



Proposed Updates to Nursing Home Chapter of State Health Plan COMAR 10.24.08

Presentation to Nursing Home Work Group

March 1, 2018

Proposed Chapter Revisions

Simplifying the CON Process

Issues	Current NH Chapter	Proposed NH Chapter	Goal
Modify Waiver bed rules	Establish some restrictions on waiver beds; eliminate bed “banking”.	Any beds not licensed within one year to expire one year after approval.	Reduce “paper beds” in inventory.
Add Docketing Rules and Exceptions	<p>No docketing rules</p> <p>No docketing exceptions - applications that increase the state inventory of publically available nursing home beds must be in conformance with published bed need projections</p>	<p>Docketing rules qualifying applicants star ratings of 3 stars or higher; meeting previous CON conditions; no fraud or abuse.</p> <p>Consider docketing exception to nursing home bed need for projects demonstrating risk sharing agreements between hospitals and nursing homes to reduce total cost of care.</p> <p>Consider docketing exception to nursing home bed need for jurisdictions with high proportion of CCFs with below average rating on NH Compare.</p>	<p>Clarify rules up front to reduce delayed and unnecessary reviews.</p> <p>Foster relationships consistent with the total cost of care model.</p> <p>Need for higher quality choices for consumers.</p>

Integrating Nursing Homes into Continuum of Care

Issues	Current NH Chapter	Proposed NH Chapter	Goal
Nursing home-hospital coordination	General standards on collaborative relationships	Nursing homes should demonstrate effective collaboration with hospitals.	Encourage cooperation between hospitals and post-acute providers to reduce length of stay and costs.
Nursing home-community coordination	General standards on collaborative relationships	Nursing homes should demonstrate effective collaboration with home health agencies and hospices.	Linkages to reduce length of stay in nursing homes and provide care in the most appropriate and least restrictive setting.

Increasing Focus on Quality

Issues	Current NH Chapter	Proposed NH Chapter	Goal
Consumer choice	“The Commission, through its Nursing Home Performance Evaluation Guide, will report current data ... in order to assist consumers in decision-making regarding long term care services.”	Incorporate selected quality metrics from the most recent Nursing Home Compare quality measures into standards used for CON review.	Encourage consumer choice as well as focus on quality.
Docketing rule	No docketing rules	Propose not docketing an application from a nursing home (or chain) with overall star rating of one or two stars (or high proportion of NHs with below average rating)	Implement quality measures before applications are accepted for review.

Implementing Innovative Design

Issues	Current NH Chapter	Proposed NH Chapter	Goal
FGI Guidelines	Facility and unit design to meet residents' needs.	Nursing home design to meet FGI Guidelines.	Provide more specific and measurable standards.
Person-centered care	Reduce rooms with more than 2 beds per room; individual temp controls; no more than 2 residents share toilet.	Cluster/neighborhood design rather than institutional design, as defined by FGI Guidelines.	Incorporate elements of person-centered care.
Specialty units	Identify types of residents intended to serve and cite literature re best design.	Identify types of residents served and meet specific licensing (COMAR) regulations as well as FGI Guidelines.	Provide more specific and measurable standards.

Nursing Home-Hospital Collaboration

Questions for Discussion:

- What are the major issues nursing homes face in admitting certain patients from hospitals? Do specific categories of patients pose particular challenges?
- What are the risks and benefits for nursing homes in working with hospitals under risk sharing arrangements? What risks should hospitals/nursing homes be willing to assume?
- How are nursing homes working with HSCRC to develop post-acute networks?
- Are there standards for how such contracts between hospitals and nursing homes should be structured?
- Are there specific clinical conditions that lend themselves to such arrangements?
- What specific examples exist in Maryland for risk sharing arrangements?

Nursing Home Bed Need Methodology

Key Features of the Current Nursing Home Bed Need Methodology

- Bed need is projected on a jurisdictional basis;
- Use rates are age-adjusted;
- Baseline use rates are reduced by 5%;
- Migration within Maryland is adjusted using assumptions about retention rates and use rates to take in- and out-migration into account;
- A community-based services adjustment is included, based on an assumption that some nursing home services could be provided outside of the nursing home setting;
- The projection horizon is seven years from the base year; and
- Household population data is used.

Critique of the Current Bed Need Methodology

- Some of the data requirements are based on MDS 2.0 data, which is now obsolete;
- Parts of the methodology are complex and difficult to replicate;
- Some assumptions are not fully explained;
- The migration matrix is very complex to use;
- The projection horizon (seven years) may be too long; and
- Total population data, rather than household population, should be used, consistent with other MHCC methodologies.

Proposed New Bed Need Methodology

- Take into account patterns of use by age by modeling demand using observed rates of change in use rates;
- Simplify the migration adjustment by means of net in- and out-migration;
- Factor in use of Maryland nursing homes by non-Maryland residents;
- Shorten the projection horizon to five years from the base year;
- Use total estimated and projected population; and
- Add a jurisdictional occupancy standard as a final step in making a finding of net bed need.

Questions for Discussion:

- What is your assessment of the current nursing home bed need methodology in terms of reasonably predicting the use of nursing home beds in Maryland?
- Does the projected approach take into account current patterns of utilization?
- Where do you see areas of unmet need in the state?

Next Steps

- Summarize Work Group meeting, issues, and recommendations.
- Draft update to Nursing Home Chapter of State Health Plan.
- Present draft to Commission for approval.
- Hold Informal Public Comment period.
- Review and summarize comments and make necessary changes.
- Present to Commission for approval as proposed permanent regulations.
- Complete the promulgation process.