



1300 Bower Hill Road • Pittsburgh, PA 15243



August 20, 2021

Lori Gutierrez  
Deputy Director, Office of Policy  
625 Forest Street, Room 814  
Health and Welfare Building  
Harrisburg, PA. 17120

Dear Ms. Gutierrez,

I am writing to express a deep concern over the proposed staffing changes to Pennsylvania Skilled Nursing facilities from the current minimum staffing requirements of 2.7 nursing hours per patient day to 4.1 hours per day. I have worked in long-term care since 1990 and have been a licensed nursing home administrator since 2010. Over that time I have witnessed many changes in the care delivery systems that have greatly benefited the people we serve. Unfortunately this proposed change will do the exact opposite. Please allow me to elaborate below.

As you are aware a particular number of hours per patient day will not necessarily equate to better quality. Every nursing home is very unique in acuity, facility layout, training capabilities and seniority of staff members. The federal government recognizes this and allows facility assessments and care plans to dictate the appropriate staffing levels rather than an arbitrary NHPPD. The Administrators and Directors of Nursing are well equipped to determine the NHPPD that are needed to provide great care to their residents and patients based on the above facility characteristics. There are also many other staff members in a SNF that assist in providing some level of care, such as a speech therapist, that are not currently included in the calculation for PPD.

Additionally, as I am sure you are aware, there is a dramatic staffing crisis not only in health care but in virtually every industry in the country. Companies can not find truck drivers, dock workers, skilled tradesmen, and the list goes on and on. We have raised wages multiple times over the last 2 years along with looking at creative staffing models. In the last year we have partnered with our local community college, provided them a substantial donation to help them start an LPN program and to grow their RN program. We continue to offer those who want to make a career in healthcare fully paid tuition, including books and material, and we still are having a difficult time attracting staff. We are currently looking at providing a car to individuals. All of this plus significant sign on bonuses and "stay" bonuses to keep qualified caregivers from leaving the field. Many organizations cannot afford to provide any of these incentives (I'll get into that conversation in a moment). Imagine the plight they will face with this change. We only have to look at Charles Morris that was forced to close due to staffing and reimbursement challenges. This has led to a decrease in access to care. Sadly we are contacted routinely by organizations that are in jeopardy of closing if they do not get a sponsor. This decline in of the number organizations that can continue to operate will exponentially increase with this change and further limit that access to care for a very vulnerable sector of society.

#### VISION STATEMENT

Serving the Triune God by providing for the needs of His people.

#### MISSION STATEMENT

To serve our aging community with the highest quality of services through a continuum of caregiving options provided in a Christian environment, and to serve those with limited funds to the best of our ability.

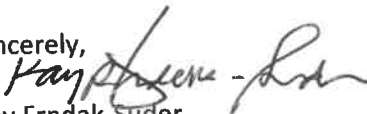
An increase in the requirement of PPD will inevitably stifle innovation. For example, we have found that having a music therapist in our communities has greatly and positively impacted our residents. Particularly those suffering from dementia related issues. There are a number of communities that are looking at these type of programs for the population they serve. An increase in the requirement will force those programs to be eliminated. We see this in all sectors of the country and not just health care. When either unfunded mandates or increased staffing requirements are imposed all businesses must make decisions on how they utilize resources.

Back to cost of recruiting and retaining great quality staff. Currently we have had a freeze in Medicaid reimbursement for many years. The new Medicare PDPM system continues to evolve with the understanding that CMS will be finding a way to reduce reimbursement to SNF's. When you couple that with the HMO world where they are incentivized to deny access to care and reduce payments to facilities the likelihood of more home closures is imminent. For the private pay individuals, organizations will have to increase rates to a point that even those with funds will have limited access to care.

When you review all the negative consequences to this proposed change along with the concern for potential increased fines by both the state and federal governments, the fact that it appears this regulation will be released in 5 separate parts ( or the other parts may never be released) leads to a definite lack of clarity for both providers and consumers. The proposed regulation may also violate state law as it references federal guidance or interpretation. These guidance's could change at any time without notice – we have seen that many times through Covid- This raises concerns from a due process and procedural perspective.

I would welcome the opportunity to further discuss this critical situation. Please feel free to respond to this email or contact me directly at 412-278-1300 ext 1306.

Sincerely,

  
Kay Frndak-Suder  
Executive Director