



From: [Tracy Roman](#)
To: [DH, LTCRegs](#)
Subject: [External] Proposed Changes to Skilled Nursing Facility Hours per Patient Day
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Lori Gutierrez, Deputy Director, Office of Policy,

On July 31, the Department of Health (DOH) published in the Pennsylvania Bulletin a portion of its proposal to update nursing facility regulations.

The proposed regulations seek to require nursing homes to increase the requirements for staff from 2.7 Nursing Hours Per Patient Day (NHPPD) to 4.1 NHPPD on each shift.

Please understand that each nursing home has unique qualities such as acuity of residents, training, competency and tenure of staff, and building characteristics and patient hours are adjusted daily by administration and clinical leadership to best meet the needs of our residents. I would kindly ask that the state consider using the federal government's approach to allowing the facility assessment and resident care plans to determine appropriate staffing instead of 4.1 NHPPD, which does not necessarily equate to quality care.

Even before the COVID pandemic, it was a challenge to recruit and retain talented, caring staff. We are finding it difficult to compete with unemployment benefits, child tax credits, and high paying warehouse jobs at the present time. We are now in a major Staffing Crisis, the worst in my 21 years in the industry. I am honestly not sure how we would be able to hire enough staff to meet this requirement, should it become effective. I am also very concerned about the uncertain timing of when the regulation would be effective and am not sure there would be any time given to us to attempt to ramp up staffing. The proposed regulations state that the 4.1 NHPPD will become effective on the date of publication as final. There is no way to know when this might occur but publication is always on a Saturday. Please keep in mind that nurses and nurse aides are not the only staff that provide care to nursing home residents. Therapists, community life staff, and others provide care and services that add to the overall wellbeing of residents. The Centers for Medicare and Medicaid Services (CMS) even recognizes this in their definition of direct care staff.

My organization has 4 skilled nursing facilities, all of which rely heavily on Medicaid funds to pay for the cost of care. Nursing facilities are already significantly underfunded and have not seen a Medical Assistance (MA) rate increase in 7 years. While DHS has made some projections of costs, there is no guarantee that these funds will be included in the budget or that increased payments will be made to Nursing facilities by the Community HealthChoices Managed Care Organizations. Additionally, there is no recognition that you may need to raise private pay rates hence increasing the numbers of individuals that spend down assets thus increasing the MA rolls. We can't hire staff without the funding to do so.

Many nursing facilities have been closing beds, selling to out-of-state providers with track records of

providing bad care, or closing buildings. Providers that are not able to staff at 4.1 may be less likely to serve residents who are difficult to care for and who may back up in hospitals. We are currently limiting admissions because of staffing issues, and I am not sure where these people will go. Please reach out to me if you would like any additional information regarding the negative impact this proposal could have on my organization. We would welcome the opportunity to share information and kindly request the consideration of the comments I have provided.

Respectfully Submitted,

Tracy Roman

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