**MARYLAND COMMISSION ON AGING**

**MEETING MINUTES | June 5, 2024 ● 10 AM – 12 PM**

**Commission Members Present:**

Rose Maria Li, MBA, PhD

Paula Blackwell, MBA, MHA

John G. Haaga, PhD

Joy Y. Hatchette, JD

Barry Liden, JD

Jay Magaziner, PhD, MS Hyg.

George Rebok, PhD

Allen Tien, MD, MHS

Diane Ty, MBA, MA

**Commission Members Absent:**

The Honorable Benjamin F. Kramer

David Roth, PhD

**Maryland Department of Aging (MDoA):**

Carmel Roques, Secretary

Erik Mathes, Executive Assistant to the Secretary

Andrea Nunez, Legislative Director

**Guests:**

Claudia Balog, JD, Committee Member, Moving Forward Nursing Home Quality Coalition (Coalition)

Alice Bonner, PhD, Senior Advisor for Aging, Institute for Healthcare Improvement (IHI); Coalition

Chair; former Director, Division of Nursing Homes, Centers for Medicare and Medicaid

Services (CMS)

Cynthia Grissom, MBA, Director, Industry Engagement, WorkSource Montgomery

Sandy Morse

Susan Ryan, MA, CEO, The Center for Innovation: The Green House Project and Pioneer Network;

Senior Director, The Green House Project; Coalition Committee Co-Chair

Derek Smith, PMP, Rose Li and Associates, Inc.

Jane O. Smith

Alex Spanko, Director of Communications and Marketing, The Center for Innovation: The Green

House Project and Pioneer Network

**Welcome and Introductions:**

Dr. Rose Li opened the meeting and welcomed participants.

**Presentation: Improving Nursing Home Quality through Moving Forward Coalition Action Plans**

Secretary Roques introduced presenters Alice Bonner from the Moving Forward Nursing Home Quality Coalition and Susan Ryan, CEO of The Center for Innovation: The Green House Project and Pioneer Network.

In her presentation, Dr. Bonner introduced herself and the work of the Moving Forward Coalition, and how the Commission could become involved, Dr. Bonner, a nurse practitioner of 30 years, practicing almost exclusively in nursing homes, has held roles as an educator and as a federal regulator. She referenced the 2022 National Academies of Sciences, Engineering, and Medicine (NASEM) report on [The Quality of Care in Nursing Homes](https://www.nationalacademies.org/our-work/the-quality-of-care-in-nursing-homes) which highlighted the “ineffective, inefficient, fragmented, and unsustainable” way that the United States finances, delivers, and regulates care in nursing home settings, and recognized that individuals and organizations work together to drive improvements in nursing home quality.

The Coalition's vision is that “every nursing home will be a community in which lives are nurtured, residents are empowered, and where people want to work.” Its mission is to “make vital changes in policy and practice through the power of bringing diverse voices together **now**.”

* Diverse working committees including researchers, nursing home residents, and certified nursing assistants (CNAs) are important to the coalition's work. Need more involvement by policy makers
* 40 organizations have signed on as official supporting organizations of the Coalition’s work
* Coalition to prioritize recommendations, write action plans, and work to build relationships with other states and federal agencies to promote initiatives including CDC, CMS, HRSA, and others
* Website and monthly newsletter to follow work on initiatives with 1000+ subscribers
* Monthly Coalition Conversations with 100+ attendees and diverse topics and speakers
* Resident engagement via intentional outreach, focus groups, and document review
* Nine action plans have been shared relevant to practice, policy, workforce, and survey
* The Coalition is working on workforce development to expand CNA career pathways
	+ CNAs play a critical role in nursing homes resident care but are often underappreciated and undercompensated while facing limited opportunities for advancement
	+ Nearly half a million CNAs working in nursing homes, with median annual earnings <$24,000
	+ Turnover rates are very high in nursing homes resident care
	+ This creates barriers to care as 54% of nursing homes report limiting admissions ue to staffing challenges
* PHI provides a [Workforce Data Center](https://www.phinational.org/policy-research/workforce-data-center/) with information by state
* Key Stakeholders for career pathways programs include:
	+ Departments of Health, Labor, and Education
	+ Boards of Nursing
	+ Community college networks and other educators
	+ Quality Improvement Organizations
	+ State Apprenticeship Agencies
* Key component of the Moving Forward Coalition Proposal
	+ Work with Geriatric Workforce Enhancement Programs (GWEPs) to develop and test apprenticeship standards for a CNA pathway
	+ Build pathway with existing educational resources
	+ Collaborate with AHCA and LeadingAge state affiliates to engage employers
	+ Work with Industry Intermediaries to coordinate administrative and regulatory aspects, and help access funding
	+ Leverage the platform and momentum of Moving Forward Coalition to engage diverse stakeholders
	+ Conduct evaluation
* Proposed Activities
	+ Identify appropriate GWEPs
	+ Host a stakeholder convening
	+ Facilitate shared learnings and resources
	+ Develop/access shared curricula and resources
	+ Support consistency and national recognition to ensure transportability
	+ Provide technical assistance via learning community
	+ Complete a process evaluation
* Other Action Plan Goals
	+ Medicaid Incentive Payment Programs in which a state can dedicate additional funding to incentivize nursing homes to increase workforce
		- Illinois is successfully running this program and accessing additional funds
		- Program launched in 2022 and includes base rate increase plus three possible incentive payments, including wage increases for CNAs
* Ownership Data Transparency and Accountability
	+ Coalition has interviewed leaders in 15 states about policies related to collecting, sharing, auditing, and using nursing home ownership data
	+ CMS is currently implementing a final rule with new reporting requirements and many states are exploring or implementing new laws and regulations to increase ability of the state to oversee changes of ownership
* Promote a More Effective Nursing Home Survey Process
	+ CMS provides an improved risk-based survey process to create a more targeted survey model, giving more time to nursing homes that need oversight the most
* Pilot a Resident Council Guide and Process
	+ Pilot program running for the last six months in New Jersey
	+ Committee has updated guide to strengthening resident councils in nursing homes (January 2024)
	+ Next phase includes trying pilot in a new state to amplify voices of residents
* Address Resident Goals, Preferences, and Priorities (GPPs)
	+ Nursing home residents should be empowered to direct their care to meet their goals, preferences, and priorities
	+ Aligning care with a residents’ GPPs is an opportunity to improve outcomes and reduce disparities
	+ Partnering with Kansas State University to pilot Resident Council Guide in five nursing homes
* Call to action for Commissioners and the public to engage in nursing home reform and to support the initiatives of the Moving Forward Coalition

**Discussion**

Secretary Roques shared that the Governor’s workforce development board meets later this afternoon and they are very supportive of apprenticeships. An update on this program will be coming. The State did not see significant uptake from nursing home providers around the apprenticeship programs, potentially because they are new and seen as burdensome.

Dr. Bonner observed that the apprenticeship programs could create a credential that is portable from state to state. Industry intermediaries will help nursing homes to complete the applications. The application process cannot be so complicated that no one does them and the apprenticeship programs go by the wayside. Ms. Balog added that workforce development programs are highly fragmented; streamlining them would help nursing homes create career ladders.

Dr. Haaga noted the limitations associated with data in this sector being all facility-based, and not individual-based. The consistently high turnover begs the question, where are they all going? Are they going to a better job in long term care or are they leaving the sector altogether? There needs to be incentives for owners to retain and promote people.

According to Secretary Roques, the workforce over the age of 50 is growing in Maryland. We need to think of strategies not just to recruit new workers into the workforce, but retaining and upskilling current workers. This strategy has been proposed to the labor department – we need to identify and recruit young people but need to understand that is a shrinking number in our state. If profits are being prioritized before care, education needs to happen as well as other opportunities to confront the problem of quality of owners of nursing homes – incentives need to be aligned. She added that the State’s multi-sector plan is due to the Governor July 2025, with a final draft in January 2026, and this plan is required to examine choices for older people with respect to housing and care settings.

In response to a question about specific attention to dementia care, Dr. Bonner stated that Coalition co-chair Doug Chase covers the topic of cognitive challenges.

**Presentation: Building the Next Generation of Empowering Eldercare Communities: A Blueprint for Maryland**

On behalf of the Center for Innovation, Susan Ryan (CEO) and Alex Spanko (Director of Communications and Marketing) presented on the Green House Model and Pioneer Network, and referenced the Report that the Department of Aging commissioned to look at alternative models for nursing home care in the state of Maryland.

* Green House Project, since 2003
* Leading implementor and maintainer of small home nursing communities on 80 communities across the US and Australia
* Mostly nursing homes, some assisted living, intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
* No more than 12 elders per home, which includes outdoor space and open kitchens
* Universal caregivers include CNAs who perform laundry and cooking on top of typical CNA tasks
* Pioneer Network, since 1997
* Culture change organization with state-level coalitions
* Focuses on bringing person-centered care in all types of traditional facilities, including nursing homes and assisted living communities
* Report includes original research, interviews with people involved in Maryland Green House development and industry leaders, and draws from experiences serving on the Moving Forward Coalition and other cross-industry groups, and from 20+ years of experience working with state governments
* Green House Design
	+ Single family style homes
	+ Connections to nature through outdoor activities
	+ Rooms include furniture brought from home with minimal medical equipment
	+ Designs can be adapted for rural or urban settings
* Green House Benefits
	+ Substantially lower COVID infections and deaths, even pre-vaccine
	+ Significantly reduced workforce turnover
	+ More direct care time
	+ Increased resident, family, and caregiver satisfaction
	+ Better outcomes with timelier interventions
	+ Reduced Medicare spending derived from fewer hospitalizations
	+ Significantly exceeds federal minimum standards for nursing home staffing
* The Problem
	+ Most people do not want to move into a nursing home or move a loved one into a nursing home
	+ Maryland still has 2,600 nursing home beds in triple and quad rooms, mostly in Baltimore City, Baltimore County, and Prince George’s County
	+ There is little incentive for providers to upgrade infrastructure or operational philosophy
	+ Home and community-based services are still needed and must be expanded, but there will always be a percentage of people who need care in a communal setting or prefer social connections afforded by living in a care community
* The Reality
	+ Maryland spends more than $1 billion annually on a setting that few people want to call home
	+ There will be increasing demand for eldercare services as the population ages – how can Maryland more effectively spend that money on high quality, empowering care?
	+ The future must include a comprehensive set of options including communal settings and top-flight home and community-based services
* Recommendations
	+ Certificate of Need (CON) Reform
		- CON puts too much power in the hands of existing providers while preventing others from entering the market
		- Full repeal recommended by reform experts
		- Exemptions already exist in Maryland
		- Other states have used CON carve-outs to encourage small home development and private rooms
	+ CON Exemptions
		- Indiana: Exemption for small house health facilities, defined as any community with 50 beds or fewer
		- Rhode Island: Exempted Green House, Eden Alternative, and other small house models from a bed moratorium
		- Maryland: Host of exemptions allowing for construction of new communities in areas with low-quality options, addition of incremental amounts of beds (no more than 10 or 10% of total), replacement of buildings with 100 beds or fewer
	+ Medicaid Rate Add-Ons
		- Small rate increases targeted to household model development spur big change in Arkansas, Ohio
		- Not a blanket rate increase – only rewards providers willing to do something new
		- Guardrails to ensure money is spent appropriately
		- Can be paired with bed delicensing to right-sized nursing home capacity
	+ Targeted Rate Increases
		- Arkansas: $4-$5 extra per day for small house homes starting in 2009, achieved through a State Plan Amendment; now applies to all private rooms
			* Additional funding mostly comes from federal match, not the state
		- Ohio: $30 per day rate add-on for fully private rooms, $20 for private occupancy rooms with shared sinks and toilets
			* Operators must already have private rooms or relinquish bed licenses to create them
		- 24 states: pay for performance/Medicaid value-based purchasing programs
	+ State Pilot Program
		- Create a grant, tax credit, forgivable loan, or other financial pilot for providers looking to build small home nursing care alternatives
		- Collect data on outcomes, workforce recruitment/retention strategies
		- Use federal proposals, current New York program as a guideline
		- Target specific areas of the state
	+ Pilot Program
		- Federal: Bills in 2021, 2022 that would have created an upfront grant program for operators looking to renovate or build new small home nursing communities, with significant guardrails to ensure money is spent appropriately
		- New York: $50 million grant program currently open to encourage physical transformation of existing nursing homes and/or construction of new infrastructure
		- New Jersey: April 2024 task force report encourages development of a demo project to incentivize the creation of Green House models [see: <https://www.nj.gov/health/ltc/documents/nj-task-force-ltc-quality-and-safety-report.pdf>]
		- California: Small House Skilled Nursing Facilities pilot program with detailed standards – our partners at Valle Verde to be the first to participate
* Visit Innovative Communities
	+ Seeing is believing
	+ Thome Rivertown (Detroit) combines assisted living Green House homes, independent living, and on-site PACE center for full continuum of care
	+ Otterbein SeniorLife (Ohio) network of about 50 small homes originally independent of the Green House network, but meets standards and is now a part of the network
* Streamlined Regulatory Process
	+ Regulations were developed to govern an outdated, institutional, medical model
	+ Create an interdepartmental process for quickly and thoroughly resolving gaps between letter and spirit of regulations
	+ Ultimately develop a new framework that makes household model the standard
	+ ***Not*** calling for relaxation of rules regarding resident rights to safety, autonomy, and right to relief in cases of abuse, neglect, or fraud

**Discussion**

Dr. Li observed that the facilities look very appealing, and the staff are spending more than the baseline required. She asked about staff recruitment challenges and training provided to core staff supporting these facilities. Ryan responded that education and training are critically important when asking people to show up in a new way; training includes 128 hours in addition to CNA/GNA education requirements. The difference is that staff are providing care as well as cooking and cleaning for a universal worker model. Turnover rates are far lower than the national average, even during COVID. There are still staffing challenges and an aging workforce. Spanko added that the staffing model is built on a flattened hierarchy, so there is a shift in spending but not an increase, with less overhead since care providers are taking on many different tasks and money is reinvested from administrative staff to bedside staff.

Dr. Magaziner asked about comprehensive evaluations, studies of the economic cost benefit compared to traditional nursing home care for similar types of residents; these are the kind of details we will want to have built into a plan and ongoing assessment. Spanko replied that research based on earlier days of the model showed direct Medicare savings of $1,700 and $2,300 per person. Ryan added that Dr. David Grabowski published research estimated over $7,000 annualized savings in terms of cost of care. The Center administers an annual organizational outcomes assessment to understand more of the cost per day per resident, then compares that to the traditional cost per date. Spanko reported that costs were lower per day than the traditional facilities. The cost per build for the Green Model can be slightly higher on the infrastructure, but the return provides a saving. He also observed that rates of food waste are down; food is prepared based on what the residents want. Because people are gaining or maintaining weight, there is less spent on nutritional supplements. People are eating real, fresh food they actually want to eat.

Additional discussion centered on payer mix. Ryan indicated that there are some states that have better reimbursement rates, like Arkansas. Others, like Texas where there is no CON, there is a very low Medicaid rate, so they are very dependent on Medicare and self-pay. Spanko added that across Green House homes, about half use Medicaid to pay for their care. Some Green House homes see less use of Medicaid, where it is part of a continuing care retirement community. The Center’s organizational goal is for this model to be the standard, so aiming for the Medicaid proportion to be the same as in traditional facilities.

In terms of what specifically can be done to try to help support the adoption of this model in Maryland, Liden asked about recommendations for moving forward. Secretary Roques indicated that at the current time, the Department has been seeking to broaden awareness of opportunities and challenges, and ensure there are appropriate choices available to people for long term care services and support. She hopes to keep up with a few recommendations that can be built into the multi sector plan and can identify the coalition of people in the state that would be willing to work on this. It is not something the Department of Aging has the staff or expertise to move forward. Funding a pilot is something that could be considered, but it is something for which the health department, department of healthcare planning, and health rate-setting commission all need to be engaged. It will need to be a public-private partnership.

Secretary Roques observed that sometimes when people are unfamiliar with the work, they do not understand. The norm in this country is for people to be in need of federal- and state-funded programs toward the ends of their lives for long term care services and supports. Part of what the Department is starting to talk about more is to integrate into the work underway as a longevity ready Maryland, as people live longer lives and outlive their resources. Her concern is that we have a best practice standard that looks like a Green House model for everyone, not just those who have private resources and can be available because it is the right kind of care. Instead, what we have right now is a style of care that is hospital based and very much not a model we would want to live in, and we just accept that as the standard of care. As more people live longer lives, that will become less and less acceptable, so let’s get prepared by establishing what is the standard of care for any person who needs this service.

**Public Comments**

* Cynthia Grisson, Director for Industry Engagement, WorkSource Montgomery, is a strong proponent of getting people 50+ who need to work, back to work. WorkSource Montgomery has some funds to (re)train people or refresh skills to improve resumes, and the County has lots of job openings. She has been invited to attend the September meeting that will focus more on employment.
* Sandy Morse resides in an independent living community that has a nursing facility on campus; her husband has Alzheimer’s, has participated in clinical trials, and has been in a closed ward facility. She volunteered to share her lived experience; Dr. Li will followup with her offline.

**Adjournment**

* Minutes of the April 24 meeting will be circulated for approval electronically.
* Next meeting (September) is proposed to be in-person at the Durable Medical Equipment Warehouse in Cheltenham, Maryland.