

**Idaho CNA Advisory Committee  
MEETING MINUTES**

Tuesday, November 29, 2022

10:00 a.m. – 11:30 a.m. MST

Location: Online (Zoom)

**Meeting Attendees:**

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Elizabeth Rosenberger	Scribe	Interaction International, Inc.
Jeff Greene	Employer of CNAs	Trinity Health
Karen Leach	Registered Nurse	Idaho Hospital Association
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 Vander Merwe	Executive Director	Idaho Health Care Association
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: 10:03 am**

**Action Items:**

Leslie Wilson moved to accept the minutes from the October 25th, 2022, meeting of the CNA Advisory Committee. Second by RaeLyn Price.

Outcome: The minutes from the October 25th, 2022, meeting were unanimously approved.

***Welcome***

Wendi Secrist, Idaho Workforce Development Council

Wendi welcomed everyone to the meeting. She asked for any comments on the meeting minutes from the October 25, 2022, meeting. Wendi made the requested edits on screen for the Committee, the minutes were then passed unanimously.

## **Meeting Overview**

Monica welcomed everyone to the meeting. Most of today's time will be spent reviewing the draft documents that were shared prior to the meeting. She went over the agenda topics for the meeting, which will include review and discussion of the initial stakeholder feedback on the policy framework, review of the draft report to JFAC, and identifying additional efforts for stakeholder engagement. Monica then shared the ground rules of the meeting.

## **CNA Policy Framework: Review & Discuss Initial Stakeholder Feedback**

Wendi Secrist / All

Since the last meeting, Committee members have shared the draft legislative framework and FAQs with various stakeholders. A survey was sent along with the documents asking for feedback on each section of the policy framework. This survey will be open until December 16<sup>th</sup>. Wendi shared that they had received eight responses so far, which were emailed to the Committee as the meeting began. She suggested that they go through the survey results section by section and make live edits to the document as needed.

### Survey Questions, Feedback, and Discussion:

#### **1. Is the Purpose Statement clear?**

- All 8 respondents said yes
- No additional feedback

#### **2. After reading the Regulatory Process section, do you understand what aspects of CNA would be covered in statute?**

- 7 respondents said yes
- Additional Feedback
  - *I do but had to read/reread it to ensure I understood what was being said.*

#### **3. Are the Definitions clear?**

- 6 respondents said yes
- Additional Feedback
  - *Idaho state survey agency was never defined.*
  - *Supervision is stated clearly for a Caregiver and UAP. For the "Non-certified/Uncertified Aide/ Assistant" it does not state who would be supervising these individuals. Is it a licensed nurse or other healthcare professional? it would be helpful to specify that in the definition.*
- Discussion
  - Under the definition for a UAP, a UAP would be an uncertified NA or a CNA. They should specify that UAPs include non-certified nurse aids and certified nurse aides. A caregiver could be a UAP too. Someone assisting meds in group home is a UAP. A lot of hospitals call their CNAs UAPS
    - Why not use the definition in statute? This is the definition in statute.

- This is setting the stage that it's not a license. These are categories of UAPs. Bullet in the subcategories to make it clearer.
- Under UAP they need to clarify that a caregiver is not required to be under direct supervision. Don't include caregiver as a subcategory under UAPs.
- Change the caregiver definition to align the language. Keep it above UAP, so it stands alone.
- Other Discussion:
  - Wendi will define the Idaho State Survey Agency and its role in the Policy Framework.
  - The Committee hasn't discussed whether foreign trained healthcare professionals could be included in any of these definitions. Is it too late to consider adding language around this? i.e., a Medical Doctor from Uruguay could potentially be allowed to test out to be a CNA.
    - DHW does have a process for foreign trained people. They must submit an application and provide transcripts to get referred for testing.
  - There needs to be consistency of terminology regarding "direct supervision" vs. "direction and supervision." Direct supervision doesn't mean "line of sight" supervision.
  - Licensed nurses vs. licensed registered nurses? Let's keep it licensed nurses to match BON.

**4. Do you understand who is given authority of oversight of CNAs in Idaho?**

- 7 respondents said yes
- Additional Feedback
  - *The "Agency" is ambiguous as there is no definition of who this is. How will this agency determine who will actually be providing the quality control of training and how will this be tracked? Before any changes are made in training, this agency must be transparent in exactly how they propose to maintain quality of training of the CNA in Idaho. As a Registered Nurse for 60 years, and with a broad experience in all areas of nursing and nursing education, and as a CNA instructor and Rater for the past 30 years, it is concerning to see what is proposed for CNA training.*
- Discussion
  - They will clarify in the FAQs that the training will be defined in rule.

**5. After reading the FUNDING section of the Policy Framework, is it clear who fees may apply to?**

- All 8 respondents said yes
- No additional feedback

**6. Do you understand what a CNA could be disciplined for, and what process would be used to determine a course of action?**

- 7 respondents said yes

- Additional Feedback
  - *The State Survey Agency may, in the administration of this chapter, share information and otherwise cooperate with government regulatory and law enforcement agencies -- would this cover Adult protective Services? We are not a regulatory agency.*
- Discussion
  - Wendi will add commas between “government, regulatory, and law”.

## 7. Is it clear who would be able to provide the training?

- All 8 respondents said yes
- No additional feedback

## 8. Purpose Section

- Feedback
  - *The purpose statement fails to mention the intention of this agency to restructure the education and certification process of the Certified Nurse Aide in Idaho. The plan and implementation of the intended process needs to be transparent along with the associated costs and benefits and also negatives of restructuring.*
- Discussion
  - The Committee does not feel that they are restructuring the process. Instead, they are codifying what is in place and making the process more transparent.
  - Is there a training piece in the purpose that should be addressed?
    - The training section is explaining how NAs are certified or not, they can’t be placed on the registry without the training.
    - Perhaps add language in the FAQs about training and increasing the pipeline?
    - The State is still okay with non-certified NAs. This policy group isn’t necessarily increasing the pipeline but is not hindering it.
  - The Committee’s task was twofold: 1. Put all CNAs on the registry 2. Grow the pipeline of CNAs in the workforce. The Committee needs to think about this as we go through the document. The purpose statement in the statute will be very brief but topics can be expanded upon in the FAQs.

## 9. Regulatory Process

- Feedback
  - *The nurse assistant presenting in the State of Idaho for employment should pass a skills test to assure this person has been trained in safe, basic nursing skills according to the standard the State of Idaho has designated historically. Doing less than this will be a detriment to the care our citizens deserve and expect. Of course safety is the ultimate necessity in the care of our patients. I am not aware of reciprocity for the CNA coming from another state or country for employment in Idaho. A background check is necessary for employment and so should be done before the person is added to the CNA Registry. UAP and Non-*

*certified/Uncertified Aide/Assistant should also have a background check to work with or around patients. A similar registry for that group of workers needs to be created and maintained. It would be to the best interest of patients, employers and workers themselves to be directed to the certified nurse aide training to be completed within a few weeks of their employment. The basic nursing skills taught to a CNA brings a standard to the care we expect all patients to have in the State of Idaho. Before OBRA standards of training and patient care were established in 1987, the nurses aide was in situations that caused harm to patients and often to themselves, not knowing the basic skills needed for caring for patients. We cannot risk going back to using untrained and unregulated personnel to care for our populations in the State of Idaho. Diluting training, backing away from regulating who provides care for our people in Idaho will be catastrophic.*

- Discussion
  - There are two options for background checks:
    - A background check should be required to be placed on the registry.
    - The background check is employer dependent. The Committee left it in the hands of the employer. This also helps reduce the financial burden on CNAs.
  - The respondent is asking for a separate registry for NAs. Eventually this would be the right thing to do but the Committee is not asking for that right now.
  - Make sure to clarify that they are raising the standard by putting CNAs not working in nursing homes on the registry. This could be addressed in the FAQs.
  - Does the Committee need to address the responsibility of the CNA to maintain current information on the registry? There is not currently a requirement for CNAs to notify the registry when their information has changed. It depends on the employer hiring CNAs that have renewed. A CNA must provide a current address for renewal.
  - Will CNAs be required to renew? If they don't renew, are they removed from the registry? CNAs become inactive if they fail to renew. They are still considered certified but must be active without adverse findings to work at a nursing home.
  - There are currently 3 categories for a CNA: active, inactive, under discipline. What about other cases like if they move out of state or retire? CNAs are kept on the registry forever. If a CNA is on the registry and in good standing, even in 20 years they could get approval to test.

## **10. Definitions Section**

- Feedback
  - *A caregiver is anyone who gives care. The statement as it written is not factual. Also, the certification for the CNA is not a license.*
  - *You may want to include medical assistant, so people know who provides their oversight, and where to report.*
- Discussion

- Wendi added “roles” as a header in the definitions section to clarify the definition of caregiver.
- The Committee feels that the document addresses that certification is not a license.
- The Committee does not want to expand to MAs.

## **11. Authority Section**

- Feedback
  - *You have explained what The State Survey Agency will do but not who this is. Who will be running this agency and how will this Agency interact with those facilities who now train and test the CNA? Will this agency accept programs desiring to train and test the CNA with minimal hours of education, while diluting the quality of care in the process? Will the standard of care diminish as many institutions join training the CNA without Registered Nurses who are educated and experienced in training the CNA? Who will assure that training programs in Idaho are legitimate? Just a note of caution about education and training and the authority necessary to accomplish the task of training our Idaho CNA force: the cost of pain and suffering to the patient, and to their loved ones, the cost of litigation for everyone involved, the cost to the CNA of not being able to work because of an error in practice, is not worth an experiment in diluting education and training.*
- Discussion
  - Additional rules will be promulgated
  - The training requirements will not be changed. Federal requirement is 75 hours, but Idaho requires 120 hours.
  - Educators are concerned about the quality of training decreasing.

### Suggested Changes to the FAQs

1. Clarify that training will be defined in rule and that the training requirements will not change.
2. Explain how this work is expanding the CNA pipeline.
3. Clarify that the framework is raising the standard for CNAs by requiring all CNAs to be on the registry (in response to concern that these changes will dilute or weaken training).
4. Leslie Wilson suggested highlighting her hospital as an example of how a partnership with a community college can increase the number of CNAs entering the workforce.

## **Review Draft Report to JFAC**

Wendi Secrist / All

Wendi drafted a report to the Joint Finance-Appropriations Committee (JFAC) that gives an overview of the work that the Idaho CNA Advisory Committee has done since June 2022. She plans to attach the following documents to the report: 1. Draft of Regulatory Framework, 2. Draft of FAQs, 3. CNA Research Report, and 4. Stakeholder List and Talking Points. She asked for feedback from the Committee on the draft report.

## Discussion

- Does the Committee agree with attaching all the documents to the report or should they wait?
  - Drawbacks:
    - Documents may change.
    - Risk of distortion
  - Benefits:
    - Shows them the quality of work that has gone into this
    - Supports transparency.
    - Allows those who want to get more information to do so
- Is there a funding request in this report? It's important to mention that this will cost some money.
  - With this framework, is the Committee ready for Laura to put together an estimate of the budget? Yes. They need to know if they will need additional funds or can run on renewal fees. Funding estimate.
  - Wendi added the statement: "Fiscal impact statement is also under development based on this framework." to the JFAC report.

## ***Stakeholder Engagement: Identify Additional Efforts Needed***

Monica shared a table with the list of stakeholders and corresponding committee lead. Committee members gave updates on their outreach efforts.

Stakeholders	Committee Lead
College & High School Training Providers	Stephanie Mai
State Board of Education	Wendi Secrist
Government agencies: IDHW, DOPL, CMS, Medicaid	Laura Thompson & Nicki Chopski
CNAs	<i>Discuss at November 29 meeting</i>
Legislature	Senator Lent (at appropriate time)
Governor's office	Wendi Secrist
Employers/Associations: <ul style="list-style-type: none"><li>• Owners &amp; Management</li><li>• Facilities</li><li>• HR departments</li></ul>	All – within your individual network
Nurses	Randy Hudspeth, Nicki Chopski
Tribes	Wendi Secrist
Advocacy groups (patient rights, patient care)	<i>Discuss at November 29 meeting</i>
Family members / loved ones	<i>Discuss at November 29 meeting</i>
Patients	<i>Discuss at November 29 meeting</i>

## Stakeholder Outreach Updates

- Colleges & High School Training Providers
  - Stephanie has sent it out to education
  - There is concern that training quality will be reduced
- State Board of Education: Wendi will connect with Matt Freeman this Thursday during another meeting.
- Government agencies

- Nicki has shared generally with DOPL
- Nicki just missed being able to present this at the BON meeting
  - She will get individual feedback from board members.
  - BON is relieved that CNA registry is not coming back to them
- Laura shared that the new division administrator has reviewed the information
- Laura hasn't heard back from Medicaid or CMS and doesn't expect to hear anything
- CNAs
  - Potentially contact CNAs through employers
  - Could the Committee send out an email to active members on the registry?
    - The registry does not have email addresses, only physical addresses but the information could be shared on the registry website.
  - The BON website has a link about CNAs. They could add this info there as well.
- Legislature: Information will be shared at the appropriate time
- Governor's office: Wendi has shared the Committee's progress
- Employers
  - Robert is reaching out to SNFs, Assisted Living, Home Health, and Hospice
  - Karen Leach (IHA) has reached out to hospital HR departments
  - Reuben has met with leaders but needs a linked version to share.
- Nurses
  - Randy shared that nurse leaders in Idaho have been very interested in this work.
  - Their main question is how will this process improve the ability to have more programs and greater output?
  - In hospitals across the state there are 250-500 CNA positions open in hospitals. They are bringing in nurses to make up for the lack of CNAs.
  - Leslie Wilson her hospital is partnering with a community college to get more CNAs. Could they highlight that model in FAQs?
- Tribes: not contacted yet
- Advocacy Groups
  - Ryan was not able to attend the meeting today, so Wendi shared that he was planning on sharing with the following advocacy groups:
    - Idaho Commission on Aging, including Adult Protection and the Ombudsman for the Elderly
    - Idaho Council on Developmental Disabilities
    - Idaho Caregiver Alliance
    - Division of Veteran Services
    - Disability Rights of Idaho group was suggested by Laura – is this also on Ryan's list to connect with? Wendi will ask him.

## ***Wrap Up***

Monica Revoczi & Wendi Secrist

Monica summarized what was covered in the meeting today. Wendi asked the Committee how they would like to proceed with the feedback that they will be receiving from stakeholders. The Committee agreed that they would like to address each comment as a group as they did today and requested that they receive the survey feedback in advance of the next meeting.

### Next steps and action items:

1. Changes to the framework and FAQs in response to feedback
2. Continue to reach out to stakeholders
3. Go over stakeholder feedback before next meeting
4. Budget analysis for JFAC

Next Meeting: **Wednesday January 4th, 11:00 a.m. – 12:30 p.m. MST**

### Closing remarks and adjourn:

Wendi thanked everyone for their time today and remarked on how much progress they have made since June.

**Meeting adjourned: 11:30 a.m.**