<your letterhead if applicable>

Name of Facility/Organization (if applicable)

Name and Title (if applicable)

Address

City, State, Zip

Date

Centers for Medicare & Medicaid Services

Department of Health and Human Services

**Attn: CMS-3442-P**

P.O. Box 8016

Baltimore, MD 21244-8016

Re:[**Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting (CMS-3442-P)**](https://www.regulations.gov/document/CMS-2023-0144-0001)

**Dear Administrator Brooks-LaSure:**

1. Explain who you are, credentials if you have them, and how this rule impacts the work you do.
2. Share examples of the unintended consequences if this rule is finalized.
3. Mention your commitment to quality and safety in caring for the elderly population in South Dakota.
4. Ask CMS to cancel this proposed rule. Here are a few talking points you can use as to why they should withdraw the proposed rule immediately:
   * The study is incomplete, lacks evidence, and disproportionately affects rural areas
   * The labor pool does not exist – this is not achievable
   * South Dakota lacks housing to support more labor in our small communities
   * Nursing homes already rely on expensive contract/travel staff to fill positions
   * Nursing homes operate on a very thin (or negative) margin and cannot afford this unfunded mandate
   * Many 5-star facilities today would not meet this mandate
   * Nursing homes rely on Medicaid for much of their revenue and cannot simply raise prices to cover rising expenses
   * Private pay residents may end up paying more to cover the cost of added labor.
   * Nursing homes rely on LPNs to provide essential services. LPNs need to count towards either the RN or CNA ratio
   * One size fits all policy does not work
   * This mandate will lead to more closures, contributing to health and safety issues
5. Lastly, share experience (if you have it) from the towns in South Dakota who have already closed a nursing home due to staffing or financial struggles. Here are examples you can use regarding the impact of closures:

* Fewer seniors (and upcoming baby boomers) will have access to nursing home care. Where will they go?
* Pressure on hospitals who are not able to safely discharge a patient to the appropriate level of care - adding uncompensated cost to hospitals and taking up acute beds
* Pressure on home health agencies who also have workforce issues, travel constraints, risk of serving high-acuity patients, readmissions penalties and limited availability and inability to care for homebound patients long term
* Hospice patients who lack family/caregiver once cared for in nursing facilities may be forced to be cared for in hospitals or at home without adequate support to ensure their safety and well-being putting extra strain on hospice providers and hospitals
* Pressure on assisted living facilities and home and community based services that will be inundated with referrals to care for seniors and those with serious illness in their homes for which they are not adequately staffed to meet the demands for a higher level of care
* Pressure on caregivers who may need to quit jobs or change living situations to attempt to care for Seniors at home, especially if their community is already resource scarce for care in the home
* Communities will suffer by losing a business and it’s supporting services, including employees and residents who may need to move away to find new work or support for a family member

The long-term care sector is already facing dire workforce shortages, limiting new admissions and forcing organizations to close.  We need real solutions that build the domestic and international pipelines for applicants and funding increases to recruit and retain additional staff. I strongly oppose the adoption of a minimum staffing ratio mandate without the necessary workforce investments and reimbursement levels to ensure that residents and patients have access to the care they deserve.

Sincerely,

<name>