

Department of Human Services 2009-11 Policy Option Package

Division Name: Seniors and People with Disabilities

Policy Option Package Initiative: Seniors and people with disabilities live safely and independently in their communities.

Policy Option Package Title: Certified Nursing Assistant Staffing

Policy Option Package Number: 233

Summary Statement:

This POP provides the financial support to the requirement that Nursing Facilities increase the minimum hours per resident day (HPRD), in which direct care and services are delivered to residents by Nursing Assistants for the purpose of maximizing quality outcomes for Nursing Facility residents. This POP requires no FTE.

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WILL IT BE IMPLEMENTED?

The 2006 Governor appointed Nursing Facility Staffing Commission recommended an increase in the minimum HPRD from 1.66 to a final 2.46, to be achieved through incremental phases. With approval from the 2007 Joint Ways & Means Committee, the first increase to 2.07 HPRD became effective 3/1/08 and with a second phase to 2.31 HPRD effective 4/1/09. This POP relates only to the third and final increase of .15 HPRD, in order to reach the Commission's final recommendation of a minimum staffing standard for Nursing Assistants of 2.46 HPRD.

2. WHY DOES DHS PROPOSE THIS POP?

To fund recommendations from the Governor's Task Force to support quality of care in nursing facilities.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

Contributes to health and safety.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

KPM #16: Re-abuse of seniors and people with disabilities – The percentage of seniors and adults with disabilities who are re-abused within 12 months of the first substantiated abuse.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

Statutory authority is currently in place, reference ORS 410.070, 410.090, 441.055, 441.073, & 441.615. No amendment is required.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Considered not requesting funding and implementing recommendations anyway. Providers would object to unfunded mandate.

Considered not implementing recommendations, which contradicts need for increased quality of care.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Either unfunded mandate for providers or no further increase in quality of care as recommended by Governor's Task Force.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

None.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date: July 1, 2009

End Date (if applicable): none

a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.

Administrative Services

Children, Adults and Families

Division of Medical Assistance Programs

Addictions and Mental Health

Public Health

Seniors and People With Disabilities

None.

b. Will there be new administrative impacts? Specify which office(s) and describe how it will be affected.

- | | |
|--|--|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Payment Recovery |
| <input type="checkbox"/> Information Security (privacy) | <input type="checkbox"/> Investigations and Training |
| <input type="checkbox"/> Document Management (imaging) | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Audit and Consulting | <input type="checkbox"/> Contracts |
| <input type="checkbox"/> Information Services (IT) | <input type="checkbox"/> Budget |
| <input type="checkbox"/> Financial Services (Accounting) | <input type="checkbox"/> Other (Specify) |

None.

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

None.

d. Will it take new staff to implement and maintain? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary. Attach position descriptions.

None.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

None.

f. What are the ongoing costs?

No, this is the final increase to reach the final recommendation of minimum staffing standard for Nursing Assistants of 2.46 HPRD.

g. What are the potential savings?

None.

h. Based on these answers, is there a fiscal impact?

Yes.

i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as “Medicaid, General and Federal Funds.”

Medicaid Federal Funds and General Funds

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