



August 17, 2021

Lori Gutierrez  
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Deputy Director Gutierrez,

I am writing to you in response to the proposed regulatory changes for Long-Term Care Nursing Facilities in the Commonwealth. To say that this announcement was poorly timed and poorly executed would be an understatement. The past 18 months have been full of trials, tribulations and heartache for skilled nursing facilities across the entire country. While the support of the Department of Health has been touted by some, I can remember early group calls in which members of the Department told us that PPE and support was being heavily allocated to hospitals rather than SNFs because the hospitals were thought to be the "front lines" of the pandemic. We were left without supplies during the most vulnerable times and support was not readily available.

During the past year, nursing homes have been chastised for our COVID-19 response and outcomes. Our team members have remained dedicated but are growing weary and tired, with no current end in sight. What is being done at the State level for those who continue to show up every day? Recruitment and retention of employees was difficult prior to the pandemic. Direct-care staff have been leaving the sector because while personally rewarding, the work is hard and often thankless. Recruitment has become almost impossible since the beginning of the pandemic and there is no applicant pool. How are we to get to the "required" 4.1 PPD without people? The proposed changes to staffing do not address a phased roll-out or allowance for providers to work toward the 4.1 goal. How can this be? With points made above in this paragraph, it seems rather evident that such a significant change would take much time to achieve. What kind of incentive could Pennsylvania offer to those who chose to enter skilled nursing to care for those who have given so much to us? There should be a focus on education of caregivers at the State level: grants, loan forgiveness, and easier accessibility to training.

Thankfully, I work for a non-profit CCRC organization that truly cares about the population we serve, an organization that budgets for a PPD that is significantly higher than the 2.7 currently required. However, we haven't been able to reach our budgeted PPD in over a year! We'd love

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to staff at 4.1, but how? Is there any consideration for adding other individuals to the calculation of PPD who do provide hands-on care such as Occupational, Physical or Speech therapists (or assistants)? The jobs they do and the care they provide is vital to the well-being of our residents and should not be discounted.

It is stated in the proposed rulemaking document that the goal is to improve the quality of care and life to those living in long-term care nursing facilities. I think this is a wonderful goal, but cannot be completed without significant support of the Department or without increased funding, especially as Medicaid populations continue to grow. I think it is in poor taste that the published document states on page 20 "DHS does not have sufficient data to determine who will bear the burden of the remaining costs not covered by MA, for the MA facilities, but believes that at least some of this amount will have to be borne by the regulated community." What does this mean? How can any mandate be enacted without understanding the full fiscal impact and deficits between reimbursement and services rendered? What will happen if facilities are unable to meet this mandate and as a result are forced to close? Where will the residents receive their care?

Finally, the studies included in the proposed rulemaking document do not satisfactorily conclude that increasing to 4.1 PPD would lead to the desired outcomes. It is even noted that CMS did not recommend this staffing level with their 2016 regulatory updates citing insufficient information. So, what evidence does the Pennsylvania Department of Health have to support such a mandate? It would seem that there needs to be additional time and effort put forth to research this topic prior to enacting such a mandate.

Sincerely,



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Vice President of Clinical Care & Quality

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