

Assembly Bill 299 (Chapter 279, Statutes of Nevada 2017)

Study Concerning Standards of Training for Employees and Contractors Who Provide Care to Persons in Certain Health Care Settings:

Summary of Findings and Effective Training Components in Other States



Legislative Committee on Senior Citizens, Veterans, and Adults With Special Needs (Nevada Revised Statutes 218E.750)

June 19, 2018

Agenda Item V-A

Summary of Findings Concerning the Study of Standards of Training for Employees and Contractors Who Provide Care to Persons in Certain Health Care Settings

A.B. 299 Requirements

Assembly Bill 299 was approved by the 2017 Legislature and requires the Committee, through a study, to:

- Determine standards of training for persons who are not providers of health care but provide care to clients. Essentially, look at training for unlicensed workers; and
- Consider the creation of a competency evaluation that each person must take and successfully complete following training.

Once the study is completed, any recommendations for legislation must be submitted to the 2019 Legislature.

A.B. 299 Requirements – cont'd.

Persons who work in the following services are included in the study:

- Facilities for intermediate care, skilled nursing, and care of adults during the day;
- Residential facilities for groups and homes for individual residential care;
- Agencies that provide nursing and/or personal care in the home; and
- Providers of community-based living arrangement services and supported living arrangement services.

A.B. 299: Study Findings

National Overview of Personal Care Aide (PCA) Training Requirements (National Conference of State Legislators)

Synopsis

- 18 states and the District of Columbia have uniform training requirements across programs;
- 7 states specify required, detailed skills or offer a state-sponsored curriculum (Arizona, Delaware, Massachusetts, New Hampshire, New York, South Carolina, Virginia); and
- 7 states require PCAs to complete home health aide or certified nurse aide training (District of Columbia, Florida, Oklahoma, Ohio, New Jersey, Rhode Island, Wyoming)

Sources: Iris Hentze, National Conference of State Legislatures, 02/27/2018 meeting of the Committee (<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/11373>).

Paraprofessional Healthcare Institute (PHI) (<https://phinational.org/advocacy/personal-care-aide-training-requirements/>).

Review of Types of Employees and Contractors Who Deliver Services in Agencies and Providers Identified in A.B. 299

The Committee heard testimony from representatives of the following:

- Department of Health and Human Services;
- Nevada Assisted Living Facilities (NRS 449.017);
- Personal Care Services in the Home (NRS 449.0021);
- Skilled Nursing Facilities (NRS 449.0039); and
- Supported Living Arrangements (NRS 449.0159)

Training Requirements: NRS and NAC

Personal Care Services in Home: Attendants (NAC 449.3976 and NAC 449.3977)

Training requirements are listed and must be completed within 12 months immediately before independently providing personal care services to the clients of the agency. Training includes:

- Duties and Responsibilities;
- Recognizing and Responding to Emergencies;
- Dealing with Adverse Behaviors;
- Nutrition and Hydration;
- Bowel and Bladder Care;
- Skin Care;
- Methods and Techniques to Prevent Contractures and Falls;
- Hand Washing and Infection Control;
- Body Mechanics, Mobility and Transfer Techniques; and
- Maintenance of a Clean and Safe Environment.

Training Requirements: NRS and NAC – cont'd.

Training to Recognize and Prevent Abuse of Older Persons

(NRS 449.093)

Mandated Training Requirements (Facilities for intermediate care, facilities for skilled nursing, agencies that provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups of homes for individual residential care) – Licensed Pursuant to Chapter 654 (“Administrators of Facilities For Long-Term Care”) of NRS:

Training Requirements: NRS and NAC – cont'd.

Other training prerequisites are required by NRS and specified through NAC. The requirements are specific to the type of care.

For example, for most caregivers, there are provisions that staff must receive not less than 8 hours of training related to providing for the needs of the clients of the agency.

NAC 449.196 (residential facility), NAC 449.3975 (attendants in agencies that provide personal care services), NAC 449.196 (caregiver in residential facilities for groups, and so on).

This training must be received within the first year of employment, in most circumstances.

Training Models

- First Aid, CPR, and AED (American Red Cross)
- Perry Foundation: Nonprovider Based 501c(3) organization that provides evidence-based education to caregivers and healthcare professionals in nursing facilities and assisted living communities.
- On-line Training Courses:
 - State of Nevada Online Professional Development Center (Personal Care Agencies Introductory Tutorial; New Operator Training for Residential Facilities; and Elder Abuse)
 - iCareSafely.com (Lend-A-Hand Senior Services): Cost per student is \$45; group rates are being considered.
- Train the Trainer Models: Training potential instructors on the way to deliver training materials to others. This model reduces the cost of training.

Accountability Models to Monitor Implementation of Standards of Training

- National Organization Model: The employee must receive training from a national organization. **The Bureau of Health Care Quality and Compliance (HCQC) authenticates the certificate held by the employee.** For example, training provided by the American Red Cross.
- Curriculum Description Model: The employee must receive specified training; however, the training may be developed and provided by any entity. The courses are not required to be approved. **The HCQC observes the certificates to verify the employee received training.** For example, Elder Abuse training, as required by NRS 449.093, was developed by the Aging and Disability Services Division. The training is taken on-line and a certificate is issued.

Source: Memo, Paul Shubert, Chief, HCQC, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS; Ross Armstrong, Deputy Administrator of Regulatory and Planning Services, DPBH, and Jennifer Williams-Woods, State Long-Term Care Ombudsman, Aging and Disability Services Division, DHHS, April 11, 2018. (<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/11611>).

Accountability Models to Monitor Implementation of Standards of Training – cont'd.

- Curriculum Approval Model: The employee must receive training and testing for a curriculum approved by a specified entity. **The HCQC manages the curriculum, course and instructor approval.** For example, pursuant to NRS 449.0302(6), employees of residential facilities for groups must receive training on medication administration.
- Registry Model: A clearinghouse for courses and an entity that tracks training. Examples include, the Commission on Accreditation for Prehospital Continuing Education for paramedics and emergency medical technicians (EMTs) and the Nevada Registry for Child Care Licensing. **The HCQC confirms/authenticates certificates through the registry.**

Source: Memo, Paul Shubert, Chief, HCQC, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS); Ross Armstrong, Deputy Administrator of Regulatory and Planning Services, DPBH, and Jennifer Williams-Woods, State Long-Term Care Ombudsman, Aging and Disability Services Division, DHHS, April 11, 2018. (<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/11611>) .

Accountability Models to Monitor Implementation of Standards of Training – cont'd.

The agency indicates that with regard to the Curriculum Approval Model, where the HCQC manages the curriculum, course, and instructor approval, the oversight of training programs is accomplished by the same staff who are responsible for conducting inspections/investigations in health care facilities. This is not optimal as other priorities draw attention away from the necessary oversight, and regulators are not specifically educated in curriculum development or course management.

Recommendation of DHHS: “Any training the Committee intends to require for personal care staff in health facilities should have oversight by an entity (similar to the Nevada Registry) for approving curricula and instructors and for tracking; regulators would then confirm/authenticate certificates through the use of such a registry.”

Source: Memo, Paul Shubert, Chief, HCQC, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS; Ross Armstrong, Deputy Administrator of Regulatory and Planning Services, DPBH, and Jennifer Williams-Woods, State Long-Term Care Ombudsman, Aging and Disability Services Division, DHHS, April 11, 2018. (<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/11611>) .

Agenda Item V-B

**Review of Effective Training Models for
Employees and Contractors Who Provide Care
to Persons in Certain Health Care Settings**

Data Points

- Population Projections
- Fastest Growing Occupations
- Violations Frequency Data

Percent of Population 65 Years and Over: 2012 and 2050

Between 2012 and 2050, the United States will experience considerable growth in its older population. In 2050, the population aged 65 and older is projected to be 83.7 million (almost double the estimated population of 43.1 million in 2012).

- Baby Boomers began turning 65 in 2011; and
- By 2050, surviving baby boomers will be over the age of 85.

Source: *An Aging Nation: The Older Population in the United States*, U.S. Department of Commerce, Economics and Statistics Administration, May 2014 (<https://www.census.gov/prod/2014pubs/p25-1140.pdf>) .

Fastest Growing Occupations in the United States (Growth Rate 2016-2026)

- Home Health Aides (HHA): Third Fastest (47%)
- Personal Care Aides (PCA): Fourth Fastest (39%)

Source: U.S. Bureau of labor Statistics (<https://www.bls.gov/ooh/fastest-growing.htm>), April 13, 2018.

PCA and HHA: Job and Training Differences

- Personal Care Aide: A PCA assists persons with daily living activities at the person's home or in a care facility. Typically, a PCA provides such services as bathing, grooming, and dressing. The medical care provided by a PCA is usually limited to medication reminders, dental care, and assistance with toileting and incontinence. Training requirements and standards vary by state.
- Home Health Aide: An HHA typically has more specialized training than a PCA. In many cases, an HHA is a certified nursing assistant. An HHA may help administer medications and assist with prescribed exercises and physical therapy routines. Also, with specialized training, an HHA can operate medical equipment, such as home oxygen or ventilators. There is often nurse oversight for HHAs.

NOTE (from Slide 6): Seven states require PCAs to complete home health aide or certified nurse aide training (District of Columbia, Florida, Oklahoma, Ohio, New Jersey, Rhode Island, and Wyoming)

Sources: Caring.Com (<https://www.caring.com/questions/fag-whats-the-difference-between-a-personal-aide-and-a-home-health-aide>).

Iris Hentze, National Conference of State Legislatures, 02/27/2018 meeting of the Committee (<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/11373>).

Paraprofessional Healthcare Institute (PHI) (<https://phinational.org/advocacy/personal-care-aide-training-requirements/>).

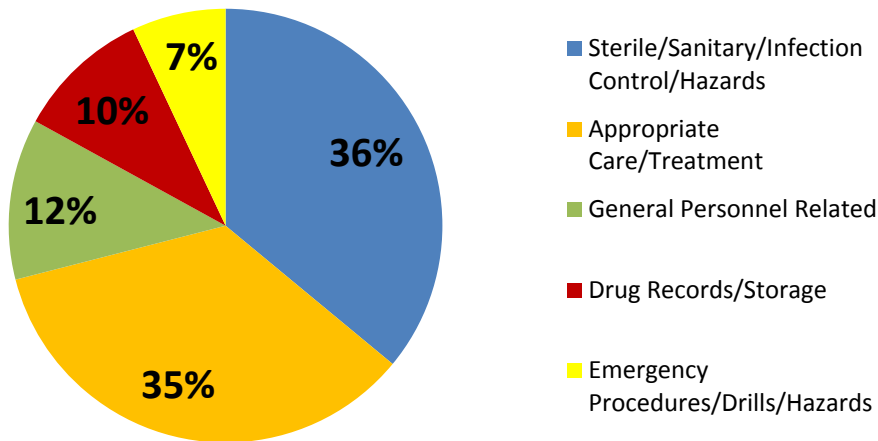
Violation Frequency Data

At the February meeting of the Committee, members requested information related to training that is most needed for PCAs.

The Bureau of Health Care Quality and Compliance (HCQC) tracks violation frequency data for federal and state standards.

Source: Memorandum Dated March 14, 2018 from Ross E. Armstrong, Deputy Administrator, Division of Public and Behavioral Health, DHHS (<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/12030>).

Violations Related to Training in Health Facilities 2017



FACILITY TYPE (# OF FACILITIES)	# of Violations
HOSPITALS & RURAL HOSPITALS (67)	
State 0128 - Sterile Supplies & Medical Equipment	8
LONG TERM CARE FACILITIES (60)	
Federal 0309 - Provide Care/Services for highest well being	53
Federal 0431 - Drug Records, Lable/Store drugs & biologicals	37
Federal 323 Free of Accident hazards	29
Federal 0328 Treatment care for special needs	26
Federal 0371 - Food procure, store/prepare/serve - sanitary	26
Federal 0441- Infection Control, prevent spread, linens	26
Federal 0497- Nurse Aide perform review 12hr/yr inservice	3
Federal 0518 - Train All staff - emergency procedures/drills	6
HOME HEALTH AGENCIES (173)	
Federal 0158 - Acceptance of patients, POC, Med Super	16
Federal 0337 - Drug Regimen Review	16
END STAGE RENAL DISEASE (50)	
Federal 0113 - IC- Wear Gloves/Hand Hygiene	4
Federal 0260 - Personnel - Training Program/periodic audits	1
INTERM. CARE - INDIVIDUALS WITH INTELLECTUAL DISABILITIES (6)	
Federal 0189- Staff Training Program	1
Federal 0193 - Staff Training Program	1
HOSPICE (65)	
Federal 0782 - Orientation and training of staff	1
HOMES FOR INDIVIDUAL RESIDENTIAL CARE (122)	
State 0030- Safety & Sanitation - Home Clean; hazard free	5
State 0066- Training to recognize and prevent abuse	4
PERSONAL CARE AGENCIES (236)	
State 0099- Elder Abuse Training	5
State 0125 - Attendants: Qualifications; annual training	1
State 0152 - Attendants: Required Knowledge & training	4
RESIDENTIAL FACILITY FOR GROUPS (366)	
State 0178- Health & Sanitation - Maintain Int/Ext	67
State 0103- Tuberculosis screening	56
State 0105 - Background checks	45
State 0074- Elder Abuse Training	34
State 1035-1038 - Dementia Training	20
State 1021 - Chronic Illness Training	10
State 1001 - Training Required - Elderly disabled	9
State 1011 - Mental Illness Training	9
State 0993 - Alzheimer's Training	4
State 1006 - MR Training	1
OUTPATIENT FACILITY (41)	
State 135 - 0136 - Mandatory Training, evaluation of employees	6
State 0116 - Sterilization, disinfection of instruments	2
ADULT DAY CARE (23)	
State 070 - 072 - Orientation & training of employees	3
AMBULATORY SURGERY CENTERS (68)	
State 0176- Sterilization of Surgical Instruments	1

Leader States in Personal Care Aide Training Standards

Alaska, Arizona, Arkansas, Idaho, Minnesota, Virginia, and Washington. Selected for two reasons:

- There are uniform Personal Care Aide (PCA) training requirements across all Medicaid-funded programs; and
- Requirements are articulated from one or more of the following elements (reflecting rigor of the training standards): (1) training hours; (2) a state-specified/endorsed examination; and (3) state-specified competencies or a state-sponsored training curriculum.

Source: Marquand, A., Chapman SA. (2014). *Leader States in Personal Care Aide Training Standards*. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

Results

The seven states arrived at the PCA training standards through a range of approaches, grouped into two broad categories:

1. States that outline the competencies and skills but allow training entities the latitude to conduct training using their own curricula and methods. This led to a more individualized approach (Alaska, Arkansas, and Idaho).

The benefits to this approach is that training entities are given greater flexibility in how they deliver training, with the flexibility to customize training based on the learning abilities of the trainees and the populations being serviced.

Source: Marquand, A., Chapman SA. (2014). *Leader States in Personal Care Aide Training Standards*. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

Results

2. States that specify the training curriculum, exams, and methods for teaching, and methods for evaluation. This led to a level of consistency (Arizona, Minnesota, Virginia, and Washington).

The benefit to this approach is that states exercise greater control and can ensure a minimum level of preparedness, regardless of the training provider.

Source: Marquand, A., Chapman SA. (2014). *Leader States in Personal Care Aide Training Standards*. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

Goal/Outcome

Goal: Ensure a basic level of PCA Preparedness.

Outcome: The seven states have achieved high levels of rigor and uniformity of training standards across their Medicaid-funded personal care programs.

Source: Marquand, A., Chapman SA. (2014). *Leader States in Personal Care Aide Training Standards*. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

State Programs

Alaska (flexible): State-approved, 40-hour training and testing program.

Arizona (fixed): Model training curriculum for PCAs: “Principles of Caregiving.” No required number of training hours that a PCA must complete; however, the model curriculum was intended to be taught in about 80 hours.

Source: Marquand, A., Chapman SA. (2014). *Leader States in Personal Care Aide Training Standards*. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

State Programs - cont'd.

Arkansas (flexible): PCAs must complete 40 hours of training: 24 hours of classroom training must be completed prior to 16 hours of supervised clinical training conducted on site. The training must cover specific topics outlined in a state-approved curriculum. In addition, trainees must pass a competency evaluation and receive a certificate.

NOTE: The Medicaid standards were extended to all private pay home care aides in Arkansas. Act 1410 passed in 2013 with the notion that private pay consumers of home care should be guaranteed the same minimum preparedness of their PCAs as those receiving Medicaid-funded services. Arkansas is an example of a state with uniform training requirements for agency-employed PCAs, regardless of the payer.

Source: Marquand, A., Chapman SA. (2014). *Leader States in Personal Care Aide Training Standards*. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

State Programs - cont'd

Idaho (flexible): The “Idaho Skills Matrix” is a list of necessary competencies and assessment methods for personal care aides. PCAs must pass a written examination or demonstrate proficiency in each task or competency.

Minnesota (fixed): In 2009, a comprehensive reform of personal care attendant services was signed into law. Included in the reform was the establishment of mandatory Department of Health Services-administered training for provider agencies, qualified professionals, and PCAs. Also that year, it became a requirement for provider agency administrative staff (nonPCAs) to complete training, and for all staff, including PCAs, to undergo federal criminal background checks. In 2010, the mandatory training was extended to both agency-employed and consumer-directed PCAs. The training and competency test are available free online in six languages.

Source: Marquand, A., Chapman SA. (2014). *Leader States in Personal Care Aide Training Standards*. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

State Programs - cont'd.

Virginia (fixed): All agency-employed PCAs who provide Medicaid waiver services must complete a 40-hour curriculum, exam, and skills checklist. The training must be conducted by a Registered Nurse (RN). Agencies may adapt the materials to include additional units, but must, at minimum, teach the curriculum content. The online training covers the following topics: (1) emergencies; (2) infection control and standard precautions; (3) body mechanics; (4) understanding behaviors, boundaries and protection; (5) timesheet documentation; (6) fraud; and (7) self-care.

Washington (fixed): As of January 2012, all PCAs, with the exception of parents providing personal care, are required to be “certified home care aides.” They must complete a 75-hour basic training curriculum and pass a Department of Health-approved competency evaluation. Agencies provide the training, with approval from the Department of Health.

NOTE: The workforce in Washington State is unionized.

Source: Marquand, A., Chapman SA. (2014). *Leader States in Personal Care Aide Training Standards*. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.

Questions

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