

Idaho CNA Advisory Committee
MEETING MINUTES

Tuesday, August 23, 2022
10:00 a.m. – 11:30 a.m. MDT
Location: Online (Zoom)

Meeting Attendees:

Name	Title	Organization
Dave Lent	Senator	Idaho Senate
Dotty Heberer	Lead Nursing Assistant Instructor	North Idaho College
Elizabeth Rosenberger	Scribe	Interaction International, Inc.
Gary Salazar	Workforce Training Director	Idaho State University
Jeff Greene	Employer of CNAs	Trinity Health
Jeff Pittard	Skilled Nursing Facility Representative	Life Care Centers of America
Laura Thompson	Chief of Bureau	Idaho Department of Health & Welfare, Division of Occupational & Professional Licensing
Leslie Wilson	Employer of CNAs	Mountain View Hospital
Matt Farina	Budget & Policy Analyst	Legislative Services Office
Marty Matney		
Monica Revoczi	Meeting Facilitator	Interaction International, Inc.
Nicki Chopski	Health Professions Bureau Chief	Division of Occupational and Professional Licenses (DOPL)
RaeLyn Price	Instructor	ISU
Randall Hudspeth	Executive Director	Idaho Center for Nursing
Reuben DeKastle	Director Student Services	St. Luke's
Robert Vander Merwe	Executive Director	Idaho Health Care Association
Ryan Langrill	Principal Evaluator	Idaho Office of Performance Evaluations
Shawnie Lee	Human Resources Director	IHA
Stephanie Mai	Program Quality Manager	Idaho Career & Technical Education
Wendi Secrist	Executive Director	Idaho Workforce Development Council
Zendi Meharry	Skilled Nursing Facility Representative	Cascadia Health Care

Meeting Commenced: 10:00 am

Action Items:

Randy Hudspeth moved to accept the minutes from the July 26th, 2022, meeting of the CNA Advisory Committee. Second by Leslie Wilson.

Outcome: The minutes from the July 26th, 2022, meeting were unanimously approved.

Welcome

Wendi Secrist, Idaho Workforce Development Council

Wendi welcomed everyone to the meeting and said that they would skip introductions today and just jump right into the meeting.

Wendi then gave a brief overview of the wage data for nursing assistants in Idaho that she had sent to the committee prior to the meeting. They were able to pull data based on 6 geographic regions (North Idaho, North Central Idaho, SW Idaho, South Central Idaho, SE Idaho and Eastern Idaho). They graphed geographic data against 4 different sub-industry codes: Home Health Care Services, General Medical & Surgical Hospitals, Nursing Care Facilities, Continuing Care, and Assisted Living Facilities.

Questions & Comments:

1. There was surprise to see that Eastern Idaho had higher wages for two of the job categories (Medical and Nursing Care).
2. What is Idaho's poverty line? Federal poverty line is \$25,465 for a family of four so these nursing assistant salaries are right on the cusp of the poverty line.
3. Shawnie noticed that these numbers don't match hers. She was curious where the data were pulled from. Wendi explained that these come from EMSI Burning Glass dataset. They use Bureau of Labor statistics, job listings, etc. Per Shawnie's data SE Idaho is the lowest paying region. Eastern Idaho pays \$16.32 / hour at hospitals. After discussing they realized that SE Idaho may be split up differently. Shawnie only have 3 regions total for Idaho while Wendi has 6 regions. The 6 regions were chosen because they align to the State Board of Education regions. Another difference is that Shawnie doesn't have SNFs broken out of the data and only has that data if they are employed by a hospital.

Meeting Overview

Monica welcomed everyone to the meeting. She summarized the last meeting, discussing how it was focused on establishing background data with multiple presentations and research on other states. She then went on to say that today we will build upon that background and discuss future state descriptions and governance of nursing assistants.

Monica went over the agenda topics for the meeting which will include a follow-up discussion of other states' CNA governance, a discussion of future state descriptions and governance of CNAs, and input on the stakeholder communication and input plan. Monica then shared the ground rules of the meeting.

Advisory Committee Principles of Engagement

- 1) Respect all aspects of diversity in the group.
- 2) Be mindful of allowing space and authentic consideration of all stakeholder perspectives.
- 3) Be open to new ideas and approaches.
- 4) Participate actively.
- 5) Be forward-focused.

- 6) Stay focused on the Workgroup goal and corresponding topic at hand.
- 7) Focus on the concepts. Avoid wordsmithing.
- 8) Utilize the Parking Lot for “important topics to be addressed another time.”
- 9) Everyone is on equal ground

Other States’ CNA Registries: Review and Discuss Additional Research

At the last meeting Elizabeth shared research on 9 neighboring states (Alaska, Oregon, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming) and how they govern and train their CNAs as well as some employer feedback. Today Elizabeth shared the additional research findings the were generated by questions about their CNA registries.

Follow-up Questions asked:

1. Is there a fee associated with your registry?
2. What is the funding source for managing your registry?
3. Do you track Nurse Aides on your registry?

Summary of Research:

- None of the 9 states had registry fees because they are not allowed to according to Code of Federal Regulations. States may not impose any charges related to the registration of individuals on the registry.
- Registries were typically managed by Department of Health or Board of Nursing
 - Utah was the one exception, their registry is managed by the Utah Nursing Assistant Registry (UNAR)
- Funding for state registries came from multiple sources
 - State funding
 - Application related fees
 - application fee, certificate fee, fingerprint fee, testing, reciprocity, name changes and late renewals
 - Department of Health
 - Centers for Medicare and Medicaid Services (CMS)
- Nurse Aides were generally not tracked
 - Only 1 state tracked Nurse Aides on their registry (North Dakota)
 - The 8 other states did not track Nurse Aides
- Unique cases
 - North Dakota does track their nurse aides and funds their registry with fees that they charge Nurse Aides (\$25)
 - Utah’s registry is managed by a separate entity, UNAR that is run by Davis Technical College on a contract with the Department of Health.

Comments & Questions:

1. Washington does track registered NARS or NACS (certified). NARs aren't on the formal Nurse Aide Registry in WA. They track them, but they're not on the federally required nurse aide registry.
2. In Idaho do we track NAs? No. Only CNAs.

Idaho's NA/CNA Future State Descriptions and Governance: Discuss and Work Toward Consensus

Wendi began by sharing a draft of the current state of nursing assistants in Idaho (Table 1). She reminded the committee that they are going to avoid listing out a specific list of skills because that list may change over time, and they don't want to be behind the curve. At the last meeting they had also agreed that NA curriculum should be approved by CTE / IDHW / BON. There had been discussion that the registry needs to cover all CNAs and NAs so they can be subject to discipline. The question is, how do we pay for that? As presented in the other states' research, North Dakota does keep track of NAs on the registry. Wendi then went over the possible future state (Table 2). Nurse Aides would get trained and placed on a fee-based registry with renewal every 2 years. Then they will have a designator if they pass the tests (no cost). She then went over the draft definitions of "caregiver," "nurse aide / assistant," and "certified nurse aide / assistant" (Table 3). She reminded everyone that these were drafts designed to open discussion.

Table 1. Draft Current State

Nurse Aide / Assistant	Certified Nurse Aide / Assistant
<ul style="list-style-type: none"> • No formal training • No oversight • No mechanism to investigate/discipline complaints of abuse, neglect, or fraud 	<ul style="list-style-type: none"> • Formal training (NATCEP approved). Passed written and clinical skills test. • Placed on state Nurse Aide Registry. Renew every 2 years. • CNAs working at Skilled Nursing Facilities subject to investigation / discipline.

Table 2. Draft / Possible Future State (based on July Committee Meeting)

Caregiver	Nurse Aide / Assistant	Certified Nurse Aide / Assistant
<ul style="list-style-type: none"> • No formal training • No oversight • No mechanism to investigate/discipline complaints of abuse, neglect, or fraud 	<ul style="list-style-type: none"> • Formal training (NATCEP approved) • Placed on fee-based state Nurse Aide Registry. Renew every 2 years. • Subject to investigation / discipline 	<ul style="list-style-type: none"> • Passed written and clinical skills test • Designator on Nurse Aide Registry (no cost). • May be subject to additional rules when working in Skilled Nursing Facility

Table 3. Draft Definitions

Term	Definition
Caregiver	An individual hired to provide care for a care recipient. Caregivers provide medical or non-medical care in the home or a facility. Caregivers generally have no formal training.
Nurse Aide / Assistant	A health-care worker trained to assist nurses in providing basic patient care and services up to the level of their education, training and experience.
Certified Nurse Aide / Assistant	A Nurse Aide/ Assistant who has passed a NATCEP approved written and clinical skills test.

Assumptions:

1. Idaho Health & Welfare keeps or delegates State Survey Agency role.
2. State Survey Agency has funding (from fees?) to approve training, certify training facilities, administer testing, maintain registry, and investigate complaints.
3. Employers choose which category they wish to hire from (i.e., other than SNFs, they are not required to hire from the registry, but the registry allows them to place emphasis on training through their hiring decisions).
4. Employers agree to report complaints for anyone on registry.

Definition Discussion:

- For the caregiver definition: "medical or non-medical care" may need more definition so as not to be opened up too far. The term "medical" makes you think of a provider. Maybe use "clinical / non-clinical" instead.
- Do you mean (for NA) "No Regulatory Oversight?" In most cases there is clinical oversight as outlined in the delegation model.
- Nurse Aide or Nurse Assistant term is well known throughout USA. There may be concerns about changing the definition. Could we call them "uncertified" or "non-certified assistants" to avoid confusion?
- With the caregiver definition the term should be "aide" perhaps? They meet a criterion even though not NATCEP trained. We want more to get certified.
- Take "nurse" out of the definition i.e., Non-certified Aide/Assistant
- If they are trained in NATCEP, why not just get certified? Maybe say non-certified is trained in something other than a NATCEP approved program (i.e., facility training).

CNA Designation Discussion:

- Are we thinking of going any further with CNA designations? CNA 1, 2, etc.? This would set it up so that we could go farther. Add more categories (like Medication Aide)

- Should we just stick to CNAs not NAs because it complicates things? This is the CNA Advisory Committee, not NA committee. NAs are very complicated and cover lots of employee types. Every setting would have to be licensed; how do you enforce? We have enough lift to get something done to get the registry to apply in hospitals. It may be way too much to bring in caregivers.
- Our Charter is to “Create a CNA Advisory Committee, co-chaired by Idaho Health & Welfare (IDHW) and Idaho Career Technical Education, to recommend a statutory framework for the governance of nursing assistants in Idaho.” So, CNAs are in the title of the committee, but the charter mentions nursing assistants.
- Table 2 shows the progression of an individual. People do opt out of taking the exam.
- Many assisted living facilities do prefer CNAs but are not required to hire them.
- If hired by a hospital, they don’t have to take the test if they never plan on working in assisted living. We want to track individuals who are not certified but are working in hospitals. They need to be held accountable for bad behaviors; this is why we are doing this.
- We need to remember that the training program for CNA’s is very few hours. Would like to put the emphasis on educating more CNAs and putting them on a pathway for more advanced training.
- We want to expand training options because we have constraints in the pipeline. We need to acknowledge the training done by employers.
- It would be great to see CNA and Advanced CNA levels. It would be nice to have specialized tracks for the Advanced designation. For example: Mental Health Certification, Restorative Assistant Certification, Patient Care Technician Certification and/or Mentor Specialist. Think about holding some space for that next level. It would help with recruitment, retention and wages and give them incentive to move forward.

CNA Registry Discussion:

- Would it be inappropriate for us to establish that both a NA/CNA is required to be registered to be eligible for employment in the state of Idaho? I fear that bad actors may just choose not to be registered.
- We want to be able to regulate CNAs whether they are working in a SNF or not.
- Employers outside of SNF could choose the level they hire, but I do want some type of registry for Nursing Assistants who are uncertified to protect employers and patients against those who might have misappropriations against them.
- As a state agency for CMS, Health & Welfare can contract out the daily operations of the registry, but they must maintain accountability for overall operation. Health & Welfare is the only one that can place a negative finding on the registry. Prometric manages Idaho’s registry. If we wanted a NA registry, we would have to distinguish that in the contract with Prometric and see if it’s feasible. Right now, a person gets on the registry by passing the exam. How do we do this with NAs? Prometric is paid through the testing fees, this is how we don’t pay as a state for the registry.
- Many facilities do their own training. If a facility is doing the training, the expectation would be that they are listed on the registry. Health & Welfare doesn’t have the staff to certify facilities. Maybe have a system where a facility, college, or private training institution all have the approval to do so.

- What happens if they move to another facility? Will they need to get trained again?
- Nursing homes can hire someone and train to be a nurse aide. Within 4 months they need to get certified (take NATCEP exam). Cannot stay on as a nurse aide forever. For SNF, regulations are very specific
- If we only focus on getting ALL certified nurse aides (not just those at SNFs) on the registry and being subject to discipline, how would we fund that? We cannot place a fee on the registry.
- In the legislature, would it be funded through the general fund for Health and Welfare? This one improvement will be a heavy lift politically.
- Some states impose fees for NAs to pay for the additional registry costs. Or application fees.
- If a nurse aide were to mistreat a child patient in a hospital, I believe they would be eligible to be placed on the child protection registry and excluded from future employment, even if they were not registered. Having an analogous system for paid caregivers of vulnerable adults would deal with the nurse aide/caregiver/aide problem without dealing with the nurse aide registry. You don't necessarily need people to be registered with the state to be held accountable for how you treat children. Defining a NA may be unnecessary if it was taken care of in a different way. There's a way to report abuse of children but not adults.
- Do we say to be hired as an NA or CNA in Idaho you have to be registered? A nurse can only be employed in Idaho if registered. People can be repeat offenders. An employer needs to be able to check their background. From a clinical standpoint it would be a great service to screen them through a registry.
- We need something low barrier if we move in that direction because the pipeline is so squeezed. They already have to do criminal background checks to help vet employees. How easy would the process be? Would they just fill out an application and they are on the registry? Or would there be more vetting? Higher barrier if so. One more hoop with such a crisis of even getting applicants. Let's make this as easy a process as possible.
- Could 'registration' happen as part of the criminal background check if done by a licensed healthcare facility? So as soon as they get the criminal background check it triggers putting them onto the registry? If a background check is done through a hospital, then the state keeps a list of people who have had background checks in particular environments. No additional paperwork. Would this mean bringing in a different agency? Who processes the background check? Every licensed facility has to use FBI background checks, but this only catches felonies. Misappropriation and verbal abuse wouldn't be caught.
- If they are on the registry, then an employer could go look on the registry and could add complaints? There needs to be some way to report complaints. Could any person hiring could see any counts against them? But there would still have to be oversight over the registry.
- There are laws about who can disclose information given in a criminal background check. Cannot post publicly.
- We want to be able to track any reportable behavior, not necessarily a crime. Someone would be on registry if interested but then changed their mind? Not feasible.
- To fund the registry, what about having the fees for the registry be part of the background check? Or make it like a job board where it is free to "post," but employers have to pay a small fee to verify that the license is valid. When you get certified then you would go onto

- the board like on Linked In. Your profile is free but if someone wants to look at it, they have to pay for it. There are so many people on that registry it could be a small fee.
- Are caregivers in Idaho required to do a background check? Employers who are licensed by H&W must hire people with background checks. Employers not licensed do not. A family friend or babysitter who abuses someone will never be caught on a background check.
 - If you receive Medicare funding, do you have to do a CBC (criminal background check)? Medicaid requires it even from non-licensed agencies as part of the employer agreement with Medicaid. If it's being privately paid to provide in home care (non-medical) there is no background check and not regulated.

Summary of Discussion:

Changes to Definitions:

- Change "medical" to clinical
- "Non-certified Aide" instead of "Nurse Aide"
- Specify non-certified aide trained in a "non-NATCEP certified training")
- Specify they are providing "delegated" basic patient care

Other options

- Figure out a way to fund the CNA registry so that all individuals on it are subject to investigation and more facilities can be certified to train
 - Require application fee for CNAs?
- Move "discipline" part outside of the registry similar to child protection registry – make one for adults?
 - Use the criminal background check process as a way to facilitate the placement on the "adult protection registry."
- Require all employers in licensed and certified facilities to hire from the registry?

Stakeholder Communication and Input Plan: Discuss Talking Points and Confirm First Stakeholders for Outreach

Wendi Secrist / All

Wendi went over the draft talking points. She kept them high level since they are still drafting ideas. Wendi encourages members to use these talking points. They will send out to all education providers first.

Talking Points:

- The Legislature approved the creation of a CNA Advisory Committee to "evaluate the certification pipeline for Certified Nursing Assistants and provide a report to the Joint Finance-Appropriations Committee. The report shall include at a minimum: recommendations to provide an effective regulatory process such that a pipeline of CNAs is developed in alignment with the needs of employers; recommendations to provide readily

accessible education for the profession statewide; and recommendations as to how a uniform disciplinary process could be implemented for reports of abuse and neglect.”

- The motivation to create the committee came from a Background Review of Idaho’s Governance of Nursing Assistants prepared by the Idaho Office of Performance Evaluations. The report can be found here: - <https://wdc.idaho.gov/cna-advisory-committee/>
- A committee of subject matter experts was appointed by the Chair of the Workforce Development Council. List of committee members here: <https://wdc.idaho.gov/cna-advisory-committee/>
- The committee had an introductory call in June and met in July to start their work. Meetings are open to the public and scheduled monthly through December 2022. The agenda and meeting materials are posted on <https://townhall.idaho.gov>

Questions & Comments:

1. *Should the criminal history unit be informed?* Let’s do some research with them. If there were a way to publish the results of the CBC so other providers can check them what would that have to look like? Is this even the right agency? Health & Welfare reports adverse findings to them. They are in the process of implementing a new software. Laura will talk to them about this.
2. *Could we work with the BON to see if we could implement their process in a similar way? How is wrongdoing shared at BON?* This is driven by the APA (Administrative Procedures Act) because a license is a property right. For the CNA registry, there is no board that this discipline goes before. One option is to move to BON. They are not asking for that. It takes a lot to replicate the BON because there is no disciplinary panel like BON has for nurse. Nicki Chopski could provide brief overview of how BON operates at the next meeting.
3. Would we need a different board, or could we add this to IBON and pay for the registry and oversight through the fees we discussed?
4. Health & Welfare does have a committee for cases brought to us for CNAs in nursing homes.
5. SNFs already have a solid registry program. Why not just mirror their program? Leave SNF as is and have a separate registry for the others.

Wrap Up

Monica Revoczi & Wendi Secrist

Monica summarized what was covered in the meeting today. They learned more about how other states manage and fund their CNA registries. There was a productive discussion about NA and CNA designations and the appropriate terminology to use when discussing them. This is a complicated issue to work through.

Next steps and action items:

1. Committee members will brainstorm funding options before the next meeting. Think of ideas that would not dissuade individuals from entering the profession.
2. Nicki Chopski will provide brief overview of how BON’s disciplinary panel for nurses works at the next meeting.

3. Laura will contact the criminal history unit to discuss using the criminal background check process to facilitate the placement on an “adult protection registry.”
4. Robert, Shawnie, Reuben, Jeff Greene, Jeff Pittard, Zendi and Leslie will have a short discussion with Wendi prior to the next meeting to discuss the option to have all employers in licensed and certified facilities hire from the registry.

Next Meeting: Tuesday September 27th, 2022, 10:00am – 11:30am MDT

Affirm Scope of Practice and Governance Recommendations

Review Committee Action Plan

Closing remarks and adjourn:

Wendi thanked everyone for their time and said that she will send out an email with next steps laid out.

Meeting adjourned: 11:38 am