JOINT STATE GOVERNMENT COMMISSION

General Assembly of the Commonwealth of Pennsylvania

USE OF CONTRACTED WORKERS AT MEDICAID FUNDED LONG-TERM CARE FACILITIES IN THE COMMONWEALTH

Staff Study

May 2023

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REPORT

Senate Resolution 288 of 2021-22
Long-Term Care Facilities'
Impact Relating to Medicaid Funds in the Commonwealth

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The report is also available at http://jsg.legis.state.pa.us

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A Commission study may involve the appointment of a legislative task force, composed of a specified number of legislators from the House of Representatives or the Senate, or both, as set forth in the enabling statute or resolution. In addition to following the progress of a particular study, the principal role of a task force is to determine whether to authorize the publication of any report resulting from the study and the introduction of any proposed legislation contained in the report. However, task force authorization does not necessarily reflect endorsement of all the findings and recommendations contained in a report.

Some studies involve an appointed advisory committee of professionals or interested parties from across the Commonwealth with expertise in a particular topic; others are managed exclusively by Commission staff with the informal involvement of representatives of those entities that can provide insight and information regarding the particular topic. When a study involves an advisory committee, the Commission seeks consensus among the members.[2] Although an advisory committee member may represent a particular department, agency, association, or group, such representation does not necessarily reflect the endorsement of the department, agency, association, or group of all the findings and recommendations contained in a study report.

[1] Act of July 1, 1937 (P.L.2460, No.459); 46 P.S. §§ 65–69.

[2] Consensus does not necessarily reflect unanimity among the advisory committee members on each individual policy or legislative recommendation. At a minimum, it reflects the views of a substantial majority of the advisory committee, gained after lengthy review and discussion.

Over the years, nearly one thousand individuals from across the Commonwealth have served as members of the Commission's numerous advisory committees or have assisted the Commission with its studies. Members of advisory committees bring a wide range of knowledge and experience to deliberations involving a particular study. Individuals from countless backgrounds have contributed to the work of the Commission, such as attorneys, judges, professors and other educators, state and local officials, physicians and other health care professionals, business and community leaders, service providers, administrators and other professionals, law enforcement personnel, and concerned citizens. In addition, members of advisory committees donate their time to serve the public good; they are not compensated for their service as members. Consequently, the Commonwealth receives the financial benefit of such volunteerism, along with their shared expertise in developing statutory language and public policy recommendations to improve the law in Pennsylvania.

The Commission periodically reports its findings and recommendations, along with any proposed legislation, to the General Assembly. Certain studies have specific timelines for the publication of a report, as in the case of a discrete or timely topic; other studies, given their complex or considerable nature, are ongoing and involve the publication of periodic reports. Completion of a study, or a particular aspect of an ongoing study, generally results in the publication of a report setting forth background material, policy recommendations, and proposed legislation. However, the release of a report by the Commission does not necessarily reflect the endorsement by the members of the Executive Committee, or the Chair or Vice-Chair of the Commission, of all the findings, recommendations, or conclusions contained in the report. A report containing proposed legislation may also contain official comments, which may be used to construe or apply its provisions.[3]

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Following the completion of a report, subsequent action on the part of the Commission may be required, and, as necessary, the Commission will draft legislation and statutory amendments, update research, track legislation through the legislative process, attend hearings, and answer questions from legislators, legislative staff, interest groups, and constituents.

[3] 1 Pa.C.S. § 1939.

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To the Members of the General Assembly of Pennsylvania:

We are pleased to release the report, *Use of Contracted Workers at Medicaid Funded Long-Term Care Facilities in The Commonwealth*, as directed by SR 288 of 2021. The report provides a background and analysis of staffing problems that are characteristic of the long-term health care industry and that were exacerbated by the COVID-19 pandemic. Chronic staff shortages and frequent turnover lead providers to contract direct care staff, which is more expensive than having permanent employees on staff and is less than ideal for patient care. Moreover, Medicaid reimbursements are typically inadequate to cover these expenses.

The report presents recommendations for the General Assembly's consideration that would involve legislative action, executive branch initiatives, and provider action. In short, there needs be robust financial support, collaboration between commonwealth agencies and providers, and provider-based improvements at the direct-care level.

The full report is available at http://jsg.legis.state.pa.us.

Respectfully submitted,

Glenn J. Pasewicz
Executive Director

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INTRODUCTION

Senate Resolution 288, Printer's No. 1629, was adopted by the Senate of Pennsylvania on June 21, 2022. The resolution directs the Joint State Government Commission to study long-term care facilities' impact relating to Medicaid funds in the Commonwealth.

Specifically, the resolution directed the Commission to review and report on 11 specific areas:

- The work environment, as it pertains to the level of care provided in nursing facilities, including those that receive Medicaid funds, personal care homes, and licensed assisted living residences.
- Wage rates for aides, attendants, staff nurses, direct care staff, and contract nurses working within these facilities.
- Rates charged by contract staffing agencies to provide workers.
- The increase in wages paid to staff nurses and direct care staff working in these facilities from 2018 through today using the latest available data.
- The increase in wages paid to contract nurses and direct care staff working in these facilities from 2018 through today using the latest available data.
- The increase in wages paid to staff nurses and direct care staff as compared to the nation's inflation rate over the same period.
- The increase in wages paid to contract staff nurses and direct care staff as compared to the nation's inflation rate over the same period.
- The level of care required by residents in these facilities from 2018 through today.
- Whether facilities found it necessary to increase staffing levels during the same period.
- The ratio of staff nurses, contract nurses, and direct care staff working in these facilities working in these facilities from 2018 through today using the latest available data.
- Whether facilities experienced an increase in need for staff members with specific expertise or certification, including resident medication administration.

Additionally, the resolution calls for any legislative or regulatory recommendations to be submitted along with the requested data within seven months.

Recent Regulatory Reform and Funding Changes

New state regulations for skilled nursing facilities were adopted in 2022.[4] The purpose of the regulatory revisions is "to create consistency between Federal and State requirements for long-term care nursing facilities by expanding the adoption of the Federal requirements to include the requirements set forth at 42 CFR Part 485, Subpart B (relating to requirements for long-term care facilities."[5] The majority of the regulations take effect July 1, 2023, with some with later effective dates. The adopted revised regulations address two significant components of direct patient care for more than 72,000 residents of Pennsylvania's 682 licensed skilled nursing facilities overseen by PADOH.[6] First, the adopted regulations revise the required hours of direct care per patient, increasing the required hours from the current 2.7 hours to 2.87 hours per patient starting July 1, 2023.[7] The amount of direct care per patient will increase to 3.2 hours per patient per day in July 2024.[8]

PADOH had proposed "increasing the minimum number of direct resident care hours from 2.7 to 4.1 per resident day (a 24-hour period) in an attempt to ensure staffing rations sufficient to permit improved resident activity levels, lower mortality rates, lead to fewer infections, less antibiotic use, fewer pressure ulcers, fewer catheterized residents, improved eating patterns, improved pain levels and improved mental health of residents."[9] In response to industry's input, the final revised regulations reduce this significant proposed increase from the proposed 4.1 hours increase to 2.7 hours, since the proposed initial increase would have been impossible for healthcare providers to meet due to current labor shortages.[10]

[4] 52 Pa. Bulletin 8163, December 24, 2022. The revisions affected 28 Pa.Code Chapter 201, Long-Term Care Nursing Facilities. https://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol52/52-52/2016.html

[5] Denise Johnson, MD Acting Secretary of Health, letter to Mr. David Sumner, Executive Director Independent Regulatory Review Commission, September 27, 2022. TS.

[6] "Department of Health's updated Regulations to Improve Care for Residents in Skilled Nursing Facilities Clear Major Hurdle," *PA Pressroom*, last modified October 28, 2022, https://www.media.pa.gov/Pages/Health-Details.aspx?newsid=1800.

[7] 28 Pa. Code Section 211.12.

[8] *Ibid.*

[9] Mary Mullany, Jean c. Hemphill, and Eric Temmel, "PA Proposes Long-Awaited Changes to Regulations for Long-Term Care Nursing Facilities, *Ballard Spahr*, last modified August 26, 2021, https://www.ballardspahr.com/Insights/Alerts-and-Articles/2021/08/PA-Proposes-Long-Awaited-Changes-to-Regulations-for-Long-Term-Care-Nursing-Facilities.

[10] Harold Brubaker, "Nursing homes in PA move toward higher staffing standards and transparency on 'who exactly is responsible for the care of resident,'" Philadelphia Inquirer, last modified October 28, 2022, https://www.msn.com/en-us/news/us/nursing-homes-in-pa-move-toward-higher-staffing-standards-and-transparency-on-e2-80-98who-exactly-is-responsible-for-the-care-of-residents-e2-80-99/ar-AA13uk1O.

New minimum staffing levels are a second component of the recent regulation revisions, for direct patient care. Starting July 1, 2023, the following licensed practical nurse staffing levels will apply: *day shift*: one licensed practical nurse per 25 residents; *evening shift*: one licensed practical nurse per 30 residents; *night shift*: one licensed practical nurse per 40 residents. For certified nursing assistants, the following staff levels will apply: *day shift*: one certified nursing assistant per 12 residents; *evening shift*: one certified nursing assistant per 12 residents; *night shift*: one certified nursing assistant per 20 residents. Effective July 1, 2024, the staffing levels for certified nursing assistants will improve to the following: *day shift*: one certified nursing assistant per 10 residents; *evening shift*: one certified nursing assistant per 11 residents; *night shift*: one certified nursing assistant per 15 residents.[11]

To assist with the increased costs associated with these regulation revisions, the 2022-2023 state budget (adopted on July 8, 2022) included an increased Medicaid reimbursement rate of 17.5 percent starting January 1, 2023.[12] This increase translates to an additional $35 per day per resident living in a skilled nursing facility.[13] Moreover, this increase will deliver "an additional $306 million to nursing homes in the first six months of 2023. Nursing homes will also receive $159 million in American Rescue Plan Act funds during the fiscal year that ends June 30, [2023]."[14] In addition, recently adopted legislation requires Medical Assistance-enrolled skilled-nursing facilities to spend at least 70 percent of their total costs on resident care and resident-related care.[15]

[11] 28 Pa. Code Section 201.2(a)(6).
[12] PA Act No. 1A of July 8, 2022.
[13] Madison Jorfi, "PA nursing homes to receive more funding after recently passed budget," *FOX43 Newsroom*, last modified July 12, 2022, https://www.fox43.com/article/news/politics/pa-nursing-homes-more-funding-passed-pennsylvania-budget/521-6c22cb6f-346e-4157-8166-704dc978e399.
[14] Harold Brubaker, "Nursing homes in PA move toward higher staffing standards and transparency on 'who exactly is responsible for the care of resident,'" *Philadelphia Inquirer*, last modified October 28, 2022, https://www.msn.com/en-us/news/us/nursing-homes-in-pa-move-toward-higher-staffing-standards-and-transparency-on-e2-80-98who-exactly-is-responsible-for-the-care-of-residents-e2-80-99/ar-AA13uk1O.
[15] Section 1603-T of the act as April 9, 1929 (P.L.343, No. 176), known as the Fiscal Code, as added by the act of July 11, 2022 (P.L.540, No.54).

LONG-TERM CARE DEFINED

The preliminary issue to be addressed in this report is to define what long-term care is, and what type of facilities supply it. The United States has a growing elderly population. Born between 1946 and 1964, the Baby Boomer generation is the second largest generation in the history of the United States and by the end of 2030 the entire generation will be 65 or older.[16] This demographics shift is especially important for the Commonwealth, because it ranks fifth among the states with the highest population of elderly residents.[17] Pennsylvania has a population of 2.2 million people over the age of 65.[18] By 2030, that number is projected to rise to 2.8 million people.[19] While it is fortunate that so many people have attained this age, it also presents a challenge in caring for this population. Typically, as people age the amount of care and assistance they require increases. In many instances, aging or disabled people may be cared for by their families in the home of the individual or their family member. When someone in need of care has no family able to care for them or the amount or duration of care is greater than a family can provide, professionals must provide the necessary care.

The Pennsylvania Department of Health defines long-term care as "a wide range of assistive services provided to an individual based on their needs. Care may range from assistance around the home to sophisticated medical care provided in a nursing facility."[20] Long-term care has the goal of assisting aging or disabled Pennsylvanians with tasks that may be difficult or currently be incapable of so they can live safe and independently as possible.[21]

There are numerous factors which determine the likelihood a person will require long term care. Some of these factors include age, sex, marital status, fitness level, and medical history. Approximately 69 percent of the people 65 or over will need long-term care at some point in their lives.[22] It is estimated that 20 percent will require more than five years of long-term care.[23] Some requiring long-term care may choose in-home care, while others move to long-term care facilities.

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[16] America Counts Staff, "2020 Census Will Help Policymakers Prepare for the Incoming Wave of Aging Boomers," Census.gov, February 25, 2022, https://www.census.gov/library/stories/2019/12/by-2030-all-baby-boomers-will-be-age-65-or-older.html.

[17] Emma Rubin, "Elderly Population in U.S. by State," Consumer Affairs, January 19, 2023, https://www.consumeraffairs.com/homeowners/elderly-population-by-state.html.

[18] *Ibid.*

[19] Shonel Sen, "National Projections: Projected Age Sex Distribution 2020-2040" (Charlottesville, Virginia, 2018). https://demographics.coopercenter.org/national-population-projections

[20] "Long-Term Care Services." *Department of Human Services*. Accessed April 6, 2023. https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Long-Term-Care-Services.aspx.

[21] What Is Long-Term Care?." National Institute on Aging. February 9, 2023. Accessed April 6, 2023. https://www.nia.nih.gov/health/what-long-term-care

[22] "How Much Care Will You Need?." *ACL Administration for Community Living*. Accessed April 6, 2023. https://acl.gov/ltc/basic-needs/how-much-care-will-you-need.

[23] *Ibid.*

Long-term care facilities currently face numerous challenges, including difficulty in recruiting and retaining staff, meeting staffing minimums, use of costly staffing agencies, and financial instability.

Facility Overview

In Pennsylvania, residential long-term care is available for individuals who are elderly, mentally ill, have an intellectual disability, and/or physical disabilities. Long-term care is typically available in three settings depending on the level of care required: personal care homes, assisted living residences, and skilled nursing facilities.[24] Because skilled nursing facilities (nursing homes) provide medical care, their residents are eligible for Medicaid funding if financially qualified. Personal care homes and assisted living facilities are not eligible for Medicaid payment for the services they provide.

Personal Care Homes (PCHs)

Personal care homes are residences providing housing and meals for individuals unable to care for themselves but not requiring 24/7 nursing or medical care. Based on the individual resident's daily activity needs, available services may include assistance with bathing, dressing, and continence maintenance.[25] A person who requires the level of care provided by a skilled nursing facility is not permitted to reside in a personal care home and must transfer to another facility if skilled nursing care becomes necessary. While currently Medicaid funding is not available to assist residents of personal care homes, Pennsylvania provides a state supplement to Supplemental Security Income to qualifying residents of personal care homes.[26] Personal care homes received a twenty million dollar increase to Supplemental Security Income rates in the 2022 state budget.[27]

Prior to 2011, personal care homes and assisted living residences were treated as one type of facility – personal care homes.[28] In 2011, there were 1,326 personal care homes.[29] A decade later, in December 2021 there were 1,124 personal care homes, an overall decrease of 173

[24] "Pennsylvanians Have a Robust Continuum of Care Available to Them," *Pennsylvania Health Care Association*, accessed January 13, 2023, Long-Term Care in Pennsylvania | PHCA.
[25] *Ibid.*
[26] Jeanne Parisi, Pennsylvania Department of Human Services, Bureau of Human Services Licensing, "Personal Care Homes and Assisted Living Residences," accessed January 13, 2023, Pennsylvania.pdf (ahcancal.org).
[27] "Long-term care receives priority in Pennsylvania's budget with historic investments in senior care." PHCA. July 12, 2022. Accessed April 6, 2023. https://www.phca.org/news/press-releases/long-term-care-receives-priority-in-pennsylvanias-budget-with-historic-investments-in-senior-care/
[28] Karen Kaslow, "Distinguishing between Personal Care and Assisted Living - Keystone Elder Law - Mechanicsburg, PA," Keystone Elder Law, July 26, 2016, https://keystoneelderlaw.com/distinguishing-personal-care-assisted-living-keystone-elder-law-mechanicsburg-pa/.
[29] Pennsylvania Department of Welfare, "Adult Residential Licensing: A Report on Licenses Personal Care Homes," 2011 Annual Report, p. 3. https://www.dhs.pa.gov/docs/For-Providers/Documents/Personal%20Care%20Home%20Reports/Adult%20Residential%20Licensing%202011%20Annual%20Report.pdf

facilities.[30] PCHs require a minimum of four residents, can be larger. PCHs are frequently privately-owned, though some are nonprofit or state-owned.

Assisted Living Residences (ARLs)

Assisted living residences provide individuals support by offering the following personal care services: eating, dressing, grooming, bathing, walking, continence management, and regular wellness checks and medication reminders.[31] In addition, the following general services are provided to residents contributing to their quality of life: three nutritious meals daily, transportation to appointments and shopping, housekeeping and laundry services, beauty and barber services, individualized health and safety services, enrichment programs (activities and classes), and community outings and cultural events.[32]

The Pennsylvania Department of Human Services Office of Long-Term Living distinguishes between assisted living residences and personal care homes in three ways:

> *Concept*: Assisted living residences permit residents to age in place, meaning that even as their health care needs increase, they will not have to relocate to another senior living home to receive that care.
>
> *Construction*: Assisted living residences must provide residents with a private room with a lockable door, a private bathroom, and a small kitchen. Personal care homes are not required to offer these amenities.
>
> *Level of Care*: Assisted living residences must ensure that residents receive skilled nursing care if their needs surpass standard assisted living services.[33]

In addition, "assisted living residences must provide or arrange for other types of health care services such as hospice services, occupational therapy, skilled nursing services, physical therapy, behavioral health services, home health services, escort services and specialized cognitive support services."[34] Services offered at an ALR are scalable to allow people to remain there as they age and they need more assistance with a greater number of tasks.[35] Assisted living residences

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[30] "Pennsylvania" National Center for Assisted Living 2020 and 2021 Assisted Living State Regulatory Review. 2022
[31] "How Different Levels of Care Affect The Cost of Assisted Living," *CareChoice*, last modified July 29, 2021, Levels of Care in Assisted Living Facilities Explained (getcarechoice.com).
[32] *Ibid.*
[33] "Understanding the term 'level of care' in assisted living care or personal care," *Country Meadows*, accessed January 13, 2023, Understanding the term "level of care" in assisted living care or personal care - Country Meadows Retirement Communities.
[34] "Pennsylvanians Have a Robust Continuum of Care Available to Them," *Pennsylvania Health Care Association*, accessed January 13, 2023, Long-Term Care in Pennsylvania | PHCA.
[35] In 2007, Senate Bill 704 was adopted defining and establishing assisted living as a separate form of long-term care in Pennsylvania. This distinction was adopted to balance "the public funding of institutional care with home and community programs for older Pennsylvanians. In January 2011, the Pennsylvania Department of Public Welfare Office of Long-Term Living began licensing assisted living residences separately from personal care homes."

"provide an apartment-like setting that allows individuals to age in place and receive the assistance they need to maintain maximum independence and personal choice."[36] One of the goals of assisted living is to allow residents to age in place and not move facilities.[37] In Pennsylvania, no Medicaid funding is currently available for services provided to residents in assisted living residences.[38]

As of December 2021, there are 29 licensed assisted living residences in the Commonwealth, suggesting it is not a popular option among care providers. Some Pennsylvania retirement communities reportedly offer a similar range of services but have not applied for assisted living status because operators do not see how they benefit as a business. These operators sometimes claim that obtaining licensure can lead to increased administrative and staffing costs without necessarily increasing the quality of care.[39]

Skilled Nursing Facilities (Nursing homes)

The third level of residential care available to Commonwealth residents is a skilled nursing facility providing 24-hour continuous health care services as well as room and board. Pennsylvania has an estimated 700 skilled nursing facilities that provide over 86,000 beds.[40] Services include nursing care, 24-hour supervision, three meals a day, and assistance with everyday activities'[41] The average annual cost per person receiving nursing home care in Pennsylvania is $116,800 a year for a private room, which is exceeds the national median by $24,000.[42] The average duration of a room stay is three years.[43] When an individual requires long-term care the very expensive nature of that care means that most families cannot afford it with either their income or assets. Consequently, Medicaid reimbursements make up the majority of funding to skilled nursing facilities.[44]

"Assisted Living Vs. Personal Care," *Messiah Lifeways Blog*, accessed January 13, 2023, Assisted Living vs. Personal Care - Messiah Lifeways.

[36] "Pennsylvanians Have a Robust Continuum of Care Available to Them," *Pennsylvania Health Care Association*, accessed January 13, 2023, Long-Term Care in Pennsylvania | PHCA.

[37] "How Different Levels of Care Affect The Cost of Assisted Living," *CareChoice*, last modified July 29, 2021, Levels of Care in Assisted Living Facilities Explained (getcarechoice.com).

[38] Jeanne Parisi, Pennsylvania Department of Human Services, Bureau of Human Services Licensing, "Personal Care Homes and Assisted Living Residences," accessed January 13, 2023, Pennsylvania.pdf (ahcancal.org).

[39] *Ibid.*

[40] Nursing Home Report 2021-2022 Pennsylvania Department of Health. Accessed 4.6.23. https://www.health.pa.gov/topics/HealthStatistics/HealthFacilities/NursingHomeReports/Pages/nursing-home-reports.aspx

[41] "Residential Facilities, Assisted Living, and Nursing Homes," National Institutes of Health, May 1, 2017, https://www.nia.nih.gov/health/residential-facilities-assisted-living-and-nursing-homes.

[42] PA Health Care Assoc, "Long-Term Care Trends and Statistics," Accessed April 6, 2023. https://www.phca.org/for-consumers/research-data/long-term-and-post-acute-care-trends-and-statistics/.

[43] *Ibid.*

[44] Kevin Hancock et al., "Staffing Crisis in Pennsylvania Nursing Facilities: Impact Analysis" (Harrisburg, PA: Health Mgmt Associates, 2022), pp. 5.

To assist with the costs of long-term care, Medicaid is available for qualifying individuals. An applicant for Medicaid benefits must meet the following eligibility requirements:

- U.S. citizen or resident alien;
- Pennsylvania resident (resides in state with the intent to remain);
- Aged (65 or older), disable, or blind;[45]
- Medically eligible defined as "nursing facility clinically eligible." A personal assessment completed by the local Area Agency personnel determines whether the applicant is nursing facility clinically eligible.; and
- Financially eligible: The applicant has countable assets below the allowable limit.[46] If the Area on Agency on Aging's assessment determines an individual is medically eligible for nursing facility care, the local county assistance office will determine if the individual is financially eligible for payment toward the cost of care.[47]

To complete the eligibility assessment, three completed forms are required:

1. Medical evaluation (MA51) must be completed by the applicant's physician to explain the patient's physical health, current medications, and doctor's recommendations. Also, this form must be signed by the applicant or applicant's representative.[48]
2. Preadmission Screening Resident Review (PASRR) must be completed by the applicant's physician to disclose the applicant's mental and physical health conditions.[49]
3. Medical Assistance Financial Eligibility Application (PA600L) must be completed by family member or person familiar with applicant's financial information to disclose the applicant's financial asset status.[50]

After both the Medical Evaluation and Preadmission Screening Resident Review have been completed and submitted to the local Area on Agency on Aging office, the application will be processed. Next, a representative from the local Area Agency on Aging will complete a level of

[45] 55 Pa. Code Chapter 1181 §§ 1181.21, 1181.22, 1181.23.
[46] The Pennsylvania Department of Human Services outlines the Medical Assistance and Payment of Long Term Care Services at MA and payment of Long Term Care.
[47] Andrew Sykes, "Your Guide to Medicaid for Long Term Care & Eligibility in Pennsylvania," September 9, 2021, What is Medicaid Long Term Care & Eligibility in Pennsylvania? (elderlawofpgh.com).
[48] "Nursing Facility Assessments," *Chester County*, accessed January 13, 2023, INSTRUCTIONS FOR COMPLETING (chesco.org).
[49] "Nursing Facility Assessments," *Chester County*, accessed January 13, 2023, PA-Pre-Admission-Screening-Resident-Review-ID-Form-PASRR-ID918 (chesco.org).
[50] "Nursing Facility Assessments," *Chester County*, accessed January 13, 2023, Nursing Facility Assessments Chester County, PA - Official Website (chesco.org).

care determination through a regulated evaluation. To be determined to be Nursing Facility Clinically Eligible, the following criteria must be met:

1. The individual has an illness, injury, disability, or medical condition diagnosed by a physician, and

2. As a result of that diagnosed illness, injury, disability, or medical condition, the individual requires care and services above the level of room and board, and

3. A physician certifies that the individual is nursing facility clinically eligible[51], and

4. The care and services are either:
    a. Skilled Nursing or Rehabilitation Services as specified by the Medicare Program in 42 CFR §§ 409.31(a), 409.31(b)(1) and (3), and 409.32 through 409.35; or

    b. Health-related care and services that may not be as inherently complex as Skilled Nursing or Rehabilitation Services, which are needed and provided on a regular basis through medical and technical personnel.[52]

After this detailed assessment has been completed and reviewed by both a registered nurse and a supervisor, the local County Assistance Office receives the determination whether the applicant is or is not medically eligible for skilled nursing facility care. After the County Assistance Office completes the applicant's financial screening, the applicant receives a letter stating his or her eligibility.[53]

If an applicant is deemed to be eligible, Medicaid will pay for room and board plus all necessary medical and non-medical goods and services, including skilled nursing care, physician's visits, prescription medication, medication management, mental health counseling, social activities and assistance with activities of daily living (eating, bathing, moving, dressing, and continence management). Conversely, Medicaid will not reimburse for the following: a private room, specialized food, comfort items not considered to be routine (tobacco, sweets, and cosmetics), personal reading items, plants, flowers, and any care services not deemed to be medically necessary.[54] A requirement of a Medicaid beneficiary receiving skilled nursing facility

[51] The physician's certification (MA-51 or Script) is required as part of the determination process and is used by the assessor in making a determination regarding nursing facility clinically eligible. The certification, in and of itself, is not the final determination.
[52] Long Term Living Training Institute of Pennsylvania, "Level of Care Determination Assessor Webinar," p. 10, July 21, 2014, Microsoft Word - LCD Assessor Workbook 7.21.14 (pa.gov).
[53] "Nursing Facility Assessments," *Chester County*, accessed January 13, 2023, Nursing Facility Assessments/Chester County, PA - Official Website (chesco.org).
[54] "Pennsylvania Medicaid Long Term Care Programs, Benefits & Eligibility Requirements," *MedicaidLongTermCare.org*., accessed January 13, 2023, Pennsylvania Medicaid Programs for Long Term Care (medicaidlongtermcare.org).

coverage is the individual must contribute toward his or her care and is permitted to retain a "personal needs allowance" each month.[55]

Long-term care at a PCH and ALR can be paid for through either private resources or Supplemental Security Income in the case of low-income individuals. Currently, these forms of long-term care are ineligible for third party reimbursement such as Medicare and Medicaid in Pennsylvania.[56] PHCA have suggested that expanding Medicaid to assisted living or providing other monetary incentives to care providers might motivate these institutions to go through the certification process. A survey conducted by PCHA found that if Medicaid was expanded to ALRs, they would accept more patients, with 63 percent of ALR respondents would admit or continue care for residents eligible for Medicaid.[57] In contrast, PCH owners seemed more skeptical, with only 38 percent interested in pursuing a state ALR certification for their businesses if Medicaid was expanded to ALRs. Because the focus of this report is on long-term care as it relates to Medicaid, information presented in this report on the state of PCHs and ALRs in Pennsylvania has been kept to a minimum.

Regardless of the type of facility, one of the main challenges to the long-term care industry is staff shortages. Problems facing nursing homes include workforce shortages caused by inadequate Medicaid funding, inflation for resident cost of living, low staff wages, recruiting and retaining staff workers, all of which will be examined in this report.

[55] If your income is below or equal to 300 percent of the federal benefit rate (currently $2,130), the resource limit is $2,000 with an additional $6,000 resources disregard. If your income is above 300 percent of the federal benefit rate (currently $2,130), the resource limit is $2,400. Many individuals pay for long term care with personal funds and eventually reduce their resources to the Medicaid long term care limits. See MA and payment of Long Term Care.

[56] "Personal Care Home FAQ" (PA Dept of Human Services), accessed April 11, 2023, https://www.dhs.pa.gov/Services/Disabilities-Aging/Pages/Personal-Care-Home-FAQ.aspx.

[57] PA Health Care Assoc. "Survey: 2023 State of Pennsylvania Assisted Living Residences and Personal Care Homes." PHCA.org. March 31, 2023. https://www.phca.org/wp-content/uploads/2023/03/2023-PHCA-Member-Survey-State-of-Pennsylvania-Assisted-Living-Communities-and-Personal-Care-Homes-V1.2-1.pdf

Information from 2017 and 2022 shows that Pennsylvania skilled nursing facilities are in turmoil after a pandemic pushed an already strained system to its limits. It is estimated that nearly 60 percent of Pennsylvania skilled nursing facilities are facing "financial risk".[58] There is a waiting list of over 2,000 patients across the state.[59] While a downturn in the number of COVID-19 cases and the 17.5 percent increase in Medicaid reimbursement rates will likely improve conditions throughout 2023, additional investments in this system are needed so that skilled nursing facilities can reduce their reliance on contracted workers in the short-term and adequately prepare for the growing population of elderly Pennsylvanians.

FINDING 1: Workers at skilled nursing facilities face significant challenges.

- Understaffing, high workload; frequent disruptions; inefficient work processes, low wages and salaries; and insufficient career development and advancement opportunities.

FINDING 2: In 2022 contracted workers at skilled nursing facilities were paid 40 to 84 percent more on average.

Contracted rates are extremely variable and depend on the location, season, shift time, and experience. Provided a travel nurse is willing to work out of state, they are competing not only with local pay rates but those across the country.

Positions	Noncontracted hourly rate	Contracted hourly rate	Percent contracted, makes more than noncontracted
Registered Nurses	$34	$48	40%
Licensed Professional Nurse	24	35	47
Certified Nursing Assistant	15	28	84

Source: BLS salary compared with Vivian Job posting Jan 2023

[58] PHCA, "'At Risk': Two New Reports Expose Financial and Staffing Crises for Pennsylvania Nursing Homes," June 7, 2022, https://www.phca.org/news/press-releases/at-risk-two-new-reports-expose-financial-and-staffing-crises-for-pennsylvania-nursing-homes/

[59] PA Health Care Assoc "Survey: 2023 State of Pennsylvania Nursing Facilities." *PHCA.org*. February 28, 2023, https://www.phca.org/wp-content/uploads/2023/02/2023-PHCA-Member-Survey-State-of-Pennsylvania-Nursing-Facilities-2.pdf.

FINDING 3: In 2022 The full cost of salary and fees paid to agencies to provide workers can be nearly twice the cost of noncontracted employees.

- 82 percent for RNs.
- 90 percent of LPNs.
- 73 percent of CANs.

FINDING 4: Between 2017 and 2022 salary costs of noncontracted direct care workers at skilled nursing facilities increased by 30 percent.

- In 2018 salary cost per hours worked was $20 per hour.
- In 2022 salary cost per hours worked was $26 per hour.

FINDING 5: Between 2017 and 2022 cost of wages and fees of contracted workers grew by 41 percent.

- In 2017 wages and fees of contracted workers cost $34 per hour.
- In 2022 wages and fees of contracted workers cost $48 per hour.

FINDING 6: Hourly costs for contracted workers increased 24 percent over the rate of inflation.

- From 2017 to the first half of 2022 the CPI increased by 17 percent.
- Average hourly wages and fees of total contracted workers rose 24 percent over inflation, while noncontracted salaries rose 13 percent.

FINDING 7: Level of care provided by facility is determined by the type of facility, not market demand.

- Personal care homes provide elderly and disabled Pennsylvanians assistance with daily care tasks.
- Skilled nursing facilities offer around-the-clock medical care.
- Assisted living residences could be a useful tool for allowing people in these facilities to age in place and scale the care needed, but these facilities are uncommon within the state.

FINDING 8: Skilled nursing facilities had 8,672 fewer workers than in 2018.

- Across all positions there 13,030 fewer full-time equivalent (FTE) permanent care staff at nursing facilities in 2022 as compared with 2018.
- 4,359 more FTE contractors across all positions working in nursing facilities.

FINDING 9: Due to the increasing number of Pennsylvanians over 65, there are proportionally 4.7 percent fewer nursing beds set up and staffed in 2022 than in 2013.

- In 2013 3,607 beds set up and staffed per 100,000 people.
- in 2022 3,436 beds set up and staffed per 100,000 people.

FINDING 10: In 2022, nursing facility residents receive approximately 9 fewer minutes per day with direct care staff than in 2018.

- Average number of direct care staff hours per resident day have declined by 4.3 percent between 2018 and 2022.
- In 2018, between 15 to 17 percent of providers hit the federal suggested ratio of 4.1 direct care hours per resident day.
- In 2022, between 13 to 16 percent of providers hit the federal suggested ratio of 4.1 direct care hours per resident day.
- Much progress needs to be made since just over half of Skilled Nursing Facilities meet the 3.2 HPDP state requirement that will come into effect in July of 2024.

FINDING 11: State mandated requirements for workers at nursing facilities cover the most important expertise and certifications demanded by the job.

- JSGC staff found that reviewing qualifications for direct care workers that in the case of RNs, LPNs, and CNAs the basic scope of trained practice includes all the tasks needed for the practitioner to perform job duties in long-term care facility.
- For RNs, certifications for that may be beneficial, but are not required, include wound care, ostomy care, geriatrics, and any mental health certification.
- For LPNs, certifications in intravenous long-term care and pharmacology.

Overall, the question of unfair pricing from staffing agencies can be a distraction from the largest concerns facing skilled nursing facilities. The estimated 45 to 75 percent mark-up rate by agencies for providing contracted workers may be typical of their industry, however, they are not costs the Pennsylvania long-term care system can sustain. While there will likely always be situations which demand the use of contracted workers, given the nature of how skilled nursing facilities are funded, use of contracted staff should be kept to a necessary minimum. Increases in wages of long-term care workers and improved working conditions at skilled nursing facilities might help lower the numbers of skilled providers who leave staff employment to take more expensive contracted positions.

RECOMMENDATIONS

Skilled nursing facilities are uniquely ill-suited to afford the growing costs of contracted workers. In part, this is because the long-term care industry is not easily scaled down in times of economic difficulty. Regardless of the growing amount of demand for these services, most consumers of nursing care services cannot afford to pay for them. It is estimated that 66 percent of beds in the Commonwealth are paid for by Medicaid. Because the number of people needing these services will rise steadily for the foreseeable future, and the reimbursement cost is fixed; the difference in price cannot be shifted to consumers.

This arrangement leads to a reduction in staffing and beds. With fewer staff available to care for increasing numbers of patients, the work becomes more difficult, less safe, and overall, less desirable. Hiring contract workers becomes necessary on the part of the providers to meet mandated staffing ratios. In addition to being costly, facilities must constantly on-board new workers, patient care becomes less consistent, and there is a psychological toll on staff workers who work alongside people being paid more to do the same job.

The less the long-term healthcare system keeps up with inflation, the fewer people desire to work at long-term care facilities. The fewer permanent staff members there are, the more inefficient the system becomes since paying contracted workers can almost double the cost for providers. Beds not being utilized due to lack of staffing leads to delays and deferred care for the 200,000 elderly Pennsylvanians who would otherwise reside in these facilities. Overall, insufficient funding causes inefficiencies, lower quality of life for workers, and creates hardships for current and potential residents.

RECOMMENDATION 1: Increase Medicaid reimbursement rates to fully cover the cost of residents at skilled nursing facilities. As of 2023 PHCA estimates that an increase of $12.50 per resident for a total daily Medicaid reimbursement of $263.05 would cover the cost of services provided by the system. This would equate to a 99.1 million annual investment. This increase would be a vital step to better prepare for the growing elderly population in Pennsylvania and toward planning and for the expansion of 3.2 direct care hours per resident day state requirements that go into effect in July of 2024.

RECOMMENDATION 2: Increase the wages of direct care workers. Data suggests that long-term care wages have kept up with inflation over the last 20 years. However, despite the recent increases in compensation, work done by long-term care professionals has been historically undervalued. The Pennsylvania Long-Term Care Council found in 2019 that 40 percent of workers in nursing homes and 36 percent of persons employed in residential care homes are part of

households earning below 200 percent of the federal poverty line.[60] Additionally, 30 percent of employees in nursing homes and residential care facilities receive public assistance in some form.[61]

The latest available data suggests the living wage in Pennsylvania for one person with no children is $16.41 per hour and is $24.44 dollars per hour for a dual income household with two children.[62] According to the PA Center for Workforce Information and Analysis the median pay in 2021 for a personal care aide was $15 made per hour while a CNA earned a little over $16 per hour. While the pay may be sufficient for one-person households, both positions would need substantial increases to attract workers with families.

RECOMMENDATION 3: Improve the work environment of Direct Care workers. As noted in organizational environment, section of this report, the workforce environment at long-term care facilities must be improved by enforcing disciplinary rules, protecting health workers for violence in the workplace, ensuring adequate staffing, increasing staff input for decisions which affect them and increased flexibility in scheduling.

RECOMMENDATION 4: Establish quality-based reimbursement system to incentivize better care. In 2022 the Centers for Medicare and Medicaid Services began requesting that states adjust Medicaid state plans, waivers or demonstrations to tie Medicaid payments to facilities with performance measures.[63] Examples include using Nursing Home Five-star quality rating systems to provide bonus payments to well performing facilities. Other quality measures include staffing ratio, room occupancy. Pennsylvania should establish a system to take advantage of quality-based care.

RECOMMENDATION 5: Improve training opportunities for direct care workers. More innovative approaches to training may allow a broader selection of people to be trained to become direct care workers. A recent example of an improvement in training of long-term care workers was the use of a hybrid approach of online training combined with in-person practice for emergency workers during the COVID-19 pandemic to become certified nursing assistants.

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[60] PA Dept of Aging, Long Term Care Council, *A Blueprint for Strengthening Pennsylvania's Direct Care Workforce,* April 18, 2019, 8, https://www.aging.pa.gov/organization/PennsylvaniaLongTermCareCouncil/Documents/Reports/LTCC_Blueprint%20for%20Strengthening%20Pennsylvania%E2%80%99s%20Direct%20Care%20Workforce_April2019.pdf

[61] *Ibid.*

[62] Glasmeier, Amy K. Living Wage Calculator. 2023. Massachusetts Institute of Technology. https://livingwage.mit.edu.

[63] Tsai, Daniel "CMS Informational Bulletin: Medicaid nursing facility payment approaches to advance health equity and improve health outcomes." Center for Medicaid and CHIP Services. 2022. https://www.medicaid.gov/federal-policy-guidance/downloads/cib08222022.pdf

RECOMMENDATION 6: Provide direct care workers access to more career development opportunities. The 2019 *Pennsylvania Health Care Workforce Needs* report by JSGC noted that "to improve … career development opportunities in long-term care facilities, the Commonwealth could invest in a career ladder program available to nursing homes and other long-term care facilities to develop career ladders and other training programs for nursing aides as another way to help facilities attract more workers through improved work environment."[64] This would allow for direct care workers to have greater specialization of tasks. Additional training and compensation tied to tenure could make the career more desirable and improve worker retention rates.

RECOMMENDATION 7: Address the negative stigma surrounding direct care in Pennsylvania. Twenty years ago, the Pennsylvania Intra-Governmental Council on Long-Term Care noted that "To attract and retain good people in this field, there must be a sense of respect and a sense of professionalism."[65] This statement is still equally true today. An uncertain response to the COVID-19 pandemic, inadequate staffing levels, and difficult work environments contribute to negative public perceptions of the long-term care facilities. DHS and long-term care providers should take steps to educate the public on efforts made to improve long-term care in Pennsylvania. Working to rehabilitate the image of long-term care could not only help attract the next generation of caregivers, but also win back some workers who have left the industry.

[64] Joint State Govt Comm, *Pennsylvania Health Care Workforce Needs*, April 2019, 132, http://jsg.legis.state.pa.us/publications.cfm?JSPU_PUBLN_ID=478

[65] Pennsylvania Intra-Governmental Council on Long Term Care, "In Their Own Words: Pennsylvania's Frontline Workers in Long Term Care," (Feb. 2001), https://www.aging.pa.gov/organization/PennsylvaniaLongTermCareCouncil/Documents/Reports/PennsylvaniaIntraGovernmentalCouncilOnLTC/InTheirOwn%20WordsPennsylvania%E2%80%99s%20FrontlineWorkersinLongTerm%20CareFebruary2001.pdf.

The conditions and workload of staff at long-term care facilities can be an important factor in staff shortages and staff turnover.

Direct Care Worker Responsibilities at Long-term Care Facilities

An important aspect of understanding the working environment at long-term care facility is appreciating the numerous duties and responsibilities of its direct care staff, which can include registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs).

Registered Nurse

The U.S. Bureau of Labor Statistics defines an RN's duties as typically including:

- Assess patients' conditions
- Record patients' medical histories and symptoms
- Observe patients and record the observations
- Administer patients' medicines and treatments
- Set up plans for patients' care or contribute information to existing plans
- Consult and collaborate with doctors and other healthcare professionals
- Operate and monitor medical equipment
- Help perform diagnostic tests and analyze the results
- Teach patients and their families how to manage illnesses or injuries
- Explain what to do at home after treatment.[66]

In 2021, nursing and residential care facilities care facilities employed six percent of the nation's registered nurses.[67] In addition to being required to work fluctuating schedules, weekends, and holidays, RNs are vulnerable to injuries and illnesses. Considering they spend a lot of time walking, bending, stretching, standing, and moving/lifting patients, nurses often suffer from back injuries.

[66] "Registered Nurses," *U.S. Bureau of Labor Statistics*, accessed September 19, 2022, Registered Nurses: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics (bls.gov).
[67] *Ibid.*

In addition, "registered nurses must be able to effectively communicate with patients to understand their concerns and assess their health conditions."[68] Specifically, long-term care nurses provide extended care to patients (often elderly patients) living with disabilities or suffering from progressive or chronic illnesses.[69] Successful career traits for long-term care nurses include the ability to build long-term relationships with patients and caregivers, patience working in stressful conditions, and strong observation and assessment skills.[70]

Typical long-term care nurse duties include:

- Develop, coordinate, and implement comprehensive patient care plans with medical and clinical staff.
- Administer medications, perform vital sign checks and medical procedures, and provide therapeutic treatments such as range-of-motion exercise and massage.
- Operate medical equipment, monitor, and assess patient status, and record patient information in medical records.
- Assist patients with daily tasks such as bathing and dressing.
- Offer education, emotional support, and guidance for patients, families, and caregivers.[71]

In addition, "the best long-term care nurses possess strong leadership and organizational skills and the ability to apply analytical and critical thinking skills to stressful clinical situations. Because of the collaborative nature of LTC [sic] care nursing, these RNs [sic] must develop good communication and team-building skills."[72]

The basic scope of trained practice for an RN includes all the tasks needed for the practitioner to perform job duties in long-term care facility. There are over 183 types of certifications for RNs, though not all are relevant to practicing long-term care.[73] Certifications may be beneficial based on the type of patients accepted by the nursing facility. For example, specific training may be required in long-term care facilities that accept ventilator patients.[74] In Pennsylvania, there has been an effort to increase the numbers of facilities which accept patients requiring ventilators.[75]

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[68] *Ibid.*
[69] "What Does a Long-Term Care Nurse Do?," *Nurse Journal*, accessed September 19, 2022, Long-Term Care Nurse Career Overview | NurseJournal.org.
[70] *Ibid.*
[71] *Ibid.*
[72] *Ibid.*
[73] Staff, Nurse.org. "Complete List of Common Nursing Certifications." Accessed April 6, 2023. https://nurse.org/articles/nursing-certifications-credentials-list/
[74] Donner, Debbie. "RN Ventilator Certification." *Career Trend.com*. July 10, 2019. https://careertrend.com/about-6908109-rn-ventilator-certification.html.
[75] Liguori, Priscilla. ""Pa. State Senate considering bill to give skilled nursing facilities more funding for ventilator, tracheostomy care"." *ABC27 News*. May 14, 2021. Accessed April 6, 2023. https://www.abc27.com/news/health/pa-state-senate-considering-bill-to-give-skilled-nursing-facilities-more- funding-for-ventilator-tracheostomy-care/.

Long-term care RNs commonly acquire certification for working with PICC or midline catheters. A peripheral catheter is like any IV you may have in the arm/hand, and any RN can complete this task. A PICC is a type of long catheter that is inserted through a peripheral vein (often in the arm) into a larger vein in the body. It is used when intravenous treatment is required over a long period. PICC and midline are inserted by PICC certified nurses. Other certifications that may be beneficial, but are not required, include wound care, ostomy care, geriatrics, and any mental health certification (currently highly sought in staff).

RNs are supported by both LPNs and CNAs in providing patient care in long-term care facilities.

Licensed Practical Nurses

The PA Code outlines the functions of LPNs.[76] The primary roles of a licensed practical nurse are in "providing routine care, observing patients' health, assisting doctors and registered nurses, and communicating with patients and their families."[77] More specifically, licensed practical nurses who work in long-term care facilities fulfill the following responsibilities:

- admitting new residents;
- assisting physicians during rounds of residents' rooms;
- assigning and delegating duties to non-licensed nursing staff;
- monitoring resident care and supervising other nursing staff;
- performing ongoing assessments of residents' physical and mental health; and
- explaining procedures and treatment protocols to residents.[78]

In addition to managing and working with the nursing assistants, licensed practical nurses are responsible for documenting and charting, which "for an 8-hour shift can take up to 2 hours at times."[79]

Most accredited LPN programs offer IV training, but certification is another way to acquire this skill. Among the most valued LPN certifications are intravenous long-term care and pharmacology. LPNs, however, cannot obtain certification to administer chemotherapeutic agents and ICU advanced life support medications. The types of services and medications that LPNs are not allowed to administer are uncommon, if used at all, in the long-term care environment; such limitations have little impact in a nursing facility. Conversely, these restrictions can have significant impacts if the hospital or hospital system incorporates those responsibilities in the LPN job description and some institutions choose not to assign certain tasks to reduce liability.

[76] 49 Pa. Code section 21.145. Functions of the LPN.
77 "LPN Job Description," *Practical Nursing*, accessed September 19, 2022, Nursing in Long Term Care PracticalNursing.org.
[78] *Ibid.*
[79] *Ibid.*

Certified Nurse Assistant

A CNA acts as a channel of communication between the patients and doctors and nurses. At the center of this position is a focus on providing the best quality care to patients. CNAs must be able to listen to patients so they can help meet their needs and address any concerns they might have. Because they are often the first point of contract for the patients, it is especially important that those who work in this position display compassion, empathy and thoughtfulness.[80]

The duties CNA complete are varied, and include:

- Assist with personal hygiene, dressing, and bathing and with feeding/mealtime
- Change bedclothes and gowns, sheets and restock patients' rooms with needed supplies[81]
- Lift patients and help reposition in their beds, exam tables, or wheelchairs. Turn patients regularly to prevent bed sores
- Help with continence management such as measuring and notating outputs and emptying bedpans
- Assist with mobility issues, exercise and transport of patients
- Set up rooms before sterile procedures and clean up afterwards as well as clean and sanitize patient areas
- Collect information on treatment plans and patients' information from their care team of doctors, nurses, and caregivers.
- Take patient vital signs such as blood pressure and pulse daily[82]
- examine patients for blood in the urine, bruises, bed sores, and other wounds/injuries
- Answer patient calls and provide emotional support to the patients[83]

To summarize the working relationship between these three crucial roles, "RNs are responsible for the overall delivery of care to the residents. LPNs provide care under the direction of an RN. CNAs work under the direction of a licensed nurse to assist residents with activities of daily living."[84]

Due to the difficult nature of their positions, nursing staff face many professional challenges, making it important to maintain a healthy and supportive work environment. "Nurses have the potential to lead the way in improving health and health care for all, but in order to realize

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[80] "CNA Training Job Description-Duties and Responsibilities," *CNA Training Help*, accessed September 19, 2022, CNA Job Description – Duties and Responsibilities (cnatraininghelp.com).
[81] *Ibid.*
[82] "Overview of CNA Duties," *HealthGrad*, accessed September 19, 2022, List of CNA Duties/Job Description | HealthGrad.
[83]"CNA Duties—Certified Nursing Assistant Job Description," *CNA Resources*, accessed September 19, 2022, CNA Duties - Certified Nursing Assistant Job Description (cnaresources.com).
[84] "Staffing for Nursing Homes," Medicare, accessed August 23, 2022, https://www.medicare.gov/care-compare/resources/nursing-home/staffing.

that potential they must operate in an environment that is safe, empowering and satisfying. Just as health care workers have a duty of care to their patients, employers have a fundamental duty of care to their employees—to create a health work environment for them."[85]

Understanding Nurse Turnover in Long-Term Care Facilities

High turnover among long-term care nursing staff is associated with poor quality care for patients.[86] Poor care can take many forms from increased use of psychoactive drugs to use of physical restraints to manage behavior. It can also manifest as physical conditions that develop among patients such as contractures, pressure ulcers, as well as higher use of catheters. Turnover is also linked to higher number of survey deficiencies in nursing homes.[87] For those nursing staff that remain behind, they may see increased workload which can lead to low staff morale and burnout.[88] Using payroll-based daily staffing data from 15,645 facilities in the United States, a 2021 study concluded that the RN turnover rate in long-term care facilities was 56.2 percent compared to 53.6 percent for LPNs.[89]

A review of reasons for long-term care nurse fatigue includes stressful workload; disruptive workflow; inefficient work processes; poor leadership and management; low wages and salaries; and insufficient career development and advancement opportunities.[90] To ensure safe care that meets regulatory compliance, a long-term care nurses' daily average tasks may include 40 items per shift, many of which require multiple steps to complete. "For example, achieving an accurate medication pass for 30 residents requires a minimum of 150 total steps."[91] A 2021 study focusing on time management "found a medication pass took an average of five minutes to complete per resident and a minute longer if the resident had dementia."[92]

To meet these demanding work responsibilities, long-term care nursing staff depend on their well-developed time management skills. To maximize their efficiency, nurses maintain a routine, prioritizing and reprioritizing the work schedule, "creating new time when the time was short, changing the sequence of tasks, minimizing time spent doing required work, and sometimes

[85] "Healthy Work Environment for Nurses," *American Nurses Association*, accessed September 19, 2022, Healthy Work Environment for Nurses | ANA Enterprise (nursingworld.org).
[86] Castle, N. G., & Engberg, J. (2005). Staff Turnover and Quality of Care in Nursing Homes. *Medical Care*, *43*(6), 616–626. https://doi.org/10.1097/01.mlr.0000163661.67170.b9.
[87] Lerner, N. B., Johantgen, M., Trinkoff, A. M., Storr, C. L., & Han, K. (2014). Are Nursing Home Survey Deficiencies Higher in Facilities with Greater Staff Turnover. *Journal of the American Medical Directors Association*, *15*(2), 102–107. https://doi.org/10.1016/j.jamda.2013.09.003.
[88] NSDxpert Consultancy, "Understanding Nurse Turnover in Long-Term Care Facilities," *LinkedIn*, last modified March 13, 2022, Understanding Nurse Turnover in Long-Term Care Facilities (linkedin.com).
[89] Gandhi, A., Yu, H., & Grabowski, D. C. (2021). High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information. *Health Affairs (Project Hope)*, *40*(3), 384–391. https://doi.org/10.1377/hlthaff.2020.00957.
[90] *Ibid.*
[91] *Ibid.*
[92] Chen, E., Bell, J. S., Ilomäki, J., Corlis, M., Hogan, M. E., Caporale, T., Van Emden, J., Westbrook, J. I., Hilmer, S. N., & Sluggett, J. K. (2021). Medication Administration in Australian Residential Aged Care: A Time-and-Motion Study. *Journal of Evaluation in Clinical Practice*, *27*(1), 103–110. https://doi.org/10.1111/jep.13393.

changing their work responsibilities."[93] Often, nurses complete what they consider to be "must-do" tasks, leaving other duties uncompleted. Even if a nurse is overwhelmed with work, their days are structured to prevent working overtime, since nursing homes cannot afford those rates.[94]

While ideally electronic health systems would raise efficiency of nursing and reduce the number of errors, this is rarely the case due to fragmented implementation of technology. Each system operates uniquely, which can lead to slower work. Fully integrated systems are often not pursued either due to cost or reliance on older systems which cannot be merged.[95] For example, a separate laboratory, pharmacy, and educational system requires staff to log into multiple systems to retrieve vital information to complete their tasks.

Over the course of their workday, long-term care staff experience many disruptions and unforeseen events such as resident falls or conflicts. Caring for residents with psychiatric and other cognitive impairments who often exhibit behavioral dysfunctions long-term care nurses must address these issues immediately, while "navigating the delicate balance of behavior management and abuse, given the residents' rights are paramount."[96] Further, nursing staff is often expected to complete administrative tasks such as answering phone calls. Finally, while responding to attending physicians' requests, nursing staff frequently respond to a resident's disgruntled caregiver's concerns, compounding staff's stressful environment.[97]

Ineffective leadership practices and administrator turnover can also have a negative effect on worker morale.[98] High turnover among leadership can cause instability in organization structure and may leave staff feeling abandoned.[99] Two important responsibilities of long-term care leadership are delegation of duties and enforcement of staff discipline. In a demanding workload environment, "nurses expect their peers to perform their job roles and want to see peers they perceive as underperforming be addressed accordingly. If such expectations go unmet, it results in discontent and anger over time."[100]

Regulatory demands developed by both the Center for Medicare and Medicaid Services and the Pennsylvania Department of Health significantly influence the required staff duties implemented by long-term care. Health care leaders displaying emotional intelligence and communication skills can also have positive effects on work environment, through building meaningful relationships with the workers resulting in a tight-knit group of peers.[101]

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[93] Bowers, B. J., Lauring, C., & Jacobson, N. (2001). How Nurses Manage Time and Work in Long-Term Care. *Journal of Advanced Nursing*, *33*(4), 484–491. https://doi.org/10.1046/j.1365-2648.2001.01686.x.
[94] NSDxpert Consultancy*, supra.*
[95] *Ibid.*
[96] *Ibid.*
[97] *Ibid.*
[98] Chu, C. H., Wodchis, W. P., & McGilton, K. S. (2014). Turnover of Regulated Nurses in Long-Term Care Facilities. *Journal of Nursing Management*, *22*(5), 553–562. https://doi.org/10.1111/jonm.12031.
[99] NSDxpert Consultancy*, supra.*
[100] *Ibid.*
[101] *Ibid.*

Two additional staff turnover considerations are compensation and staff development, including career opportunities. Staff development is provided and encouraged to aid staff in remaining relevant in their practices. Moreover, the nursing staff should be compensated appropriately, or they may either work as a contractor or leave the field entirely.

Because of falling staffing levels, nursing home residents' health has suffered. There is an increase in bedsores, weight loss, depression, and the use of antipsychotic medication among residents during the pandemic. Nursing homes have been forced to decrease admissions or close altogether.[102] Also exacerbating the staffing crisis in long-term care facilities is workers quitting to take contract travel positions. There are many reasons why this is an attractive proposition. For one, the pay is significantly better, frequently two to four times higher.[103] Additionally, there is greater flexibility – travel workers can choose where and when to work.[104]

To ensure that the needs of nurses are met, the American Nurses Association has created the Nurses' Bill of Rights, which establishes a framework of "seven basic principles concerning workplace expectations and environments every nurse has a fundamental right to see fulfilled…. Drawing from policy statements, standards of practice documents, and *The Code of Ethics for Nurses with Interpretive Statements*, the document has been created with the interests of both nurses and those they care for in mind."[105] The principles that constitute nursing rights as defined by this ethical code are as follows:

- practice in a manner that fulfills their obligations to society and to those who receive nursing care.
- to practice in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice.
- to a work environment that supports and facilitates ethical practice, in accordance with *The Code of Ethics for Nurses with Interpretive Statements.*
- to freely and openly advocate for themselves and their patients without fear of retribution.
- to fair compensation for their work, consistent with their knowledge, experience, and professional responsibilities.
- to a work environment that is safe for themselves and for their patients.
- to negotiate the conditions of their employment, either as individuals or collectively, in all practice settings.[106]

[102] Emily Paulin, "Inside the 'Staffing Apocalypse' Devastating U.S. Nursing Homes," AARP, 2022, https://time.com/6149467/congress-travel-nurse-pay/.
[103] Abby Vesoulis and Abigail Abrams, "Contract Nurse Agencies Are Making Big Money."
[104] Y. Tony Yang and Diana J. Mason, "COVID-19's Impact on Nursing Shortages, The Rise of Travel Nurses, And Price Gouging," Health Affairs, January 28, 2022, https://www.healthaffairs.org/do/10.1377/forefront.20220125.695159/
[105] *Ibid.*
[106] *Ibid.*

A 2019 study by the University of Pennsylvania School of Nursing's Center for Health Outcomes and Policy Research "synthesized 16 years of studies to show the association between the nurse work environment and four sets of outcomes: nurse job outcomes, nurse assessments of quality and safety, patient health outcomes and patient satisfaction."[107] The nurse work environment refers to organizational elements that influence nursing care quality, such as nurse-physician collaboration, nurse manager support, and nurse involvement in decisions affecting clinical care. Contributing author Eileen T. Lake (PhD, RN, FANN) stated "Our results support the unique status of the nurse work environment as a foundation for both patient and provider well-being that warrants the resources and attention of health care administrators."[108]

Organizational Environment

Given the increases in labor costs and declines in the number of workers, change must occur to stabilize the long-term care system in Pennsylvania. While an increase in staff wages would improve conditions, current research suggests that managers can also adjust policies to improve worker experiences "RNs [sic] provide vital leadership, surveillance, and care coordination, while LPNs and … CNAs deliver the majority of direct patient care in nursing homes. Extensive evidence has shown that the ability of these staff members to provide safe and effective care is largely influenced by the organizational environment in which they practice."[109]

The Centers for Medicare and Medicaid Services expect certain staffing levels to be met, and high staff turnover exacerbates this common industry challenge.[110] "High turnover has been consistently linked to poor care quality and generates additional labor costs for training, recruitment, hiring, and productivity loss."[111] Moreover, these increased costs pose serious challenges to long-term care facilities, considering both their dependency on Medicaid reimbursement and their operations are under "tight budgetary constraints."[112]

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[107] "Penn Nursing Study Links Nurse Work Environments and Outcomes," *University of Pennsylvania School of Nursing*, accessed September 19, 2022, Penn Nursing Study Links Nurse Work Environments and Outcomes • Penn Nursing (upenn.edu).

[108] "Association between the Nurse Work Environment & its Outcomes studied by Penn Nursing," *Waste Medic*, accessed September 19, 2022, Association between the Nurse Work Environment & its Outcomes studied by Penn Nursing - Waste Medic.

[109] Elizabeth White, Erin Woodford, Julie Britton, Lynn W. Newberry, and Christine Pabico, "Nursing Practice *Environment* and Care Quality in Nursing Homes: A case study of the Pathway to Excellence in Long-Term Care Model," *Nursing Management*, last modified June 2020, Article.pdf (nursingrepository.org).

[110] Geng F, Stevenson DG, Grabowski DC., "Daily Nursing Home Staffing Levels Highly Variable, Often Below CMS Expectations," *Health Aff (Millwood*). 2019;38(7):1095-1100; American Health Care Association, "2012 Staffing Survey Report," available at www. ahcancal.org/research_data/staffing/ Pages/default.aspx; Castle NG, "State Differences and Facility Differences in Nursing Home Staff Turnover," *J Appl Gerontol*. 2008;27(5): 609-630.

[111] White, *supra*.

[112] American Health Care Association, "A Report on Shortfalls in Medicaid Funding for Nursing c
Center Care.," 2016, available at www. ahcancal.org/research_data/funding/Documents/2015 Medicaid Underfunding for Nursing Center Care FINAL.pdf.

Nursing staff fatigue combined with job dissatisfaction are key contributors to staff turnover, and further pose significant threats to patient safety.[113] "Nursing home RNs [sic] report higher rates of burnout and job dissatisfaction than RNs [sic] employed in any other clinical setting, including hospitals …. The National Academy of Medicine has recognized the practice environment as being fundamental to ensuring clinician well-being and patient safety in healthcare settings."[114]

Tight budgetary constraints may prompt long-term care facilities to adopt internal processes and procedures to encourage staff support and retention, promoting safe, effective care. "This includes engaging direct care staff in shared decision-making, fostering strong nurse leaders, maintaining evidence-based nursing care standards and active quality assurance programs, providing opportunities for staff advancement and professional growth, and supporting interdisciplinary teamwork."[115] Studies have found focusing on these organizational characteristics has been independently associated with both better nursing home quality and reduced nursing staff fatigue and job dissatisfaction.[116]

In 2010, the American Nurses Credentialing Center launched the Pathway to Excellence in Long-Term Care Program, recognizing long-term care providers that maintain practice environments that support nursing excellence.[117] In 2018, Genesis Healthcare Schuylkill Center (a 190-bed nursing home providing post-acute and long-term care in Pottsville, Pennsylvania) received the Pathway designation. "The Pathway standard includes six standards that represent the essential elements of supportive practice environments: shared decision-making, leadership, safety, quality, well-being, and professional development …. Each standard complements and supports the others."[118] A valuable resource benefit of this program is the Pathway Learning Community, a platform enabling Pathway process participants to connect and share best practices, resources, experiences, and strategies.

The cornerstone of this management model "is shared decision-making, in which nursing home leaders engage their direct care staff members in decisions and organization processes that impact their practice."[119] A core step in the achieving Pathway designation is when both nursing home leaders and direct care staff independently complete the Self-Assessment of Organizational Culture tools. "This assessment importantly engages direct care staff members from the beginning, building trust and sending the message that their feedback is valued by leadership."[120]

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[113] Dyrbye LN, Shanafelt TD, Sinsky CA, et al, "Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care*," Washington, DC: National Academy of Medicine*; 2017.
[114] White, *supra*.
[115] *Ibid.*
[116] Flynn L, Liang Y, Dickson GL, Aiken LH., "Effects of Nursing Practice Environments on Quality Outcomes in Nursing Homes," *J Am Geriatr Soc.* 2010;58(12): 2401-2406; White EM, Aiken LH, Sloane DM, McHugh MD., "Nursing Home Work Environment, Care Quality, Registered Nurse Burnout and Job Dissatisfaction," *Geriatr Nurs*. [e-pub Sep. 3, 2019]; Choi J, Flynn L, Aiken LH., "Nursing Practice Environment and Registered Nurses' Job Satisfaction in Nursing Homes," *Gerontologist*. 2012;52(4):484-492.
[117]White, *supra*.
[118] *Ibid.*
[119] *Ibid.*
[120] *Ibid.*

For example, Genesis Healthcare Schuylkill Center identified a positive impact of Pathway's shared decision-making process involving the nurses' request for a more flexible work schedule. The nursing staff requested 12-hour shifts, stating this schedule would increase their personal well-being by allowing more days off. All nursing staff members had the opportunity to share input by email, comment box, and open team meetings. In addition to allowing nursing staff to self-schedule their shifts, the Schuylkill Center adopted the practice of 12-hour shifts for those interested as well as accommodated traditional shifts to meet other staff preferences.[121]

The Genesis Healthcare Schuylkill Center identified the following as return on investment of the Pathway to Excellence in Long-Term Care Program:

- *Improved teamwork*. By creating a framework for nurse managers and direct care staff to improve their teamwork, staff felt more ownership of their work

- *Increased nursing staff autonomy and well-being*. The Nurse Practice Council adopted a shared decision-making approach that engaged nursing on decisions that affected them and reduced pressure on directors of nursing.

- *Enhanced marketing*. Since adopting the Pathway, they have seen a boost in business partnerships, market share, and patient and family referrals.[122]

While discussions surrounding adequate compensation often the major focus of improving retention for workers at skilled nursing facilities, better organization and leadership practices can benefit everyone from patients to nursing directors having higher rates of satisfaction with their careers. In addition to environmental factors, wages and salaries make up another important indicator of nursing job satisfaction.

[121] *Ibid.*
[122] *Ibid.*

STAFFING CONCERNS

Direct care worker shortages currently face all health-care related industries. Staffing shortages in long-term care facilities have been well-documented for decades. In the past, Joint State Government Commission has written about the healthcare shortage in the 2015 report *Professional Bedside Nursing in Pennsylvania* report and the 2019 *Pennsylvania Health Care Workforce Needs* report which cited the need to "attract and retain more long-term care workers."[123]

The PA Long-term Care Council defines direct care workers as "paid frontline workers who provide hands-on care, services, and support to the elderly and individuals with disabilities across the long-term services and supports continuum, from home and community-based settings to skilled nursing facilities. There are a variety of job titles that currently refer to these workers including, but not limited to: attendants, assisted living aides, home health and home care aides, nurse aides, nursing assistants, personal care aides, and program assistants."[124] In the healthcare industry, direct care denotes medical services, nursing services, or social services provided to an individual resident.

Two common reasons staffing shortages persist because of the work is challenging and the pay is unsatisfactory.[125] High turnover rates and low job satisfaction are common in these facilities.[126] A 2021 study estimated turnover rates nationally in nursing homes in 2017 and 2018; staff included are registered nurses (RN), licensed practical nurses (LPNs), and certified nursing assistants (CNAs). The median annual turnover rate was 94 percent and the mean turnover rate was 128 percent; some facilities had turnover rates of over 300 percent.[127]

COVID-19 has exacerbated pre-existing staff problems in long-term care facilities. Nursing home residents and staff were heavily affected. Surging cases overwhelmed staff, who were already struggling with lack of staff and personal protective equipment. Numerous workers became sick, increasing the work burden on healthy workers. The emotional toll that the pandemic had on the already understaffed nursing homes accelerated burnout and turnover.[128] Nursing

[123] Joint State Govt Comm, Pennsylvania Health Care, 32.
[124] Long-term Care Council, "Definition of Direct Care Worker," 2015, https://www.aging.pa.gov/organization/PennsylvaniaLongTermCareCouncil/Documents/DCW%20Definition.pdf
[125] Rhitu Chatterjee, "The Pandemic Pummeled Long-Term Care – It May Not Recover Quickly, Experts Warn," NPR, February 22, 2022, https://www.npr.org/sections/health-shots/2022/02/22/1081901906/the-pandemic-pummeled-long-term-care-it-may-not-recover-quickly-experts-warn.
[126] Meg Bourbonniere et al., "The Use of Contract Licensed Nursing Staff in U.S. Nursing Homes," *College of Nursing Faculty Papers & Presentations*, paper 26 (2006). https://jdc.jefferson.edu/nursfp/26/.
[127] Ashvin Gandhi, Huizi Yu, and David C. Grabowski, "High Nursing Staff Turnover in Nursing Homes Offer Important Quality Information," *Health Affairs* 40, no. 3 (2021): 384–391.
[128] Noelle Denny-Brown et al., "COVID-19 Intensifies Nursing Home Workforce Challenges," U.S. Department of Health and Human Services, October 18, 2020, https://aspe.hhs.gov/reports/covid-19-intensifies-nursing-home-workforce-challenges.

homes are struggling to replace workers who quit during pandemic, especially certified nursing assistants.[129] A survey by the American Health Care Association found that 60 percent of nursing home providers said that their workforce situation has worsened since January 2022. Additionally, 87 percent are facing moderate to high staffing shortages, with 48 percent facing a high level of staffing shortages.[130]

The Pennsylvania Health Care Association (PHCA) reported in a recent survey that providers were concerned about meeting staffing ratios in the future and that 90 percent believed they would need to increase their reliance on contracted workers to meet upcoming State hours per resident per day (HPRD) requirements. Nursing home operators have also expressed concern over whether the federal government will impose a 4.1 HPRD staffing mandate in the future given the current labor market and Medicaid reimbursement levels. In particular, they are concerned about how to locate qualified staff and having the financial resources to recruit and retain them. If they had more financial resources, the facility operators indicated they would spend them on employee wages, workforce recruitment, infrastructure, and facility improvements, and paying off loans, capital debt, and capital obligations.[131]

Staffing Levels at Long-term Care Facilities

The U.S. Bureau of Labor Statistics and Data tracks employment data within the state. Despite the demonstrated need of these positions and regular increases in pay, there is a downward trend in employments levels across multiple positions at skilled nursing facilities from 2018-2021. Current Pennsylvania data available corresponds to stories frequently told about medical professionals leaving the workforce, losing over 11,000 direct care workers in four years across all facility types. Of particular concern is the 7,330 thousand CNAs which left the industry between 2018 and 2021. Because the number of workers were already in decline in 2019, it is uncertain how many workers will return to this industry even though the COVID-19 cases across the country have dropped. See Table 1.

[129] Jayme Fraser, "'Permanent Shock' to Nursing Homes? Facilities Fail to Replace Workers Who Quit After COVID Outbreaks," USA Today, August 4, 2022, https://www.usatoday.com/story/news/investigations/2022/08/04/nursing-home-jobs-workers-quit-pay-covid-outbreaks/10219487002/.

[130] "Survey: Nursing Homes Still Facing Staffing & Economic Crisis," AHCA/NCAL, June 6, 2022, https://www.ahcancal.org/News-and-Communications/Press-Releases/Pages/Survey-Nursing-Homes-Still-Facing-Staffing-&-Economic-Crisis.aspx.

[131] PA Health Care Assoc, "Survey: 2023 State of Pennsylvania Nursing Facilities." *PHCA.org*. February 28, 2023. https://www.phca.org/wp-content/uploads/2023/02/2023-PHCA-Member-Survey-State-of-Pennsylvania-Nursing-Facilities-2.pdf.

Table 1

Employment Trends
by Occupation and Industry[132]

Year	Occupation							
	Registered Nurses		Licensed Practical and Vocational Nurses		Nursing Assistants		Home Health and Personal Care Aides	
	SNF	CCR & ALR	*SNF*	CCR & ALR	*SNF*	CCR & ALR	*SNF*	CCR & ALR
2018	7,200	3,180	10,650	5,240	25,230	13,820	2,650	13,020
2019	6,870	3,200	10,130	5,170	24,050	12,850	3,440	13,820
2020	6,650	3,350	9,140	4,980	21,490	12,960	4,120	12,770
2021	6,700	3,810	7,980	4,840	19,850	11,870	3,060	11,640

Source: Data from US Bureau of Labor Statistics 2018-2021.

The Pennsylvania Health Care Association surveyed its members and found that worker shortages are more acute among Skilled Nursing facilities than PCH/ALRs.[133] While over 97 percent of all Skilled Nursing facilities, PCH, and ALR have open positions, the number of open positions at nursing facilities was greater. Approximately 31 percent of skilled nursing respondents had more than 20 open direct care positions, followed by over 25 percent that had between 6-10 open positions. In comparison 29 percent of respondents of the PCH/ALRs survey had between 6-10 open positions. Staffing concerns were the number one concern of all three types of facilities surveyed. Additional statistical data from the BLS is available in Appendix C.

Skilled Nursing Facility Staffing Estimates

As a requirement of receiving Medical Assistance a cost report form labelled MA-11 are reported by skilled nursing facilities to the Pennsylvania Department of Human Services.[134] Relevant data included in the report are employment costs, and number of hours worked by employees. The reports are limited because they count only workers at skilled nursing facilities since the PCH and ALF are not subject to Medicaid reporting requirements. In 2017, there were 604 skilled nursing facilities. By 2021, 18 fewer nursing facilities reporting submitting data

[132] SNF – skilled nursing facilities. CCR & ALF - *Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly.*

[133] PA Health Care Assoc. "Survey: 2023 State of Pennsylvania Assisted Living Residences and Personal Care Homes." PHCA.org. March 31, 2023.
https://www.phca.org/wp-content/uploads/2023/03/2023-PHCA-Member-Survey-State-of-Pennsylvania-Assisted-Living-Communities-and-Personal-Care-Homes-V1.2-1.pdf

[134] 55 Pa. Code § 1187.73, § 1187.75, and § 1187.76.

suggesting the number of facilities is decreasing. Available state data on all types of long-term care facilities from the Center for Workforce Information and Analysis at the PA Department of Labor and Industry is presented in Appendix B.

Close to 46,000 direct care workers were employed at skilled nursing facilities in a variety of roles in 2018. This workforce shrank to 37,600 by 2021. While the data above indicates that skilled nursing facilities lost seven percent of their RNs, some may be transferring to other long-term care employers, as continuing care retirement communities and assisted living residences reported 20 percent growth in the same period. CNAs form the backbone of this industry, by making up the majority of its employees. In 2021, however, there were 21 percent fewer CNAs working in skilled nursing facilities than there were in 2018. Skilled nursing facilities experienced a 15 percent increase in the number of personal care aides employed over four years; however, these numbers fluctuate substantially from year to year. More recent data are not yet available to show whether the number of staff recovered in 2022.

From 2017 to 2021 staff counts for all positions dropped and the downward trend was especially sharp in 2021, which saw a 17 percent decline in noncontracted staff and nearly a 12 percent reduction in Registered Nurses. If accurate, this would represent a total loss of a quarter of its workforce over a five-year period or a loss of 12,123 workers. See Table 2.[135]

Table 2

Non-contracted staff working at Skilled Nursing Facilities from 2017-2021 Pennsylvania

Year	Staff RN	Staff LPN	Staff CNA	Attendants/ Orderlies	Other	Non-contract total
2017	6,412	11,073	29,214	189	572	47,460
2018	6,230	10,760	28,348	147	527	46,012
2019	6,133	10,594	27,658	103	411	44,899
2020	6,054	10,249	25,919	142	355	42,719
2021	5,347	8,657	20,967	110	256	35,337

Source: PADoH MA-11 Cost Forms 2017-2021.

[135] To calculate staffing averages of each occupation per nursing home using MA-11 data, Commission staff first found the total of workers in each occupation, then divided that number by the number of nursing homes that reported non-zero total full-time equivalent Staff by year end. While many observations for various positions were blank, many did have non-zero total Staff numbers, which suggests that these nulls are meant to be zeros. Non-salary benefits not included.

The decline in staffing caused by the COVID-19 pandemic can be difficult to generalize due to varying sizes of the facilities. At an average facility, however, this loss could be visualized as one fewer RN, three fewer LPNs, and ten fewer CNAs providing care for their patients. As indicated later in this chapter, contracted workers have stepped in to fill in half of these positions but provide less stability to the resident population and provide care at a greater cost to facilities. Over the last five years there are ten fewer providers reporting into the system and resident count dropped by 14 percent, or approximately 10,000 residents. See Table 3.

Table 3

Average non-contract staff by position per facility
2017-2021
Pennsylvania

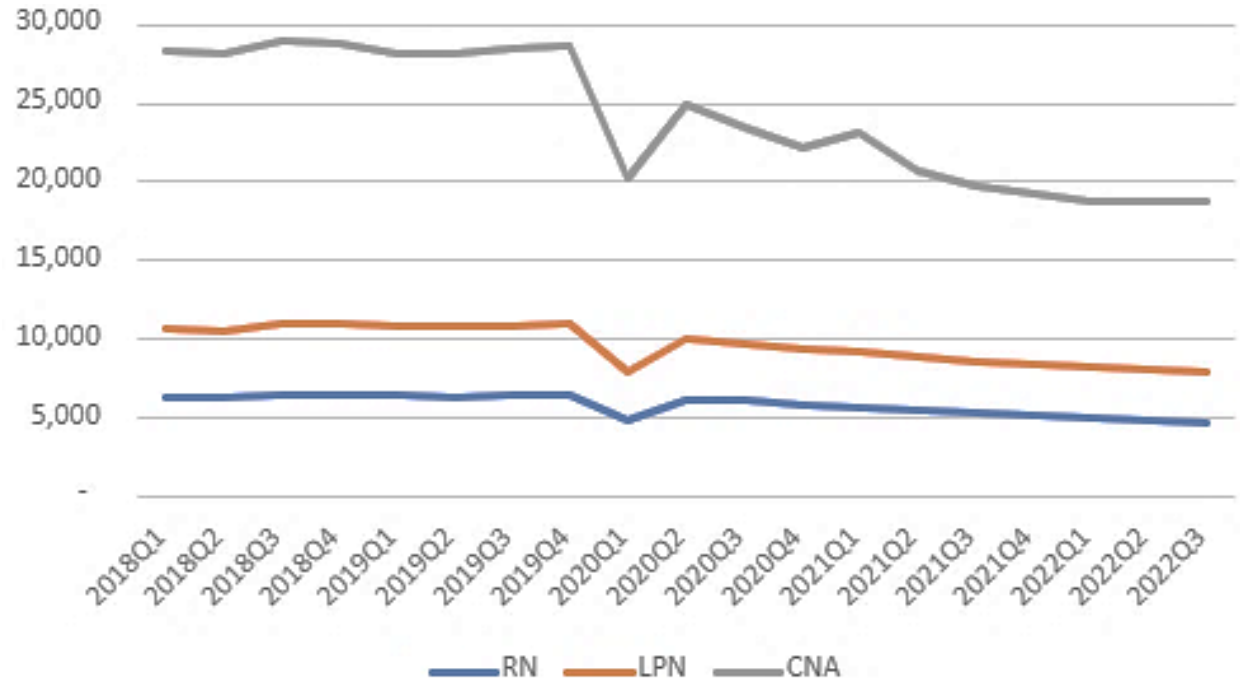
Year	Registered Nurse	Licensed Practical Nurse	Certified nursing Assistant	Attendant/ Orderly	Other staff	Non-contract staff total
2017	10.9	18.9	49.9	0.2	0.9	80.9
2018	10.5	18.1	47.7	0.2	0.9	77.5
2019	10.2	17.5	45.8	0.2	0.7	74.3
2020	10.0	17.0	42.9	0.2	0.6	70.7
2021	9.1	14.8	35.8	0.2	0.5	60.3

Source: PADoH MA-11 Cost Forms 2017-2021.

While MA-11 cost forms were used to track operating costs at federally funded facilities, The Centers for Medicare & Medicaid Services (CMS) is another vital source of data for nursing homes and has additional up-to-date information from third quarter 2022. Assuming a 40-hour workweek, Commission staff estimated the Full Time Equivalent (FTE) numbers of nursing employees for each nursing position. Across all positions there are 13,030 fewer full-time equivalent (FTE) permanent care staff at nursing facilities in 2022 as compared with 2018. See Chart 1.

Chart 1

FTE Nursing Employees at Skilled nursing
2018-2022
Pennsylvania



Source: CMS Payroll Based Journal Daily Nurse Staffing 2017-2022

Overall, there were 2,200 fewer FTE RNs, 4,600 LPNs and 13,000 CNAs working in 2022 than 2018. This is a much larger loss than suggested by available estimates from the BLS. Looking at the last five years of data published by the CMS payroll journal, FTE nursing employees saw a sharp decline in quarter one of 2020 at the beginning of the COVID-19 pandemic. While numbers recovered somewhat in the second quarter of 2020, they have continued to decrease throughout 2022. The CMS payroll system also contained additional information on other positions. Despite the staffing issues at these facilities, RN directors have not dropped significantly, neither have LPNs with administrative duties. RNs with administrative duties dropped by 20 percent.

Staffing Ratios

The Long-term Care Community Coalition is one organization which compiles the CMS payroll journal data to report on quality nursing home care provided by states. The organization found that as of Quarter 3 of 2023 Pennsylvania had approximately 64,000 nursing home residents, the fifth highest resident population in the country.[136] Contract staff use is six percent higher than the US average at long-term care facilities, and the highest percentage of its neighboring states.

Table 4

PA and Neighboring State Long-Term Care Metrics
2022, Quarter 3

State	MDS Resident Census	Providers	Nurse Staff HPRD	Rank Total Nurse Staff HPRD	Total Direct Care Staff HPRD	Percent Contract Staff
WV	8,997	120	3.55	39	3.27	9.3%
PA	63,990	669	3.51	42	3.26	16.8
OH	63,589	929	3.41	47	3.13	9.5
NY	94,116	599	3.43	46	3.26	15.7
NJ	37,883	344	3.56	37	3.26	14.2
MD	21,859	219	3.61	32	3.33	15.2
DE	3,592	43	3.98	11	3.63	13.8
US Average	1,161,069	14,688	3.61	-	3.35	10.5

Source: Long-Term Care Community Coalition, CMS Payroll Journal.

One of the main metrics used to judge the quality of long-term care is a patient to staffing ratio called Hours per Resident Day (HPRD). This is calculated by dividing a nursing home's daily staff hours by its number of residents. Advocates for improving health care frequently use 4.1 HPRD as a benchmark established in a 2001 federal study.[137] Additional staffing data from the long-term care community coalition is located in Appendix D.

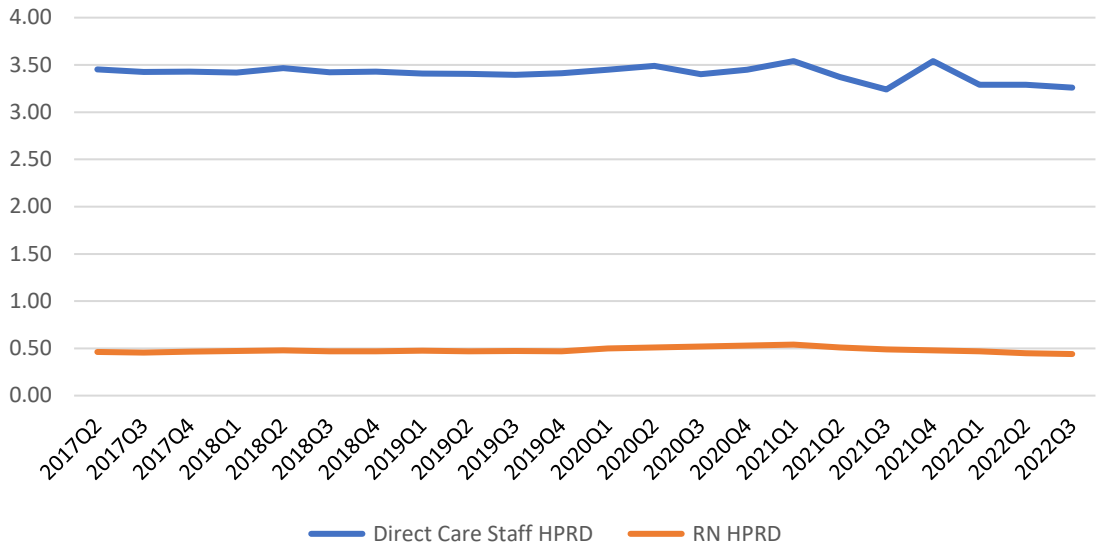
Comparing Pennsylvania with Ohio, which had a similar population of residents and nurse staff HPRD, Pennsylvania had fewer reporting providers and a much higher percentage of contracted staff. On average, it seemed that nearby states with fewer residents had higher nurse HPRD and less use of contracted staff. This poses a challenge to Pennsylvania because of its high population of elderly people and the decentralized nature of the Pennsylvania's population.

[136] Long Term Care Community Coalition, "Nursing Home Staffing Q3 2022," accessed March 2023, https://nursinghome411.org/data/staffing/staffing-q3-2022/

[137] Centers for Medicare & Medicaid Services (CMS). Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes Phase II Final Report. Baltimore, MD: CMS; 2001.

Chart 2

Direct Care Staff and RN Hours Per Resident Day
at Skilled Nursing Facilities
2017-2022



Source: CMS Payroll Based Journal Daily Nurse Staffing 2017-2022

In Pennsylvania fewer than 20 percent of the providers meet the federal suggested rate of 4.1 Direct Care HPRD in 2022. For much of the last six years, direct care HPRD has been hovering around 3.5 hours. The rate began dropping throughout 2021 due to the COVID-19 pandemic and only improved briefly due to a reduction in resident population. The Direct Care HPRD has not recovered since, and on average remains at around 3.25 hours per resident day. Nursing facility residents receive nine fewer minutes with direct care staff than in 2018, a 4 percent reduction. See Chart 2.

Over the last two decades, the required ratio of nursing staff to patients has been a hotly debated issue. Despite objections from the industry that such changes are impractical to implement and may end up having adverse effects the patients, regulations have been enacted by the Pennsylvania Department of Health (PADOH) that will raise the ratio to be more in line with federal recommendations.

On October 28, 2022, the Independent Regulatory Review Commission unanimously approved the first comprehensive update since 1997 to regulations guiding licensed skilled nursing facilities. former Acting Secretary of Health and Pennsylvania Physician General stated, “These regulations incorporate the valuable input of interested stakeholders, including industry groups, resident advocates and the public. The carefully crafted regulations benefit residents, staff and

facility operators." [138] Currently just over half of skilled nursing facilities in Pennsylvania exceed the 3.2 HPRD that will go into effect summer of 2024.

Use of Staffing Agencies

Staffing agencies are businesses that act as intermediaries to hire temporary workers on behalf of an employer. If a suitable candidate does not already exist within the agency, it creates job postings, vets candidates, and chooses the best candidates for the employers to consider. Staffing agencies help a wide variety of sectors find workers. Sectors include industrial; office-clerical and administrative; professional-managerial; engineering, information technology, and scientific; and health care.[139] Employers have the final say in the hiring decision. In addition, most staffing agencies handle the paperwork involved in the process, including contracts, taxes, and other payroll tasks.[140] While long-term care providers, such as skilled nursing facilities, assisted living facilities, and home health providers have always relied on staffing agencies to a degree, this reliance has increased dramatically since the onset of the COVID-19 pandemic.[141]

To address these shortages, many long-term care facilities utilize staffing agencies to acquire contract staff, usually temporary. Although there has been recent scrutiny of this practice, this phenomenon has been studied as early as 2006.[142] Usually, long-term care facilities use staffing agencies as a last resort because contract workers are more expensive. Furthermore, residents benefit more from seeing familiar faces.[143] Fees vary wildly by agency, though usually are 25 percent to 100 percent of the hired employee's wage.[144]

With increased staffing shortages, nursing homes have had few options other than to turn to staffing agencies. A Pennsylvania Health Care Association member survey found that 70 percent of facility respondents used agency staff to fill open positions.[145] However, agency rates

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[138] "Department of Health's updated Regulations to Improve Care for Residents in Skilled Nursing Facilities Clear Major Hurdle," *PA Pressroom*, last modified October 28, 2022, https://www.media.pa.gov/Pages/Health-Details.aspx?newsid=1800.

[139] "Staffing Industry Statistics," American Staffing Association, https://americanstaffing.net/research/fact-sheets-analysis-staffing-industry-trends/staffing-industry-statistics/.

[140] Nicole Fallon, "Thinking About Using a Staffing Agency? Here's What You Need to Know," Business News Daily, August 12, 2022, https://www.businessnewsdaily.com/8750-work-with-staffing-agency.html.

[141] Sarah True et al., "COVID-19 and Workers at Risk: Examining the Long-Term Care Workforce," Kaiser Family Foundation, April 23, 2020, https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-and-workers-at-risk-examining-the-long-term-care-workforce/; Amy Stulick, "Nursing Homes Use of Staffing Agencies Soars During Pandemic as Workforce Crisis Deepens," Skilled Nursing News, June 27, 2021, https://skillednursingnews.com/2021/06/nursing-homes-use-of-staffing-agencies-soars-during-pandemic-as-workforce-crisis-deepens/.

[142] Meg Bourbonniere et al., "The Use of Contract Licensed Nursing Staff."

[143] Amy Stulick, "Nursing Homes Use of Staffing Agencies Soars."

[144] Nicole Fallon, "Thinking About Using a Staffing Agency?"

[145] Kimberly Bonvissuto, "Pressures Mount for Staffing Agencies Accused of Price Gouging Long-Term Care Operators," McKnights Senior Living, January 31, 2022, https://www.mcknightsseniorliving.com/home/news/pressures-mount-for-staffing-agencies-accused-of-price-gouging-long-term-care-operators.

had reportedly increased dramatically in recent years and as a result, many nursing homes have been developing in-house employment [146]

Skilled nursing facilities have noted that it can be difficult to make regular staff positions competitive with contract positions because they are limited by how much they can raise nurses' wages. As noted previously, funding predominantly comes from Medicare and Medicaid reimbursement.[147] Generally, nursing homes lose money caring for residents covered by Medicaid. LeadingAge PA found in an analysis that in 2022, PA nursing homes lose an estimated $86.26 per resident day because of the shortfall between Medicaid reimbursement and actual costs of care.[148]

However, the 2022-23 Pennsylvania General Fund budget directed $250 million in federal COVID-19 funds for long-term living programs and increased the state's Medicaid reimbursement rate by 17.5 percent, the first increase in nearly a decade.[149] In 2022, PHCA estimated that the actual cost of care was $250.55 per day. During that year, the reimbursement rate rose from $186.64 to $234.96 per resident day. As of spring 2023 they estimated an increase of $12.50 per resident day was necessary to totally fund this system.[150] The last increase to Medicare reimbursement came in 2014.[151] Going forward, funding priority should be to entirely close the gap between actual patient costs and the reimbursement rate.

Under regular conditions, staffing agencies are considered an important and necessary partner to the work done by long-term care facilities. As a result of market disruptions brought by the pandemic, staffing agencies are now facing increased scrutiny with national accusations that some organizations have resorted price-gouging. Organizations like the American Health Care Association/National Center for Assisted Living and the American Hospital Association and U.S. House members wrote letters to the White House COVID-19 Response Team raising concerns of alleged unfair pricing by staffing agencies. The Pennsylvania Health Care Association alleges that

[146] Amy Stulick, "'Price Gouging' Leads More Nursing Homes to Launch In-House Staffing Agencies," Skilled Nursing News, March 6, 2022, https://skillednursingnews.com/2022/03/price-gouging-leads-more-nursing-homes-to-launch-in-house-staffing-agencies/.

[147] Abby Vesoulis and Abigail Abrams, "Contract Nurse Agencies Are Making Big Money in the Age of COVID-19. Are They 'Exploiting' the Pandemic?" Time, February 23, 2022, https://time.com/6149467/congress-travel-nurse-pay/.

[148] "Pennsylvania Medicaid Funding Shortfall for Nursing Facilities," Leading Age PA, February 2022, https://www.leadingagepa.org/docs/default-source/advocacy-policy/rkl%27s-pa-medicaid-funding-gap-analysis-report-for-leadingage-pa.pdf?Status=Master&sfvrsn=4c52ca09_5/RKL%27s-PA-Medicaid-Funding-Gap-Analysis-Report-for-LeadingAge-PA.

[149] Justin Sweitzer, "Pennsylvania Is Looking at a $250 Million Investment in Long-Term Care," City & State PA, July 11, 2022, https://www.cityandstatepa.com/policy/2022/07/pennsylvania-looking-250-million-investment-long-term-care/374090/; Alex Zorn, "Nursing Homes Score Win With 17.5% Medicaid Increase in Pennsylvania for 2023," Skilled Nursing News, July 11, 2022, https://skillednursingnews.com/2022/07/nursing-homes-score-win-with-17-5-medicaid-increase-in-pennsylvania-for-2023/.

[150] PA Health Care Assoc, "Flat Funding Will Halt Progress in Sustaining Senior Care." March 07, 2023. Accessed April 6, 2023. https://www.phca.org/news/press-releases/flat-funding-will-halt-progress-in-sustaining-senior-care-2/

[151] "Long-term care receives priority in Pennsylvania's budget with historic investments in senior care." PHCA. July 12, 2022. Accessed April 6, 2023. https://www.phca.org/news/press-releases/long-term-care-receives-priority-in-pennsylvanias-budget-with-historic-investments-in-senior-care/

"[staffing] agencies are 'poaching' workers and leasing them back to providers at 'exorbitant rates – in some cases, rates are inflated as much as 400%'."[152]

However, it is difficult to prove that these accusations of unfair pricing because data on agency fees and agency workers' wages are generally not public.[153] There also has been pushback on accusations of price-gouging from their representatives who argue that the raising costs are due to a competitive labor market and increasing market rates for wages and benefits such as health insurance and workers' compensation.[154]

Many states have introduced or enacted legislation to address these allegations of price-gouging. For example, Minnesota and Massachusetts have implemented agency wage caps.[155] In Pennsylvania, Rep. Tim Bonner introduced similar legislation to establish oversight of healthcare staffing agencies and set agency rate caps and fines for violations.[156] Legislatures across the country have also tried to address the staffing shortages plaguing nursing homes. For example, New York passed legislation to raise the minimum wage by $3 for home care workers by October 2023.[157]

However, new legislation regarding staffing minimums poses problems for many nursing homes. For example, in New York and New Jersey, nursing homes are struggling to meet the required staffing minimums. As a result, they depend more on staffing agencies to meet those minimums, incurring significant financial costs.[158] It was noted by PCHA representatives that only some agencies are engaging in excessive practices and that the industry will continue to rely on staffing agency in the future as trusted partners.

While detailed staffing data was unavailable for personal care homes and assisted living residences, over a quarter of those surveyed by the PHCA reportedly use contracted staff.[159] This is much less compared to the 81 percent of Skilled Nursing Facilities surveyed on contracted staff use. Of those long-term care facilities using contracted staff, over half have had to increase their reliance on contractors between 2021 and 2022.

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[152] Kimberly Bonvissuto, "Pressures Mount."
[153] Justin Hicks, "As Nurses Demand Higher Pay, Nursing Homes and Staffing Agencies Clash on the Price," WFYI, February 17, 2022, https://www.wfyi.org/news/articles/nurses-demand-higher-pay-nursing-homes-staffing-agencies-clash.
[154] Eleanor Alvarez, "Capping Staffing Agency Pay Rates Isn't the Answer," McKnights Long-Term Care News, January 26, 2022, https://www.mcknights.com/blogs/guest-columns/capping-staffing-agency-pay-rates-isnt-the-answer.
[155] Chaunie Brusie, "This Legislation Could Cap Travel Nurse Pay, Staffing Agencies Accused of 'Price Gouging'," Nurse, February 3, 2022, https://nurse.org/articles/travel-nurse-pay-caps/.
[156] Kimberly Bonvissuto, "Pressures Mount."
[157] Angelina Del Rio Drake, "Some Direct Care Wages Are Increasing. Is It Enough?" PHI, May 2, 2022, https://www.phinational.org/some-direct-care-wages-are-increasing-is-it-enough/.
[158] Amy Stulick, "Nursing Homes Pay 'Exorbitant' Agency Costs to Comply with Staffing Minimums," Skilled Nursing News, April 24, 2022, https://skillednursingnews.com/2022/04/nursing-homes-pay-exorbitant-agency-costs-to-comply-with-staffing-minimums.
[159] PA Health Care Assoc, Personal Care Survey.

Contracted Employees at Skilled Nursing Facilities

MA-11 cost forms submitted by skilled nursing facilities showed a 165 percent increase in the total number of contracted staff over the five-year period from 2017-2021. Because the data set contains information for differing year-ends (one ending in June, and the other in December), and this data set might not be the clearest indication of Skilled Nursing Facilities reliance on contract workers. Attendants, orderlies, and other restorative staff have been omitted because they are not frequently contracted. While averages are presented below, certain nursing facilities that have difficulty hiring or retaining staff due to an undesirable location or other factors may rely on contract workers much more heavily than these averages. See Table 5.

Table 5

Employment levels of Contracted Workers at Skilled Nursing Facilities Pennsylvania 2017-2021

Year	RN	LPN	CNA	Contract staff total
2017	195	585	931	1,728
2018	264	759	971	2,015
2019	275	899	1,485	2,671
2020	482	1,240	2,037	3,784
2021	600	1,387	2,591	4,581

Source: PADoH MA-11 Cost Forms 2017-2021.

The number of contracted workers at skilled nursing facilities have always been in the vast minority, but data shows that agencies began increasing their use of contract workers even before the start of the pandemic. While the average numbers of contracted staff working skilled nursing facilities more than doubled from 2018 to 2020 and was three times as high 2021, they remained low proportionally. CNAs remain the position most likely to be held by a contractor. Full data for 2022 was not yet available. See Table 6.

Table 6

Average contract staff per facility Pennsylvania 2018-2021

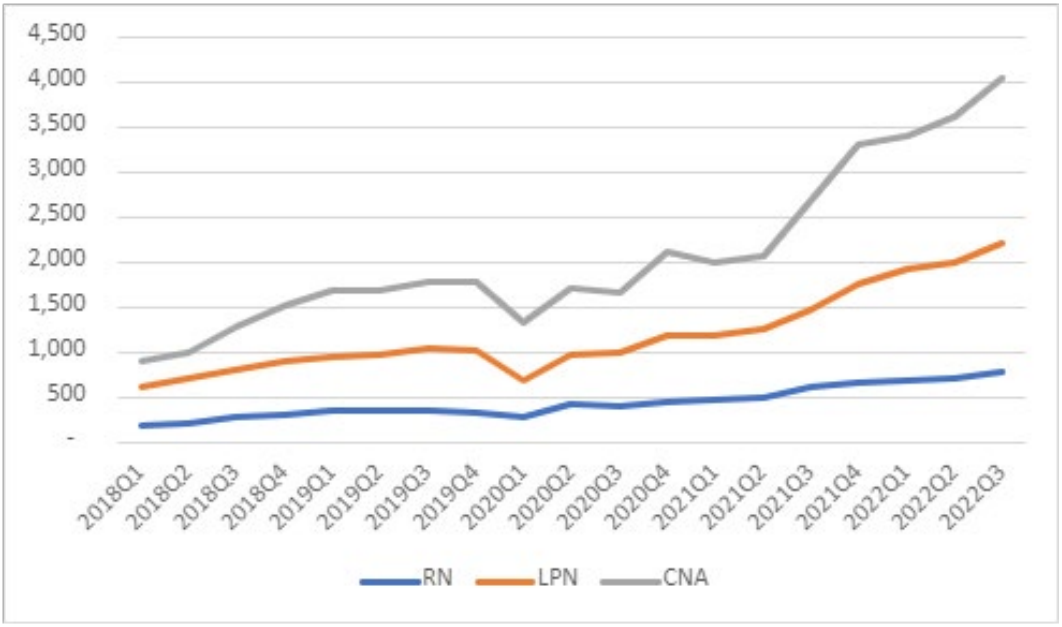
Year	Contract RN	Contract LPN	Contract CNA	Contract Staff total
2018	0.4	1.3	1.6	3.7
2019	0.5	1.5	2.5	4.7
2020	0.8	2.1	3.4	6.7
2021	1.1	2.5	4.8	8.3

Source: PADoH MA-11 Cost Forms 2017-2021.

Data from the CMS Payroll journal shows that contract workers in all three categories have grown, but CNAs have increased the most, followed by LPNs. There are few contracted in the other categories of employment outside of these three positions. Between Quarter 1 of 2018 and Quarter 3 of 2022 there were 4,359 more FTE contractors across all positions. While contract workers are filling in to replace vanishing noncontracted workers in some cases, there was still a net loss of over 8,672 FTE workers since 2018. See Chart 3.

Chart 3

Full Time Equivalent Contracted
Direct Care Workers at Skilled Nursing Facilities
2018-2022
Pennsylvania



Source: CMS Payroll Based Journal Daily Nurse Staffing 2017-2022

Using CMS Nursing Home Payroll Data, Commission Staff calculated the percentage of hours worked by contract staff in nursing homes in counties throughout Pennsylvania. To calculate the percentage of hours worked by contract Staff, all hours worked by contract Staff were added together for each occupation in each county, then divided by the total hours worked. Many position types use contract work as needed to fill positions until a permanent replacement is made. Data shows that nursing facilities rely on contract workers to fill some types of positions much more heavily than others. RN administrators, Directors of Nursing, LPN administrators, Medical Aides, certified nurse assistants, training were positions unlikely to be contracted out as of 2022. See Table 7.

Dependence on contract workers also varied substantially by county. In 2018, only four percent of total RN hours worked in Pennsylvania were by contracted employees compared with 14 percent in 2022. Contractors accounted for over 10 percent of total RN hours worked in 32 counties in 2022. As shown in Table 7, RNs have some of the highest percent uses of contractors of all positions suggesting great difficulty in acquiring permanent workers in those areas.

Prior to the pandemic, the LPN contractors were more widespread than other positions. This is possibly a result of many skilled nursing facilities moving away from employing LPNs. Since the COVID-19 pandemic many facilities have reevaluated this position. Over five years contractor use of LPNs increased from seven percent to 22 percent by 2022. Today, LPN shortages are widespread with contract LPNs accounting for over ten percent of total hours worked by all LPNs in 52 counties.

As noted in a previous section, CNAs are the most frequently contracted position, but considering they comprise the majority of workers at these facilities, contractors accounted for only 4 percent of total CNA hours worked in 2018. By 2022, this had grown to 18 percent. Currently 45 counties employed contractors for over 10 percent of total CNA hours worked.

Table 7

Counties with the highest use of Contracted Workers at Skilled Nursing Facilities Q4 2021-Q3 2022

RN		LPN		CNA	
County	*Percent*	County	*Percent*	County	*Percent*
Forest	62%	Forest	44%	Perry	44%
Perry	50	Perry	40	Montour	41
Dauphin	24	Montour	34	Snyder	35
Northumberland	23	Green	33	Schuylkill	30
Pike	21	York	31	Washington	28

Source: CMS Payroll Based Journal Daily Nurse Staffing 2017-2022, JSGC Calculation

While contract use was on the rise prior to the pandemic, it has exploded in recent years. In 2018, only three counties had RN contractors accounting for over 10 percent of total hours worked, while contracted CNAs and LPNs, had six counties each. As of 2022 over half the counties exceeded the countrywide average of 10 percent of hours worked in at least one position. Regardless of year, the counties that used contractors at the highest rates were classified rural, suggesting a difficulty in recruiting and maintaining staff outside of urban areas. Dauphin and York counties were two exceptions to this trend showing a difficulty in recruiting workings both prior to and after the pandemic.

Staff shortages also have an impact on the availability of long-term care in Pennsylvania to the extent that inability to find staff prevents skilled nursing facilities from providing more nursing home beds to meet the needs of the residents of the Commonwealth.

Need for Nursing Homes Beds

In 2013, Pennsylvania nursing facilities reported 88,200 licensed beds, of which 87,600 were set up and staffed.[160] By 2021-22, the state had 86,800 licensed beds, 84,700 of which were ready to use.[161] Overall this represents about a 1.6 percent decrease in the overall number of beds and a 3 percent decrease in the number of beds set up and ready to use. However, it is important to consider that in 2011 there were just under 2 million people 65 or older in Pennsylvania, a number that grew to 2.4 million by 2022.[162]

A nationwide analysis suggests that this Pennsylvania trend is consistent with the rest of the country. While the level of nursing home beds in the country decreased slightly between 2011 and 2019, the elderly population increased by 10 million.[163] Proportionately, the total number of nursing home beds per elderly adult is dropping. That analysis suggests that the quality of beds was also in decline. Over that nine-year period, Pennsylvania results showed decreases in all counties based on the number of beds compared to the population of people 65 or older.

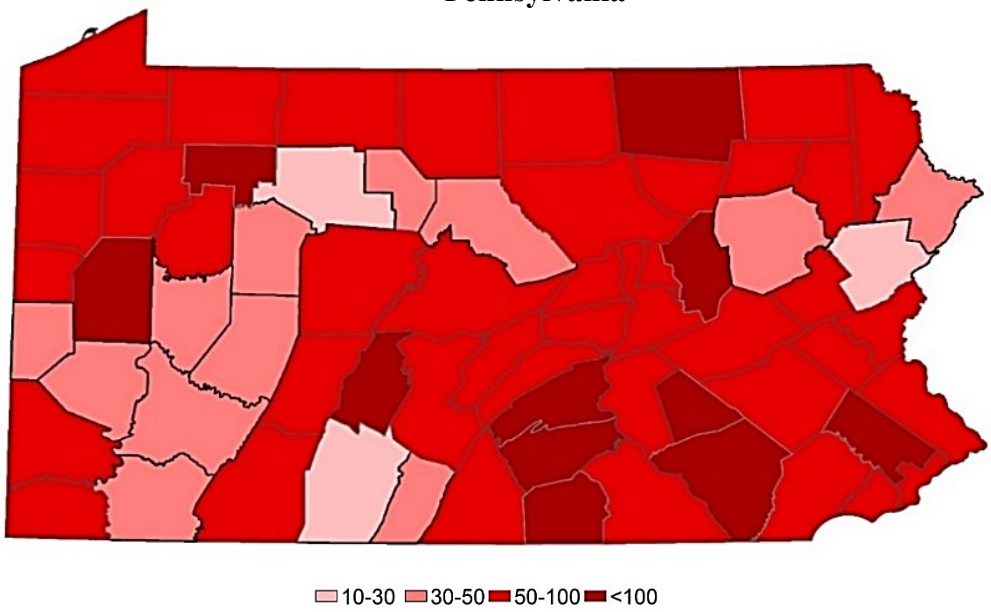
[160] Bureau of Health Statistics & Research, "Data from long term care facilities questionnaire, Report 3," Dept. of Health, 2013, https://www.health.pa.gov/topics/HealthStatistics/HealthFacilities/NursingHomeReports/Pages/nursing-home-reports.aspx.

[161] Division of Health Informatics, "Data from long term care facilities questionnaire, Report 3," Dept. of Health, 2022, https://www.health.pa.gov/topics/HealthStatistics/HealthFacilities/NursingHomeReports/Pages/nursing-home-reports.aspx

[162] U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, https://data.census.gov/table?q=Population+in+Pennsylvania+in+2019&tid=ACSST1Y2019.S0103

[163] Katherine E. Miller, Paula Chatterjee, and Rachel M. Werner, "Trends in Supply of Nursing Home Beds, 2011-2019," JAMA Network Open 6, no. 3 (January 2023), https://doi.org/10.1001/jamanetworkopen.2023.0640.

Proportional loss of nursing home beds per 10,000 people from 2011-2019 Pennsylvania



Source: Area health resource file. Health Resources and Services Administration.

Adjusting this approach with available data from 2022, there were 3,436 beds set up and staffed per 100,000 people. Compared with 2013, there are 171 fewer beds set up and staffed per 100,000 people: a nearly 5 percent decrease in proportional bed counts. If Pennsylvania continues to have 1.6 percent decline in the number of total beds at skilled nursing facilities for the next decade, combined with Pennsylvania's projected elderly population, by 2030 Pennsylvania would have only 3,041 beds per 100,000 people, which shows a proportional loss of 481 beds compared to 2022 or a 13.6 percent reduction. By 2040, the numbers would improve marginally to 3,075 beds due to a lower estimated population over the age of 65.

In 2019, the Long-term Care Community Coalition estimated that prior to the pandemic the country had to turn away 1 in 4 customers.[164] The PHCA conducted a survey of nursing facilities in Pennsylvania in February 2023. The survey included 69 nursing facilities administrators and 18 nursing facility owners, representing approximately 28 percent of PHCA member facilities. Over half of the respondents indicated that they are limiting admission of new residents. The organization estimated that there were approximately 2,000 people on waiting lists to enter a nursing home statewide, an average rate of three people per facility. Over the 3-month period examined, nursing homes averaged 17 admission denials per facility due to staffing limitations. Twenty-two percent of respondents indicated they could provide 20 to 40 percent more beds if they had the staff available. A second survey conducted by PHCA focused on Assisted living residences and personal care homes. The agency estimated that there are more than 4000 Pennsylvanians on waiting lists for senior living care, averaging 3.5 per building. [165]

[164] PA Long Term Care Council, "A Blueprint for Strengthening Pennsylvania's Direct Care Workforce." Dept of Aging (Harrisburg, April 18, 2019). Pg 6.
[165] Supra, PA Health Care Assoc, Skilled Nursing Facility Survey.

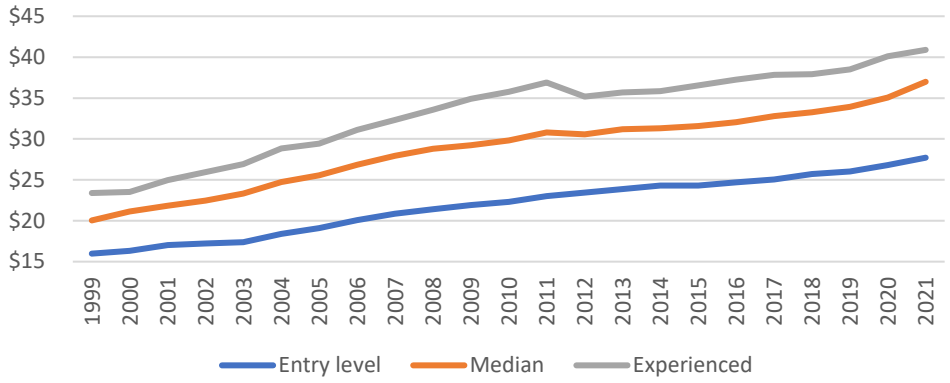
Surveyed PCHA members found that overall labor costs had risen 20 percent among skilled nursing facilities, and 19 percent along ALR/PCHs from 2019 through 2022.[166] This is higher than U.S. Bureau of Labor Statistics estimates of a 15 percent increase in overall labor costs during that same four-year period.[167] Causes for this increase is likely tied to various aspects of the pandemic such as increased reliance on contracted workers, retainment incentives, and competition over a shrinking pool of healthcare workers.

Historical Wage Data

The US Bureau of Labor Statistics (BLS) publishes wage information on Pennsylvania employees in medical professions. Information from the BLS is shown in Chart 4 to bring a broader perspective on how wages in related fields have changed over the last two decades and what the industry wide median wage is for each position. The major limitation of these data is that they represent wages for all medical providers rather than specifically the long-term care industry. Typically, medical workers at hospitals are better compensated than those in the long-term care field. There are also some limitations to the data, for example, BLS periodically adjusts definitions for what this information represents to improve accuracy. Information for 2022 was not yet released by the BLS as of spring 2023.

Chart 4

Registered Nurse Historical Hourly Wages
1999-2021
Pennsylvania



Source: U.S. BLS, Occupational Employment and Wage Statistics data 1999-2022.

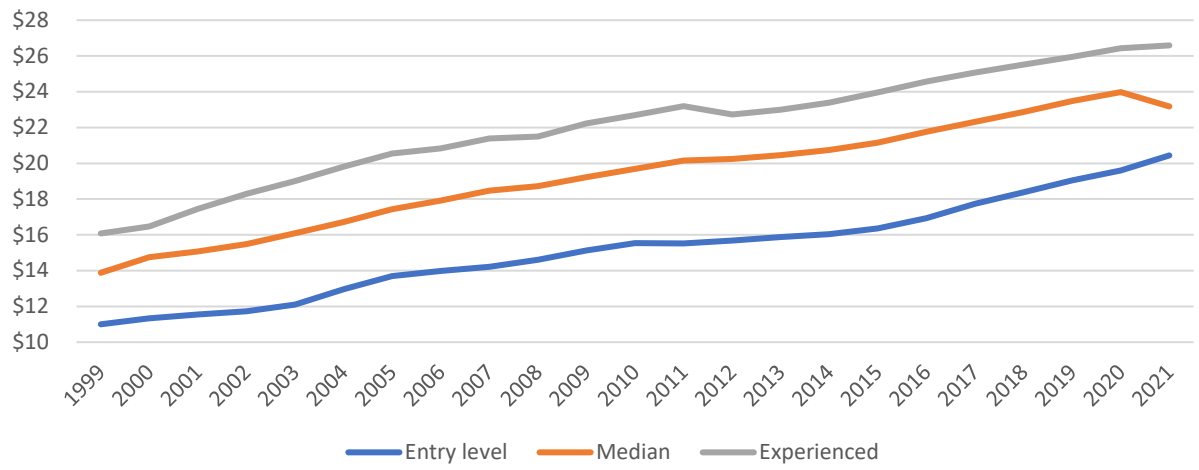
[166] PHCA, *supra*.
[167] Bureau of Labor Statistics. "Employment Cost Index – March 2023" Accessed April 13, 2023. https://www.bls.gov/news.release/pdf/eci.pdf

BLS data indicate that pay for registered nurses of all experience levels has risen over the last twenty years. By 2021, wages for both entry level and experienced workers had increased 10 percent over the rate of inflation since 1999. However, the gap in pay RNs are being paid when they start and the typical wage has widened over time. The range of pay is wider than for other positions examined, which may indicate RNs' greater advancement opportunities. Due to the training, experience, and job duties, RNs typically have the highest entry level salary of the positions examined in this report.

Since 1999, wages for licensed practical nurses have increased over the rate of inflation but not to the same degree as RNs'. From 1999 to 2021, entry level LPNs rose 14 percent higher than inflation, while LPNs with experience increased only 6 percent over inflation. Another difference is experience level is not as an important a factor on wages as with RNs. Unusually for the trend presented by the BLS data, in 2021 there was an approximately dollar an hour decrease in median LPN hourly wages. This could potentially result in more experienced workers leaving the workforce due to COVID-19. See Chart 5.

Chart 5

Licensed Practical Nurses Historical Hourly Wages
1999-2021
Pennsylvania



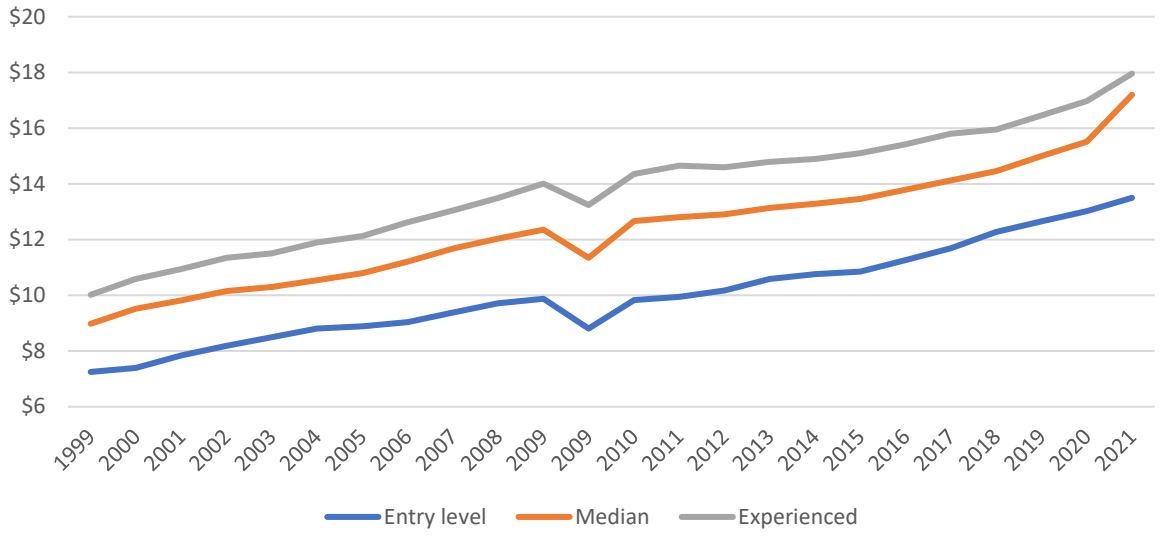
Source: U.S. BLS, Occupational Employment and Wage Statistics data 1999-2022

BLS data are more complicated for CNAs than other positions, due to the shifting definitions used by the BLS over the last twenty years. What has stayed consistent is that CNAs have always been classified as a Healthcare Support Occupation. From 1999 through 2011, Nursing Aides, Orderlies, and Attendants were tracked together, but from 2012 onwards, orderlies were split into their own category.

For the most part, pay of CNAs increased steadily from 1999-2021. One irregularity is there is a noticeable decline in wages of nursing assistants in 2009, potentially a result of recession or a change in reporting metrics. Between 2020 and 2021 the gap between median pay and experienced Nursing Assistants has narrowed as median wages spiked. Hourly wages for both entry-level and experienced Nursing Aides managed to keep up with inflation from 1999 to 2021. See Chart 6.

Chart 6

Certified Nursing Assistant Hourly Wages
1999-2021[168]
Pennsylvania



Source: U.S. BLS, Occupational Employment and Wage Statistics data 1999-2022

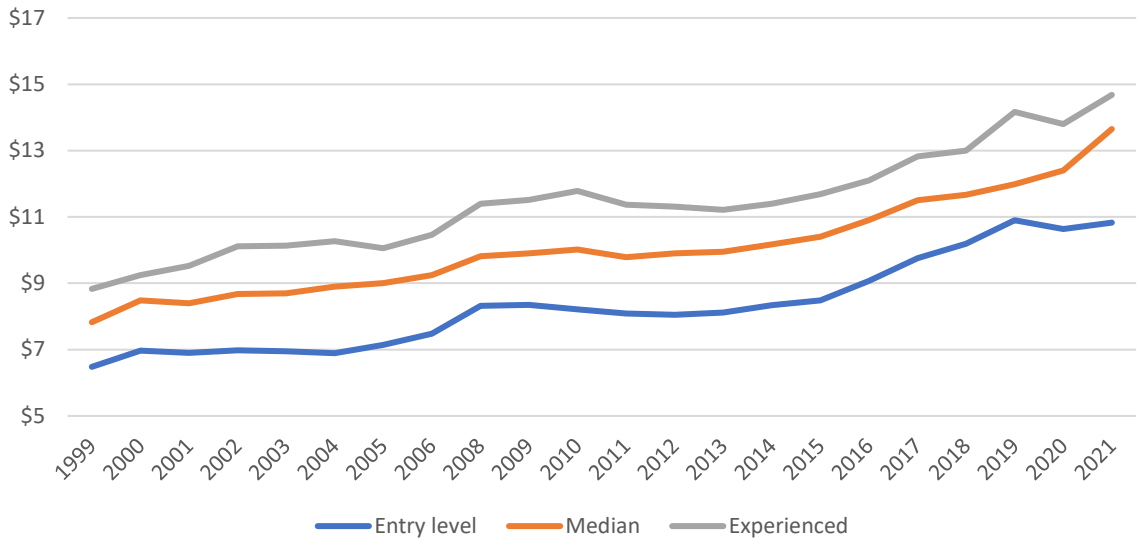
From 1999 to 2018 personal care aides were classified as a Personal Care & Service Occupation while home health aides were labeled as Healthcare Support even though the job training, duties, and pay were similar. After 2018, the two positions were combined by the BLS. For consistency this report presents data of the combined professions.

[168] Full data unavailable for 2019, estimation used.

Personal care and home health aide hourly wages remain the lowest of those examined due to the lower training and educational requirements associated with the position. Over the last twenty years the pay for entry-level aides has hovered about a dollar over Pennsylvania's minimum wage. Starting in 2019, start pay plateaued around $11 an hour, while median wages grew to nearly $14 an hour. In 2021, 20 percent fewer care aides worked at skilled nursing facilities, mean annual wage increased by nine percent to $30,010. Of the positions examined, Personal Care and Home Health Aides would be most likely to be affected by a Pennsylvania minimum wage increase because they had the most difficulty in keeping up with inflation. See Chart 7.

Chart 7

Personal Care and Home Health Aides Hourly Wages
1999-2021
Pennsylvania



Source: U.S. BLS, Occupational Employment and Wage Statistics data 1999-2022

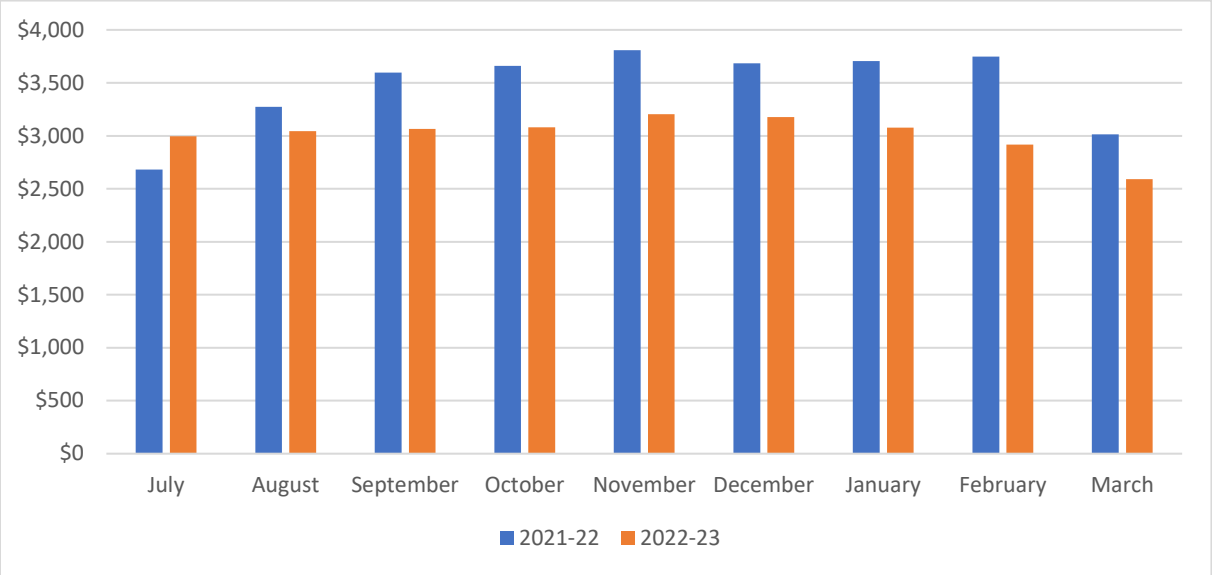
Overall wage data for medical professions pertaining to long-term care has been well documented over the last twenty years, and regular system improvements and changes to classifications aim to give users of this data greater amounts of precision and accuracy. However, when it comes to wages of contracted long-term care workers provided by employment agencies accurate information is much harder to come across. More advancement opportunities are needed for long-term care providers.

Increases in Contract Nurse Pay

Tracking contract pay can be challenging as it fluctuates widely depending on the position, location, time worked, and skills. Some amount of use of contract workers is necessary and unavoidable. Federal and state agencies appear not to track pay rates of contracted medical care staff over time. Of that data on contractors that does exist most of it focuses on registered nurses, often called "Travel nurses". Before the pandemic, travel nurses in the US typically earned $1,673 a week but by 2022 they could earn up to $4000. More extreme cases reported throughout the country were 5 to 10 thousand dollars a week in some instances. See Chart 8.

Chart 8

Weekly Average Travel Nurses Nurse
for 2022-23 compared with previous year
United States



Source: Beckers Hospital Review, Vivian data 2022

Based on available reports, national travel nurse salaries (for all employers) appeared to hit a national high in the winter of 2021 with $3,807 per week in November. By the following year, travel nurses earned $600 dollars less a week, an 18 percent decrease. The weekly salary of travel nurses reached a high of $3,440 in Pennsylvania in October of 2022. Contracted rates in Pennsylvania have dropped 28 percent over the last six months. Pennsylvania rates compared to its neighboring states are shown in table 8 below.

Table 8

Pennsylvania Travel Nursing and RN Salaries compared with neighboring state December 2022

State Name	State Rank	Travel nurse avg. weekly pay	RN avg. 40-hour week pay	Difference	Travel nurse pay as percent of RN pay
West Virginia	2	$3,330	$1,301	$2,029	256%
Pennsylvania	9	3,424	1,462	1,962	234
New Jersey	14	3,894	1,725	2,169	226
Ohio	15	3,086	1,378	1,708	224
Virginia	26	3,080	1,475	1,605	209
Maryland	30	3,266	1,590	1,676	205
Delaware	31	3,054	1,496	1,558	204
New York	41	3,406	1,794	1,612	190

Source: Beckers Hospital Review, Vivian data December 2022

Salary Costs at Skilled Nursing Facilities

Among the long-term Care facility types, skilled nursing facilities have the most publicly available data due to reporting requirements that imposed by Medicaid. As mentioned previously, Personal Care Homes and Assisted Living Residencies are not currently eligible for Medicaid so there is much less detail available for these facilities. See Appendix B for Center of Workforce Information & Analysis estimates reported from 2019-2021 by the PA Department of Labor & Industry.

A requirement of Pennsylvania Medical Assistance of nursing facilities is filing cost reports of their business operations to the PA Department of human services. Commission Staff accessed these cost reports, known as MA-11s, for all reporting nursing facilities from 2017 through June of 2022. The information gathered included salary cost and fees, hours paid, and number of full-time employees or equivalents at year end data as well as total staff counts.

Nursing facilities had wage data available for common job categories including RNs, LPNs, and CNAs broken out by whether they were contracted or permanent positions. To calculate hourly salary costs, salary cost/fees were divided by hours paid. Some cases were omitted where either salary cost/fees or hours paid were unavailable. One limitation with comparing the staff and contract wages is that contract workers wage data also include fees to staffing agencies. unable to determine the amount of money exclusively paid in fees to staffing agencies or the amount taken home by contracted workers.

Of the years reviewed, 2021 had the greatest disparity of costs between contracted and noncontracted workers. That year, salary and fee costs for direct care staff most commonly contracted (RNs, LPNs, CNAs) were 1.7-1.9 times higher than the salaries of noncontracted workers. Information for orderlies and other staff under contract was unavailable in 2021, but it should be noted that these positions are rarely filled by contractors based on data from previous years.

Table 9 below shows average salary costs for both staff and contracted workers over the last six years. Based on the data from the MA-11 cost forms, there was a steady increase in the costs of noncontracted workers between 2018 and 2022.

Table 9

PA Skilled Nursing Facility Hourly Salary Cost for noncontract and contracted employees 2022

Type	RN			LPN			CNA		
	2022	1 year change	5 year change	2022	1 year change	5 year change	2022	1 year change	5 year change
Noncontract	$42	10%	20%	$31	11%	27%	$21	10%	30%
Contract	$76	2%	37%	$60	4%	30%	$36	4%	25%

Source: MA-11 cost forms 2017-2022, JSGC Calculation.

In comparison, wages and fees for contracted workers started 2017 between 59-69 percent higher than non-contracted staff and this number increased sharply in the year following the pandemic. There was a significant increase in these expenses during 2021 when contracted workers saw a 22-24 percent increase in wages and fees that coincided with the height of the pandemic. Over the six years reviewed contracted wages per hour rose between 41 and 46 percent.

From 2017 to 2022 the pay of both permanent staff members and contractors working at skilled nursing facilities increased for six consecutive years and the gulf between payment in staff wages and contracted wages and fees had continued to widen during this time. In 2017 there was a $20 per hour difference in the cost between staff and contracted registered nurses which grew to $37 during the height of the pandemic in 2021. Subsequent pay raises for permanent staff have narrowed this pay gap somewhat. Unsurprisingly, the more requirements demanded by a position the higher the cost of finding a contract worker. While RNs saw the most drastic difference between contracted and noncontracted staff, there is a $28 per hour gap between contracted and noncontracted LPNs positions and a $15 gap for CNAs.

Chart 10

Historical Comparison of Hourly Salary costs at Nursing Facilities
2017-2022
Pennsylvania

	Registered Nurse		Licensed Practical Nurse		Nurse Aid	
	Staff	Contract	Staff	Contract	Staff	Contract
2017	$34	$54	$24	$41	$16	$26
2018	$35	$56	$25	$46	$16	$29
2019	$36	$60	$27	$47	$17	$29
2020	$37	$61	$27	$46	$18	$28
2021	$38	$75	$28	$57	$19	$35
2022	$42	$77	$31	$60	$21	$36

Source: MA-11 cost forms 2017-2022, JSGC Calculation.

Latest Available Wage Data

To provide a timelier perspective to the contract data, this report has included information from the job analysis website Vivian. This source had data both about national trends for travel nurses and Pennsylvania medical positions focused on long-term care providers. Because job shifts analyzed range from three 12-hour or five 8-hour workweeks, average salary was provided in weeks. Reviewing previous years of data from the BLS shows a difference in salary between permanent RN positions at long-term care facilities and industry averages were one to four percent

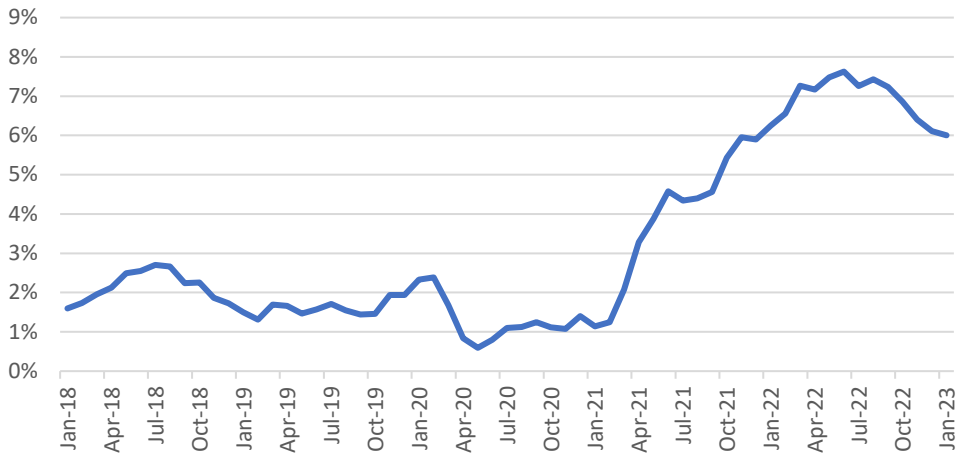
lower. However, this trend is not consistent between contracted workers at nursing facilities and averages of travel nurses. Data collected from Vivian in January of 2023, advertised job postings an average of $3,281 a week for travel nurses in Pennsylvania, but long-term care RN contract postings at that time averaged a weekly pay of $1,919 which is 40 percent lower. In March, state averages for travel nursing had fallen to a weekly rate of $2,466, but in-state long-term care job posting averaged $1,821, or 26 percent less. One explanation for this discrepancy is nursing facilities are unable to compete with other types of medical institutions like hospitals.

Role of Inflation

Typically, US policy makers aim to keep inflation around two percent a year to ensure that the costs of goods and services do not rise too quickly. Starting early in 2021, the inflation began to rise steeply across the entire country due to a combination of pent-up consumer demand, limited supply due to the COVID-19, along with rising oil prices caused by the Russian invasion of Ukraine in 2022. See Chart 11.

Chart 11

Over-the-year percent change in CPI-U
Northeast US region
2018-2023



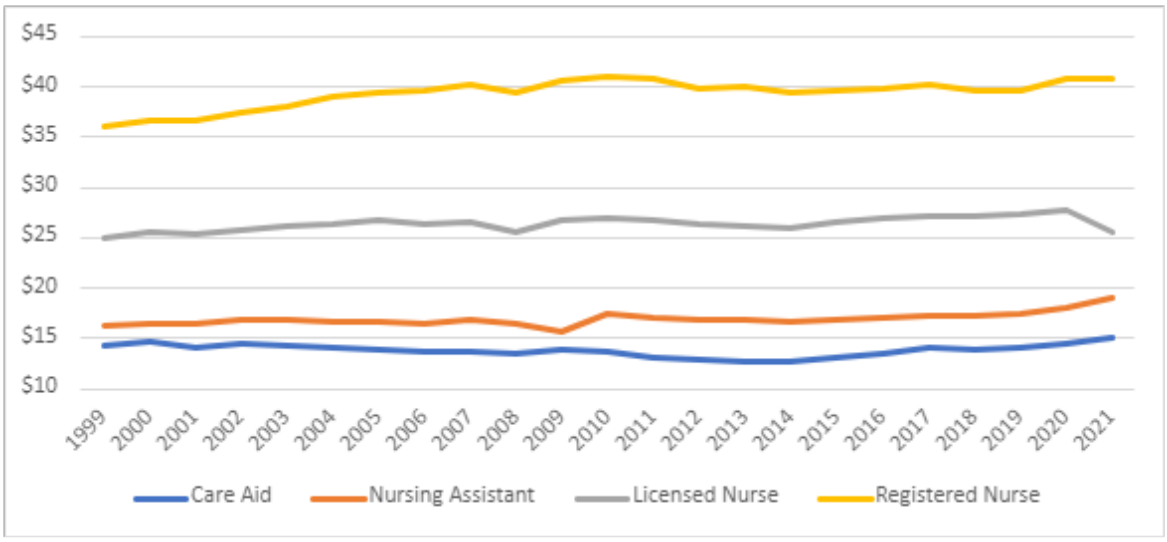
Source: US BLS Consumer Price Index 2018-2023

For the Middle Atlantic Region, the peak of the latest inflation occurred in the summer of 2022, which saw increases of up to 7.5 percent over the previous year. While the 12th month percent change in CPI has since decreased to 6.2 percent, as of December of 2022 it is still well above average rates witnessed since 1990. Overall, goods and services were about 17 percent higher in 2022 than in 2018. To determine how the wages of noncontracted staff employees at skilled nursing facilities compared to the rate of inflation, historical wage data from the BLS was adjusted to January 2023 dollars.[169] See Chart 12.

BLS wages for RNs indicate that between 1999 and 2007 RNs increased their median wages to the equivalent of $40 dollars an hour in 2023 dollars. Over the next 14 years, RN pay only matched inflation. LPNs went for several-year stretches where the increase wages caught them up to inflation. While LPNs wages hit a high in 2020, inflation over the next year dragged it back to the level of approximately $25 dollar an hour. The wages of personal health and home care aides have not kept up with inflation for much of the previous 20 years, and only recently did their purchasing power surpass what it was in 1999.

Chart 12

Median Direct Care Wages Adjusted to Jan 2023 Dollars
1999-2021
Pennsylvania



Source: US BLS Occupational Employment and Wage Statistics data 1999-2022.

[169] To adjust each wage, STAFF multiplied the unadjusted wages by a factor of 1 + inflation for the corresponding year.

To see how wages were affected at Pennsylvania skilled nursing facilities, MA-11 cost information was updated to 2023 dollars using the Northeast Consumer Price Index. See Chart 13.

Chart 13

Hourly Salary Costs and Fees at Skilled Nursing Facilities, Adjusted to Jan. 2023 Dollars
2017-2022
Pennsylvania

	Registered Nurse		Licensed Practical Nurse		Nurse Aid	
	Staff	Contract	Staff	Contract	Staff	Contract
2017	$34	$54	$24	$41	$16	$26
2018	$35	$56	$25	$46	$16	$29
2019	$36	$60	$27	$47	$17	$29
2020	$37	$61	$27	$46	$18	$28
2021	$38	$75	$28	$57	$19	$35
2022	$42	$77	$31	$60	$21	$36

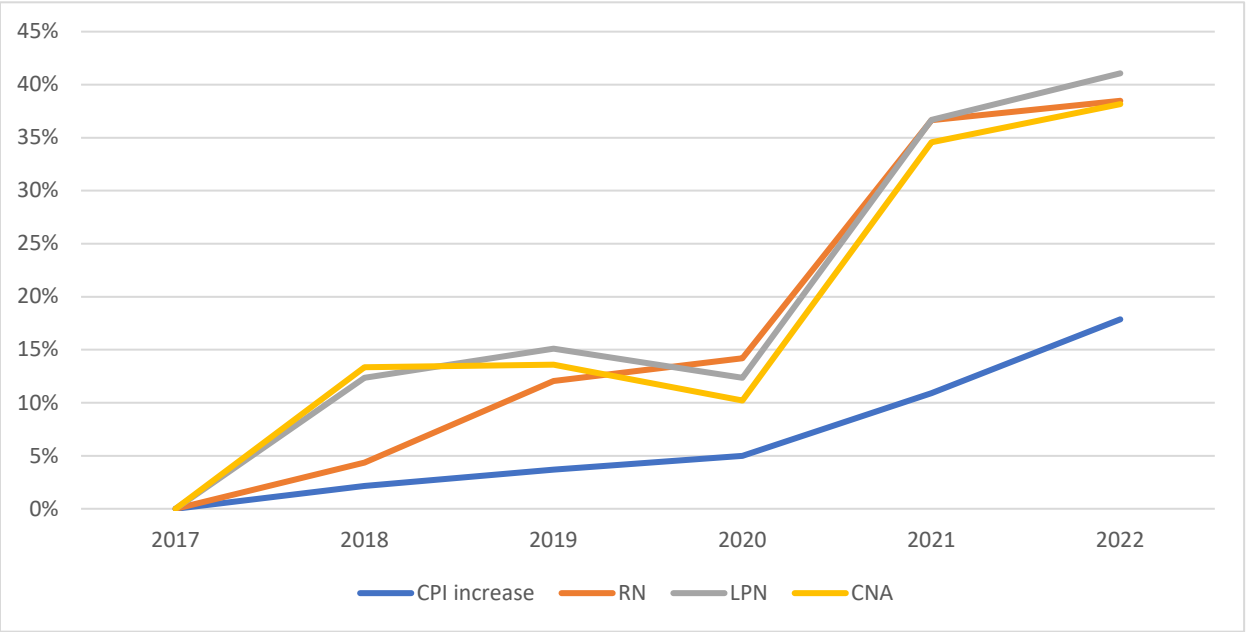
Source: PA Dept. of Health MA-11 Cost Forms 2017-2022, JSGC Calculation

The results show that between 2018 to 2020 noncontracted RNs, LPNs, and CNAs attained modest raises over the rate of inflation. In 2021, spending power dropped among these positions, which recovered in 2022. While not featured in the chart, attendant and orderly salaries dropped to 2019 levels and stagnated. The increase in contract workers wages and fees was most dramatic from 2020 to 2021. When looking at individual job positions, contract wages and fees have increased at a rate nearly double the rate of inflation. As an example, contracted RN salary and fees rose 18 percent that year.

The hourly wages and fees of all contracted workers at skilled nursing rose 41 percent from 2017 to 2022. Costs of non-contracted workers per hour rose 30 percent during this period. However, when looking at hourly wages and fees of contracted workers during this time period, they rose from 37 percent for contracted CNAs to 41 percent for LPNs. From 2017 to the first half of 2022, the CPI increased by 17 percent. This indicates that while overall salary costs associated with long-term care have grown 13 percent over the rate of inflation, costs for contractors increased 23 percent over the rate of inflation. See Chart 14.

Chart 14

Cumulative, Annual Percent Change of Contracted Worker Wages and Fees at Skilled Nursing Facilities Compared with Inflation Increases Since 2017
Pennsylvania



Source: PA Dept. of Health MA-11 Cost Forms 2017-2022, JSGC Calculation

As noted earlier in the report, the high cost of wages and fees spent by skilled nursing facilities to contract direct care workers has been the source of significant controversy since the start of the COVID-19 pandemic. While media reports have covered the skyrocketing rates for travel nursing staff throughout the country with a weekly take home salary of $4,000 a week, available data suggests that rates in Pennsylvania long-term care staff have increased at a more constrained rate. Contracted RNs for long-term care are likely to make half that sum. While part of this is due to contracted rates decreasing from mid-pandemic highs, a larger aspect is that long-term care facilities are unable to pay elevated rates even if the demand is present, and as a result some facilities have cut back on the number of beds offered. However, even if these facilities are not paying as much for their contractors, long-term care providers are operating under tight budgets and are reportedly struggling to pay contracted rates. As noted earlier, raising Medicaid reimbursement rates is likely to help reduce facility reliance on contractors.

APPENDICES

PRINTER'S NO. 1629

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE RESOLUTION

No. 288 Session of 2022

INTRODUCED BY J. WARD, BARTOLOTTA, SCHWANK, MENSCH, GORDNER, PITTMAN, STEFANO AND MASTRIANO, MAY 3, 2022

REFERRED TO AGING AND YOUTH, MAY 3, 2022

A RESOLUTION

Directing the Joint State Government Commission to conduct a study of long-term care facilities' impact relating to Medicaid funds in this Commonwealth.

WHEREAS, Nursing homes and assisted living facilities in Pennsylvania are expensive; and

WHEREAS, Private health insurance policies generally do not cover long-term care; and

WHEREAS, Very few people purchase private long-term care insurance policies and Medicare coverage for long-term care services is limited; and

WHEREAS, Medicaid has become a very common source of funding for long-term care; and

WHEREAS, In 2019, approximately 72% of nursing home residents in Pennsylvania used Medicaid to pay for their nursing home care; therefore be it

RESOLVED, That the Senate direct the Joint State Government Commission to conduct a study of long-term care facilities' impact relating to Medicaid funds, including:

(1) the work environment, as it pertains to the level of care provided in nursing facilities, including those that receive Medicaid funds, personal care homes and licensed assisted living residences;

(2) wage rates for aides, attendants, staff nurses, direct care staff and contract nurses working in these facilities;

(3) rates charged by contract staffing agencies to provide workers;

(4) the increase in wages paid to staff nurses and direct care staff working in these facilities from 2018 through today using the latest available figures;

(5) the increase in wages paid to contract nurses and direct care staff working in these facilities from 2018 through today using the latest available figures;

(6) the increase in wages paid to staff nurses and direct care staff as compared to the nation's inflation rate over the same time period;

(7) the increase in wages paid to contract nurses and direct care staff as compared to the nation's inflation rate over the same time period;

(8) the level of care required by residents in these facilities from 2018 through today;

(9) whether facilities needed to increase staffing levels during the same time period;

(10) the ratio of staff nurses, contract nurses and direct care staff working in these facilities from 2018 through today using the latest available figures; and

(11) whether facilities experienced an increase in need for staff members with specific expertise or certification,

including resident medication administration;

and be it further

RESOLVED, That the Joint State Government Commission issue a report of its findings, along with any statutory or regulatory recommendations, to the General Assembly within seven months of the adoption of this resolution.

APPENDIX B

Long-term Care Employment Statistics
Center For Workforce Information & Analysis Data
Pennsylvania Dept of Labor & Industry
2019-2021

Occupation	Registered Nurses							
Industry	Home Health Care Services		Skilled Nursing Facilities		Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly		All Industries	
Year	Total employment	Mean annual wage	Total employment	Mean annual wage	Total employment	Mean annual wage	Total employment	Mean annual wage
2019	10,670	69320	6840	68,560	3090	72,010	148040	71410
2020	9330	72060	6650	71,950	3350	72,580	146640	74170
2021	11350	72420	6700	75,500	3810	71,910	149270	76000

Occupation	Licensed Practical and Licensed Vocational Nurses							
Industry	Home Health Care Services		Skilled Nursing Facilities		Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly		All Industries	
Year	Total employment	Mean annual wage	Total employment	Mean annual wage	Total employment	Mean annual wage	Total employment	Mean annual wage
2019	7,010	48710	10010	49,360	4980	50,630	36970	49200
2020	5610	42560	9140	50,690	4980	51,590	35240	50250
2021	8280	51950	7980	52,860	4840	53,050	36810	51090

Occupation	Nursing Assistants							
Industry	Home Health Care Services		Skilled Nursing Facilities		Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly		All Industries	
Year	Total employment	Mean annual wage	Total employment	Mean annual wage	Total employment	Mean annual wage	Total employment	Mean annual wage
2019	3,110	29420	24310	30,720	11890	31,430	75090	31590
2020	3580	32440	21490	32,560	12960	32,280	71880	32560
2021	4740	31330	19850	33,950	11870	33,700	68180	34190

Occupation	Home Health and Personal Care Aides							
Industry	Home Health Care Services		Skilled Nursing Facilities		Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly		All Industries	
Year	Total Employment	Mean Annual Wage	Total Employment	Mean Annual Wage	Total Employment	Mean Annual Wage	Total Employment	Mean Annual Wage
2019	30,600	24740	3830	27,520	13630	25,570	183430	25810
2020	34110	26330	4120	27,510	12760	26,540	197570	26510
2021	28020	27310	3060	30,010	11640	28,060	193460	27870

APPENDIX C

Long-term Care Employment Statistics
Bureau of Labor Statistics 2018-2021

Occupation	Registered Nurses											
Industry	Home Health Care Services				Nursing Care Facilities (Skilled Nursing Facilities)				Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly			
Year	Total employment	% employed in industry	Mean hourly wage	Mean annual wage	Total employment	% employed in industry	Mean hourly wage	Mean annual wage	Total employment	% employed in industry	Mean hourly wage	Mean annual wage
2018	12440	19.37	32.73	68070	7200	9.84	32.04	66,650	3180	4.62	33.74	70,180
2019	11,380	16.92	32.16	68980	6870	9.5	32.97	68,580	3200	4.63	34.21	71,160
2020	9330	14.1	34.64	72040	6650	9.77	34.57	71,900	3350	5.03	34.89	72,580
2021	11350	16.98	34.82	72420	6700	11.11	36.3	75,500	3810	6.08	34.57	71,910

Occupation	Licensed Practical and Licensed Vocational Nurses											
Industry	Home Health Care Services				Nursing Care Facilities (Skilled Nursing Facilities)				Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly			
Year	Total employment	% employed in industry	Mean hourly wage	Mean annual wage	Total employment	% employed in industry	Mean hourly wage	Mean annual wage	Total employment	% employed in industry	Mean hourly wage	Mean annual wage
2018	6260	9.74	24.38	50710	10650	14.55	22.84	47,500	5240	7.62	23.81	49,530
2019	5,910	8.78	24.26	50460	10130	14	23.8	49,510	5170	7.49	24.44	50,840
2020	5610	8.48	24.6	51160	9140	13.44	24.37	50,700	4980	7.46	24.81	51,600
2021	8280	12.38	24.98	51950	7980	13.22	25.41	52,850	4840	7.70	25.50	53,050

Occupation	Nursing Assistants											
Industry	Home Health Care Services				Nursing Care Facilities (Skilled Nursing Facilities)				Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly			
Year	Total employment	% employed in industry	Mean hourly wage	Mean annual wage	Total employment	% employed in industry	Mean hourly wage	Mean annual wage	Total employment	% employed in industry	Mean hourly wage	Mean annual wage
2018	4120	6.42	14.44	30030	25230	34.48	14.55	30,250	13820	20.11	14.85	30,890
2019	4,090	6.08	14.87	30930	24050	33.24	15.14	31,490	12850	18.60	15.45	32,130
2020	3580	5.41	15.59	32430	21490	31.58	15.66	32,560	12960	19.44	15.52	32,270
2021	4740	7.09	15.06	31330	19850	32.91	16.32	33,950	11870	18.90	16.20	33,700

Occupation	Home Health and Personal Care Aides											
Industry	Home Health Care Services				Nursing Care Facilities (Skilled Nursing Facilities)				Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly			
Year	Total employment	% employed in industry	Mean hourly wage	Mean annual wage	Total employment	% employed in industry	Mean hourly wage	Mean annual wage	Total employment	% employed in industry	Mean hourly wage	Mean annual wage
2018 (Home Health Aides)	16330	25.43	11.96	24880	450	46.8	13.75	28590	1670	2.43	13.41	27900
2018 (Personal Care Aides)	6050	9.42	12.13	25230	2200	3	11.91	24,770	11350	16.52	11.89	24,730
2019	28,900	42.96	12.24	25470	3440	4.76	12.91	26,860	13820	20.00	12.46	25,930
2020	34110	51.58	12.66	26330	4120	6.06	13.23	27,510	12770	19.14	12.76	26,540
2021	28020	41.91	13.13	27310	3060	5.07	14.43	30,000	11640	18.54	13.49	28,060

APPENDIX D

Skilled Nursing Facility Direct Care Statistics

SNF Direct Care											
Quarter	# of providers	State Resident CENSUS	Resident per Facility	RN hours	LPN hours	CNA hours	Total Direct Care Staff Hours	Average Staff Hours Per Resident Day	Average RN Hours Per Resident Day	% of Providers >= 3.2 HPRD	% Providers > 4.1 HPRD
2017Q2	614	68,213	111	1,491	56,803	147,265	235,558	3.45	0.46	66.0	15.8
2017Q3	670	74,136	111	33,821	60,381	159,767	253,970	3.43	0.46	64.2	15.2
2017Q4	654	72,458	111	33,761	59,156	155,590	248,508	3.43	0.47	65.2	14.4
2018Q1	662	73,366	111	34,768	60,487	155,553	250,808	3.42	0.47	62.1	15.0
2018Q2	646	71,283	111	34,110	59,420	153,529	247,059	3.47	0.48	65.8	16.7
2018Q3	679	74,157	109	34,700	61,413	157,747	253,860	3.42	0.47	59.8	15.0
2018Q4	682	74,299	109	34,800	61,597	158,448	254,846	3.43	0.47	62.0	16.1
2019Q1	685	75,593	110	35,930	63,039	158,780	257,749	3.41	0.48	59.7	14.9
2019Q2	683	74,670	109	35,067	62,138	157,152	254,357	3.41	0.47	60.0	15.5
2019Q3	686	75,020	110	35,325	61,801	157,552	254,678	3.39	0.47	58.5	14.3
2019Q4	687	75,168	109	35,537	62,285	158,658	256,480	3.41	0.47	61.4	15.7
2020Q1	517	53,608	104	26,933	44,813	113,462	185,208	3.45	0.50	64.0	17.6
2020Q2	679	66,735	98	34,305	58,261	140,213	232,779	3.49	0.51	63.3	22.7
2020Q3	674	64,581	96	33,688	55,421	130,749	219,858	3.40	0.52	55.3	17.2
2020Q4	675	62,418	92	32,966	55,296	126,830	215,091	3.45	0.53	61.5	21.0
2021Q1	681	61,032	90	32,682	55,069	123,817	216,344	3.54	0.54	66.2	35.4
2021Q2	679	62,373	92	31,606	53,381	125,207	210,100	3.37	0.51	56.0	25.9
2021Q3	674	63,469	94	31,006	52,008	122,867	205,881	3.24	0.49	49.4	21.2
2021Q4	676	63,705	94	30,375	53,362	118,978	209,849	3.54	0.48	53.1	22.8
2022Q1	677	64,129	95	30,021	53,893	118,411	210,907	3.29	0.47	53.6	23.8
2022Q2	669	63,848	95	28,923	53,224	127,953	210,100	3.29	0.45	52.3	23.8
2022Q3	669	63,990	96	28,538	53,096	127,023	208,658	3.26	0.44	48.3	21.7

Source: Long-term Care Community Coalition, Skilled Nursing Facility Staffing Data 2017-2022.