



Presentation to the House Human Services Committee on Long-Term Care

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Services



Long-Term Care Workforce Challenges

Michelle Dionne-Vahalik

**Associate Commissioner, Long-Term Care
Regulation**

Long-Term Care Regulation

Total # of FTEs: 1,365

- **State Office: 285**
- **Regional: 1,080**

Total # of Provider Types: 7

Total # of Regulated Operations: 12,945

Total # of Professional License Types: 3

Total # of Professional Licensees: 121,803

Providers	Total
Nursing Facilities	1,212
Assisted Living Facilities (ALF)	2,021
Day Activity Health Services	404
Intermediate Care Facilities	784
Prescribed Pediatric Extended Care Centers	7
Home and Community Support Services Agencies (i.e. home health, hospice)	7,304
Home and community-based (HCS) and Texas Home Living waiver service providers	1,213
Professional Licenses	Total
Nursing Facility Administrators	1,943
Medication Aides	6,443
Certified Nurse Aides (CNA)	113,417
Nurse Aide Training and Competency Evaluation Program (NATCEP)	898



Staffing Requirements for Long-Term Care Facilities

Nursing Facilities (NFs)

"Sufficient nursing staff"

- At a minimum, the facility must maintain a ratio (for every 24-hour period) of one licensed nursing staff person for each 20 residents or a minimum of .4 licensed-care hours per resident day. A registered nurse (RN) must be onsite 8 consecutive hours a day, 7 days a week.
- Must have an RN serve as a Director of Nursing (DON) for 40 hours/week.
- Charge nurse must be a licensed nurse, and the facility must have one on duty on each shift. The DON cannot also serve as the charge nurse if the facility has an average daily occupancy of more than 60 residents.
- Nurses must have specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments and described in the plan of care.

Other Direct Care Staff [Certified Nurse Aides (CNAs)]

- Must ensure CNAs complete training and demonstrate competency within 4 months of employment.
- Must ensure CNAs meet ongoing training requirements.

Assisted Living Facilities (ALFs)

Attendants must be 18 years old or a high school graduate and must be in the facility at all times when residents are present.

A facility must have sufficient staff to:

- Maintain order, safety, and cleanliness;
- Assist with medication regimens;
- Prepare and serve meals that meet the daily nutritional and special dietary needs of each resident, in accordance with each resident's service plan;
- Assist with laundry;
- Assure that each resident receives the kind and amount of supervision and care required to meet his basic needs; and
- Ensure safe evacuation of the facility in the event of an emergency.

Facility must have staffing policies, which require staffing ratios based upon residents' needs.

Night shift staff must be immediately available and depending on the type and size of the facility, awake also.



Long-Term Care Workforce Challenges

State of Texas Assistance Requests for Long-Term Care Facility Staffing FY 2020 – FY 2022

Facility Type	Number of Staffing Requests Deployed
Nursing Facilities	177
Assisted Living Facilities	26
TOTAL	203

HHSC Regulatory Citations – Staffing Related FY 2020 - FY 2022

Facility Type	FY 2020	FY 2021	FY 2022	TOTAL
Nursing Facility	226	184	139	549
Assisted Living Facility	427	346	319	1,092
TOTAL	653	530	458	1,641





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HHSC Response to Long-Term Care Workforce Challenges

HHSC is providing the following flexibilities for certified nurse aides (CNAs) by allowing:

- More options to sit for the nurse aide examinations and become CNAs.
- Work training and experience gained in a nursing facility during the public health emergency to count towards the 100 hours of required training needed to be eligible to sit for the exams.
- Many parts of the traditional CNA training to be conducted virtually, which reduces some of the challenges nurse aides face when obtaining the necessary education and training.



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HHSC Response to Long-Term Care Workforce Challenges

HHSC has provided flexibilities for nursing facility administrators by permitting:

- Greater reciprocity for administrators licensed in another state to receive a license in Texas;
- More nursing facility locations where an administrator-in-training can conduct their internship; and
- Waived fees for military veterans and their spouses.



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HHSC Response to Long-Term Care Workforce Challenges

HHSC conducted two surveys to providers to assess the current state of the CNA workforce in nursing facilities.

- The first survey was to gauge how many temporary nurse aides would be moving on through the testing process to receive full certification.
- The second survey was to gather data on how many nurse aides that nursing facilities are short in general.

Based on the results of these surveys, HHSC anticipates that between 7,000 and 8,000 nurse aides will need to obtain certification; however, that number could be upwards of 10,000, based on the high rates of staff turnover and currently vacant nurse aide positions.

HHSC Response to Long-Term Care Workforce Challenges

Given the significant volume of temporary nurse aides on the path to certification, HHSC recently submitted a request to CMS to waive federal regulations that require a nursing facility not employ a nurse aide longer than four months unless they met the training and certification requirements.

This waiver will allow temporary nurse aides to continue to provide care to residents in nursing facilities beyond the required four months while our testing contractor facilitates their transition to full certification.



Rider 146: Nursing Facility Workforce Study

Rider 146, Senate Bill 1, 87th Legislature, Regular Session directed HHSC to report on the workforce shortage in nursing homes and delivery of care in Texas nursing facilities. HHSC is required to:

- Evaluate the current workforce shortage;
- Consult with numerous stakeholder groups, including other state agencies;
- Develop recommendations for legislation, policies, and short-term and long-term strategies for the retention and recruitment of direct care staff to ensure an adequate workforce; and
- Examine and develop recommendations for nursing home reforms.



Rider 146: Implementation Activities

- HHSC Regulatory Services has engaged and had productive conversations with the following stakeholders to collect ideas and recommendations for the report:
 - Provider associations;
 - The Long-Term Care Ombudsman;
 - Resident advocacy organizations; and
 - Texas Workforce Commission.
- HHSC also recently participated in a nursing facility workforce town hall hosted by the Texas Health Care Association.
- Upcoming meetings include the Texas Education Agency and the Board of Nursing.
- The report is on target to be submitted by the November 1st deadline.





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Texas Medicaid Nursing Facility Quality Initiatives

Stephanie Stephens
State Medicaid Director

Nursing Facilities and Medicaid

Medicaid is federally required to cover nursing facility services

Required services include:

- Room and board
- Nursing care
- Social services and activities
- Over-the-counter drugs
- Medical supplies and equipment
- Personal needs items

Add-on services may also be provided.



Nursing Facilities (NFs) and Medicaid



49,000+ Medicaid NF residents per month in 2021



62% of Texans in NFs are covered by Medicaid



\$2.6 billion annual expenditures in 2021

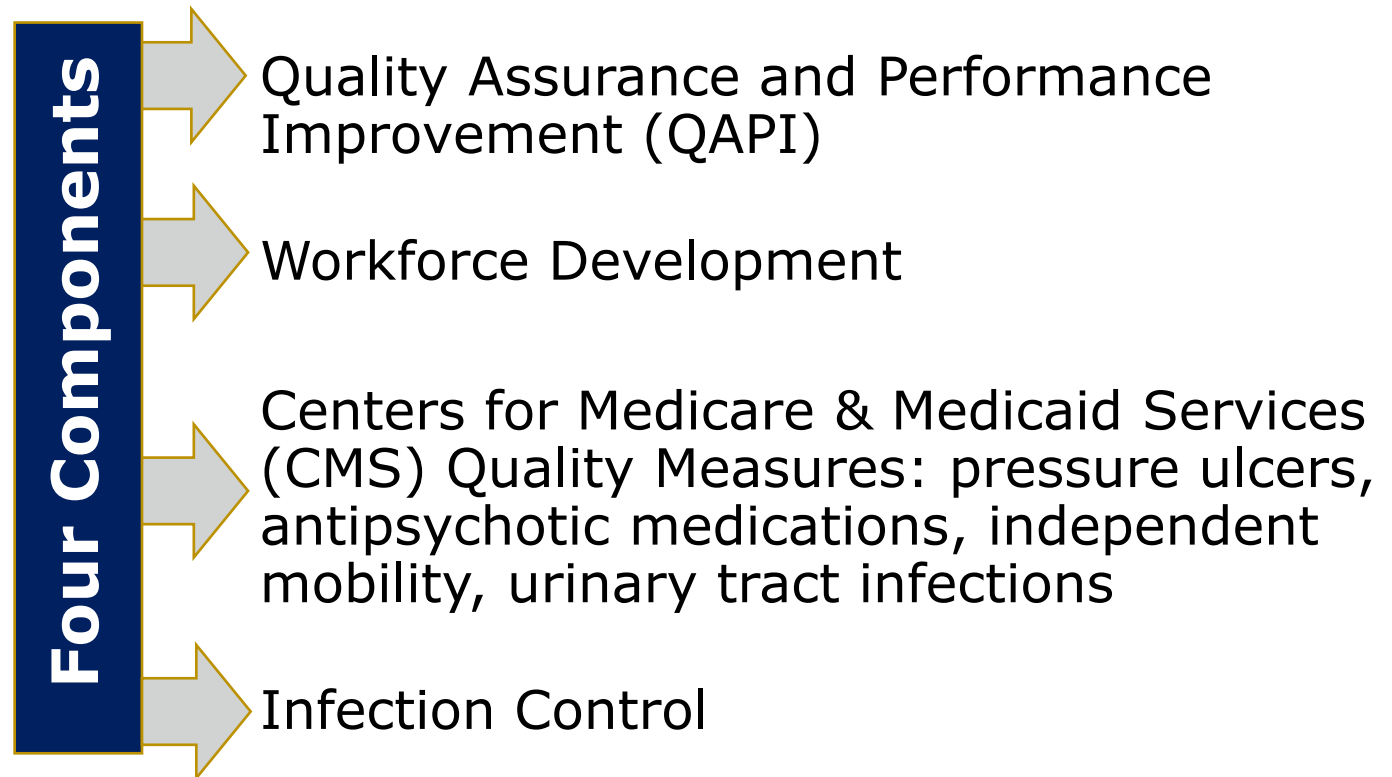


1,200+ NFs are contracted to provide Medicaid services



QIPP Quality Measures

QIPP has four components with specific quality requirements:



QIPP Performance Improvement Projects

Two components require NFs to develop facility-specific Performance Improvement Projects (PIPs)

Component 1

Requires NFs to pursue improvement on a CMS quality measure

Component 2

Requires NFs to pursue improvement in an area of focus related to workforce development

Varied areas of focus for PIPs

Examples:

- ✓ Pressure ulcers
- ✓ Antipsychotic medication
- ✓ Independent movement
- ✓ Staff turnover
- ✓ Recruitment
- ✓ Resident satisfaction



Measuring QIPP Results

Core Quality Measures

- Pressure Ulcers
 - Antipsychotic Medications
 - Independent Mobility
 - Urinary Tract Infections
-

Workforce Development

- 4 additional hours of Registered Nurse (RN) coverage per day
 - 8 additional hours of RN coverage per day
-

Infection Control Performance

- Infection control program
- Pneumococcal Vaccinations
- Influenza Vaccinations



Measuring QIPP Results

Core Quality Measures

- NFs earn payment by improving upon their baseline each quarter or by reaching a program-wide benchmark and then maintaining high-performance

Workforce Development

- NFs earn payment by providing 4 or 8 additional hours of RN coverage each day beyond the 8 hours mandated by CMS for at least 90% of the month

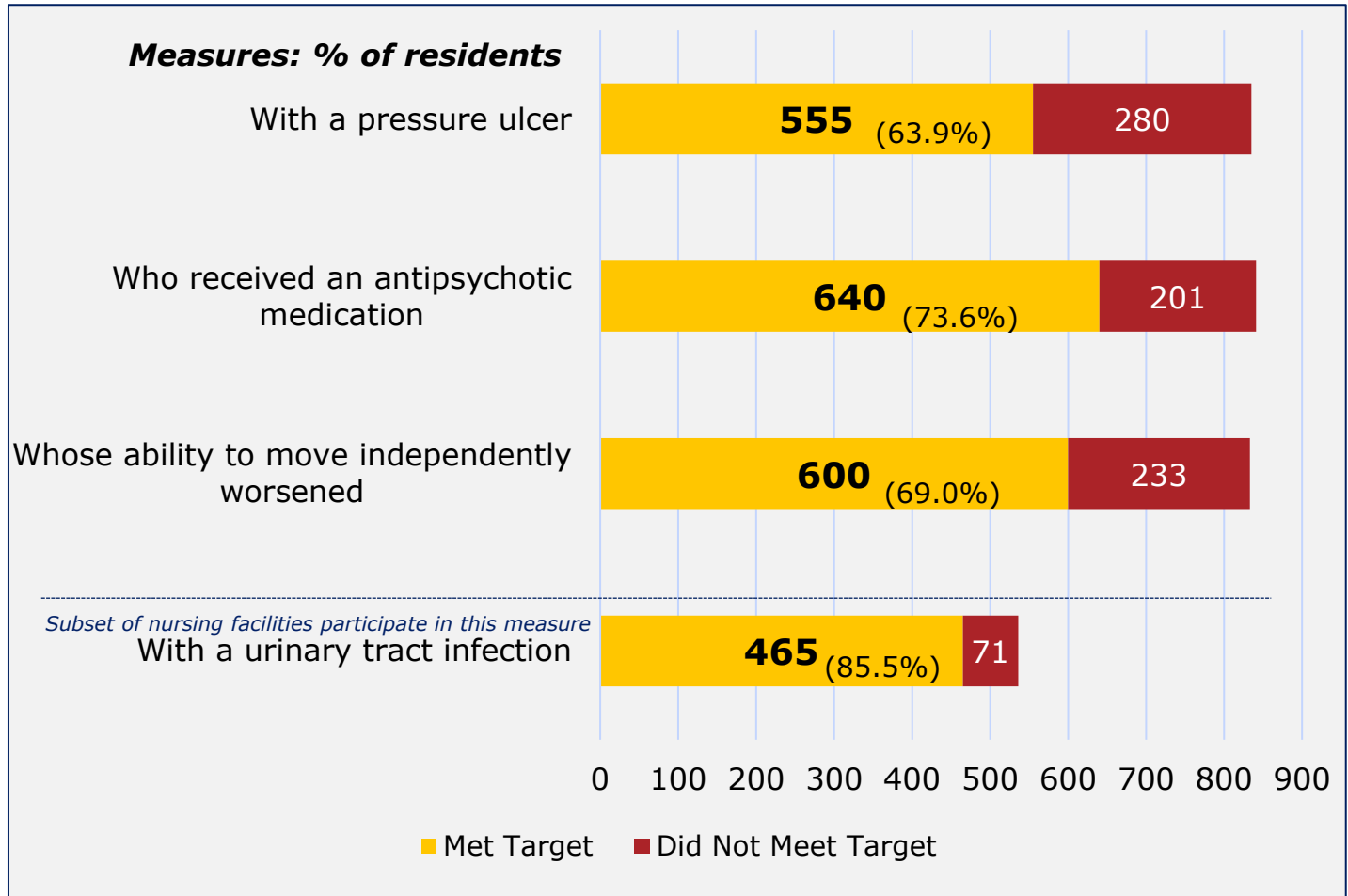
Infection Control Performance

- NFs eligible for this component earn payments by maintaining required elements of an infection control program
- Eligible NFs earn payment by improving upon their baselines or by reaching program-wide benchmarks in both of two core vaccination measures



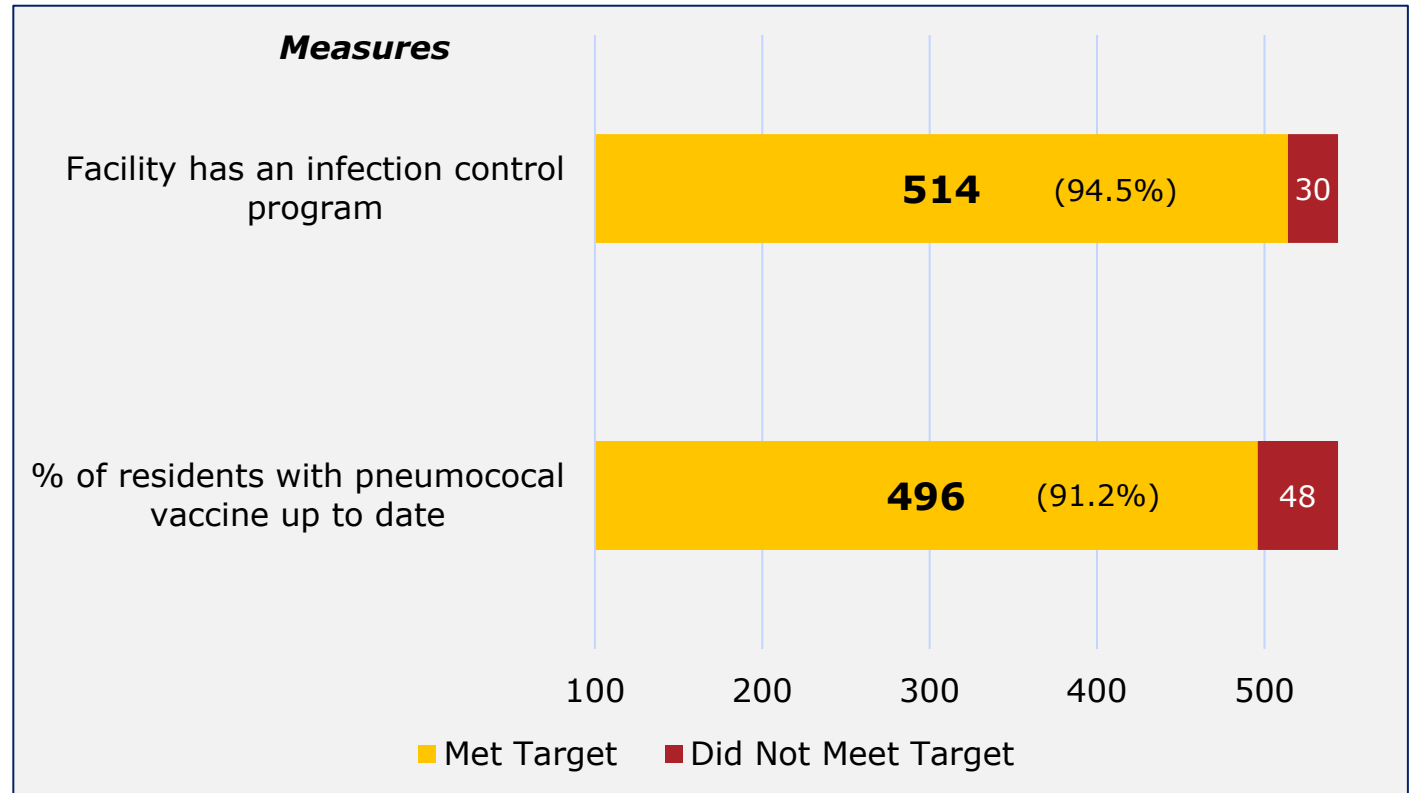
QIPP State Fiscal Year (SFY) 2021 Q4 Results

Core Quality Measures



QIPP SFY 2021 Results

Infection Control Performance



Quality Monitoring Program (QMP)

Helps detect conditions in NFs that could be detrimental to the health, safety, and welfare of residents

Who does the monitoring

- Nurses
- Dietitians
- Pharmacists

Type of activities

- Early warning system identifies medium to high-risk facilities
- Visits by quality monitors and rapid response teams
- Evaluate quality of care and life
- Provide technical assistance, training, and education



Managed Care Quality Measures

Quality measures are reviewed to assess improved outcomes for managed care organizations (MCOs)

STAR+PLUS serves NF members

Example measures:

- ✓ Care for chronic illness like diabetes, respiratory care
- ✓ Potentially preventable events like hospital admissions, emergency room visits
- ✓ Prevention and screening



Upcoming Quality Initiatives

Minimum Performance Standards

House Bill 2658, 87th Legislative Session, Regular Session, 2021

Summary	Target Date	Key Activity
<p>Requires HHSC to:</p> <ul style="list-style-type: none"> • Adopt rules establishing minimum performance standards • Monitor provider performance in accordance with the standards and require corrective actions • Share data with STAR+PLUS Medicaid MCOs as appropriate 	<p>January 2023</p>	<ul style="list-style-type: none"> • Adopt rules regarding establishment and monitoring of minimum performance standards • Update the managed care manual to reflect the minimum performance standards and related processes • Notify NFs of minimum performance standards through a provider notice and on the HHS website



Upcoming Quality Initiatives

Staff Improvement Ratio

House Bill 2658, 87th Legislative Session, Regular Session, 2021

Summary	Target Date	Key Activity
Requires HHSC to revise policies in QIPP to require improvements to staff-to-patient ratios in nursing facilities participating in QIPP by January 2025	September 2023	<ul style="list-style-type: none">• Develop quality measures• Publish associated performance requirements by December 2022 for public comment• Incorporate new measures into QIPP for SFY 2024

