

OHIO LEGISLATIVE SERVICE COMMISSION

Ryan Sherrock

Fiscal Note & Local Impact Statement

Bill: H.B. 732 of the 132nd G.A. Status: As Introduced

Sponsor: Reps. Pelanda and Arndt Local Impact Statement Procedure Required: No

Subject: Dementia training standards

State & Local Fiscal Highlights

- The bill requires the employees of certain long-term services and supports providers
 to complete initial and annual Alzheimer's and dementia training. Costs for any
 state or local government entities providing these services, such as a county nursing
 home, would increase as a result. Additionally, it is possible that if certain Medicaid
 provider's costs increase, then Medicaid Program costs could also increase.
- The Ohio Department of Health (ODH) surveys and inspects nursing facilities and residential care facilities to ensure compliance with state and federal laws. If staff training is something that is reviewed during the inspection process, then costs could increase to ensure compliance.

Detailed Fiscal Analysis

The bill requires employees of long-term services and supports providers that have programs or care units for patients with dementia, or market themselves as having such, to complete initial and annual training related to Alzheimer's disease and other types of dementia. The bill specifies the requirements for the training, including the minimum number of hours an employee must complete and the topics that must be covered. Direct and indirect care staff and independent contractors must complete a certain number of training hours. Training topics include the following: the long-term services and supports provider's mission, values, and expectations of staff; personcentered training and care planning (including cultural awareness); social and physical environment characteristics that trigger or exacerbate behavioral and psychological symptoms of dementia; meaningful and engaging activities for individuals with dementia; pain assessment; medication management; family dynamics; general information about dementia; how to assist an individual with dementia with daily living activities; problem solving challenging behavior, including nonpharmacological intervention; and communication skills. These trainings must be evidence-based, include competency evaluations, and utilize interactive learning techniques, such as case studies and group discussions. No more than half of the initial instruction hours can be completed by unfacilitated online or video presentations. The bill prohibits a

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person from providing direct care to an individual with dementia on behalf of a long-term services and supports provider if the person has not completed the first four hours of training unless the person is directly supervised by a staff member who has completed such training. Lastly, long-term services and supports providers are required to give consumers written information, which may be provided electronically, about the provider's dementia training program.

Fiscal impact

Long-term services and supports providers that are subject to the bill's requirements include the following: long-term care facilities (nursing homes and hospitals with dedicated long-term care beds), residential and assisted living facilities, and community-based long-term care services providers. As a result of the bill, these providers that have programs or care units for patients with dementia would realize an increase in costs. The vast majority of these providers are for-profit or nonprofit facilities. However, some county nursing homes¹ would be subject to the bill's requirements, as would certain public hospitals² with long-term care beds. Thus, these facilities could also realize an increase in costs. The total cost is unknown at this time but would depend on several factors including: the number of staff to be trained, what trainings are currently conducted by the provider, what trainings are currently available and at what cost, if training needs to be developed how much would those cost, etc. If these facilities currently provide any Alzheimer's or dementia training that meets the bill's requirements this might lower total costs. Additionally, the Alzheimer's Association provides free online training on various dementia or Alzheimer's topics. If any of these trainings could be used this could help lower a provider's costs associated with developing courses.

It is possible that if a Medicaid provider's costs increase as a result of the bill, then Medicaid Program costs could also increase. For instance, the reimbursement to nursing facilities considers numerous components to determine a facility's Medicaid rate, including direct care costs, capital costs, ancillary and support costs, etc. If a nursing facility provider's costs increase as a result of the bill, then Medicaid costs might increase as well.

The Ohio Department of Health (ODH) licenses and certifies certain nursing facilities and conducts on-site inspections/surveys to ensure their compliance with state

¹ A county home is a facility operated by the county commissioners in accordance with Chapter 5155. of the Revised Code. According to the Ohio County Homes Association, about 33 counties currently operate a county home.

² According to the Ohio Department of Health's Directory of Registered Hospitals, there are 18 public hospitals (this includes city, county, hospital district, or state hospitals). According to the registry, the majority of these do not have long-term care beds.

and federal rules.³ ODH also licenses and inspects residential care facilities.⁴ According to ODH, each facility receives at least one unannounced inspection/survey during a survey cycle. ODH evaluates care and services based on state laws and rules. If staff training is something that is reviewed during the inspection process, then ODH costs could increase to ensure compliance.

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³ https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/nursing-homes-facilities/nursing homesfacilities.

 $^{^4\,\}underline{\text{https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/residential-care-facilities-assisted-living/residentialcarefacilitiesassistedliving}.$