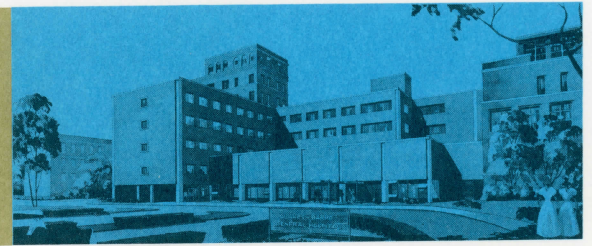


Flood - Nursing homes and nurses reports,
1972 December

Flood (nurses report)



**100th
ANNIVERSARY
1872 - 1972**



WILKES-BARRE GENERAL HOSPITAL

WILKES-BARRE, PENNSYLVANIA 18702

December 7, 1972

The Honorable Judge Max Rosenn
Attorneys Rosenn, Jenkins and Greenwald
Blue Cross Building
Wilkes-Barre, Pennsylvania 18701

Dear Judge Rosenn:

The article in the December 7th. issue of the Times Leader Evening News-Record concerning the report of the Flood Recovery Task Force was noted with interest. Your committee is to be congratulated on an excellent study in indicating the critical problems facing our community in providing for the nursing home needs of our elderly citizens.

Speaking as the President and Administrator of the Wilkes-Barre General Hospital, not having had the opportunity to discuss this matter fully with my Board of Directors, the General Hospital has always responded to recognized community needs. I would venture that once again my Board of Directors will do all within their capability to make our Nurses' Residence available on an interim basis to meet the acknowledged shortage of long term care beds. There are some problems, however, that must be recognized prior to our assuming this community responsibility.

The building itself was approved by the Department of Welfare as an Extended Care Facility during the flood emergency for 60 days only. The building does not meet the present codes of Labor and Industry as a long term care unit. Perhaps a provisional approval could be obtained until such time as the community can provide conforming facilities. Furnishings suitable for the care of elderly patients need be purchased and provision would have to be made for the delivery of food and other supplies to the building. The other problem, which is Administrative in nature, will be to recruit the employees necessary to operate the facility. As indicated by the Task Force report, St. Stanislaus is having difficulty becoming fully operational because of this difficulty.

None of these problems are unsurmountable, and with the support of your Task Force and the community, the Wilkes-Barre General Hospital is willing to devote the time and

energy to accomplish the suggestions outlined by your Task Force.

I would look forward to discussing this matter in detail with you and your committee in the near future.

Sincerely yours,

Thomas P. Saxton

Thomas P. Saxton
President

TPS:jd

JOHN B. HIBBARD, President
ASA L. DAY, JR., Vice President
THOMAS P. SHELBURNE, Vice President
STUART F. PIPHER, Secretary
FRANK L. WILLIS, Treasurer and
Vice President of Fiscal Affairs

**ECONOMIC
DEVELOPMENT
COUNCIL
OF NORTHEASTERN PENNSYLVANIA**



HOWARD J. GROSSMAN, Executive Director

P.O. BOX 777 • AVOCA, PA. 18641 • TEL. 717/457-7456

PRESENTATION BEFORE THE DEPARTMENT OF COMMUNITY AFFAIRS STAFF AT THE HOLIDAY INN, WILKES-BARRE, PENNSYLVANIA, ON DECEMBER 1, 1972 ON THE SUBJECT OF "THE OUTSIDERS' VIEW OF THE STATE'S RESPONSE TO THE FLOOD DISASTER, " BY HOWARD J. GROSSMAN, EXECUTIVE DIRECTOR, ECONOMIC DEVELOPMENT COUNCIL OF NORTHEASTERN PENNSYLVANIA.

In late June, 1972 the greatest civil disaster in the history of the United States caused unheard of devastation in portions of Pennsylvania and other States, with the greatest concentration of devastation occurring in the Wyoming Valley portion of Luzerne County, Pennsylvania. With the designation of the Commonwealth of Pennsylvania as a disaster area, Federal and State agencies entered the scene and began to develop emergency measures to meet the needs of flood victims, particularly in the areas of housing, emergency shelter, food, water supply and other everyday life supporting requirements.

As the lead Federal agency involved in disaster work, the Office of Emergency Preparedness took command of operations in the initial days of the flood recovery effort and continues to be involved in flood recovery programs. At the State level, the initial lead was given to the State Council of Civil Defense with the Lt. Governor designated as overall coordinator and locally in the Wyoming Valley the Deputy Secretary of the Pennsylvania Department of Public Welfare was given the responsibility for coordinating the flood recovery effort. The longer range flood recovery planning aspects at the State level was given to the Office of State Planning and Development as the lead State agency for recovery planning, but many other State agencies participated in flood recovery programs.

In providing a perspective on an outsiders' view of the State's response to the flood disaster, it is very difficult to isolate the role of one level of government and not relate that role to other levels of government including Federal, County and Municipal. The comments denoted in this paper relative to examining the State's response to the flood disaster should, in the long run, be related to the same kind of examination given to other levels of government. In fact, they should be related to all planning and recovery efforts. One overall comment based on the experience of Tropical Storm Agn is that there is a great need for a national disaster insurance program to protect disaster victims. In the long run, this probably could avoid many of the problems which occurred in the past five months in the Wyoming Valley as a result of Tropical Storm Agn. The national disaster insurance fund, however, would not avoid major problems such as the relocation of disaster victims and many other disaster issues.

The Pennsylvania Department of Community Affairs is to be commended for providing an opportunity to critique and evaluate the Commonwealth's response to the flood disaster of June, 1972. The comments below are an attempt to provide a look at assets and limitations and denote some considerations for any future disaster situation. The items listed are not meant to be in order of priority. Hopefully, this critique will prove helpful to the Department of Community Affairs and other State agencies in their evaluation of the State's response to the flood disaster.

Positive State Responses to the Flood Disaster

1. Early in the emergency, the Commonwealth sponsored a statewide seminar in Harrisburg on the Disaster Relief Act of 1970 and other aspects of flood recovery. This type of meeting proved very helpful and probably should have been repeated periodically to disseminate information badly needed in the flood recovery effort.
2. A municipal information center was established in the Dunmore office of the Pennsylvania Department of Transportation. This concept was excellent, however, the location of the office may not have been in the best place in light of where the disaster occurred. Also, the follow-through effort after reports are given to a municipal information center should be examined.
3. The Pennsylvania Department of Community Affairs was responsible for finding sites for trailers and expeditiously accomplished the task. The disaster proved, however, that there is a need for advance planning in the area of identifying aids for emergency housing. Availability of commercial sites should be looked at on a more comprehensive basis.
4. The Commonwealth has made a significant effort toward recognizing citizen participation needs in a disaster situation. This disaster clearly proves that programmatic responses must take into account the ability of citizens to utilize programs and to have an input as to what these programs should be.
5. The Commonwealth identified a problem which existed in unequal provision of services to the east side of the river versus the west side. Generally, the Pennsylvania Department of Community Affairs filled a vacuum by recognizing and responding to emergency needs on the west side of the river.
6. Early in the disaster, human resources and social services were given emphasis by the Commonwealth and are still an important ingredient in flood recovery planning efforts.
7. Centers were quickly set up for unemployment compensation, food stamps, public assistance and other. Also, programs were extended where necessary, and the State, in some instances, represented a voice for the citizenry in requesting extension of Federal programs.
8. The State cabinet officers early in the disaster toured and inspected the disaster area and many continue to do so. This proved to be helpful in subsequently acknowledging the extent of the disaster at the State level.
9. The Pennsylvania Department of Community Affairs early in the disaster provided advance planning funding to the Wilkes Barre and Luzerne County Redevelopment Authorities, and this proved to be extremely helpful in stimulating flood recovery and redevelopment efforts.
10. The Commonwealth responded to emergency needs such as providing special studies of disaster related issues. Examples of this are the use of the University City Science Center to examine the impact of molds on deteriorated housing and the American City Corporation to identify social service needs at group housing sites.

11. Newspaper ads were placed in local newspapers relating to the services such as SBA loans, other flood recovery programs, and most important, a full page questionnaire by which the flood victim was to indicate problems which he or she faced and for which a response had not been received.
12. Daily reports to Wyoming Valley citizenry were made by the Chairman of the Council of State Agencies. These, in addition to the daily reports by the President's personal representative, were very helpful to flood victims and public officials.
13. The "hotlines" established in Harrisburg and locally, provided instant contact on flood problems faced by victims. However, an examination of referral efforts should be made to see whether the referral system was effective in this type of disaster.
14. The special program of the Pennsylvania Department of Commerce which provides 2% loans for interim financing (maximum of 180 days) and which enabled the Wilkes-Barre residents to have heating service was important. Its economic impact was quite important.
15. The special TV and radio advertisements by Mrs. Shapp and the Consumer Protection Bureau have been helpful to flood victims on programs available, deceptive business practices, and other consumer matters.
16. The initial responses by various State agencies to meeting the massive problems of health and the environment were vital to the recovery effort. (e.g. vector control, removal of debris from homes and businesses, and water quality monitoring).
17. The Pennsylvania Historical Museum Commission provided rapid service in the preservation of damaged historic records.
18. The State Legislature passed important legislation in a reasonable period of time to provide the Governor with \$150 million toward the flood recovery effort. However, future legislative needs concerning disasters and flood plain management must be given attention.
19. The Commonwealth took leadership in advocating the consolidation of local governments as an important aid in recovery as well as to provide more effective delivery of services in the future.
20. Special funding programs were initiated such as assistance to volunteer fire companies and higher education scholarships which aided the disaster recovery effort.
21. The United Services Agency (USA) was established to help provide for longer term social service needs in Luzerne County.

The above represents some of the constructive efforts taken by the Commonwealth to meet the disaster problems facing the communities and citizenry of the Wyoming Valley.

Suggested Improvements to the State's Response to the Flood Disaster

Following is a listing of areas which might be improved in the State's response to future disasters. The Office of Management and Budget has contracted with the Council of State Governments to examine the federal response in disasters. Perhaps a similar, comprehensive study of the State's role should eventually be undertaken. It would hopefully include some of the following issues.

1. There did not exist at the time of the June disaster a recognized State disaster plan. In fact, it is the Council's understanding that such a plan was being finalized at the time the disaster struck. Whether or not the proposed plan would have met the disaster requirements can not be determined at this time. Such a plan should be immediately prepared, approved, maintained, and disseminated. Regional plans should also be prepared, utilizing the ten common boundary line districts established by Governor Shapp in August, 1972. Regional agencies should be part of the disaster recovery delivery system.
2. The State did not designate a lead flood recovery agency at the State level early enough to afford immediate consideration of long range flood recovery needs.
3. A designation of a lead local flood recovery agency was not made until August 23. Consideration should be given to an immediate designation of regional agencies as the lead flood recovery planning group in any disaster situation, spilling over county boundaries.
4. Some existing local agencies were not utilized initially in the early days of the disaster due to a communications breakdown. An emergency communications network should be established to cope with this situation in future disasters.
5. A Council of State Agencies was created for the flood recovery program at the local level. Such a group should immediately be utilized to affect coordination from the very early days of a disaster and should continue to be utilized to affect longer range coordination on a regular and continuing basis.
6. There are no readily available, simply written manuals on what to do in a disaster which could be immediately transmitted to local governmental officials and others to assist them in their disaster work. The State could play a large role in making this information available.
7. A system to provide for discretionary actions and funds at the local or regional level in disasters should be instituted.
8. The Commonwealth must provide for advance flood recovery planning funds for disaster situations to meet longer range flood recovery efforts similar to the advance funding given to the redevelopment authorities by the Pennsylvania Department of Community Affairs or to that provided in New York State through the Urban Development Corporation.
9. A special discretionary fund should be developed to be utilized by the Governor to meet disaster needs. While some contingency funds may exist, there is a need to have larger funds available to meet disasters to prevent the need for going through the legislative process after the disaster.

10. During some of the early days of the flood, the State utilized several special consultants to work on flood recovery efforts. This created some problems since there were several consultants demanding the attention of local agencies at a time when they were preoccupied with their own heavy workloads.
11. Contingency plans should be developed for coordination of Federal and State efforts to avoid the confusion in the Agnes disaster over who does what.
12. Problems existed in determining which level of government would pay for a particular service. Such conflicts should be avoided in the future by development of specific plans on roles at all levels of government.
13. No overall coordinator was designated in the very early days of the disaster to act with sufficient power to meet disaster needs. A "czar" probably should be designated ahead of time so that this person can know from day one that he or she is responsible for disaster recovery.
14. There is a need during the early days of a disaster to more carefully identify and to utilize local delivery systems already in place at the regional and county levels.
15. An organization similar to the New York State Urban Development Corporation is needed in Pennsylvania. Such an organization could play a significant role in expediting redevelopment and housing efforts by moving its resources into the disaster area.
16. Advance, "policy level" assessment teams would be helpful at the State level to visit the scene and make policy recommendations to the Governor in the first week of a disaster.
17. There does not exist a parallel effort to provide emergency and long range disaster recovery programs at the Federal or State level. Both should work in concert, from day one.
18. Too many separate functional centers were established early in the flood disaster. Special "one-stop" centers should be established immediately in future disasters.
19. The private sector should be involved early in the disaster to help provide support funds and talents in a disaster recovery effort. The Neighborhood Assistance Act could be helpful in this regard. Funds could be secured to fill the gap between the time a request is made of governmental agencies and the funds actually are granted.
20. Collecting and disseminating damage assessment information is a major problem at both the Federal and State levels and a system should be established to coordinate their efforts in future disasters.
21. While the designation of the entire State of Pennsylvania as a disaster area may have been necessary, it tended to dilute a concentrated effort where the disaster had its greatest impact.
22. There was no centralized, mass distribution of information directly to disaster victims from one recognized source.

23. Special media informational programs should be held frequently. These could be sponsored by a joint effort of Federal, State and Regional organizations.
24. A special disaster team, well trained and carrying the weight of the Governor's office, should be developed and utilized in future disasters. Such a team did not exist in Pennsylvania.
25. Municipal solicitors should be given information early in disasters, since they are utilized by local governmental officials in an advisory capacity on legal matters and can be important in flood recovery efforts, such as contracts for debris removal.
26. In July of 1972, an agreement was signed between the Federal Regional Council and the Commonwealth of Pennsylvania concerning flood plain development. The four point agreement did not have the benefit of input by local people and did not receive wide publicity. In fact, it has not been recognized as a useful device by many agencies. After the disaster may be too late for such matters.
27. Consideration should be given to some type of State declaration which would provide a moratorium on building within a disaster area. This was done in the Rapid City, South Dakota, disaster.
28. Definition of the flood plain must be accomplished immediately following a flood. Such a definition still does not exist five months after the disaster. The State should play a strong role in insuring that this vital planning device is developed.
29. More recognition should have been given to agricultural and tourism problems arising from disasters, particularly in a situation where a large disaster occurs mainly in an urban area.
30. In the first few months of the flood disaster, the small businessman seemed to be overlooked. Special programs at the State and/or regional level should be instituted for these businesses in the future.
31. Grant announcements tend to confuse the public when the funds are not forthcoming and programs are delayed for several months after the announcement.
32. There is a need to define common programs instead of having similar Federal and State programs announced, with different names. It would be helpful to have these programs receive advance endorsement by all relevant agencies within the recognized disaster area, particularly those who are going to be involved in the service.

EDCNP welcomes the opportunity to present these suggestions and looks forward to working with the Pennsylvania Department of Community Affairs and others in helping to improve governments' response to disasters.

MEMO

*Attch to Report
on Agil*

From: Welfare Planning Council

Date: 12/19/72

To: Judge Max Rosenn

Mrs. Anderson asked that the enclosed be sent to you.

dw

Encs. (6)

SAINT JOSEPH'S HOSPITAL

100 LINCOLN AVENUE

Telephone (Area Code 717) 282-2100

CARBONDALE, PENNSYLVANIA 18407

December 11, 1972

Mrs. Frank W. Anderson
Chairman
Committee on Human Services
Flood Recovery Task Force, Incorporated
822 IBE Building
67 Public Square
Wilkes-Barre, Pennsylvania 18701

Dear Mrs. Anderson:

We support the recommendations of the Flood Recovery Task Force, Incorporated and compliment the Committee on a job well done.

The discrimination against the aged who are unable to pay is a crime in our so-called "affluent society". In most cases these tax payers of fifty to sixty years were the back-bone of our Community. It is my hope and prayer that the local, state and county as a whole would begin respecting life at all ages, but particularly in the elderly citizens who have already proven themselves.

I pledge my support and the support of Saint Joseph's Hospital toward helping provide better services for the elderly. I also feel I would be able to muster up some good community support if I have an opportunity to share some of the grief that our hospital has encountered in trying to place patients in the appropriate level of care after discharge.

Perhaps a better statistic would be the amount of money that we have been disallowed because I could not accept the recommendation of our Utilization Committee who is forced to make decisions based on regulations.

Thank you for helping us.

Sincerely,

SAINT JOSEPH'S HOSPITAL

Sister M. Cephas Ryan I.H.M.
Sister M. Cephas Ryan, I.H.M.
Administrator

SMCR:mfb

The Family Service



73 West Union Street, Wilkes-Barre, Pa. 18702 • Telephone: 823-5144

Association of Wyoming Valley

December 6, 1972

Mrs. Frank Anderson
Flood Recovery Task Force
c/o Welfare Planning Council
I.B.E. Bldg. Public Square
Wilkes Barre, Pa. 18701

Dear Mrs. Anderson:

The recommendation of the Flood Recovery Task Force as outlined on page 4 of the report on the Critical Shortage of Nursing Home Beds were discussed:

1. At a combined meeting of the Joint Public Issues Committee and its Task Forces on Housing and Welfare on December 1, 1972;
and
2. At a meeting of the Board of Directors of the Family Service Association of Wyoming Valley on December 4, 1972.

At both of these meetings, the recommendations of the Flood Recovery Task Force were unanimously endorsed.

Sincerely yours,

(Miss) Dorothy Cohen, ACSW
Executive Director

DC:o

c.c.- Rev. Dr. Jule Ayers, Chairman
Public Issues Committee
Richard M. Ross, Jr.,
President



MEMBER AGENCY
Wyoming Valley United Fund

ACCREDITED AGENCY OF THE FAMILY SERVICE ASSOCIATION OF AMERICA



CHARLES LUGER
ROBERT W. PETTINATO
EDWARD J. ZIPAY
Commissioners



ROBERT J. McLAUGHLIN
Director

BUREAU OF AGING
LACKAWANNA COUNTY INSTITUTION DISTRICT
ROOM 603 COURT HOUSE ANNEX
506 SPRUCE STREET
SCRANTON, PENNSYLVANIA 18503

December 8, 1972

Mrs. Frank W. Anderson, Chairman
Flood Recovery Task Force
822 I B E Building
67 Public Square
Wilkes-Barre, Pennsylvania 18701

Dear Mrs. Anderson:

I have received and reviewed the report by
the Flood Recovery Task Force on the nursing home situation and
heartily agree on the recommendations and endorse whatever action
taken by the committee.

Very truly yours,

A handwritten signature in cursive script, appearing to read "R. J. McLaughlin".

Robert J. McLaughlin, Director
Bureau for the Aging

RJM:m
County Office Building
200-202 Adams Avenue
Scranton, Penna. 18503
Phone: 346-7071 Ext: 259

Greater Delaware Valley Regional Medical Program

TO: Members of the Executive Committee of the
Northeast Area of the Greater Delaware Valley
Regional Medical Program

DATE: December 11, 1972

FROM: Jacob G. Hyman, M. D., Chairman

SUBJECT: Nursing Home Bed Shortage Due to Destruction of the Flood

A committee under the able direction of Mrs. Frank W. Anderson, has been working on a problem created by the flood, concerning nursing home beds.

They have done an in depth study, and I am enclosing a copy of it for your perusal.

I regret that we must ask you to give consideration to this, especially in view of all the other things we have sent you recently but it is a vital thing and again, rather than call a special meeting of the Executive Committee, I would appreciate your indicating your comments and support. These will then be relayed formally to Mrs. Anderson.

A self-addressed, stamped envelope is enclosed for your convenience.

WYOMING VALLEY HOSPITAL

149 DANA STREET
WILKES-BARRE, PENNSYLVANIA 18702

December 1, 1972

Mrs. Frank Anderson
FLOOD RECOVERY TASK FORCE, INC.
Committee on Human Relations
822 IBE Building
Wilkes-Barre, Pennsylvania 18701

Dear Muggs:

With keen interest and anticipation, I read your latest publication, "Critical Shortage of Nursing Home Beds".

I'm really concerned about your No. 2 recommendation. With government and intermediaries unilaterally and retrospectively determining levels of care and allowable items of cost, it is unfair to ask the General Hospital to accept this responsibility.

It occurs to me that a better solution might be to set up an independent non-profit corporation composed of all appropriate health care institutions and have that corporation lease the building for One (\$1.00) Dollar per year and assume the responsibility for operating and maintaining the unit. This way the financial burden would be spread and would not drain the life out of a viable hospital like the General.

I really don't mean to interfere, but I do have feelings and compassion for my friend, Tom Saxton, and I am conscious of the need for total health community participation.

Sincerely,



Ben Badman, Jr.
President

BBJR:bb

CC: Mr. Thomas Saxton, President
Wilkes-Barre General Hospital



MERCY HOSPITAL

196 HANOVER STREET, WILKES-BARRE, PENNSYLVANIA 18703

December 11, 1972

Mrs. Frank Anderson
Flood Recovery Task Force, Inc.
Committee on Human Services
822 IBE Bldg.
Wilkes-Barre, Pennsylvania 18701

Dear Mrs. Anderson:

I read with keen interest your report on the shortage of nursing home beds and I wish to make a recommendation which I think would be a partial solution.

As you may know, the homes on Roosevelt Terrace and Church Street and many other smaller streets in South Wilkes-Barre surrounding the hospital were severely damaged, some beyond repair. I am suggesting that the Redevelopment Authority purchase these homes around Roosevelt Terrace and Church Street and clear the land for the construction of a sizable Nursing Home Facility close to our hospital.

The location is good, certainly the proximity to the city and the availability of transportation are factors for consideration.

I shall share this suggestion with the Wyoming Valley Hospital Council when we meet on Wednesday, December 13, 1972.

Sincerely,

Sister Miriam Ruth, R.S.M.
Sister Miriam Ruth, R.S.M.
Administrator

SMR/mjf

cc: The Honorable Daniel J. Flood, M.C.

FLOOD RECOVERY TASK FORCE, INC.

Critical Shortage of Nursing Home Beds

Concern for the safety and care of hospital and nursing home patients held high priority in the efforts of volunteers and officials during the flood. The damage to nursing homes, resulting in the loss of some, only aggravating the shortage that existed before the flood, presents a major problem at this time that requires equally concerted and effective action by our community.

The following is no routine report. It is a CALL FOR COMMUNITY ACTION by the Committee on Nursing Homes of the Flood Recovery Task Force.

DIMENSIONS OF THE PROBLEM:

1. Effect of the flood-damage to nursing homes

"Five nursing homes in Luzerne County and one in Wyoming County with a total of 304 beds (298 skilled and 6 intermediate care) were evacuated. Two of these homes (one each in Luzerne and Wyoming) with a total of 178 beds (all skilled) are now operational at 90% capacity." (Department of Welfare, Region II Report of 10/23/72). Return to operation of the other four facilities is very much in question because of flood damage and stringent new regulations for such facilities.

2. Pre-flood shortage of beds

The loss of these facilities only emphasizes the shortage that existed before the flood. The hospital survey prepared by Rosenfeld Associates for the Wilkes Barre Area Health Planning Council (completed before the flood) concludes its section on long-term care: "Utilizing either the Pennsylvania State Plan (for Hospital and Medical Facilities, DPW 1971) or U.S. guidelines, there is a need for 711 to 826 intermediate or skilled nursing beds in the Wilkes Barre Health Region Center service area by 1975."

The report also points out the high percentage of persons 65 age and over in this area, notes that "the average household income level for this area is 6.5% less than the rest of the state, and comments "the high cost of care in proprietary nursing homes, where the range is from \$59 to \$103 * per week, prevents most of the 65 years of age and older residents in the service area from utilizing these facilities." It also notes the "relatively long waiting list for admission to Valley Crest, the 286 bed county facility." (As of 11/15/72 the waiting list was 49, according to the Division of Adult Welfare Services who handles admissions.)

3. Increasing need for beds

"Area hospitals (Luzerne-Lackawanna) project a minimum of 65 new patients each month from these facilities. This does not include the as yet undetermined number of persons currently living at home but requiring

* The Committee feels these figures are low. As of November 1972 in the Wilkes Barre area, the cost for routine nursing services was \$17 per day (\$119 per week). This does not include drugs, catheters, or other ancillary services.

nursing home care. This does not include the estimated numerous persons now living in boarding homes (currently unlicensed in Pennsylvania) who, in reality, are nursing home candidates. There are currently 46 patients in hospitals waiting placement in nursing homes." (DPW, 10/23/72).

4. Critical shortage exists in Lackawanna County

The shortage of beds in Lackawanna County has been compounded by the over-flow of nursing home patients from Luzerne due to the flood. "A survey in 1969 indicated and projected a need for from 500 to 700 modern nursing home beds in that county alone." (DPW Report 10/23/72). The DPW daily report of available beds in the three-county area this fall has consistently reflected only a handful of open beds, most of them for ambulatory and/or private-pay patients. The great majority of patients awaiting placement in hospitals are either DPA or Medicaid patients.

5. Problem of compliance with state standards

The Rosenfeld report reveals that as of last spring, there were 376 non-conforming beds in the Wilkes Barre Service area, that many nursing homes were not in compliance with the new Labor and Industry standards. Several hundred of these beds were judged "incorrectible." In the summer of 1971, a number of nursing homes that were non-conforming converted to rest home, or boarding home status (unlicensed) with many of their patients still occupying the same beds.

Because of Agnes, the deadline for compliance in the flood-affected area was extended and a number of nursing homes are now operating with provisional licenses. It is not known when the state will impose a new deadline for this area, or what its terms may be. The problem is complicated further by the shortage of skilled workmen to correct deficiencies to bring a facility into conformity with existing standards.

6. Problem of state reimbursement for indigent patients

The general term "nursing home" encompasses a wide variety of facilities providing varying levels of care. State reimbursement is geared to the level of care provided.

Levels of Care:

Extended care (ECF)- an extension of hospital care, highly skilled, full-time nursing care and related health services.

Skilled care- provides qualified professional supervision and observation for patients requiring 24 hour attention. Patient is under regular supervision of a physician.

Intermediate care- provides room, board, and some form of supervision and assistance with personal hygiene, diet and medication. Patient is under medical direction.

Custodial (or personal) care- (boarding, rest home)- provides room, board for patients otherwise independent who are no longer able to live independently for economic or social reasons.

Levels of Reimbursement:

Medicare- only for patients age 65 and over qualifying for extended care.

Medical Assistance- for those low-income persons 18 years of age and over who cannot handle heavy medical expenses. (medically indigent). Pays only for skilled nursing care at a rate of \$15 per day for a maximum of 60 days. Patient pays for medication and physician. Reimbursement is paid directly to the nursing home and often takes 3-4 months to arrive. As with medicare, patient must come to nursing home from a general hospital after a 3 day hospital stay, or within 5 days of discharge from a hospital.

Public Assistance Grants- for those persons eligible for public assistance. Present rates: \$15 per day for skilled nursing care, \$10 per day for intermediate care. Is paid monthly, to the patient, as need is certified. It covers medication and physician. Most institutions prefer these grants to Medical Assistance for obvious reasons.

7. Problems with Medical Assistance and Public Assistance Grants

a) The distinction between skilled and intermediate care is not always easy to make as a patient's condition may fluctuate back and forth. This is particularly true of the elderly patient. A Health and Hospital Planning Council Report on the nursing home situation 8/1/72 commented on this problem: "Retroactive denial of payment for services rendered at a level of care more skilled than that deemed necessary (by DPW), or reduction in payments for a patient for whom no alternative facility can be found, have made institutional personnel wary of specifically identifying patients who are inappropriately placed."

b) "Rates of payment for a variety of levels of care, which are not always explicitly differentiated, and sometimes virtually eliminated by waivers, are made more confusing by differing rates of pay for the same level of care in institutions either in compliance, or in substantial compliance with the Department of Welfare standards for skilled nursing homes. Some may participate in the Medical Assistance and Public Assistance programs. Others may qualify only for the latter." (HHPC-8/1/72)

c) Hill-Burton funds may be used for the construction of extended and skilled care facilities, but not for intermediate care facilities. The imbalance this creates has been illustrated since the flood when a number of entrepreneurs have inquired about the need for nursing homes but are interested only in building extended or skilled care facilities.

d) Reimbursement rates in Pennsylvania are substantially below those of neighboring states, particularly New York*, encouraging contractual agreements between nursing homes in this state with the state of New York. Pennsylvania's low rates also result in the construction of facilities for the higher paying private-pay and/or Medicare patient.

* New York pays \$22 per day for skilled nursing care. Hence a number of New York patients are in Pennsylvania nursing home beds.

e) The \$5 differential in reimbursement paid for intermediate as opposed to skilled care does not, according to nursing home operators, fairly or accurately reflect the differences in actual costs. It does result in a dearth of intermediate beds where the need is greatest.

8. The problem of manpower

Wages paid in nursing homes reflect the low rates of reimbursement. In the tight labor market of the post-flood period, local nursing homes are having great difficulty obtaining help. A startling example of this is the new 100 bed facility in Nanticoke which has operated all summer and fall at 50% capacity or less due to the inability to attract sufficient staff. This committee explored a variety of possibilities for expanded training programs but felt none were feasible because the existing wage scale cannot hope to hold staff.

CONCLUSION AND RECOMMENDATIONS

The Nursing Home Committees of the Flood Recovery Task Force has been defining this problem and exploring alternatives for solution since early October. It was unanimous in making the following recommendations and urges community support for their implementation as quickly as possible.

- 1) That efforts be exerted to open additional beds at Valley Crest
- 2) That the Board of Directors of the Wilkes Barre General Hospital be asked to reactivate the beds in the Nurses' Residence that were utilized during the emergency to augment the number of nursing home beds for the immediate future until new facilities can be constructed. (Several are planned, one is underway.)
- 3) The possibility of raising reimbursement rates in Pennsylvania is already being explored actively at the state level. A committee representing the County Home Association, the Health Care Facilities Association of Pennsylvania, and the Pennsylvania Association of Non-Profit Nursing Homes, is working with the Department of Welfare to develop a schedule of phased increases in reimbursement rates based on a more realistic cost system. This report is due for completion by the end of November and will recommend the following increases:

1. Skilled nursing care from \$15 to \$18 per day.
2. Intermediate care from \$10 to \$17 per day.

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a) The distinction between skilled and intermediate care is not always easy to make as a patient's condition may fluctuate back and forth. This is particularly true of the elderly patient. A Health and Hospital Planning Council Report on the nursing home situation 8/1/72 commented on this problem: "Retroactive denial of payment for services rendered at a level of care more skilled than that deemed necessary (by DPW), or reduction in payments for a patient for whom no alternative facility can be found, have made institutional personnel wary of specifically identifying patients who are inappropriately placed."

b) "Rates of payment for a variety of levels of care, which are not always explicitly differentiated, and sometimes virtually eliminated by waivers, are made more confusing by differing rates of pay for the same level of care in institutions either in compliance, or in substantial compliance with the Department of Welfare standards for skilled nursing homes. Some may participate in the Medical Assistance and Public Assistance programs. Others may qualify only for the latter." (HHPC-8/1/72)

c) Hill-Burton funds may be used for the construction of extended and skilled care facilities, but not for intermediate care facilities. The imbalance this creates has been illustrated since the flood when a number of entrepreneurs have inquired about the need for nursing homes but are interested only in building extended or skilled care facilities.

d) Reimbursement rates in Pennsylvania are substantially below those of neighboring states, particularly New York*, encouraging contractual agreements between nursing homes in this state with the state of New York. Pennsylvania's low rates also result in the construction of facilities for the higher paying private-pay and/or Medicare patient.

* New York pays \$22 per day for skilled nursing care. Hence a number of New York patients are in Pennsylvania nursing home beds.

e) The \$5 differential in reimbursement paid for intermediate as opposed to skilled care does not, according to nursing home operators, fairly or accurately reflect the differences in actual costs. It does result in a dearth of intermediate beds where the need is greatest.

8. The problem of manpower

Wages paid in nursing homes reflect the low rates of reimbursement. In the tight labor market of the post-flood period, local nursing homes are having great difficulty obtaining help. A startling example of this is the new 100 bed facility in Nanticoke which has operated all summer and fall at 50% capacity or less due to the inability to attract sufficient staff. This committee explored a variety of possibilities for expanded training programs but felt none were feasible because the existing wage scale cannot hope to hold staff.

CONCLUSION AND RECOMMENDATIONS

~~The Nursing Home Committees of the Flood Recovery Task Force has been defining this problem and exploring alternatives for solution since early October. It was unanimous in making the following recommendations and urges community support for their implementation as quickly as possible.~~

- 1) That efforts be exerted to open additional beds at Valley Crest
- 2) That the Board of Directors of the Wilkes Barre General Hospital be asked to reactivate the beds in the Nurses' Residence that were utilized during the emergency to augment the number of nursing home beds for the immediate future until new facilities can be constructed. (Several are planned, one is underway.)
- 3) The possibility of raising reimbursement rates in Pennsylvania is already being explored actively at the state level. A committee representing the County Home Association, the Health Care Facilities Association of Pennsylvania, and the Pennsylvania Association of Non-Profit Nursing Homes, is working with the Department of Welfare to develop a schedule of phased increases in reimbursement rates based on a more realistic cost system. This report is due for completion by the end of November and will recommend the following increases:

1. Skilled nursing care from \$15 to \$18 per day.
2. Intermediate care from \$10 to \$17 per day.

Therefore, this committee recommends that Luzerne, Lackawanna, and Wyoming Counties be designated as a Pilot Project Area and that the implementation of these new rates go into effect in these counties as of January 1, 1973. The committee anticipates this would afford several opportunities to improve the critical situation in these three counties.

- 1) It would enable some marginal facilities which may no longer be able to qualify for skilled nursing care, to provide intermediate care at rates permitting them to stay in business.
- 2) It would make more monies available to nursing homes to correct deficiencies.

- 3) It would enable nursing homes to pay better wages to attract and hold staff.
- 4) It should encourage the construction of facilities that will accept the non-private pay patient.
- 5) Cost related reimbursement would encourage the Wilkes Barre General Hospital to convert its Nurses' Residence to a temporary long-term care facility to help meet the critical shortage of beds.

This committee is in complete agreement regarding the urgent need for intermediate care beds, especially for the indigent patient. An increase in intermediate care beds will reduce the number of inappropriate placements and lessen the pressure on skilled care beds.

November 24, 1972

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