



Older Adult Services Advisory Committee

Nursing Home Conversion Work Group

Date: April 18, 2005

Attending: Rick Dees, Mary Pat Frye, Matt Hartman, Peg Keeley, Amy Paschedag, Sally Petrone, Gail Poundstone, and Terry Sullivan (facilitator)

I. Review of Applicable Sections of the Act

- Terry Sullivan opened by reading sections of the act that were applicable to the conversion topic. Specifically Section 25, subsections 13-16 and subs 18 and 19, and Section 30 in its entirety.

II. The group discussion centered on three main topics:

- Barriers to conversion(2 main):
 - Present Department rule prohibiting use of space for other services, and disallowing conversion and. Group discussion, referring back to the Act, established that the Dept. would establish a committee to write the revised rules regarding use of space in LTC facilities, allowing what are traditionally home and community based services to be offered in the facility setting. (*When the group reported back to the subcommittee, it was clarified that the conversion workgroup was indeed the committee charged to draft those rules. As additionally provided in the Act a member of the Dept. of Public Aid must sit on the committee which produces the new rules for conversion. Terry Sullivan will make outreach to the Dept. to have someone appointed to meet this requirement.*)
 - Federal guidelines establishing conversion barriers. Very brief discussion. These need to be identified. Rather than any legislative measures being taken, this would involve applying for waivers of the federal law.
- What conversion could mean, i.e. to what would space be converted? This was the topic that the group spent the majority of its time on.
 - Converting from multi-bed rooms to more lucrative single bed rooms.
 - Offering AL services within the regular NH setting
 - Distinct Alzheimer's unit within the facility
 - DDMI units within the standard NH setting
 - Adult Day Care services
 - Folding what are traditionally stand alone medical facilities into the NH setting. Including OB-GYN, Dialysis treatment centers, Dental facilities etc. (Rick states that Dialysis has already been offered in facilities to some extent.) This particular topic sparked the most

conversation. With the Nursing Home being the only medical facility in some communities, this usage was viewed as being a very attractive option. Additionally, this use for converted space could potentially meet the NH industry concern about financial incentive better.

- Congregate meal setting/ Senior Center within the facility.
 - (Sidenote – Gail asked about possibility of expanding eligibility for conversion grants to those homes that would become compliant *by* converting. What is possibility of this??)
- Financial incentives for conversion/ Facilities eligible for participation
 - Average bed cost is between 20K and 40K. The potential contract awarded for various home and community services would be far less than this.
 - Identifying those types of conversion which will meet the most pressing need in the community and help the facility recoup the loss of monies that would be had if the need for the bed were to arise.

III. The three main goals identified by the group were:

- Work with DPH in identifying and amending barriers contained in present rule and writing new rules in regards to barriers for conversion.
- Identify and apply for waivers to those barriers to conversion presented in federal guidelines.
- Identify financial incentive to nursing home industry to take beds offline.