CAHCF/CCAL
Connecticut Association of Health Care Facilities
Connecticut Center for Assisted Living

March 13, 2024

The Connecticut Association of Health Care Facilities ("CAHCF") is a Connecticut trade association located at 213 Court Street, Suite 202 in Middletown, CT 06457. CAHCF respectfully submits the following comments on proposed regulation "Nursing Home Staffing Levels" (Tracking Number: PR2022-032):

1. COMMENT 1. The proposed regulation should be revised as follow:

Section 1. Subsection (m) of Section 19-13-D8t of the Regulations of Connecticut State Agencies is amended as follows:

(m) Nursing staff: (1) For purposes of this subsection, "direct care staff" shall mean licensed nursing personnel and certified nurse's aides that are engaged in direct health care services, including but not limited to, personal care services for residents in nursing homes**, assistance with feeding, bathing, toileting, dressing, lifting and moving, administering medication, assessments, and promoting socialization, but does not include food preparation, housekeeping, laundry services, maintenance of the physical environment of the nursing home or performance of administrative tasks.**

REASON:

CAHCF is recommending this revision to provide additional specificity with regard to the tasks that are included as "direct health care services" for purposes of the regulation. assistance with feeding, bathing, toileting, dressing, lifting and moving, administering medication, and promoting socialization.

COMMENT #2. The proposed regulation should be revised as follow:

[(5)] (6) In no instance shall a chronic and convalescent nursing home, or a rest home with nursing supervision, have direct care staff below the following standards **of 3.0 hours of total direct care staffing during a twenty-four hours per day**:

(A) Licensed nursing personnel:

[7 a.m. 9 p.m.: .47] .83 hours per [patient] resident

(B) Total nursing and Nurse's aide personnel:

[7 a.m. to 9 p.m.: 1.40] 2.17 hours per [patient] resident

[9 p.m. to 7 a.m.: .50 hours per patient]

REASON:

To more strictly align the proposed regulations with Public Act No. 21-185, CAHCF recommends that the outdated shifts of 7 am to 9 pm and 9 pm to 7 am be repealed and substituted with a twenty- four hour requirement totaling 3.0 hours as follows: licensed nursing.: .83 hours per resident, and total nursing and nurse's aide personnel : 2.17 hours per resident. The 7 am to 9pm and 9pm to 7am designations do not reflect the shifts currently utilized across health care institutions such as nursing homes and hospitals and is therefore more challenging for providers to track staffing levels. We believe the daily requirement of 3.0 hours per resident combined with the specified minimums of licensed nursing are sufficient to ensure that providers have adequate direct care staff at all times while still allowing flexibility to staff to meet the specific needs of their own resident population, recognizing that different resident populations and acuity levels will have higher staffing needs at varying times throughout the day.

COMMENT #3. The proposed regulation should be revised as follow:

(7) [In facilities of 61 beds or more, the] The director of nurses [or] **and, in facilities of 121 beds or more,** the assistant director of nurses shall not be included in satisfying the requirements of [subdivisions] subdivision (6) of this subsection**, except in instances where such individual is exclusively engaged in direct health care services which is evidenced by a daily assignment sheet, log, or other documentation.**

REASON:

The facility should be able to count the direct health care services provided by the director of nurses and the assistant director of nurses so long as the direct health care services provided are in addition to their full-time duties and responsibilities. One key job responsibility of the director and assistant director of nurses is to ensure sufficient staffing to meet resident needs. This can result in such individuals needing to provide coverage for call outs or similar staffing shortages. These instances should be included for purposes of calculating direct care staffing ratios where such direct health care services are performed in addition to their full-time duties and responsibilities. Further, existing laws only require an ADNS in facilities of 121 beds or more. In facilities where the ADNS is not a mandated role, these individuals often serve in a direct care

role and should not automatically be excluded from staffing calculations, consistent with current Public Health Code requirements.

Respectfully submitted,

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