

From: [Greg Fulmer](#)
To: [DH, LTCRegs](#)
Subject: [External] PA Department of Health's Proposed Nursing Facility Regulations / Comment Submission
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Dear Ms. Gutierrez,

I am the Vice President of Finance of a Continuing Care Retirement Community that has provided high quality care since 1903. Our Skilled Nursing Facility (SNF) provides very high quality care to our residents, as demonstrated by the fact that it consistently maintains an overall Five-Star rating from the Centers for Medicare and Medicaid Services (CMS).

I am writing to comment on the PA Department of Health's Proposed Nursing Facility Regulations, which requires nursing homes to increase the requirements for staff from 2.7 Nursing Hours Per Resident Day (NHPRD) to 4.1 NHPRD.

Our SNF has always staffed well above 2.7 NHPRD and the 4.1 NHPRD is certainly a commendable baseline. That said, there are two four significant issues that make such a requirement difficult or impossible to achieve:

1. 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.
 - Our SNF's gap between our true cost and what we receive from Medical Assistance is about \$200/day/Medical Assistance resident.
 - The increased costs associated with COVID-19 have made the situation even worse.
2. Current staffing situation
 - As you may know, SNF's are experiencing their worst staffing crisis in history
 - Despite our facilities implementation of significant wage increases, it remains a struggle to recruit nursing staff.
3. 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:
 - More persons becoming financially disqualified from admission; and
 - An increased spend down of resources with more people needing to go on Medical Assistance.
4. The implementation of increasing the NHPRD must include a redefinition of the staff who can be used in the calculation:
 - Nurses and nurse aides are not the only staff who provide care to nursing home

residents.

- o 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.

In summary: the 4.1 NHPRD is consistent with the goal of quality care; however, 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.

Thank you for the opportunity to submit these comments to the proposed regulation.

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