

October 30, 2023

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services

RE: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting (CMS-3442-P)

Dear Administrator Brooks-LaSure:

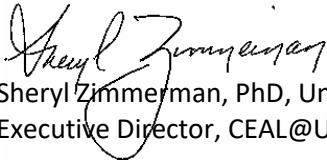
On behalf of the national Center for Excellence in Assisted Living @ the University of North Carolina at Chapel Hill (CEAL@UNC), I write to convey concern about the implications of proposed rule CMS-3442-P: Medicare and Medicaid Programs: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting. CEAL@UNC's concerns relate to (1) the workforce ramifications for home and community-based services, and (2) the need to address necessary changes to long-term care so that staff truly want to work in this healthcare sector.

CEAL began twenty years ago as the first recommendation in the landmark Assisted Living Workgroup report delivered to the U.S. Senate Special Committee on Aging, to serve as a national collaborative to promote excellence in assisted living. Since that time, CEAL has been a leader in the assisted living community by promoting and disseminating evidence-based practices, educational materials, and resources, and by providing a collaborative space for leaders representing a range of perspectives to objectively discuss, inform, and advocate for practice and policy change when indicated. Now based at a leading research university, CEAL@UNC has stronger capacity to develop and use evidence toward that end.

Assisted living is the largest provider of residential long-term care in our country, including for persons living with dementia; to be clear, more people receive long-term care in assisted living than in nursing homes.¹ The proposed rule would decrease the number of staff available to work in assisted living, which is already suffering a staffing shortage similar to that in nursing homes. Surely it is not the intent of the rule to impose a regulatory requirement that will have the predictable effect of making the staffing crisis even worse for sectors of long-term care that are not nursing homes. Further, beyond merely increasing staff wages, there is need to make the job itself more attractive to staff, which would have the additional benefit of improving care and resident outcomes. There is ample evidence that staff are dissatisfied in their jobs; that satisfied workers are less likely to leave their jobs; that turnover results in poorer quality care; and that satisfaction relates to much more than salary – it relates to the quality of supervision, a safety culture, job enrichment, feelings of competence, and other job-related factors.²⁻⁵

For these reasons, we encourage CMS to look beyond nursing home staff salary in its efforts to bolster the workforce. We advocate for incentivizing better quality jobs for staff working in nursing homes and assisted living, and welcome discussing related strategies.

Sincerely,



Sheryl Zimmerman, PhD, University Distinguished Professor
Executive Director, CEAL@UNC

¹ Zimmerman S, Sloane PD, Wretman CJ, et al. Recommendations for medical and mental health care in assisted living based on an expert Delphi Consensus Panel: a consensus statement. *JAMA Netw Open*. 2022 Sep 1;5(9):e2233872.

² Beeber AS, Cohen LW, Zimmerman S, et al. Differences in assisted living staff perceptions, experiences, and attitudes. *J Gerontol Nurs*. 2014;40(1):41-49.

³ Shen K, McGarry BE, Gandhi AD. Health care staff turnover and quality of care at nursing homes. *JAMA Intern Med*. 2023 Oct 9:e235225. doi: 10.1001/jamainternmed.2023.5225.

⁴ Kennedy KA, Mohr DC. Job characteristics associated with intent to quit among nursing home employees and managers. *Gerontologist*. 2023;63(1):108-119.

⁵ Zimmerman S, Williams CS, Reed PS, et al. Attitudes, stress, and satisfaction of staff who care for residents with dementia. *Gerontologist*. 2005 Oct;45 Spec No 1(1):96-105.