

CARE FOR OUR SENIORS ACT

STRUCTURAL: MODERNIZE FOR RESIDENT DIGNITY & SAFETY Shift to Private Rooms

Background

The average nursing home is around 40 to 50 years old. Chronic Medicaid underfunding has left many nursing homes struggling to maintain everyday operations, much less make capital improvements. The current reimbursement system incentivizes providers to put multiple long-stay residents and/or short-stay patients in the same room in order to make ends meet. Residents deserve better, and nursing homes must continue to evolve.

These traditional care models for long-stay residents are no longer considered appropriate as a new, welcomed emphasis on person-centered care continues to emerge. One central aspect of this shift is a greater emphasis on residents' autonomy, dignity, and privacy. Increased privacy can also enhance the quality of care delivered, especially considering COVID-19 best practices and the efforts to promote infection prevention and control.

To-date, there has not been an organized examination of the broad range of factors related to different room configurations. Furthermore, there are no data sources on the number of buildings and rooms with more than two residents and no consistent approach to assessing the costs associated with a move to private and semi-private rooms. Most research in nursing homes on this topic relates to psychosocial outcomes such as preference and satisfaction.

Proposed Solution

Develop a national study producing information on shifting to more private rooms in nursing homes.

New Model of Care Study

The national study would be framed by two key guiding principles.

1. *Assess nursing home design to address the COVID-19 pandemic and improve infection control.*
It is vital to understand the role private and semi-private rooms play in infection control strategies, as well as the costs and strategies needed to redesign nursing homes to prevent and contain COVID and other novel infectious diseases.
2. *Modernize to meet market preferences.*
Older adults today and future ones alike will expect more person-centered care including increased privacy, allowing them to personalize their living space.

Specific study areas would include financial factors (such as return on investment), best practice architectural design for patients and residents, feasibility, and targeted research (such as construction requirements and related costs in high-cost states). The study should recommend an approach for a Medicaid pass through payment aimed at covering such conversions, as well as other possible funding mechanisms (specialized loan products insured by the federal government, the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services [HHS] pandemic grants, and tax credits).

Support Existing Legislation

AHCA and LeadingAge also support the reintroduction and expansion of legislation such as the [Keeping Seniors Safe from COVID-19 Through Home Design Act](#). The measure would require HHS, HUD, and the U.S. Department of Agriculture to work together on financing and tax credits for nursing home modernization.

Funded By: Medicaid payment policy