



From: [Tracy Klein](#)
To: [DH, LTCRegs](#)
Subject: [External] 4.1 NHPPD concerns
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To Whom It May Concern:

The Department of Health does not seem to understand the realities of the current, and perhaps worst, staffing crisis of our time. Facilities are willing to hire but are having difficulties finding applicants. Some facilities have multiple positions posted to fill nursing assistant, LPN, and RN roles but have no applicants for the positions. If you are lucky enough to find an applicant – half the time they do not show up for an interview. If facilities are having trouble staying in accordance with the current NHPPD, how are facilities supposed to nearly double PPD with the current staffing crisis? Also, the uncertain timing of when the regulation will be effective and no time to ramp up is not an effective process. Nursing Facilities (NFs) cannot plan to increase staffing without notice and time to prepare. A recommendation is that the DOH give 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.

Please consider that 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 (CMS) even recognizes this in their definition of direct care staff. Would the DOH consider modifying their proposal to include other staff that provide care and services to residents in the calculation of the 4.1 staffing proposal?

MA facilities – 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 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. There are many concerns regarding the cost of this proposal, including that even if the Department of Human Services (DHS) includes the average salary cost, they are missing the costs to recruit and the cost of benefits.

Has the DOH considered further deterioration of access to quality care? NFs 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.

Thank you for your consideration of these comments regarding the first package of Pennsylvania Department of Health (DOH) proposed regulatory changes.

Tracy Klein

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