

Faith-Based Aging Services Providers Seek Delay in Implementation of Long-Term Care Rules

The undersigned members of the Interfaith Roundtable, a group of organizations representing faith-based aging services providers all over the country, join today in a statement on the Centers for Medicare and Medicaid Services' final rules instituting minimum staffing requirements at skilled nursing facilities (SNFs), and a new requirement for home- and community-based service (HCBS) providers that directs 80 percent of Medicaid payments be spent on wages for aides and nurses.

We share the administration's goals of quality nursing home care and greater access to home- and community-based services, but these rules will make it harder to provide access to care for vulnerable older adults across the country. Rather than provide additional funding or other support for addressing the ongoing workforce crisis, the administration has chosen to institute unfunded, one-size-fits-all requirements and mandates.

The Administration is asking providers to do the impossible with the SNF minimum staffing rule. As nonprofit faith-based providers, our SNFs struggle to fill nursing positions, especially registered nurses and certified nurse aides. There are not enough RN graduates in the country to fill the open positions and more experienced nurses are leaving the profession. Further, it is reported anecdotally by many nursing home leaders that RNs often gain basic experience in a nursing home then move to other healthcare settings that receive better reimbursement rates and can pay more.

Regarding front line staff, many nursing homes across the country are unable to fill all open jobs and experience turnover in these positions exceeding 50% a year. As responsible nonprofit providers, most opt to accept fewer residents, limiting access and leading to overcrowding in hospitals.

Many providers also turn to agency staff to fill the gap – costing twice as much (or more) as employees and unable to deliver the same level of quality of care as regular employees. Faith-based nonprofits, which consistently receive the highest star ratings from CMS, are overrepresented in the nationwide trend of nursing home closures and sales, due to the failure of Medicaid reimbursement rates to meet the actual costs of care.

There are simply not enough workers to hire, no matter how dedicated a provider is to meeting the requirements of the staffing rule. The nursing home staffing mandate, intended to promote and improve quality will likely have the opposite effect. It will reduce access and force more providers to rely on agency staff and eventually, face closure.

Even if there were enough potential employees in the economy, it is irresponsible to require higher staffing without additional reimbursement to support an expanded workforce.

The second long-term care regulation finalized on April 22, “Ensuring Access to Medicaid Services,” requires that providers spend at least 80% of their Medicaid payments on workers’ wages. Again, we wholeheartedly support the intent of the rule – to increase pay and benefits for this dedicated but often undervalued workforce. Unfortunately, providers who rely on Medicaid reimbursement to provide home and community-based care find that reimbursement rates often don’t cover the cost of care and services. Leaving 20% of an inadequate rate for all expenses other than staff wages will force providers to reduce or end services, sharply reducing access to care in their communities.

We appreciate the Administration’s intentions and agree that focusing on the workforce is key to improving quality. However, without an adequate pool of qualified potential employees and sufficient reimbursement so providers can both pay staff and continue to stay open, the rules will create instability and reduce access – as increasing numbers of baby boomers begin to need care.

We request that the Administration and members of Congress reassess these two rules and refocus efforts on developing the nursing workforce. Short of that we suggest that implementation of these two rules be delayed until there are enough people to fill the jobs and enough reimbursement to guarantee that staff can be paid fairly for their hard work, without providers losing the ability to remain open and serve older people.

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