

# Questions for Stakeholder Meeting re: CNA/HHA Training

## Certified Nurse Assistant Program California Code of Regulations, Title 22, Division 5, Chapter 2.5

### 1. Alzheimer's disease and related dementia

Recent legislation (SB 449, Statutes of 2017) requires instruction on the special needs and care of persons with Alzheimer's disease and related dementia. However, clinical training tasks related to the new legislation are not defined.

What clarifications would you like to see to ensure quality education and care of patients? For example:

- What clinical training tasks should be taught related to the needs and care of persons with Alzheimer's disease and related dementia?

### 2. Policies and procedures

Currently, a Nurse Assistant Training Program (NATP) must develop and implement policies and procedures to govern the administration of the program. Policies and procedures must include job descriptions of the program director and instructor(s), an organizational chart, lines of authority, schedules, method of monitoring instructors, student to instructor ratios, and more. Policies and procedures are not specified for orientation, continuing in-service, and continuing education programs.

What changes, if any, would you like to see to ensure well-managed training programs? For example:

- What should be added to policies and procedures for an NATP?
- What should be included in policies and procedures for an orientation program? A continuing in-service program? A continuing education program?

### 3. Lesson plans

Currently, an NATP application must contain a sample of 4 lesson plans. Each lesson plan must include a student performance standard, an outline of content with teaching technique, and evaluation method.

What changes, if any, would you like to see to ensure quality lesson plans? For example:

- What else should the lesson plan include?
- How many lesson plans should be included in the NATP application?
- Would you like to see examples of performance standards for use for your lesson plans?

#### **4. Instructor qualifications**

Currently, a director of staff development (DSD) or instructor who teaches in an NATP must either have (1) One year of experience as a licensed nurse providing direct patient care in a long term care facility and one year of experience planning, implementing, and evaluation education programs in nursing, or (2) Two years of experience as a licensed nurse, at least one year of which is in direct patient care in a nursing facility, and within six months of employment and prior to teaching, the DSD or instructor must obtain at least 24 hours of continuing education courses in planning, implementing, and evaluating educational programs in nursing.

What changes, if any, would you like to see to ensure a pool of quality DSDs or instructors who teach in an NATP? For example:

- Should the qualifications be changed? If so, what changes would you like to see?

#### **5. Instructor approval**

Currently, the Department must approve an instructor, and an NATP must notify the Department of a newly hired instructor within 30 days after hire.

What changes, if any, would you like to see to ensure program quality and continuity? For example:

- How far in advance should the Department approve an instructor?

#### **6. Training program renewal**

Currently, approved NATP, orientation, in-service, and continuing education programs must request Department approval of a program change when there is one. Additionally, NATPs and in-service programs must submit a renewal request every two years. Continuing education programs must be renewed, but regulations are silent as to the frequency, and orientation programs have no renewal requirement.

What changes, if any, would you like to see to ensure that programs continue to offer quality training beyond the initial approval? For example:

- How often should the Department renew approval of continuing education or orientation programs?
- Should the Department develop a shorter process for renewal (for example, less information to submit) than for initial approval?
- What should be included in a renewal application?

#### **7. Other**

Please provide any comments you have on any other parts of the CNA regulations.

**Qualifications for Home Health Aide Certification**  
**California Code of Regulations, Title 22, Division 5, Chapter 6, Article 5**

**1. Dual CNA/HHA certification**

Currently, a CNA may become a certified home health aide (HHA) by completing a 40-hour add-on program instead of the entire 120-hour HHA certification program. The 40-hour program includes training necessary for in-home care provided outside of the skilled nursing facility setting, and the 40-hour program must be conducted by a Department-approved provider. A model curriculum for the 40-hour program that includes content, minimum hours, lesson plans, and teaching methods is available from the Department.

What changes, if any, would you like to see so that CNAs and HHAs may obtain dual certifications? For example:

- What should the 40-hour add-on program include for content and minimum hours?
- Should there be an add-on program for a certified HHA to become a certified CNA? If yes, what should be the content and minimum hours?

**2. Renewal of dual CNA/HHA certificates**

Currently, CNAs must complete 48 hours of in-service/continuing education every two years, with at least 12 hours in each of the two years, and 24 of the 48 hours may be taken online. HHAs in federally certified home health agencies must complete 24 hours of in-service/continuing education every two years, with at least 12 hours during each 12-month period, and these hours may occur while an HHA furnishes care to a patient.

What changes, if any, would you like to see to ensure a quality pool of dually certified CNA/HHAs? For example:

- How many total hours of in-service/continuing education should a dually certified person be required to complete? How many of those hours should be for CNA topics and how many for HHA topics?
- Should a dually certified CNA/HHA be required to submit proof of in-service/continuing education to the Department?
- Should HHAs continue to receive in-service/continuing education training only in person and not online?

### **3. HHA competency evaluation vendor**

Currently, the HHA competency evaluation taken at the end of the basic training program is administered by the training program.

What changes, if any, would you like to see to ensure HHA students participating in different training programs are evaluated consistently? For example:

- Should a third party vendor (not the training program) administer the competency evaluation, similar to a CNA competency examination? Do you have ideas about how this might look?
- Should there be additional procedures if training programs continue to administer competency evaluations of their own students? If so, what procedures would you like to see?

### **4. Administrative procedures for HHA certification programs**

The Department is considering having administrative procedures for HHA training programs be similar to the administrative procedures for CNA training programs. What are your thoughts on this? For example:

- Should administrative procedures for HHA training programs be similar to those for CNA training programs?
- Do you have concerns? If so, what concerns do you have?

### **5. The 120-hour HHA certification program**

Currently, the basic training program for certification is a minimum of 120 hours, with particular topics grouped into an introduction (4 hours), medical and social needs of people being served (20 hours), personal care services (70 hours), cleaning and care tasks in the home (10 hours), and nutrition (16 hours). Minimum classroom and clinical experience hours for each topic within a category are not specified, however there is a minimum of at least 20 hours of clinical experience required.

What changes, if any, would you like to see to ensure quality HHA basic training programs? For example:

- What should the 120-hour program include for content and minimum hours?
- How should the minimum classroom hours be distributed among the categories?
- What should the minimum number of classroom hours be?
- How should the minimum clinical experience hours be distributed among the categories? Should the minimum clinical experience hours be increased?
- Should the topics be grouped differently?
- What clinical training tasks should be taught related to each classroom topic?

### **6. Other**

Please provide any comments you have on any other parts of the HHA regulations.