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1) Sherry Thomas – Association for Home & Hospice Care of NC	Extensive assistance was not defined when rule was changed. It will now match Aging's rules on the ADL limits. The scale we are following, the KATZ scale, is a national standard. It breaks down ADLS by whether limitations exist.	Comments surrounding the DMA CAP program want to rely on a list of aide tasks in current CAP policy rather than RN delegation. BON is moving away from task listing to validated competency by an RN.	The requirement that the nurse aide be listed on the nurse aide registry is a federal requirement. It is not based on the ADL needs of residents.	There are no certified Nurse Aides in NC. All input is important and Aging who oversees DSS was part of 1st stakeholder meeting. These rules match up with Aging rules and also put in place competence requirements as well as definitions that were needed.
2) John Eller – Director, Catawba County DSS	Currently an individual needing extensive assistance with any ADL requires a CNA. Rule change seems like a step backward- to require extensive assistance in > 2 ADL or need a Nurse Aide II task or need extensive assistance with more than 1 ADL and have a medical or cognitive impairment. Do not understand why someone needs more assistance than the current rule to need a CNA. The definition of extensive assistance should be consistent – use the same definition as for ACHCM. ACHCM specifies the assistance is for 3 or more times per week. This would address the issues of		For individuals receiving CAP services, the paid caregiver should be a CNA. Clients who need extensive assistance with any ADL and certainly any CAP client should require a CNA.	Do not understand what value is added by changing the rule. Many in-home aide companies support these changes, but what value are we adding for the consumer none that we can see.

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	"consistent" hands on assistance which is not defined in the new rule.			
3) Towanna Roberts – Manager, Good Shepherd Home Health and Hospice Agency			Aides who were certified provided more professional and scientific based care than non-certified ones. Certified Aides have been trained to provide personal care in a professional and confidential way with least amount of embarrassment and exposure. Certified aides have been taught CPR, first aide, about elder abuse.	Opposed to the rule amendments.
4) Richard Rutherford – Semra Care (from public hearing)	Definition of extensive assistance be clarified. As drafted, the word "extensive assistance" used in two senses. Used to try to identify what kinds of clients need CNA's. Also used to describe the type of hands on support that would lead it to be a CNA task. It is a circular definition. Same word is used to define itself in (8)(a) and (8)(c). In one case to mean the type of care and the other to mean they need that type of care with two or more tasks. Could be eliminated by breaking out what extensive assistance means and if extensive assistance is needed, then you need a CNA.			Changes be coordinated with the N.C. Board of Nursing. The BON is in charge of what tasks may be performed by unlicensed assistive personnel (UAP). Permit UAP (CNA) to perform those types of tasks, and do have provision in their rules about the delegation of incidental care tasks to CNAs. Not clear they would agree that these things fall within that definition. Effective date of the provision take into account the need to establish training courses. Important to

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	A nursing issue to be addressed is the definition seems to be unrelated to the type of task performed as opposed to the number of times that task has to be performed.			maintain as much ability and flexibility for people to get those expensive courses done. A training program is needed that is rapid, effective and is state sponsored that doesn't cost the agencies or aides a lot of money or free. The forms, which are DMA's forms, the PCS PAC form and the PCS Plus form are going to have to be revised in order to deal with the new definitions of what is the activities of daily living and the regulations that DMA has. Encourage DHSR to coordinate with DMA to ensure consistency
5) Kathie Smith – RN, Association for Home & Hospice Care of NC (from public hearing)	The licensure rules did not define what level of aide could care for what level of patient. The proposed rules define when a patient would need a nurse aide I using a national standard, used by Medicaid in the PSC program.	The rules did not spell out the exact competencies needing to be validated for an in-home Level II. The proposed rules require uniform in-home aide competency validation by an RN.	The rules will align more closely to the Aging rules in the number of ADL considerations for the level of aide needed and to the Medicaid PCS program.	The Association gathered a group of stakeholders together which included providers, DMA, DOA, NC BON, DHSR licensure and HCPR sections as well as receiving input from patients and families. The rules follow the NC BON direction by nurses using criteria for

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				delegation.
6) Edwina Thompson – Acting CAP manager, DMA (from public hearing)	Definition of "limited assistance" needed and is not in rules. Given the level of aides that we have both of those who would be certified nurses which would be covered under "extensive" but the others who where not, there is no definition in here that explained that. Needed to be in there to explain that. There may be some movement to take out the type of tasks associated with the levels, the type of individuals that are working with the different CAP/DA programs we feel that probably there should be some identification of tasks as it relates to the level given. But there is not a distinct definition for the "limited assistance" tasks.			
7) Vicky Derreberry – RN, Cherokee County CAP/DA		Provider agencies are not monitored as closely as they should be. Any provider agency can produce paperwork for files showing that someone has been provided education. Whether proper training has occurred is another story. A CNA class lasts a couple of months with clinical experience, but how can a	Difference in the type of care In-Home Aides and Nurse Aides I provides. Due to Nurse Aide I training, are more confident, professional, have a better understanding of care that is needed for clients. If a client may not require extensive assistance with >2 ADLs then will be required to	Against the proposed amendment changes concerning Nurse Aide I versus In-Home Aide and extensive assistance.

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		Nurse Supervisor provided a few minutes of check offs call someone "qualified".	put an In-Home aide with these clients. If CAP/DA is for clients meeting NF level of care, then anyone less than an Nurse Aide 1 should staff these clients. In-Home Aides not able to perform vital signs or recognize illness as quickly.	
8) Kyndra Waldroup – Case Manager, CAP/DA			Do not agree with rule change requiring patients to need extensive assistance with 3 or more activities to have a Nurse Aide I provide care. Contradictory to require a CNA to work in a licensed facility but not in home care where the same patients are being cared for. It takes someone that has been educated and completed clinical work to correctly know how to transfer, maneuver after a fall, prepare meals if diabetic without injuring them. By increasing the amount of physical assistance a patient needs for a nurse aide I, only allows providers to continue staffing patients below a reasonable standard of care. Nurse Aide I's are relied on to take correct vital signs. Check off sheets can be filled out by anyone and placed in a file in order for staff to perform a certain task. In home aides are not tuned in to the possible	

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			signs/symptoms of a more severe problem, because they don't know to be. It is careless to allow someone with little or no medical training to provide hands on care with no one else around for guidance. Aide providers are so under monitored now that if this amendment passes it will just open the flood gates for anybody to provide care for out patients without any true regard for their health and safety. A nurse aide I is bound to the rules of the state to keep their license while an in-home aide is just accountable to their employer.	
9) Jesse Goodman – Acting COO, DHSR			What folks do not understand is that this doesn't prohibit an agency from using NA I's to provide all the care if they so desire. It is ultimately the agency's responsibility to assign the appropriate staff to carry out the plan of care, which is developed by the RNs for their clients.	
10) Will Wakefield – CAP Supervisor, Caldwell County DSS			Changes will allow practically anyone to provide home care with minimal training. Most CAP clients need some extensive assistance on ADL. Having a CNA serve CAP clients makes sense since those people are at the nursing level of	Opposed to rules. Will negatively effect the service and care of elderly and disabled rely on. It would be a huge step backwards to follow through with the proposed amendments.

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			care. Ensuring these individuals are cared for by qualified people is of utmost importance. Rules would greatly decrease the number of CNAs needed for clients because the use of extensive assistance is too conservative. Most of these persons would be cared for by In-Home Aides.	
11) Pat Harrison – Social Work Case Manager, Living-At-Home CAP/DA Senior Services, Inc.	Please define limited assistance. Please define mobility.			CAP/DA program keeps clients out of NF, where they would have a CNA. There should be no gray area of service to our CAP/DA clients and their PCG's who find checking the Nurse Aide Registry comforting.
12) Michelle Hinton – SW/Case Manager, Senior Services, Inc.	Line 21 dos not make clear what mobility is for a client. We look at mobility as the following: bed mobility, ambulation inside, ambulation outside, and transfer. No definition for limited assistance.		**All CAP/SA aides need to be certified.** If a client requires one extensive assistance ADL, then the aide must be certified. Changing the current iha certification will give agencies a chance to put more aides in the home that are unqualified. It will cause more stress for families and clients. It will hold same guidelines as PCS and PCS+. CAP-DA is a nursing home level of care program and nursing homes only have certified aides. Why should CAP any different. Did we forget CAP is a step up from PCS and PCS+?	IHA certification needs to remain the same.

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13) Deborah Allen – CAP Supervisor Judith Ward – Cap Supervisor Cabarrus County DSS	Line 20 references consistent hands-on assist, but provides no frequency to define (such as 3 or more times a week). Line 23 proposes a client would need extensive assistance in more than 2 ADLs in order to require a CNA. Last year we had CAP aides become CNA certified by April 1 in order to retain their employment. Others resigned due to the inability to become certified and some clients withdrew from the CAP program due to the regulations. Do not understand why after strengthening regulations it would benefit clients to relax them and allow more non-certified aides. Page 2 Lines 17-24 indicate both a diagnosis and client assessment are necessary to document medical or cognitive impairment. This is too vague. Clients functioning can vacillate, resulting in continual need to determine if CNA is required.	Page 2 Lines 9-18 validity of core competencies questioned. Nothing specifically addresses how oversight, accountability, and training would occur.		Changes more geared toward benefitting Provider agencies, not clients. Anticipate a reversal in degree of professionalism, from CNAs with higher standards for In-Home Aides.
14) Felissa Ferrell – Program Manager, Rockingham	What is proposed seems too complicated and contra-		If the individual is receiving CAP services then the caregiver	Rule changes should benefit the consumer and

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County DSS	indicated for basic care. A person to receive extensive assistance would need either assistance in 2 or more ADLs or need a Nurse Aide II task or need extensive assistance with more than 1 ADL with a medical or cognitive impairment. The language should be consistent with similar services. The definition used for Adult Care Home Case Management specifies extensive assistance is 3 or more times a week, this would address the issues of "consistent" hands on assistance which is not defined in the new rule.		should be a CNA. These are nursing home level of care individuals who should receive the same level of care/service as if they were in a nursing home. CNAs have more training, accountability, and a requirement to be on the CNA Registry. Allowing an in-home aide to provide this level of care is not beneficial to the consumer.	not the home care agencies.
15) Wanda Roten – CAP/DA Program Manager, Ashe Services for the Aging, Inc.	Will you be designating the tasks that could be a 3, such as bathing, or could it be any of the ADL tasks? I can see a big difference between bathing and perhaps transfers.			
16) Katherine Hodges – CAP/DA Case Manager, Senior Services, Inc.			ALL CAP-DA CLIENTS MEET CRITERIA FOR NURSING HOME LEVEL OF CARE. All CAP-DA clients should be required to have a CNA. Aides have to work with some degree of autonomy with the client and should at least have basic CNA training. If clients were in a NF, they would have a CNA at the	It was the right thing to do, to change the rule to require aides working with the CAP-DA clients with "extensive" care needs to be CNAs.

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			bedside. "The CAP-DA program is an alternative to nursing home placement so why should NC not require this basic need….a CNA to care for them?" CAP-DA should be supported by requiring the best possible care for clients, including the IHA be a CNA.	
17) Mildred Harden – Adult Services Supervisor	Concern involves the potential to restructure the current CNA system that may limit possible employment for an individual who has obtained the skills to perform specific person care tasks. These areas would also require re-assessment of the needs to continue eligibility for the nursing staff at that level.			Requiring additional criteria for a level of care that is already needed is not the right direction.
18) pragan@yadkincountync.gov	The wording of extensive assistance would make most clients needing limited assistance. Definitions do not address what is limited care or what is needed to provide limited assistance. The explanation of extensive is vague and makes it very difficult to understand. The definitions do not address other IHA such as		With the CAP program, clients are nursing home level of care. A person on CAP/DA is to need more than a person needing PCS. These clients are vulnerable and need a CNA taking care of them. Is the nursing home not required to have CNAs? Are these clients not entitled to the same care as NF residents? Changes make it easier for aides with poor performance and/or committed crimes against clients to move through the system	There needs to be some changes in the monitoring of the IHA agencies and who is receiving PCA services. If the client does not require a CNA, then the agency should not be paid the full amount allowed by Medicaid. They should receive the full amount only if required to provide a CNA. That would save money on PCS and let the agency pay more for

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	level 1 and level 2. Where these not addressed in the previous rule? With the change in ADLs, 3 different ADLS were combined into 1. Mobility now means bed mobility, transfer and ambulation. A person with difficulty with 3 areas now only counts as 1 for looking at needing extensive care. A person would almost need to be bedbound before they would need a CNA therefore agencies could hire anyone with no experience to work with a vulnerable population.		faster. There is no registry to notify and the aide could go work for another agency. Clients will not go to the police but will tell the agency.	a person who got their CNA.
19) Lawrence F. Nason – Chief, Facility and Community Care, DMA	Page 1: Line 19- Extensive Assistance definition "guiding and maneuvering" is from the PCS limited definition. Would prefer to see definitions for both limited and extensive assistance as it exists in DMA because generic definitions would assist with statewide standards and not be program specific. Line 20- Define "substantial". Suggestion that hands on assistance is > 50% of care.	Concern over how much oversight and how much accountability for core competency training will be monitored, especially given moratorium lifted for home care agencies Jan. '09		Many CAP/DA lead agencies commented to DMA that rules will open up qualifications where anyone could qualify to provide IHA services. Was a significant number who felt that CAP should provide CNAs since the program was an alternative to NF care. Concern that Level II IHAs not tracked on Registry. Level 1 Home Maintenance task are not reimbursed under CAP/DA as a stand

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	Line 21- Replace "mobility" with specific terms which include ambulation, bed mobility and transfers. Line 23- Proposed rule requires that clients need "more than 2 ADLs" to qualify for extensive, thereby requiring a Nurse Aide I or II. Suggest requirement should be "2 or more ADLs" to qualify for extensive, thereby requiring a Nurse Aide I or II. Page 2 Line 17-24- Strictly a diagnosis as a qualifier is a potential issue with programs across the state. An RN determines what level of care is appropriate for the recipient base on functional deficits and not on their medical dx. Ex.: Client with mod. Alzheimer's may only need ext. assistance in 2 ADLs and should not require a NA I or II or someone with extensive pain may have 2 extensive ADL needs but not need a NA I or II.			alone. They can be paid if hey are coupled with Level II or Level III tasks. DMA does not have a separate payment schedule for the different levels.
20) Tami Hefner – Adult Services Program Manager, Catawba County DSS	The definition of extensive should be consistent with other program areas, CAP assessment, ACH case management, DMA 3050R		All CAP clients should require a CNA. Want to make sure importance of services individuals receive from in-home aides is not lessened. With	Explain reasoning behind the changes. Appears clients will receive lesser service.

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	etc. Consistency would help ensure all parties are uniformly applying the definition.		the elimination of "limited", make sure these individuals still receive needed services. CNAs listed on the Registry. No similar system for in-home aides so there will not be the same level of accountability.	
21) Melissa Swink – Social Work Supervisor, Davidson County Senior Services	Cognitive impairments should not be part of the criteria in addressing extensive assistance. Many have diagnosis with cognitive impairment but don't need extensive assistance. Definition for extensive assistance does not seem to be defined and unsure why limited was not defined at all. Current definition will allow more agencies to cut corners and not use appropriate personnel. If the current definitions are kept as is, agencies will be allowed to send out anyone they wish.		Concerned about the lack of accountability that goes along with aides who are not certified. They can perform poorly or negligently and then go on to another agency without consequence.	Want things to go back to the old way of having 2 separate coded under DAP/DA for level 2 and level 3. Would also like to see 2 separate pay rates for each level. If rates were adjusted to reflect the difference in qualifications there would be more incentive to staff appropriately. Rules seem to make it easier to staff clients as level 2. Clients should have better qualified aides, not be staff with less qualified.
22) Glenda Artis – Adult Care Consultant, NC Division of Aging and Adult Services	Many clients will not be served because their needs will not meet the definition of "extensive." Any client who has any physical or cognitive impairment and requires assistance with one ADL would be required to have an extensive aide. Although the writers of the rule are		Although the writers of the rule are proposing this would less the use of extensive aides, it would actually increase the need for extensive aides that could be easily served by a limited aide. The rule is excessive and costly use of the limited workforce which we can ill afford with the growing service needs and	Concerned rules (.1107 & .0901) will further narrow who can be served and the aides that can serve them. The rules are adjusted to suit one particular program and it is not addressing the various care needs of clients who need this

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	proposing this would less the use of extensive aides, it would actually increase the need for extensive aides that could be easily served by a limited aide. The rule is excessive and costly use of the limited workforce which we can ill afford with the growing service needs and strained public funds. The moratorium on home care licensure is lifted after 2 years. There are more potential providers who will be licensed but may not hire a limited aide because the term "limited" is not defined and is actually removed from the current rules.		strained public funds. We cannot rely solely on the aide listed on the nurse aide registry or CNA which is what the rule is focused on. Proposed rule changes will hurt the clients and families who need this service and the agencies who are trying to proved this service.	service. Many of the Division's programs the serve our clients fall under these requirements. Out of 4 levels of in home aide serves that we fund, level II Personal Care, which is equivalent to "limited" in the current rules is the service that most of our in home funds pays for. That figure has gone up over the last 5 fiscal years. Revisit with all stakeholders, including DAAS, the original rule and the need for defining "limited and extensive" so that we can continue to see appropriate use of resources especially aides providing Level II-Personal Care services.