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## Proposed Regulation Agency Background Document

<b>Agency name</b>	DEPT OF MEDICAL ASSISTANCE SERVICES
<b>Virginia Administrative Code (VAC) citation(s)</b>	12 VAC 30-120-1700 et seq.
<b>Regulation title(s)</b>	Waiver Services: Home and Community-Based Services for Technology Assisted Waiver
<b>Action title</b>	2015 Technology Assisted Waiver Updates
<b>Date this document prepared</b>	February 19, 2016

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*Please provide a brief summary (preferably no more than 2 or 3 paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.*

The purpose of this action is to update the Department of Medical Assistance Services' (DMAS') Technology Assisted Waiver (TW) regulations (12 VAC 30-120-1700 et seq.) to accommodate changes in the home healthcare industry and provide additional flexibility to families and provider agencies when attempting to staff authorized skilled private duty nursing (PDN) hours. These options are expected to increase the availability of adequately trained skilled nurses who provide services to this medically complex population.

Proposed changes to the regulations include: (i) modifying the staff experience requirement to substitute a quality training program for nurses in place of the current six months of clinical experience; (ii) permitting families greater flexibility to use their authorized private duty nursing

hours over the span of a week rather than limiting them to 16 hours of private duty nursing services in a 24-hour period; and (iii) removing the current option of making up or rescheduling missed nursing hours.

### Legal basis

*Please identify the (1) the agency (includes any type of promulgating entity) and (2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency’s overall regulatory authority.*

The *Code of Virginia* (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The *Code of Virginia* (1950) as amended, § 32.1-324, authorizes the Director of DMAS to administer and amend the Plan for Medical Assistance according to the Board's requirements. The Medicaid authority as established by § 1902 (a) of the *Social Security Act* [42 U.S.C. 1396a] provides governing authority for payments for services.

Section 1915(c) of the *Social Security Act* permits states to cover an array of home and community-based services that enable qualifying individuals to live in their communities thereby avoiding institutionalization. These community services are eligible for federal matching funds. The Technology Assisted Waiver (TW) is one of DMAS' programs operating under this federal authority.

### Purpose

*Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.*

The Technology Waiver (TW) serves individuals who require some form of mechanical device, such as ventilators, to sustain life. The waiver regulations require updating to ensure that they reflect best health care practices. These changes are expected to provide greater access to waiver services while ensuring the health, safety, and welfare of all individuals receiving TW services.

### Substance

*Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the “Detail of changes” section below.*

The Medicaid waiver regulations that are affected by this action are: 12VAC30-120-1710, 12VAC30-120-1720, 12VAC30-120-1730 and 12VAC30-120-1740.

#### CURRENT POLICY (1)

The TW currently requires all nurses (Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), who are reimbursed for rendering skilled private duty nursing services to TW individuals, have at least six months of clinical experience that is comparable to the care needs of the assigned TW individuals. This experience must be acquired prior to providing skilled private duty nursing services or skilled private duty respite services for Medicaid reimbursement in this waiver program.

### ISSUES

Nationally, as well as in Virginia, there is a nursing shortage. TW providers, such as home health agencies and nursing agencies, are having difficulty finding nurses with 6 months of specialized clinical experience in the complex care required by Tech Waiver individuals (ventilators, tracheostomies, nasogastric tubes, etc.). As more individuals with complex medical needs choose to remain in their communities, the shortage of experienced complex care nurses who can meet these individuals' service needs is further strained.

In part, this nursing shortage has occurred as a result of advances in the care of ventilator-dependent individuals who live in their communities. Individuals choosing to receive care in communities (rather than in institutions) has reduced the number of nursing facilities (NFs) and NF specialized care ventilator units where nurses may receive training and experience. Additionally, acute care hospitals have shifted many of the responsibilities for direct respiratory care and tracheostomy/ventilator maintenance from staff nurses to respiratory therapists thereby further reducing opportunities for nurses to acquire experience.

### CURRENT POLICY (2)

DMAS currently requires that families provide at least 8 hours of care in every 24-hour day to TW individuals. In the past, there have been concerns about the waiver individuals' health and safety as well as these individuals' care costs exceeding, in the aggregate, institutional costs. Should this happen, the federal funding agency, the Centers for Medicare and Medicaid Services (CMS), will withdraw federal funding for this community waiver resulting in many of these waiver individuals being moved into institutions.

### ISSUES

Families have stated that, while remaining within their weekly authorized number of private duty nursing hours, it should not matter when the nursing hours are used: whether the hours are consolidated over just a few days in the week (assuming that home health/nursing agencies can provide enough nursing staff) or spread out over the entire week. These families and caregivers have argued that it is difficult for them to find employment when they cannot commit to regular, consistent work schedules for their employers.

In addition, CMS is generally requiring Medicaid programs to have person-centered approaches for all service delivery. DMAS believes that keeping this waiver's expenditures below the institutional care costs can be maintained while permitting these individuals and their families greater flexibility in when authorized skilled private duty nursing services are used.

CURRENT POLICY (3)

When a skilled private duty nurse cancels thier scheduled work shift (due to illness or family issues) with the TW individual, it is considered to be 'missed' nursing hours. DMAS currently allows TW individuals to "make up" missed authorized private duty nursing (PDN) hours within the same week (Sunday through Saturday) of the missed shift. The total number of provided PDN hours and made up hours cannot exceed 16 hours per day.

ISSUES

With the change in the policy allowing families greater flexibility in scheduling their authorized hours per week, a policy to make up missed hours is no longer required. If previously scheduled hours are not covered by the skilled private duty nurse, the family still has those hours available within their weekly total authorized hours to schedule on another day during that same week. This rescheduling of the “missed” coverage hours falls within their ability to “flex” their schedule and would not be considered make-up.

RECOMMENDATIONS

(1) DMAS recommends permitting providers to employ nurses (both RNs and LPNs) who have either six months of related clinical experience or who have completed a relevant provider training program. The regulations stipulate the required elements of the training. The trainer may be either a licensed Registered Nurse or a licensed Respiratory Therapist who has at least 6 months hands-on experience in the area of care to be provided (such as ventilator, tracheostomy, peg tube, nasogastric tube, etc.). A satisfactory training program will include classroom time as well as direct hands-on demonstration of skills by trainees. Training must include the following subject areas related to the care to be provided: (i) human anatomy and physiology; (ii) frequently used medications for this population of individuals; (iii) emergency management; and, (iv) operation of equipment. The provider must ensure competency of staff.

Allowing providers to substitute a quality/relevant nurse training program in lieu of the current six months of clinical experience is expected to increase the pool of potential nurses (RNs/LPNs) eligible to provide TW services.

(2) DMAS recommends changing the policy that families/caregivers provide at least 8 hours of care in a 24-hour day to permit them to use DMAS-approved hours across a week. Such flexibility allows TW individuals’ schedules to include longer work days to accommodate physician appointments, community activities, caregiver work schedules, etc. A sample schedule for a TW individual that allows caregiver coverage for work but also extended hours for community involvement may be, for example:

Week	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Total
Agency	8	16	20	16	20	16	16	112
Family	16	8	4	8	4	8	8	56

(3) DMAS recommends deleting the current wording related to make up or re-scheduling of missed hours as it is no longer germane.

These recommendations do not expand the existing service coverage limits for skilled private duty nursing or private duty respite services.

Other recommended text changes update language to improve readability and comprehension.

### Issues

*Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.*

The advantages to the public include allowing the Technology Waiver program to accommodate changes in the industry and provide additional options to agencies for staffing of skilled private duty nursing/respite services while preserving the health, safety and welfare of individuals who receive TW waiver services. In response to providers' requests, DMAS is considering permitting the substitution of training for private duty nurses in place of clinical experience. In response to families' requests, DMAS is also considering permitting families to use their authorized private duty nursing hours over the span of a week rather than limiting them to 16 hours of private duty nursing services in a 24-hour period.

There are no disadvantages to the agency, the public, or the Commonwealth.

### Requirements more restrictive than federal

*Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.*

There are no requirements more restrictive than existing federal requirements.

### Localities particularly affected

*Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.*

There are no localities that are uniquely affected by this action as these changes will apply statewide.

**Public participation**

*Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.*

In addition to any other comments, the agency is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments for the public comment file may do so by mail, email or fax to: Roberta Matthews, RN, Div. of LTC Services, Department of Medical Assistance Services, 600 E. Broad Street, Suite 1300, Richmond, VA. 23219; 804-786-5419 (phone); 804-786-1680 (fax); [Roberta.Matthews@dmas.virginia.gov](mailto:Roberta.Matthews@dmas.virginia.gov) .

Comments may also be submitted through the Public Forum feature of the Virginia Regulatory Town Hall web site at: <http://www.townhall.virginia.gov>. Written comments must include the name and address of the commenter. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will not be held following the publication of this stage of this regulatory action.

**Economic impact**

*Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.*

<b>Projected cost to the state to implement and enforce the proposed regulation, including: a) fund source / fund detail; and b) a delineation of one-time versus on-going expenditures</b>	No cost to the Commonwealth to implement and enforce proposed changes.
<b>Projected cost of the new regulations or changes to existing regulations on localities.</b>	No cost to localities as a result of the changes to the TW regulations as they apply statewide.
<b>Description of the individuals, businesses, or other entities likely to be affected by the new regulations or changes to existing regulations.</b>	Individuals and their caregivers receiving and agencies providing medically complex services through the Technology Assisted Waiver program.
<b>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business</b>	Approximately 143 private duty nursing provider agencies will be affected. Provider agencies will have the choice of implement-ting the proposed change related to training for nurses in lieu of

<p>entity, including its affiliates, that:  a) is independently owned and operated and;  b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p>	<p>required experience. This change should increase the number of nurses eligible to provide TW services.</p> <p>DMAS does not retain data on which of its providers are classified as small businesses.</p>
<p><b>All projected costs of the new regulations or changes to existing regulations for affected individuals, businesses, or other entities. Please be specific and include all costs including:</b>  a) the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; and  b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations.</p>	<p>a) Foreseeable costs related to proposed changes to the regulations include: (i) A possible small increase in the number of staff employed by an agency thus enabling agencies to provide more TW services. This is what providers want; (ii) A slight increase in the training cost of an agency that would be offset by the decrease in current advertising costs for nurses with the 6 months experience. (iii) With the flexibility of training nurses as well as staffing hours within a 112 hour per week window vs. a 24-hour per day window, the number of authorized hours actually provided could increase in comparison to current coverage levels. Thus may slightly increase over-all waiver costs for DMAS while remaining under the institutional cost cap.</p> <p>b) Proposed changes to TW regulations will require no costs related to development of real estate.</p>
<p><b>Beneficial impact the regulation is designed to produce.</b></p>	<p>The proposed changes will provide for improved nursing coverage and increased flexibility with hours based on TW individual's needs. This will make it easier for individuals to get the needed skilled private duty nursing and respite services.</p>

## Alternatives

*Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.*

There are no other alternatives that would increase the number of qualified nurses that are hired by enrolled providers as DMAS has no mechanism to affect this process. Families have specifically requested the additional flexibility to use their authorized private duty nursing hours in a week timespan.

## Regulatory flexibility analysis

*Pursuant to § 2.2-4007.1B of the Code of Virginia, please describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance*

*or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.*

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Technology Waiver provider agencies are experiencing increasing difficulty finding nurses who meet the current 6-months related clinical experience requirement prior to providing nursing services to TW individuals. This difficulty represents a shift in roles and responsibilities within today's general realm of medical practice which has resulted in fewer opportunities for nurses to receive adequate experience with individuals dependent on life sustaining equipment. Proposed changes to the TW regulations will allow providers a second, less stringent option of offering nurses comprehensive training which will meet the needs of this medically complex population. Providers, who choose to implement a training program for their nurses, must assure that the health, safety, and welfare of the served TW individuals continues to be met. Training programs developed by providers will be required to contain certain elements as specified within the proposed changes to the TW regulations.

Also with the proposed changes, TW individuals will be afforded increased flexibility in receiving nursing coverage based on their schedule needs without the stricter, daily limitations imposed by the current Tech Waiver regulations.

All of the proposed changes will result in less stringent policy than current requirements making it easier for providers to increase their number of trained nurses available to staff TW individuals' authorized nursing hours.

Small businesses are not exempt from the requirements contained in these proposed regulations.

### Family Impact

*Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

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These changes do not strengthen or erode the authority or rights of parents in the education, nurturing, and supervision of their children; nor encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents. It does not strengthen or erode the marital commitment, but may decrease disposable family income depending upon which provider the recipient chooses for the item or service prescribed.

### Public comment



Please summarize all comments received during the public comment period following the publication of the NOIRA, and provide the agency response.

DMAS filed its Notice of Intended Regulatory Action with the Office of the Registrar of Regulations on October 23, 2015, for publication in the Virginia Register on November 16, 2015 (VR 32:6). The comment period began on November 16, 2015 and ended on December 16, 2015. One comment was received as summarized below.

Commenter	Comment	Agency response
Individual	Proposed changes will improve agencies' chances of hiring additional nurses thus improving coverage for families caring for medically complex TW individuals at home.	Continue to pursue changes to regulations as currently proposed.

### Detail of changes

Please list all changes that are being proposed and the consequences of the proposed changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact. Please describe the difference between existing regulation(s) and/or agency practice(s) and what is being proposed in this regulatory action. If the proposed regulation is intended to replace an emergency regulation, please list separately: (1) all differences between the **pre-emergency** regulation and this proposed regulation; and 2) only changes made since the publication of the emergency regulation.

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change, intent, rationale, and likely impact of proposed requirements
12VAC30-120-1710 A9		Caregivers are responsible for providing care for the TW individual a minimum of 8 hours per 24 hour period as well as any hours not staffed by the nursing agency	<u>Change:</u> Change requirement of caregivers to provide at least 8 hours of care per day to authorization of skilled PDN hours on a weekly basis. Caregivers will continue to provide care during any hours not authorized or staffed by the nursing agency.  <b>Likely impact:</b> will provide for increased flexibility in usage of nursing hours by TW individual.
12VAC30-120-1710B5		Time frames for PAS screenings not included in regulations.	<u>Change:</u> Adds information on how long a PAS is valid, as well as requirements for breaks in service.  <b>Likely impact:</b> Greater clarity for providers on the timeframes for PAS screenings.

<p>12VAC30-120-1720 B1c</p>		<p>TW individuals may not have a Plan of Care (POC) or multiple POCs that authorize more than 16 hours of PDN in a 24 hour period per household</p>	<p><u>Change:</u> Remove maximum of 16 hours of skilled PDN per 24-hour period and add maximum coverage of 112 hours of skilled PDN per week.</p> <p><b>Likely impact:</b> TW individuals/families will be able to coordinate the usage of their approved weekly skilled PDN hours with their nursing agency without being limited to a maximum number of hours per day.</p>
<p>12VAC30-120-1720 B1c(2)</p>		<p>TW pediatric individuals' authorized hours per <u>day</u> of skilled PDN is determined by their total score on the Pediatric Criteria (DMAS-109) form and LOC designation.</p>	<p><u>Change:</u> Pediatric individuals' hours per <u>week</u> will be determined by their total score on the DMAS-109 form and their LOC designation.</p> <p><b>Likely impact:</b> This will provide pediatric TW individuals/caregivers greater flexibility and control over usage of their skilled PDN hours.</p>
<p>12VAC30-120-1720 B1c(3)(a)(b)(c)</p>		<p>TW pediatric individuals' maximum authorized hours per day of skilled PDN are based on 3 levels of total points:</p> <ul style="list-style-type: none"> <li>(a) 50-56 points = 10 hours per day</li> <li>(b) 57-79 points = 12 hours per day</li> <li>(c) 80 points or greater = 16 hours per day</li> </ul>	<p><u>Change:</u> Total points scored on the Pediatric Criteria Form (DMAS 109) will determine approved hours per week instead of hours /day.</p> <ul style="list-style-type: none"> <li>(a) 50-56 points = 70 hours per week</li> <li>(b) 57-79 points = 84 hours per week</li> <li>(c) 80 points or greater = 112 hours per week</li> </ul> <p><b>Likely impact:</b> This will provide TW individuals/caregivers with greater flexibility and control over usage of their skilled PDN hours.</p>
<p>12VAC30-120-1720 B1c(4)</p>		<p>Minor TW individuals may be authorized for up to 24 hours/day of PDN during the first 15 calendar days following initial admission. After this initial 15 day period, PDN may be reimbursed up to a maximum of 16 hours per 24-hour period per house-</p>	<p><u>Change:</u> Following the initial 15 calendar day period, ongoing hours for minor individuals will be authorized up to a maximum of 112 hours per week based on their total score on the DMAS-109 form and cost effectiveness.</p> <p><b>Likely impact:</b> Change made to continue consistency of skilled PDN</p>

		hold based on the total score on the DMAS 109 and cost effectiveness.	authorizations per week instead of per day.
12VAC30-120-1720 B1c(5)		Missed hours may be made up within the same week of the scheduled missed shift but the total of regularly scheduled hours and make-up hours cannot exceed 16 per day	<u>Change:</u> Delete wording related to make up of missed hours.  <b>Likely impact:</b> The flexibility provided by authorizing hours per week will allow missed hours to be used at a later time within the same week as long as the total weekly authorization is not exceeded.
12VAC30-120-1720 B1c(6)		For TW adult individuals, whether living separately or in a congregate setting, skilled PDN may be reimbursed for a maximum of 16 hours/24 hour period per household based on the individuals' technology, medical justification, and cost effectiveness.	<u>Change:</u> For adult individuals, whether living separately or in a congregate setting, skilled PDN shall be reimbursed for up to 112 hours per week per TW individual in the household based on medical justification and cost effectiveness.  <b>Likely impact:</b> Allows greater flexibility for TW adults to schedule nursing hours to meet their needs
12VAC30-120-1720 B1f(3)		In a congregate setting, the primary caregiver shall be shared and must provide at least 8 hours of care per 24 hours period as well as when nursing coverage is not available.	<u>Change:</u> Remove requirement of caregiver to provide at least 8 hours of care per 24 hour period.  <b>Likely impact:</b> The requirement will be for caregivers to provide care whenever an agency nurse is not in the home, not a required number of hours per day.
12VAC30-120-1720 B5d(2)		The total number of combined skilled PDN and personal care hours reimbursed by DMAS in a 24-hour period cannot exceed 16.	<u>Change:</u> The total number of combined skilled PDN and personal care hours reimbursed by DMAS shall not exceed 112 hours per week.  <b>Likely impact:</b> None, wording is consistent with proposed change to authorize skilled PDN hours per week
12VAC30-120-1720B6a and c		Transition services are referenced in relation to the Money Follows the Person program.	<u>Change:</u> Transition services are not exclusive to MFP and some language is stricken to clarify this.  <b>Likely impact:</b> None. Wording change only.

<p>12 VAC 30-120-1720 C 7</p>		<p>Individuals who are hospitalized for more than 30 days must be discharged from the waiver per federal Medicaid eligibility rule. They must be re-determined as meeting the federal income and resource eligibility standards before being re-admitted to waiver services.</p>	<p>This same limit appears in 1710 B 5 in the individual eligibility section. This limit is not a change over existing and long-standing Medicaid policy. <b>Likely impact:</b> None. Wording change only.</p>
<p>12VAC30-120-1730 A27c-d</p>		<p>c. Nurses providing skilled PDN must be validly licensed to practice nursing in the Commonwealth and have at least 6 months related clinical experience. LPN's shall be under the direct supervision of a RN.</p> <p>d. RN supervisors shall be licensed to practice nursing in the Commonwealth and have at least one year of related clinical nursing experience</p>	<p><u>Change:</u> Current section A27c-d is revised to be A27c-f. Option of provider training in lieu of experience is added with training elements required by DMAS.</p> <p>c. RNs and LPNs providing skilled PDN shall be licensed to practice nursing in the Commonwealth. LPNs must be directly supervised by an RN.</p> <p>d. RNs and LPNs providing skilled PDN must have at least six months of related clinical experience <b>or</b> complete a provider training program related to the care and technology needs of the TW individual.</p> <p>e. Training programs established by the provider must include at a minimum the following elements:</p> <ul style="list-style-type: none"> <li>(1) Trainer must have at least 6-months hands on experience in area they are training</li> <li>(2) Training must include classroom time and hands on demonstration of skills mastery by the trainee.</li> <li>(3) Training program must include the following subject areas: <ul style="list-style-type: none"> <li>(a) Human anatomy and physiology</li> <li>(b) Frequently used medications</li> <li>(c) Emergency management</li> <li>(d) Operation of Equipment</li> </ul> </li> <li>(4) Providers must assure competency of nurses prior to assign-</li> </ul>

			<p>ment to a TW individual. Competency documentation must be kept in personnel record.</p> <p>f. RN supervisor shall be licensed to practice nursing in the Commonwealth and have at least one year of related clinical nursing experience</p> <p><b>Likely impact:</b> Allowing providers to establish training courses for nurses who do not meet TW’s six months experience requirement will increase the availability of knowledgeable nurses to be employed for TW cases.</p>
<p>12VAC30-120-1740 B4</p>		<p>Providers must employ or subcontract with and supervise RNs and LPNs who are currently licensed to practice nursing in the Commonwealth. Prior to assignment to TW individuals these nurses must have at least six months of related clinical nursing experience.</p>	<p><u>Change:</u> Prior to assignment to TW individuals, RNs and LPNs must have at least six months of related clinical nursing experience <b>or</b> complete a provider training program related to the care of the TW individual as defined in 12VAC30-120-1730 A27e. Providers are responsible for assuring job skills mastery and competency of nurses assigned to TW individuals.</p> <p><b>Likely impact:</b> Increases availability of knowledgeable, trained nurses for TW individuals. Maintains consistent wording of proposed change throughout regulations.</p>