

NHALOWG Staffing Levels Subcommittee Final Recommendations

January 13, 2021

Adequate numbers of qualified, trained, appropriately compensated, and caring staff are integral to support the needs of nursing home residents in a holistic and person-centered manner. The Staffing Levels Subcommittee acknowledges that achieving this result necessarily involves diverse strategies, including, but not limited to:

- establishment of and adherence to current best practice around minimum staffing levels;
- access by and engagement with family caregivers;
- appropriate wages and sick leave;
- intentional steps around recruitment, recognition and retention of staff;
- affordable and accessible training and educational opportunities;
- public access to and knowledge of staffing across facilities; and
- sufficient financial resources to support the above.

Below, please find:

- blue text reflecting recommendations made by Mathematica; and
- black text reflecting recommendations of the Staffing Subcommittee.
- **Increase minimum required staffing ratios; support increases in workers' pay and benefits (LR 14)**

- ➔ Update and modernize minimum direct care staffing requirements for nursing homes by:
 - Eliminating distinctions between Chronic and Convalescent Nursing Homes (CCNH) and Rest Homes with Nursing Supervision (RHNS) in favor of a single CCNH standard;
 - Establishing a daily minimum staffing ratio of at least 4.1 hours of direct care per resident, composed of:
 - .75 hours Registered Nurse
 - .54 hours Licensed Practical Nurse
 - 2.81 hours Certified Nurse Assistant; and
 - Informed by best practice, modifying ratios for social work and recreational staff to residents, with the result that they are lower than present standards.
- ➔ Informed by recommendations of the Socialization, Visitation and Caregiver Engagement Subcommittee, establish an Essential Caregiver (EC) program, that includes the same infection control practices and testing standards for ECs as are required for nursing home staff.
- ➔ Review and consider revision to expand the current definition of the term “direct care”, for purposes of minimum staffing requirements and nursing home reimbursement.

- ➔ Establish a minimum percentage of Medicaid nursing home reimbursement to be spent by nursing homes on direct care provided by nursing homes.
- ➔ Consider adoption of a nursing home specific minimum wage that is higher than the standard state minimum wage.
 - **Ensure that facilities adopt appropriate staffing policies to minimize spread of infectious disease (SR 17)**
- ➔ Require all providers of congregate long-term care (defined for this purpose as skilled nursing homes, ICF-IIDs, residential care homes, managed residential care facilities, and group homes) to develop and submit to DPH, DMHAS or DDS, as appropriate, an infectious disease outbreak plan that is customized to each home, based on national best practice standards for infection control, and developed in consultation with the facility's infection preventionist, if applicable, that includes, among other clinical and administrative components documentation of the means through which the entity will secure and provide orientation (essential policies, care planning and services offered by the facility) to supplemental or replacement staff in the event that an outbreak or other emergent or non-emergent situation reduces the providers' staffing capacity.
- ➔ Consider aligning staff payment procedures to incentivize working in a single facility.
- ➔ Consider having facilities offer options for 12-hour shifts.
 - **Ensure that staff have access to guaranteed sick time under state's existing paid sick leave regulations (LR 15)**
- ➔ Prior to the 2022 effective date of Connecticut's Paid Family and Medical Leave Program, consider implementation of a state-funded pool to cover sick time for employees of nursing homes who are infected with a contagious disease and who have exhausted any available fringe, federal or state sick leave benefits to which they are entitled.
- ➔ For purposes of workers' compensation, adopt a presumption of coverage for employees of nursing homes who become infected with contagious disease.
 - **Workforce retention and recruitment**
- ➔ Acknowledge and promote the value of nursing home staff.
- ➔ Promote a partnership between DPH, the SEIU 1199NE Training Fund, the nursing home associations and other stakeholders to create recruitment and training programs for certified nurse's assistants and other types of nursing home staff.

➔ Partner with Connecticut community colleges and current staff of nursing homes to develop and offer affordable courses for LPN's, CNAs and other nursing home staff.

- **Increase transparency and identify staffing necessary for improved communication**

➔ Review and consider expanding the reporting obligations and enforcement mechanisms enumerated in Connecticut Public Act 19-89, which:

- requires nursing homes to calculate and publicly post, on a daily basis, information related to the number of individuals, by type, who are providing direct care to residents; including anticipated versus actual staffing levels.
- authorizes DPH to take disciplinary action or issue a citation against a nursing home that substantially fails to comply with statutory minimum direct care staff requirements; and
- expands whistleblower protections for employees of nursing homes and residential care homes, residents, and residents' legal representatives, who file complaints or testify in administrative proceedings against a home, in matters including, but not limited to, staffing levels.