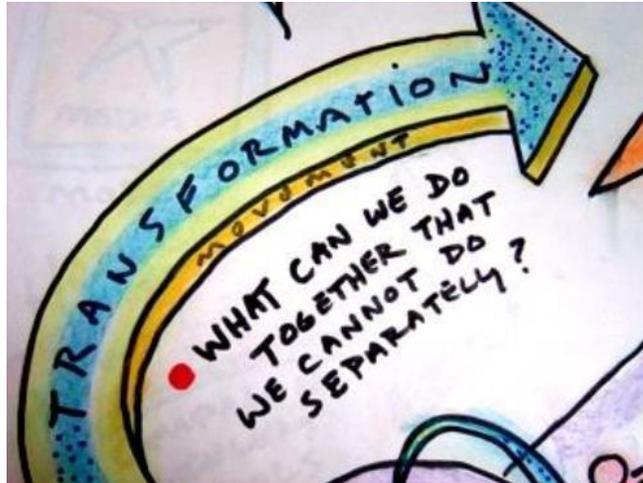


The Live Oak Project: Boldly Advocating for How and Where We Age

September 30, 2021



The Live Oak Project is a coalition of experienced advocates and innovators working in collaboration with Pioneer Network, a national leader in the culture change movement. We are on a mission to re-imagine, redesign, and transform long-term services and supports in America so that each person can thrive.

We share a vision for a transformed culture of long-term services and supports rooted in basic human rights, one that cultivates well-being, relationships, and community through empowerment of each person and each group of stakeholders.

We are leading a multigenerational grassroots movement made up of everyday Americans who share our passion – elders, people living with disabilities, people living with dementia, including Alzheimer’s, family care partners, and professionals including the direct care workforce – all joining together to ask government leaders to think bigger and bolder to fund and champion innovative solutions within our communities.

“Building and sustaining momentum for change requires large amounts of positive affect and social bonding – things like hope, excitement, inspiration, caring, camaraderie, sense of urgent purpose, and sheer joy in creating something meaningful together.”

- D.L. Cooperrider & D. Whitney,
Appreciative Inquiry: A Positive Revolution in Change

As a coalition, we join other advocacy groups in supporting many elements of legislation now before Congress that address increased wages and benefits for direct care workers and funding to support small house/household models to replace the traditional, institutional nursing home.

However, as innovators with decades of experience, we believe nursing homes need more than improvement. *They require urgent and profound transformation* – from institutions to real homes that support the well-being of all who live and work within.

We believe commitment to such transformation must happen *now*, as part of the larger investment in long-term services and supports being considered by congressional committees through the budget reconciliation process.

Ageism and ableism are root causes of our underinvestment in system transformation. Ageism alone is estimated to cost the U.S. health care system **\$63 billion** annually.¹ The Live Oak Project coalition is dedicated to combatting ageism and ableism in all forms as a matter of social justice. As such, we advocate for significant investment in three areas:

1. STAFFING

COVID-19 has exacerbated the imperative for significant investment in direct care workforce wages, benefits, and training. These essential caregivers have continued to do their job during the pandemic, despite clearly documented and avoidable risks to the health and mortality for themselves and their families. Sadly, nursing homes have lost 380,000 workers since February 2020.² Staff shortages, further exacerbated by COVID, have created a crisis in health and long-term care. Swift action is needed to support the direct care workforce across *all* long-term services and supports settings so that those in need will receive care.

We advocate for:

- **\$55 billion** to increase Medicaid reimbursement for nursing homes as a direct pass-through to pay wages and provide benefits that enable them to recruit and retain full-time staff, especially certified nursing assistants and nurses who promote socialization, agency and empowerment of elders and people living with disabilities, including people living with dementia. Full accountability and transparency from nursing home chain ownership as well as individual nursing homes must accompany new funding.
- **\$1 billion** investment in aging services workforce systems to implement strategies that strengthen recruitment, career, and training opportunities for our nation’s direct care workers. Taking care of the direct care workforce will result in improved quality of care and *quality of life* for the residents as well as the staff.



2. ARCHITECTURE

COVID demonstrated *small is better* when it comes to nursing home living environments, and the importance of private rooms and baths, good air circulation, and ample communal space cannot be overstated.

Medicare and Medicaid will spend **\$1 trillion** on institutional nursing home care between 2022 and 2028.³ The proposed *\$1.3 billion* small house/household demonstration program is well intentioned. However, with individual nursing homes eligible for up to \$39 million in transformation funds, the demonstration could lead to as few as 33 additional small house/household developments -- adding just 10% to the existing capacity of such developments around the country. Substantially greater funding would provide the data and incentive to drive the total reimagination, redesign, and transformation of nursing homes particularly for those receiving Medicare and Medicaid.

We advocate for:

- A dedicated Federal Medical Assistance Percentage (FMAP) increase for states to spur new congregate care model development as part of Medicare-Medicaid integration efforts and in alignment with the proposed FMAP increases for home and community-based services.
- Broadening the five to 14-person limit per small house. There are small house/households of 10-20 persons operating successfully. We recommend further study before codifying size parameters of models.
- Further study to explore options that eliminate barriers to innovation, such as low interest loans for capital for nursing homes to upgrade their physical plants.

3. CULTURE

Our nation's experience implementing the Nursing Home Reform Act of 1987 has demonstrated the limits of attempting to de-institutionalize services and individualize care through regulatory oversight alone. Transforming institutions into person-directed, relationship-centered, livable communities requires *sustained investment in new infrastructure and approaches*. We must build age-friendly ecosystems focused on *what matters to elders and those closest to them, no matter the setting* – where all have access to a meaningful life and activities that strengthen each person physically, socially, and intellectually.



Lack of sufficient funding at all levels, as well as how funding is allocated and how those receiving funds are held accountable, is at the core of the challenge, but on a deeper level, ***the whole system must be reimaged, redesigned, and transformed*** – from the hallways of CMS to each state survey agency, to what happens in each person’s residence and in each community. The United States has spent billions on a regulatory process that is often counter-productive to innovation and has spent virtually nothing on supporting person-centered care and the culture that promotes practices that are mandated by existing laws and regulations, including:

1987 Nursing Home Reform Law which was included in the Omnibus Budget Reconciliation Act (OBRA '87). It established quality standards for nursing homes nationwide and preserved residents’ rights. It emphasized the importance of *quality of life*, not just quality of care.

1995 Federal enforcement regulations for OBRA '87 passed.

2010 A key directive of the Affordable Care Act was to transform both institutional and community-based long-term care into a more *person-centered system*.

2016 CMS issues a comprehensive revision of the federal nursing home regulations to reflect substantial advances that have been made in theory and practice of service delivery and safety. *Person-centered care* and *quality of life* are important themes integrated throughout the new regulations and interpretive guidance.

***Person-Centered Care means to focus
on the resident as the locus of control and
support the resident in making their own choices
and having control over their daily lives.
(CMS, §483.5)***

Despite the resistance of the system, as innovators and advocates we have developed expertise in incubating life-affirming, humane demonstrations that are cost-effective and efficient. Our efforts have been grounded in a common culture that promotes the dignity of each person, community development, continuous learning, and the empowerment of the human spirit.

The promotion of this culture is vital not only in nursing homes and other congregate settings, but also across the spectrum of home and community-based services – wherever someone calls home. Growth of home and community-based services alongside unprecedented population aging in neighborhoods creates new challenges and opportunities.

We advocate for:

- Robust and **immediate investment in education for federal and state regulators** to empower the creation of person-directed, relationship-centered, livable communities with active citizenship among residents who have influence as problem solvers, sharing responsibility for each other with expectations to contribute. Regulators must support communities where people are supported to exercise autonomy, build connection, and foster well-being – and where all work together to remove systemic barriers. We also recommend further study and investment in making the regulatory process consistent from state to state, such that poor performing providers are held accountable and are not permitted to participate in the Medicare and Medicaid programs.
- **\$25 million** toward the establishment of **Creative Aging Collaboratories**: Regional, multi-sectoral public-private partnerships resourced as high-involvement, community service hubs for consumer education and interprofessional, team-based learning in person-directed, relationship-centered community life. These Collaboratories will serve a bridge-building function promoting alignment across the Aging and Disability Services Network, Age-Friendly Health Systems, and the multi-sectoral Age- and Dementia-Friendly Community efforts spreading across the country.
- **\$10 million** for a national, non-governmental platform to proliferate the culture of well-being and innovation among elders, people living with disabilities (including dementia), and the professionals and organizations (including within government) that exist to support them, including educators and researchers. Similar in form to other collaborative centers funded by the Agency for Community Living (ACL), this community would share information in a multi-level, cross-disciplinary fashion, build networks around specific interests, and provide reality-tested pathways for future research and development.

Further study to explore options to financially incentivize nursing homes to transform institutional models by integrating person-directed practices and operations, such as the Kansas PEAK 2.0 pay-for-performance model. (see [Using Medicaid Funds to Promote Person-Centered Care in Nursing Homes: A Toolkit for Policymakers](#))

Our nation’s patchwork response to the COVID-19 pandemic has brought into stark relief the fundamental shortcomings in our system of long-term services and supports. The social isolation and loneliness experienced by so many elders and persons living with disabilities including dementia may well have killed more than the COVID-19 disease itself.

As seasoned innovators at the forefront of combatting social isolation and loneliness for decades, the Live Oak Project coalition invites you to join our multigenerational grassroots movement to reimagine, redesign, and transform long-term services and supports in America so that each person can thrive.

Please stand with us and ask government leaders to think bigger and bolder to fund innovative solutions within our communities.

Helen Abel	Joan Carlson	Karen Feinstein
Margaret Anderson	Kryie S. Carpenter	Diane Findley
Casey Acklin	Jennifer Carson	Nancy Fox
Joe Angelelli	Hope Carwile	Mary Fridley
Ashton Applewhite	Walter Coffey	Terry Fulmer
Barry Barkan	Raines Cohen	Rick Gamache
Sonya Barsness	Al Condeluci	Gary Gibson
Anne Basting	Ann Marie Cook	Jeni Gipson
Jill Battalen	Mikko Cook	Robyn Golden
Alice Bonner	Penny Cook	Julie Gray
Carmen Bowman	Mel Coppola	Celeste Greene
Charlene Boyd	Jennifer Craft Morgan	Demi Haffenreffer
KaraLe Causey	Evy Cugelman	Megan Hannan
Cathie Brady	Joan Devine	Paula Havird
Chris Bravo	Diane Dixon	Diane Heliker
Melora Brooks Jackson	Amy Elliot	Denise Hyde
Garth Brokaw	Nancy Emerson-Lombardi	Beth Irtz
Elisabeth Burgess	Jonathan Evans	Lynne Iser
Maggie Calkins	Rose Marie Fagan	Jeff Jerebker

Ruta Kadonoff	Kim McRae	Karen Schoeneman
Carmelita Karhoff	Vicki Mizel	Nancy Schwalm
Betsy Kemeny	Anne Montgomery	Penelope Ann Shaw
Jim Kinsey	Rick Moody	Steve Shields
Keith Knapp	Jay Moskowitz	Sarah Slocum
Pat Kraus	Julie Murawski	John Sorenson
Beverly Kroeger	Karen Nichols	David Sprowl
Dan Kuhn	LaVrene Norton	Irving Stackpole
Jack Kupferman	Michelle Olson	Karen Stobbe
Emi Kiyota	Ric Olson	Brad Stock
Bob Lane	Anna Ortigara	Jodi Sturgeon
Christopher Laxton	KJ Page	Vivian Tellis-Nayak
Cathy Lieblich	Karl Pillemer	Mary Tellis-Nayak
Karen Love	Jackie Pinkowitz	Bill Thomas
Wendy Lustbader	Lori Porter	David Troxel
Richard Machemer	Allen Power	Alice Truluck
Meredith Martin	Liz Prosch	Mike Wasserman
Susan Massad	Joanne Rader	Cindy Webb
Imelda Maurer	Don Redfoot	Paul Winkler
Angie McAllister	Peter Reed	Ann Marie Wyatt
Jeff McCabe	Marianne Raimondo	Dan Young
Nicolette McDermott-Ketchum	Ray Rusin	

Appendix

Continuum of Person-Directed Culture



Developed by Crotty, Rader, and Misiorski, 2005. Adapted by Christian Living Communities, 2021.

[Short YouTube video on A Brief History of Person-Centered Care & Culture Change](#)

[PDF Handout of “A Brief History of Person-Centered Care & Culture Change “](#)

¹ Ageism Amplifies Cost and Prevalence of Health Conditions. Levy, BR., Slade, MD, Chang, ES, Kanno, S, Wang, SY, *The Gerontologist*, Volume 60, Issue 1, February 2020, Pages 174–181, <https://doi.org/10.1093/geront/gny131>

² <https://www.wsj.com/articles/nursing-homes-keep-losing-workers-11629898200>

³ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected>