



JOINT LEGISLATIVE OVERSIGHT COMMITTEE
ON HEALTH AND HUMAN SERVICES

NC Department of Health and Human Services

Staffing Requirements for Adult Care Homes & Nursing Homes

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Nursing Homes and Adult Care Homes – Array of Long Term Supports & Services

- **Long Term Supports & Services Include:**
 - Home Health
 - In-Home Personal Care Services
 - Hospice
 - Family Care Homes
 - Waiver Services
 - IDD Community Services
 - Mental Health Community Services

How Does NCDHHS Support Nursing Homes and Adult Care Homes

- **Division of Health Services Regulation**
 - Oversight through regulations
- **Division of Public Health**
 - Infection Control
- **Division of Social Services**
 - Local oversight
- **Division of Aging and Adult Services**
 - Advocacy and funding
- **Medicaid**
 - Policy and funding

Staffing Requirements for Adult Care Homes

- **State regulations dictate the minimum number of hours required for Personal Care Aides, Supervisors, and the Administrator based on resident census:**
 - **Personal Care Aides to resident ratios:**
 - 1 aide : 20 (or less) residents on 1st and 2nd shifts
 - 1 aide : 30 residents on 3rd shift
 - **A Supervisor is required to be in the facility every shift when there are more than 30 residents.**
 - **A Certified Administrator is required to be at the facility 5 days/week for at least 40 hours for facilities with more than 81 residents.**
 - If less than 81 residents, a Certified Administrator must be on-call but is not required to be at the facility.**

SOURCE: N.C. Administrative Code, 10A NCAC 13F .0600 Staffing

Staffing Requirements for Adult Care Homes with Special Care Units

- **Adult care homes with Special Care Units for residents with Alzheimer's & Related Disorders must have a minimum number of staff on the Unit:**
 - 1 aide : 8 residents on 1st and 2nd shifts
 - 1 aide : 10 residents on 3rd shift
 - **Full-time Special Care Coordinator**
 - On-site at least 8 hours per day, 5 days per week
 - If 15 or less residents on the unit, the Care Coordinator may be counted in the staffing ratios above.
 - Responsible for overseeing resident care and coordinating, supervising, and evaluating resident services to assure that each resident receives services appropriate to the individual's needs.

SOURCE: N.C. Administrative Code, 10A NCAC 13F .1308 Special Care Unit Staffing

Enforcement of Staffing Requirements in Adult Care Homes

- **As part of annual (or biennial) inspections conducted by the NCDHHS Division of Health Service Regulation (DHSR) when issues are identified such as personal care not being provided as needed, lack of supervision, etc.**
 - Annual inspections of adult care homes with 0 to 3 stars
 - Biennial inspections of adult care homes with 4 stars
- **Complaint investigations related to inadequate staffing and as part of routine monitoring by the County Departments of Social Services**

SOURCE: N.C. General Statute 131D-2.11; 131D-26

Continued - Enforcement of Staffing Requirements in Adult Care Homes

- **Non-compliance with staffing regulations is cited in accordance with G.S. 131D-34 and can also trigger administrative actions such as suspending admissions of new residents, revoking a license, and monetary penalties.**
- **FY 20-21 – 54 citations issued for non-compliance with staffing regulations**

SOURCE: N.C. General Statute 131D-2.7; 131D-34

Adult Care Home Staffing & Emergency Preparedness

- **State regulations require each adult care home have a written disaster plan which has been submitted to the local emergency management agency.**
 - **Adult care homes should contact their local emergency management agency when there is an emergency, such as lack of staff due to inclement weather, power outages, etc.**
- **Adult care homes are expected to comply with the staffing regulations at all times, even during emergencies such as inclement weather.**
- **An adult care home's failure to protect residents and provide the necessary care and services before, during, or after an emergency is investigated and cited swiftly by DHSR and/or the county department of social services.**

SOURCE: N.C. Administrative Code, 10A NCAC 13F .0309 Plan for Evacuation; 10A NCAC 13F .0600 Staffing

Nursing Home Staffing Requirements

- **All nursing homes are required to have certain professional staff:**
 - **Medical Director (physician responsible for coordination of medical care in the facility)**
 - **Administrator (individual licensed by the North Carolina State Board of Examiners for Nursing Home Administrators who is responsible for operations of the facility)**
 - **Director of Nursing (must be a registered nurse)**

Continued – Nursing Home Staffing Requirements

- **Additionally, all nursing homes must provide services on a 24-hour basis, by a sufficient number of nurses and nurse aides, to provide nursing care to all residents in accordance with individual resident care plans.**
 - **These individual resident care plans are based on detailed individual patient needs assessments and patient care planning and are required to be designed to assure resident safety and to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.**

Continued – Nursing Home Staffing Requirements

- **Except for units with higher staffing requirements, a nursing home must have:**
 - **at least one licensed nurse on duty for direct patient care at all times; and**
 - **a registered nurse for at least eight consecutive hours a day, seven days a week.**

Continued – Nursing Home Staffing Requirements

- **In addition to state staffing requirements for nursing homes, for nursing homes that are also federally certified, there are additional federal requirements related to staffing.**
- **Federally certified facilities must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.**

Continued – Nursing Home Staffing Requirements

- **The facility assessment must address or include:**
 - **The facility’s resident population, including, but not limited to,**
 - (i) Both the number of residents and the facility’s resident capacity;
 - (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; and
 - (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population.
- **The facility must review and update that assessment, as necessary, and at least annually.**
- **This facility assessment must be provided to DHSR surveyors when they enter the facility for a survey.**

Enforcement of Staffing Requirements in Nursing Homes

- **Review and inspection of facility staffing levels always occurs during annual inspections and also occurs during complaint inspections when:**
 - **the complaint alleges inadequate staffing or circumstances indicating inadequate staffing**
 - **when issues are identified in other regulatory areas (such as when personal care is not being provided as needed or a lack of supervision of residents is identified)**

Continued - Enforcement of Staffing Requirements in Nursing Homes

- **During investigations regarding staffing, surveyors:**
 - **Conduct interviews with staff, residents and families regarding resident rights, choices, and care and services**
 - **Conduct observations of care and services**
 - **Conduct careful record reviews**
 - **Review facility staffing assessment as compared to actual staffing patterns**

Continued - Enforcement of Staffing Requirements in Nursing Homes

- Interviews and records reviewed include matters relating to: residents treated with dignity, activities of daily living, activities, changes in condition, resident assessments, pressure ulcers, restraints, grievances, medication administration, contractures, weight loss, hydration, accidents, catheters, tube feedings, respiratory care, special needs, pain management

Continued - Enforcement of Staffing Requirements in Nursing Homes

- **When an annual survey or complaint investigation identifies noncompliance regarding staffing requirements, a citation is issued. (There were 37 insufficient staffing citations the past year).**
- **The nursing home is required to submit a plan of correction to the DHHS/Division of Health Service Regulation (DHSR) for DHSR's approval.**
- **DHSR conducts follow up surveys to determine compliance.**
- **The Centers for Medicare and Medicaid may impose a civil money penalty or discretionary denial of payment for new admissions.**

Nursing Home Staffing & Emergency Preparedness Plans

- **Nursing homes are required by both state and federal regulations to have detailed emergency preparedness plans designed to meet all emergencies and disasters.**
- **Nursing Homes are expected to comply with the staffing regulations at all times, even during emergencies such as inclement weather.**
 - **Nursing home emergency plans should include plans for the foreseeable staffing issues expected with inclement weather.**

Continued - Nursing Home Staffing & Emergency Preparedness Plans

- **Nursing homes are required to train staff in emergency procedures.**
- **Federally certified facilities must also include in their emergency preparedness staffing plans, the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.**

Developing Training and Resources for Nursing Homes to Strengthen Emergency Preparedness

- **Recognizing the need for focused training on Emergency Preparedness issues, the Centers for Medicare and Medicaid Services (CMS) in partnership with NCDHHS recently awarded a \$2.0M Civil Monetary Penalty (CMP) grant - the LTC2Prepare Initiative.**
- **The LTC2Prepare Initiative grant is a program of the Kent School of Social Work and Family Science at the University of Louisville and will provide an innovative array of training, tools and resources developed for NC skilled nursing facilities to strengthen nursing facility preparedness and meet current preparedness regulations.**

Staffing Is Complex

- **Workforce issues are not new**
- **Providers often compete for the same workforce**
- **Most providers are private, but funding is mostly public**
- **Low wages**
- **The work is hard, physically and mentally**
- **Pandemic exacerbated the issue**

Characteristics of DCW Workforce

- **More likely to live in poverty and rely on public assistance**
- **Generally, have lower levels of education**
- **Lower personal earnings**
- **Older women of color make up the majority of the DCW workforce**

What Can Be Done

- **Immediate, medium, long range**
- **Competitive wages & benefits**
- **Establish career path**
- **Improved working conditions**
- **Continued TA for providers**
- **Revisit and review regulatory requirements**

Providers Received Legislated 5% Rate Increase Early in Pandemic

Ambulance	General Acute Care Hospitals	Optometrist
Ambulatory Surgical Centers	Hearing Aids	Orthotics & Prosthetics
Anesthesiology/CRNA	HIV Case Management	Out-of-State Hospitals
Behavioral Health Providers (excluding CDSA & LEA)	Home Infusion Therapy	Pharmacy Dispensing Fees
Birth Centers	Hospital Outpatient	Physician Administered Drug Program
Chiropractors	Independent Lab	Physician Assistant
Clinical Pharmacist Practitioner (CPP)	Independent Diagnostic Testing Facilities	Physician Services
Dental	Indian Health Services	Podiatry
Dialysis	Intermediate Care Facilities for Individuals with Intellectual Disabilities	Pregnancy Medical Home
Durable Medical Equipment	Local Education Agencies – Other than OT, PT, RT & Speech / Audiology	State Institutions
Extended Service for Pregnant Women	Long Term Acute Care Hospitals	State Lab
FQHC and RHC Physician Services	Nurse Practitioner	X-ray Services
Freestanding Psych and Rehab facilities	Optical Program	

Provider Rate Actions Taken During the Pandemic

Actions Taken in FFS	Impacted Services	End Date
<p>DHHS 5% Rate Increases (Effective March 10, 2020) https://medicaid.ncdhhs.gov/blog/2020/04/03/special-bulletin-covid-19-32-rate-increase-and-claims-reprocessing</p>	<ul style="list-style-type: none"> Hospice Facilities Local Health Departments Private Duty Nursing Physical, Occupational, Respiratory, Speech and Audiology Therapies Children's Developmental Service Agency (CDSA) 	<p>TBD 12/31/2021 TBD TBD</p>
<p>DHHS 5% and 10% Rate Increases (5% Effective March 10, 2020; 10% Effective April 1, 2020) https://medicaid.ncdhhs.gov/blog/2020/05/11/special-bulletin-covid-19-88-additional-temporary-rate-increases-skilled-nursing</p>	<ul style="list-style-type: none"> Skilled Nursing Facilities Personal Care Services (State Plan, CAP-DA, CAP-C) Home Health 	<p>TBD TBD TBD</p>
<p>Primary Medical Home Fees Doubled (Effective April 1, 2020) https://medicaid.ncdhhs.gov/blog/2020/05/01/special-bulletin-covid-19-80-nc-medicaid-temporarily-increasing-flexibility-and</p>		<p>12/31/2021</p>
<p>Legislated 5% Rate Increases (March 2020) https://medicaid.ncdhhs.gov/blog/2020/06/15/special-bulletin-covid-19-99-north-carolina-general-assembly-mandates-temporary-5</p>	<p>All other providers</p>	<p>Hospitals – 6/30/21 replaced with new enhanced base rates</p>
<p>Additional Increase for Outbreaks/ COVID+ patients https://medicaid.ncdhhs.gov/blog/2020/04/27/special-bulletin-covid-19-68-expedited-hardship-advances-and-retroactive-targeted</p>	<p>Skilled Nursing Facilities Personal Care Services (State Plan, CAP-DA, CAP-C)</p>	<p>SNF & PCS rates converted to uniform PHE rate 11/1/2021</p>
<p>Converted Outbreak Rates (November 2021) https://medicaid.ncdhhs.gov/blog/2021/10/28/special-bulletin-covid-19-194-update-personal-care-services-rates-increasing-private-duty-nursing</p>	<p>SNF PCS PDN (added November 2021)</p>	<p>TBD TBD TBD</p>