



POST-ACUTE AND LONG-TERM CARE  
MEDICAL ASSOCIATION

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August 13, 2024

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Re: CMS Nursing Home Minimum Staffing Final Rule and Facility Assessments QSO-24-13-NH

Dear Administrator Brooks-LaSure,

The Post-Acute and Long-Term Care Medical Association (PALTmed), formerly known as AMDA, is the only medical specialty society representing the community of over 50,000 medical directors, physicians, nurse practitioners, physician assistants, and other practitioners working in the various post-acute and long-term care (PALTC) settings. The Association's 4,000 members work in skilled nursing facilities, long-term care and assisted living communities, continuing care retirement communities (CCRC), home care, hospice, PACE programs, and other settings. In serving this population, our clinicians care for the most high-risk and high utilization group of beneficiaries covered by Medicare and Medicaid programs. Our vision is for a world in which all post-acute and long-term care patients and residents receive the highest quality, compassionate care for optimum health, function, and quality of life.

PALTmed appreciates the Administration's focus on this important topic. As our [position paper](#) on staffing standards states, there is "a strong positive correlation between higher nursing staff hours and quality of care and life of residents in both skilled nursing facilities and long-term care facilities." Furthermore, the position statement recognizes that while having adequate staffing is critically important, minimum staffing levels should not become a fixed ceiling.

PALTmed would like to acknowledge the important work CMS has prioritized in the nursing home staffing [final rule](#). Our members recognize the complexity and acuity of today's nursing home residents. We appreciate your recent publication [QSO-24-13-NH](#) that requires evidence-based, data driven staffing determinations and provides requisite guidance to assure an effective facility assessment. We agree that a properly done facility assessment to evaluate acuity of residents and complexity of their care, led by the director of nursing in collaboration with the medical director, should form the basis for determining a facility's staffing needs and we wish to offer our assistance in developing resources for nursing homes across the country to effectively implement the guidance. In many facilities the evidence-based determination of appropriate staffing levels may be higher than the minimum staffing levels proposed in the final rule.

PALTmed would also like to acknowledge the important work of all our nursing home professionals that work in post-acute and long-term care medicine, including registered nurses (RNs), licensed practical nurses (LPNs), licensed vocational nurses (LVNs), and certified nurse aides (CNAs). The impact of staffing decisions for RNs, LPNs, and CNAs on different quality measures is complex and incompletely understood as described in a recent [study](#) that used Payroll Based Journal staffing data to evaluate quality outcomes. Health care is a team sport, and we acknowledge the professional contributions of all our colleagues in the nursing field. As mentioned in our staffing standards position statement, “studies also support stronger links between both LPN and CNA staffing (and decreased turnover) and improved resident outcomes.” We believe that a comprehensive facility assessment needs to emphasize the importance of an appropriate mix of CNAs, LPN/LVNs, and RNs to meet the needs of the residents in the building.

To take the next steps in assuring that all post-acute and long-term care residents and patients have access to appropriate staffing levels, PALTmed would like to propose working with CMS and other stakeholders to develop the following for medical directors:

1. An evidence-based guide to better understand the typical roles and responsibilities of various nursing roles.
2. An evidence-based guide to look at MDS Section GG and PDPM functional state and case-mix index to help determine the acuity and staffing needs of the facility resident population.

Thank you for the opportunity to express our thoughts on this important issue. We look forward to working with you. If you have any questions please contact Alex Bardakh, MPP, CAE, Senior Director of Advocacy and Strategic Partnerships at [abardakh@patc.org](mailto:abardakh@patc.org) or 410-992-3132.

Sincerely,

A handwritten signature in black ink, appearing to read "Rajeev Kumar".

Rajeev Kumar, MD, CMD, FACP  
President