

# New York Nursing Home Staffing Levels Analysis

Prepared March 29, 2022

# **Executive Summary**

- 383 of 611 (63%) New York facilities were below 3.5 hours per resident day staffing requirements
- \$324,500,000 total annual cost estimated for New York facilities to meet the new 3.5 staffing requirements
- Additional annual costs per facility that is below the staffing requirements ranges from \$250,000-to-\$1,600,000
- 5,610 total additional staff estimated for New York facilities to meet the new 3.5 staffing requirements
- Staffing necessary to achieve minimums is driven by Certified Nursing
  Aides. A majority of facilities already operate at 1.1 licensed (LPN and RN)
  hours per resident day.



# Topics

- § 2895-b. Nursing home staffing levels summary
- Staffing levels before minimum requirements
- Cost estimates to achieve minimums
- Data sources
- New York occupancy data and About CLA







§ 2895-b. Nursing Home Staffing Levels Summary



# § 2895-b. Nursing Home Staffing Levels Summary

- Effective January 1, 2022; suspended to March 31, 2022
- Standard includes the hours required to be reported to CMS through Payroll Based Journal submissions
- Shall maintain daily average staffing hours equal to:
  - 3.5 hours of care per resident per day by a certified nurse aide, a licensed nurse or a nurse aide
  - no less than 2.2 hours of care per resident per day shall be provided by a certified nurse aide or a nurse aide
  - no less than 1.1 hours of care per resident per day shall be provided by a licensed nurse.



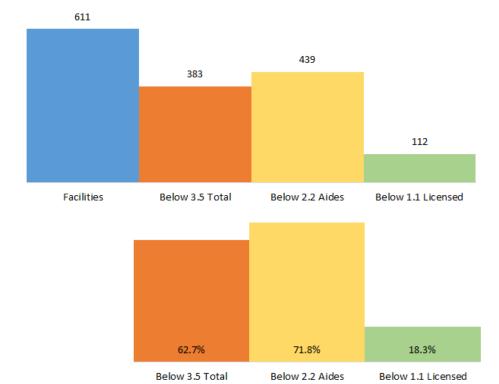


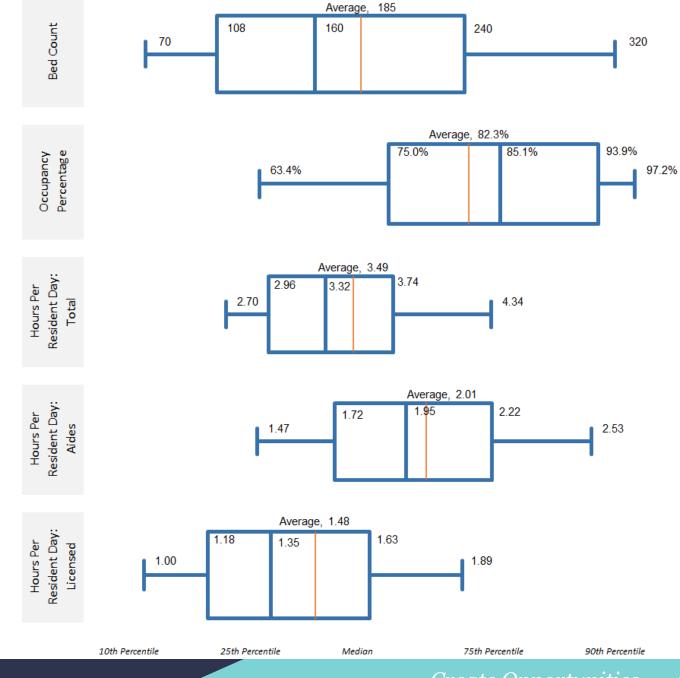


New York Facilities Staffing Before Hours Minimum Change Prepared March 29, 2022

### New York Facilities All

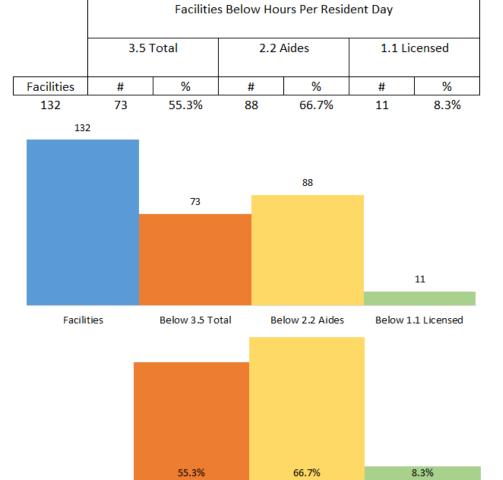
			Facilities Below Hours Per Resident Day							
		3.51	「otal	2.2 Aides 1.1 Licensed			censed			
	Facilities	#	%	#	%	#	%			
	611	383	62.7%	439	71.8%	112	18.3%			



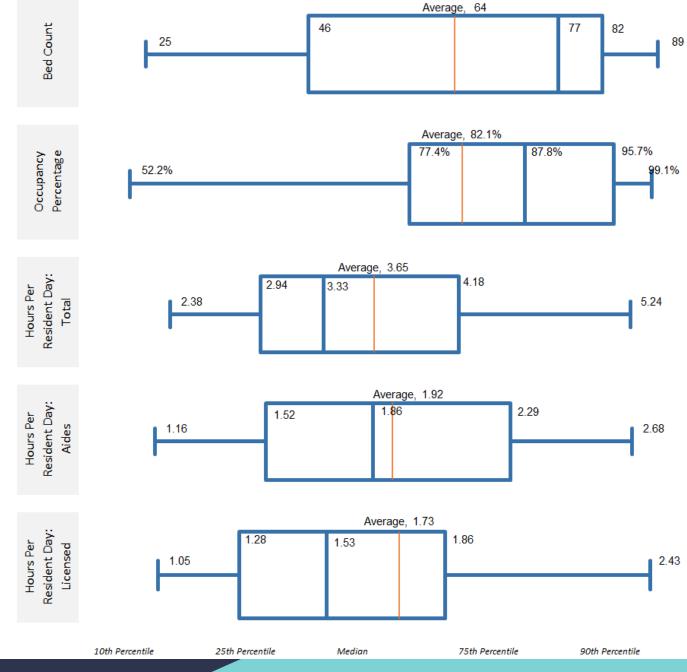




### New York Facilities Less than 100 Beds



Below 3.5 Total

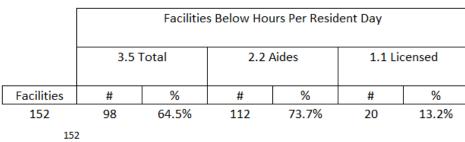


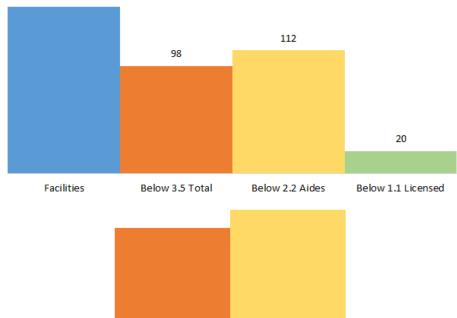


Below 1.1 Licensed

Below 2.2 Aides

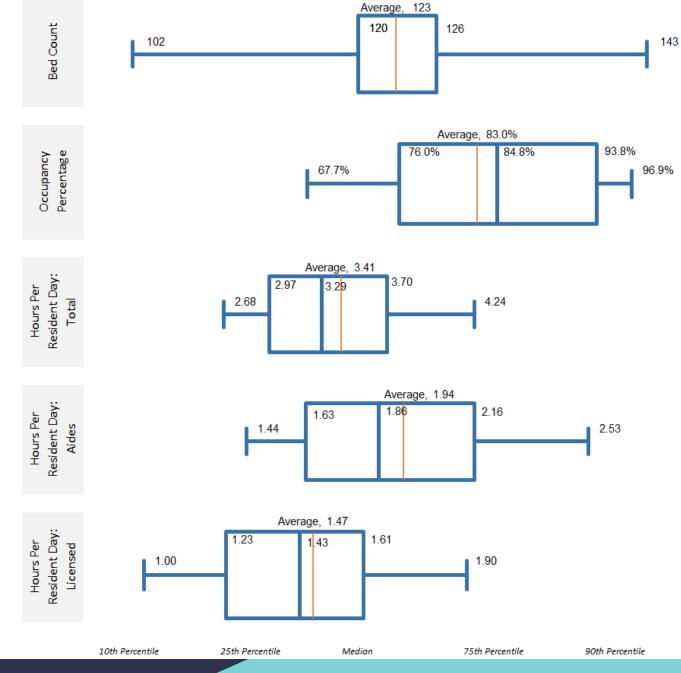
### New York Facilities 100-to-159 Beds





64.5%

Below 3.5 Total





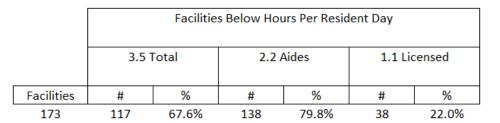
73.7%

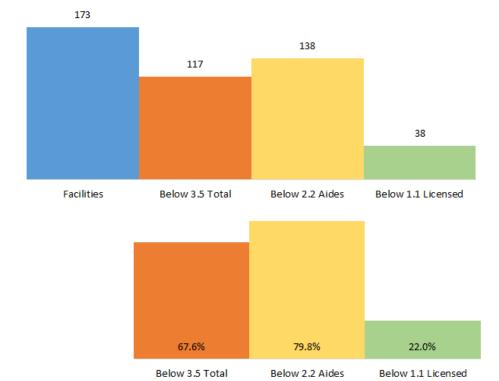
Below 2.2 Aides

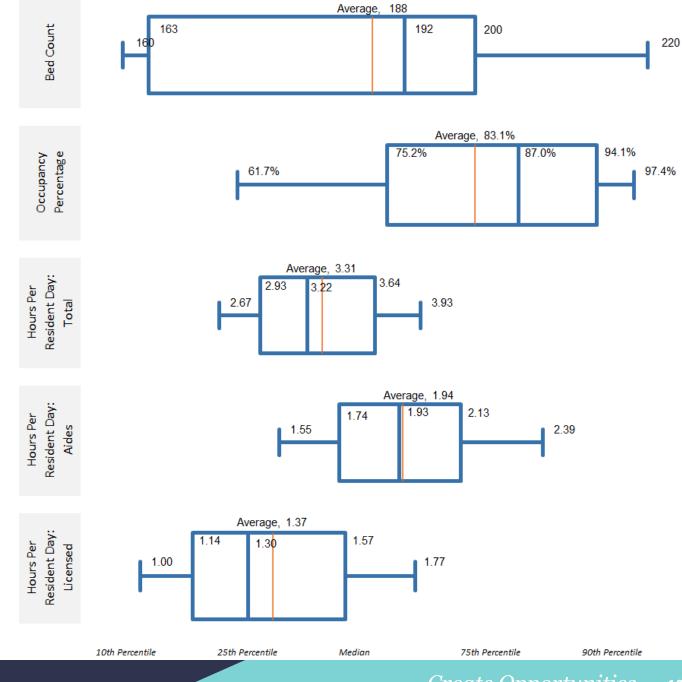
13.2%

Below 1.1 Licensed

### New York Facilities 160-to-239 Beds

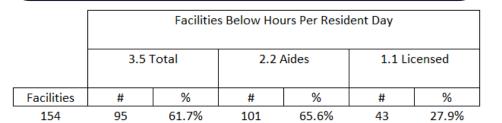


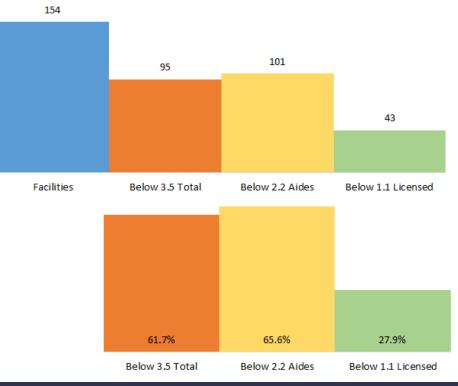


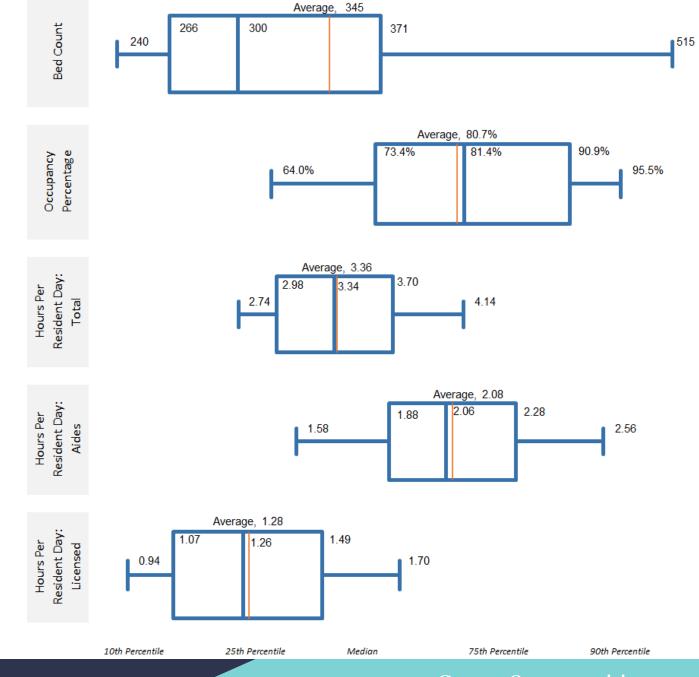




### New York Facilities Greater than 240 Beds









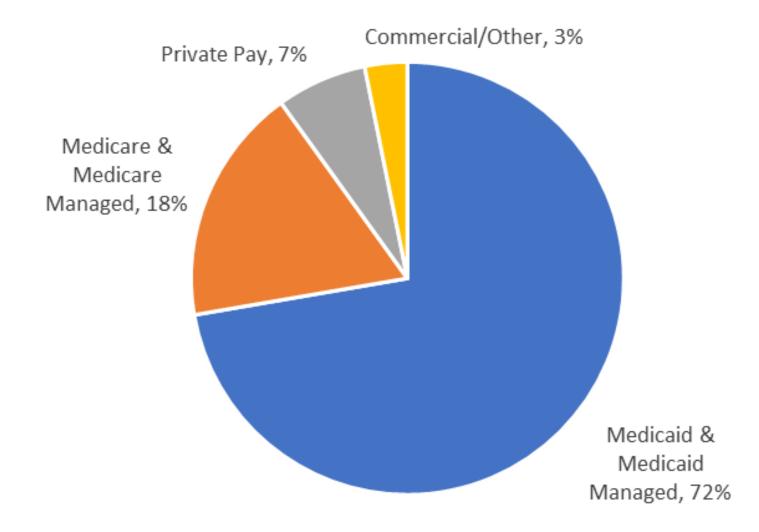
Cost and Staffing Impact Estimates



- Used 3<sup>rd</sup> Quarter 2021 PBJ filings and 2020 Medicare cost reports
- First calculated staffing necessary to achieve 2.2 CNA HPRD
- As necessary, after the above change, lowered licensed staffing for those in-excess of 1.1 licensed HPRD and 3.5 total HPRD
- Reasons cost analysis may be understated:
  - Wage/benefits are from year 2020 cost reports and do not factor-in recent cost inflations and additional costs of hiring more staff
  - Additional costs are not including nursing agency costs
  - It is not factoring-in increases in occupancy since 3<sup>rd</sup> quarter 2021, which would increase staffing demands



# Medicaid Makes Up 72% of NYS SNF Payer Mix



Source: 2020 New York Medicaid Cost Reports database



Average Estimated Cost Per Facility

# Estimated Annual Costs to Implement Staffing Minimums

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		Facilities Below Hours Per Resident Day		Below Hours Per Resident Day			to Implement 3.5 Total Minimum			
	Total	2.2 Aides	1.1 Licensed	3.5 Total	2.2 Aides	1.1 Licensed	3.5 Total	Annual	Per Resident Day *	
All	611	439	112	383	\$ 205,000,000	\$ 119,500,000	\$ 324,500,000	\$ 847,000	\$ 15.44	
By Bed-count:										
< 100 Beds	132	88	11	73	18,700,000	200,000	18,900,000	259,000	\$ 11.72	
100-159 Beds	152	112	20	98	42,800,000	6,300,000	49,100,000	501,000	\$ 14.49	
160-239 Beds	173	138	38	117	62,000,000	41,500,000	103,500,000	885,000	\$ 15.97	
> 240 Beds	154	101	43	95	80,400,000	72,600,000	153,000,000	1,611,000	\$ 16.05	
By Region:								Annual Impact per faci from \$250,000-to-\$1,6	•	
Central	56	41	5	30	17,500,000	2,200,000	19,700,000	657,000	\$ 14.93	
Eastern	56	46	24	34	23,000,000	1,000,000	24,000,000	706,000	\$ 15.20	
Hudson Valley	89	58	27	49	27,900,000	7,800,000	35,700,000	729,000	\$ 15.38	
New York City/Long Island	249	162	84	168	94,900,000	113,500,000	208,400,000	1,240,000	\$ 17.05	
North Country	42	36	14	30	12,200,000	600,000	12,800,000	427,000	\$ 11.95	
Western	119	96	44	72	23,500,000	400,000	23,900,000	332,000	\$ 9.60	

Total Estimated Cost for Facilities

See data source slides for cost data and region breakout



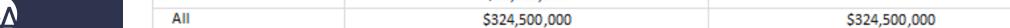
<sup>\*</sup> This calculation uses the total cost for facilities below staffing requirements divided by the total resident days of those facilities below the staffing requirements.

# Estimated Annual Costs to Implement Staffing

Minimums









# Estimated Additional Staffing to Implement **Staffing Minimums**

For Facilities Below Required Hours Per Resident Day, Total Estimated Additional:

	Total 611	Facilities Below Hours Per Resident Day			Staffing Hours			Full-Time Equivalents (FTEs) *		
		2.2 Aides 439	1.1 Licensed 112	3.5 Total 383	Aides 8,930,000	2,740,000	Total 11,670,000	Aides 4,290	Licensed 1,320	Total 5,610
All										
By Bed-count:										
< 100 Beds	132	88	11	73	1,040,000	-	1,040,000	500	-	500
100-159 Beds	152	112	20	98	2,020,000	140,000	2,160,000	970	70	1,040
160-239 Beds	173	138	38	117	2,700,000	840,000	3,540,000	1,300	400	1,700
> 240 Beds	154	101	43	95	3,170,000	1,760,000	4,930,000	1,520	850	2,370
By Region:										
Central	56	41	5	30	860,000	70,000	930,000	410	30	440
Eastern	56	46	24	34	1,090,000	40,000	1,130,000	520	20	540
Hudson Valley	89	58	27	49	1,230,000	170,000	1,400,000	590	80	670
New York City/Long Island	249	162	84	168	3,630,000	2,440,000	6,070,000	1,750	1,180	2,930
North Country	42	36	14	30	650,000	20,000	670,000	310	10	320
Western	119	96	44	72	1,470,000	-	1,470,000	710	-	710

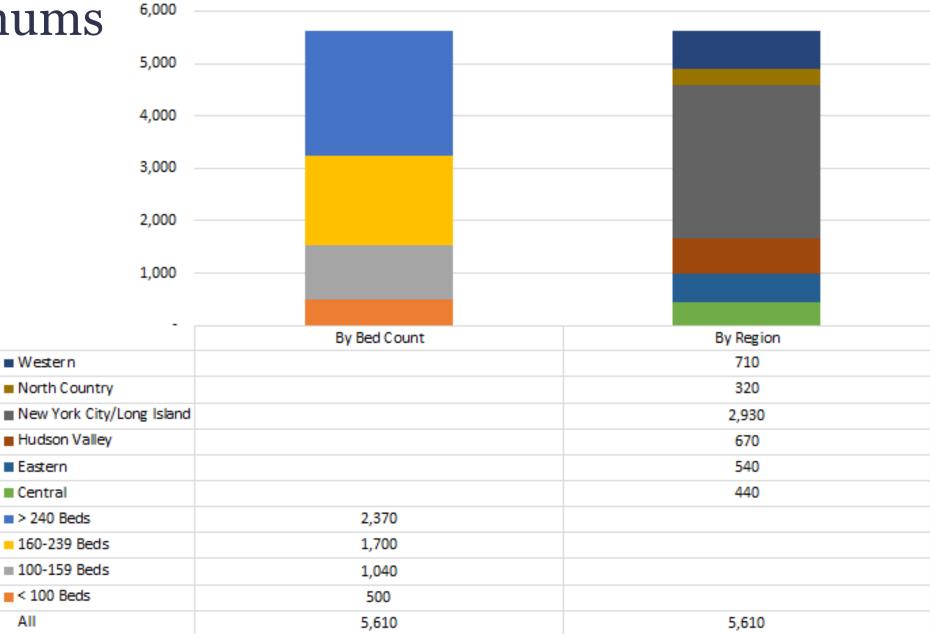
<sup>\*</sup> This calculation uses the staffing hours for facilities below required hours per resident day divided by 2,080.

See data source slides for cost data and region breakout



# Estimated Additional FTEs to Implement Staffing

Minimums







Data Sources

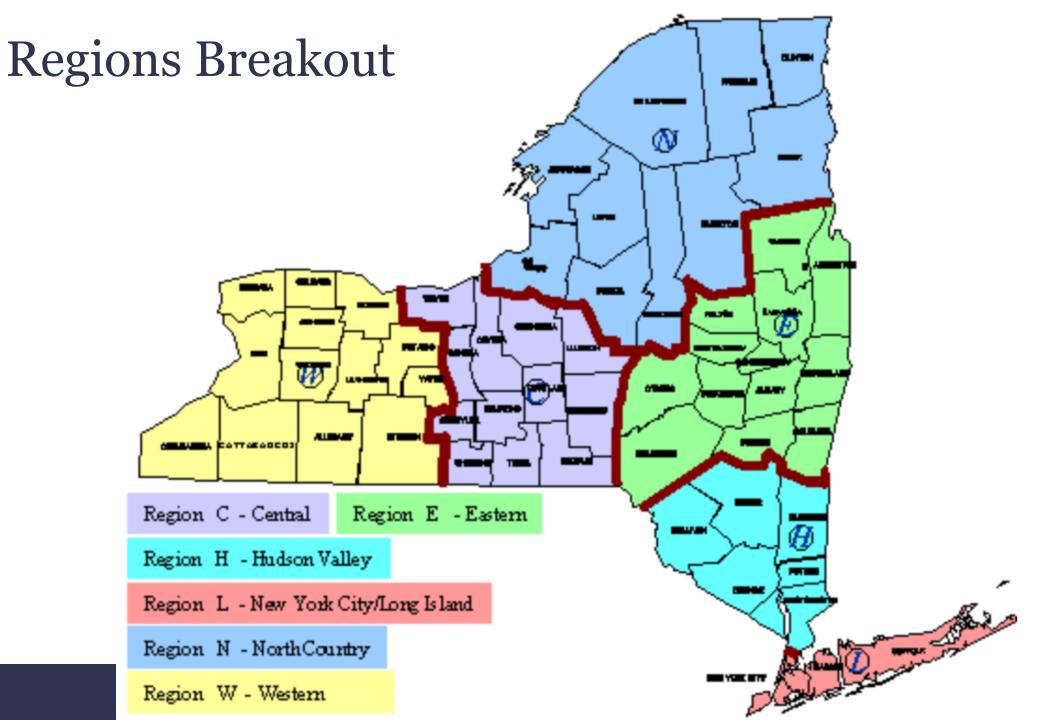


### **Data Sources**

- Staffing Calculations
  - Provider Based Journal submissions for the quarter of July 1 through September 30, 2021
- Dollar Cost Calculations
  - Medicare Cost Reports submissions for the year of 2020
    - Full Year 2021 is not available as of March 2022.
    - This data is more conservative, as it does not include the year 2021 and year-to-date
       2022 work force cost inflation
  - If the Medicare Cost report submission was unavailable for a facility, then \$25.00 per hour was used for wages and benefits for aides and licensed. In the cost report data, there was wages and benefit data for 98% of the facilities and the average hourly wage/benefit cost was \$23.75 aide, \$35.72 LPN, and \$51.73 RN.









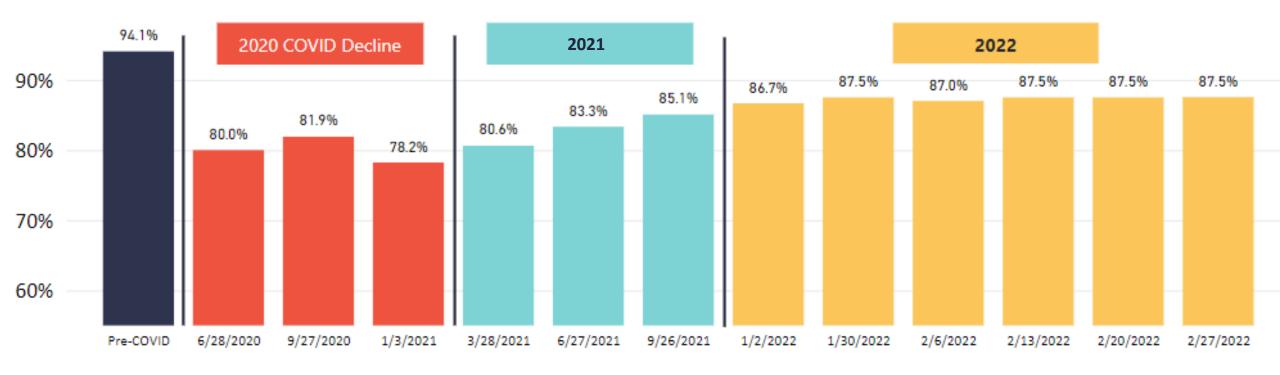


New York Occupancy Trends and About CLA



# New York Occupancy Trends

### Median Occupancy



Note: In 3<sup>rd</sup> Quarter 2021 Provider Based Journal filings, there were 112,833 beds available from the 611 New York facilities. Thus, each 1.0% shift in occupancy represents approximately 1,100 Average Daily Census, and, if each Average Length of Stay is 90-days, each 1.0% shift affects approximately 4,500 seniors.



### About CLA

CLA exists to create opportunities for our clients, our people, and our communities through industry-focused wealth advisory, outsourcing, audit, tax, and consulting services.

MORE THAN

7,400

MORE THAN

120

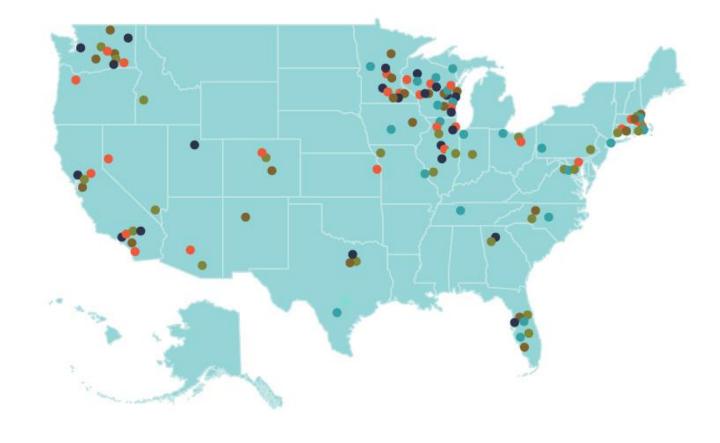
U.S. LOCATIONS

WE ARE PART OF A

GLOBAL

**AFFILIATION** 









## CLA's Healthcare Group

CLA has developed one of the nation's largest health care practices. Our team includes CPAs range of experienced diverse and professionals with backgrounds and skill sets ranging from CEOs and CFOs to RNs, certified coders, and certified medical practice executives. Our professionals are regular contributors in national publications and at national and regional conferences. By working together, we help our clients build enterprise value through strategy, operations, finance, and compliance services.

### Our health care network



health care principals

Our practice consists of

health care professionals

We currently serve health care clients

which includes

aging services providers

home care, hospice, and other community-based providers

hospitals and health systems, including approximately 80 critical access hospitals

physicians, dentists, and medical practices





### The CLA Promise

### The four essential elements of the CLA Promise

#### Our Purpose

CLA exists to create opportunities – for our clients, our people, and our communities.

#### Our Promise

We promise to know you and help you.

#### Our Family Culture

We're one family, working together to create opportunities.

### Our Strategic Advantages

Deep industry specialization
Seamless, integrated capabilities
Premier resource for private
businesses and owners
Inspired careers



#### Curious

We care, we listen, we get to know you



#### Collaborative

We help you seamlessly, bringing innovative teams to the table



#### Transparent

We communicate clearly and authentically



#### Inclusive

We embrace all voices and create opportunities for you in an energetic and inspiring environment



#### Reliable

We respond in hours, not days; we follow through, protect our client data, and produce quality results







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### CLAconnect.com











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