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**To:** [DH, LTCRegs](#)  
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I am writing to comment on the PA Department of Health's Proposed Nursing Facility Regulations that require nursing homes to increase the requirements for staff from 2.7 Nursing Hours Per Resident Day (NHPRD) to 4.1 NHPRD. We have always staffed well above 2.7 NHPRD and believe 4.1 NHPRD is a laudable baseline; however, there are two very significant issues that make such a requirement difficult or impossible to achieve:

- PA has not provided an increase to Medical Assistance Rates for seven (7) years. The gap between what PA pays and the true cost of care has widened significantly in the last seven years making the business model for skilled nursing unsustainable. As a facility that provides high quality of care, the gap between our true cost and what we receive from Medical Assistance is \$200/day/Medical Assistance resident. (The increased costs associated with COVID-19 have made the situation even worse.)
- DOH does not appear to understand or care about the realities of what is likely the worst staffing crisis to ever hit skilled nursing facilities. Despite our implementation of significant wage increases, it remains a struggle to recruit nursing staff.

Private pay resident rates make up the shortfall in Medical Assistance rates. If this regulation is passed without increased Medical Assistance Rates, private pay resident rates will need to increase even further. This will result in two significant outcomes: (1) more persons becoming financially disqualified from admission, and (2) an increased spend down of resources with more people needing to go on Medical Assistance.

Finally, nurses and nurse aides are not the only staff who provide care to nursing home residents. Therapists, life enrichment staff, and others provide care and services that add to the overall wellbeing of residents. CMS even recognizes this in their definition of direct care staff. The implementation of increasing the NHPRD must include a redefinition of the staff who can be used in the calculation.

In summary, the 4.1 NHPRD is consistent with the goal of quality care, but it cannot be mandated without a corresponding increase in Medical Assistance rates to

cover the additional staffing expense, and a redefinition of the staff who can be used in the calculation. Without additional funding and a change in how the NHPRD is calculated, many skilled nursing facilities will join the other facilities who have already closed their doors. This will lead to a shortage of skilled nursing beds in PA and a crisis in the ability to care for the increasing number of seniors in PA.

Sent from my iPhone