

Oklahoma State
Department of Health
Creating a State of Health

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Date: February 25, 2013
To: Hospice and Home Health Agencies
Long Term Care Service Providers
From: James W. Joslin, Chief
Health Resources Development Service
Re: **Status Update on Background Checks for Nurse Aides and House Bill 2582**
Oklahoma National Background Check Program

New barrier offenses for nurse aides and non-technical service workers are in effect as of November 1, 2012. See the CNA and NTSW bulletins addressing those items in the law. See also the revised Uniform Employment Application for Nurse Aide Staff (ODH Form 805) which was revised based on changes to the list of offenses that are barriers to employment. Pursuant to Title 63 O.S. Sections 1-1950.1(B) and 1-1950.8(A)(2), until such time as the fingerprinting requirements are implemented in rule, facilities remain authorized to obtain name based criminal history records as previously authorized. There is no current change in the process or fee for name based background checks.

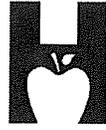
This is to provide an update on the Department's activities to implement of House Bill 2582 and the Oklahoma National Background Check Program. For the most current updates see the program website here: <http://onbc.health.ok.gov>.

OSDH partnered with provider groups in the long-term care (LTC) industry, the Oklahoma Department of Human Services (DHS), and the Oklahoma State Bureau of Investigation (OSBI) to review current laws and rules applicable to the background check process, industry practice, and finance models for funding a fingerprint based background check program. These efforts resulted in the introduction and passage of HB2582 with an effective date of November 1, 2012. The legislation creates statutory authority to implement a fingerprint based National Background Check for certain classes of LTC providers, Hospice and Home Health Agencies, and Home and Community Based Waivered Service Providers. When effective, the legislation authorizes fingerprint based background checks on all future employees with direct patient access.

The effective date for fingerprinting under HB2582 is now projected to be sometime after August 2013, and will be established through rulemaking and after further notice. Until then, the only elements in the new law affecting industry providers, effective as of November 1, 2012, are the revised list of employment disqualifying offenses for certified nurse aides (CNAs) working in a variety of settings, and non-technical services workers (NTSWs) working in licensed nursing facilities.

Pursuant to Title 63 O.S. Sections 1-1950.1(B) and 1-1950.8(A)(2), until such time as the fingerprinting requirements are implemented in rule, facilities remain authorized to obtain name based criminal history records as previously authorized. However, new barrier offenses for nurse aides and non-technical service workers are effective as of November 1, 2012. See the CNA and NTSW bulletins addressing those items in the law. See also the revised Uniform Employment Application for Nurse Aide Staff (ODH Form 805) which was revised based on changes to the list of offenses that are barriers to employment. These bulletins are posted at the program website as well.

Progress continues on software development for the OK-SCREEN Web Portal. Our website is updated with presentations to include a Phase I software demonstration of the registry screening functionality. Pilot testing of the Phase I software with industry representatives began in February 2013. For more on information on the Background Check program see our website here: <http://onbc.health.ok.gov>. For questions contact the OK-SCREEN office at okscreen@health.ok.gov or call 405-271-6868.



Nurse Aide Registry

Oklahoma State
Department of Health

Nurse Aide Registry Statistics

Prepared for

Long Term Advisory Board

Wednesday, April 10, 2013

**Vicki Kirtley, Director
Nurse Aide Registry**

**For questions regarding:
Nurse Aide Registry, call (405) 271- 5124**

Long Term Care Advisory Board Meeting
 Nurse Aide Registry Activity Report
 Third Quarter FY 2013
 January 1, 2013 to March 31, 2013



Initial Certified Nurse Aide Certifications

Added Per Quarter	Long Term Care Aides	Home Health Aides	Developmentally Direct Care Aides	Adult Day Care Aides	Residential Care Aides	Certified Medication Aides	Total Certifications & Registrations
1 st	1714	665	142	0	2	241	2,764
2 nd	1798	683	105	0	3	293	2,882
3 rd	1602	701	85	0	3	238	2,629
4 th							
Totals	5,114	2,049	332	0	8	772	8,275

New Certifications Added to the Registry by the Following:

*Deemed

*Reciprocity from another State

*Added to registry by waiver

*Trained and tested

New Advanced CMA Training Endorsements

Added Per Quarter	CMA Respiratory	CMA Gastrostomy	CMA Glucose Monitor	CMA Insulin Administration	Total Certifications & Registrations
1 st	64	63	40	25	192
2 nd	74	66	21	22	183
3 rd	47	43	29	15	134
4 th					
Totals	185	172	90	62	509

CMA's with Advance CMA training do not receive an additional Certification. The State regulation do not require that a notation of the advanced training be entered on the Nurse Aide Registry

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New Feeding Assistants

Added Per Quarter	Feeders Assistants
1 st	30
2 nd	32
3 rd	59
4 th	
Totals	121

Feeding Assistants are registered versus certified.

Count of Certificates by Type

Types of Certifications	Unexpired Certifications	Certifications Eligible for Renewal	Total Certifications
ADC	28	169	197
LTC	40,725	71,495	112,227
CMA	5,591	13,657	19,255
CMA Gastro	2,167	1,336	3,504
CMA GM	697	317	1,014
CMA IA	507	248	755
CMA R	2,270	1,394	3,665
Feeding Assistant	594	974	1,568
HHA	16,178	32,297	48,476
DDCA	2,209	8,060	10,271
RCA	135	940	1,075
TOTAL	71,101	130,889	202,007

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Substantiated Abuse - Long Term Care Aides

Added Per Quarter	Physical	Sexual	Verbal	Mistreatment	Neglect	Misappropriation of Property	Total
1 st	0	0	0	0	4	5	9
2 nd	1	0	0	0	2	6	9
3 rd	1	2	0	0	5	0	8
4 th							
TOTAL	2	2	0	0	11	11	26

Substantiated Abuse is defined as any case wherein the Legal Division, after investigation and review of the complaint file, determines there is enough evidence to substantiate the alleged abuse against the nurse aide.

Number of Approved Training Programs by Type

Long Term Care Aides	Home Health Aides	Developmentally Disabled Direct Care Aides	Residential Care Aides	Adult Day Care Aides	Certified Medication Aides	Total
187	0	20	11	1	52	271

Home Health Aides are going through HHA Deeming Programs to become Certified.

Advanced CMA and CMA/CEU Training Programs

CMA Respiratory	CMA Respiratory/ Gastrostomy	CMA Glucose Monitor	CMA Insulin Administration	CMA/CEU	Total
1	27	2	21	44	95

Grand Total Number of Approved Nurse Aide Registry Programs - 366

Long Term Care Advisory Board Meeting
Nurse Aide Registry Activity Report
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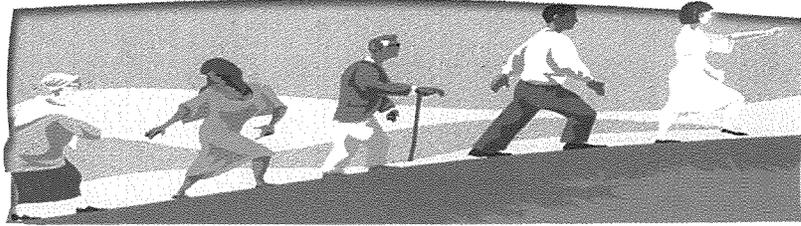


Number of LTC Onsite Reviews Performed FY2013

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
17	9	23	0	49

****FY 2013 Biennial LTC Nurse Aide Training Program Inspections have been completed.****

Inspections have started on 2014 Biennial LTC Nurse Aide Training Programs including all approved Nurse Aide Registry training programs (CMA, CMA Advanced, CMA/CEU, DDCA, RCA, ADC).



"A Step Ahead"
2013
OSDH/LIC
Provider Training Dates

Long Term Care — Thursday, June 13 — Tulsa, OU Schusterman Center

Long Term Care — Wednesday, July 17 — OKC, Moore Norman Tech—S. Penn

Residential Care — Friday, August 16 — OKC, Moore Norman Tech—S. Penn

Intermediate Care Facilities for Individuals with Intellectual Disabilities
Thursday, September 19 — OKC, Moore Norman Tech—S. Penn

Assisted Living — Tuesday, October 15 — OKC, Moore Norman—S. Penn

Registration forms and additional information will be posted on our website at:

<http://www.ok.gov/health/Protective Health/Long Term Care Service/Long Term Care Meetings & Events/index.html>



New Dining Standards of Practice for Nursing Home Residents

Karen Gray, MS, RD/LD, Administrative Program Manager, OSDH

On March 1, 2013, the Centers for Medicare and Medicaid Services (CMS) issued a Survey and Certification Letter (S&C: 13-13-NH) announcing the availability of New Dining Standards of Practice Resources sponsored by the Pioneer Network and the Rothschild Foundations.

An interdisciplinary task force was formed in 2011 as a recommendation from the 2010 CMS/Pioneer Network symposium on food and dining. The task force included 12 organizations, representing clinical professions involved in developing diet orders and providing food service (including physicians, nurses, occupational and physical therapists, pharmacists and dietitians, among others). Also participating were CMS, the Food and Drug Administration and the Centers for Disease Control.

The “*New Dining Practice Standards*” represent evidence-based research which revealed little benefit to many older individuals with chronic conditions from restrictions in dietary sugar and sodium, as well as little benefit from tube feedings, pureed diets, and thickened liquids. **The new standards recommend to clinicians and prescribers that a regular diet become the default with only a small number of individuals needing dietary restrictions.**

Relevant research trends for the new dining standards demonstrate therapeutic/restricted diets should be the exception and liberalized diets should be the norm to improve the quality of life and the nutritional status of older adults.

Each of the ten new standards of practice represented in the document reference a basis in current thinking and research as well as the recommended course of practice as identified by the American Medical Directors Association (AMDA), the American Dietetic Association (ADA) now named the Academy of Nutrition and Dietetics (AND), and CMS. The ten new standards include:

- Standard of Practice regarding Individualized Nutrition Approaches/Diet Liberalization
- Standard of Practice for Individualized Diabetic/Calorie Controlled Diet
- Standard of Practice for Individualized Low Sodium Diet
- Standard of Practice for Individualized Cardiac Diet
- Standard of Practice for Individualized Altered Consistency Diet
- Standard of Practice for Individualized Tube Feeding
- Standard of Practice for Individualized Real Food First
- Standard of Practice for Individualized Honoring Choices
- Standard of Practice for Shifting Traditional Professional Control to Individualized Support of Self Directed Living
- New Negative Outcome

A final copy of the New Dining Practice Standards is available at:

<http://www.pionernetwork.net/Data/Documents/NewDiningPracticeStandards.pdf>

CMS and several national professional organizations developed a 24-minute video to introduce the new standards. The video is available at:

<http://surveyortraining.cms.hhs.gov/pubs/VideoInformation.aspx?cid=1101>

The standards are not regulatory and you will not be cited for not implementing them, but we hope you will consider adopting the standards and share the information with the physicians and medical director of your facility.