



General Staff Training Requirements

These rules and resources are subject to change & were compiled September 2018

CHAPTER 57 RESIDENTIAL CARE FACILITIES

<https://www.legis.iowa.gov/docs/iac/chapter/09-16-2015.481.57.pdf>

CHAPTER 77 CONDITIONS OF PARTICIPATION FOR PROVIDERS OF MEDICAL AND REMEDIAL CARE

<https://www.legis.iowa.gov/docs/ACO/chapter/441.77.pdf>

CHAPTER 78 AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL SERVICES

<https://www.legis.iowa.gov/docs/ACO/chapter/441.78.pdf>

CHAPTER 82 INTERMEDIATE CARE FACILITIES FOR PERSONS WITH AN INTELLECTUAL DISABILITY

<https://www.legis.iowa.gov/docs/ACO/chapter/441.82.pdf>

EMPLOYMENT MATRIX: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>

HCBS EMPLOYMENT FAQ :

https://dhs.iowa.gov/sites/default/files/FAQ_HCBS_Prevocational_and_Supported_Employment_Services_04_27_2018.pdf

HCBS Training Requirements

Employment

77.37(16) Supported employment providers (ID Waiver)

d. Direct support staff providing individual or small-group supported employment or long-term job coaching services shall meet the following minimum qualifications in addition to other requirements outlined in administrative rule: (1) Individual supported employment: bachelor's degree or commensurate experience, preferably in human services, sociology, psychology, education, human

resources, marketing, sales or business. The person must also hold a nationally recognized certification (ACRE or College of Employment Services (CES) or similar) as an employment specialist or must earn this credential within 24 months of hire. Ch 77, p.38 Human Services[441] IAC 7/4/18 (2) Long-term job coaching: associate degree, or high school diploma or equivalent and 6 months' relevant experience. A person providing direct support shall, within 6 months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through DirectCourse or through the ACRE certified training program. The person must also hold or obtain, within 24 months of hire, nationally recognized certification in job training and coaching. (3) Small-group supported employment: associate degree, or high school diploma or equivalent and 6 months' relevant experience. A person providing direct support shall, within 6 months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through DirectCourse or through the ACRE certified training program. The person must also hold or obtain, within 24 months of hire, nationally recognized certification in job training and coaching. (4) Supported employment direct support staff shall complete 4 hours of continuing education in employment services annually.

77.37(26) Prevocational service providers. a. Providers of prevocational services must be accredited by one of the following: IAC 7/4/18 Human Services[441] Ch 77, p.43 (1) The Commission on Accreditation of Rehabilitation Facilities as an organizational employment service provider or a community employment service provider. (2) The Council on Quality and Leadership accreditation in supports for people with disabilities. b. Providers responsible for the payroll of members shall have policies that ensure compliance with state and federal labor laws and regulations, which include, but are not limited to: (1) Subminimum wage laws and regulations, including the Workforce Investment Opportunity Act. (2) Member vacation, sick leave and holiday compensation. (3) Procedures for payment schedules and pay scale. (4) Procedures for provision of workers' compensation insurance. (5) Procedures for the determination and review of commensurate wages. c. Direct support staff providing prevocational services shall meet the following minimum qualifications in addition to other requirements outlined in administrative rule: (1) A person providing direct support without line-of-sight supervision shall be at least 18 years of age and possess a high school diploma or equivalent. A person providing direct support with line-of-sight supervision shall be 16 years of age or older. (2) A person providing direct support shall not be an immediate family member of the member. (3) A person providing direct support shall, within 6 months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through DirectCourse or through the Association of Community Rehabilitation Educators (ACRE) certified training program. (4) Prevocational direct support staff shall complete 4 hours of continuing education in employment services annually.

Employment Training general questions:

Who do you contact if you need an extension on getting their CESP exam?

You would want to reach out to Kari Tietjen. Her information is below. The staff would need to have a disability that is impacting them when they are taking the test to receive reasonable accommodations. You can find out the process of requesting accommodations from Kari.

Kari Tietjen, M.Ed, CESP
APSE National CESP™ Certification Director

kari@apse.org

Under HCBS requirements for Job Coaches, we are aware that staff must obtain “Nationally Recognized Certificate of Completion of Job Coach Training.” We have been equating this to the completion of specific CES Online Job Coaching trainings. However, there’s no actual certificate received at the end of these trainings, just proof they’ve been completed. Is this proof of completion sufficient, or is there some sort of specific certification that these employees should be obtaining?

There is not really a nationally recognized certificate, more of state recognized certificate of completion, and yes, the CES coursework would meet the requirement.

Two examples of options for getting a certificate of completion would be:

- 1.CES - IACP can issue the certificate of completion showing that someone has completed the required courses for job coaching
- 2.APSE

IME is going to make an adjustment to the language to take out "*nationally recognized*",so hopefully that will be a bit clearer.

At this time, the courses do not have to be ACRE approved, so the general CES would be acceptable for either job coaching and/or job development training requirements. The certificate of completion for job coaching or small group just needs to be the documentation to show completion from CES that IACP can generate.

For Individual Supported Employment the rule indicates the person providing Individual SE services has 24 months to meet the educational requirements and earn the professional certification. Is this “certification” only offered as the APSE’s Certified Employment Support Professionals Exam?

Yes, that is the only option at this time.

ID Waiver

441—77.37(249A) Home- and community-based services intellectual disability waiver service providers. Providers shall be eligible to participate in the Medicaid HCBS intellectual disability waiver program if they meet the requirements in this rule and the subrules applicable to the individual service. The standards in subrule 77.37(1) apply only to providers of supported employment, respite providers certified according to subparagraph 77.37(15)“a”(8), and providers of supported community living services that are not residential-based. The standards and certification processes in subrules 77.37(2) through 77.37(7) and 77.37(9) through 77.37(12) apply only to supported employment providers and non-residential-based supported community living providers. The requirements in subrule 77.37(13) apply to all providers. **EXCEPTION:** A person hired through the consumer choices option for independent support brokerage, self-directed personal care, individual-directed goods and services, or self-directed community support and employment is not required to enroll as a Medicaid provider and is not subject to the review requirements in subrule 77.37(13). Also, services must be rendered by a person who is at least 16 years old (except as otherwise provided in this rule) and is not the spouse of the consumer served or the parent or stepparent of a consumer aged 17 or under. People who are 16 or 17 years old must be employed and supervised by an enrolled HCBS provider unless they are employed to provide self-directed personal care services through the consumer choices option. A person hired for self-directed personal care services need not be supervised by an enrolled HCBS provider. Consumer-directed attendant care and interim medical monitoring and treatment providers must be at least 18 years of age.

77.37(1) Organizational standards (Outcome 1). Organizational outcome-based standards for home- and community-based services intellectual disability providers are as follows: a. The organization demonstrates the provision and oversight of high-quality supports and services to consumers. b. The organization demonstrates a defined mission commensurate with consumer’s needs, desires, and abilities. c. The organization establishes and maintains fiscal accountability. d. The organization has qualified staff commensurate with the needs of the consumers they serve. These staff demonstrate competency in performing duties and in all interactions with clients. e. The organization provides needed training and supports to its staff. This training includes at a minimum: (1) Consumer rights. (2) Confidentiality. (3) Provision of consumer medication. (4) Identification and reporting of child and dependent adult abuse. (5) Individual consumer support needs.

77.37(23) Residential-based supported community living service providers. a. The department shall contract only with public or private agencies to provide residential-based supported community living services. b. Subject to the requirements of this rule, the following agencies may provide residential-based supported community living services: (1) Agencies licensed as group living foster care facilities under 441—Chapter 114. (2) Agencies licensed as residential facilities for mentally retarded children under 441—Chapter 116. (3) Other agencies providing residential-based supported community living services that meet the following conditions: 1. The agency must provide orientation training on the agency’s purpose, policies, and procedures within one month of hire or

contracting for all employed and contracted treatment staff and must provide 24 hours of training during the first year of employment or contracting. The agency must also provide at least 12 hours of training per year after the first year of employment for all employed and contracted treatment staff. Annual training shall include, at a minimum, training on children's mental retardation and developmental disabilities services and children's mental health issues. Identification and reporting of child abuse shall be covered in training at least every five years, in accordance with Iowa Code section 232.69

Habilitation:

Iowa's Habilitation Provider manual can be found on the DHS website, here is the link to the manual: <http://dhs.iowa.gov/sites/default/files/Habilitation.pdf>

Iowa Administrative Code that applies to Habilitation services can be found on the DHS website as well - here is the link: <https://dhs.iowa.gov/ime/providers/rulesandpolicies>, click on **Iowa Administrative Code and Rules**, the rules for Habilitation services are found in chapters, 77, 78 and 79. Chapter 77.25 is the conditions of participation for providers. Chapter 78.27 contains the amount, scope and duration of the service. Chapter 79 contains the payment methodology, 79.3 is where you will find the records maintenance requirements.

The MCO handbooks contain their requirements for this service, here are links to those handbooks:

Amerigroup:

https://providers.amerigroup.com/ProviderDocuments/IAIA_ProviderManual.pdf, Behavioral Health is in Chp. 6.

UHCCP: You will want to refer to both their United and OPTUM provider manuals:

UHCCP:

http://www.uhcccommunityplan.com/content/dam/communityplan/healthcareprofessionals/provider-admin-manual/IA-Admin/IA_UnitedHealthcare_Provider_Manual.pdf ; Optum:

<https://www.providerexpress.com/content/dam/optum-provexpr/us/pdfs/clinResourcesMain/guidelines/netwManual/networkManual.pdf> and their practice guideline: <https://www.providerexpress.com/content/optum-provexpr/us/en/clinical-resources/guidelines-policies/locg/iaLOCG.html>

441—77.25(249A) Home- and community-based habilitation services. To be eligible to participate in the Medicaid program as an approved provider of home- and community-based habilitation services, a provider shall meet the general requirements in subrules 77.25(2), 77.25(3),

77.25(4), and 77.25(5) and shall meet the requirements in the subrules applicable to the individual services being provided.

77.25(2) Organization and staff. a. The prospective provider shall demonstrate the fiscal capacity to initiate and operate the specified programs on an ongoing basis. b. The provider shall complete child abuse, dependent adult abuse, and criminal background screenings pursuant to Iowa Code section 249A.29 before employing a person who will provide direct care. c. A person providing direct care shall be at least 16 years of age. d. A person providing direct care shall not be an immediate family member of the member.

Children’s Mental Health

441—77.46(249A) HCBS children’s mental health waiver service providers. HCBS children’s mental health waiver services shall be rendered by provider agencies that meet the general provider standards in subrule 77.46(1) and the integrated, community-based settings standards in subrule 77.25(5) and also meet the standards in subrules 77.46(2) to 77.46(5) that are specific to the waiver services provided. A provider that is approved for the same service under another HCBS Medicaid waiver shall be eligible to enroll for that service under the children’s mental health waiver. 77.46(1) General provider standards. All providers of HCBS children’s mental health waiver services shall meet the following standards: a. Fiscal capacity. Providers must demonstrate the fiscal capacity to provide services on an ongoing basis. b. Direct care staff. (1) Direct care staff must be at least 18 years of age. (2) Providers must complete child abuse, dependent adult abuse, and criminal background screenings pursuant to Iowa Code section 249A.29 before employment of a staff member who will provide direct care. (3) Direct care staff may not be the spouse of the consumer or the parent or stepparent of the consumer.

77.46(3) Family and community support services providers. IAC 7/4/18 Human Services[441] Ch 77, p.65 a. Qualified providers. The following agencies may provide family and community support services under the children’s mental health waiver: (1) Behavioral health intervention providers qualified under 441—77.12(249A). (2) Community mental health centers accredited in good standing as providers of outpatient psychotherapy and counseling under 441—Chapter 24. b. Staff training. The agency shall meet the following training requirements as a condition of providing family and community support services under the children’s mental health waiver: (1) Within one month of employment, staff members must receive the following training: 1. Orientation regarding the agency’s mission, policies, and procedures; and 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity found in 77.36(1)“c” for the children’s mental health waiver. (2) Within four months of employment, staff members must receive training regarding the following: 1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance; 2. Confidentiality; 3. Provision of medication according to agency policy and procedure; 4. Identification and reporting of child abuse; 5. Incident reporting; 6. Documentation of service provision; 7. Appropriate behavioral interventions; and 8. Professional

ethics. (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the presence of experienced staff. (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues. (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

77.46(5) Respite care providers

b. Staff training. The agency shall meet the following training requirements as a condition of providing respite care under the children's mental health waiver: (1) Within one month of employment, staff members must receive the following training: 1. Orientation regarding the agency's mission, policies, and procedures; and 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c." (2) Within four months of employment, staff members must receive training regarding the following: 1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance; 2. Confidentiality; 3. Provision of medication according to agency policy and procedure; 4. Identification and reporting of child abuse; 5. Incident reporting; 6. Documentation of service provision; 7. Appropriate behavioral interventions; and 8. Professional ethics. (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision. (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues. (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Brain Injury

441—77.39(249A) HCBS brain injury waiver service providers. Providers shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements in this rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially enrolling to deliver BI waiver services and each of their staff members involved in direct consumer service must have completed the department's brain injury training modules one and two within 60 days from the beginning date of service provision, with the exception of staff members who are certified through the Academy of Certified Brain Injury Specialists (ACBIS) as a certified brain injury specialist (CBIS) or certified brain injury specialist trainer (CBIST), providers of home and vehicle modification, specialized medical equipment, transportation, personal emergency response, financial management, independent support brokerage, self-directed personal care, individual-directed goods and services, and self-directed community supports and employment. Providers enrolled to provide BI waiver services and each of their staff members involved in direct

consumer service on or before December 31, 2014, shall be deemed to have completed the required training. Services shall be rendered by a person who is at least 16 years old (except as otherwise provided in this rule) and is not the spouse of the consumer served or the parent or stepparent of a consumer aged 17 or under. People who are 16 or 17 years old must be employed and supervised by an enrolled HCBS provider unless they are employed to provide self-directed personal care services through the consumer choices option. A person hired for self-directed personal care services need not be supervised by an enrolled HCBS provider. A person hired through the consumer choices option for independent support brokerage, self-directed personal care, individual-directed goods and services, or self-directed community support and employment is not required to enroll as a Medicaid provider and is not subject to review under subrule 77.39(11). Consumer-directed attendant care and interim medical monitoring and treatment providers must be at least 18 years of age. In addition, behavioral programming, supported community living, and supported employment providers shall meet the outcome-based standards set forth below in subrules 77.39(1) and 77.39(2) evaluated according to subrules 77.39(8) to 77.39(10), and the requirements of subrules 77.39(3) to 77.39(7). Respite providers shall also meet the standards in subrule 77.39(1). The integrated, community-based settings standards in subrule 77.25(5) apply to all HCBS brain injury waiver service providers.

77.39(1) Organizational standards (Outcome 1). Organizational outcome-based standards for HCBS BI providers are as follows: a. The organization demonstrates the provision and oversight of high-quality supports and services to consumers. b. The organization demonstrates a defined mission commensurate with consumers' needs, desires, and abilities. c. The organization establishes and maintains fiscal accountability. d. The organization has qualified staff commensurate with the needs of the consumers they serve. These staff demonstrate competency in performing duties and in all interactions with clients. e. The organization provides needed training and supports to its staff. This training includes at a minimum: (1) Consumer rights. (2) Confidentiality. Ch 77, p.46 Human Services [441] IAC 7/4/18 (3) Provision of consumer medication. (4) Identification and reporting of child and dependent adult abuse. (5) Individual consumer support needs.

HCBS General Questions:

Do HCBS rules have any restrictions on the age of an employee providing an SCL service? We are considering hiring 17 year olds to provide SCL services.

There is this re: SCL:

441—77.37(249A) Home- and community-based services intellectual disability waiver service providers. Providers shall be eligible to participate in the Medicaid HCBS intellectual disability waiver program if they meet the requirements in this rule and the subrules applicable to the individual service. The standards in subrule 77.37(1) apply only to providers of supported employment, respite providers certified according to subparagraph 77.37(15)“a”(8), and providers of supported community living services that are not residential-based. The standards and certification processes in subrules 77.37(2) through 77.37(7) and 77.37(9) through 77.37(12) apply only to supported employment providers and non-residential-based supported community living providers. The requirements in subrule 77.37(13) apply to all providers. EXCEPTION: A person hired through the consumer choices option for independent support brokerage, self-directed personal care, individual-directed goods and services, or self-directed community support and employment is not required to enroll as a Medicaid provider and is not subject to the review requirements in subrule 77.37(13). Also, services must be rendered by a person who is at least 16 years old (except as otherwise provided in this rule) and is not the spouse of the consumer served or the parent or stepparent of a consumer aged 17 or under. People who are 16 or 17 years old must be employed and supervised by an enrolled HCBS provider unless they are employed to provide self-directed personal care services through the consumer choices option. A person hired for self-directed personal care services need not be supervised by an enrolled HCBS provider. Consumer-directed attendant care and interim medical monitoring and treatment providers must be at least 18 years of age.

Supported Employment and Pre-vocational require that someone have a high school diploma or equivalent and be 18 . The only exception is if they have direct supervision and are providing pre-vocational services..

Pre-vocational rule: 77.25(8)C(1) A person providing direct support without line-of-sight supervision shall be at least 18 years of age and possess a high school diploma or equivalent degree. A person providing direct support with line-of-sight supervision shall be 16 years of age or older.

How does a provider demonstrate or provide proof of policy review?

IME has said the following:

How Are You Keeping Track?

- Upon review, it is the provider’s responsibility to adequately demonstrate its employees have received the required training.

- The law does not specifically state how training should be tracked or maintained, there is some discretion, however, it should be consistent between all staff and easily verifiable.

It is quite common for individual trainings (not policy reviews, but actual trainings on a subject) to have individual signature acknowledgement. However, there is not a requirement that staff sign off on individual policies. An agency may have gotten dinged because they stated in their training policy that all staff signed the policies. IME will expect you to follow your own policies. When you are reviewed they will want to see evidence that staff were trained on your policies and procedures. My agency indicates this in our training records and on each employees orientation checklist which we keep in their personnel files.

CPR

No rules specifically list CPR, though IAC 82 does speak to training in the staff training and nursing section below - I'm thinking 1st aide for illnesses would include this. If CARF accredited, CARF 1.H. 8 states there is immediate access to 1st aid expertise. It specifically lists training in 1st aid and CPR as ways to meet this standard and encourages agencies to identify who needs this training by listing it in job descriptions.

Dependent Adult Abuse

The dependent adult and child abuse rules can be found in Iowa code 235B.16 and 232.69, and additional requirements in Chapter 77. The provider self assessment can be used as a resource for this as it has the rule references in it for each requirement - some are vague - for example incident reporting says - Chapter 77.

Provider Self-Assessment

The provider self assessment lists all HCBS training and policy requirements along with the rule references. Below is a link to the Home-and Community-BAsed Services (HCBS 2017 Provider Quality Management Self-Assessment

<https://dhs.iowa.gov/sites/default/files/470-4547.pdf>

Other Services

ICF-ID

Chapter 82 Link <https://www.legis.iowa.gov/docs/ACO/chapter/441.82.pdf>

82.2(3) Facility staffing.

e. Staff training program.

(1) The facility shall provide each employee with initial and continuing training that enables the employee to perform the employee's duties effectively, efficiently, and competently.

(2) For employees who work with clients, training shall focus on skills and competencies directed toward clients' developmental, behavioral, and health needs.

(3) Staff shall be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.

(4) Staff shall be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.

82.2(6)

c. Nursing services. The facility shall provide clients with nursing services in accordance with their needs. These services shall include: (1) Participation as appropriate in the development, review, and update of an individual program plan as part of the interdisciplinary team process. (2) The development, with a physician, of a medical care plan of treatment for a client when the physician has determined that an individual client requires such a plan. (3) For those clients certified as not needing a medical care plan, a review of their health status which shall: 1. Be by a direct physical examination. 2. Be by a licensed nurse. 3. Be on a quarterly or more frequent basis depending on client need. 4. Be recorded in the client's record. 5. Result in any necessary action including referral to a physician to address client health problems. (4) Other nursing care as prescribed by the physician or as identified by client needs. (5) Implementing, with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to: 1. Training clients and staff as needed in appropriate health and hygiene methods. 2. Control of communicable diseases and infections, including the instruction of other personnel in methods of infection control. 3. Training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients

RCF

Link to Chapter 57 <https://www.legis.iowa.gov/docs/iac/chapter/09-16-2015.481.57.pdf>

481—57.7(135C) General requirements.

57.10(2) Duties of an administrator. The administrator shall:

- a. Select and direct competent personnel who provide services for the residential care program. (III)
- b. Arrange for the heads of nursing, social services, dietary and activities to attend a minimum of ten contact hours of educational programs per year to increase skills and knowledge needed for their positions. The ten hours is in addition to the in-service requirements in paragraph 57.10(2) “c.” (III)
- c. Provide in-service educational programming for all employees with direct resident contact and maintain records of programs and participants. (III) In-service educational programming offered during each calendar year shall include, at minimum, the following topics: (I, II, III)
 - (1) Infection control.
 - (2) Emergency preparedness (fire, tornado, flood, 911, etc.).
 - (3) Meal time procedures/dietary.
 - (4) Resident activities.
 - (5) Mental illness/behavior modification/crisis intervention.
 - (6) Resident safety/supervision.
 - (7) Resident rights.
 - (8) Medication education, to include administration, storage and drug interactions.
 - (9) Resident service plans/programming/goals.

57.6(2) Residential care facility for persons with an intellectual disability (RCF/ID).

g. In-service educational programming. The in-service educational programming required by paragraph 57.10(2)“c” shall include educational programming specific to serving persons with an intellectual disability

57.33(6) The facility shall provide to the staff a department-approved training program by qualified professionals on physical restraint techniques. (I, II) a. The facility shall keep a record of training for review by the department and shall include attendance. (II, III) b. Only staff with documented training in physical restraint and techniques shall be authorized to assist with physical restraint of a resident. (I, II)

57.19(3) Drug administration—authorized personnel. a. A properly trained person shall be charged with the responsibility of administering medications as ordered by a primary care provider. (II, III) b. The person shall have knowledge of the purpose of the drugs and their dangers and contraindications. (II, III) c. The person shall be a licensed nurse or primary care provider or shall have successfully completed a department-approved medication aide course and passed a department-approved medication aide challenge examination administered by an area community college. (II, III) d. Prior to taking a department-approved medication aide course, the person shall: (1) Successfully complete an approved residential aide course, nurse aide course, nurse aide training and testing program or nurse aide competency examination; (III) (2) Have a letter of recommendation for admission to the medication aide course from the employing facility. (III) e. A person who is a nursing

student or a graduate nurse may take the challenge examination in place of taking a medication aide course. The person shall do all of the following before taking the medication aide challenge examination: (I) Complete a clinical or nursing theory course within six months before taking the challenge examination; (II) (2) Successfully complete a nursing program pharmacology course within one year before taking the challenge examination; (III) (3) Provide to the community college a written statement from the nursing program's pharmacology or clinical instructor indicating that the person is competent in medication administration. (III) f. A person who has written documentation of certification as a medication aide in another state may become a medication aide in Iowa by successfully completing a department-approved nurse aide competency examination and a medication aide challenge examination. The requirements of paragraph 57.19(3)“d” do not apply to this person. (III)

481—57.6(135C) Special classification—memory care.

57.6(5) Staff training. All staff working in a memory care unit or facility shall have training appropriate to the needs of the residents. (I, II, III) a. Upon assignment to the unit or facility, all staff working in the unit or facility shall be oriented to the needs of residents requiring memory care. Staff members shall have at least six hours of special training appropriate to their job descriptions within 30 days of assignment to the unit or facility. (I, II, III) b. Training shall include the following topics: (II, III) (1) An explanation of Alzheimer's disease and related disorders, including symptoms, behavior and disease progression; (2) Skills for communicating with persons with dementia; (3) Skills for communicating with family and friends of persons with dementia; (4) An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the caregiving role, and family dynamics; (5) The importance of planned and spontaneous activities; (6) Skills in providing assistance with activities of daily living; (7) Skills in working with challenging residents; (8) Techniques for cueing, simplifying, and redirecting; (9) Staff support and stress reduction; (10) Medication management and nonpharmacological interventions. c. Nursing staff, certified medication aides, medication managers, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually

Can an individual applying for a QIDP, with the proper commensurate experience in the field or as a QIDP, but holds a BA in an industry or sector other than human services field, nurse, or physician, can they qualify for and be offered the position?

Unfortunately, in order to be a QIDP the individual has to have a BS/BA in a human services field, or be a nurse, or physician. They also have to have one year experience working with people with disabilities. According to the regulations, there are no exceptions to these requirements. This changed when the regs were revised a few years ago.

DAA/Child abuse

A representative of the Iowa Department of Public Health has suggested to us that Dependent Adult Abuse/Child Abuse provided by school districts should suffice for Waiver training requirements. Additionally, we would also have to provide the new employee information regarding agency reporting policy w/I first 30 days of employment. Can we consider using the training provided by school districts to meet the Mandatory Reporter training requirements for Waiver staff? Would a copy of their training certificate be sufficient to demonstrate training requirements have been met?

In addition to the staff training certificate you are going to want the letter from the Dept of Health that verifies that this is an approved curriculum. When you have your on-site review - you will need to send evidence that the curriculum you are using is approved. I have attached an example of this letter from the curriculum we use at our agency as an example.

Cultural Competency

Cultural Competency training, have you heard of this before and is it a requirement? Where does one get this training?

Cultural competency is a common expectation, though we have not seen anything that dictates what counts as training, allowing latitude. College of Direct Supports actually has 7 modules available that address this, and it's available at no cost.

Do RCF regulations layout requirements for Behavior management training?

Refer to 57.10(2) for Duties of an administrator.

What about Crisis Intervention?

481—57.33(135C) Crisis intervention. If a facility utilizes physical restraints, there shall be written policies that define the uses of physical restraints, designate the administrator or designee as the person who may authorize their use, and establish a mechanism for

monitoring and controlling their use. (I, II) 57.33(1) Temporary physical restraint of residents shall be used only under the following conditions: (I, II) a. An emergency to prevent injury to the resident or to others; or (I, II) b. For crisis intervention, but shall not be used for punishment, for the convenience of staff or as a substitution for supervision or programming; (I, II) and c. No staff person shall use any restraint that obstructs the airway of the resident. (I, II) 57.33(2) Authorization for the use of physical restraints must be prior to or immediately after application of the restraint. (I, II) 57.33(3) Prone restraint is prohibited. Staff persons who find themselves involved in the use of a prone restraint when responding to an emergency must take immediate steps to end the prone restraint. (I, II) 57.33(4) The rationale and authorization for the use of physical restraint and staff action and procedures carried out to protect the resident's rights and to ensure safety shall be clearly set forth in the resident's record by the responsible staff persons. (I, II) 57.33(5) The primary care provider, the interdisciplinary team and the resident's responsible party shall be notified of any restraints administered. (I, II, III) 57.33(6) **The facility shall provide to the staff a department-approved training program by qualified professionals on physical restraint techniques. (I, II) a. The facility shall keep a record of training for review by the department and shall include attendance. (II, III) b. Only staff with documented training in physical restraint and techniques shall be authorized to assist with physical restraint of a resident. (I, II)**