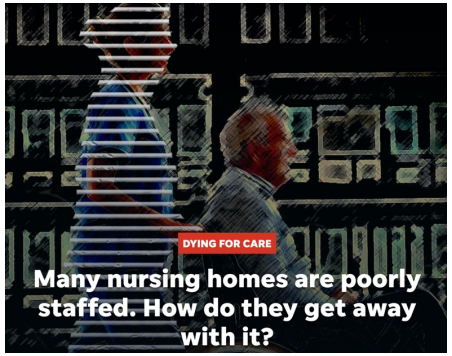
Essential Insights on Nursing Home Staffing and the Proposed Federal Standard



Presented by

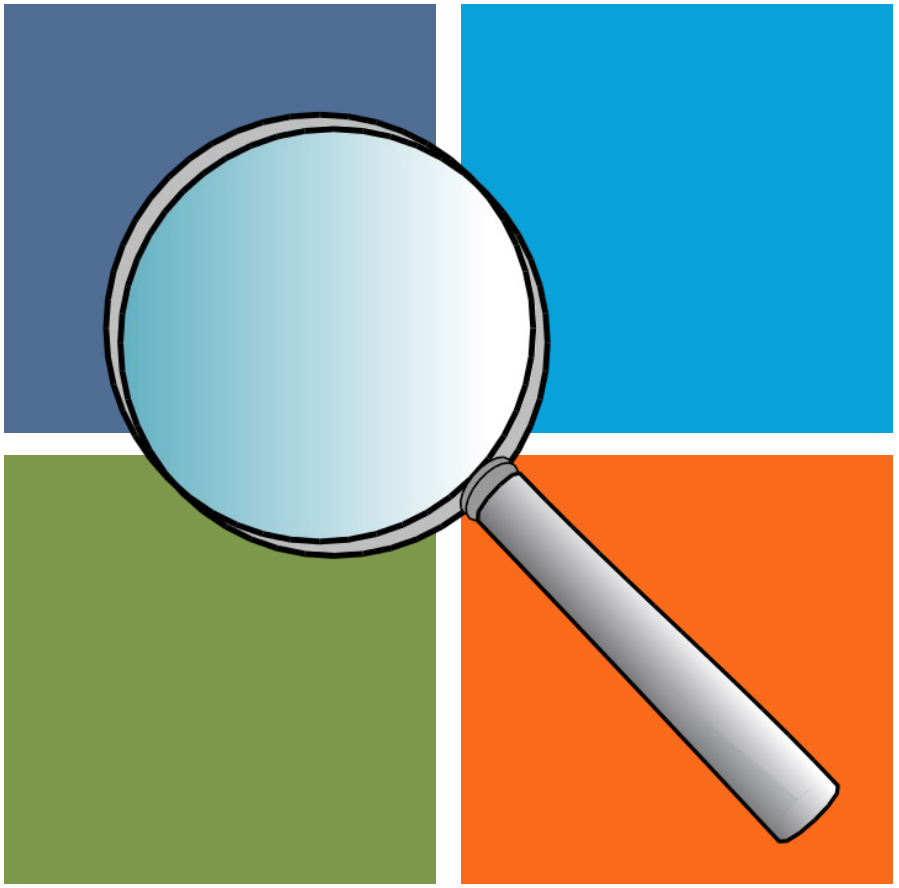
Center for Medicare Advocacy, Long Term Care Community Coalition, and National Consumer Voice for Quality Long-Term Care

in cooperation with

The Congressional 21st Century Long-Term Care Caucus

Outline of today's discussion

- The nursing home crisis: Where we are & how we got here
- "Staffing Matters," an analysis of federal data regarding nursing home staffing levels & how it impacts outcomes for residents
- The failure of existing rules and enforcement to protect residents and ensure the appropriate use of public funds
- **Expert insights on the proposed federal staffing standard & underlying study**
- The resident's voice & perspective
- Finding critical information on staffing & quality for nursing homes in your district and state
- Separating fact from fiction: Safe staffing *is* practicable



The Nursing Home Crisis: Where We Are & How We Got Here

Presented by Richard Mollot
Long Term Care Community Coalition

www.nursinghome411.org

The Nursing Home Reform Law

- The law passed in 1987.
- ***Every*** nursing home that participates in Medicaid/Medicare agrees to meet or exceed the standards laid out in the Reform Law and its implementing regulations.

- Participation in Medicaid/Medicare is voluntary. Nursing homes that do not wish to meet these standards are free to run private facilities.

The Nursing Home Reform Law

- The federal law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain their highest practicable physical, emotional, & psycho-social well-being.
- The law emphasizes individualized, patient-centered care.
- Importantly, the law lays out specific resident rights, from good care and monitoring to a quality of life that maximizes choice, dignity, & autonomy.
- "Effective" infection control and sufficient staffing have been required since the beginning.

The Nursing Home Reform Law

Question: If the law and standards are so strong, why are so many nursing homes unsafe & demeaning places to live and work?

Answer: Laws and standards can only make a difference if they are enforced.

The Problem(s)

Federal data, our studies, and countless OIG and GAO reports indicate that these baseline tenets are largely unrealized.

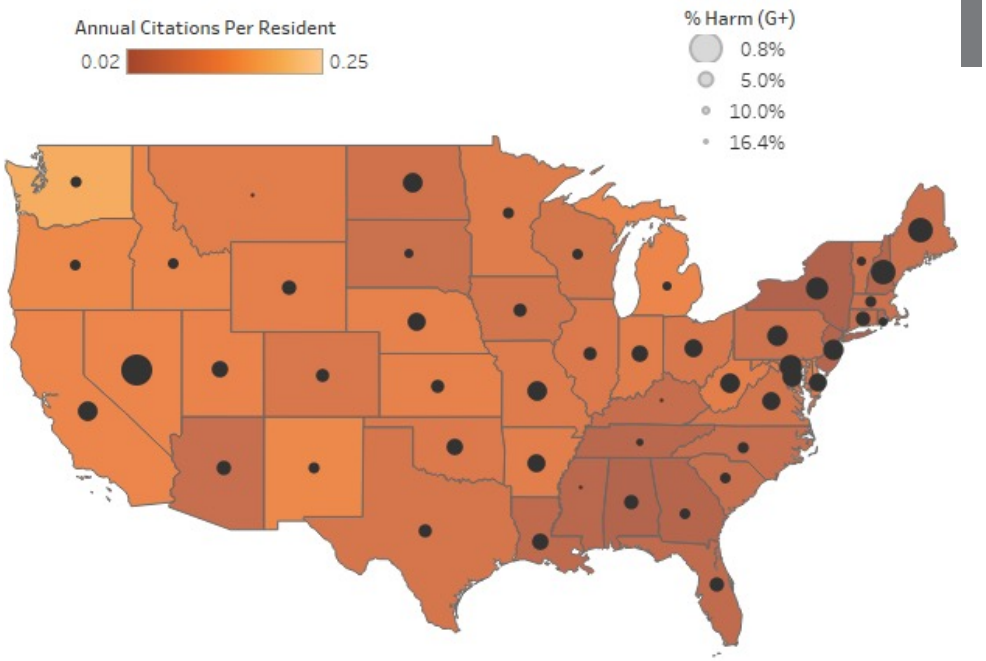
LTCCC's 2021 Study

To what extent are **requirements for nursing homes – and the state agencies responsible for overseeing them – being realized** in the lives of nursing home residents?

Summary of findings

- **Severity**
  - **Harm (G or above) citations are rare.** Of the 290,000 citations, 5.0% were categorized as Harm. 1.8% were categorized as Immediate Jeopardy (J or above).

- **Citations by Category**
  - Infection Prevention & Control (F880) citations accounted for 7.8% of all deficiencies.
  - Antipsychotics (F758), Pressure Ulcers (F686), and Resident Rights (F550) each accounted for roughly 2%.
  - Sufficient Staffing (F725) accounted for 1%.
  - Quality of Life (F675) accounted for 0.1%.



Darker → lower citation rate.
Larger circles → lower % of Harm citations.

To download the Guide or Report, go to

https://nursinghome411.org/survey-enforcement.

The National CONSUMER VOICE for Quality Long-Term Care

Staffing Matters!

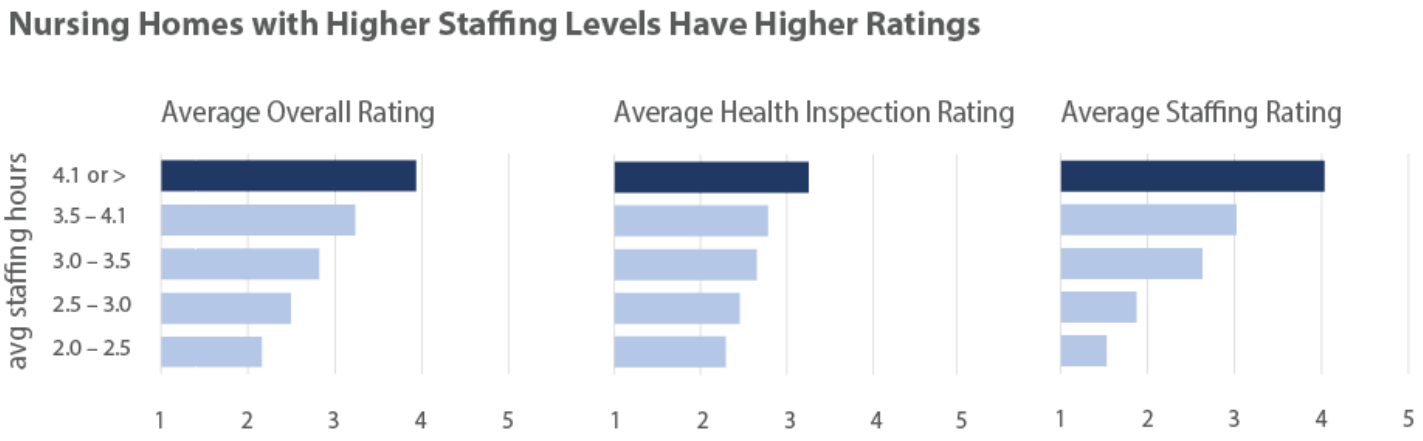
Sam Brooks

September 14, 2023

Nursing Homes with Higher Staffing Levels Perform Better on Measures of Quality

- CMS's Nursing Home Care Compare website ranks homes based on their performance in a variety of measures
  - Health Inspection Rating: Based on state agencies survey and complaint investigations
  - Staffing Rating: Based on payroll data submitted by nursing homes to CMS
  - Overall Rating: Combination of all measures together
- Also tags facilities cited for abuse
- Nursing homes with higher staffing perform better on Care Compare measures

Higher Staffing Means Better Care



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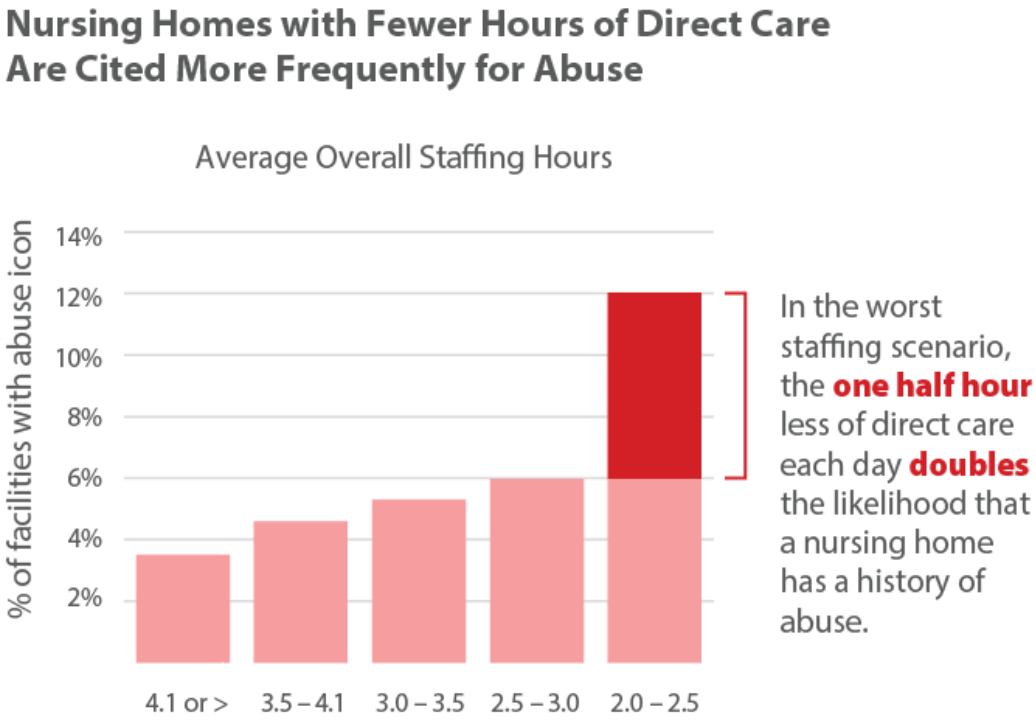
Homes with Less Staffing Have Higher Rates of Resident Abuse



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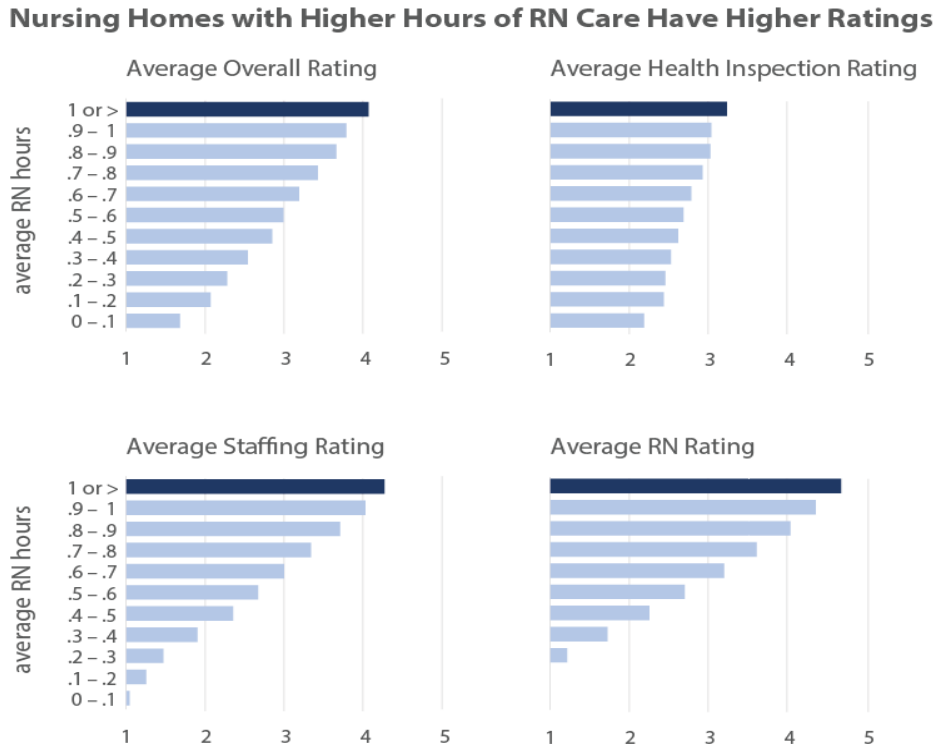
Registered Nurses Play Critical Role



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Inadequate Staffing During the Height of the COVID-19 Pandemic

- Although understaffing has been a chronic problem in nursing homes for decades, COVID-19 demonstrated the devastating consequences of inadequate staffing
- Over 200,000 residents and workers died from COVID-19
- Countless others suffered and died from neglect
- When facilities locked down, families were locked out and care suffered
- Adequate staffing is necessary to prevent a recurrence of the COVID-19 catastrophe

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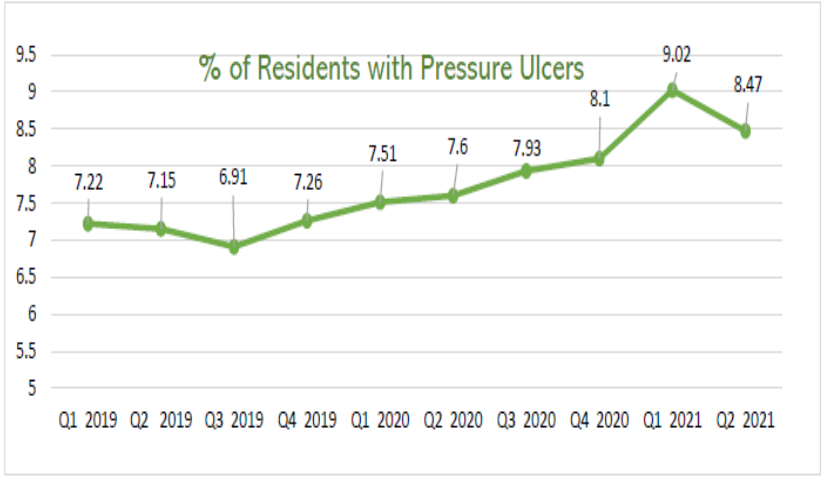
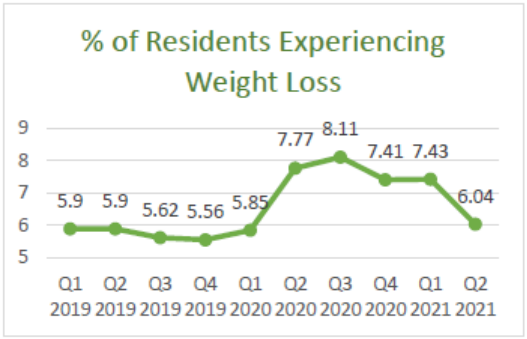
Inadequate Staffing and Resident Suffering During the Pandemic

During the pandemic, the number of residents experiencing pressure ulcers rose 31%





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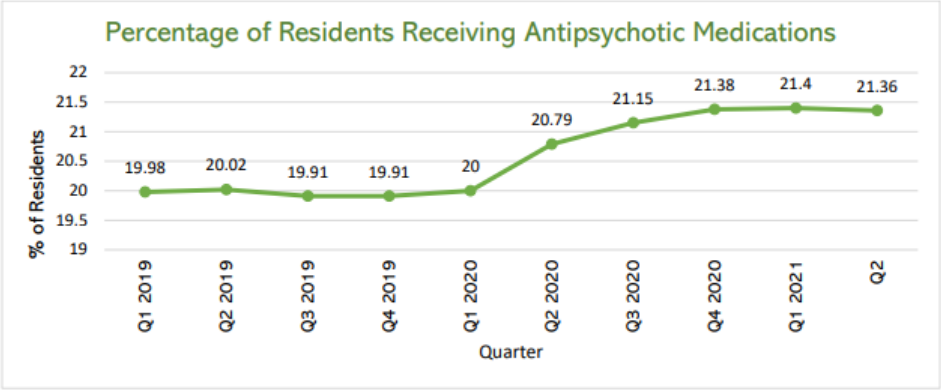

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Enforcement of nurse staffing ratios

- CMS proposes enforcing nurse staffing ratios through existing survey and enforcement system (p. 61365)
  - Advocates' concern: survey and enforcement system is overly tolerant of poor care and, except in unusual situations, does not impose financial penalties for 95% of deficiencies (only deficiencies called harm or immediate jeopardy typically have penalties)

Advocates' proposal

- States and CMS should
  - review staffing data submitted quarterly by facilities through Payroll-Based Journal (PBJ) and
    - immediately impose financial penalties for noncompliance (as CMS did for facilities' failure to submit COVID data)
    - impose denial of payment for new admissions for facilities not meeting staffing standards

Cms rationale for using survey

- CMS does not want facilities to think meeting the staffing ratio means facility is in compliance (facility still needs to have “sufficient” staff)
  - CMS doesn’t want staffing floor to become ceiling

So what?

- Advocates want states and CMS to address understaffing as quickly as possible
- If facility does not meet staffing ratios (RN and aide hours), it is automatically violating the rule, so CMS should cite and enforce those numerical requirements
- CMS can also cite additional deficiency for "sufficient staff," as appropriate

Two additional points

- No preemption of higher state or local staffing standards (p.61373)
  - Opportunity for state/local advocacy
- CMS writes that it will continue to examine staffing thresholds and could revisit the issues (p. 61353)
  - Commenters should request review of thresholds at a designated date

Center for Medicare Advocacy

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Questions & Discussion

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CMS Proposed Minimum Nurse Staffing Regulations

Charlene Harrington, Professor Emerita
University of California San Francisco

September, 2023

CMS Proposed Minimum Staffing Regulations Are Extremely Low

- CMS proposes 24-hour per day RN coverage instead of 8 hours -- recommended by nurses & advocates for 20 years
- Total nursing proposal is 3.0 total nursing hours per resident day (hprd) instead of 4.1 nursing hprd
  - 0.55 RN hprd - lower than current NH average of .67 hprd
  - No Licensed Practical Nurse (LPN) minimum
  - 2.45 Nursing Assistant (NA) hprd – slightly higher than current NH average of 2.22 NA hprd
- **CMS ignored 20 years of research, expert recommendations, and Abt simulation models**

Simulation Study for Nursing Assistants in 2016 – Gold Standard

- NA staffing study shows the care needed to carry out Activities Daily Living to reduce care omissions below 10%
  - 2.8 hours/resident/day for a low workload (low acuity)
    - 1 NA for 7 residents day and evening shifts
  - 3.6 hours per resident day for a high workload (high acuity)
    - 1 NA for 5 residents day and evening shifts
- Confirmed 2001 Simulation that 2.8 nursing assistant hprd are needed to provide basic care for residents

Schnelle, J.F., Schroyer, L.D., Saraf, A.A., and Simmons, S.F. (2016). Determining nurse aide staffing requirements to provide care based on resident workload: A discrete event simulation model. *J. American Medical Directors Association*. 17:970-977.

Appropriate Nurse Staffing Levels for U.S. Nursing Homes -2020

- Experts recommend staffing levels based on time studies and simulation models

	RN hprd	LPN hprd	CNA hprd	Total hprd
Extensive care	1.85	1.36	3.60	6.81
Special care	1.36	.84	3.40	5.61
Clinically complex	1.03	.67	3.20	4.90
Behavioral	.75	.55	3.00	4.30
Reduced physical functioning	.75	.56	3.20	4.51

- Harrington, C. et al Appropriate nurse staffing levels for US nursing homes. *Health Services Insights.* 2020: 13:1-14.

Abt NH Study Examined Only 4 Nurse Staffing Scenarios – excluded high staffing options

Exhibit 4.10 Scenarios (In Deciles)

Minimum Required Staffing Level (in HPRD)

	RNs	LPNs	Nurse Aides	Licensed (RN/LPN)	Total Nursing
Low/4th	0.45	0.7	2.15	1.15	3.30
Medium/5th	0.52	0.71	2.25	1.23	3.48
Higher/6th	0.60	0.72	2.35	1.32	3.67
Highest/7th	0.70	0.73	2.45	1.43	3.88
Excluded					
8th	0.82	1.04	2.44	1.84	4.24
9th	1.00	1.14	2.62	2.14	4.76
10th	1.28	1.3	2.93	2.58	5.51

CMS Proposed Staffing Regulations Ignored the Abt Simulation Model

- Abt conducted a limited simulation model for licensed nurses (RNs and LPNs). The model only estimated 5 tasks out of dozens of tasks and did not estimate the interruptions of care caused by urgent problems and emergencies
- CMS's limited simulation estimated at least 1.4 to 1.7 licensed (RN and LPN) nursing hours were needed to reduce omitted tasks to less than 5 percent
- **Adding the Schnelle simulation estimates of 2.8 hprd for NAs, the total nurse staffing needed would be 4.2 to 5.3 hprd**

CMS Proposed Staffing Regulations Fail to Set Licensed Nurses and Total Minimum Staffing Level

- RN levels of .55 hprd are not sufficient to meet the care needs of residents
- LPNs (licensed practical nurses) substitute for RNs and are needed to provide medications and treatments
- CMS wrongly assumes that NHs will retain their existing LPNs and will add RNs and NAs to meet the new requirements
  - **NHs will convert LPNs to RNs when needed and are likely to reduce their total LPN staffing and their total nurse staffing**
- CMS cost estimates are inflated by assuming the addition of RNs and NAs rather than the conversion of LPNs to RNs and NAs
- **CMS must set a minimum for licensed nurses to avoid dangerous layoffs of LPNs**

CMS Proposal Offers Waivers and Long Phase in Period

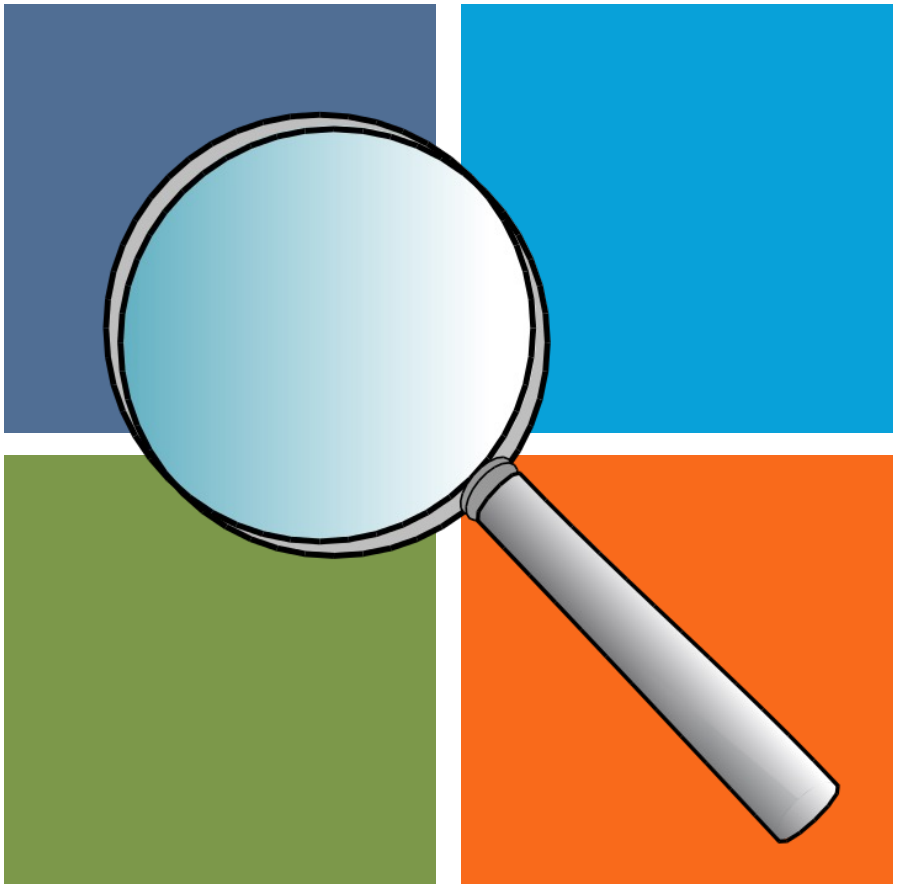
CMS Improperly Allows Staffing Waivers

- If the workforce is unavailable, the NH at least 20 miles from another NH, and NHs are making a good faith effort
- CMS's Rationale Is Faulty
- Shortages are related to heavy workloads and low pay and benefits, where NHs fail to pay the prevailing wages that hospitals & are not higher than competing entry level jobs pay
- Average rural staffing levels are almost the same as urban staffing
- Waivers are difficult to monitor, deflate existing wage and benefits, and jeopardize the health and safety of residents
- CMS 3-5 year phase is unnecessary because most NHs already meet the low standards CMS proposed

Abt and CMS Cost Estimates

- Abt total costs for setting a standard for Total Nursing, Licensed Nursing and RN hours was $1.5 to $5.3 billion (not just for RNs and CNAs)
- **These costs are less than 5% of current the over $100 billion Medicare and Medicaid spends on NHs**
- **Abt and CMS RN costs are over estimated because they assume NHs will maintain all the existing nursing staff and add staff.**
- **However, most NHs will substitute RNs for LPNs (only $9 more per hr) rather than adding new RNs at $44 per hour**
- **NHs do not need additional funding for staffing. NHs often divert money into profits and real estate rather than spending money on resident care**

The Resident's Voice & Perspective



Finding Critical Information on Staffing and Quality for Nursing Homes in Your District and State

Presented by Richard Mollot
Long Term Care Community Coalition

www.nursinghome411.org

LTCCC's state pages

- Use clickable map to find your state
- State pages contain state-specific
  - Staffing
  - Ratings
  - Ombudsman resources
  - And more…

nursinghome411.org/states

Nursing Home Staffing Info – Updated Quarterly

Nursing Home Staffing Q4 2022

Home » Nursing Home Data & Information » Staffing » Nursing Home Staffing Q4 2022

CHECK OUT YOUR STATE'S STAFFING DATA USING OUR INTERACTIVE TABLEAU DASHBOARD.

LTCCC's **Q4 2022 Staffing Report** provides user-friendly files containing data on: **1)** Nurse staff levels (RN, LPN, and CNA, including Admin & DON, NA in Training, Med Aide/Tech.); **2)** Important non-nursing staff levels, including administrators and activities staff; **3)** Contract workers; **4)** Summary staffing data at the state, CMS region, and national levels; **5)** Turnover rates, weekend staffing levels, staffing ratings, and other data. **6)** A staffing alert with our key findings from Q4 2022.

Download US nursing home staffing datasets by clicking the purple buttons below. Files can be modified to isolate locations and identify variables of interest. For example, a file can be filtered and sorted to identify nursing homes in a selected state and/or county with the highest or lowest RN staffing levels.

See table below for state summary data on total nurse staff HPRD (hours per resident day), RN HPRD, and % Contract Staff Hours.

Source: CMS payroll-based journal data.

Q4 2022 Staffing Summary	US Avg. (Previous quarter)
Total Nurse Staff HPRD	3.61 (3.61)
Total Direct Care Staff HPRD	3.35 (3.35)
Total RN HPRD	0.58 (0.59)
RN Care Staff HPRD (excl. Admin/DON)	0.40 (0.40)
% Providers ≥ 4.1 HPRD	25.3% (25.8%)
Total MDS Census (Daily Avg.)	1,176,423 (1,161,069)

Edit

NURSE STAFF | NON-NURSE STAFF | CONTRACT STAFF | SUMMARY DATA | TURNOVER & WEEKENDS | KEY FINDINGS

Show 52 entries Search:

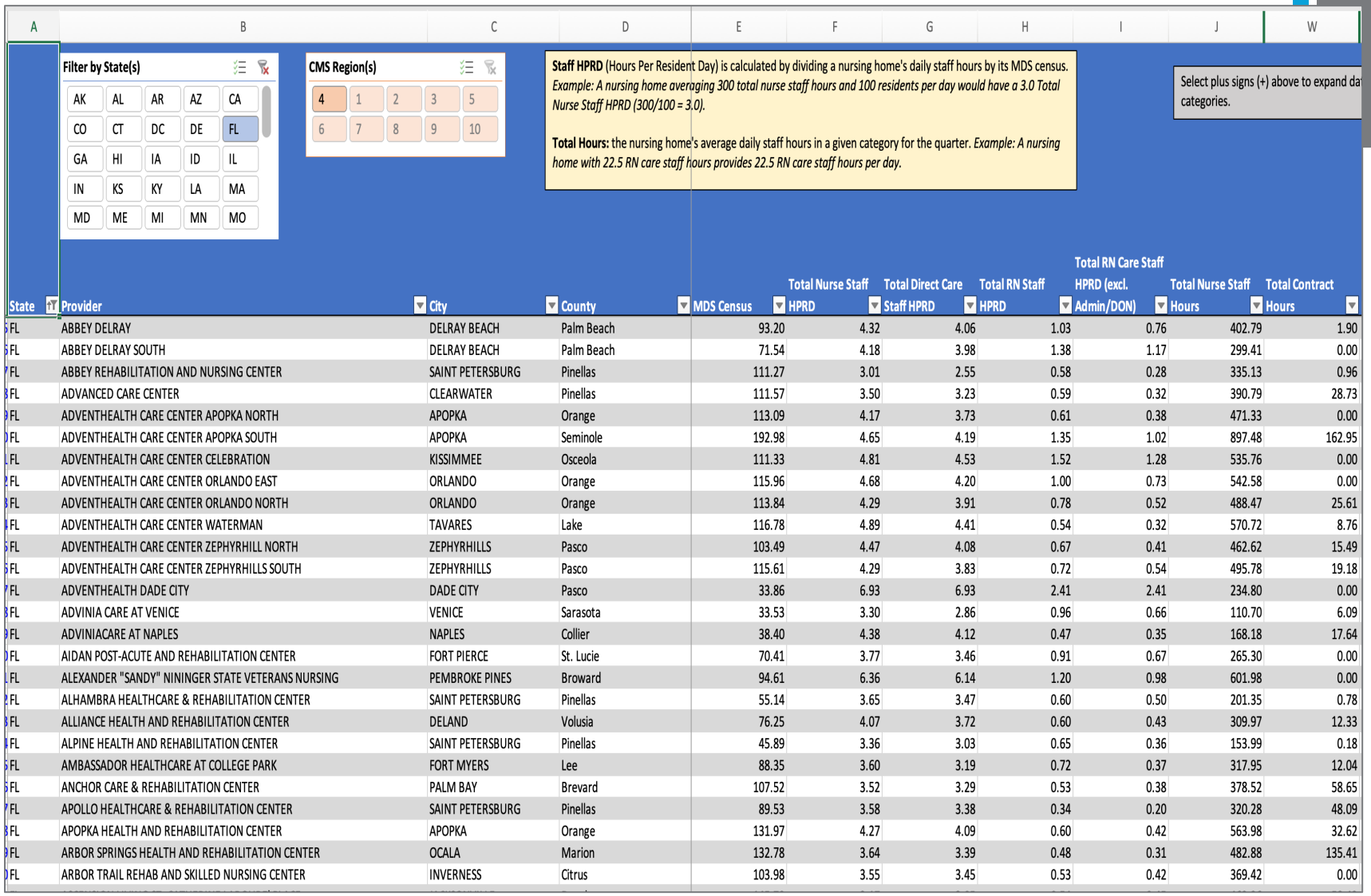
State	Total Census	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	% Providers ≥ 4.1 HPRD	RN Staff HPRD	% Contract
Alaska	631	6	1	100%	1.84	10.60%
Alabama	20,296	3.69	26	32%	0.52	3.40%
Arkansas	15,467	3.87	16	27%	0.35	3.10%
Arizona	10,948	3.93	12	40%	0.64	8.40%
California	94,031	4.13	8	48%	0.5	4.30%
Colorado	14,259	3.55	37	24%	0.76	14.10%
Connecticut	19,653	3.56	36	17%	0.62	6.80%
DC	1,980	4.27	6	81%	1.06	6.00%

Methodology Note

Starting in Q1 2021, LTCCC's reporting of federal staffing data has been modified in two important ways. 1) Highlighting "Total Nurse Staff HPRD," a more expansive metric that includes all PBJ nurse staffing categories; and 2) Expanding "Total Direct Care Staff HPRD" to include Med Aide/Tech and NA TR. Med Aide/Tech and NA TR were not included in previous LTCCC staffing reports.

Read more on methodology ›

Nursing Home Staffing Info – Updated Quarterly



Filter by State(s)

AK	AL	AR	AZ	CA
CO	CT	DC	DE	FL
GA	HI	IA	ID	IL
IN	KS	KY	LA	MA
MD	ME	MI	MN	MO

CMS Region(s)

4	1	2	3	5
6	7	8	9	10

Staff HPRD (Hours Per Resident Day) is calculated by dividing a nursing home's daily staff hours by its MDS census. *Example: A nursing home averaging 300 total nurse staff hours and 100 residents per day would have a 3.0 Total Nurse Staff HPRD (300/100 = 3.0).*

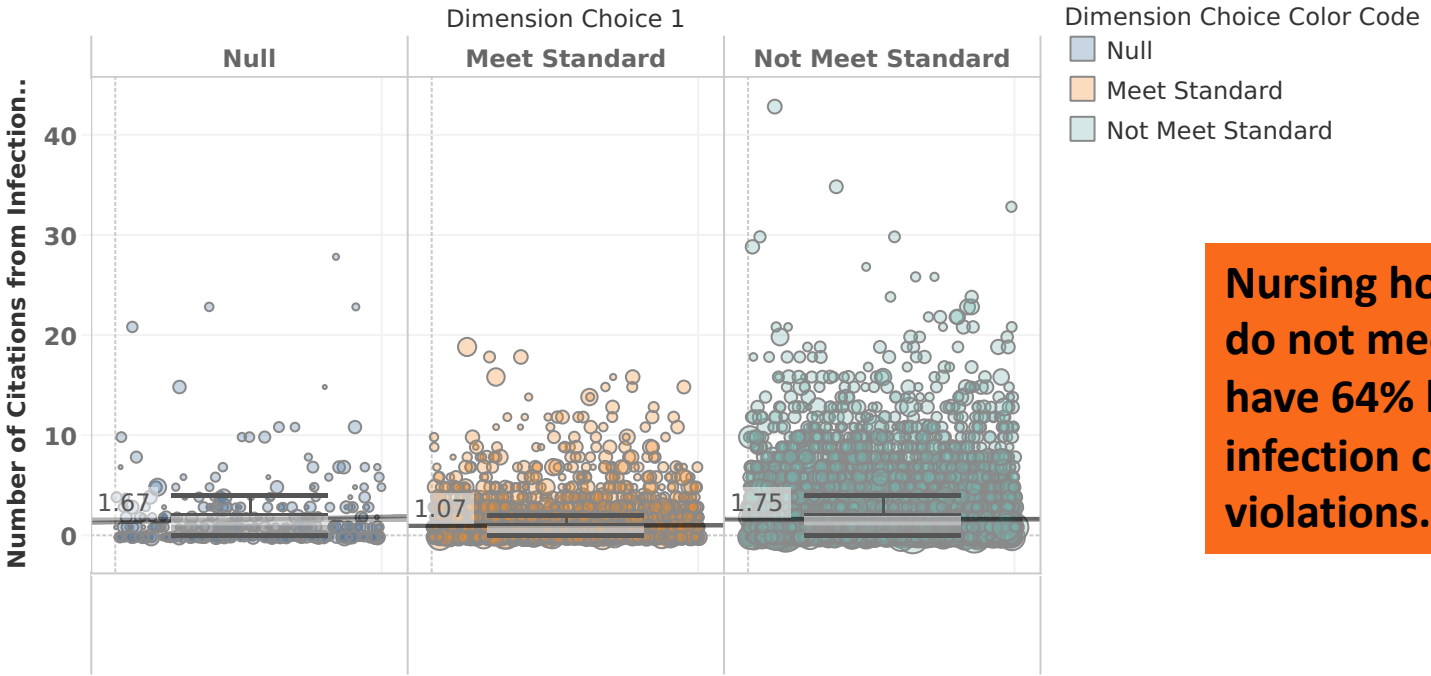
Total Hours: the nursing home's average daily staff hours in a given category for the quarter. *Example: A nursing home with 22.5 RN care staff hours provides 22.5 RN care staff hours per day.*

Select plus signs (+) above to expand da
categories.

State	Provider	City	County	MDS Census	Total Nurse Staff HPRD	Total Direct Care Staff HPRD	Total RN Staff HPRD	Total RN Care Staff HPRD (excl. Admin/DON)	Total Nurse Staff Hours	Total Contract Hours
FL	ABBEY DELRAY	DELRAY BEACH	Palm Beach	93.20	4.32	4.06	1.03	0.76	402.79	1.90
FL	ABBEY DELRAY SOUTH	DELRAY BEACH	Palm Beach	71.54	4.18	3.98	1.38	1.17	299.41	0.00
FL	ABBEY REHABILITATION AND NURSING CENTER	SAINT PETERSBURG	Pinellas	111.27	3.01	2.55	0.58	0.28	335.13	0.96
FL	ADVANCED CARE CENTER	CLEARWATER	Pinellas	111.57	3.50	3.23	0.59	0.32	390.79	28.73
FL	ADVENTHEALTH CARE CENTER APOPKA NORTH	APOPKA	Orange	113.09	4.17	3.73	0.61	0.38	471.33	0.00
FL	ADVENTHEALTH CARE CENTER APOPKA SOUTH	APOPKA	Seminole	192.98	4.65	4.19	1.35	1.02	897.48	162.95
FL	ADVENTHEALTH CARE CENTER CELEBRATION	KISSIMMEE	Osceola	111.33	4.81	4.53	1.52	1.28	535.76	0.00
FL	ADVENTHEALTH CARE CENTER ORLANDO EAST	ORLANDO	Orange	115.96	4.68	4.20	1.00	0.73	542.58	0.00
FL	ADVENTHEALTH CARE CENTER ORLANDO NORTH	ORLANDO	Orange	113.84	4.29	3.91	0.78	0.52	488.47	25.61
FL	ADVENTHEALTH CARE CENTER WATERMAN	TAVARES	Lake	116.78	4.89	4.41	0.54	0.32	570.72	8.76
FL	ADVENTHEALTH CARE CENTER ZEPHYRHILL NORTH	ZEPHYRHILLS	Pasco	103.49	4.47	4.08	0.67	0.41	462.62	15.49
FL	ADVENTHEALTH CARE CENTER ZEPHYRHILLS SOUTH	ZEPHYRHILLS	Pasco	115.61	4.29	3.83	0.72	0.54	495.78	19.18
FL	ADVENTHEALTH DADE CITY	DADE CITY	Pasco	33.86	6.93	6.93	2.41	2.41	234.80	0.00
FL	ADVINIA CARE AT VENICE	VENICE	Sarasota	33.53	3.30	2.86	0.96	0.66	110.70	6.09
FL	ADVINIACARE AT NAPLES	NAPLES	Collier	38.40	4.38	4.12	0.47	0.35	168.18	17.64
FL	AIDAN POST-ACUTE AND REHABILITATION CENTER	FORT PIERCE	St. Lucie	70.41	3.77	3.46	0.91	0.67	265.30	0.00
FL	ALEXANDER "SANDY" NININGER STATE VETERANS NURSING	PEMBROKE PINES	Broward	94.61	6.36	6.14	1.20	0.98	601.98	0.00
FL	ALHAMBRA HEALTHCARE & REHABILITATION CENTER	SAINT PETERSBURG	Pinellas	55.14	3.65	3.47	0.60	0.50	201.35	0.78
FL	ALLIANCE HEALTH AND REHABILITATION CENTER	DELAND	Volusia	76.25	4.07	3.72	0.60	0.43	309.97	12.33
FL	ALPINE HEALTH AND REHABILITATION CENTER	SAINT PETERSBURG	Pinellas	45.89	3.36	3.03	0.65	0.36	153.99	0.18
FL	AMBASSADOR HEALTHCARE AT COLLEGE PARK	FORT MYERS	Lee	88.35	3.60	3.19	0.72	0.37	317.95	12.04
FL	ANCHOR CARE & REHABILITATION CENTER	PALM BAY	Brevard	107.52	3.52	3.29	0.53	0.38	378.52	58.65
FL	APOLLO HEALTHCARE & REHABILITATION CENTER	SAINT PETERSBURG	Pinellas	89.53	3.58	3.38	0.34	0.20	320.28	48.09
FL	APOPKA HEALTH AND REHABILITATION CENTER	APOPKA	Orange	131.97	4.27	4.09	0.60	0.42	563.98	32.62
FL	ARBOR SPRINGS HEALTH AND REHABILITATION CENTER	OCALA	Marion	132.78	3.64	3.39	0.48	0.31	482.88	135.41
FL	ARBOR TRAIL REHAB AND SKILLED NURSING CENTER	INVERNESS	Citrus	103.98	3.55	3.45	0.53	0.42	369.42	0.00

Why is a Good Staffing Standard So Important?

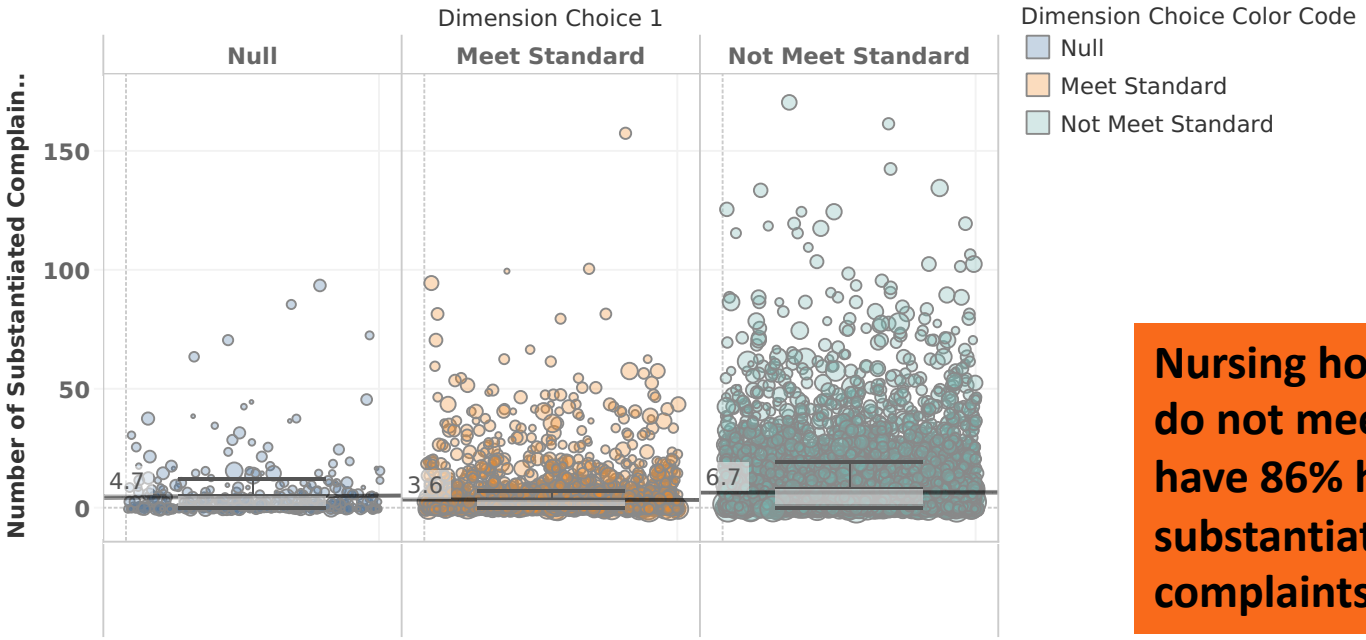
Does Measure *Number of Citations from Infection Control Inspections* (Vertical Scale) with Range: 0.00 to 43.00*, vary by Meet Staff Standard* (Horizontal Scale)?
Color by *Meet Staff Standard* , Desired Staff Hours per Resident per Day: *4.1,* Meet Staffing Standard? *All*
Ownership Type: *All*, HHS Regions: *All*, State/s: *All*



Nursing homes that do not meet 4.1 HPRD have 64% higher infection control violations.

Why is a Good Staffing Standard So Important?

Does Measure *Number of Substantiated Complaints* (Vertical Scale) with Range: 0.0 to 171.0*, vary by Meet Staff Standard* (Horizontal Scale)?
Color by *Meet Staff Standard* , Desired Staff Hours per Resident per Day: *4.1,* Meet Staffing Standard? *All*
Ownership Type: *All*, HHS Regions: *All*, State/s: *All*



Nursing homes that do not meet 4.1 HPRD have 86% higher substantiated complaints.

Congressional District Level Data, Nursing Home Star Ratings – Massachusetts

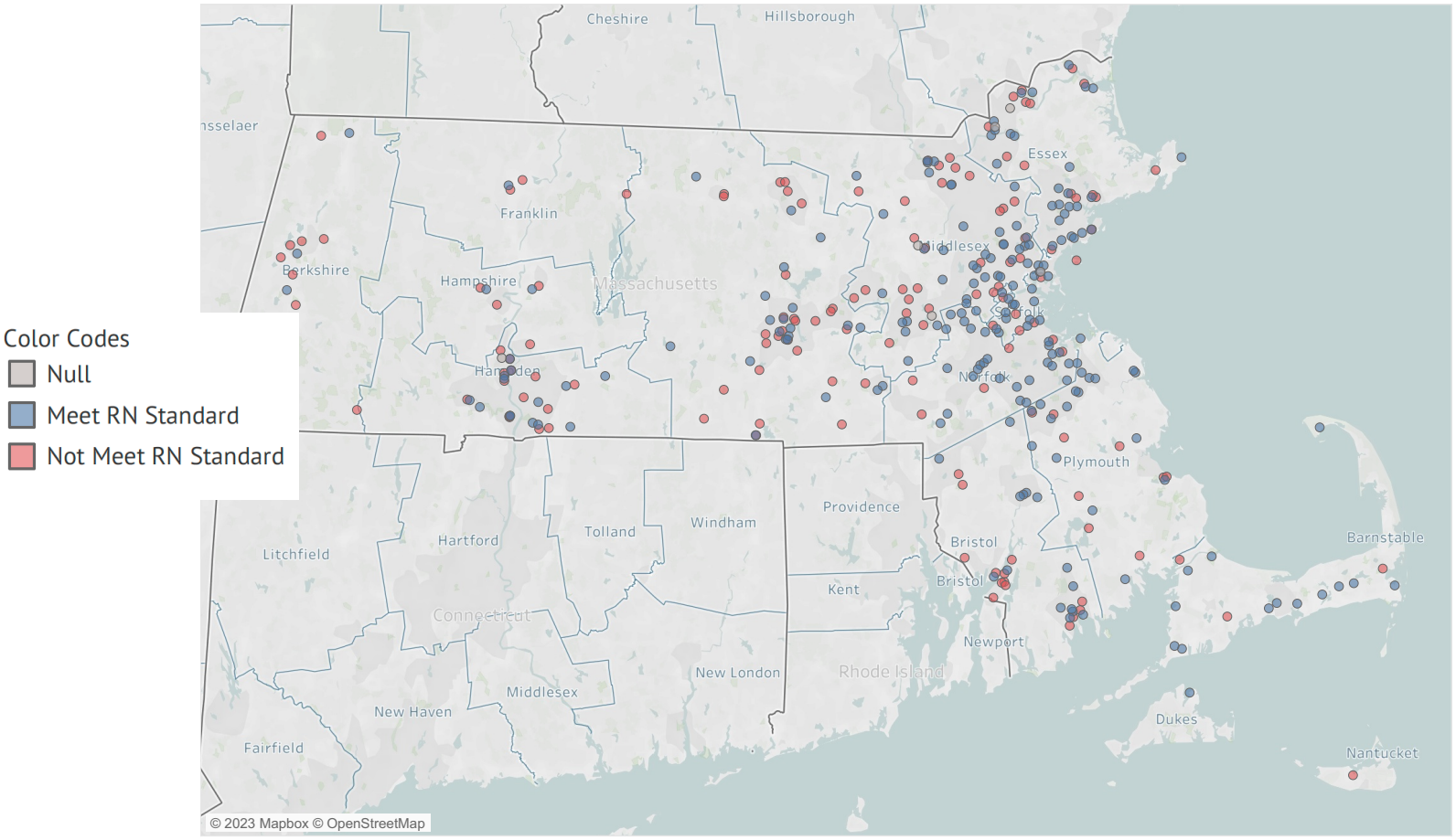
Long Term Care Community Coalition
T 1 Flexible Dimension Table, Horizontal Axis: *Overall Rating*, by Vertical Axis: *Congressional District*,
HHS Region/s: *All*, State/s: *MA*, County: *All*, Affiliated? *All*,
Desired Standard Staffing Hours: *4.1*
Meet Staffing Standard?: *All*
Color by Count/Percent of: *Overall Rating*
Number of Facilities: *1 to 353*
Percent of Facilities: *0.57% to 100.00%*
Number of Residents: *74 to 32,490*
Percent of Residents: *0.53% to 100.00%*
Overall Rating: *Null, 1, 2 and 3 more,*
Ownership Type Summary: *All*
Note: If you wish to see the percentages calculated based on a different dimension, reverse the dimension choices

Dimension Choice 2	Null	1	2	3	4	5	Grand Total
Grand Total	2 0.57% 171 0.53%	76 21.53% 7,728 23.79%	70 19.83% 6,509 20.03%	74 20.96% 7,535 23.19%	64 18.13% 5,665 17.44%	67 18.98% 4,881 15.02%	353 100.00% 32,490 100.00%
MA1		11 22.92% 1,220 27.66%	11 22.92% 1,036 23.50%	9 18.75% 768 17.42%	8 16.67% 682 15.47%	9 18.75% 703 15.94%	48 100.00% 4,409 100.00%
MA2		8 17.02% 818 18.24%	12 25.53% 1,073 23.91%	12 25.53% 1,275 28.41%	8 17.02% 807 17.99%	7 14.89% 514 11.45%	47 100.00% 4,486 100.00%
MA3		10 25.00% 991 27.29%	8 20.00% 838 23.08%	8 20.00% 989 27.25%	6 15.00% 411 11.31%	8 20.00% 402 11.07%	40 100.00% 3,630 100.00%
MA4	1 3.03% 97 3.17%	8 24.24% 822 26.72%	8 24.24% 699 22.75%	7 21.21% 741 24.11%	3 9.09% 336 10.94%	6 18.18% 379 12.31%	33 100.00% 3,074 100.00%
MA5		7 18.42% 729 20.84%	6 15.79% 622 17.79%	7 18.42% 659 18.84%	8 21.05% 679 19.42%	10 26.32% 809 23.12%	38 100.00% 3,498 100.00%
MA6		6 13.95% 557 14.67%	7 16.28% 755 19.88%	9 20.93% 955 25.14%	12 27.91% 943 24.83%	9 20.93% 588 15.48%	43 100.00% 3,797 100.00%
MA7		3 16.67% 346 18.83%	2 11.11% 195 10.60%	5 27.78% 513 27.89%	4 22.22% 375 20.41%	4 22.22% 409 22.27%	18 100.00% 1,838 100.00%
MA8		8 20.00% 874 23.06%	5 12.50% 514 13.57%	9 22.50% 850 22.44%	9 22.50% 884 23.34%	9 22.50% 667 17.60%	40 100.00% 3,789 100.00%
MA9	1 2.17% 74 1.86%	15 32.61% 1,373 34.58%	11 23.91% 778 19.59%	8 17.39% 786 19.80%	6 13.04% 547 13.79%	5 10.87% 412 10.37%	46 100.00% 3,970 100.00%

Note: Darker coloring indicates more facilities in the category.

County & Facility Level Data - Massachusetts

Long Term Care Community Coalition
M 1 - Map by Dimension, *Meet RN Staffing Standard*, Region: *Region 1*, State: *MA*, County: *All*,
Overall Rating: *Null, 1, 2 and 3 more,* Color by: *Meet RN Staffing Standard*
Ownership Type Summary: *All*
Minimum Desired RN Hours per Patient Day: *0.55*
Minimum Desired LPN Hours per Patient Day: *0*
Minimum Desired Aide Hours per Patient Day: *3.15*
Total Desired Nursing Staff Hours per Patient Day: *3.700*



Congressional District Level Data, Nursing Home Star Ratings - Kansas

Long Term Care Community Coalition
T 1 Flexible Dimension Table, Horizontal Axis: *Overall Rating*, by Vertical Axis: *Congressional District*,
HHS Region/s: *All*, State/s: *KS*, County: *All*, Affiliated? *All*,
Desired Standard Staffing Hours: *4.1*
Meet Staffing Standard?: *All*
Color by Count/Percent of: *Overall Rating*
Number of Facilities: *1 to 313*
Percent of Facilities: *0.88% to 100.00%*
Number of Residents: *3 to 14,895*
Percent of Residents: *0.07% to 100.00%*
Overall Rating: *Null, 1, 2 and 3 more,*
Ownership Type Summary: *All*
Note: If you wish to see the percentages calculated based on a different dimension, reverse the dimension choices

Dimension Choice 2	Null	1	2	3	4	5	Grand Total
Grand Total	3	77	66	56	55	56	313
	0.96%	24.60%	21.09%	17.89%	17.57%	17.89%	100.00%
	141	3,927	3,089	2,673	2,569	2,496	14,895
	0.95%	26.36%	20.74%	17.94%	17.25%	16.76%	100.00%
KS1	1	26	29	21	18	18	113
	0.88%	23.01%	25.66%	18.58%	15.93%	15.93%	100.00%
	3	1,043	1,135	745	796	710	4,433
	0.07%	23.53%	25.61%	16.81%	17.96%	16.01%	100.00%
KS2	2	24	14	14	16	12	82
	2.44%	29.27%	17.07%	17.07%	19.51%	14.63%	100.00%
	138	1,222	650	683	595	561	3,849
	3.58%	31.75%	16.87%	17.75%	15.46%	14.58%	100.00%
KS3		14	11	7	11	7	50
		28.00%	22.00%	14.00%	22.00%	14.00%	100.00%
		966	683	429	708	330	3,117
		30.99%	21.92%	13.77%	22.73%	10.59%	100.00%
KS4		13	12	14	10	19	68
		19.12%	17.65%	20.59%	14.71%	27.94%	100.00%
		696	621	815	470	894	3,496
		19.89%	17.77%	23.32%	13.43%	25.58%	100.00%

Note: Darker coloring indicates more facilities in the category.

County & Facility Level Data - Kansas

Long Term Care Community Coalition

M 1 - Map by Dimension, *Meet RN Staffing Standard*, Region: *Region 7*, State: *KS*, County: *All*, Overall Rating: *Null, 1, 2 and 3 more,* Color by: *Meet RN Staffing Standard*

Ownership Type Summary: *All*

Minimum Desired RN Hours per Patient Day: *0.55*

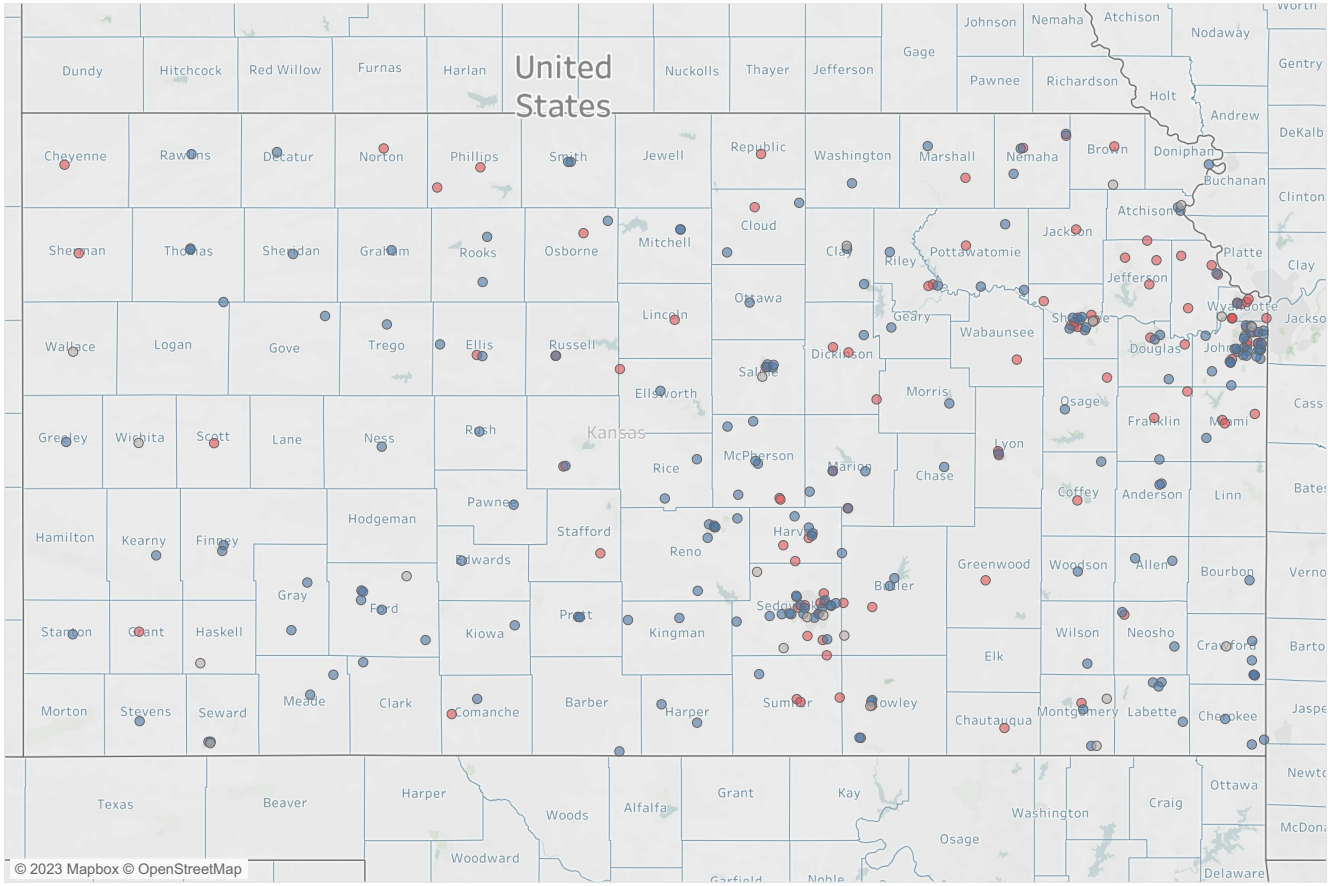
Minimum Desired LPN Hours per Patient Day: *0*

Minimum Desired Aide Hours per Patient Day: *3.15*

Total Desired Nursing Staff Hours per Patient Day: *3.700*

Color Codes

- Null
- Meet RN Standard
- Not Meet RN Standard

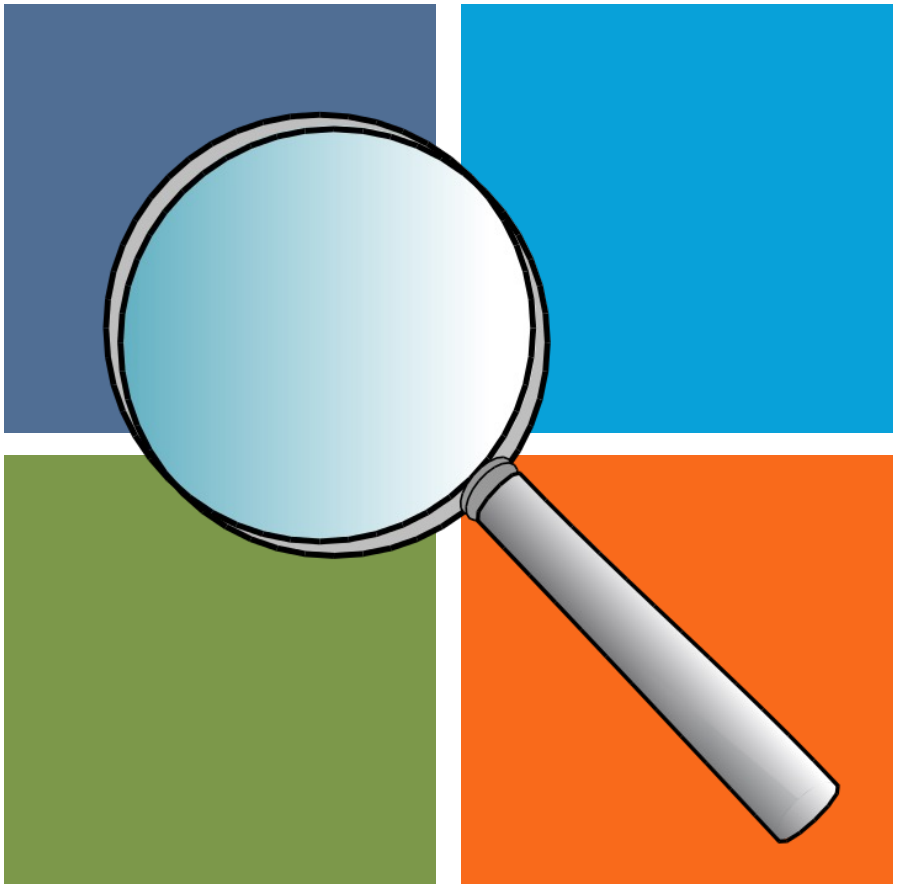


For more information and insights on key staffing and quality data on the

- Facility,
- Community,
- Congressional district,
- State, or
- National level…

Visit
www.nursinghome411.org

Email richard@ltccc.org



Separating Fact From Fiction: Safe Staffing is Practicable

Presented by Richard Mollot
Long Term Care Community Coalition

www.nursinghome411.org

+

Myth #1

Nursing homes are underpaid

Myth: Nursing home payment is insufficient to provide good care.

Reality: Most nursing homes are run for-profit and are seen as attractive investments.

- The industry's longstanding argument that it does not get paid enough to provide sufficient staffing, baseline infection control protocols, etc… is unsubstantiated.
- In fact, nursing homes are increasingly operated by for-profit entities.
- Private equity and REITs have increasing, substantial investment in the sector.
- There are virtually no limitations on the use of public funds to pay for administrative staff or siphon off into profits.
- Operators commonly use related party transactions to hide profits (and perpetuate the myth of "razor-thin margins").

+ Medicaid Funding

LONG TERM CARE
COMMUNITY COALITION
Advancing Quality, Dignity & Justice

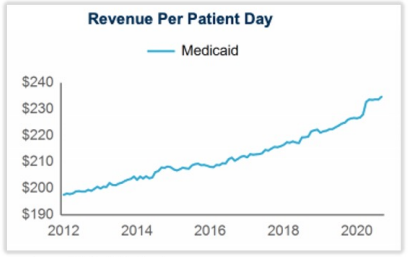
LTCCC POLICY BRIEF

NURSING HOME MEDICAID FUNDING: SEPARATING FACT FROM FICTION

Background. Medicaid is the primary funding source for the majority of nursing home services in the US. Managed by states using a mix of state and federal funding, Medicaid covers more than 60% of residents nationwide. Each state has broad flexibility to determine eligibility standards and payment methods and design reimbursement rates.

Industry Claims vs. Facts. Nursing home providers and trade associations claim that Medicaid rates are inadequate and less than the cost of actual care. The industry also blames low Medicaid rates for substandard care. However, recent studies suggest that for-profit facilities have maximized profits for owners and investors while skimping on resident care.

- Medicaid rates have steadily increased in the past decade, rising 12.6% since 2012, according to the National Investment Center for Seniors Housing & Care (NIC).
- Nursing homes received an average of $214 per resident per day in Medicaid funding in 2019, a 2.2% increase from 2018.



Source: NIC MAP Data Service

- An NIC report with data through September 2020 shows a national average reimbursement rate of $235, though this $21 increase from 2019 is likely a COVID-related boost.
- Although industry leaders claim that nursing homes are losing money on Medicaid residents and blame closures and financial struggles on low reimbursement rates, typical nursing home profits are in the 3 to 4 percent range, according to Bill Ulrich, a nursing home financial consultant. This does not include profits that are hidden in related-party transactions, which 75% of nursing homes report, or bloated administrative costs. Numerous studies and reports have shown that related-party transactions can be used to "siphon off higher profits, which are not recorded on the nursing home's accounts," giving the false impression that a nursing home has low profits or is losing money."

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www.NursingHome411.org

Lack of Accountability. Bolstered by government funding, providers are raking in profits while facing limited accountability for how they utilize Medicaid funds. Though not illegal, operators too often utilize Medicare and Medicaid funds by using public reimbursement to cover salaries, administrative costs, and other non-direct care services. Without transparency and accountability, determining the extent to which Medicaid rates cover the costs of care for Medicaid nursing home residents is simply not possible. Providers must be held accountable for their finances in order to safeguard residents from owners and operators who prioritize profits while providing grossly substandard care.

> **"Just enough is spent on Medicaid residents to keep state inspectors satisfied, while, at the same time, Medicare patients are not given the full value of their insurance coverage."**
>
> – Will Englund and Joel Jacobs, *The Washington Post*

Conclusion. Nursing homes do, in fact, receive frequent increases in funding, including Medicaid reimbursement. Though Medicaid pays for the majority of nursing home services, there is virtually no transparency or accountability in respect to how facilities actually use these funds. In the absence of federal limits on diverting public funds to hide profits in contracts with related parties or in inflated administrative costs, the industry's argument that it does not receive enough money to provide sufficient staffing and good care is inaccurate (if not fraudulent).

The growth of for-profit ownership in nursing homes over the years, including significant investment by private equity firms and real estate investment trusts (REITs), make it clear that nursing homes are profitable businesses which, in the absence of government quality assurance, too often sacrifice resident safety in order to maximize profits. More financial accountability for facilities would decrease the likelihood of facilities funneling cash to owners and investors at the expense of better resident care.

The Long Term Care Community Coalition is a non-profit, non-partisan organization dedicated to improving care and dignity for individuals in nursing homes and other residential care settings. Visit our homepage, www.NursingHome411.org, for resources and information on nursing home policy issues.

This policy brief is part of a new series on reimagining nursing home care in the wake of the devastation wrought by the coronavirus pandemic. To sign up for future alerts, visit https://nursinghome411.org/join/.

Medicare Funding

According to the Medicare Payment Advisory Commission…

- The average marginal profit from Medicare nursing home patients in 2021 was 17.2%.
- The average Medicare profit margin has been above 10% for over 20 years.

Unfortunately, the focus of Medicare rate setting has been almost entirely on controlling costs rather than ensuring quality. Medicare prospective payments are based on estimated costs and not on actual expenditures. This system allows nursing homes to keep staffing and operating expenses low in order to maximize profits.

NOTE: These profit margins do not take into account profits hidden in administrative costs or related-party transactions.

* Medicare Payment Advisory Commission, *Data Book: Health Care Spending and the Medicare Program,* July 2023.

OIG: *Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries*

- OIG found that **one-third of residents who were in a nursing home for short-term care were harmed** w/in an average of 15.5 days.
- **Almost 60 percent of the injuries were preventable and attributable to poor care**.
- Much of the **preventable harm was due to substandard care**, inadequate resident monitoring, and failure or delay of necessary care.
- As a result, six percent of those who were harmed died, and more than half were rehospitalized.

Even when profits are high, nursing homes fail to provide adequate care, safety, or treat residents humanely.

Myth #2

Nursing homes can’t hire more care staff

Staffing

- Staffing is the most important predictor of the quality and safety of a nursing home's care.
- Nevertheless, most facilities fail to maintain sufficient staff to even meet basic clinical needs of their residents.
- ***Industry lobbyists claim:***

1. They cannot find care staff and
2. They don't get enough $$ to hire sufficient staff.

- ***Both of these claims are dishonest:***

1. The typical nursing home has 50%+ annual turnover and
2. In the absence of effective oversight, many operators maximize profits by cutting staffing.

In any case, nursing homes are not warehouses.

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- Guides & fact sheets on important resident care standards;
- Resources for families;
- Webinars and podcasts with useful information and insights; and
- Resources for the public, including the Dementia Care Advocacy Toolkit.

Thank You for Joining Us Today