



From: [Bernardo, Jim](#)
To: [DH, LTCRegs](#)
Subject: [External] Proposed NF Staffing Minimums
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Lori Gutierrez, Deputy Director Office of Policy
625 Forster Street, Room 814
Health and Welfare Building
Harrisburg, PA 17120

Dear Ms. Gutierrez,

I am writing to express significant concern regarding the proposed regulatory changes from the Department of Health as they pertain to skilled nursing facilities.

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. • **A particular NHPPD does not equal quality.** Each nursing home has unique qualities such as acuity of residents, training, competency and tenure of staff, and characteristics of the building. The federal government's approach to allowing the facility assessment and resident care plans should be what PA follows in order to determine appropriate staffing instead of 4.1 NHPPD, which does not necessarily equate to quality care.

Does DOH not understand the realities of the current, and perhaps worst, staffing crisis of our time.

- Consider sharing difficulties that you have finding staff. Further the requirement of a 4.1 NHPPD may stifle innovation. The federal government chose not to mandate a minimum staffing hour PPD. One of the reasons given was that they did not want to stifle innovation.

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. Nursing Facilities (NFs) cannot plan to increase staffing without notice and time to ramp up. And I recommend that DOH gives at least one year from publication of the final regulations to comply with any increase in staffing minimums in order to give nursing homes time to try to meet any new staffing mandate.

Nurses and nurse aides are not the only staff that provide care to nursing home residents. Therapists, life enrichment staff, and others provide care and services that add to the overall wellbeing of residents. The Centers for Medicare and Medicaid Services even recognizes this in their definition of direct care staff. We ask that DOH modify their proposal to include other staff that provide care and services to residents in the calculation of the 4.1 staffing proposal.

NFs are already significantly underfunded and have not seen a Medical Assistance (MA) rate increase in seven 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 NFs by the Community Health Choices Managed Care Organizations. Additionally, we will need to raise private

pay rates hence increasing the numbers of individuals that spend down assets thus increasing the MA rolls. Are you aware that this proposal will have any effect on private citizens? While we as an organization have been fully committed to providing the highest possible quality of care, these regulations are an over simplistic remedy to address quality issues in communities that currently do not meet the needs of their residents.

These regulations are in significant need of modification.

James F. Bernardo
President and Chief Executive Officer

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