



COMMONWEALTH of VIRGINIA

Karen Remley, MD, MBA, FAAP
State Health Commissioner

Department of Health
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RICHMOND, VA 23218

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October 18, 2011

The Honorable Benjamin L. Cline
Chairman, Joint Commission of Health Care
900 East Main Street, First Floor West
Post Office Box 1322
Richmond, Virginia 23218

Dear Delegate Cline:

Thank you for giving me the opportunity to present the status of nursing facility staffing at the Commission's September 19, 2011, meeting. As Virginia's population ages, appropriate staffing in nursing facilities becomes increasingly important. So too is the need for sufficient professionals to conduct the inspections safeguarding those residents calling Virginia's nursing facilities home. We appreciate the interest the Commission has shown towards both staffing issues and hope the enclosed materials, as outlined below, answer the members' questions.

1. Samples of nursing facility staffing summaries posted by each facility on each shift as required by federal regulation. Please note each page represents one facility (Enclosure 1);
2. A matrix comparing survey staffing in Virginia to the surrounding states of Maryland, North Carolina, Tennessee, West Virginia, and Pennsylvania. The matrix also includes the number of facilities and beds (Enclosure 2); and
3. The most recent Request for Applications (RFA) showing the nursing facility bed need forecast for 2013 (Enclosure 3).
 - Currently the nursing facility occupancy rate is 89.1%.

A commission member also asked how many current nursing facility residents were not Virginia residents. While the Department of Health is not directly involved with pre-nursing facility residency issues, we have learned that federal law requires proof of citizenship and identity to receive public funding, i.e., Medicare and Medicaid. Generally, this process is

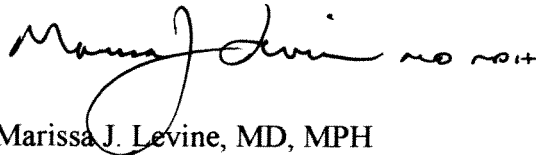
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conducted on the federal level by the Social Security Administration (SSA) via the Supplemental Security Income (SSI) and Medicare program enrollment. If an individual does not have SSA verification, then the Virginia Department of Medical Assistance Services requires the same proof of citizenship and identification for admission as a Medicaid recipient. There are no Medicaid residents of nursing facilities who are not citizens with verified identities.

There are no mandated citizenship or identity requirements if an individual can pay out of his or her own financial resources or utilize third party reimbursement to pay for care. Since not all Virginia's nursing facilities are Medicare or Medicaid certified, it is possible there might be some non-Virginia residents in nursing facilities.

Please let me know if there are additional questions or if additional information is needed. You may reach me by telephone (804) 864-7025, or, email at marissa.levine@vdh.virginia.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Marissa J. Levine" with a stylized flourish at the end.

Marissa J. Levine, MD, MPH
Deputy Commissioner
Public Health and Preparedness

Enclosures



DAILY NURSE STAFFING SUMMARY

Healthcare Center Name: _____ **Today's Date:** _____

Post this document in a prominent place; accessible to patients and visitors.
Complete at the beginning of each shift; update any changes to information as needed.

DAY SHIFT (7:00 a.m. - 3:00 p.m.)	
Resident Census at start of shift _____	
Staffing Totals by Category	Total of Actual Staff Hours Worked
#Registered Nurses _____	_____
#Licensed Practical Nurses _____	_____
#Certified Nurse Aides _____	_____

EVENING SHIFT (3:00 p.m. - 11:00 p.m.)	
Resident Census at start of shift _____	
Staffing Totals by Category	Total of Actual Staff Hours Worked
#Registered Nurses _____	_____
#Licensed Practical Nurses _____	_____
#Certified Nurse Aides _____	_____

NIGHT SHIFT (11:00 p.m. - 7:00 a.m.)	
Resident Census at start of shift _____	
Staffing Totals by Category	Total of Actual Staff Hours Worked
#Registered Nurses _____	_____
#Licensed Practical Nurses _____	_____
#Certified Nurse Aides _____	_____

Retain Nursing Staffing Data for 18 months (CMS effective 12-27-05)

DATE: _____
DAILY STAFFING FORM

Census	Shift	Staff present- by category	Total Staffing HOURS:
	Licensed: 7am-3:30pm Unlicensed: 7am-3:00pm	<u>RN</u> (8am-3PM) <u>LPN</u> CCC <u>CNA</u> RNA CNA	RN= xx hrs LPN= xx hrs xx CNA= xx hrs xx
	Licensed: 3pm-11:30pm Unlicensed: 3pm-11pm	<u>RN</u> (3-4:30) - CCC <u>LPN</u> <u>CNA</u>	RN= xx hrs xx LPN= xx hrs CNA= xx hrs
	Licensed: 11pm-7:30am Unlicensed: 11pm-7am	<u>RN</u> <u>LPN</u> <u>CNA</u>	RN= x hrs LPN= x hrs CNA= x hrs

**Nursing & Rehabilitation Center
Current Nurse Staffing**

Day: _____ Date: _____

1st FLOOR

7AM-3PM Shift Census _____

RN Staff _____ Number _____ Total Hours Worked _____

LPN Staff _____ Number _____ Total Hours Worked _____

CNA Staff _____ Number _____ Total Hours Worked _____

3PM - 11PM Shift

RN Staff _____ Number _____ Total Hours Worked _____

LPN Staff _____ Number _____ Total Hours Worked _____

CNA Staff _____ Number _____ Total Hours Worked _____

11PM - 7 AM Shift

RN Staff _____ Number _____ Total Hours Worked _____

LPN Staff _____ Number _____ Total Hours Worked _____

CNA Staff _____ Number _____ Total Hours Worked _____

REGISTERED NURSE STAFFING POSTING

2nd FLOOR

7AM-3PM Shift Census _____

RN Staff _____ Number _____ Total Hours Worked _____

LPN Staff _____ Number _____ Total Hours Worked _____

CNA Staff _____ Number _____ Total Hours Worked _____

3PM - 11PM Shift

RN Staff _____ Number _____ Total Hours Worked _____

LPN Staff _____ Number _____ Total Hours Worked _____

CNA Staff _____ Number _____ Total Hours Worked _____

11PM - 7 AM Shift

RN Staff _____ Number _____ Total Hours Worked _____

LPN Staff _____ Number _____ Total Hours Worked _____

CNA Staff _____ Number _____ Total Hours Worked _____



Staffing Sheet 1

_____ Nursing staff directly responsible for resident care

DATE _____ RESIDENT CENSUS _____

SHIFT LICENSED NURSING STAFF UNLICENSED NURSING STAFF

NUMBER OF STAFF/HOURS PER SHIFT

DAY	___/___ RN	•	___/___ LPN	•	___/___ CNA
EVENING	___/___ RN	•	___/___ LPN	•	___/___ CNA
NIGHT	___/___ RN	•	___/___ LPN	•	___/___ CNA

Daily posting of this information is required for nursing homes participating in Medicare and Medicaid.

DAILY STAFFING -NURSING

POST / UPDATE BEGINNING OF EACH SHIFT

NURSING STAFF DIRECTLY RESPONSIBLE FOR RESIDENT CARE*

DATE: _____ CENSUS-7-3: _____ CENSUS-3-11: _____ CENSUS-11-7: _____

SHIFT	RN / LPN NURSING STAFF Directly responsible for Resident Care		CNA / NURSING STAFF Directly responsible for Resident Care	
	Number of staff	Hours	Number of staff	Hours
DAY 7 - 3	_____	_____	_____	_____
EVENING 3-11	_____	_____	_____	_____
3-7	_____	_____	_____	_____
7-11	_____	_____	_____	_____
NIGHT 11-7	_____	_____	_____	_____

*Definition of Directly responsible for resident care includes, but is not limited to: activities assisting with ADL's, giving medications, supervising the care given by CNA's, performing nursing assessments, or notifying a physician about a change in condition.

Daily posting of this information is required for nursing homes participating in Medicare and Medicaid.

REQUIRED TO BE RETAINED FOR 18 MONTHS (INCLUDES FULL SURVEY CYCLE)

GHBC 3-11 ASSIGNMENT

DATE: _____

SUPERVISOR: _____

HEALTH CARE CENTER:

Sunflower Lane/TULIP
Rms: 200-207 /208-215

Nurse: _____ / _____

CNA: _____

Cherry Blossom Circle
Rms: 225-235

Nurse: _____
CNA: _____

Magnolia Valley
Rms: 236-245

Nurse: _____
CNA : _____

Lavender Lane
Rms: 216-219/220-224

Nurse:(O) _____ / (M) _____
CNA: _____

ORCHID DRIVE
Rms: 246-256

Nurse: _____
CNA: _____

ASSISTED LIVING

Nurse: _____
AA: _____
CNA: _____

4th FLOOR MED ROOM

AA: _____

GHBC 11-7 ASSIGNMENT

DATE: _____

SUPERVISOR: _____

HEALTH CARE CENTER:

Sunflower Lane
Rms: 200-207

Tulip Avenue
Rms: 208-215

Nurse: _____

CNA: _____

CNA: _____

Lavender Lane

Nurse _____

CNA: _____

Cherry Blossom Circle
Rms: 225-235
Nurse: _____
CNA: _____

Magnolia Valley
Rms: 236-245
Nurse: _____
CNA: _____

ALU: _____

CNA: _____

Orchid Drive
Rms: 214-224
Nurse: _____

CNA _____

**VDH - OLC - Division of Long Term Care
Surveyor Workload - October 2011**

	LTC Surveyor FTE's	Additional LTC Certified Facilities				Intermediate Care Facilities for Mentally Retarded (ICF/MR)			Total Division of LTC				
		LTC Certified Facilities	LTC Certified Beds	ICFMR Facilities	ICFMR Beds	Additional LTC FTEs	ICFMR Facilities	ICFMR Beds	Total LTC Surveyor FTEs	LTC Providers	LTC Providers per Surveyor	LTC Beds	LTC Beds per Surveyor
VA	41	20	1,351	0	43	2,098	41	342	8.3	35,259	860.0		
MD	30	N/A	N/A	1 FT, 2 PT	2	213	31	234	7.5	28,213	910.1		
NC	83	N/A	N/A	17	331	4137	100	754	7.5	41,191	411.9		
PA	116	N/A	N/A	N/A	N/A	N/A	116	714	6.2	88,807	765.0		
TN	49	N/A	N/A	N/A	N/A	N/A	49	323	6.6	37,379	762.8		
WV	16	23	918	N/A	N/A	N/A	16	128	8.0	10,727	670.4		

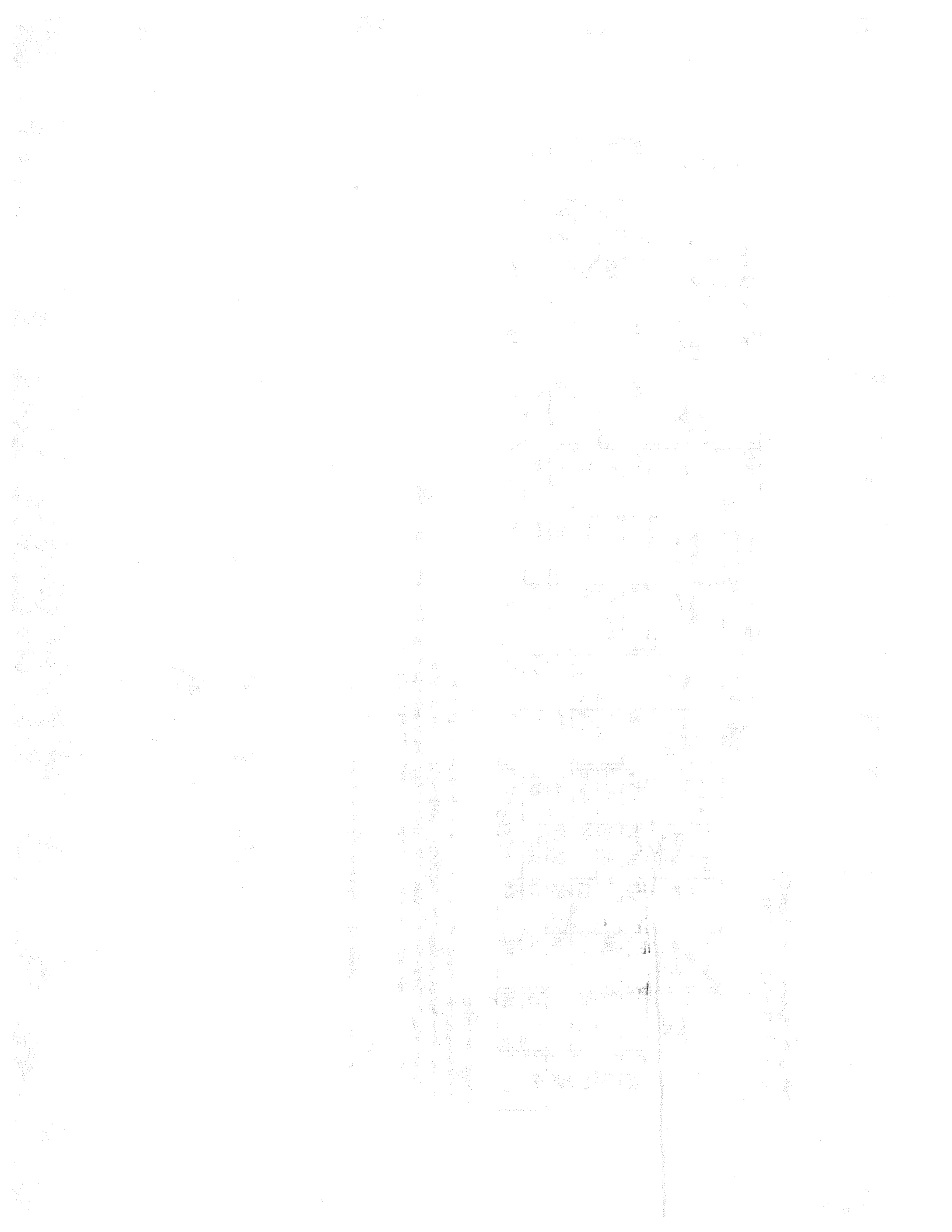
Relevant remarks:

- > Maryland's director indicated they have identified the need for 19 additional LTC FTE's
- > North Carolina bed totals obtained from S&C PDQ, not confirmed by State Survey Agency
- > Pennsylvania, North Carolina, & Tennessee State Survey Agencies do not conduct the ICF/MR certification surveys
- > West Virginia has received approval to add 16 new positions to LTC survey program

NF = Nursing Facilities

Cert = Federal certification; Voluntary participation for receiving reimbursement.

OK 10/04/11



**NOTICE OF REQUEST FOR CERTIFICATE OF PUBLIC NEED APPLICATIONS
FOR DEVELOPMENT OF ADDITIONAL NURSING HOME BEDS
PLANNING TARGET YEAR 2013**

**THE VIRGINIA STATE BOARD OF HEALTH and
THE VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES**

Legal Notice of Request for Certificate of Public Need Applications.

Pursuant to the authority vested in the State Board of Health ("Board") and the Department of Medical Assistance Services ("DMAS") by § 32.1-102.3:2 of the Code of Virginia, notice is hereby given of the *proposed* issuance of a Request for Applications ("RFA"). This RFA would be a request for certificate of public need ("COPN") applications for projects that would result in an increase in the number of beds in which nursing home services are provided in the Commonwealth of Virginia. The RFA process is outlined in 12 VAC 5-220-335 of the Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations.

Eligible Planning District and Total Nursing Home Beds Available for Authorization.

In the review cycles that would be established by this RFA upon issuance of the final notice, the Commissioner of Health will consider requests for COPNs that propose an increase in nursing home beds in the planning districts ("PD") identified below and that propose an increase in beds no greater than the number of available beds shown below for that planning district. COPN requests that propose an increase in nursing home beds in any other planning district not identified below or propose an increase in beds greater than the number of available beds shown below for the eligible planning district will not be accepted for review.

Planning District 9, also known as the Rappahannock-Rapidan Planning District, consisting of the counties of Culpeper, Fauquier, Madison, Orange, and Rappahannock.

Total nursing home beds available for authorization: 60.

Planning District 10, also known as the Thomas Jefferson Planning District, consisting of the counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson and the city of Charlottesville.

Total nursing home beds available for authorization: 60.

Planning District 18, also known as the Middle Peninsula Planning District, consisting of the counties of Essex, Gloucester, King and Queen, King William, Matthews, and Middlesex.

Total nursing home beds available for authorization: 30.

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for Development of Additional Nursing Home Beds--Planning Target Year 2013
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Evaluation of Need for Additional Nursing Home Beds.

The "Nursing Facilities" component of the *Virginia State Medical Facilities Plan* ("SMFP") contains a nursing home bed need forecasting method (12 VAC 5-230-610). This method has been employed by the Virginia Department of Health to compute a forecast of needed nursing home beds in 2013 in each of Virginia's twenty-two planning districts.¹

Consistent with the *Virginia State Medical Facilities Plan* (12 VAC 5-230-610 A), no planning district is considered to have a need for additional nursing home beds unless the average annual occupancy of all existing Medicaid-certified nursing home beds in the planning district was at least 93%, excluding the bed inventory and utilization of the Virginia Veterans Care Centers.

For purposes of this document, the annual occupancy of Medicaid-certified nursing home beds was determined from filings with Virginia Health Information made by Virginia nursing homes covering their fiscal year 2008. The average annual occupancy of one planning district was adjusted to take into account the fact that one nursing home in the planning district, although Medicaid-certified at the end of its fiscal year, had a substantial period of non-participation in the Medicaid program during the nursing home's fiscal year 2008.

Also, no planning district will be considered to have a need for additional nursing home beds if there are uncompleted nursing home beds, for which Medicaid certification will be sought, that were authorized for the planning district within the three years prior to this notice of a proposed RFA. The following table displays, by planning district, the nursing home *gross* bed need forecast for 2013, the current licensed bed inventory plus uncompleted COPN-authorized additions of nursing home beds, and the *net* bed need forecast for 2013.

The table also shows the average annual occupancy rate of Medicaid-certified nursing home beds for each planning district for the 2008 reporting year and identifies the status of each planning district with respect to authorized but uncompleted nursing home beds. The final column of the table states whether the planning district qualifies for additional nursing home beds for 2013.

**Nursing Home Bed Need Forecast and
Whether a Planning District Qualifies for Additional Nursing Home Beds for 2013**

Planning District	Gross Bed Need Forecast For 2013	Existing Plus Authorized Beds	Projected Net Bed Need In 2013	Average Occupancy Medicaid Beds 2008	Authorized But Uncompleted Medicaid Beds	Planning District Qualifies for Additional NH Beds
1	511	641	(130)	88.4%	no	no--no need
2	426	547	(121)	76.7%	no	no--no need

¹ For conduct of the certificate of public need program, the Virginia Department of Health continues to recognize the former Planning District 20, Southeastern Virginia, and the former Planning District 21, Peninsula, rather than Planning District 23, Hampton Roads, which combined the former PD 20 and PD 21.

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for Development of Additional Nursing Home Beds--Planning Target Year 2013
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Planning District	Gross Bed Need Forecast For 2013	Existing Plus Authorized Beds	Projected Net Bed Need In 2013	Average Occupancy Medicaid Beds 2008	Authorized But Uncompleted Medicaid Beds	Planning District Qualifies for Additional NH Beds
3	1,378	1,405	(27)	93.1%	no	no--no need
4	828	788	40	85.7%	no	no--low occu.
5	2,046	2,301	(255)	91.0%	no	no--no need
6	1,746	1,528	218	92.4%	no	no--low occu.
7	966	972	(6)	89.2%	no	no--no need
8	5,026	4,358	668	89.6%	no	no--low occu.
9	815	746	69	93.7%	no	yes--60 beds
10	1,081	1,007	74	93.4%	no	yes--60 beds
11	1,512	1,550	(38)	92.9%	no	no--no need
12	2,036	1,929	107	91.8%	no	no--low occu.
13	935	881	54	92.9%	yes	no--low occu.
14	638	665	(27)	95.4%	yes	no--no need
15	3,927	4,049	(122)	93.0%	yes	no--no need
16*	825	785	40	92.4%	no	no--low occu.
17	332	368	(36)	79.2%	no	no--no need.
18	593	550	43	93.0%	no	yes--30 beds
19	1,099	1,075	24	91.0%	no	no--low occu.
20	4,547	4,421	126	90.2%	no	no--low occu.
21	2,056	1,875	181	92.5%	no	no--low occu.
22	377	389	(12)	89.8%	no	no--no need
Total VA	33,700	32,830	870	91.0%		

Sources: Virginia State Medical Facilities Plan (12 VAC 5-230-610)
Virginia Employment Commission (population projections, 2007 edition)
2008 Virginia Nursing Home Patient Survey, Health Systems Agency of Northern Virginia (for age-specific nursing home use rates)
Office of Licensure and Certification, VDH (for bed inventory)

*Note to table: There are 90 authorized but uncompleted nursing home beds in PD 16 that are expected to be Medicaid-certified. However, by virtue of provisions of H 267 of the 2006 General Assembly (Chap. 818, Acts of Assembly), the existence of these uncompleted beds is not to keep PD 16 from being the subject of an RFA, if PD 16 otherwise qualifies for an RFA. Therefore, PD 16 is shown above as having no uncompleted beds expected to be certified for Medicaid.

Basis for Review.

The Commissioner, in her review of COPN requests submitted pursuant to this RFA, will consider each of the eight factors enumerated in § 32.1-102.3 B of the Code of Virginia, as applicable. She will also consider applicable standards of the State Medical Facilities Plan (12 VAC 5-230-600 et. seq.).

Projection of Potential Fiscal Impact.

The Department of Medical Assistance Services projects total additional expenditures for medical services provided to Medicaid recipients of approximately \$4.29 million (\$2.14 million of Commonwealth general funds) for the fiscal year ending June 30, 2014, if all 150 beds included in this RFA are authorized and available for occupancy by July 1, 2013. This projection is based on the following principal assumptions:

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for Development of Additional Nursing Home Beds--Planning Target Year 2013
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Average proportion of beds filled during FY 2014	90.69%
Assumed Medicaid proportion of bed-days of service	61.24%
Average estimated payment rate per day (net of patient co-payments)	\$140.69

Schedule for Review.

COPN requests filed in response to this RFA must be filed in accordance with the provisions of 12 VAC 5-220-355. The review schedules shown below will apply. Letters of intent and applications must be received by the Virginia Department of Health Division of COPN and by the applicable regional health planning agency, if one is then in operation, by the dates shown below in order to qualify for consideration in the specified review cycle.

Letter of intent must be received by: November 1, 2010 for Planning Districts 10 and 18
December 30, 2010 for Planning District 9

Application must be received by: December 1, 2010 for Planning Districts 10 and 18
January 31, 2011 for Planning District 9

Review cycle will begin on: January 10, 2011 for Planning Districts 10 and 18
March 10, 2011 for Planning District 9

Application Fees.

The Virginia Department of Health shall collect fees for COPN applications filed in response to this RFA. No application may be deemed to be complete for review until the required application fee is paid. The fee is one percent of the proposed capital expenditure for the project, but not less than \$1,000 or more than \$20,000.