

**GENERAL ASSEMBLY OF NORTH CAROLINA**

**Session 2017**

**Legislative Fiscal Note**

**BILL NUMBER:** House Bill 456 (First Edition)  
**SHORT TITLE:** Establish Mandatory Dementia Care Training.  
**SPONSOR(S):** Representative Torbett

<b>FISCAL IMPACT</b>					
(\$ in millions)					
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Estimate Available		
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
<b>State Impact</b>					
General Fund Revenues:					
General Fund Expenditures:	\$3.2	\$3.0	\$2.9	\$2.9	\$3.0
Special Fund Revenues:					
Special Fund Expenditures:					
State Positions:	30.0	30.0	30.0	27.0	27.0
<b>NET STATE IMPACT</b>	<b>(\$3.2)</b>	<b>(\$3.0)</b>	<b>(\$2.9)</b>	<b>(\$2.9)</b>	<b>(\$3.0)</b>
<b>Local Impact</b>					
Revenues:					
Expenditures:					
<b>NET LOCAL IMPACT</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>
<b>PRINCIPAL DEPARTMENT(S) &amp; PROGRAM(S) AFFECTED:</b> Department of Health and Human Services, Division of Health Service Regulation					
<b>EFFECTIVE DATE:</b> October 1, 2017					
<b>TECHNICAL CONSIDERATIONS:</b> Yes - See Technical Considerations Section					

**BILL SUMMARY:**

**H456. ESTABLISH MANDATORY DEMENTIA CARE TRAINING.** AN ACT REQUIRING ADULT CARE HOMES, NURSING HOMES, AND COMBINATION HOMES THAT PROVIDE SPECIAL CARE FOR PERSONS WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIAS TO PROVIDE DEMENTIA CARE TRAINING TO DIRECT CARE STAFF, ADMINISTRATIVE STAFF, AND NON-DIRECT CARE STAFF AND ESTABLISHING MINIMUM STANDARDS FOR SUCH TRAINING.

This bill enacts new G.S. 131D-4.5D (Adult care home staff; dementia care training requirements). The Division of Health Service Regulation (Division) is directed to identify and designate standardized training programs for initial dementia care that meet several requirements, including

instruction on the progression of dementia and how to address aspects of care and safety, and reflection of current standards and best practices in dementia treatment and care, and to establish a process to determine whether nonstandardized trainings meet the requirements of this statute.

The bill further requires adult care homes to provide, by December 1, 2017, and their staff to complete, initial dementia care training, within 60 days of their hire date, applicable to staff persons hired on or after October 1, 2017, and applicable to staff persons hired before October 1, 2017, who cannot demonstrate having completed, within the 24-month period preceding October 1, 2017, a training equivalent to that required in this act.

Adult care homes are required to provide continuing dementia care education to their staff, in compliance with rules adopted by the Department of Health and Human Services (Department) regarding frequency and content of continuing education. Adult care homes or training programs are required to issue certificates of completion, portable between settings, to staff who successfully complete training. Additionally, initial dementia care training does not need to be repeated so long as there is not a lapse in dementia-related direct care or administrative service or employment for 24 consecutive months or more.

In-person dementia care trainers are required to have at least two years of work experience related to dementia, or two years of work experience in health care, gerontology, or another related field, and to have completed training equivalent to those required in this statute and to have passed an evaluation that included a demonstration of skills and knowledge. Adult care homes must bear the entire cost of training required by this statute, and staff persons shall not bear any of the cost of this training, and shall receive normal compensation when attending these trainings. The bill provides that if other state or federal laws require more stringent training requirements, those laws apply.

Amends G.S. 131D-2.11(a) to direct the Division to include compliance with new G.S. 131D-4.5D in its inspection of adult care homes, in addition to the already required review of compliance with G.S. 131D-4.4A(b) and safe practices for injections and other procedures when bleeding typically occurs. These requirements are effective January 1, 2018 (was, July 1, 2012). The bill also enacts new G.S. 131E-114.5 (Dementia care training requirements) and provides the identical 6, Part 1 (Nursing Home Licensure Act) as new G.S. 131D-4.5D does to adult care homes. The bill amends G.S. 131E-105(a) to direct the Department to include compliance with G.S. 131E-114.5 as part of its inspections of nursing homes beginning January 1, 2018. Effective October 1, 2017.

#### **ASSUMPTIONS AND METHODOLOGY:**

There are 436 nursing homes and over 1,200 adult care homes in North Carolina who will be required to comply with the mandates of the bill.

The Division of Health Service Regulation (DHSR) has the primary responsibility for implementing the requirements of the bill. DHSR provided the following information regarding staff and resources needed to implement this bill.

Positions Needed to Meet HB 456:

1. Review of training programs – Five (5) Nurse Consultant – Advanced positions needed

DHSR will need five additional specialized staff who are subject matters experts in the area of Alzheimer's or dementia to approve dementia training. Providers, software companies, and other organizations may submit training curricula to DHSR to approve for use by providers. These positions will assure new information on best practices in the treatment and care of people with dementia is maintained. These Nurse Consultant – A positions would also facilitate rule development and rulemaking activities to comply with HB 456. DHSR estimates 3 of these positions would no longer be needed after 2 years, as it is estimated that after 2 years the number of training programs needing review is anticipated to drop significantly.

2. Administrative Support – Four (4) Processing Assistant IVs (PA IV) needed

DHSR will need four PA IVs to provide administrative support for staff responsible for review and approval of the dementia training programs and to assist survey staff assigned to dementia care compliance activities.

3. Contract with Vendor to Develop and Validate the Evaluation Tool

DHSR would have to contract with a vendor that specializes in standardized testing or development of tools for the development of a standardized evaluation tool to measure the proficiencies of direct care staff by direct observation and assessment. Development of an assessment tool requires a multi-step process that includes creation of the tool to meet state regulations and current practice standards; a review process by experts in the field for accuracy, quality and alignment to the standards; validation in the field and pilot testing to ensure the tool is valid and objective; and lastly, the administration of the tool. The vendor would also have to train DHSR staff on the use of the tool. Estimated contract cost is \$150,000; this is a one-time cost.

4. Survey Facilities for Compliance with H456 – total of 20 Nurse Consultant – Journey positions needed

DHSR estimates that a 20 additional survey staff, 8 in Nursing Home Licensing and Certification Section (NHLC) and 12 in the Adult Care Licensure Section (ACLS), will be needed to evaluate facilities' compliance with HB 456. It is estimated that on each survey it would take a minimum of three (3) hours to interview staff about the training program and review personnel records to determine training completed. It is estimated that the additional survey staff will be necessary to evaluate the proficiencies of direct care staff by direct observation and assessment during the remainder of each survey. If the facility was cited for non-compliance it would take approximately one (1) hour for the surveyor to write the citation and complete the necessary documentation.

The bill requires that DHSR verify that the dementia training is completed for staff who are not employees of the facility, such as contractors or consultants. DHSR is unable to estimate the time that would be needed for these staff that are not employees of a facility as the numbers vary from facility to facility. Therefore DHSR is unable to determine if there would be additional staff needed over the positions indicated above to ensure that staff who are not employees of the facility have received the proper training.

#### 5. Information Technology (IT) System Updates

DHSR would need to update its IT systems to handle the additional data and IT infrastructure requirements for this additional responsibility. Estimated cost is \$150,000; this is a one-time cost.

#### Additional Notes:

- This is a state mandated activity, therefore funding would be 100% state appropriation and no federal funding would be available for this activity.
- Given the increase in size of staff, DHSR may have to look for additional space to house new staff.

**SOURCES OF DATA:** Division of Health Service Regulation

#### **TECHNICAL CONSIDERATIONS:**

The Division of Health Service Regulation indicates that the timeframes included in the bill for implementation of the requirements of the bill will be extremely difficult to meet due to the following issues:

- DHSR is a regulatory agency that evaluates a facility's compliance with rules and statutes. The agency provides guidance on the interpretation of regulations. It does not currently provide consultation on best practices and current research related to the operations of facilities, including the care of individuals with Alzheimer's or other types of dementia.
- As noted above, DHSR would need additional staff resources and a contract with a vendor to implement HB 456. These resources would take months to recruit, hire and train staff. Since staff must be hired for the task of reviewing and approving dementia training, the agency would have great difficulty meeting the timelines currently in H456 to review training programs so providers could offer the training beginning in December 1, 2017, and for DHSR to train staff to begin evaluating facilities' compliance by January 1, 2018.
- The Bill requires DHSR to initiate rulemaking which takes 12-18 months to complete, and typically longer for a new program due to the development of rules and collaboration with stakeholders.

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**DATE:** June 2, 2017



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