

In The Matter Of:

EOHHS Proposed State Amendment

Public Hearing on Nursing Home

October 21, 2021



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STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES

PROCEEDINGS IN RE:

PUBLIC HEARING ON NURSING HOME BASE RATE STAFFING
ADJUSTMENTS, MINIMUM STAFFING COMPLIANCE, WAGE
PASS-THROUGH REQUIREMENTS, AND PAYMENT METHODOLOGY
UPDATES

3 WEST ROAD
CRANSTON, RI 02920
OCTOBER 21, 2021
11:00 A.M.

BEFORE:

HEARING OFFICER BRYAN LAW, EOHHS

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E X H I B I T S

NO.	DESCRIPTION	PAGE
1	NOTICE OF PUBLIC HEARING SIGNED BY ANA NOVAIS ON 10/6/21	7
2	NOTICE OF PUBLIC HEARING SENT ELECTRONICALLY TO INTERESTED PARTIES LIST ON 10/6/21	7
3	NOTICE OF PUBLIC HEARING POSTED ON EOHHS'S WEBSITE ON 10/6/21	7
4	NOTICE OF PUBLIC HEARING POSTED ON THE RI SECRETARY OF STATE'S OPEN MEETINGS WEBSITE ON 10/6/21	7
5	A COPY OF CHAPTERS 40-6, 40-8, and 42-35 OF THE RI GENERAL LAWS AS AMENDED	7
6	PUBLIC NOTICE OF PROPOSED State Plan Amendment POSTED 9/22/21	7

NOTE:

ALL EXHIBITS RETAINED BY HEARING OFFICER BRYAN LAW

ALLIED COURT REPORTERS, INC. (401) 946-5500

1 (HEARING COMMENCED AT 11:00 A.M.)

2 MR. LAW: In accordance with
3 enactments of legislation from the 2021 session of
4 the Rhode Island General Assembly, and to ensure
5 compliance with CMS requirements to update the
6 Rhode Island State Medicaid Plan to reflect
7 current payment methodologies, EOHHS will submit
8 to the Federal Centers for Medicare and Medicaid
9 Services (CMS) an amendment to the Rhode Island
10 Medicaid State Plan to require that in addition
11 to the annual nursing home inflation index
12 adjustment, there will also be a base rate
13 staffing adjustment of one-half percent on
14 October 1st, 2021, one percent on October 1, 2022,
15 and one and one-half percent on October 1, 2023.

16 The amendment also establishes new minimum
17 staffing and wage pass-through requirements for
18 nursing homes.

19 The amendment will also authorize EOHHS to
20 enforce compliance of these new requirements
21 through Medicaid payment clawbacks, withholding of
22 Medicaid payments to nursing homes for individuals
23 admitted on or after January 1st, 2022, or
24 freezing of admissions of new residents.

25 The amendment also clarifies the source of

1 the data for the RUG score can be submitted by the
2 provider as part of the MDS Assessment.

3 The amendment further clarifies the annual
4 inflationary review process and Fair Rental Value
5 calculations for nursing homes.

6 This hearing today is being conducted under
7 the provisions of Chapters 40-6, 40-8, 42-7.2, and
8 40-35 of the Rhode Island General Laws as amended.
9 Today is Thursday, October 21, 2021. My name is
10 Bryan Law. I will be the hearing officer for
11 today's proceeding.

12 Before we start, and so as not to interrupt
13 the proceedings, I would like those of you with
14 cellphones, alarms, watches, et cetera, to turn
15 them off at this time. I would ask for all
16 members of the public who have joined us by
17 conference call today to please mute your phones,
18 and as a reminder, you are listen-only mode.

19 I would also remind the members of the public
20 that are physically present here today, per EOHHS
21 policy, it is recommended to wear a face covering
22 or mask during the hearing regardless of
23 vaccination status.

24 The purpose of the hearing today is to afford
25 interested party an opportunity to comment on the

1 proposed State Plan Amendment. The hearing is
2 intended for your participation only, and is not
3 intended as a means of providing a forum for
4 discussion, debating, arguing, or otherwise having
5 any dialogue on the record with members of the
6 Executive Office of Health & Human Services. If
7 you care to speak, the procedure will be as
8 follows:

9 Register at the side of the room. Speakers
10 will be taken in order of registration.

11 Five minutes will be allowed for your
12 presentation, unless the lack of speakers allows
13 for additional time.

14 When you are called, come to the desk at the
15 front of the room; identify yourself by name and
16 affiliation, if any; make your presentation. If
17 you have a written copy of your statement, we
18 would appreciate that for the record as well.

19 After the time has elapsed for submission of
20 written commentary, the Executive Office of Health
21 & Human Services has three options under state
22 law. The first option is to file the proposed
23 State Plan Amendment as is with the Federal
24 Centers for Medicare and Medicaid Services (CMS).

25 The second option is to file with minor

1 changes, spelling, punctuation, clarifications, et
2 cetera.

3 The third option is to make major changes in
4 what you see before you today, which would
5 necessitate a new public notice and comment
6 period.

7 Are there any questions on how the public
8 hearing will be conducted today? Okay, seeing
9 none, at this time for the record we will have a
10 presentation of exhibits. Exhibit Number 1 is the
11 notice of public hearing signed by Ana Novais,
12 Assistant Secretary of the Executive Office of
13 Health & Human Services, on October 6, 2021, and
14 posted on EOHHS website. Exhibit Number 2, notice
15 of public hearing sent via electronic mail to the
16 Rhode Island Executive Office of Health & Human
17 Services's interested parties list on October 6,
18 2021. Exhibit 3, notice of the proposed state
19 hearing posted on the EOHHS website on October 6,
20 2021. Exhibit 4, notice of public hearing posted
21 on the Rhode Island Secretary of State website on
22 October 6, 2021. Exhibit 5, copies of Chapters
23 40-6, 40-8, and 42-35 of the Rhode Island General
24 Laws as amended (enabling statutes). And then,
25 finally, Exhibit Number 6, which is the public

1 notice of the proposed State Plan Amendment posted
2 on the EOHHS website on September 22, 2021, and
3 those are exhibits for today.

4 (EXHIBITS 1-6 MARKED)

5 MR. LAW: At this time I would like
6 to call the first speaker, Mr. John Gage, with
7 RIHCA, to come provide public comments at this
8 time.

9 MR. GAGE: Good morning. My name is
10 John Gage. I am President and CEO of the Rhode
11 Island Healthcare Association, RIHCA. I am
12 pleased to be able to provide comments at this
13 public hearing on behalf of our 64 member nursing
14 facilities regarding the amendments to the State
15 Plan proposed by EOHHS on September 22, 2021.

16 RIHCA has strong objections to most all
17 aspects of the proposed amendments. We
18 acknowledge that the vast majority of these
19 changes are the direct result of the enactment of
20 the minimum staffing law passed last year by the
21 General Assembly; however, we feel the need to
22 detail the ramifications of this law and these
23 State Plan Amendment changes.

24 Rhode Island nursing facilities are in the
25 midst of an economic crisis resulting from a

1 prolonged and ongoing COVID-19 pandemic. We are
2 plagued with spiraling cost increases in most
3 areas of our operations, including food, energy,
4 medical supplies, et cetera.

5 Our biggest predicament, however, is the
6 labor shortage impacting staffing in all areas of
7 operations, direct care nursing, dietary,
8 housekeeping, and all other ancillary departments.

9 In order to provide appropriate levels of
10 staffing, we have been forced to increase wages,
11 shift differentials, bonuses, and such for our
12 existing staff, and in an effort to recruit new
13 staff. Temporary staffing agencies are being used
14 at record levels to supplemental our direct care
15 staff, and we have faced price gouging by these
16 agencies as the staffing crisis lingers.

17 The labor shortage has been further
18 exacerbated by the recent vaccine mandate on the
19 healthcare industry, which drove hundreds of staff
20 out of the industry all together, and it shows no
21 signs of easing any time soon.

22 Now we are facing the first phase of the
23 implementation of a mandatory minimum staffing law
24 with direct care targets that would have been
25 challenging in a normal economic environment, and

1 will be impossible given the extreme challenges we
2 face.

3 As a threshold matter, there are simply not
4 enough willing candidates to recruit in order to
5 comply. Rhode Island nursing facilities are
6 seeking, with varying degrees of desperation, to
7 hire more staff, with very little success.
8 According to the Rhode Island Department of Labor
9 and Training, the largest number of open positions
10 in Rhode Island, the two occupations with the
11 highest number of advertised job openings in the
12 State of Rhode Island are registered nurses and
13 nursing assistants -- those very staffers who we
14 are required to hire under the minimum staffing
15 bill.

16 Rhode Island's nursing facilities lack the
17 financial resources to implement meaningful wage
18 increases for the reasons detailed above. The
19 vast majority of nursing home reimbursement comes
20 from governmental payers, primarily Medicaid.
21 Revenues are limited to what the state pays, and
22 facilities have no way to increase those payments.

23 We note that the General Assembly provided
24 for a 0.5 percent labor add-on to become effective
25 October 1st, 2021; however, that increase has not

1 yet been applied. We are told that it will be
2 applied eventually, although we may not see the
3 increase until February 2022. Although the
4 increase will be applied retroactively to
5 October 1st, it is not possible for us to spend
6 money on wage pass-throughs in the fourth quarter
7 of 2021 with money that we hope to receive in
8 February of 2022.

9 Even once implemented, a .5 increase is
10 woefully inadequate to achieve the fiscal year
11 2022 minimum staffing targets. We estimate an
12 FY22 direct care funding shortfall of
13 \$9.5 million. When fully implemented, funding
14 will be \$49 million short per year based on the
15 staffing bill alone.

16 This is on top of the already existing
17 chronic underfunding of nursing facilities by the
18 State of Rhode Island Medicaid program. Since the
19 price-based system of reimbursement was imposed in
20 2013, our rates should have been increased under
21 the funding formula by an average of 2.5 percent
22 per year. Due to the sequential state budget
23 cuts, however, we have received an average of
24 one percent per year, with at least four of those
25 10 years with no increase whatsoever. Something

1 has got to give.

2 Our association also has grave concerns about
3 the draconian Medicaid clawbacks, withholding
4 Medicaid payments, and imposing admission freezes.
5 Many nursing facilities throughout the state are
6 already limiting admissions and keeping wings or
7 units unoccupied. They simply cannot attract the
8 staff needed to increase their census, even though
9 they need to do so desperately. This is and will
10 have a growing impact on access to care at nursing
11 facilities. Fines and penalties will dramatically
12 impact our members, and will do nothing to enhance
13 quality of care as was the intent of the
14 legislation.

15 RIHCA realizes in order to address these and
16 other critical areas of concern, we must work with
17 the state legislature to effect changes. EOHHS
18 implements what is statutorily mandated. Again,
19 we recognize that most aspects of the proposed
20 changes to the State Plan result from change to
21 state law and the fiscal year budgets. This is
22 not the case with EOHHS's proposed changes to the
23 annual inflationary review process or the fair
24 rental calculation.

25 Rhode Island payment rates for Medicaid

1 covered nursing home care are governed by state
2 statute. The pertinent statute identifies the
3 elements to be included in calculating rates, and
4 further specifies that those rates are to be
5 increased annually by the change in a recognized
6 national nursing home inflation index to be
7 applied on October 1st of each year. Nowhere does
8 the statute authorize EOHHS to independently undo
9 or limit the inflation adjustment.

10 When the statute was implemented in 2013,
11 EOHHS identified the Skilled Nursing Facility
12 Market Basket Index, as identified each year by
13 the economic forecasting firm Global Insight, as
14 its recognized national nursing home inflation
15 index to adjust payment rates. It has used that
16 SNF Market Basket Index for that purpose since
17 that time.

18 In its notice of the proposed SPA changes,
19 EOHHS claims that the agency intends now to
20 clarify application of the inflation index by
21 imposing an annual rate cut to offset it.
22 Specifically, the proposed SPA would decrease the
23 annual inflation index using a multifactor
24 productivity adjuster.

25 The multifactor productivity adjuster is a

1 federal concept used by the federal government in
2 calculating Medicaid payments to physicians,
3 hospitals, and skilled nursing facilities. It has
4 no relevance to state Medicaid rates. It is not
5 referenced or authorized under the state payment
6 statute. While several other states use the SNF
7 Market Basket index to update nursing home payment
8 rates, a careful search has revealed none that
9 apply a Medicare productivity adjuster to them.
10 Our national association, The American Healthcare
11 Association, was unable to identify any state
12 using the Medicare productivity adjuster to effect
13 Medicaid rates.

14 The effect of such an adjustment would be an
15 automatic reimbursement cut that is neither
16 authorized nor permitted under state law.

17 Certainly the inflation index has been
18 eliminated or slashed several times since the
19 payment statute was enacted in 2013. Each such
20 change, however, required legislative action.
21 EOHHS's proposed annual rate cut is not a
22 clarification; rather, it is a substantive change.
23 Since the change conflicts with the statute, which
24 calls for an unmodified inflation index in order
25 to keep those rates abreast of costs, it clearly

1 falls outside of EOHHS's scope of authority.

2 These proposed changes represent an
3 administrative assault by EOHHS on our already
4 financially fragile industry, basically kicking us
5 while we're down. If implemented, we estimate
6 that the change to the inflationary review process
7 will decrease reimbursement by 0.5 percent per
8 year based on the 10-year average of the
9 multifactor productivity adjustment. This will
10 institute an automatic annual reimbursement cut,
11 not based on state law or state budget provisions,
12 but based on an administrative decision to
13 incorporate an irrelevant adjustment to the
14 required CMS SNF Market Basket Index.

15 The federal statute defines the productivity
16 adjustment to be equal to the 10-year moving
17 average of changes in annual economy-wide private
18 non-farm business. Clearly, it has nothing to do
19 with Medicaid. It is simply an unauthorized
20 attempt to cut rates through an administrative
21 policy change.

22 We are aware that the productivity adjuster
23 was imposed in fiscal year 2021. The 2.9 percent
24 inflator authorized and appropriated by the state
25 legislature in the FY21 budget was decreased by

1 EOHHS to 2.8 percent to reflect the actual CMS SNF
2 Market Basket, and then reduced it further by
3 applying the multifactor productivity adjustor of
4 0.4 percent with no statutory authority to do so,
5 and, apparently, without CMS approval.

6 RIHCA is currently working with counsel to
7 explore our legal options to overturn the
8 unauthorized imposition of the FY21 rate cut. An
9 annual rate cut of the sort contemplated by the
10 proposed State Plan Amendment is simply not within
11 EOHHS's scope of authority absent legislative
12 amendment. The language regarding the multifactor
13 productivity adjustment must be removed from the
14 State Plan Adjustment to be sent to CMS. Thank
15 you.

16 MR. LAW: Thank you for your
17 comments. If you could provide those written
18 comments, that will be great.

19 MR. GAGE: You've got it.

20 (DOCUMENT HANDED TO HEARING OFFICER LAW)

21 MR. LAW: Our next speaker is Jim
22 Nyberg with LeadingAge RI.

23 MR. NYBERG: Good morning. My name
24 is Jim Nyberg, the Executive Director of
25 LeadingAge RI. On behalf of the members of

1 LeadingAge RI, thank you for this opportunity to
2 express our thoughts on this proposed amendment to
3 the Medicaid State Plan. It includes several
4 provisions affecting the nursing home industry, a
5 few of which we have comments or concerns about,
6 and one that we outright oppose.

7 One: This proposed amendment seeks to change
8 the statutory inflation index that nursing homes
9 receive in a way that will negatively impact the
10 industry. Specifically, it proposes to adjust the
11 direct nursing, other direct care, and indirect
12 care component by the Center for Medicare and
13 Medicaid Services Skilled Nursing Facility
14 Prospective Payment System Market Basket Update
15 Less Productivity Adjustment.

16 This inclusion of the Productivity Adjustment
17 is not appropriate for any adjustments to the
18 Medicaid nursing home based rate. The inflation
19 index that CMS establishes each year is a CMS SNF
20 Market Basket Update, which develops an inflation
21 index for SNFs based on numerous expense
22 categories. This number is the true inflation
23 index.

24 As I understand it, Congress established the
25 productivity adjustment in federal legislation as

1 a means of addressing Medicare funding issues. It
2 is generally a downward revision of the Market
3 Basket Update to pay for other Medicaid spending.

4 So this add-on manipulation was intended to
5 address Medicare funding issues such as offsetting
6 the cost of updates to the physician fee schedule.
7 It has nothing to do with the Medicaid funding
8 issues at the state level; therefore, LeadingAge
9 RI believes that the state should use the full SNF
10 Market Basket Update when calculating the Medicaid
11 inflation index because that is the true
12 representation of any increase in the cost of
13 nursing home care.

14 But this proposal would specify that EOHHS
15 intends to use the Market Basket Update less
16 productivity adjustment. This is a huge problem
17 because, as previously noted, it is usually a cut
18 to the inflation index. For example, if we go by
19 the proposed EOHHS formula, the October 2022
20 inflation index would be 2.7 percent less a 0.7
21 percent productivity adjustment. So nursing homes
22 would only get a 2 percent increase. That is a
23 big reduction for an industry facing severe
24 financial problems.

25 Again, our position is that the productivity

1 adjustment has nothing to do with Rhode Island's
2 Medicaid reimbursement system, which is structured
3 to reflect updated nursing home costs, and we are
4 frustrated that EOHHS is trying to impose what
5 essentially amounts to a rate cut via the
6 regulatory process.

7 To summarize, the statute is clear.

8 "Adjustment of rates by the change in a recognized
9 national nursing home inflation index to be
10 applied on October 1st of each year," is how it
11 reads. That index is the CMS Market Basket
12 Update. The statute does not indicate that any
13 manipulations to the index are allowed, which is
14 what the productivity adjustment essentially
15 entails. So we urge that the language including
16 the productivity adjustment be deleted in this
17 proposed amendment to comply with how the statute
18 is written.

19 Two: We would also like clarification in the
20 language in Section 1a, Minimum Staffing Level
21 Medicaid Payment Requirements. This specifies the
22 ratio of 3.58 hours of direct nursing care per
23 resident, of which at least 2.44 hours shall be
24 provided by certified nurse assistants. This
25 should be clarified to include medication

1 technicians or medication aides, who are certified
2 nurse assistants that receive additional training
3 to dispense medications in addition to the other
4 tasks provided by certified nurse assistants. It
5 has been indicated to us that these staff may not
6 count towards the 2.44 hours, which does not make
7 sense, and will make it even harder for providers
8 to meet the staffing requirement.

9 Three: The proposed amendment would change
10 how the Fair Rental Value component is calculated
11 by changing the cost index used. The proposed new
12 index is difficult to identify, and we would like
13 to know the rationale for changing the index.
14 Moreover, we should reconsider how the whole Fair
15 Rental Value rate is calculated. The Fair Rental
16 Value rate is intended to support investment in
17 renovation improvement and replacement of
18 facilities, which can result in the improvement of
19 resident quality of life and address the issues
20 EOHHS has outlined in its LTSS Resiliency
21 initiatives. There are other approaches to
22 calculate the Fair Rental Value that would support
23 such incentives, and the industry would be open to
24 such discussions with EOHHS.

25 Lastly, we also have a concern related to the

1 wage pass-through requirement involving the time
2 line for the baseline data and the comparison
3 period. As we discussed, or as has been
4 discussed, it is common for providers to give
5 staff raises and/or adjust wage scales at
6 different times of the year, and not immediately
7 after implementation of any October 1st inflation
8 index. This was particularly common in efforts to
9 support staff recruitment and retention during the
10 COVID-19 pandemic. It is critical that the
11 compliance process reflect these actions, and does
12 not unnecessarily penalize providers simply
13 because of a timing issue.

14 The last wage pass-through certification
15 process used a baseline period of calendar year
16 2015, and a measurement period of January to
17 June 2017, to establish compliance with the
18 requirement that went into effect with the
19 October 1st, 2016, inflation index.

20 This ensured that we had accurate baseline
21 data from the BM-64 cost reports and ensured that
22 staff raises in 2016 were appropriately reflected
23 in the wage pass-through. We strongly urge EOHHS
24 to establish a similar baseline and comparison
25 period for this new wage pass-through comparison,

1 at least in year one. We understand that the
2 statute as currently written would make each year
3 the new baseline for comparison for each
4 successive year, but more flexibility in year one
5 will give providers time to modify their wage
6 structures and/or to have this issue addressed
7 legislatively. Thank you very much.

8 MR. LAW: Thank you for your
9 comments. Are there any other persons here
10 present who would like to make a statement
11 concerning the proposed State Plan Amendment?
12 Seeing none, the submission of any written
13 commentary on the proposed changes will be
14 accepted until Friday, October 29, 2021, so the
15 public comment period has been extended to that
16 date, so please provide written comments by
17 Friday, October 29, 2021.

18 EOHHS will provide official responses to all
19 public comments received, and as a reminder, there
20 are three options that will happen moving forward:
21 Either the State Plan Amendment would be filed as
22 is; second, it would be filed with minor changes;
23 or, third, changes will be made, and a new public
24 notice will have to be provided.

25 That concludes our hearing for today. Thank

1 you for your attendance. Thank you for those that
2 joined us on the phone via conference call. I
3 hope everybody has a wonderful day. This
4 concludes this hearing. Thank you.

5 (PROCEEDINGS CONCLUDED AT 11:28 A.M.)


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C E R T I F I C A T E

I, Jane M. Poore, hereby certify that the foregoing is a true, accurate, and complete transcript of my notes taken at the above entitled hearing.

IN WITNESS WHEREOF I have hereunto set my hand this 5th day of November, 2021.



JANE M. POORE, NOTARY PUBLIC/RPR 40740
My commission expires 9/11/21

DATE: October 21, 2021
IN RE: Amendment to RI Medicaid State Plan

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