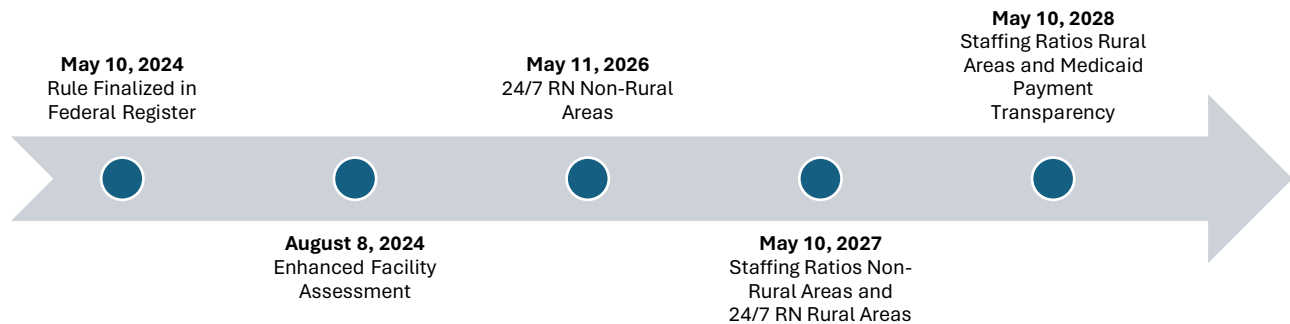


Finalized Minimum Staffing Rule Overview

Implementation Timeline



Enhanced Facility Assessment:

- Facility and community-based risk assessment integrated into emergency planning.
- Input from various staff members is essential, including leadership, management, direct care, and other service providers.
- Staffing decisions based on assessment, potentially exceeding minimum requirements.
- Input from residents, family, and staff representatives to be considered.
- Contingency plans included for non-emergency situations affecting resident care.

24/7 RN Requirement:

- Existing statutory waiver for 8hrs/day RN coverage (§ 483.35(f)) continues.
- Director of Nursing (DON) counts if RN and available for direct resident care per § 483.35(b)(3), and may still have a requirement of 60 or fewer residents.
- Waivers:
 - Nursing Facilities (NFs): Waiver of licensed nurse and RN 24-hour basis.
 - State approval required if recruitment efforts fail.
 - State ensures resident health and safety during waiver.
 - RN or physician must be immediately available by phone during nurse absence.
 - Annual state review.
 - Potential use of other qualified personnel.
 - Skilled Nursing Facilities (SNFs): Waiver of RN more than 40 hours per week.
 - Rural area with insufficient SNFs.
 - Full-time RN on duty 40 hours/week.
 - Must have physician orders or admission notes stating resident does not require services of RN or physician for a 48-hour period; OR

- Make arrangements for RN or physician on-site coverage during off-hours.
- Annual waiver renewal.

Minimum Staffing Standards:

- Nurse aides include CNAs, aides in training, medication aides/technicians, or agency/contracted personnel.
- LPN hours count toward the total requirement of 3.48 hours.
- Compliance:
 - Based on most recent quarter PBJ data and surveyor review/observation.
- Exemptions:
 - Available in limited circumstances until next standard recert survey unless one of the exclusions occurs first. Required:
 - Location criteria 20% below national average for staffing type.
 - Good-faith efforts in hiring and retention, with wages at community prevailing rate.
 - Financial commitment documentation.
 - Public notice of exemption status.
 - Individual notice to residents and LTCO.
 - Exclusions to the exemption:
 - PBJ data not submitted.
 - Special Focus Facility.
 - Cited for insufficient staffing resulting in harm.
 - Cited at IJ level for insufficient staffing within 12 months.

Medicaid Transparency Reporting Provision for States:

- Requires reporting of salaries and compensation for direct care staff, including benefits.

Costs:

- CMS estimates \$43 billion over 10 years for staffing ratio, 24/7 RN, and facility assessment provisions.
- CMS estimates \$147.9 million over 10 years for payment transparency reporting.

Miscellaneous:

- Non-compliance leads to public postings/notices, fines, fees, penalties, etc.
- The severability clause ensures if rule invalidated, other provisions revert to previous status.
- [The Office of Management and Budget \(OMB\)](#) designates counties as Metropolitan, Micropolitan, or Neither. A Metro area contains a core urban area of 50,000 or more population, and a Micro area contains an urban core of at least 10,000 (but less than 50,000) population. All counties that are not part of a Metropolitan Statistical Area (MSA) (Metro and Micro) are considered rural.