



Staffing Regulations for Nursing Homes and Assisted Living Facilities

What is this policy?

Overview

Long-term care services include home- and community-based services and services delivered in assisted living residences and nursing homes. Nursing homes, also called skilled nursing facilities, provide a wide range of health and personal care services. Their services focus more on medical care than most assisted living facilities or board and care homes. Services offered in a nursing home typically include nursing care, 24-hour supervision, three meals a day, and assistance with everyday activities. Rehabilitation services, such as physical, occupational, and speech therapy, are also available. Assisted living residents usually live in their own apartments or rooms and share common areas. They have access to many services, including up to three meals a day; assistance with personal care; help with medications, housekeeping, and laundry; 24-hour supervision, security, and on-site staff; and social and recreational activities ([National Institute on Aging, 2023](#)).

Current staffing regulations

Nursing home

A report issued by the National Academy of Sciences, Engineering, and Medicine (NAEM) raised concerns about low nursing staff levels in nursing facilities across the country and the impact on the quality of care for nursing home residents ([The National Imperative to Improve Nursing Home Quality, 2022](#))

Neither federal statute nor regulation requires a minimum staffing standard or a registered nurse (RN) around the clock. There is no minimum number of direct care nurse and nursing assistant hours per resident per day required by the federal government; nor is there any requirement for a specific ratio of nursing staff to residents. Without federal standards in place, states have addressed staffing through legislation, regulations, or both. State requirements vary enormously. Each state defines and treats factors such as types of nursing personnel, shift schedules, and facility structures (e.g., “units,” “stations,” “floors”)—differently, and sometimes even differently according to facility size. ([The National Consumer Voice for Quality Long-term Care, 2021](#)).

In 2001, the Centers for Medicare and Medicaid Services (CMS) released a landmark report on staffing based on a study mandated by Congress. The report identified specific minimum staffing thresholds which quality of care would be compromised. highly-anticipated final rule

that creates new requirements for nurse staffing levels in nursing facilities, settings that provide medical and personal care services for 1.2 million Americans. When fully implemented for all facilities, nursing facilities will be required to meet minimum nurse staffing levels of 3.48 hours per resident day (HPRD), including 0.55 RN and 2.45 nurse aide HPRD. Additionally, they will be required to have an RN on duty 24 hours a day, 7 days a week (24/7). By May 2027, prior to full implementation, the final rule requires nursing facilities to have an RN on duty 24/7 and at least 3.48 HPRD of total nurse staffing hours irrespective of staff type, without the more specific RN and nurse aide requirements that take effect when the rule is fully implemented (HYPERLINK "https://www.kff.org/policy-watch/nursing-facilities-staffing-levels-standards-final-rule/?utm_campaign=KFF-Medicaid&utm_medium=email&_hsenc=p2ANqtz--8-FxWNDfchYNIQX0q5EKVhQ_ppTT9PE1jywSVVWPK2OaQz0Qze_ZwVmZRPzDsSjL_bfxSP9mSYWwJlgUqOq665TP4IQ&_hsmi=303858651&utm_content=303858651&utm_source=hs_email"KFF, 2024).).

Assisted Living Facilities

Assisted living facilities are even less regulated than nursing homes. A [Washington Post analysis](#) has found that the federal government does not regulate the nation's roughly 30,000 assisted-living facilities. Instead, oversight is left to the states, where a patchwork of rules often falls far short of expert recommendations. The lack of federal oversight means that assisted living facility residents do not have a comparable right to quality care and quality of life that nursing home residents are entitled to by federal law ([Long Term Care Community Coalition, 2018](#)). This [LTCCC report \(2018\)](#) highlighted state policies regarding staffing requirements and training in assisted living facilities, key best practices & recommendations, and sample regulatory or policy language.

The importance of staffing regulations on improving care quality

Nursing home

The important relationship between nurse and nursing assistant staffing levels and outcomes of care is well-documented and has been acknowledged by the federal government. Studies have also shown a relationship between greater RN presence in facilities and higher quality of care. The results were mixed in regard to the relationship between quality and Licensed Vocational Nurses (LPN)/ Licensed Practical Nurses (LVN) staffing or nursing assistant staffing. Poor outcomes due to inadequate staffing include higher mortality rates; decreased physical functioning; increased antibiotic use; more pressure ulcers; catheterization; urinary tract infections; higher hospitalization rates; and more weight loss and dehydration ([The National Consumer Voice of Quality Long-Term Care, 2021](#); [National Academies of Sciences, Engineering, and Medicine, 2022](#)). [Costa and Yakusheva \(2016\)](#) found that overall, cross-sectional studies provide support for a strong association of nurse staffing and better patient outcomes. Longitudinal analyses (ones that track changes in nursing and patient outcomes overtime), and study designs closest to a randomized controlled trials are more likely to produce evidence of

causal relationship between nurse staffing and patient outcomes, as compared to cross-sectional analyses. However, longitudinal studies and RCTs are currently limited in the literature ([Costa and Yakusheva, 2016](#)).

Assisted Living Facilities

Compared to nursing facilities, fewer empirical studies have been conducted in assisted living facility settings regarding associations between staffing regulations and outcomes of care. [Thomas et al. \(2021\)](#) found that increased regulatory specificity for direct care workers was associated with reduction in the monthly risk for hospitalization among residents in their sample and reduction among the subgroup with dementia; however, an increase in regulatory specificity for licensed practical nurses was associated with increase in the monthly risk for hospitalization and increase among the subgroup with dementia.

Number of older adults with Alzheimer's or other dementias

People with Alzheimer's or other dementias make up a large proportion of all older adults who receive adult day services and nursing home care. Overall, 46% of nursing home residents have Alzheimer's or other dementias, although the prevalence differs by duration of nursing home stay. While 36% of short-stay (less than 100 days) nursing home residents have Alzheimer's or other dementias, 58% of long-stay (100 days or longer) residents have these conditions. Forty-two percent of residents in residential care facilities, including assisted living facilities, had Alzheimer's or other dementias in 2020, up from 34% in 2016. Average aide staff hours per resident day in residential care communities range from 2.2 hours per day in facilities with less than 25% of residents diagnosed with dementia to 2.7 hours per day in facilities with more than 75% of residents diagnosed with dementia ([Alzheimer's Association, 2024](#)).

Specific staffing regulations for caring for people with dementia

Nursing home

[Abt Associates \(2023\)](#) conducted a mixed-method Nursing Home Staffing Study as part of CMS's multi-faceted approach to identify a minimum staffing requirement. The Staffing Study's focus is on the level and type of staffing needed to promote acceptable quality and safety. The study also explores potential implications for feasibility of increased staffing and costs to nursing homes. One key finding from this study shows that increased staffing levels could be particularly beneficial to vulnerable subpopulations in nursing homes (e.g., residents with Alzheimer's disease or other types of dementia). Certified Nurse Assistants (CNAs) spend the most time with residents and are, therefore, most familiar with resident preferences. With additional training, CAN roles could be expanded to benefit residents in areas such as dementia care.

Assisted Living Facilities

To better address the needs of assisted living residents living with Alzheimer’s Disease or some form of dementia, it is essential that assisted living facilities ensure that their staff have appropriate training, that physical environments are safe, and that social and other programs are tailored to meet the psycho-social needs of these individuals ([Long Term Care Community Coalition, 2018](#)).

Example: Virginia

Facilities must have at least two direct care workers available at all times in all special care units (SCU). When residents are off site, direct care workers must accompany them to provide safety for those that have trouble responding to danger. Administrators and direct care workers must undergo 12 and 4 hours of initial training in cognitive impairment, respectively. The training session should cover the following topics: definition of cognitive impairment, behavior management, communication and care for residents. For facilities with SCUs, facilities must have administrators and direct care workers undergo 4+ hours of initial dementia-related cognitive impairment training. The training program must be developed by someone approved by the State Department of Health or a person with professional health care experience in caring for individuals with dementia. The training should cover these additional topics: promoting individual residential care, communicating with family members, and promoting resident safety. Facilities must ensure that exits are properly secured, and security systems are available in areas that residents with dementia may access ([Long Term Care Community Coalition, 2018](#)).

Summary

In nursing homes, there are no federal requirements for minimum direct care nurse and nursing assistant hours per resident per day or specific staff-to-resident ratios. Without federal standards, states have addressed staffing through varied legislation and regulations. On April 22, 2024, CMS released the long-awaited final rule implementing a minimum staffing standard in nursing homes. Assisted living facilities are even less regulated, with oversight left entirely to states, resulting in a patchwork of rules that often fall short of expert recommendations. While studies have shown that staffing levels are crucial to care outcomes in nursing homes, less research has been done in assisted living facilities. More research is needed to understand the relationship between specific staffing regulations for dementia care and care outcomes.

What are related datasets?

Consumer Voice

Description	The National Consumer Voice for Quality Long-Term (Consumer Voice) occasionally publishes a chart of nursing home staffing standards across all 50 states and DC. The most recent version was published as an appendix to their 2021 State Nursing Home Staffing Standards Report.
Time Period	2021, 2010
Tags	Nursing Homes
Public/Proprietary	Public
Related Variables	Minimum Staffing Standard for Licensed Nursing Homes (Sufficient Staff; Licensed Staff; Direct Care Staff); HPRD for 100-Bed Facility
Dataset Details	Dataset is original data collection by National Consumer Voice for Quality Long-Term. The report explains federal statutes and regulations, terminology commonly used, and how states' requirements compare to the recommended staffing standard.
Relevant Links	<ul style="list-style-type: none"> • State Nursing Home Staffing Standards Chart (2021) • Nursing Home Staffing Standards in State Statutes and Regulations (2010) • Other data and relevant reports from Consumer Voice can be found here.
Limitations	State-level data, not person-level data. There are no specific categories for dementia care and training, so the data is difficult to extract.
In our harmonized dataset?	No

NCAL

Description	The National Center for Assisted Living (NCAL) periodically publishes a report called the "Assisted Living State Regulatory Review", which, in addition to other information, summarizes staffing requirements in assisted living facilities for all 50 states and the District of Columbia.
Time Period	2001, 2003, 2005, 2007, 2011, 2012, 2013, 2019, 2021, 2022, 2023
Tags	Staffing requirements and training; Assisted living; Direct care staff
Public/Proprietary	Public
Related Variables	Staffing Requirements; Direct Care Staff Education and Training Requirements
Example Articles	<ul style="list-style-type: none"> • Temkin-Greener, H., Mao, Y., Ladwig, S., Cai, X., Zimmerman, S., & Li, Y. (2021). Variability and Potential Determinants of Assisted Living State Regulatory Stringency Journal of the American Medical Directors Association, 22(8), 1714-1719.e2. • Trinkoff, A. M., Yoon, J., Storr, C. L., Lerner, N., Yang, B., & Han, K. (2020). Comparing residential long-term care regulations

	<u>between nursing homes and assisted living facilities. Nursing Outlook, 68(1), 114–122.</u>
Dataset Details	This report summarizes a variety of selected state requirements for assisted living licensure or certification. States use various terms to refer to assisted living, such as residential care and personal care homes. Among other information, the report summarizes staffing requirements in assisted living institutions for all 50 states and the District of Columbia. Requirements for different types of staff—direct care staff, licensed staff, or administrative staff—are outlined, as well as for different types of facilities—standard and specialty care.
Relevant Links	<ul style="list-style-type: none"> ▪ State Regulatory Resources ▪ Search of the past regulatory reviews
Limitations	State-level data, not person-level data. There are no specific categories for dementia care and training, so the data is difficult to extract.
In our harmonized dataset?	No

MACPAC

Description	The Medicaid and CHIP Payment and Access Commission (MACPAC) published a compendium in March 2022 of state policies related to nursing facilities. This includes each state’s minimum nursing facility staffing requirements as well as other state policies that encourage adequate staffing policies, such as minimum wage policies for nursing facility staff, related Medicaid payment policies, and COVID-19 temporary policies.
Time Period	2016 to 2021
Tags	Staffing requirements and training; Nursing homes; Direct care staff
Public/Proprietary	Public
Related Variables	State, Minimum nursing staffing policies (total estimated staffing requirements, RNs, LPNs, CNAs combined, DON, LNs, CNAs), Penalties related to staffing, Planned staffing policy changes
Dataset Details	MACPAC contracted RTI International to collect nursing facility (NF) staffing and Medicaid policies dating from 2016 to October 22, 2021, including staffing regulations that already existed at that time. RTI then shared a copy of identified policies with an official contact in that state. State officials were given a month to verify the collected policies, either by email or phone.
Relevant Links	<ul style="list-style-type: none"> ▪ Compendium: State Policies Related to Nursing Facility Staffing
Limitations	State-level data, not person-level data. There is no specific information on dementia care.
In our harmonized dataset?	Yes

PBJ

Description	The Centers for Medicare & Medicaid Services (CMS) provide data on staffing levels for nursing homes across the country. This data includes the hours that different types of staff are paid to work each day, for each facility. The hours are also broken down by total hours, employee hours, and contract hours.
Time Period	2017-2023 (Updated quarterly)
Tags	Staffing levels; Nursing homes; Direct care staff
Public/Proprietary	Public
Related Variables	Provider name; State; City; County; Work date; Total hours for RN; Total hours for LPN; Direct care hours per resident-day;
Example Articles	<ul style="list-style-type: none"> • Grabowski, D. C., & Bowblis, J. R. (2023). <u>Minimum-Staffing Rules for U.S. nursing Homes — Opportunities and challenges</u>. <i>New England Journal of Medicine</i>, 389(18), 1637–1640. • Brazier, J. F., Geng, F., Meehan, A., White, E. M., McGarry, B. E., Shield, R., Grabowski, D. C., Rahman, M., Santostefano, C. M., & Gadbois, E. A. (2023). <u>Examination of staffing shortages at US nursing homes during the COVID-19 pandemic</u>. <i>JAMA Network Open</i>, 6(7), e2325993. • Bowblis, J. R., Brunt, C. S., Xu, H., & Grabowski, D. C. (2023). <u>Understanding nursing home spending and staff levels in the context of recent Nursing Staff Recommendations: study examines nursing home spending and staff levels in the context of recent federal nursing staff regulation recommendations</u>. <i>Health Affairs</i>, 42(2), 197-206.
Dataset Details	Nursing homes submit data on nursing staffing levels through the Payroll Based Journal (PBJ) system, while the daily resident census information is drawn from the Minimum Data Set records. The staffing data is aggregated to the facility-day, which means all included facilities have one row of data for each day in the quarter.
Relevant Links	<ul style="list-style-type: none"> ▪ Payroll Based Journal Daily Nurse Staffing Overview <ul style="list-style-type: none"> • Data • Methodology • Data Dictionary
Limitations	There is no specific information on dementia care. Facilities that submitted incomplete or erroneous data, or did not submit by the deadline (45 days after the last day in the quarter) are not included. PBJ is a very large dataset including a lot of variables. Some of the variables has a lot of missing or inflated data.
In our harmonized dataset?	No

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