

HFS spends over \$2.5 billion dollars a year on care for about 45,000 people residing in nursing homes. To address some serious issues in the quality of their care, we propose directing new funding towards proper staffing levels, safety, and quality of life for residents in new, equitable, and accountable ways.

Therefore, our proposal would simplify and raise the nursing home assessment to bring in \$155 million new dollars (over \$300M when matched with federal dollars). We would spend this in two ways:

- \$200M for direct funding to nursing homes in accountability-driven ways to pay for staffing levels as they are reported and achieved, CNA training and durational programs, and other data-driven quality incentives.
- \$100M for community-based care program enhancements, such as Supportive Living and Community Care Program.

The state has a moral imperative to ensure the health, safety, and quality of life for residents in nursing homes.



During the pandemic, overcrowded and understaffed facility conditions contributed to the risk of infection and death, especially for Black and Brown Medicaid customers.

HFS proposes a three-pronged approach to improve overall quality and equity of care for residents.

Maximize federal funds through increased assessment

- Raise assessment per occupied bed (no GRF)

Improve payment accuracy and integrity

- Tie payment for staffing directly to federal standards
- Incentives for sustained quality metrics, infection control

Transition to Patient Driven Payment Model (PDPM)

- Federal payment methodology, aligns with Medicare
- Higher cost coverage for higher acuity residents

ACCOUNTABILITY

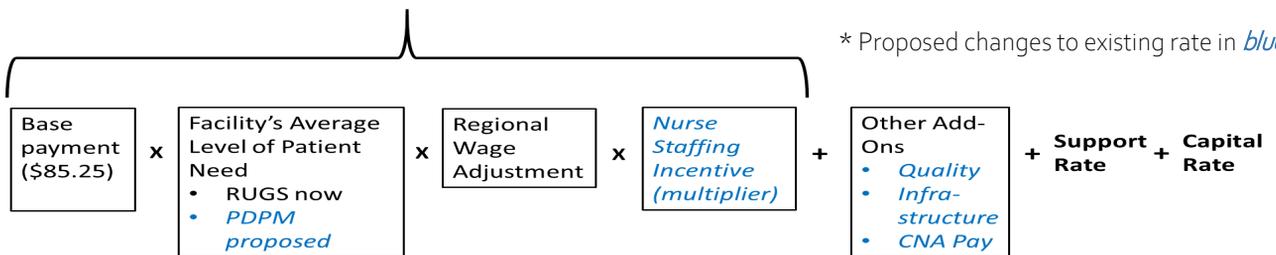
The current system is driving some homes to pursue profits over people.

We believe there is no better time to change the payment-driven incentives.

For more information:

<http://bit.ly/HFSNursingImprovements>

Direct Care/Nursing Rate



IMPROVING HEALTH & QUALITY OF LIFE