Idaho CNA Advisory Committee
MEETING MINUTES
Tuesday, October 25, 2022
8:30 a.m. – 3:30 p.m. MDT
Location: Len B. Jordan Building
650 W. State St. Boise ID 83702
Clearwaters Conference Room

Meeting Attendees:

Name	Title	Organization
Dave Lent	Senator	Idaho Senate
Elizabeth Rosenberger	Scribe	Interaction International, Inc.
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
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 Vande Merwe	Executive Director	Idaho Health Care Association
Ryan Langrill	Principal Evaluator	Idaho Office of Performance Evaluations
Shawnie Leigh	Human Resources Director	IHA
Wendi Secrist	Executive Director	Idaho Workforce Development Council
Zendi Meharry	Skilled Nursing Facility Representative	Cascadia Health Care

Meeting Commenced: 8:30 am

Action Items:
Robert Vande Merwe moved to accept the minutes from the September 27th, 2022, meeting of the CNA Advisory Committee. Second by Jeff Pittard.
Outcome: The minutes from the September 27th, 2022, meeting were unanimously approved.

Welcome

Wendi Secrist, Idaho Workforce Development Council

Wendi welcomed everyone to the meeting and thanked everyone for coming. She spoke about how the work they complete today will lay the foundation for reaching out to stakeholders for feedback.

Meeting Overview

Monica Revoczi welcomed everyone to the meeting. She went over the agenda topics for the meeting which will include follow-up discussion about the registry with Laura, reviewing the draft language of the CNA governance and registry document, and discussion about how to expand the training pipeline. They will also revisit the talking points and discuss any other stakeholders to prioritize for outreach. Wendi thanked Ryan, Nicki, and Laura for their additional help since the last meeting on drafting the framework language. Monica then shared the Principles of Engagement for the meeting.

Registry Considerations: Share Follow Up Information and Discuss Resulting Conclusions

Laura Thompson, IDHW

Laura went over the follow-up questions that the Committee had generated for her at the previous meeting.

1. ***Is the long-term care (LTC) supervisor on the CNA Abuse Committee required to be a registered nurse?***
   One of the supervisors for the LTC team is an RN and the other is a Qualified Intellectual Disabilities Professional (QIDP). There are also social workers on the Committee. The teams didn't really merge, it's just the one supervisor who is a QIDP supervises the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) as well as co-supervising the LTC team. There is not a requirement for an RN (but it is beneficial) in our procedure, which was approved by CMS.

2. ***Does DHW use the "Just Culture" model like BON?***
   We do not follow specific guidelines, such as Just Culture for our process. We make determinations based on federal regulations and definitions. LTC facilities are required to report *abuse, neglect, or misappropriation* under federal regulation. After a report, DHW performs an investigation, notifies the individual about the investigation, and asks for a statement. If there is a valid finding, the individual has a right to an appeal. Then a determination is made. They are not looking to the CNAs to report to us but rather the facilities. They also consult with the DHW attorney frequently.

3. ***Regarding CNA training, what is the rate of students going through training but then not taking the exam?***
   NATCEP gives these data to Laura. Dotty also mentioned being able to pull those numbers from her data. Laura is waiting for the reports for this year, they should be sent by October 31st.

   Discussion
   - Mountain View Hospital met with some high schools and learned that in their programs, it is more common for students to go through a training program and not take the test. They still complete the program because if they back out of the program, they don't get credit.

- ISU tries to get people to take the test, it's part of their fees for the class already. They do track them by name. If students fail the test, very few take it again. Some change their minds during the class and just don't test at all.
- This is happening all over the country in other medical professions too. Nursing or pharmacy students just don't take the test. Or they get poor results if they delay testing.
- Dotty Heberer has retired from the Committee but emailed Monica to let her know that 87.5% of the students at North Idaho College attempt to take the test.

4. ***Regarding CNA renewal, is the proof of 8 hours of work a federal requirement?***
This is a federal requirement by regulation and cannot be waived by states. They require 8 hours worked in the past 24 consecutive months.

Discussion:

    - Does Idaho have a time limit since taking a class that they can re-test? If the CNA is still on registry, DHW will allow them to test. They are not ever removed from the registry but instead marked as active / inactive. They do encourage them to take a refresher course because things have changed.
    - ISU gives students free resources (videos) and schedules one on one time with an instructor for a small fee to get refreshed.
    - Instructors have reported that CNAs who have been inactive for a long time don't usually pass the first time if they don't prepare.
    - To clarify, it is 24 consecutive months since the last day worked. If they still want to work, DHW will grant them approval to test. It could be home health, private care service, doesn't have to be in a facility.
    - Proving 8 hours worked for those in nonclinical roles can be challenging. But it shows that they are keeping up on their skills. They just need to show patient care at a bedside.
    - If they are working full time as a CNA, do they still have to renew? If expired in 2017 but have been working continuously since then and they can prove they've been working, they can bring them up to date. Most employers will want to see a renewal every 2 years.
    - There is currently only one person managing the registry. Employers should tell their CNAs not to wait until the end of the month that it's due to renew.
    - Prometric sends out a reminder to notify expiration date

5. ***Do you have data on the actual incidence of complaints (aggregate level data) against CNAs?***
We do not collect this data. Facilities are required to report so DHW doesn't track the numbers. They are more concerned with individuals or facilities that are repeat offenders.

Insights from the Committee:

- Regarding "Just Culture", how do we view someone who has had a situation reported? In Just Culture you would have responses from coaching all the way to discipline. We need the reporting component but also need to deal with the individual.
- DHW must be careful because they have federal regulations that are very clear. They do not tolerate any type of abuse, neglect, or misappropriation. That's why they have the due process. They talk to the individual and facility with guidance and definitions from CMS.

They don't have the option to say someone needs to be retrained. That is up to the facility. CNA can come to DHW in 1 year to ask to get a negative finding removed.

- What about something minor like stealing a sock? DHW will not investigate something minor. They use a reasonable person concept. Facilities are good about listening to staff and residents. An incident must be reported but they don't have to investigate every report. If a complaint is sent in, they must take it at face value until investigated.

CNA Governance and Registry Recommendations: Review and Discuss Draft Language

Wendi shared the Certified Nurse Aide / Assistant Policy Framework Draft document with the Committee. It will serve as the foundation for writing the statutory language. It supplies the framework for what Legislative Services and Senator Lent would need to craft a statute. One of the challenges is that Idaho has no statute around CNAs. By default, Laura's bureau oversees CNAs that work at SNFs. These federal regulations are being used by proxy for setting training standards for CNAs in Idaho.

Based on discussions from the previous meetings, there are three main goals of the Committee.

1. All CNAs should be on the registry (not a bifurcated system).
2. All CNAs should be subject to investigation. Abuse, neglect, and misappropriation are the current criteria for reporting and investigation.
3. A training pipeline that meets the needs of Idaho employers.

Whichever entity oversees CNAs needs to be resourced appropriately. That is where the renewal fees would help. There would be no initial fee to become a CNA but instead a renewal fee after 2 years. CNAs working at SNFs would be exempt from the renewal fee. The next step after this is to pencil out what it would cost to determine whether renewal fee enough or a general fund request needed. The Committee needs to define what they want in statute before doing a cost analysis. This is intended to be a draft to inform legislation. Committee members were to read other state's statutes to assist with language as the Committee reads through this draft today. Keep in mind that this is just a first attempt to get the discussion started.

<u>Policy Framework Draft Edits and Discussion:</u>

PURPOSE

<u>Edits:</u>

- Replace "*Idaho Department of Health and Welfare*" with "*State Survey Agency*" throughout entire document
- Who are we safeguarding? People receiving care. Add the word "*Idahoans.*"
- Take out "*dishonest persons*" and define "*unqualified*" instead
- Keep purpose section short and clear, first sentence only.
- Add in a section titled "*REGULATORY PROCESS*" and have subsection (1) and (2) follow it.
- Added a subsection (3) titled *"Removal from the registry: Persons may not be removed from the registry. The registry shall designate w whether a CNA is active, inactive and/or has adverse findings of abuse* (OBRA and Social Security Act reference)."

<u>Discussion:</u>

- The purpose statement is important because it will be the first thing read and demonstrates the need.

- Maybe this part should have 3 sections: Purpose, Maintenance, Removal.
- Nurse aides don't maintain contact with registry. Quite a few are disengaged. Some think they should have to retake the test if they have not been active in a while.
- Anyone who needs care is vulnerable. We must look after their safety. Balance between safety and pipeline.
- Do we want a background check requirement? Anyone working with vulnerable people needs a background check. To be placed on the registry you must be fingerprinted, which costs $42 and can take 2 weeks to process by ISP. Individuals will never get checked again after being placed on registry unless the employer chooses to do it. With the expense at time of application this could create a bigger barrier to the pipeline. They should just have to show proof of NATCEP training / testing to be put on registry.
- There is a list of disqualifying offenses for CNA training. If someone has a criminal history, the school will tell them to go look at the disqualifying offenses list. See IDAPA: 16.05.06.
- Include renewal
- St. Luke's requires students to have a background check.
- There may be a Bill (Bill 247/248?) that is applicable to Title 54 that requires the agency to let an individual know if they have something in their background that disqualifies them from a profession.
- Rule references the statute. Statute doesn't reference Rule. The Rule can change.
- Regulation is already happening. By putting it in statute and rule, it goes through the public notice and comment process. There is a transparent process for regulatory decisions.
- Does standardization increase utilization? If yes, does it increase pipeline by increasing the ability for people to be trained?
- DHW only has the funding to monitor CNAs at SNFs.
- Are we expecting a lot more people to be on the registry? There are not enough people. Most places use certified nursing assistants. But there are a lot that use NAs, not CNAs.

DEFINITIONS

- Caregiver: A caregiver is not providing care under the supervision of a licensed nurse. Change wording to "*non-clinical*."
- Unlicensed Assistive Personnel (UAP): this was taken from BON definition. Different from caregivers because they may "*perform nursing care services under the direction and supervision of licensed nurses.*"
- Non-certified / uncertified Aide/Assistant: "trained" means informal training, on the job, etc. Not NATCEP trained or could be NATCEP trained but never tested.
- Certified Nurse Aide / Assistant definition changed to include nursing students that have completed a nursing fundamentals course.

SCOPE (name was changed to "***AUTHORITY***")

- Change name to AUTHORITY because scope has other meaning
- Change "*Facilities (providers)*" to "*Facilities and/or providers*"

FUNDING

The expectation is that IDHW will use their existing CMS funding plus renewal fees to execute their responsibilities under this section of statute. If the Committee determines that will not be enough, then they will need to add language about a general fund appropriation to this section.

Discussion:

- Pending cost analysis:
  - Staffing structure / capacity
  - Volume of services
  - The consensus is that fee would be in the range of $25
  - Financial analysis will determine whether this will be sufficient
- Currently funding for the registry is coming from Medicare. No increase in funding since 2015 even though there is more work. There is one FTE managing the registry, they may need to hire more staff.
- BON gave up managing the registry because it is an unfunded mandate. They were paying for the management from nurse fees. At the time it took 3 FTEs to manage the registry.
- In Utah they have a full-time RN and two FTEs that manage registry. Tests are given through community colleges and testing centers.
- Two options for managing the registry: state survey agency or delegate
- Is there a better way to refer to OBRA '87 without being so specific that Idaho law would have to be updated if federal law were updated? OBRA'87 points to the CFR. Think about CMS.
- Employers will likely be willing to pay the renewal fee to keep their employees.
- Prometric sends out the renewal notice. They could change the wording to include the $25 renewal fee.
  - Could automate the payment process and only accept credit cards to avoid having to deal with checks
  - Need to require people to update their email / addresses. Currently on applications they must put a mailing address, they could add a requirement for an email address.
- How many active vs. banned CNAs? There are not very many CNAs that have adverse findings. There are quite a few that are active but not working in the state. Registry gets a lot of reciprocity requests.
- A data matching project with IDOL could match everyone on the registry to wage records to see who is actively working.
- Our next step is to estimate the budget. See if federal funding and renewal fees are enough. If not, then a general fund request may be required. Or an appropriation to get through the first couple of years while fees trickle in.
- We may need a transition period. This could end up taking a year or more.

DISCIPLINARY ACTION

The language in this section was taken from BON. It will needed to be edited to align with federal regulations under CMS regarding abuse, neglect, and misappropriation.

Edits:

(1) Grounds for discipline

- (Keep this paragraph) but change language to "*May place adverse findings on the registry upon determination"*
- Keep first paragraph. Get rid of (a) through (l). Replace with CMS requirements
- Add the wording "*Anyone employing a certified nurse aide/assistant is required to report."*

(2) Separate offense *(this section deleted)*

(3) Proceedings: This would be in the statute or rule. “How” the disciplinary action is taken.

- Laura to check any CMS specific requirements applicable here
- Change wording that CNA “*may accept the voluntary placement of an adverse finding on the registry*”
- All proceedings hereunder shall be in accordance with Chapter 52, title, 67, Idaho Code. Laura will check with DAG.
- Hearings: change to appointed by “*state survey agency*” not “*director*”
- change wording: *failure to appear, adverse finding automatically put on registry*
- Attorney’s fees: assessment and costs of attorney’s fees, Idaho Code 12-117(5). Laura will ask DAG.

(4) Petition for Review

- Change to “*for neglect or misappropriation*” adverse findings may be removed after one year. “*as determined by the Committee*”. Adverse findings of abuse are permanent.
- Up to them to reach out (up to a year) to petition and have finding removed

(5) Reporting investigative information

- “*Nothing in section 74-106(8) and (9), Idaho Code, shall be construed as limiting the authority of the Committee to report current significant investigative information to the coordinated registry information system for access to states that are parties to any multistate agreements or compacts regarding nurse aide/assistant registries*.”

<u>Discussion:</u>

- Is the drafted language from BON more intensive than currently for SNFs? It is more stringent. We will change it to match the existing CMS requirements for SNFs.
- We don’t want to add anymore rules to SNFs as it could hurt the pipeline.
- We cannot go from no regulation to high regulation. Some of these details could be covered under the employer code of conduct manual. There are reasons why you could be fired, but not banned.
- Is there anything we want to add that doesn’t fall under abuse, neglect, and misappropriation?
  - We should keep (a). False, fraudulent, or forged statements.
- Regarding public records, does Idaho code 74-106(8) and (9) prohibit reporting to Prometric? Laura will check but she knows that Prometric does not transmit records to other states.
- If an NA (from a SNF, but before they are certified) has a substantiated complaint, do they get entered on the registry to ensure that the “sanction” is documented? No
  - SNFs have a certain period (120 days) before CNAs have to be tested and put on the registry. This is federal regulation.
- Who must report abuse? Anyone who hires a CNA. “*Anyone employing a certified nurse aide/assistant is required to report.”*
- Are you mandated to report? Assisted living facilities will have to differentiate between NAs and CNAs for reporting. If they report everyone, then the state agencies can differentiate for them and tell them if they need to report elsewhere.
- Could the state have one reporting structure for both CNAs and NAs?
  - Employers report to Laura. Laura would refer over to Bureau.

    - Residential Assisted Living Facilities (RALF) Report goes into Facility Licensing and Regulatory Enforcement System (FLARES).
    - As long as RALFs send their reports to Laura, it will get reported to the right agency.
    - Could we merge the two? (SNFs and RALFs)? Include reports made to Adult Protective Services (APS) or ombudsman?
    - DHW could expand their portal to create one place.
- Certain people are mandatory reporters. They must report to the Commission on Aging. If this happened go to FLARES or APS there are systems in place to triage.
- RALFs will be concerned about what is looked at, how they are managed. From DHW's perspective, if it doesn't involve the Survey agency, they are not looking into it. They are really focused on CNAs. If it is a family member it goes back to APS.
- The Committee should create a FAQ document. How will this affect all the different employers? Don't want to worry them.

TRAINING
To be discussed as the next agenda item after the break.

Pros and Cons from a Stakeholder Perspective

PROS	CONS
Allows employers to decide to use the registry or not. It's an option, not a mandate.	Adding regulation cuts down on supply. Reduces number of people willing to deal with regulatory burden.
Focus is on safety	How much is this going to cost?
Codifies what we already have informally	Will it reduce pipeline?
Transparent process for those who choose to employ CNAs. Might encourage more use of CNAs	Some CNAs may only work at SNFs to avoid the renewal fee.
Opens up their options for employment	
There is value in being consistent	
NATCEP training is a good minimum requirement. ADLs (activities of daily living) teach someone how to care for someone	
Safe and predictable pathway may contribute to more people using this route	
SNFs could benefit if more people want to work for them and avoid the renewal fee	

Training Considerations: Discuss How to Expand Training Pipeline
Wendi went over the three main points in the training paragraph:

1. Providers are approved by the State Survey Agency subject to rules of OBRA'87
2. Facilities may provide training if they meet the minimum criteria
3. The State Survey Agency is given the ability to promulgate rules.

Feedback for Administrative Rules:

1. Goal - Need to open opportunities for training more CNAs
2. Define the credentials of teaching faculty/clinical instructors, min requirements for the curriculum (includes reference to Idaho Curriculum Standards) and facilities, and how testing will be done.
3. Include approval process. Define whether there can be statewide approved online curriculum that can be used by any provider.
4. Set out expectations for approving curriculum developed by providers.
5. How conflict of interest would be addressed between the teaching faculty/instructor in that role vs. their nursing duties. Ensure integrity of the training.
6. How will community colleges address conflict of interest with respect to testing (rater should not discriminate whether they are testing a CC student or facility trained student).
7. Minimum criteria for raters. Should raters be an independent pool of consultants?
8. How is testing handled- psychometric soundness, widget testing (passing rate), authorized testing center requirements, reasonable accommodations (written/oral).

Discussion**:**

- Facilities have always been able to train students, but it has been difficult to get approved.
  - Laura must go review the site for equipment and appropriate space required for the number of students.
  - Very slow process because there are only 2 people that can approve.
  - Looking to open training locations based on need (rural areas, low number students)
  - There is a resource issue. They don't have the resources to go out and give oversight of those programs.
  - There is an ID number for each school to put into Prometric. They need to clarify ID numbers by school / location. Want good data.
  - IDHW must approve facilities and oversight. They could delegate to the CTE.
- If a facility receives a harm citation during survey, they are disqualified from having a NATCEP training program, unless given a waiver.
  - 2-year ban
  - They can request a waiver to allow them to host clinicals, but they still can't train students
- Hospitals are in favor of extending training program locations because there is a shortage of CNAs in Idaho. Hospitals would not compete with our academic partners. It comes down to credentials of instructors and having a teaching space.
- How do hospital programs accommodate nursing home clinicals to meet NATCEP standards? Regulations are NATCEP. It is up to the hospitals to figure out how to meet the requirement (16 hours of clinical need to be in a nursing home).
- Would employers teach to the certification?
  - Anyone can run a nursing program. With NATCEP, very specific components to meet approval
  - Can you allow a hospital to adapt the curriculum? Acute care has different information to learn. ADLs are ADLs no matter the setting. Acute care instruction would be over and above.
  - Who has the authority to approve a training program? DHW approves the program (NATCEP). The issue is, if a facility wants to use their own curriculum it must meet certain criteria. That curriculum must be checked by someone, and DHW doesn't have the capacity to approve them all.

- Why not use the state curriculum? Need to clarify terms. CTE has provided state standards. Standards are used to develop curriculum/turn it into a teaching program.
  - There is an online curriculum being used that's already been vetted.
  - Idaho Curriculum Guide is helpful to DHW approver.
- Do you want to specify in statute who approves (State Survey / designee / CTE)? Leave it open ended.
- How would a small facility being able to designate the required time to train?
  - In larger facilities you can train 10 CNAs at a time with dedicated staff.
  - How do they manage smaller ones with just a few CNAs at a time?
  - We are putting it in the hands of the employers how they want to approach training if they meet the criteria.
  - Some facilities designate the people leading the training with a vest or smock, so they don't get pulled into other tasks.
  - In other states the training component is written into the responsibilities of a certain person. While training they are not on call and not covering any other duties during class time.
- If people stop using the community colleges, there will not be programs anymore. They already have empty classes. Facilities can partner with colleges. It would be nice to see how the students are testing that get trained at facilities and to get evaluations from the students.
- We need to have a roadmap for providers about what they need to get approved for training. What is the program approval process for: A. high schools B. community colleges C. individual facilities.
  - Suggestion: Once a facility develops a program and applies for approval from DHW, DHW designates a community college to go out and approve. The contractor would have to get paid enough to make it worth driving to remote areas.
  - We can't assume every facility will find such good partnership with a community college.
  - St. Luke's has increased their work with CWI, CSI. Their preference is not to run their own program. The goal is to recruit great grads, not replace community colleges.
  - Is there a pathway for public institutions to make their curriculum available? They generally don't want to share their curriculums. If they do, it's for a high cost.
  - Let's continue to have a Committee of people that can review a curriculum. State curriculum / teaching curriculum. There's nothing written that says state curriculum should be followed.
- We are getting hung up on terminology. Idaho standards have been defined. Standards vs. teaching curriculum. Educators have agreed to the standards.
  - "Idaho CNA Standards"
  - Idaho Nursing Assistant Curriculum Guide (they need to change title to include "Guide").
- Set up statute to lead to a rule making process. Initial guidance of the rule making process.
  - What is the right process?
  - "Or designee" leaves an opportunity for CTE to evaluate curriculum instead. Is there follow-up with programs that get approved? Yes, there is follow-up. They also look to see how many students are passing vs. failing the test.

- Does the rater know which training program the students are coming from? The rater typically doesn't know anything about the student. They don't even know if it is their first or third attempt. Maybe we should have CCs rate facility students and facilities rate CC students?
- Could we use other companies to test? Yes. The rules need to have expectations for testing but can leave it open to which vendor to use.
- For a testing agency we need to know what the psychometric quality and widget testing is.
- Everyone has the option to have the test read to them at all colleges (federal regulation)
- Additional training options are non-negotiable factor. We need to find a path forward to have more training locations. What should those requirements be? How should it be funded? How do we move forward?

<u>How Does This Compare to Other States?</u>

- Nevada uses the Board of Nursing to manage the registry
- Nevada can use LPN for instructor (this is not federal rule). DON (Director of Nursing) oversees program and then you can use RN. DON must have oversight. They can teach the skills.

<u>Stakeholder Viewpoints to Consider:</u>

- Committee needs to provide a good FAQ document
- This could be opening the floodgates to let facilities to provide training
- Schools may feel like they are being replaced
- The reporting process is a lot to take on for providers that are not used to doing it. Streamlining the reporting process will be helpful.
- Fee will be a concern to some
- Is there a penalty for not reporting? No there is not. SNFs get in trouble if they do not report (existing regulation).
- Why do it if there's no teeth? No penalty. This is providing a path forward. Will take time. Maybe employers won't report at first. But will come around hopefully as they hire from the registry. Reporting could be mandated down the road. Hope the registry can be expanded to NAs in the future.
- Adding regulation is a burden and barrier. It affects access and supply. The pipeline is restricted but also bolstered.
- Colleges will offer the best training at the best cost to make facilities not want to create their own programs
- A benefit is the ability for employers to address their issue in their own hands
- It is good to have the clarity that training in facilities is allowed and that there will be funding to support making it happen because that's been the barrier in the past.
- The more programs you have hopefully increase volume of CNAs
- Why focus on CNAs? We also need LPNs and RNs. We need to train CNAs to find future RNs.
- Need to increase pay for CNAs. It is one of the hardest jobs. CNAs are now being paid better but still can't find anyone.

Stakeholder Input and Communication Plan: Add to Talking Points, Discuss Input and Outreach Strategies

Monica shared the list of stakeholders and current list of talking points. She discussed how sharing these talking points with stakeholders will help pave the way for a smoother legislative session.

List of Stakeholders and Prioritization: *

- Tech schools / colleges
- Governor's office
- State Board of Education
- Government agencies: IDHW, DOPL, CMS, Medicaid
- CNAs
- *Employers*
- legislature
- *Facilities*
- *Owners / management*
- Family members / loved ones
- *Patients*
- HR departments
- Nurses
- *Advocacy groups (patient rights, patient care)*
- *Associations- Idaho council on Aging, IHCA*
- Tribes

*Underlined stakeholders would benefit most from receiving talking points first.
**Italicized* stakeholders could help legislation be successful.

Current 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

New Talking Points:

- We will be sharing the draft document and FAQs in the future
- Emphasize consensus on Committee.
    - Include list of Committee members and who they represent. User groups are represented. Tends to make legislation much easier.
    - This will still face challenges. Identified pros and cons.
    - Each member represents a stakeholder group
    - Send out to stakeholders and get feedback
- At the November meeting members will share with the Committee how draft framework was received

Discussion:

- Can we get stakeholder feedback in time for the January legislative session, or do we need to have a longer process of getting feedback? It depends on how quickly we can get feedback from stakeholders.
- Wendi will send the revised Policy Framework Draft to Committee by Monday.
- FAQs can be brainstormed today
- Laura will put together a budget analysis. We also need to pull how many CNAs are on the registry (roughly 10,000 is the estimate) and which ones are exempt from the fee (they estimate that half work at SNFs), and active vs. inactive (Wendi may be able to support calculations using employment data).
- Are we expecting more people on the registry and more reporting with the changes? How much will the workload increase? Training programs will increase numbers.
- The cost of oversight cannot be emphasized enough. There is a reason training programs moved to community colleges. The programs were not being run as they should have so training suffered. Need adequate oversight.
- Our job is to disseminate this information to stakeholders. How do we divide that up? The Committee will divide up stakeholders by email.

Draft of FAQs to be Shared with Stakeholders:

1. **Why are we doing this now? What's the public benefit?**
   Refer to the 24-hour review done by Ryan. No state statute, federal law mandates a registry. No formal rule.
2. **Why are SNFs treated differently?**
   Federal requirement. It makes sense to establish consistency across all entity types.
3. **What is changing about the process of establishing and maintaining status on the registry?**
   Application with an attestation, requirements for reporting and a renewal fee. Broadening the training pathways. Increase access to training. Increasing DHW authority beyond SNFs.
4. **Does this make getting certified more difficult?**
   No. Same process as before. Growing opportunities for training and only charging a fee for renewal after 2 years. No extra barrier to entry.
5. **Is reporting this a requirement?**
   Yes, for anyone employing a CNA with a substantiated allegation and/or reasonable cause to believe of abuse, neglect, or misappropriation.

6. **Is there a penalty for not reporting?**
   Not at this time. SNFs have an existing penalty
7. **What is the benefit to CNAs and employers?**
   Explain how the CNA registry works. Ability to note reports of adverse findings of abuse. This could increase the pipeline of qualified CNAs. This will increase employers' and public's confidence in hiring CNAs with no adverse findings. The registry will become a tool for all employers of CNAs, not just SNFs.
8. **How do I report?**
   You would report cases of abuse, neglect, or misappropriation the same as you have been reporting. There is "no wrong door." Reports can be made to the Commission on Aging, Ombudsman, or the DHW Portal.
9. **How will this impact CNAs?**
   There is a $25 renewal fee for CNA every 2 years (not employed by SNFs). Employers can pay the fee. Any adverse findings of abuse will stay on registry permanently. Adverse findings of neglect or misappropriation will have the potential to be removed after 1 year. The registry will become a tool for all employers of CNAs, not just SNFs.
10. **Why is fee for renewal only?**
    The fee is for renewals only to prevent creating barriers to entering the profession. Many test takers will be high school students, we don't want to penalize them.
11. **Why are uncertified NAs not included?**
    Nurse Aides / Assistants are not subject to requirements under federal law. At this time only CNAs are placed on the registry. Practice parameters for NAs are already identified by the BON. The delegation model already provides guidance for technical tasks that they can perform. The Committee also does not want to place an undue barrier to employment.
12. **How will this increase access to training?**
    This will increase opportunities for statewide access to training programs, especially in rural areas. It provides a clear path for facilities and private institutions to provide training to CNAs.

<u>Communication and Input plan:</u>
Wendi will finalize the revisions to the Policy Framework Draft and share with the Committee by Monday, October 31st. The Talking Points, revised Policy Framework Draft, and FAQs document will be shared with stakeholders by the Committee members (they will decide who sends to who by email). A feedback survey will be created by Wendi and Paige to also be included in the outreach emails.

Materials For Stakeholder Outreach:

- Talking Points
- Certified Nurse Aide / Assistant Policy Framework Draft
- FAQs sheet
- SurveyMonkey link for feedback

Wrap Up

Monica summarized what was covered in the meeting today: follow-up discussion with Laura, edited the Policy Framework draft language, discussed expanding training options, and went over stakeholder outreach.

Wendi shared that the next two meetings will be remote. The next meeting is November 29th, 2022. The December meeting is scheduled for December 27th, 2022, but they would like to push it into early January. Between November and December, they hope to have enough feedback from stakeholders to know what they will need to report to JFAC.

Next steps:

1. Laura will follow up on the following items:
    a. Laura to check any CMS specific requirements applicable in the Proceedings section of the policy framework draft.
    b. Laura will ask DAG about notes made in the Disciplinary Action section of the Policy Framework Draft:
        i. Attorney's fees, Idaho Code 12-117(5).
        ii. All proceedings hereunder shall be in accordance with Chapter 52, title, 67, Idaho Code.
    c. Verify Idaho code 74-106(8) and (9) don't prohibit reporting to Prometric
2. Laura will put together a budget estimate for registry management.
    a. How many CNAs are on the registry?
    b. Number of CNAs that are "active" vs. "inactive" (Wendi may be able to help calculate that number using employment data).
    c. How many CNAs will be exempt from the renewal fee (those working at SNFs)?
3. Wendi will investigate a data matching project with DOL. Match everyone on the registry matched to wage records to see who is actively working.
4. Nicki will investigate the bill (Bill 247/248?) that may be applicable. If you pay a fee, they tell you if what's in your background disqualifies you from going to school to be a CNA.
5. Ryan will share Nevada's language about the State Survey promulgating rules with Wendi (for the Training section in the Policy Framework draft).
6. Wendi will incorporate the changes made to the Policy Framework draft today and share with the Committee by Monday, October 31st.
7. Wendi will finalize the Talking Points and FAQs document for sharing with stakeholders.
8. Wendi's group will create a survey monkey for feedback on the Policy Framework and FAQs

Next Meeting: **Tuesday November 29th, 2022, 10:00am – 11:30am MST**

Closing remarks and adjourn:

Wendi thanked everyone for their time. She appreciates everyone's contribution to the Committee. This has been challenging work, but they have made a lot of progress.

Meeting adjourned: 3:35pm