



Improving seniors lives through advocacy, education and leadership.

April 12, 2018

Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs

AB 299

Agenda topic: training

In representing the Nevada Assisted Living Association we would like to point out that Residential Facilities for Groups (RFFG) are the main source of cost effective, safe, monitored LTC beds in the state. We represent 7000 LTC beds including 3000 heavier care dementia endorsed beds. RFFG big and small are offered in all areas of the state including rural communities. We have the best, most monitored, set of regulations and protections in RFFG nationally. We are proud of what we are doing!

We are not supported living arrangements (SLA) or community based living arrangements (CBLA). We are concerned that people often confuse SLA / CBLA with RFFG. We are concerned with the recurring string of negative news. We believe much of the care they offer overlaps with the care we provide. We are a safer, more cost effective setting. Residential facilities for groups (RFFG) have a well-developed system not only of training, but of monitoring training, enforcement and penalties to provide a high consistent minimum level of care state wide. State HCQC does on-site inspections of RFFG's trainings and documentations with strong enforcement and penalties if violations are found.

Our industry needs flexibility in choices in training because the expectation for the day to day care of any individual with chronic illnesses or multiple chronic illnesses. Each illness changes on a day to day basis. Moreover, the acuity of the facility is expected to change as people age, have day to day variations, and the LTC community evolves.

HCQC has a requirement for the facility to offer added in-house medication management training and supplement the required 16 hrs. Initially and 8 hrs. annual refresher medication management training. Those are monitored by the state and require a test to ensure more standardization for medication training. The BELTCA certified administrator must also maintain state medication training certification. RFFG's have required specific dementia training in dementia endorsed / memory care units. Eleven hours of specific dementia training in the first year minimum and three hours thereafter minimum. Industry promoted increased levels of training within the facility has advocated for, and finally been granted HCQC's removing the restriction on nurses "employed by the facility" to work in RFFG and have the ability to provide the training, education and other tasks nurses do in all other care settings. That had been a restriction for a long time but the industry wanted to allow and encourage providers to offer more training and services to their staff and residents and this is a recent example of that effort. Recently the industry suffered a major setback when the state's post-secondary division, suddenly re-evaluated enforcement of

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their rules to require the training centers that served our industry to register with them. Given the lack of transparency in the roll out, lack of any methods to comply, and unclear intent of the Post-Secondary Education division many of those facilities closed leaving southern Nevada in a bind for medication management training. To date we are starting to re build those but at a cost to the industry of dramatic decline in interest in our entire industry. Partners like the Perry Foundation have helped to fill in the gaps. The state of Nevada through their NEATS training now provides some on-line trainings that are available that are very beneficial.

Many seniors live in our corporate RFFG's which have very intense sophisticated training modules that cover the pillars of healthy living - physical, mental, social, spiritual and person centered care. Lack of training materials and training it not an issue in these facilities. Implementing the processes in a positive manner with commitment, desire and passion for success in a high stress, multi-faceted environment can be the larger challenge. Clear communication of what training is available and the willingness for the industry to succeed together as partners, with a strong partnership from the licensing divisions, supportive organizations, DPBH and HCQC working for solutions and resources with open minds and agility will foster prosperous results.

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