

APPENDIX A

# Guide to the State Nursing Home Staffing Standards Chart

# Guide to the Chart

The **State Nursing Home Staffing Standards Chart** (Appendix B) presents state staffing requirements for licensed nursing homes that are mandated in state regulation and/or statute. *It does not include or assume that a nursing home will be complying with federal staffing requirements.* (For more information about the federal regulations, see the **State Nursing Home Staffing Standards Summary Report**).

The chart consists of three columns, referred to in this guide as sections:

- **Section 1:** Minimum staffing requirements (standards) for licensed nursing homes for each state
- **Section 2:** Staffing standard converted to hours per resident per day for a 100-bed facility
- **Section 3:** Staffing standard citations and hyperlink

The guide covers the definitions/terminology used in the chart and explains each of the chart's three sections.

## Definitions/Terminology

### CNA/NA

Certified nurse aide/nurse aide. A CNA has completed a state-approved nurse aide training program and passed a competency test. An NA is still in training and has not yet completed the required hours of training, nor passed a competency exam.

### Direct Care staff

Direct care staff refers to RNs, LPNs/LVNs, and CNAs/NAAs, but does not include the Director of Nursing unless otherwise noted.

States count direct care differently. Some include time spent by licensed nurses on administrative or supervisory duties, while others explicitly exclude this time. Most states do not indicate whether they do or do not include administrative or supervisory personnel time.

While this guide, the chart, and the Summary Report define direct care staff as nursing staff, a number of states count non-nursing staff in their direct care calculations. Most frequently this is therapy staff. However, some, if not all, of the time spent on resident care by personnel such as psych coordinators, the Director of Social Services, infection preventionists and even physicians is counted in a few states.<sup>1</sup>

A state is considered to have a Direct Care Staff minimum requirement if its staffing standard explicitly mandates a specific number of hours per resident per day for nursing staff or sets a specific ratio of nursing staff to residents.

### DON

Director of Nursing. States may set their own requirements, but the DON is always a licensed nurse and usually an RN.

### hprd

Hours per resident per day. This is the number of hours of care provided to each resident each day by nursing staff (RNs, LPN/LVNs, CNAs/NAAs). It is determined by dividing the total number of nursing staff hours worked by the total number of residents.<sup>2</sup>

<sup>1</sup> Illinois counts psych coordinators and 30% of the Social Services Director; Arkansas includes infection preventionists and physicians as direct care staff. *State Nursing Home Staffing Standards Chart*. National Consumer Voice for Quality Long-Term Care. 2021.

<sup>2</sup> <https://www.medicare.gov/care-compare/resources/nursing-home/staffing>

## **HPRS**

Hours per resident per shift. HPRS is an abbreviation used for the purposes of this report only; it is not a measurement or term generally used in the nursing or elder care fields.

## **Included in**

This means the hprd of a particular position contributes to meeting the total hprd of another position. For example, if the standard says: "1 DON included in 1 RN 24 hr/7d/wk," that means the time of the DON counts as meeting part of the 24 hr/7d/wk RN requirement.

## **Licensed nursing home**

A nursing home is licensed if it complies with state regulations that are necessary to operate in a state. All nursing homes in a state must be licensed.

## **LN**

Licensed nurse. An LN can be either an RN or LPN/LVN.

## **LPN/LVN**

Licensed practical nurse/licensed vocational nurse. An LPN/LVN has a one-year degree and is licensed in a state.<sup>3</sup> Because the term LPN, and not LVN, is used in the majority of states, LPN is utilized more frequently in the chart.

## **Recommended staffing standard**

The minimum amount of nursing staff time expressed in hours per resident day (hprd) needed to prevent harm or jeopardy to residents as determined by a 2001 CMS study.<sup>4</sup>

## **RN**

Registered nurse. An RN has a two-year degree, three-year diploma, or four-year degree or more of education, and is licensed in a state.<sup>5</sup>

## **Sufficient staff**

Most states require that there be enough nursing staff to meet residents' needs. However, states express this differently, while a few do not address it at all.

## **Total LN**

This is the total hprd for licensed nurses—both RNs and LPNs/LVNs. It includes the DON's time. This is the total minimum staffing standard for a state when there is no direct care staff minimum requirement or no specific CNA/NA requirement.

## **Total Nursing Staff**

This is the total hprd for all nursing staff—RNs, LPNs/LVNs, and CNAs. It includes the DON's time. This is the total minimum staffing standard for a state when there is a direct care staff minimum requirement or a specific CNA/NA staff requirement or both. *This is the most useful value for comparing a state staffing standard to the recommended staffing standard of 4.1 hprd (which includes DON time).*

3 Harrington, Charlene, Ph.D. Nursing Home Staffing Standards in State Statutes and Regulations, 2010.

4 Abt Associates for U.S. Centers for Medicare and Medicaid Services, "Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes." December 2001.

5 Harrington, Nursing Home Staffing Standards. 2010.

## Section 1: Minimum Staffing Standard for Licensed Nursing Homes

The minimum staffing standard is based on each state's nursing home regulations. In a very few instances, all or a part of a state's staffing standard is established in statute, in addition to, or instead, of regulation.<sup>6</sup>

As noted above, a state's staffing standard does *not* include or assume that a nursing home will be complying with federal staffing requirements.

To find a state's nursing home regulations or statute, when applicable, see the column, **Staffing Standard Citation and Hyperlink**.

In a few states, staffing legislation was passed in 2021 that will go into effect January 1, 2022 and even in 2023. When this is the case, both the current standards and the future staffing standards and effective dates for the legislation are provided.

## Section 2: Staffing Standard Converted to hprd for 100-Bed Facility

To compare states and to compare a state's standard to the recommended staffing standard expressed in hprd, state requirements were converted to hprd values.

Key details about the conversion process are outlined below.

- **Facility size and characteristics:** Because the average nursing facility in the U.S. has 106 beds, we compared the staffing standards across states for a 100-bed facility. We assumed that each 100-bed facility would be a single story and would have two nursing units since some states have different requirements for more than one nursing unit.
- **Skilled care:** After the federal nursing home law passed in 1987 made the federal staffing requirements for Medicare skilled nursing facilities and Medicaid nursing facilities the same, many states eliminated separate regulatory requirements for skilled nursing facilities and intermediate care facilities. However, for states that still differentiate between "skilled care"/"skilled nursing facilities" and "intermediate care"/"intermediate care facilities," the higher skilled level staffing standard was used in this chart.
- **Explanation of hprd for nursing staff:** These descriptions indicate what the hprd value includes.
  - **RN hprd:** RN hprd includes the DON and other positions that are specially designated for an RN. It does not include RN/LPN (or LN) positions, nor does it include instances when an RN is on call, but not onsite.
  - **LPN hprd:** Most states do not set minimum requirements for the time of LPNs and generally refer to a "licensed nurse." Since a licensed nurse is an RN or LPN, most facilities will fill this position with an LPN because LPNs are less costly. However, whenever possible, the chart indicates an LPN value so it can be compared to the recommended staffing standard for LPNs (0.55 hprd). The LPN hprd for a state is found by subtracting the RN value from the LN value:  $LN - RN = LPN$ .

In some states, subtracting the RN value from the LN value equals zero because the two values are the same. This means the state staffing standard only calls for RNs.

<sup>6</sup> A statute is a law that has been passed by a legislative body. In a state that is the state legislature. A regulation implements a law.

- **CNA/NA hprd:** A CNA/NA value is only included if a state explicitly sets standards for CNAs or NAs. These standards are expressed either as a ratio of CNAs/NAs to residents or in hprd.
- **Direct Care (DC) Staff hprd:** The DC value refers to a combination of nursing staff time—RN, LPN, and CNA/NA—but does not include the hours of the DON unless otherwise noted. A state is considered to have a Direct Care Staff minimum requirement if its staffing standard explicitly mandates a specific hprd for nursing staff or sets a specific ratio of nursing staff to residents.
- **Total LN:** This is the LN hprd. It includes hprd provided by RNs, the DON, and LPNs.
- **Total Nursing Staff:** This is the total hprd for all nursing staff—RNs, LPNs, and CNAs/NAs, including DON time. This differs from the DC value, which does not include the DON hprd.

When there is a direct care minimum requirement, total nursing staff hprd is determined by adding the DON to the DC hprd. However, when there is no direct care minimum requirement but there is a CNA/NA value, total nursing staff hprd is found by adding the LN and the CNA/NA values.

## Calculations

For simplicity: 1) each full-time staff member was considered to work 40 hours per week unless a state indicated otherwise; and 2) the DON's time was averaged over 7 days.

*Table 1: Calculations Used Throughout the Chart*

Position Type: Typical Language	Value	hprd Calculation
Full-time positions (simplified): "1 DON full-time"	0.06 hprd	$\frac{(1 \text{ DON @ } 40 \text{ hrs per wk})}{(7 \text{ days per week})(100 \text{ residents})}$
One daily shift: "1 RN Day 7d/wk" "1 RN 8 consecutive hrs/7d/wk"	0.08 hprd	$\frac{(1 \text{ RN @ } 8 \text{ hrs per Day})}{(100 \text{ residents})}$
Two daily shifts: "1 RN/LPN Evening & Night"	0.16 hprd	$\frac{(1 \text{ RN/LPN @ } 8 \text{ hrs per shift})(2 \text{ shifts})}{(100 \text{ residents})}$
24-hour coverage: "1 RN 24 hrs/7d/wk" "1 RN/LPN at all times"	0.24 hprd	$\frac{(1 \text{ RN})(24 \text{ hrs per day})}{(100 \text{ residents})}$

Additionally, some states set ratios per shift. For example, if a state requires a 1:10 ratio of nurses to residents on the Day shift, this means a nurse provides an equivalent of 0.8 hours per resident per shift (HPRS) of care on the Day shift.

$$\frac{(1 \text{ nurse @ } 8 \text{ hours per day})}{(10 \text{ residents})} = 0.8 \text{ HPRS Day}$$

This calculation would then have to be added to the Evening and Night HPRS for the complete hprd.

## Sample Calculation

Below is an example of how a state's staffing standard was converted to hprd. Color coding is used to make the calculations easier to follow. The hprd calculations from Table 1 are used for the DON, RN, and RN/LPN Charge Nurse requirements in this example.

<b>VT</b>	<b>Sufficient Staff</b> To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	RN (inc.DON @.06) <b>0.14</b>
	<b>Licensed Staff</b> (RN, LPN/LVN) <b>1 DON RN full-time</b> <b>1 RN 8 consecutive hrs/7d/wk</b> <b>1 RN/LPN Charge Nurse 24 hrs/7d/wk</b> For 1-60 occupancy: DON may be Charge Nurse	LPN <b>0.24</b> <hr/> Total LN <b>0.38</b>
	<b>Certified Nurse Aide Staff</b> (CNA/NA) <b>2.0 hprd CNA</b>	CNA <b>2.00</b> DC <b>3.00</b>
	<b>Direct Care Staff</b> <b>3.0 hprd (includes at least 2.0 hprd provided by CNA weekly average)</b>	<hr/> Total Nursing Staff <b>3.06</b> (DC + DON) or (CNA + LN)

**STEP 1: Add the DON and RN-specific positions to determine the RN hprd.**

$$RN = (0.06 \text{ DON hprd}) + (0.08 \text{ RN hprd}) = 0.14 \text{ RN hprd}$$

**STEP 2: Calculate the Total LN hprd by adding the hprd for the RN and any RN/LPN positions.**

$$Total\ LN = (0.14 \text{ RN hprd}) + (0.24 \text{ RN/LPN hprd}) = 0.38 \text{ Total LN hprd}$$

**STEP 3: Determine the LPN hprd by subtracting the RN hprd from the Total LN hprd.**

$$LPN = (0.38 \text{ Total LN hprd}) - (0.14 \text{ RN hprd}) = 0.24 \text{ LPN hprd}$$

**STEP 4: Pull the CNA and DC hprd from the state standard.**

$$CNA = 2.00 \text{ CNA hprd}$$

$$DC = 3.00 \text{ DC hprd}$$

**STEP 5: Because Vermont sets a DC minimum standard, calculate the Total Nursing Staff hprd by adding the DON to the DC value.**

$$Total\ Nursing\ Staff = (3.00 \text{ DC hprd}) + (0.06 \text{ DON}) = 3.06 \text{ hprd}$$

## Section 3: Staffing Standard Citation and Hyperlink

The citation provided is to the nursing services section of the state’s nursing home regulation. When a state statute or legislation is relevant, its citation is indicated as well.

Hyperlinks for easy access to the regulations have been provided. The hyperlink goes directly to the nursing services part of a state’s regulation when possible; when that cannot be done, the hyperlink connects to the beginning of the state nursing home regulation.

When appropriate, a hyperlink to a state statute or legislation is also given.