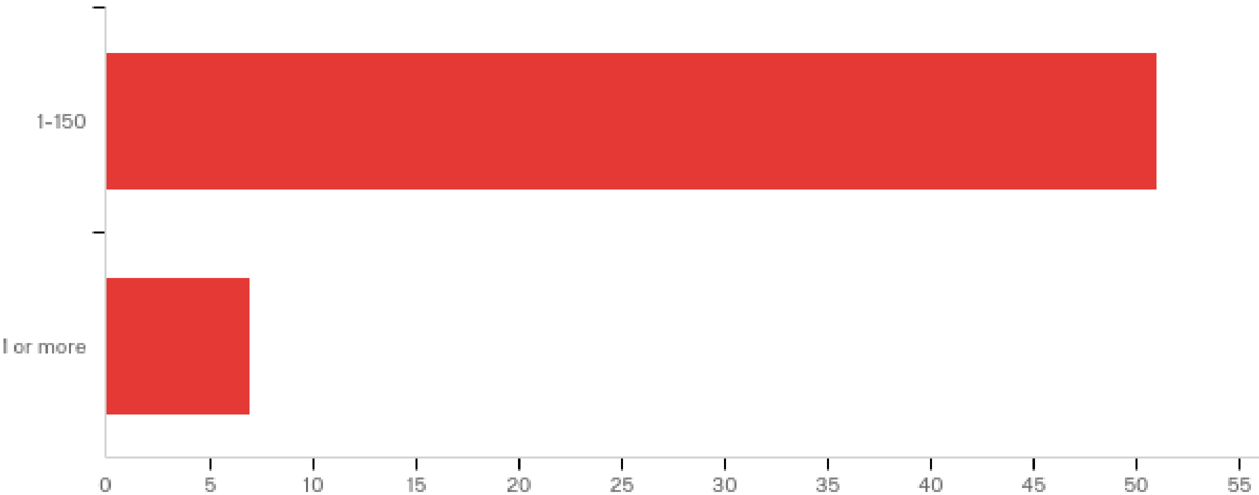
Cultural Competency Proposed Regulations

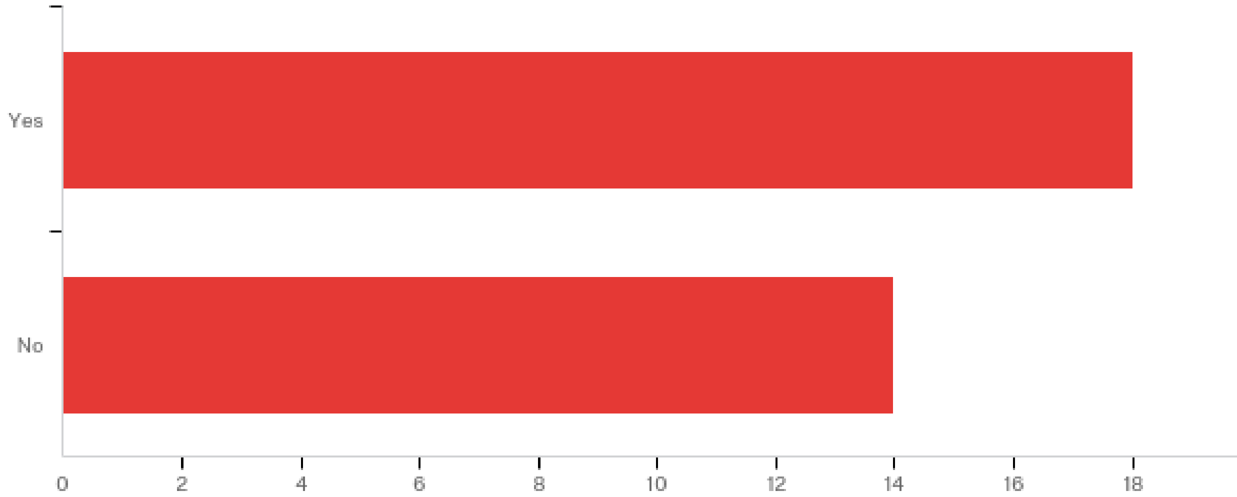
Small Business Impact Questionnaire Responses

Q4 - 1. How many employees are currently employed by your business?



#	Answer	%	Count
1	1-150	87.93%	51
2	151 or more	12.07%	7
	Total	100%	58

Q5 - 2. Will a specific regulation have an adverse economic effect upon your business?



#	Answer	%	Count
1	Yes	56.25%	18
2	No	43.75%	14
	Total	100%	32

Q6 - Please list each regulation and explain the impact.

Please list each regulation and explain the impact.
In reviewing "Proposed Changes to Nevada Administrative Code Chapter 449 - Anti-Discrimination and Cultural Competency in Health Facilities (SB 364 and SB 470)." I find that it has very little to do with cultural competency and absolutely nothing to do with anti-discrimination. The entire proposal is half-hearted and frankly offensive to anyone who is aligned with social justice. However, this is a small business impact questionnaire, so allow me to address both the shortcomings regarding true cultural competency as well as how it will affect my small business financially. Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses being aware of one's own world view, developing positive attitudes towards cultural differences, gaining knowledge of different cultural practices and world views. With this definition in mind, I am wondering how this regulation addresses cultural competence. In order to achieve a level of understanding of this, academics would submit that it would take years of study… but if we are going to have to create some sort of mass education, at the minimum we are talking months and many (80+) hours by competent trainers. The regulation fails to state how long this training needs to be. And frankly, any more than a 1-hour annual training would put an extreme strain on my small business. I am questioning the requirement of an Advisory council. The proposed regulation states almost nothing about the curriculum, the length of the training, yet it goes into detail into defining a volunteer advisory board, which no other required trainings ask for. Why is there not an Advisory council created for the required Elder abuse, Caregiver Training, Alzheimer's Training, etc? Because we do not have the resources for that. Yet, this topic– which cannot be trained in a 1-hour course to begin with – gets an Advisory Council with strict parameters? It is strange. Additionally, the bill does not mention an Advisory Board. The regulation states that as a licensee, I would have to collect certain data on my residents. So, gender is not enough. This regulation would require that I ask my elderly residents upon admission to describe their birth organs, their history of sex change operations, and current status? Isn't the whole point of social justice is to accept people for the identity they present? And if there is a medical reason for this, how is this relevant in a non-medical facility? I am at a loss or I need more education in this matter. I cannot imagine asking an elder about this. It must be really hard to understand and believe us, operators, when we say that hiring good caregivers is by far the greatest challenge we all face. The amount of turn-over, the lack of qualified candidates, the enormous barriers to hire – which includes all the trainings required, is not just a hardship on small businesses. It is a crisis. Our demographics is such that the elder population is large, while the population of younger workers is small – the math is simple. We don't have enough caregivers to meet the demand for assisted living/care of any type. So, having had the medication training been tightened up by secondary education and other requirements, for having to have more and more required trainings – is not feasible. However, in general, we should all be more culturally competent, yes. However, this requirement should not create another barrier to hire, or to retain staff. Additionally, it should not create another layer of bureaucracy, increased record keeping and documentation needs, instead, let us spend our time to provide quality care. If this requirement were, say, an online course – like ADSD's Elder Abuse Course – which is free, available 24/7… that would be the only thing that would make sense from a perspective of time and money it takes to manage our businesses.
Changes to computer tracking in order to become compliant with gender identity, expression and pronouns.
SB 364 and SB 470
These mis direct time that could benefit my staff and residents. These areas are already covered by federal and state and mandatory reporting laws. They are not needed. They would help an unlicensed, state certified, CBLA industry which lacks a licensed Beltca administrator and the same HCQC surveys etc as licensed care. if the HCQC inspections were the same, which I do not believe they are, then why have two different sets of regulations? Of course, there is no reasonable, transparent answer. Both are not needed and negatively impact many existing seniors, disabled, who will have needed resources misdirected to low productivity uses. We have many

overlapping existing ways to protect these rights and over enforcement with these negatively impacts the industry, seniors who live, in Licensed RFFG which are already among the most and best regulated in the nation. There is an area WHICH IS NOT LISTED that would benefit from more regulation. That is unlicensed, state certified, CBLA's. Both sb 364 and sb 470 raise questions about the worsening division of "licensed" non-medical care and non licensed, state certified CBLA which offers similar care but follows different far more lax regulations resulting in fraud, financial loss for tax payers, negative outcomes for residents and front page TV news. Adding unneeded regulations to the already far more regulated, monitored, supervised Licensed RFFG further worsens the in consistent standards of care that having a two overlapping system of care causes. Two systems licensed and state certified but unlicensed care allowing them to skirt the rules that protect those in licensed care setting. If these pass or are implemented in any way I request that we specifically say that these apply to licensed RFFG and do not apply to unlicensed, state certified, CBLA that do similar work to ensure consumers really understand a bigger question of the growing two very different standards of care. Specifically, the licensed home already have multiple levels of protective supervision with the hcqc and on site surveys, beltca licensed and monitored required administrator and for Memory care the only minimum staffing requirement in the state of 1/6. All of those have resident and staff rights already protected with cultural diversity rights and many methods for people to complain when or if they feel the rights are violated. Adding another required survey adds little practically but raises the costs to provide Nevada's best in the nation licensed RFFG care. More regulation might be helpful to the Unlicensed, state certified, CBLA system. Better yet, move to a one, fair, free market, consistent system of care and enforcement for largely similar care. While the intent is a valid one, to protect a single groups rights, it needs to consider the rights of all the existing seniors, disable, who will be harmed when resources are unnecessarily diverted to this. Do we ask a 90 year old about his past sexual designation? That is similar to the overreaching in the narcotics required screen where we have to ask a 90 yr old in very controlled setting about past use when they don't control their medications. While both are well intended we need to allow clinicians some le way to have a ethical and palatable way to protect everyone and allow individual choice and a fair ethical, social, expectation for care. Sec 21 of sb 364, pg 6/10 A facility shall report if an older person or vulnerable person has been abused… Is that new? Not only is it not new in licensed RFFG they have multiple licensed people including Beltca certified professional, HCQC, owners and more who are mandatory reporters. The staff already have to take added training. Because Unlicensed homes lack this protection one needs to wonder what is the focus of this legislation? The need seems to be toward the unlicensed, state certified, less monitored industry. No required beltca administrator etc. Sec 24 adopt transfer polices. We have those in spades. Clearly, they are less well developed, tested and known by ALL PROFESSIONALS in the new unlicensed, state certified, CBLA arena. ALAC and doctors in general have no idea of the compare and contrast in licensed and unlicensed CBLA care. I wonder why the licensed providers who already have all of this need more and the unlicensed, state certified providers are omitted.? More required training should not be legislated but added by each facility to target their facility and populations needs. If a complaint or proven issue arises the state, hcqc, beltca, or many levels of interm existing administration can deal with it. Forcing all to mis use resources is an in efficient, expensive, mis use of taxpayer funds. That is bad policy. Licensed RFFG in Nevada have a nation leading set of regulations currently and we do not these bills. Trying to define "cultural competence" is discriminatory in itself. Just like defining a family is discriminatory. While one group has rights all groups also have rights. The current federal, state and in our industry many licensed agency rules already cover this. For licensed RFFG we have a licensed beltca administrator, hcqc and a long history of fairness to fall back on. These type of regulations are more suited to the CURRENTLY UNLICENSED, STATE CERTIFIED, CBLA'S THAT ARE GROWING AT AN ALARMING RATE and remain relative unchecked compared to existing, proven safe, cost effective, Licensed RFFG. Pg 8/10 why omitt those? NAC 449.143 on… No facility may deny treatment to a prospective client on the grounds of race, color, age, disability or national origin. That is the federal law. It seems unneeded to stretch and force a super sexual orientation into such a broad area as senor care and non-medical community care when licensed care has many levels of protection and to complain to if one feels their rights are violated. These bills raise costs, negatively impact choice and rights of the existing residents, and provide little added benefit to the existing federal state and other diversity regulations that already exist. If there is a problem lets deal with it directly and not by-passing regulations that cost everyone, reduce a provider's ability to provide the services while not helping anyone beyond the already strict regulations that exist These bills divert need staff from hcqc away from broader and more functional uses of staff time. Already licensed homes, SNF's are not taking long term care patients more

regulations will worsen that. The staff drain from Licensed care to unlicensed care will be worsened with adding these added jobs for HCQC staff.

SB364 and SB470 proposed regulations: The State is already hard-pressed to keep up with the Advisory Councils as evidenced by their request to reduce meetings from quarterly to twice a year. Forming another Advisory Council is not a requirement of the Bills. As an Operator, I believe the procedures currently in place for Abuse, Neglect, and Exploitation could be used for the Cultural Competency Course, Compliance and Complaints. There are over 750 Residential Facilities for Groups and to have each submit applications/syllabus for course and have it approved before conducting would be a nightmare. Currently the State, national Learning Management Systems, and Trade Organizations do training without having to submit individual applications/syllabus. The Bureau Surveys for compliance on Annual and Complaint Investigation Surveys and even the posting/filing complaint with Ombudsman etc. could be replicated. Surveyors also look at paper/electronic record compliance.

SB364 New unfunded mandates: Application completion, Staff Training and record-keeping, Course Evaluation and record-keeping, Self-Reflection and record-keeping, development of policies and implementation, development/adaptation of electronic records to include pronoun and gender identity or expression; Please note the regulations far exceed the Bill as pertains to the specifics for historical gender information and grievance protocols currently not a part of Residential Facilities for Groups documentation and practice as nonmedical facilities.

“Anti-Discrimination/Cultural Competency Training Regulations” (based upon SB 364 and SB 470) The requirements for an experienced instructor is problematic as there are not enough. A train the trainer program is needed. As I read the proposed regulations, names of attendees are to be submitted - very burdensome. If a facility is choosing to use an approved course, why should they have to submit an application to use that course? With the training requirements, facilities need flexibility and as many options as possible without getting bogged down in such bureaucracy.

Regulations cost money for implementation and subsequent compliant verification.

if we ever had to pay a daily fine

Competencies on discrimination to have to enroll on classes, fees will be shouldered by the company to be compliant and affect us small business financially unless there is an online available competency class and post test that will provide certification if my field staff pass the test.

asdf

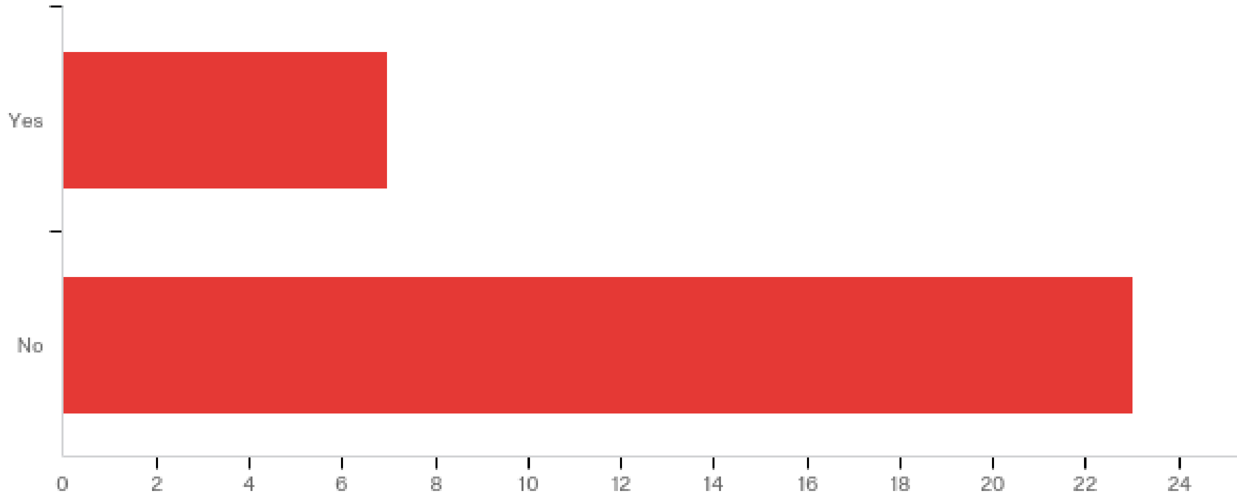
Additional training is very costly and only further impedes the ability to find good caregivers by adding another hurdle and cost to the hiring requirements. An anti-discrimination policy is already in place for the facility. Additional training is costly, redundant and unnecessary.

we have no issues with any discrimination. clients have frequently (dont want african american caregiver/ mexican, only white, no tatoes etc

SB 364 AB470 would add expense that for a small business will delay if not arrest the growth in our ability to provide for and expand the scope of our services. Further, while we are still investigating the ability of our electronic medical records software to document the required data elements. Lastly, there has been so much change particularly in the area of home health both in the recent past but due in the immediate future, that these small businesses may not survive.

Which regulation are your pertaining too?

Q7 - 3. Will the regulation(s) have any beneficial effect upon your business?

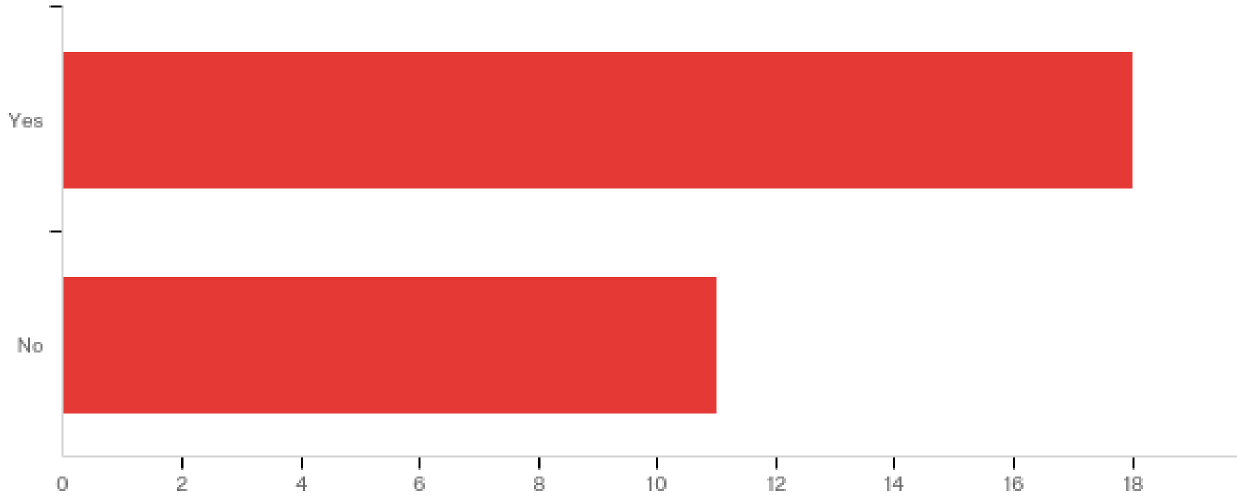


#	Answer	%	Count
1	Yes	23.33%	7
2	No	76.67%	23
	Total	100%	30

Q8 - Please explain.

Please explain.
These no benefit to Licensed homes. They do not significantly add protection to existing laws. They do continue to put undue, unnecessary, operating expense on the Licensed, non medical, providers when Unlicensed, state certified, CBLA cont to do similar work but operate with far fewer regulations, state and licensed monitoring.
We already do so much of this.
This is needed training. The regulation is excessively burdensome and prescriptive.
If there was a maybe that would be a more appropriate response. We already provide a large number of initial and ongoing training hours for our employees. Additional regulations can be helpful, but often the balance of required hours that continue to be tacked on to existing training is not considered.
Locks and fire extinguisher
Home health staff and field staff will be considerate to all different cultures we take care at home.
My facility already has an anti-discrimination policy. Additional training regulations are costly, redundant and don't offer any benefit.
dont see any difference except for which we need to have another yearly training for the sake of having a requirement in the file
We already record the data elements that are pertinent to the provision of medical care, and it is the requirement that is our issue. Also, most patients will refuse to answer these questions, particularly when they are told the questions are mandated by the government. In the past most elements related to sexual diseases and orientations are segregated in the electronic record such these elements are only viewable by medical personnel who have a medical reason for knowing this information.
We have an extremely diverse workforce in our city. It is important for team building and better caregiving to teach this information to the employees

Q9 - 4. Do you anticipate any indirect adverse effects upon your business?

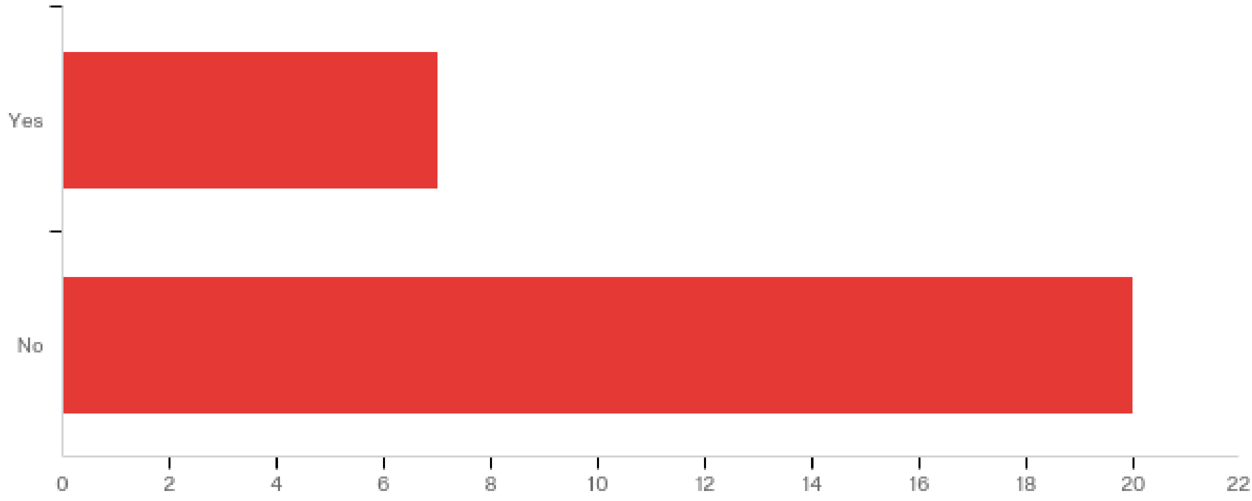


#	Answer	%	Count
1	Yes	62.07%	18
2	No	37.93%	11
	Total	100%	29

Q10 - Please explain.

Please explain.
Please see first answer.
The rights of other clients do not seem to be taken into consideration e.g. HIV status, possess a health risk to others who may become in contact with bodily fluids.
Increased reporting, overhead costs, etc. can cripple a small business. No added gain to this increased regulation versus cost overruns.
see previous responses.
Yes, once again time on the part of the provider and government will be spent on processes vs. resident care because of the poorly written regulations that are too specific when these bills could be rolled into already existing processes that would not take away from resident cares.
More time spent to meet paper compliance requirements taking time away from care requirements. Costs for system changes, documentation and classroom labor will be passed through to residents causing many to outlive resources faster or not be able to afford in the first place thereby creating greater demand on the Medicaid system.
Adding significant costs for training.
Extra hours, potentially more team members if hours and time requirements are excessive
Helps with resident
Financial burden and additional difficulty in finding qualified caregivers. The regulations are already too much for small businesses. You are going to force businesses to close and much needed services for the elderly will no longer be offered.
Depending upon how penalties are meted out, there could be licensing and accreditation impacts to our business. We certainly will see an increase in the cost of on-boarding a new employee, and potential delays in deploying new employees to provide care to patients.
I believe it is imperative that we teach sensitivity and information pertaining to working within a diverse workforce. This will foster teamwork and ultimately improve care for our residents.
Only the time needed to take the training.

Q11 - 5. Do you anticipate any indirect beneficial effects upon your business?



#	Answer	%	Count
1	Yes	25.93%	7
2	No	74.07%	20
	Total	100%	27

Q12 - Please explain.

Please explain.
No benefit.
Better trained team members with awareness of a variety of areas is always helpful. It comes down to time involvement and content/follow up required- and how that is balanced with other regulations and priorities
Helps my field staff how to handle different culture of patients.
While the team as now constructed is diverse, with the Administrator being a female with 35 years experience, the Medical Director being a minority physician with an equally long tenure in medicine, and myself the head of Operations are on the same page as far as treating all patients in need without consideration or discrimination against a patient for their race, gender, country of origin, age, or any other criterion. We simply see a patient in need and utilize our skills to heal their illness or injury. This may inform our decision-making in our recruiting process, however we do that anyway.
I think as humans within this world, it is important to offer education on how to live and enjoy peoples differences and various cultures and religions.