve the quality of healthcare. Many times, measures are composed of a numerator and denominator and can calculate population or resident-level outcomes.

Surveys/tools/assessments: Forms used to gather information. These forms may contain data elements/items and/or measures to collect evidence by means of standardized questions and responses. These tools may ask a number of questions and may contain multiple response options.

Goal Concordant Care: Care that promotes and is consistent with a resident's GPPs and for which the resident drives decision-making.

Goal Concordance Measure: A measure that assesses the degree to which care provided is consistent with (concordant) or is aligned with a resident's GPPs. A measure of this type may report outcomes that speak to whether a resident's goals were met, allowing providers to provide timely and person-centered care.

Electronic Health Record: According to ONC, an electronic health record (EHR) is a digital version of a person's paper chart. EHRs are real-time, person-centered records that make information available instantly and securely to authorized users within integrated systems.

Detailed Work Timeline

Timeline	Person-Centered Care Activities	Quality Measurement and Improvement Activities	HIT Activities
July/August 2023	Develop an outline for topics and content to be included in the care planning process. Conduct a literature review specific to the wording of the definition of GPPs.	Conduct a literature review of existing care concordance measures. Apply for data use agreement (DUA) with CMS. Continue to follow work by other committees through regular calls.	Complete natural language processing (NLP) analysis of data to understand fewest number of categories that represent broadest group of GPPs.
August 2023	Complete definition of GPPs Identify key domains of GPP assessment from the literature. Share continuously with other committees.	Collaborate with other committees on GPP categorization.	Work with resident focus group to test initial list of categories (see above). Work to align definitions of GPPs and revise work on categories accordingly.
September 2023	Document complete list of GPP assessments and other care planning resources (e.g., training) and identify list of best tools based on whether they meet Coalition definition of GPPs.	Obtain data from CMS. Begin content review and testing. Gather initial GPP definition when available.	Develop questions that could be used in a HIT GPP tool. Review with other committees.
October 2023			Conduct cognitive testing with resident focus group and care partners to revise and update the list of questions as needed.

November 2023	Develop robust resource guidebook and graphic for nursing home staff informed by the evidence and literature on how to address GPPs in care planning.	Gather final list of GPP definition when available.	Finalize list of GPP questions after collaboration with other committees. Collaborate with Committee on Quality Measurement & Improvement on measure development.
December 2023		Begin drafting or adapting concordance measure. Steps may include: combining definitions and categories into domains for a care concordance measure; mapping items with MDS items for content analysis; comparing domains to those of existing measures.	Work with a developer to begin to build a HIT GPP acquisition tool (AT)/script.
January 2024	Work to integrate digital literacy and best practices into the guidebook.		Continue HIT GPP tool development.
February 2024	Work to align the guidebook and care concordance measure. The care concordance measure will be integrated into the guidebook.		Begin work with SDO to add new codes for GPPs identified but not yet coded.
March 2024	Work to integrate GPP HIT tool under development into the guidebook.	Review portfolio of measures with key stakeholders and advisors.	Continue to work with SDO to add new codes for GPPs identified that are not coded yet.

April 2024	Finalize care planning process guidebook for testing.	Finalize portfolio of goal concordance measures ready for testing. Complete pilot test plan finalized.	HIT GPP tool – including coded GPPs – is developed and ready for testing. An SDO is engaged in coding additional GPPs that will ultimately be integrated into a developed tool.
May 2024	Work together to find funding, sites, staff, and resources for testing.		
June 2024	Work together to share progress with policymakers and make the case for how the federal government can use this combined effort to update the CMS Code of Federal Regulations or other regulatory or data collection processes.		

Acknowledgements

The Coalition thanks the Person-Centered Care, Quality Measurement & Improvement, and Health Information Technology Committees for their work on this Action Plan. Members of these Committees are listed below.

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Strengthening Resident Councils

Resident councils are a vital part of community life, person-centeredness, and hearing the voice of residents within nursing homes. More standard approaches and best practices are needed to make sure residents can actively participate in these meetings. The Coalition will assemble and test a guide for nursing home teams to establish and sustain an engaging and inclusive Resident Council.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"Resident councils serve to empower the residents of nursing homes and can promote life-long citizenship within the nursing home facility (Freeman, 1997) [….] More research is needed on best practices for resident councils in nursing homes." (Box 4-7: Resident and Family Councils, p. 189)

The Coalition thanks the
Quality Measurement & Improvement Committee
for writing this Action Plan.

Purpose

Nursing home teams must listen to nursing home residents, as well as consider and act on resident recommendations and grievances. Stronger support for resident councils is needed for nursing homes to do so effectively.

The Centers for Medicare and Medicaid Services (CMS) Federal Regulations (CFR483.10(f)(5)) state that nursing homes must allow and support resident councils. This is a federal regulatory requirement and failure to comply may lead to a citation under federal tag (F tag) 565. But when resident councils are not run effectively, it may result in a failure to provide an environment in which residents' goals, priorities, preferences, and concerns are heard and acted upon.

While many nursing homes have strong best practices, nursing homes could benefit from a standardized method to establish and sustain an engaging and inclusive resident council. A guide – integrating existing resources, best practices and key approaches and processes for nursing home teams – could be a foundation for nursing homes to develop community-specific bylaws, protocols, and processes that support a resident-directed group.

Recent challenges with social isolation have also challenged the Coalition and others to think about what a modern, equitable, and responsive resident council looks like. If invited by residents, family members, care partners, and other members of the community, may participate to support improvements in quality of life and care. To engage these extended members as well as residents with unique needs, technology should be incorporated to promote virtual participation of both current residents and others in the community.

The Coalition will develop, test, and refine a guide for resident councils – building on existing materials developed by advocates, ombudsman programs, and others. The Coalition will also consider how family councils (also supported by regulation) and resident family community advisory councils (a newer model currently being piloted) may relate to and support resident councils.

Goal: Assemble a well-researched step-by-step resident council guide for nursing home staff, residents, and community members that will be pilot tested in at least 1-2 nursing homes. The resource guide will be used to assist nursing homes to implement, sustain, and continually improve an effective, person-centered resident council.

Phases of Work

Progress To Date

The Coalition conducted a thorough literature review, including reports and existing tools and guides on how to run a nursing home resident council. The workgroup also heard from leaders about how to run resident family community advisory councils (RFCACs) and other more innovative approaches to amplifying resident voices in nursing homes.

Proposed Timeline

Activity	Completion Date
Review existing resident council resources and best practices. Begin developing any additional materials necessary for a complete and broadly accessible guide to launching, managing and improving a resident council. Draft an evaluation plan for the pilot program.	July 2023
Integrate existing and new materials into a single guide – presenting and detailing a standard process and approach.	August 2023
Review draft guide. Circulate to advisors and stakeholders for review – including the Coalition resident focus group.	September 2023
Conduct nursing home recruitment for pilot testing with a focus on nursing homes that may have struggled with resident council engagement or regulatory compliance.	November 2023
Pilot test proposed guide in at least one to two nursing homes. Initial testing will seek to evaluate the effectiveness of the guide as a tool for managing a resident council.	November 2023 – April 2024
Collect feedback and complete basic evaluation. Revise guide as needed. Consider subsequent, larger scale testing.	June 2024

Additional Details

Partners and Stakeholders

Nursing Home Residents: Nursing home residents will need to provide feedback on existing as well as newly developed resources included in the guide – before, during and after drafting. Residents will also be interviewed in the evaluation of the guide's pilot to inform subsequent updates and revisions.

Quality Improvement Organization: Quality Innovation Networks-Quality Improvement Organizations (QIN-QIOs) and Long-term Care Ombudsmen may be able to participate or co-lead within their current scope of work without significant additional cost. Other quality improvement consultants may also be considered. Some state-based foundations or organizations may be able to support the work with small grants.

The Coalition has spoken with the Center for Advocacy for the Rights and Interests of Elders (CARIE) – a local long-term care ombudsman program in Pennsylvania – about working with the Coalition on the initiative.

Small Group of Diverse Nursing Homes: Nursing homes will need to test the guide in partnership with an external quality improvement leader. They will need to create space, time, and an open culture to implement an effective resident council. They will also have to consider how nursing home leaders will collaborate with and respond to resident council members and their input.

Potential leaders within a nursing home could include the therapeutic recreation (activities) director, director of human resources, social worker, nurses, or other staff members. There would also need to be meaningful executive sponsorship (e.g., the licensed nursing home administrator or director of nursing) for the initiative. A clinical or non-clinical designee could also receive training on how to coordinate and co-manage the resident council.

While most nursing homes will have some staff infrastructure already in place, volunteers may be able to support set up and operations. Volunteers (if residents approve) may also be able to help lead activities, especially once procedures are established.

Equity

The guide addresses the need for resident councils to be inclusive and respectful of each individual resident's cultural and religious background and attend to the unique needs of residents based on race, ethnicity, income, physical ability, language preferences, and other factors. The Coalition will also identify resources and guidance to support residents with cognitive conditions that may make participation more challenging. The Coalition plans to help nursing homes track resident participation from marginalized groups.

Sustainability and Financing

The Coalition will identify funding to compensate nursing homes and staff supporting initial pilot testing.

Initial pilot testing proposed by the Coalition is intentionally limited to help with the iterative improvement of the guide. That said, larger scale testing – at least 5-10 nursing homes, representing greater diversity – would need to occur soon thereafter, pending adequate resources.

The Coalition also hopes to catalyze a national discussion of resident council sustainability as a vital part of nursing home culture change – alongside other efforts to empower resident councils including the piloting of RFCACs.

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Improving CNA Wages and Support through Medicaid Incentive Payment Programs

Certified Nursing Assistants (CNAs) across the U.S. are insufficiently compensated for their work. The inclusion and full funding of workforce metrics in Medicaid incentive payment programs is a powerful way to boost CNA compensation and staffing. The Coalition will work with individual states and the Centers for Medicare & Medicaid Services (CMS) to advance the adoption and scalability of this approach.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"Federal and state governments, together with nursing homes, should ensure competitive wages and benefits (including health insurance, child care, and sick pay) to recruit and retain all types of full- and part-time nursing home staff." (Recommendation 2A, p. 509)

The Coalition thanks the
Workforce Committee
for writing this Action Plan.

Purpose

States have implemented a range of policies to improve wages for direct care workers, including certified nursing assistants (CNAs) in nursing homes, in order to strengthen health workforce recruitment and retention, advance equity for this historically marginalized profession, and improve care and outcomes. Wage pass-through laws (which allocate additional funds specifically for compensation increases through increased Medicaid reimbursement) have been one key mechanism to increase direct care worker wages, although questions remain about the efficacy and transparency of this approach.

In recent years, there has been a rise in state-based Medicaid incentive payment models (such as quality incentive payment and value-based payment programs, among others) in the nursing home sector. These payment models involve certain process, structure, and outcome goals tied to an accompanying payment enhancement if those goals are met (and in some programs, loss of payment, if they are not). States have considerable autonomy to develop such programs within their Medicaid structures, including addressing CNAs' wages, benefits, and other workforce issues by incorporating relevant workforce metrics.

However, few state policymakers have considered wage advancement or other staffing metrics within their incentive payment programs to date. A 2022 scan found that only 12 of the 24 states with a nursing home Medicaid value-based payment program in place included a workforce metric (see Appendix Table 1). These states varied widely in terms of both the type of metric included and the potential efficacy for advancing CNA compensation and stabilizing staffing. Despite the growing interest in including workforce metrics in Medicaid incentive payment programs, there has been very little guidance on how to structure these programs from either the Centers for Medicare & Medicaid Services (CMS) or other organizations.

Illinois and California have developed promising examples to learn from and potentially replicate. Illinois has introduced incentive payments for nursing homes related to tenure- and promotion-based wage enhancements for CNAs, as well as payments tied to staffing ratios. California has established a Workforce & Quality Incentive program, through which nursing homes receive directed payments based on workforce and quality metrics, and a Workforce Standards program, through which nursing homes receive an enhanced *per diem* rate if they meet workforce standards related to wages and other factors.

The Coalition will explore the potential value of incorporating workforce metrics into state-level nursing home Medicaid payment incentive programs, aiming to identify key success factors and potential consequences, both favorable and not. The Coalition will look at options and considerations for increasing CNA wages and benefits through these programs and addressing other workforce issues, including turnover, retention, career advancement,

and staffing levels. Based on the findings from this review and analysis, the Coalition will develop a "how-to guide" for states with various program options. Tw primary considerations the guide will address include whether incentive payments are large enough to cover the additional costs associated with wages (or other staffing enhancements); and whether the program structured maximizes the benefit for lower-resource nursing homes (e.g., by using stable, achievable metrics, and by not benchmarking facilities against the state average).

Ideally, the Coalition will also identify at least one state with an existing nursing home Medicaid incentive payment program that agrees to include a CNA compensation metric or other workforce metrics in their program. The Coalition will work with that state to determine that the program is well-designed, based on existing data, and that equity concerns are proactively addressed. Full state funding for the additional elements of the program will be needed for these elements to be successfully implemented.

The Coalition will also make a recommendation to CMS to consider including this guidance for states through a CMS memo, bulletin, or other communication, and/or as part of incentive payment program applications submitted to CMS.

Goal #1: Conduct background research and develop a short, evidence-informed guide on how states can incentivize CNA workforce improvements (such as increased wages and benefits) through nursing home Medicaid payment incentive programs.

Goal #2: Partner with 1-2 states with existing nursing home payment incentive programs to include a metric designed to incentivize nursing home workforce improvements, potentially including increased CNA wages, benefits, or other adjustments.

Goal #3: Collaborate with CMS to provide guidance to states to include CNA compensation metrics or other workforce metrics in their proposed nursing home Medicaid quality incentive programs going forward.

Phases of Work

Progress To Date

The Coalition has begun conducting research on existing nursing home Medicaid incentive payment programs across states (see Appendix for examples of findings) and has spoken with representatives at CMS and other federal agencies, as well as professional and workforce organizations.

Proposed Timeline

The Coalition will develop a guide to share with states by Spring 2024. Additionally, the Coalition will work to identify at least one state willing to pilot test incorporating a wage-related metric or other workforce metrics into its current programs.

The Coalition will also develop a proposal to CMS to include guidance on the inclusion of compensation-related and potentially other workforce metrics in states' Medicaid incentive payment programs. If CMS promulgates this guidance to states seeking approval for Fiscal Year 2025, there will be potential for impact by October 2025.

State Approach

Activity	Completion Date
Collect information on states that have workforce-related metrics in their nursing home incentive payment programs.	November 2023
Identify best practices, challenges, considerations, and actual or potential outcomes and develop a guide to share with states.	March 2024
Reach out to at least 10 states with this guidance about including workforce metrics in their incentive payment programs, with the goal of securing interest and identifying next steps with one state.	June 2024

Federal Approach

Activity	Completion Date
Convene at least two virtual meetings with CMS about encouraging states to include a CNA wage-related metric and potentially other workforce metrics into states' nursing home incentive payment programs.	March 2024
Respond to questions and feedback from CMS, states, and/or others about integration of CNA wages into nursing home Medicaid incentive payment programs.	June 2024 (Ongoing)

Additional Details

Partners and Stakeholders

CMS: The Coalition recommends that CMS participate in information-gathering meetings and subsequently to encourage and assist states to adopt wage-related and/or other workforce metrics into their nursing home incentive payment program proposals. CMS has previously endorsed certain state approaches through informational bulletins and could leverage existing processes to promote workforce metrics through payment incentive programs, highlighting funding considerations and other key success factors.

State Medicaid Agencies: The Coalition recommends that state Medicaid agencies engage in discussions about adding workforce metrics (such as wage-related metrics) to their nursing home incentive payment programs. Once potential states are identified, the Coalition will reach out to continue those conversations.

Nursing Homes: The Coalition expects to engage with nursing home leaders about key factors and considerations for their successful participation in payment incentive programs that include workforce goals.

State/Local Workforce Commission(s): The Coalition expects state or local workforce commissions to provide guidance on living and competitive wages throughout the state.

Equity

The Coalition acknowledges that CNAs are predominantly women and people of color. In addition, 38 percent of CNAs live in or near poverty (below 200 percent of the federal poverty level), and 34 percent of CNAs rely on some form of public assistance. Each workforce-related metric in any nursing home incentive payment program must be assessed for its potential impact on minoritized or vulnerable individuals; programs must be assessed for their potential to promote equal participation and benefit across nursing homes (including those relying primarily on Medicaid funding); and outcome data should be disaggregated by race, ethnicity, gender, and income level as is feasible.

Sustainability and Financing

State Medicaid agencies will need to propose metrics that are quantifiable and measurable, ensure sufficient funding to support nursing home participation and benefit, and obtain approval from CMS to implement their incentive payment program plans. Nursing homes will

need the capacity to track workforce metrics and demonstrate that they have earned the incentive payments.

If at least one state begins working toward including a wage-related or other workforce metrics (such as turnover, retention, or staffing levels) in its Medicaid nursing home incentive payment program, then funding will be needed to support a robust evaluation of the process and dissemination of the findings.

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Appendix
Table 1. States with a QIP/VBP Staffing Metric

State	Wage	Retention	Turnover	Staffing Levels	Other*
Illinois	yes	–	–	yes	
Florida	–	–	–	–	yes
Georgia	–	yes	–	–	
Hawaii	–	–	–	–	yes
Indiana	–	yes	–	–	
California	–	–	yes	yes	
Colorado	–	yes	yes	–	yes
Kansas	–	–	yes	yes	yes
Maryland	–	yes	–	yes	yes
Tennessee	–	yes	–	yes	yes
Utah	–	–	–	–	yes
Texas	–	–	–	yes	yes

*Additional information on this category available upon request.
Source: Brown, E., Domi, M., and Gifford. D. 2022. A Review of Nursing Home Medicaid Value-Based Payment Programs. The Center for Health Policy Evaluation in Long-Term Care

Acknowledgements

The Coalition thanks the Workforce Committee.

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Expanding CNA Career Pathways

Despite their critical role, certified nursing assistants (CNAs) are often underappreciated and undercompensated, while facing limited opportunities for career advancement. To help provide CNAs vital growth pathways, the Coalition will work with stakeholders to develop and pilot a standardized CNA career pathway model under the Registered Apprenticeship program framework.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"Federal and state governments, together with nursing homes, should ensure competitive wages and benefits (including health insurance, child care, and sick pay) to recruit and retain all types of full- and part-time nursing home staff." (Recommendation 2A, p. 509)

"To advance the role of and empower the certified nursing assistant (CNA): Nursing homes should provide career advancement opportunities and peer mentoring [….]" (Recommendation 2E, p. 513)

The Coalition thanks the
Workforce Committee
for writing this Action Plan.

Purpose

Certified Nursing Assistants (CNAs) are the core of the nursing home workforce, providing increasingly complex care to a population with increasingly acute care needs. Despite their critical role, CNAs are too often underappreciated and undercompensated; they also face limited opportunities for career advancement. CNAs may experience significant stress and burnout in their work if they have not received sufficient training to deliver care to a population with complex medical, social and functional needs. These factors contribute to high turnover and chronic staff shortages that negatively impact quality in nursing homes.

A key component of improving quality in nursing homes is ensuring that staff are well-prepared, empowered, and appropriately compensated. Current career pathway and apprenticeship models for CNAs are variable and the evidence base supporting their effectiveness is limited. As a result, these initiatives can be difficult to replicate and sustain, and training benefits may not move with CNAs to new employers. Such initiatives also require significant time and resources on the part of employers to design and implement.

In recent years, the federal government has invested in Registered Apprenticeship programs through the Department of Labor, often contracting with industry intermediaries that can manage many of the technical and administrative aspects for employers. As such, the Registered Apprenticeship framework, which awards a nationally recognized credential, provides an opportunity to add structure, standardization, and credentialing to a CNA career pathway model, all of which are important for replicability and sustainability. The Coalition will convene employers, apprenticeship experts, educators, and others already working in this space to create a standardized CNA career pathway model and develop a robust evaluation plan to generate evidence for replicability and sustainability beyond the initial pilot. The pathway model will incorporate state-specific guidance for incremental wage increases with each pathway stage. The national footprint of the initiative will also enable a collaborative approach to raising awareness and dissemination.

For CNAs, benefits will include: an opportunity to ‘earn and learn’, professional development, higher wages, improved job satisfaction, and reduced burnout or desire to leave. To be sure, the Coalition recognizes that complementary efforts must also be taken to improve wages and job quality for all CNAs, not just those who seek such career advancement opportunities. For employers, benefits will include improved staff skills and competencies, elevated staff leadership, improved staff retention, reduced turnover costs, improved organizational culture, and higher quality care.

Goal: Convene stakeholders to develop a standardized CNA career pathway model under the Registered Apprenticeship framework; pilot and evaluate in one state.

Phases of Work

Progress To Date

The Coalition has researched existing CNA Registered Apprenticeship and related programs across states. Challenges identified in previous programs include:

- Too much heterogeneity across programs, thus limiting replicability and portability. A more standardized model is needed that awards portable credentials.
- Financial burden associated with program administration and wage increases. (Currently there is a lack of evidence demonstrating how career pathway models for CNAs impact important employment outcomes such as retention and turnover which could help make the business case for employers.)
- Administrative and technical burden. Employers' capacity is limited, and apprenticeship requires organizational champions to oversee the initiative.
- Variation in funding opportunities available across states.
- Public perception of CNA jobs and a lack of understanding of why CNAs need opportunities for career advancement.
- Lack of familiarity with apprenticeship and pathway models among long-term care employers.
- With new training and skill competencies must come a wider scope of practice, which may lead to regulatory or oversight agency challenges.
- Interpersonal conflicts may increase as job duties, responsibilities, and pay change from one job category to another.

The Coalition has also engaged with organizations such as the National Governor's Association (NGA), Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), and others.

Proposed Timeline

The Coalition will:

1. Create a project management structure to coordinate project activities. This includes identifying project leads, determining the structure and organization for meetings, creating processes for managing timelines and tracking deliverables, and identifying a plan for additional funding that may be needed.
2. Identify and convene a working group of employer, educator, apprenticeship, and other partners and decide on a state for the pilot.
3. Conduct a review of existing apprenticeships and other career pathway initiatives to broaden and deepen understanding of program structure, processes and outcomes. Identify areas of alignment and differences, as well as barriers and opportunities.

4. Host working meetings with partners and an advisory panel to determine the scope of the model and to manage the implementation process.
5. Provide leadership and design support as partners plan for the pilot.
6. Plan for evaluation focused on feasibility, alignment and outcomes (e.g., retention, turnover, job satisfaction, CNA role change, wage trends, costs) – including identifying research partners needed for evaluation and additional funding sources.
7. Begin to implement the pilot program and evaluation plan.

Activity	**Completion Date**
Identify employer, educator, and apprenticeship partners, as well as other key stakeholders to serve on an advisory panel and working group.	November 2023
Conduct a review of existing apprenticeship and other career pathway initiatives.	December 2023
Lead working group in designing the pilot apprenticeship model.	March 2024
Establish a robust evaluation plan to assess pilot outcomes.	March 2024
Begin to implement a pilot CNA career pathway under the Registered Apprenticeship framework in one state.	June 2024

Additional Details

Partners and Stakeholders

Apprenticeship Partner(s): Engaging one (or more) of the federally contracted industry intermediaries is critical. Broadly, industry intermediaries manage most of the administrative and technical aspects of a Registered Apprenticeship program supported by funding through the Department of Labor.[1]

Employer Partner(s): Employers who choose to participate in the pilot program will, in collaboration with the industry intermediaries, need to (1) sign on to Registered Apprenticeship standards including wage guidelines related to incremental wage increases aligned with pathway stages; (2) identify and recruit appropriate candidates among new or existing employees; (3) promote the pathway model within their organization, highlighting and providing opportunities for employees as they advance; (4) adhere to reporting requirements; (5) participate in workgroup meetings with key partners to support the development of the pathway model; and (6) participate in the evaluation process to provide feedback on feasibility and return on investment and participate in future replication of the program as a 'mentor organization.'[2]

Participating nursing homes will contribute the input of administrative leadership, CNAs, other interdisciplinary staff, residents and care partners. The Coalition plans to host focus groups specifically designed to solicit input of these subgroups.

Educator Partner(s): Educator partners will be responsible for (1) developing or providing the educational component of the pathway model; (2) overseeing admissions, accreditation and related regulatory processes; (3) evaluating participants to assess achievement of

[1] Specifically, they: (1) manage outreach to employers, unions, educators & others; (2) provide expertise & technical assistance to launch and sustain Registered Apprenticeship programs; (3) develop standards, curriculum, related instruction outlines, and competency-based Registered Apprenticeship program models; (4) manage the state and/or federal Registered Apprenticeship program registration process; (5) offer expertise on apprentice recruitment strategies; (6) assist employers and partners to offset the costs of developing, launching, and sustaining Registered Apprenticeship programs; and (7) provide guidance on strategies and best practices for successful placement and retention in Registered Apprenticeship opportunities, particularly for underrepresented populations.

[2] The longer timeline for this project (beyond June 2024) will include a 15-month window for employers, in collaboration with the industry intermediary, to identify and apply for/acquire added personnel, resources, and/or funding as needed. Potential funding sources include the federal and state Departments of Labor, state workforce centers, and private foundations.

competencies; (4) adhering to reporting and tracking requirements; and (5) collaborating with the industry intermediary, employer, as indicated.[3]

Examples: National Association of Health Care Assistants/The CNA Association (NAHCA) (see pilot example in Appendix), the Geriatrics Workforce Enhancement Program (GWEP), educational institutions, community colleges, long-term care online training providers.

Examples of Other Partner Organizations: LeadingAge (national & state affiliates), American Health Care Association (AHCA) (national & state affiliates), nursing home organizations engaged with the GWEP, and nursing home organizations actively engaged in workforce development opportunities.

Advisory Panel: The primary role of the advisory panel will be to actively engage in workgroup meetings and activities to provide expertise on the scope of the pathway model, implementation facilitators and barriers, and the evaluation plan. These partners will serve in as volunteers, although the Coalition will explore funding opportunities to provide modest compensation for their time and contributions.

Examples: NAHCA, labor organizations, State Nursing Workforce Centers, other relevant state officials (e.g. Departments of Health, Labor, or Education), Indiana University Bowen Center for Health Workforce Research & Policy, Center for Caregiver Advancement, other relevant professional associations such as American Medical Director's Association/Society for Post-Acute and Long-Term Care Medicine (AMDA), National Association of Directors of Nursing Administration in Long-Term Care (NADONA), Gerontological Advanced Practice Nurses Association (GAPNA), and other relevant experts to ensure the pathway is a way out of poverty and support is included to uplift the apprentices.

Equity

The Coalition acknowledges that CNAs are often members of marginalized populations. In addition, just over a third (34 percent) of CNAs are on some form of public assistance.[4] Each new or expanded CNA career pathway program must evaluate the potential impact on minoritized or vulnerable individuals, promote equal access to program eligibility across nursing homes and track outcomes that includes data on race, ethnicity, gender, and income level as is feasible.

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[3] Within the timeline, the Coalition has built in a 15-month window for educators, in collaboration with the industry intermediary, to identify and apply for/acquire added personnel, resources, and/or funding as needed. If the Coalition engages GWEP awardees, they will have access to their HRSA funding which can help support this effort. Other funding sources include the federal and state Departments of Labor, state workforce centers, and private foundations.

[4] PHI. 2022. Direct Care Workers in the United States: Key Facts. PHI.

Sustainability and Financing

The need for nursing home workers (CNAs, nurses, and others) is expected to continue for several decades, therefore this action plan may be supported by states and state Medicaid programs. Increasing the pipeline of qualified candidates who would like to become CNAs through professional development and leadership roles is likely to mitigate the CNA shortage. The Coalition will further detail program costs and funding options in early Year 2.

To boost sustainability and replicability, the Coalition will seek to:

1. House the pathway model under the Registered Apprenticeship framework which provides structure and a nationally recognized, portable credential;
2. Engage an industry intermediary that can contribute to standardization;
3. Work with partners who have a national footprint and/or access to a national professional network that offers potential implementation sites beyond the pilot;
4. Develop a robust evaluation plan to demonstrate effectiveness.

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Healthcare Career Advancement Program. Registered Apprenticeships.

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Appendix
Potential Implementation Approaches

Below are two examples of what implementation may look like.

Example 1. NAHCA has partnered with the California Association of Health Facilities (CAHF) and their associated educational foundation, Quality Care Health Foundation (QCHF), to develop a 5-tier CNA career pathway model outside of the scope of the Registered Apprenticeship framework. The pathway provides, at 6-month intervals, opportunities for CNAs to progress to the next tier upon completion of specified educational modules, all but one of which are hosted by NAHCA. These modules, in order, are: Certified Preceptor; Restorative Nurse Aide; Specialty training in behavioral health, dementia care, or hospice (CNA chooses); and Geriatric Specialist. A potential future tier may provide an optional pathway to licensed practical nurse or registered nurse for those interested. Participating employers agree to incremental percent wage increases with each tier, based on regional market conditions. NAHCA, CAHF and QCHF are currently planning a five-county pilot in California for their pathway model starting in Spring 2023. An opportunity for replication could be either in other counties within California or in another state.

Example 2. Awardees under the GWEP include nursing home CNA training as a requirement for HRSA funding – providing educational infrastructure and established relationships with nursing home employers. The Coalition could leverage these relationships to pilot a formalized Registered Apprenticeship career pathway through their sites.

In either case, the Coalition envisions engaging one or more of the federal industry intermediaries (e.g., Equus Workforce Solutions, the Healthcare Career Advancement Program (H-CAP)) to support the formalization of the career pathway and manage the technical and administrative aspects of transforming the pathway model into a Registered Apprenticeship program. The intermediaries have also developed state-specific wage guidelines they provide to participating employers. Equus currently has a partnership with AHCA, while H-CAP is a longstanding partner of the Service Employees International Union (SEIU).

Acknowledgements

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Enhancing Surveyor Training on Person-Centered Care

To improve the quality of care and the quality of life of residents in nursing homes, state surveyors need additional training on how to assess, report and evaluate the degree to which principles and practices of resident-directed living (person-centered care) are realized in nursing homes. The Coalition will conduct a state demonstration project to pilot test and evaluate an enhanced surveyor training approach to person-centered care.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"The Centers for Medicare & Medicaid Services (CMS) should develop and evaluate strategies (including the evaluation of potential unintended consequences) that make nursing home quality assurance efforts more effective, efficient, and responsive, including potential longer-term reforms." (Recommendation 5B, p. 527)

The Coalition thanks the
Quality Assurance Committee
for writing this Action Plan.

Purpose

To improve the quality of care and the quality of life of residents in nursing homes, state surveyors need additional training on how to assess, report and evaluate the delivery of resident-directed living (person-centered care) in nursing homes. This requirement is part of the Centers for Medicare & Medicaid Services' (CMS) Code of Federal Regulations. Following principles set out by the Omnibus Budget Reconciliation Act (OBRA87), the CMS State Operations Manual states that person-centered care describes the practice of focusing on the resident as the locus of control and supporting residents in their own choices and maintaining control over their daily lives. It's about more than care, a matter of ensuring residents live how they want to live. While nursing homes collect preferences on the Minimum Data Set (MDS), there are opportunities to do more related to articulating resident priorities and goals – a prerequisite to person-centered care. Surveyors must have the knowledge and skills to ascertain whether a nursing home team is reliably addressing person-centered care with all residents on a regular basis.

To that end, the Coalition seeks to highlight how quality assurance and quality improvement efforts must work in a coordinated fashion, involving state survey agencies (SSAs) and federally or state-contracted surveyors or survey organizations, along with input from quality improvement organizations, long-term care (LTC) ombudsmen, the nursing home staff, and residents. While providers may serve as faculty and provide input into the surveyor training program, the Coalition will not train nursing home teams during this initial work.

While the NASEM Report made recommendations regarding Quality Assurance (QA) broadly, this action plan focuses on one specific aspect of QA – surveyor training related to compliance with federal person-centered care regulations. Recognizing that compliance is only one part of QA, the Coalition will explore the relationship between QA, quality improvement and compliance. The narrow focus on person-centered care, however, will enable the Coalition to make significant progress and build infrastructure for sustainability over time. In particular, the Coalition proposes that surveyors receive a two-day training on how to assess, report and evaluate nursing homes on the delivery of resident-directed living including person-centered care goals, care plan documentation of resident GPPs and whether those GPPs are integrated into actual care delivery. This will promote processes that are more effective, efficient, and responsive to residents' needs and wants.

Goal: Conduct a state demonstration project to pilot and evaluate an enhanced surveyor training approach to resident-directed living – including SSAs, quality organizations (e.g., Quality Innovation Networks-Quality Improvement Organizations), Ombudsman Programs, nursing home staff and residents, and advocates. The pilot will support future co-education with surveyors and providers, following all applicable regulations.

Phases of Work

Progress To Date

The Coalition has spoken with multiple state survey agency leaders about participating in this surveyor training pilot. Some expressed interest in participating. Others reported potential limitations due to staff vacancies.

The Coalition has reviewed existing surveyor training programs, including current CMS surveyor training, and has identified one potential professional trainer, who has developed a two-day curriculum that has been delivered to surveyor audiences in multiple states. Other trainers and programs will be considered as well. A high-level overview is provided in the appendix. The Coalition recognizes that some of the enhanced training on person-centered care may also require updates or amendments to federal guidelines or surveyor guidance. Not all those changes may be accomplished in the next year but are part of the Coalition's considerations for program sustainability.

Proposed Timeline

Activity	Completion Date
Confirm a commitment from at least one SSA to provide a proposed training to a group of surveyors. Document agreement on collaboration with SSA. Inform CMS.	October 2023
Select trainer to co-develop and deliver the enhanced surveyor training program focused on person-centered care.	October 2023
Develop or adapt a two-day collaborative workshop or similar model for enhanced person-centered care training.	January 2024
Complete development of the draft training program. Conduct review by outside experts, providers, and state survey agency leaders, surveyors, and nursing home residents so that curriculum is finalized and ready for testing.	April 2024
Schedule pilot training program for short-term evaluation with one survey agency. Consider a shadow survey (e.g., observation) as part of the initial evaluation to show changes in surveyor behavior.	May 2024
Long-term evaluation. Conduct a research project involving a comparison group of surveyors receiving enhanced surveyor training on person-centered care versus usual training.	Future Evaluation

Additional Details

Partners and Stakeholders

State Survey Agency: At least one state survey agency is needed to co-design and pilot the model.

CMS Division of Nursing Homes: The project will significantly benefit from support from the CMS Division of Nursing Homes Director or other senior leadership. The Coalition will continue to keep CMS up-to-date and seek a working relationship to support this initiative.

Key Stakeholders: The Coalition will also include a small number of nursing homes, state professional nursing home association chapters, and the Association of Health Facility Survey Agencies (AHFSA) in discussions and planning. Nursing home residents will provide feedback and recommendations during the design and pilot phases.

Evaluation Team: An evaluation team will analyze structure, process and outcomes. Identifying qualified candidates will be part of early Year 2 work (starting July 2023).

Equity

The Coalition will track data on the diversity of the SSA surveyor workforce compared to the population served within each nursing home. During evaluation, will use this information to look at whether these factors influence disparities in the oversight of person-centered care – e.g., whether survey teams with different racial/ethnic composition than the population of nursing homes they survey are less able to document person-centered care issues.

Sustainability and Financing

If surveyor trainee feedback reflects that surveyors find the training to be helpful and valuable, and objective evaluation (e.g., observation) reflects changes in surveyor knowledge and behavior, then CMS should support the expansion of this component of standard surveyor training. Sustainability will also be more likely if there is early support and constructive feedback from key stakeholders (surveyors, survey agency directors, CMS Division of Nursing homes, providers, residents, and others).

The Coalition has identified the primary cost of retaining one potential trainer. Early Year 2 work will focus on determining the cost of additional trainings and other incidental costs. The Coalition will include surveyor trainee time, survey agency director time, trainer fees, other possible costs. It will also look at funding opportunities.

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Appendix
Example of Training Program Components

Program Elements:

1. The program would start with a two-day collaborative workshop. Potential workshop topics may include:
    - Culture change principles and practices
    - Practices to promote optimal sleep
    - Open dining
    - Leadership
    - Team building
    - Individualizing care plans and promoting person-centeredness
    - Quality Assurance and Performance Improvement (QAPI) regulations

2. The Coalition will consider including monthly webinars focused on person-centered care, resident-directed living, changed institutional culture and regulatory support and compliance for all surveyors. Some of these calls may also include providers.

Program Leadership:

1. An experienced trainer in person-directed living.
2. A knowledgeable, supportive and interested surveyor – to model collaboration and to represent survey teams.

Program Sponsorship:

1. The program could be co-sponsored by the Moving Forward Coalition along with a local team of diverse nursing home stakeholders.
2. The Coalition would have to receive approval from at least one SSA and acknowledgement from CMS to develop and pilot the enhanced training.

Acknowledgements

The Coalition thanks the Quality Assurance Committee for their work on this Action Plan. Members of these Committees are listed below.

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Designing a Targeted Nursing Home Recertification Survey

Nursing home residents, staff and care partners rely on the Centers for Medicare and Medicaid Services (CMS) and state survey agencies (SSAs) to provide effective and timely oversight of nursing homes. As the NASEM report and Congressional leaders have made clear, major innovation is required to meet these demands. The Coalition will work with at least one SSA to develop and pilot a data-driven, two-day targeted recertification survey. This survey will facilitate an agency's ability to improve and sustain capacity to complete surveys in a timely manner, while boosting inclusion of residents' voices in oversight processes overall.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"The Centers for Medicare & Medicaid Services (CMS) should develop and evaluate strategies (including the evaluation of potential unintended consequences) that make nursing home quality assurance efforts more effective, efficient, and responsive, including potential longer-term reforms." (Recommendation 5B, p. 527)

The Coalition thanks the
Quality Assurance Committee
for writing this Action Plan.

Purpose

The Coalition believes that all nursing homes should be held responsible for delivering quality care, and consistently poor care should be addressed to ensure that residents and the broader community receive the care they need and want. However, state survey agencies (SSAs) may have limited resources to sufficiently focus on person-centered care and high-need and high-risk areas in nursing homes, while continuing to assess baseline compliance with state and federal regulations.[1]

Traditional (annual) and complaint surveys are intended to oversee and assess nursing homes' compliance with state and federal regulations. However, residents consistently note that their voice is rarely included in the current survey process.[2] This action plan seeks to improve the inclusion of resident voices both in terms of the content of the recertification survey itself and the time it seeks to free up for critical activities.

This action plan proposes a targeted recertification survey – a two-day version of the traditional recertification survey skilled nursing facilities and nursing facilities are required to undergo by the Centers for Medicare & Medicaid Services (CMS). The intent is to allow SSAs to dedicate more surveyor time to focus on nursing home complaint investigations and nursing homes with a history of non-compliance or lower quality measures (QMs).[3] The targeted recertification survey is designed for eligible nursing homes with a strong and consistent record of compliance, as demonstrated by past survey scores, staffing measures, and QMs. The new survey process could become part of the standard set of federal (CMS) recertification surveys conducted every nine to 15 months.

If successfully implemented, the targeted recertification survey would allow for better overall SSA functionality – including more efficient use of SSA resources, more consistent recertification surveys, and more timely complaint survey investigations. All of these improvements are key to effective oversight of nursing home compliance and earlier intervention when lower performance is identified.

In the short term, co-designing and piloting this survey with at least one survey agency will:

- Use data to determine nursing home qualification for a targeted survey based on past compliance history, staffing measures, and identification of high-risk quality metrics (CMS QMs).

[1] See the U.S. Senate Special Committee on Aging 2023 report, "Uninspected and Neglected: Nursing Home Inspection Agencies Are Severely Understaffed, Putting Residents at Risk," here.
[2] As part of the Coalition's work, Barbara Bowers (Steering Committee Member) has led a resident focus group and nationwide network to gather resident input. A report of this input will be posted on the Coalition website.
[3] See CMS's QMs here.

- Test and validate a new targeted recertification survey consistent with the standards of the traditional survey, to address compliance with quality of life and quality of care regulations. (Note: while a two-day targeted recertification survey is proposed here, it is possible that the length of time may vary, as determined during co-design of the new survey).
- Develop and adopt resident-centered interview protocols that will elicit more direct inclusion of resident voice in how the nursing home is meeting their goals and supporting their quality of life (see below).
- Complete post-survey interviews of residents and/or responsible care partners to obtain their feedback and perspectives on the targeted survey process.
- Complete post-survey interviews of surveyors and nursing home providers concerning the targeted survey process.

Goal: Develop a Targeted Recertification Survey to pilot in at least one state with one to two survey teams for roughly six to nine months.

Phases of Work

Progress to Date

The Committee has completed a general outline of what the targeted recertification survey will entail. This outline can be found in the action plan appendix. Additional details about which elements of the current traditional (annual) survey will be included and which ones will be omitted, as well as other more specific design elements will be part of early work in Year 2 (beginning July 2023).

The Coalition has shared with CMS (the Office of the Administrator and the Center for Clinical Standards and Quality) as well as with government leaders in multiple states about its goals of co-design and pilot a targeted recertification survey with at least one SSA. A priority activity early in Year 2 will be to seek a working relationship with CMS and individual SSAs, where they have authority. Ultimately, if a new survey is to be adopted nationally, CMS will need to be involved.

The Coalition has outlined a set of potential criteria for determining whether nursing homes will be eligible for participation in the targeted as opposed to traditional survey, including:

- The nursing home has had no G-level (actual harm) or higher citations in the prior three years – following the State Operations Manual (SOM) descriptions of deficiency classifications in the Scope and Severity Grid.[4]
- The targeted survey would not be used for initial certification or for the first recertification after a change of ownership.
- The nursing home's high-risk QMs are better than the national averages. (Note: greater consideration will be given to the nursing home's survey history and ownership stability than QM scores.)

[4] See "Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide" (CMS. 2023.)

Proposed Timeline

Activity	Completion Date
Confirm pilot state selection. Document agreement on collaboration with SSA. Inform CMS.	October 2023
Co-design the targeted recertification survey protocol with an identified SSA director and team. Include surveyor instructions/training, as well as how the new model will align with the State Operations Manual (SOM) Appendix P (see Appendix for more details.)	April 2024
Finalize administrative logistics, regulatory approval, and evaluation protocols for the pilot to prepare for testing after June 2024. Consider potential funding opportunities to support evaluation.	June 2024
Pilot test the targeted recertification survey process. The pilot will be run alongside with traditional survey for comparison and evaluation, in the manner determined by the Coalition and the SSA.	To begin upon completion of the previous activity.

Additional Details

Partners and Stakeholders

State Survey Agency: At least one SSA is needed to co-design and ultimately pilot the model.

CMS Division of Nursing Homes Senior Leader: CMS will need to be informed and provide some support. The Coalition is determining the degree to which CMS approval is needed.

An Evaluations and Analytics Team: The team will be needed throughout the work. Part of Year 2 work will involve identifying funding sources to support the evaluation team.

Diverse Stakeholders: Leading voices from nursing homes, the Coalition resident focus group, state professional nursing home association chapters, advocates, and the Association of Health Facility Survey Agencies (AHFSA) are needed as advisors in the planning and testing phases of this action plan. Current or previous SSA directors and senior leaders as well as current or recently employed nursing home surveyors will be recruited to be part of the co-design team. Nursing home residents should be engaged in understanding and participating more in the survey process.

Equity

There is considerable variability among nursing homes in terms of resident demographics and backgrounds. It will be important to consider race, ethnicity, and socioeconomics (typically reflected in nursing home payment sources) when pilot testing the new survey process. The new survey will need to be co-designed and reviewed by individuals that have expertise in evaluating programs for diversity, equity and inclusion. Specifically, the goal is to promote equal access to quality care for people living in nursing homes and to identify any potential care disparities based on race, ethnicity or other characteristics that may be affected by this model.

Sustainability and Financing

If the targeted recertification survey, as part of the portfolio of state surveys, leads to more efficient and effective survey enforcement processes, then the targeted recertification survey process is likely to be sustainable and replicable in multiple states.

An improved process may lead to sustained ability for an SSA to maintain efficient survey timelines for complaints and keep up with the CMS nine-to-15-month window for recertification surveys. The SSA will have greater oversight capability with nursing homes

with lower performance, while still maintaining timely enforcement and oversight frequency for all nursing homes. This process also supports greater inclusion of resident input.

Inclusion of a two-day targeted recertification survey will be cost neutral to the SSA. It will improve overall resource allocation to promote timely completion of all surveys and improved timeframes for conducting complaint and annual surveys. There may be some additional costs to states during the pilot. If surveyor turnover is reduced, increased staff stability will lower state costs overall.

Benchmarks for an improved survey process include:

- More timely recertification surveys through a blend of targeted and standard processes.
- More timely response to complaints and reportable incidents.
- More timely revisit surveys for nursing homes with higher risk for harm or higher harm citations (Scope and Severity G level, actual harm or above).
- Improved focus on person-directed care elements.

Appendix
Proposed Outline for the Two-Day Targeted Recertification Survey Pilot

The following is a high-level overview. Additional details about which elements from the traditional survey will be included and which will be omitted from the targeted recertification survey will be determined during early Year 2.

Day 1 – Resident-centered onsite observation and interviews

- Environmental rounds, general environment, staff/resident interactions and infection control – using current protocols per State Operations Manual Appendix P (not always available to the public) and Appendix PP.[5]
- Resident-centered interviews – based on other Coalition work related to person-centered care.
- Staffing review – using payroll-based staffing journal (PBJ) data and current two-week staffing schedule per current traditional survey protocol.

Day 2 – Record review

- High-risk areas – based on QMs identified for nursing home based on pre-entrance QM data – as determined by initial co-design work.
- If an area is worse than national standards, then:
    1. Use CMS established critical element pathways currently used in the traditional survey process.
    2. Use current critical pathway of infection preventionist interviews.
    3. Interview Administrator, Director of Nursing/Assistant Director of Nursing, Director of Social Work, and Medical Director.

End of Day 2

- If no harm level deficiencies or higher (G level or actual harm) citations are identified, then the survey is considered complete, and the survey team writes up the results on the standard survey form.
- If harm level deficiencies are identified, the survey team will complete the traditional recertification survey per Appendix P. *Triggers for a full traditional survey must be developed by the Coalition during the pilot phase. This has yet to be determined and will be part of work early in Year 2 (July-September 2023).*

[5] See Appendix PP here.

Note: Traditional Surveys will be conducted during the pilot, per CMS State Operations Manual. Traditional survey outcomes will be compared to targeted recertification survey outcomes during the pilot.

- The co-design phase will determine the pilot process while continuing current recertification surveys.
- After the completion of each survey, the evaluation team will work with the SSA to compare outcomes and deficiencies identified in the traditional and targeted models.
- The evaluation team, along with the SSA, will use available comparative data to determine any significant citations that were not identified on the targeted recertification survey.

Acknowledgements

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Increasing Transparency and Accountability of Ownership Data

Accurate, readily available, and accessibly presented ownership data is vital to understanding and addressing nursing home quality concerns at both the state and federal level. Building on recent and ongoing federal efforts to improve the ownership data system, the Coalition will design and test a nationally applicable blueprint for ownership transparency at either the federal level or in one state that will make meaningful data widely available.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"The U.S. Department of Health and Human Services (HHS) should collect, audit, and make publicly available detailed facility-level data on the finances, operations, and ownership of all nursing homes [….]"
(Recommendation 3A, p. 518)

"The U.S. Department of Health and Human Services should ensure that accurate and comprehensive data on the finances, operations, and ownership of all nursing homes are available in a real-time, readily usable, and searchable database [….]" (Recommendation 3B, p. 519)

The Coalition thanks the
Transparency & Accountability Committee
for writing this Action Plan.

Purpose

Knowing and understanding who owns a nursing home, as well as any related business relationships and contracts, is essential for anyone making decisions about and monitoring nursing home in order to improve resident quality of life and care. Unfortunately, the current system does not require nursing homes to report certain ownership data to the Centers for Medicare and Medicaid (CMS). This lack of transparency means that data may not be accurate, readily available or comprehensible, and, therefore, leaders and stakeholders may not be able to determine who owns and impacts the operations of a particular nursing home.

Misaligned data elements and systems of ownership and cost reporting, and complicated business structures employed by many nursing home operators, create layered challenges to understanding who owns each nursing home and the impact on operations.

By July 2025, the Coalition believes the following is both possible and vital: (a) ownership reporting requirements will be detailed and clear; (b) specific ownership terms will have nationally standardized definitions; (c) systems for routine monitoring, periodic audits and enforcement processes will be in place at the federal level. (A high-level overview is provided in the Appendix.)

To these ends, the Coalition will create a blueprint for an optimal system of nursing home ownership transparency. The blueprint will identify areas for collaboration at the federal, federal-state, and state levels to align fragmented systems and create synergies. The blueprint will establish standardized ways to describe common ownership (i.e., companies with multiple nursing homes) and relationships with management companies and other entities. In doing so, the Coalition will consider whether and how data can be used by consumers, care providers, government agencies, and other stakeholders, so that transparency supports realistic and meaningful goals such as increasing accountability and improving residents' quality of life.

Goal #1: Conduct a regulatory scan of existing ownership oversight roles (documented in an organizational graphic), including the intersection of federal agencies, exemplar state agencies, and other governing bodies responsible for nursing home data transparency and accountability.

Goal #2: Design and test a blueprint for optimal nursing home ownership transparency that defines persons or entities exercising operational, financial, or managerial control over nursing homes by February 1, 2024. This blueprint will reflect new standards that make clear who owns each nursing home.

Phases of Work

To accomplish Goal #1, the Coalition will research existing resources and interview subject matter experts in and out of government. A comprehensive document will serve as an actionable resource for stakeholders to advance transparency and accountability at state and national levels.

To accomplish Goal #2, the Coalition will integrate data from various systems and interview state and federal stakeholders. The Coalition will identify and work with CMS and at least one state to finalize and test the feasibility of the blueprint so that it may subsequently be made available for scale and dissemination. Regulators, providers, insurance companies, auditors, and advocates will be able to use the blueprint.

Progress to Date

The Coalition conducted a review of federal agency datasets and other sources of information on nursing home ownership. (See Appendix for a high-level overview.) The Coalition added members with expertise in cost reporting and nursing home ownership data analysis and conducted outreach to federal and state agencies.

Note: Substantial recent work has been done by both CMS and CPI to advance ownership transparency goals. Coalition members extensively reviewed information such as the White House Fact Sheet from February 2022[1] and CMS and the Center for Program Integrity (CPI) updated regulations and notice of proposed rulemaking (NPRM) related to ownership data transparency.[2] Most recently, CMS released a memo (QSO-23-18-NH) that detailed new requirements about how shared ownership and operatorship would be reported on Care Compare.[3] This action plan seeks to build upon and inform (not duplicate) those efforts.

[1] The White House. 2022. FACT SHEET: Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes.
[2] CMS. 2023. Medicare and Medicaid Programs; Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities. Federal Register.
[3] CMS. 2023. Posting of Nursing Home Ownership/Operatorship Affiliation Data on Nursing Home Care Compare Website and data.cms.gov. QSO-23-18-NH.

Proposed Timeline

Activity	Completion Date
Share results of a regulatory scan in the form of an organizational chart or similar graphic that describes relevant relationships among state and federal agencies related to the collection and reporting of nursing home ownership data.	August 2023
Conduct interviews with leaders in at least three states and the federal government to document barriers and explore possibilities for promoting a robust system of ownership transparency.	October 2023
Identify at least one state licensure agency or division that has committed to working with the Coalition on the design and testing of the optimal blueprint for at least three to six months.	December 2023
Produce and begin testing (via stakeholder feedback) a blueprint for an optimal system of ownership transparency – including defining a person or entity that "exercises operational, financial, or managerial control over the facility or a part thereof" and designing a proposed system for tracking and auditing.	February 2024
Share results from state-based efforts to introduce an optimal system of ownership transparency under the purview of scopes of work for nursing home demonstration projects, payer-provider contracting standards and value-based payment models.	June 2024

Intended Long-Term Federal Action

The Coalition hopes to see the following by July 2025:

- Nursing homes will provide ownership information (including links to other nursing homes nationwide in which owners have a stake) with supporting documents, beyond current self-reporting requirements. The Coalition will offer to work with CMS, CPI, and other federal or state agencies to achieve this goal, including updating or revising regulations.
- There will be clear time parameters and penalties for failure to comply with reporting requirements under Section 6101 of the Affordable Care Act, including penalties for submitting false or misleading information or failure to submit any information. States will be audited by CMS to determine whether they are up to date with cost report reviews and enforcement for non-compliant nursing homes.
- There will be routine CMS and/or state auditing to verify whether ownership information being reported by nursing homes is complete and accurate.
- Ownership information will be publicly reported in an accessible manner using easily interpretable terms (e.g., on Care Compare).

Additional Details

Partners and Stakeholders

Leader in One State: The Coalition will work with at least one committed state agency director or designated lead. The leader of that agency must have the authority to determine that the state will work with the Coalition on piloting.

This state partner will need to share existing documents and processes related to nursing home ownership reporting in that state – including the state's cost report template, federal cost report template, enrollment forms (e.g., Form 855A), and any other relevant documents that are required for a nursing home's licensure. All aspects of the process will be addressed – including timeframes, technology required, steps in the process (including instruction manuals for nursing homes), steps in the enforcement process/cycles, and any state documents that detail elements of enforcement and remedies.

Additional Stakeholders for Scale and Spread: To achieve national scale and spread to all states after initial testing, the Coalition will engage with:

- Centers for Medicare & Medicaid Services (CMS), including the Center for Clinical Standards and Quality (CCSQ), Office of the Administrator (OA), and Center for Program Integrity (CPI)
- Other federal agencies that oversee or interact with state licensure programs
- Auditors or other private consultants who advise on or audit cost reports
- State licensure agencies that review cost reports and enforce compliance
- State divisions on aging, survey agencies, or other state entities that work with the licensure agency
- Researchers and others with expertise in state or federal cost reports, Provider Enrollment, Chain, and Ownership System (PECOS), enrollment data, Care Compare, or other large data sets
- Professional associations (and local affiliates or chapters) – including the American Health Care Association (AHCA), LeadingAge, the Society for Post-Acute and Long-Term Care Medicine (AMDA), the Gerontological Society of America (GSA), the American College of Healthcare Administrators (ACHCA), and the National Association of Long Term Care Administrator Boards (NAB)
- Advocacy organizations – including the Center for Medicare Advocacy, California Advocates for Nursing Home Reform, and The Consumer Voice.

Equity

The Coalition believes race, ethnicity and social needs data need to be easily accessible when looking at nursing home ownership data to assess how ownership patterns interact with and impact disparities. The Coalition will ask and document the degree to which these ownership data sets are readily integrated with data about nursing home residents, staff and communities.

Sustainability and Financing

State engagement may not be possible without CMS approval. The Coalition will continue to work with CMS and CPI leaders to seek approval as needed for work in a particular state.

The blueprint will likely propose additional data collection roles and relationships between agencies. These added tasks may require new or revised staff roles, revised data systems, additional funding, and updated processes for federal and state staff. The Coalition will outline these changes in the blueprint.

Appendix
Scan of Existing Ownership Data and Gaps

To date the Coalition has compiled an informal description of existing data sources and known gaps related to ownership information:[4]

The Provider Enrollment, Chain, and Ownership System (PECOS):

- Ownership is defined as greater than or equal to a five percent stake; reported information includes legal business name, state licensure, profit status, affiliation with a multi-facility chain (e.g., chain defined as two or more nursing homes; specific chains are not listed).
- Nursing homes attest to the accuracy of information in PECOS, but it is not regularly audited. Information on ownership is not always accurate. For example, most nursing homes with real estate investment trust (REIT) ownership do not report it in PECOS.[5]
- PECOS is generally not made available to the public or researchers.

Skilled Nursing Facility Enrollment Dataset:

- Based on PECOS.
- Includes two files: one identifying nursing homes owned by the same chains or other common ownership and a second file identifying all nursing homes.
- CMS states that this file is primarily meant for use by researchers and state/federal agencies, and not by the general public.[6]

Skilled Nursing Facility Change of Ownership (CHOW) Dataset:[7]

- Based on PECOS.
- According to CMS, CHOW "includes information on the buyer and seller organization's legal business name, provider type, change of ownership type (CHOW, Acquisition/Merger, or Consolidation) and the effective date of the change."

[4] The scan of federal and state regulatory responsibility and the optimal blueprint will describe current ownership information, including any gaps, along with recommendations on steps to be taken to fill those gaps. The blueprint will include information that is reported or collected, the reliability of that information, and the extent to which that information is available to the public. It is an attainable initial goal that will provide a foundation for next steps, such as creating a dynamic dashboard to report finances and related party transactions.

[5] Braun, R.T., et al. 2023. The Role of Real Estate Investment Trusts in Staffing US Nursing Homes. *Health Affairs* 42(2).

[6] CMS. 2023. Skilled Nursing Facility All Owners.

[7] CMS. Skilled Nursing Facility Change of Ownership. *Maintained by CMS – the data come from PECOS*.

Care Compare for Nursing Homes:[8]

- Based on information from state inspections, staffing reports, and quality indicators derived from the Minimum Data Set (MDS).
- It includes legal business name, profit status, and individuals/organizations with greater than or equal to five percent stake in ownership.
- Common ownership of other nursing homes is listed as of June 28, 2023.

Skilled Nursing Facility Federal Uniform Medicare Cost Report:

- Revenue, expenses and utilization data self-reported annually by each individual skilled nursing facility (SNF).
- Disclosure of:
    - Whether SNF is part of a chain and the name/address of Home Office;
    - Whether SNF has incurred costs resulting from transactions with related organizations defined in CMS Publication 15-1 (The Provider Reimbursement Manual - Part 1), type of expense, and the amount of Medicare allowable cost incurred by the related entity in providing the service.
- No disclosure of:
    - Ownership of SNF Healthcare Operations;
    - Whether the operations are contracted to a management company;
    - Ownership of real estate that is being used for the SNF operations.
- Individual SNF cost reports are made available to the public through Freedom of Information requests to the SNF Medicare intermediaries, a process that is not easily understood by consumers. Public data files are available for download but are not in a usable format without interpretation and analysis.

Federal Uniform Medicare Home Office Cost Report:

- Listing of individual SNFs that are part of the Chain Organization with common ownership or that receive management services from the Chain Home Office.
- Detailed Management and Operating Expenses incurred by the Chain Home Office and an allocation of those costs to the individual SNFs or entities.
- Does not include reporting of details for other related party transactions such as rehabilitation services, medical supplies, building leases, etc.
- Home Office cost reports are made available to the public through Freedom of Information requests to Medicare intermediaries, a process that is not easily understood by consumers and does not allow access in a timely manner.

State Medicaid Cost Reports:

- No CMS requirement for standardization of reporting of ownership information.

[8] CMS. 2023. Posting of Nursing Home Ownership/Operatorship Affiliation Data on Nursing Home Care Compare Website and data.cms.gov. Center for Clinical Standards and Quality.

- Significant variation in requirements for reporting of types of transactions with related party organizations.
    - Some states require a Medicaid Home Office Cost Report.
    - A few states require a Consolidated Cost Report.
- Significant variation in validation or auditing of cost reports between states.
    - Available online for AZ, CA, IL and PA.
    - Contain staffing information for AZ, CA, FL, IL, MA, MO, NY, OH, OK, and PA.

Acknowledgements

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Nursing Home Health Information Technology Readiness Guide

Over the coming years, nursing homes will need new technologies to seamlessly participate in health networks, report complex data and care for residents through transitions. In addition, value-based payment arrangements will continue to become a significant part of nursing home reimbursement. To support nursing home leaders through these changes, the Coalition will develop an interactive guide to help operators navigate new regulations and the digital capabilities they will need to serve residents.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"The Office of the National Coordinator (ONC) and the Centers for Medicare & Medicaid Services should identify a pathway to provide financial incentives to nursing homes for certified electronic health record (EHR) adoption." (Recommendation 7A, p. 536-537)

The Coalition thanks the
Health Information Technology Committee
for writing this Action Plan.

Purpose

To provide high-quality, person-centered care to all residents, nursing homes need comprehensive health information technology (HIT) that is compatible with systems used by their referral partners. In particular, as residents move among settings and providers, nursing homes need to be able to share and access specific data to provide swift, responsive and comprehensive care. However, while other providers received incentives to adopt HIT under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, nursing homes did not, resulting in variable rates of HIT adoption and use.

The Centers for Medicare & Medicaid Services (CMS) has set a goal that all Original Medicare and most Medicaid beneficiaries will be covered under an accountable or value-based care arrangement by 2030.[1] Over the next seven years, nursing homes will have to create, adapt, or adopt health information technologies to meet new CMS and Office of the National Coordinator (ONC) HIT requirements and regulations. Moreover, nursing homes will have to meet a new set of reporting requirements mandated through contractual obligations with newly empowered payors that may bear financial risk. To work with these accountable care organizations (ACOs), managed care organizations (MCOs), or other value-based payment (VBP) entities, nursing homes will be required to bidirectionally exchange quality, performance, and financial data digitally.

The complexity of this changing landscape and lack of incentive pathways may leave nursing home leaders without a clear source of direction. The Coalition will develop a "HIT readiness guide" to meet that need. The guide will establish a consolidated timeline of a specific set of necessary HIT capabilities – along with the requirements and evolving standards they will help meet. The guide will be a resource to providers who may not know what's next or where to start in their HIT journeys. It will also be a tool to make clear to policymakers where HIT expectations do not match provider resources and reimbursement.

Goal: Develop a HIT Readiness Guide that describes upcoming HIT requirements and the capabilities nursing homes will need to meet them and to thrive in a value-based payment model. It will also support advocacy for effective federal investments in technology. The guide will allow providers to filter capabilities based on their existing HIT status, strategic goals and available resources.

[1] Value-based and accountable care are payment models in which providers are reimbursed based on their ability to effectively and efficiently provide specific care outcomes – as opposed to traditional fee-for-service models that reimburse providers based on the delivery of specific services and treatments.

Phases of Work

Progress To Date

The Coalition has established a relationship with ONC. The Coalition has also worked closely with the Long-Term and Post-Acute Care HIT Collaborative (LTPAC HIT Collaborative) to develop a roadmap of current and upcoming HIT requirements for the guide.

Proposed Timeline

Activity	Completion Date
Complete an environmental scan of existing regulations, standards, and capabilities. Develop an outline for the structure and format of the guide.	August 2023
Complete the guide based on the environmental scan and additional research. Document how each HIT capability maps to specific goals – related to workforce support, person-centered care, quality improvement and cost savings.	November 2023
Seek feedback from key stakeholders – nursing home operators, policymakers, health systems leaders, HIT vendors and others professionals – on the accuracy and value of the guide as outlined.	January 2024
Develop guide into interactive, digital tool.	February 2024
Develop a communications plan that describes how the Coalition will share the guide and other information with nursing homes and policymakers.	March 2024
Seek user feedback on the guide as an interactive tool – engaging providers with varying levels of HIT adoption. Engage policymakers about the guide and how it may inform potential incentives.	May 2024
Address feedback and revise the guide.	June 2024

Additional Details

Partners and Stakeholders

LTPAC HIT Collaborative: The Coalition is working with the LTPAC HIT Collaborative on developing the guide and completing background research.

HIT Vendors: In addition to helping to research and prepare the tool, a vendor could support the Coalition in developing the guide into an interactive tool.

Diverse Stakeholders: Stakeholders will provide insight during development and preliminary user testing. These include:

- 3-5 diverse nursing homes (user testing)
- Referring hospitals
- A leader from ONC
- A leader from CMS
- The Healthcare Information and Management Systems Society (HIMSS), Advion, LeadingAge, American Health Care Association (AHCA), and other professional associations
- Health information exchange (HIE) leaders in relevant regions.

Equity

Nursing homes with greater resources have had more access to HIT and related technology than less resourced nursing homes. As such, nursing homes with a higher percentage of Medicaid reimbursement, nursing homes with a higher percentage of minoritized residents (based on race, ethnicity), and nursing homes in geographically disadvantaged areas are likely to be less able to meet new HIT requirements and contractual expectations. They may also lack technology-based capabilities to provide high quality care to residents.

The Coalition will make sure that the guide provides recommendations for nursing homes at all stages of HIT adoption – providing a pathway for under-resourced nursing homes to have equal access to technology.

Sustainability and Financing

Financing HIT adoption in nursing homes is vital. As noted above, nursing homes have not had access to the incentives for HIT adoptions that other healthcare providers have. Consistent and complete adoption of HIT in nursing homes by 2030 is unlikely without robust incentives to do so.

The HIT Readiness Guide will be a tool for advocates to make the case for HIT adoption incentives. First, it will describe a pathway to HIT maturity, the value of each foundational HIT capability, and the relative costs of those capabilities. Second, it will offer policymakers a provider's view of what it will take to meet requirements and keep up with the rapidly changing landscape of healthcare management. Third, it will make clear that HIT is vital to improving health outcomes at both the individual and population levels.

Some avenues to incentivize and drive nursing home HIT adoption include:

- Modifying the Department of Housing and Urban Development's mortgage insurance Program (Section 232) to promote HIT adoption;
- Including nursing homes in CMS quality programs to promote interoperability;
- Using savings from VBP plans to fund HIT adoption;
- Pursuing advocacy for legislation to fund nursing home HIT adoption.

The Coalition is committed to engaging policymakers in the development and discussions of the guide. That may include collaborating with CMS and ONC to better track existing and upcoming requirements, to distribute the guide as a national resource, or to provide insight into HIT incentives and adoption pathways.

The Coalition believes the guide will be particularly valuable to ONC in framing a more robust certification structure for long term post-acute care HIT and incentives for adoption modeled on those provided to eligible hospitals and professionals.

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Financing Household Models and Physical Plant Improvements

Nursing homes are people's homes. The buildings themselves should achieve the comfort, safety, privacy and dignity embodied in that word. The Coalition will actively promote policies in one or more states and with one or more federal agencies to introduce incentives for and investments in nursing home physical plant improvements and conversion to household models.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"Nursing home owners, with the support of federal and state governmental agencies, should construct and reconfigure (renovate) nursing homes to provide smaller, more home-like environments and/or smaller units within larger nursing homes that promote infection control and person-centered care and activities." (Recommendation 1E, p. 507)

"Federal agencies such as the U.S. Department of Housing and Urban Development (HUD), the Internal Revenue Service (IRS), and the Centers for Medicare and Medicaid Services (CMS) could help promote the development of smaller nursing homes with private rooms by providing incentives for new construction of smaller homes or renovations for smaller units within larger homes." (p. 341)

The Coalition thanks the
Financing and Person-Centered Care Committees
for writing this Action Plan.

Purpose

Nursing homes must be redesigned to promote privacy, well-being, safety, and a sense of home for each resident. The COVID-19 pandemic shed light on the need for significant improvements in nursing home structures and quality to provide residents with the safe, individualized, and often very complex care they need. The Biden Administration has made clear that the federal government will need to lead on these efforts with strong and innovative interventions. In particular, the Administration has identified the need to reduce resident room crowding, improve accountability of financing and ownership, enhance job quality, and move toward value-based payment approaches.

The Coalition will work to drive collaborative approaches to policies that incentivize physical plant improvements at the federal and state levels, as well as through collaborations with organizations leading household model advancement to date. That begins with convening and leading conversations with key policymakers about possibilities for inter-agency collaboration, state-based demonstrations with federal support and enabling policy or regulatory adjustments at the federal level.

The Coalition has also developed a special focus on HUD's mortgage insurance program for residential care facilities (Section 232). The program insured a majority of the $4.9 billion in loans received by nursing homes in 2021 but does not provide incentives to drive physical plant improvements that could enable more person-centered care and better health outcomes. It is also largely disconnected from quality efforts under the Department of Health and Human Services (HHS). The Coalition recognizes that HUD is one among many agencies that can contribute to these efforts. While HUD policy changes cannot be viewed in isolation – without considering licensure, regulation, certificates of need, and reimbursement rates – the Coalition sees an opportunity to make a powerful, near-term impact through engagement with HUD on the potential of Section 232 to be a key driver of nursing home transformation through the provision of targeted financial incentives.

Goal #1: Support key stakeholders willing to take steps to promote and incentivize household model conversion and expansion through state and federal demonstrations, financial and regulatory incentives, and other public and private sector activities.

Goal #2: Convene a roundtable to discuss strategies to promote additional household-model nursing homes.

Goal #3: Identify and circulate specific recommended changes to HUD's Section 232 program rules, regulations and/or guidelines intended to incentivize physical plant improvements and innovations.

Phases of Work

Progress to Date

The Coalition has worked to identify existing efforts to incentivize household model conversions in states – including Arkansas, New York, Georgia and Michigan – and at the federal level. It has also identified proposals for state and federal policies that it will promote in the coming year.

At the same time, the Coalition has invested significant time in developing relationships with HUD and other Section 232 program stakeholders. The group has had conversations with HUD's Office of Residential Care Facilities (ORCF) and developed a working partnership with the Healthcare Mortgagee Advisory Council (HMAC), an association of lenders working in healthcare financing, who work directly with HUD.

Proposed Timeline

Goal #1: Support Key Stakeholders

Activity	Completion Date
Convene organizations working to advance household model uptake.	October 2023
Outline a working document of important next steps to advance household conversions, considering: • Demonstrations (including costs and anticipated outcomes); • Targeted Medicaid reimbursement increases; • Opportunities to reduce regulatory and licensing barriers; • Integration with affordable housing and other public benefits; • Mid-market affordability • Multi-Sector Plans on Aging; • Education and building conversion templates.	December 2023
Continue holding conversations with identified and develop specific follow-up plans.	February 2024

Goal #2: Convene a Federal Inter-Agency Roundtable

Activity	Completion Date
Hold discussions with key federal agencies and leaders about the role they could play in developing financial incentives and investments for household conversions. These may include:	December 2023

• HUD [See Activity #3] • Centers for Medicare & Medicaid Services (CMS) – including the Center for Medicare & Medicaid Integration (CMMI) • Administration on Community Living (ACL) • Congressional staff policy teams • Internal Revenue Service (IRS) • United States Department of Agriculture (USDA)	
Identify a convenor for a policymaker and inter-agency leader roundtable. (The possibilities depend on the success of stakeholder conversations and the policy approaches the Coalition identifies.)	February 2024
Work with the convenor to develop roundtable materials.	May 2024

Goal #3: HUD Section 232 Program Updates

Activity	Completion Date
Identify a specific set of changes that could be made to selected rules, regulations or guidelines of the HUD Section 232 program to incentivize nursing home physical plant improvements. • Hold conversations with key stakeholders including lenders, HUD policymakers, CMS, nursing home financing experts, contractors/builders, and others. • Focus on topics, including changes to mortgage insurance premium rates and conditions, application queues, and debt and capital requirements. • The Coalition will also explore opportunities related to staff housing and other key physical plant issues.	September 2023
Engage HUD senior leaders to discuss potential incentives to promote physical plant transformations. This work may include: • Having conversations with policymakers at ORCF. • Convening a roundtable for policymakers, senior federal agency leaders, nursing home leaders, contractors and builders, and lenders to raise awareness concerning nursing home quality. • Responding to requests to design policy approaches or a demonstration.	December 2023
Complete a working document outlining the opportunities and barriers to implementing these policy changes.	January 2024
Distribute the position paper widely and use it as a basis to respond to proposed rules – in particular those related to Section 232.	June 2024

Additional Details

Partners and Stakeholders

Network of Aligned Organizations: The Coalition will build a network of organizations working to advance household model adoption. Some of the organizations already engaged in the Coalition include the IDEAS Institute, Center for Innovation, PEAK 2.0, the Live Oak Project, LeadingAge, and American Health Care Association (AHCA). The Coalition may seek to bring some of these organizations together at key national conferences.

Policymakers: The Coalition has engaged with The Administration for Community Living (ACL) to raise key Coalition priorities with the Elder Justice Coordinating Council. The Coalition will continue conversations with CMS and CMMI. It will also reach out to other federal and state agencies and policy leaders.

Healthcare Mortgagee Advisory Council: HMAC has joined the Coalition in a series of calls to discuss policy and advocacy options. They continue to be a key partner in engaging with HUD.

Equity

The Coalition recognizes that household models may proliferate in certain states, cities, or towns based on income levels and local leadership. Nursing homes with higher percentages of Medicaid residents are less likely to have the resources to undergo significant physical plant improvements. The Coalition is committed to identifying policy avenues that advance the equity of access to household models across communities and geographies. For example, preliminary discussions with lenders suggest that there may be opportunities to target incentives to nursing homes with high Medicaid resident censuses.

Sustainability and Financing

This action plan will be sustainable if the Coalition is able to meaningfully engage senior policymakers in considering regulatory or other policy updates and recognizing how they align with key Biden Administration and other priorities. Many of the changes that are recommended to the HUD 232 program have the early support of major lenders, which suggests that they are likely to remain in place even as Administrations change. Moreover, once changes are made at the agency level and are incorporated into the lenders' handbook (Healthcare Mortgage Insurance Program Handbook) they are likely to become part of standard operating procedure.

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Acknowledgements

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