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## SMALL BUSINESS IMPACT STATEMENT

### PROPOSED AMENDMENTS TO NAC CHAPTER 449, LCB FILE #R016-20

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should decrease the economic impact upon small businesses and therefore may improve the formation, operation or expansion of a small businesses in Nevada.

A small business is defined in Nevada Revised Statutes NRS 233B as a “business conducted for profit which employs fewer than 150 full-time or part-time employees.”

This small business impact statement is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in items 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in item 8 below followed by the certification by the person responsible for the agency.

### BACKGROUND

Since 2019, NRS 449.103 has required health care facilities licensed in accordance with this chapter to provide training, so that employees may better understand patients or residents who have different cultural backgrounds. This cultural competency training must be provided through a course or program that is approved by the Department of Health and Human Services. NRS 449.103 also authorizes the Board of Health to adopt regulations regarding cultural competency training. Regulations were adopted in LCB File #R016-20. Those regulations were implemented until changes were made to NRS 449.103 during the 2023 legislative session pursuant to Assembly Bill 267. Pursuant to the modifications to NRS 449.103, the Department of Health and Human Services has generated an initial agency draft of cultural competency training regulations to replace those found in LCB File #R016-20. This initial agency draft was provided to licensed health care facilities and other interested parties to determine the small business impact of these regulations. The Department’s intent with this initial agency draft was as follows:

- Reduce burden on health care facilities by generating cultural competency training (CCT) regulations with minimal standards described in Assembly Bill 267
- Align requirements for review, approval, or rejection of CCT course submissions within 10 days of receipt, in accordance with Assembly Bill 267
- Eliminate the requirement for health facilities to report the specific CCT course the facility will use to educate its employees
- Retain the necessity for inclusion of the statutory topics identified in NRS 449.103
- Reduce burdens on facilities by establishing new timing from initial employment to receipt of CCT
- Establish periodicity and a minimum number of hours of CCT that has some alignment with professional licensure Board requirements established in Assembly Bill 267

- 1) A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (2)(a), the Division of Public and Behavioral Health has requested input from all health care facilities licensed pursuant to chapter 449 and those otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed.

A Small Business Impact Questionnaire was sent to all facilities identified above along with a copy of the proposed regulation changes, on 8/28/23. The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

## SUMMARY OF RESPONSE

Summary of Comments Received (75 responses were received out of 1834 small business impact questionnaires distributed)			
Will a specific regulation have an adverse economic effect upon your business?	Will the regulation(s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
In summary: Most respondents indicated there would be an adverse economic effect, but did not relate this specifically to the new initial agency draft of CCT regulations, but rather related the adverse effect to the necessity for CCT in general and based related costs on the current regulations in LCB File #R016-20. None of the respondents who indicated there would not be an adverse economic effect provided comments to explain their response.	In summary: Most respondents indicated there would be no beneficial effect and referenced current costs associated with CCT. Some responded that a free course developed by the Department would have a beneficial effect. Some commented that that there would be a beneficial effect associated with reduced hours of instruction.	In summary: An equal number of respondents indicated there would be an indirect adverse effect as opposed to those who indicated there would be no indirect adverse effect. Responses were varied and some expressed concern regarding CCT that employees have already attended. None of the respondents who indicated "No" indirect adverse effect provided comments to explain their response.	In summary: Most respondents indicated there would be no indirect beneficial effect. Some of the respondents that indicated there would be indirect beneficial effects related potential for more positive interaction with patients and better person centered care.
The complete list of written responses is in attachment "A".	The complete list of written responses is in attachment "A".	The complete list of written responses is in attachment "A".	The complete list of written responses is in attachment "A".

Number of Respondents 75	Adverse economic effect?	Beneficial effect?	Indirect adverse effects?	Indirect beneficial effects?
Yes	56	11	35	16
No	15	59	35	54
Left blank	4	5	5	5

2) Describe the manner in which the analysis was conducted.

All of the results from the small business impact questionnaire were reviewed and categorized. Some required interpretation because the written responses were in conflict with the “Yes” or “No” response given regarding the same question. However, most of the written responses provided sufficient information to understand the intent of the respondent. Unfortunately, several respondents did not reply with individual comments, but rather responded with identical text obtained from another respondent. This identical text represents 21 of the total respondents. So, a large portion of the responses relate the exact same comments, rather than comments indicative of the impact the initial agency draft will have on individual small businesses.

3) The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.

The mean cost of CCT by an approved third-party trainer, which is the most commonly used method for facilities to provide the training is approximately \$75 [lowest \$50 and highest \$100], per employee per year. Licensed health care facilities that meet the small business definition may have between 1 and 150 employees. Calculating costs to the facility, would result in the following: 1 employee = ~\$75 annually, 2 employees = ~\$150 annually, and so on. This doesn’t take into account wages paid to the employee while they receive the training. Some respondents provided costs associated with 5 employees being paid wages at \$20 per hour during the training. Using the costs above this would result in the following calculations: 5 x \$75 = \$375, plus 2 hours minimum training, \$20 x 2 = \$40, times the 5 employees = \$200; or \$375 + \$200 = ~\$575 annually for a business with 5 employees that pays wages to the employees during the training. These calculations may represent costs for many very small businesses, whereas small businesses with 100 employees may experience costs according to these calculations: 100 x \$75 = \$7,500, plus 2 hours minimum training, \$20 x 2 = \$40, times 100 employees = \$4,000; or \$7,500 + \$4,000 = ~\$11,500 annually for a business with 100 employees that pays wages to employees during the training. Currently the approved third-party courses are more than 2 hours and range from 3 hours to 9 hours, so the mean is ~6 hours. Using the two situations above, the current annual cost of CCT is approximately:

5 employees training and wages annually = \$375 (training) + \$1,200 (wages) = \$1,575

100 employees training and wages annually = \$7,500 (training) + \$24,000 (wages) = \$31,500

In addition, the initial agency draft proposes several changes to streamline the submission and approval processes for CCT course developers. The intent of these changes is to encourage more course submissions and approval of more courses for both third party developers and for facility specific course developers. Approval of facility specific courses has the potential to significantly reduce costs for the facility annually.

4) Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.

The Division of Public and Behavioral Health has provided opportunities for the affected industry to provide input and comments regarding the proposed regulations, including the economic impact the proposed regulations may have on small businesses. Modifications to the proposed regulations may be

made as a result of this input. A workshop will be held on Nov. 14, 2023, allowing for further input by the affected industry and public regarding the proposed regulations and how they will impact businesses and the public. These comments will be taken into consideration for possible further revisions to the regulations to reduce the economic impact on facilities.

5) The estimated cost to the agency for enforcement of the proposed regulation.

Nominal, agency staff will review training programs for approval and the agency will determine compliance during regular inspection processes.

6) If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.

None, no new fees are proposed in these regulations.

7) An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

These regulations do not duplicate federal, state or local standards regarding the same activity.

8) Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.

Based on the calculations regarding approximate current costs of cultural competency training provided in item 3 above, versus the approximate costs upon full implementation of the proposed amendments there should be a marked decrease in costs, to small businesses. Although AB 267 changed responsibilities for the Department and training approval/rejection timelines, the statutory requirements and intent for this mandatory training remained substantially unchanged. Hence the agency is limited in its ability to further reduce the costs of this training on small businesses. However, with the proposed improvements associated with submission, review and approval/rejection of courses, there is a potential for increased reduction in costs for those facilities that generate and submit facility specific courses.

Any persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Sherry Stevens, Administrative Assistant III, at the Division of Public and Behavioral Health at:

Division of Public and Behavioral Health  
Sherry Stevens, AAIII  
4150 Technology Way, Suite 300  
Carson City, NV 89701  
Phone: (775) 684-4217  
Email: [s.stevens@health.nv.gov](mailto:s.stevens@health.nv.gov)

### **CERTIFICATION BY PERSON RESPONSIBLE FOR THE AGENCY**

I, Cody Phinney, administrator of the Division of Public and Behavioral Health, certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.



Cody Phinney, administrator  
Nevada Division of Public and Behavioral Health

Date: Oct. 25, 2023

## Small Business Impact Statement - Attachment A

Please list each regulation and explain the adverse impact. Indicate the estimated dollar amount(s) you believe the adopted regulations will cost you over one calendar year with a brief explanation.	Please explain and include any cost savings you believe the adopted regulations will save your business over one calendar year with an estimated dollar amount, if applicable.	Please explain the indirect adverse effects.	Please explain the indirect beneficial effects.
<p>NRS 449: Cultural Competency training to be done annually is costly and time consuming. Takes away from direct patient care. We currently take a cultural competency course through our company and then the State required one. If we can choose our course then it will be more beneficial and cost effective.</p>			
<p>This will cost our facility about \$1,200 to become fully compliant and ongoing average \$20 per new employee or credentialed provider.</p>			
<p>The initial and ongoing cultural competency training requirement will impact our facilities through direct costs of training and through wages we must pay staff to take this training and to provide other staff to work with the youth so the staff member can take the training. Estimated to cost the facilities a minimum of four hours of staff time (2 for the staff taking the training, 2 for the staff replacing them) plus the cost of the training itself. If the average wage of an employee is \$25.00 an hour, the training cost will be \$100 per person, plus the cost of the training. If the facility is able to develop and have approved their own training, the cost for training could be captured during the development of the training. This would take several hours of development and review and if needed revision. Content area experts would be needed to do this, so the cost would be quite a bit more than the cost of the persons being trained. The cost of the training would vary depending on the approved format- it would be higher if the training were in person for example as we would have to pay the trainers as well. For a facility with approximately 50 staff- we are going to use \$5000 dollars just for the staff costs, not counting the training itself. The current training options are \$100 dollars per person for the training- so that would be another \$5000. An estimate then for 50 staff, would be \$10,000 a year for training in this one area alone. These estimates are for a 2 hour training. If the training were to require longer, then costs would go up of course.</p>	<p>The previous regulations required a 9 hour course-or at least that was the length of time for the courses that were approved. This took considerable amount of our training time and of course, the costs of the training, the cost of the employees time to take the course and the cost of the replacement staff so staff could take the course. The reduction to a two hour course would be beneficial to the programs.</p>		
<p>NRS 449.103 (Section 13.3) Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.</p>	<p>Cost Savings for small business providers with 5 employees on board: \$20.00 per hour is the median salary of the staff x 2 hours of training = \$ 40.00 plus \$50.00 lowest fee charged by Third Party CCT Trainer = \$ 90.00 x 5 employees = \$450.00 is the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$ 4,000 ( \$450 x 120).</p>		
<p>NRS 449.103 ( Section 13:3) Cultural Competency Training is an additional expenses to our budget for the facility. For 3 employees times 50 dollars equals 150 dollars plus her pay for the day we took the training equals to 150/ day x 3= 450 dollars.</p>	<p>We will be saving money if DBPH will give online free training.</p>		
<p>NRS 449.103 (Section 13.3) <sup>®</sup> Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.</p>	<p>Cost savings for small business provider with 5 employees on board: \$20.00 per hour is the median salary for the staff X 2 hours of training = \$40.00 plus \$50.00 lowest fee charged by third Party CCT Trainer = \$90.00 X 5 employees = \$450.00 is the lowest cost saving for a 8 beds licensed facility over one year. For 120 small business providers, the lowest cost savings per one calendar year is \$54,000.00 (\$450.00 X 120).</p>		

NRS 449.103 (Section 13.3)

Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.

Cost Savings for small business providers with 5 employees on board:  
\$20.00 per hour is the median salary of the staff x 2 hours of training = \$ 40.00 plus \$50.00 lowest fee charged by Third Party CCT Trainer = \$ 90.00 x 5 employees = \$450.00 is the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$ 54,000 ( \$450 x 120).

NRS 449.103 ( SECTION 13.3). Cultural Competency Training is additional financial burden to small business providers and only the approved third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DPBH approved Third party trainer is \$50.00 per person and the highest is \$100.00 person every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000.00 to \$60,000.00 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50.00 X 5 employees = \$250.00 x 120 homeware facilities = \$30,000.00). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small businesses providers if DBPH can create an online CCT just like Adult Protective Services training on line provided by the Nevada Care Connections.

Cost Savings for small business providers with 5 employees on board:  
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It's very time consuming and not cost effective, our agencies cannot pay enough for these caregivers to be paid to take this training. This training should be provided by the state for free and should only be an hour long. These caregivers already have to take long trainings annually and it comes out of the little business profits we barely make.  
Additional cost of training new and current employees. Cost is based on the number of hours required for new employee training (32 employees x 2 hours x \$17/hour = \$1,088) and annual training (50 employees x 2 hours x \$17/hr = \$1,700)

So far none, again it's very time consuming and expensive for businesses and caregivers because they have to take time off their day to get this training done.

NRS 449.103 (Section 13.3)

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Cost of training. Employees hours during training

NRS 449.103 (Section 13.3)

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Here's the example:  
 Cost Savings for small business providers with 5 employees on board:  
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Cost Savings for small business providers with 5 employees on board:  
 \$20.00 per hour is the median salary of the staff x 2 hours of training = \$40.00 plus \$50.00 lowest fee charged by Third Party CCT Trainer = \$90.00 x 5 employees = \$450.00 is the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$54,000 (450 x 120).

Annual Cultural competency Training is an additional financial burden to small business providers and only the approved Third Party Trainer will benefit from this Regulation.

In one calendar year, it will cost me \$ 1500.00. For the class \$100.00 for each employee x3, day salary \$200.00 x 3, salary for the covering employee for the class participant \$200.00 X 3, total of \$1500.00 annually.

It will cost me \$1500.00 annually with 3 employees on board.

Cultural Competency Training is an additional financial burden to small business providers and only the approved Third Party Trainers are the only one that will benefit from it.

It will cost me \$2000.00 annually, \$ 400.00 for the class, \$1600.00 for the wages including the wages of the employees covering for the participants of the class.

It will save me \$2000.00 annually with 4 employees on board.

Annual Cultural Competency Training is an additional financial burden to small business providers.

It will cost me \$3000.00 annually, \$600.00 for the class fee, and \$2400.00 for the wages of the class participants and the employee covering for the class participants.

Cost savings for small business providers with 6 employees on board will be \$3000.00 annually.

Cultural competency is an additional financial burden to small business providers and only the approved Third Party Trainers are making a huge amount of money in providing Cultural Competency Training. The lowest fee charged by DBPH approved Third Party Trainer is \$50/person and the highest is \$100/person for every training session. Just for 120 home care providers with 5 employees, these providers are spending annually between \$30,000 to \$60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees= \$250 x120 homecare facilities= \$30,000). The salary/per diem pay for the employee while training is excluded from this computation. It will be a great help financially to all small business providers if DBPH can create free online CCT just like Adult Protective Services training online provided by Nevada Care Connection

Cost Savings for small business providers with 5 employees on board:  
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Paying \$180 dollars a year

10,000.00 in reimbursement and employee/medical staff pay.  
 Without this training I can save \$180 dollars a year

If this is a required annual training the complacency that occurs over an 8 hr course annually can be great. Not to mention the need to take a staff member away from their job for 8 hrs to watch or listen to this will likely begin to loose its effectiveness and subsequently defeat what the overall goal is

		<p>If a pca/applicant already took the CCT from another agency and the approved training from that agency is different from our approved training then the pca will be required to take our approved training.</p>
<p>The cost of the program is \$100-150 per employee per year with annual renewals of the certification. The State has only approved a small number of educational programs, so we are paying needlessly for this. We should be allowed to purchase a program, teach and renew in house and not pay tens of thousands of dollars a year for this. There is no financial relief or reimbursement for small business to offset the cost of this regulation.</p> <p>Not one single advantage for a pca agency, 8 hours of high level bla bla, nobody listens, just answering the questions. This is designed for ph level not pca level</p>		<p>We are already in an era of staff shortages in the medical field. This is just another cumbersome regulatory item for the paper pushers</p>
		<p>Spending hours on a useless training for pca s Can use these hours to assist the frail and elderly</p>
<p>Direct cost of training (sect 13) - \$5,000 - \$7,500</p>		<p>Already licensed individuals (RNs &amp; MDs) get frustrated they must take additional training when already required from their licensing body. Patients are going to get annoyed by the proposed amount of questions and documentation that they are going to be asked when most of those questions have zero to do with their treatment.</p>
<p>AB267 Cultural Competency training - cost of training for staff/new hires continues to escalate mixed with hourly labor costs that is making it cost prohibitive. Requiring training annually is not cost-effective and does not change much from year to year.</p>	None	<p>Financially, for small group homes and commercial, the operating costs are surging with these additional requirements that may result in places shutting down as they can no longer afford the substantially inflated hiring and operating costs of RFFGs/AGCs.</p>
<p>The requirement to find and take an existing class is a significant burden to small businesses that experience turnover in positions or employ part time employees. With State "approved" courses costing upwards of \$150 per employee, it is a significant cost. With current employees and turnover this is easily an additional \$2250 expense. One solution would be for the State to provide a free course for employees to take. To avoid the cost of approved courses would require further time away from the business to develop such. Further the requirements for the course provider to have some type of certification or degree in cultural competency even further increases the burden and cost.</p>		<p>Employees will be upset if they have to participate in the cost of having to take a course to be employed. Why should the employer be the sole provider in the cost when both parties are affected by the regulation.</p>
	\$700	<p>More expenses for the business and less incentive for employees</p>
<p>The state now requires 8 hours of annual training to include OSHA required courses. Based on the courses provided by Care Academy 6+ hours of CCT training plus OSHA plus Elder Abuse and HIPAA training equals approximately 12 hours of training without adding any needed caregiver training. Caregivers are paid to take assigned training. Financially this puts an additional burden of \$7,000.00 to \$10,000.00 per year on our business that needs to make decisions based on profitability and ensuring the state mandated training is met and that training serves our clients and caregivers.</p>	There is not cost savings the adopted regulations will provide.	<p>Caregivers want additional training to serve their clients so to increase the requirements for CCT takes them away from acquiring more knowledge in skill/knowledge.</p>
<p>The currently approved courses are very expensive. We would like to be able to provide our own training to our employees.</p> <p>Financial burden and additional time taken from actual caregiving time from our already very extensive daily labor routine . Cultural competency is but a small portion of multicultural diversity training I have been exposed to in the past 25 years. Within each culture, different levels of discrimination exists. It is the actual caregivers, owners, and administrators that are experts in the field of being discriminated against. Just ask us.</p>		<p>This training adds to the already extensive curriculum our employees are required to take each year.</p>
<p>Home care agencies, although we don't have a facility with beds and patients, are grouped in the "facility" definition under 449. We employ non-medical caregivers to provide amongst other things, assistance with a person's ADL's, light housekeeping, or perhaps companionship. This is to people wishing to live in their homes as opposed to being admitted to a bed/care facility. Caregiver turnover is typically over 65% per year so providing initial and annual cultural competency training is quite costly, and with the caregiver leaving my employ within a year means this cost and time of training now becomes a cost with no return on the investment. Courses typically cost between \$50 and \$100 plus the 2 hours of training. I hire around 100 caregivers a year (and I am a small agency compared to others). At \$100 per hire x 100 hires = \$10,000 of expense. 65% turnover means that \$6,500 spent annually is essentially money flushed down the drain. Most home care agencies run on a profit margin of maybe \$3/hour (or much less if they have the majority of their business coming from Medicaid) of what is billed to the client. \$10,000 of expense divided by \$3/hour profit margin means that I would have to bill 3,334 hours annually simply to cover this new cost. A client shift for my company can be as little as 3 hours (home based clients typically can't afford 8 hours a day of home care help). If all shifts were 3 hours in length, I need to bill 1,111 shifts to break even on this cost. Now I have to spend this annually? If the course cost was capped at \$20/person and if the annual retraining requirement were eliminated or changed to bi-annual, this would substantially reduce the burden to us.</p>	There is no cost savings to home care agencies (which shouldn't even be classed as a "facility" because we don't operate a brick and mortar facility with beds, evacuations routes, hazardous chemicals etc.) This is a pure cost increase for us. For agencies that work on extremely thin margins, this will put some agencies out of business. This also creates a disincentive for me to grow my business because it will just cost me more.	<p>I run a private pay business. I will need to increase my rates to pass this cost on to elders needing care to living longer in their homes. Our services are not paid by Medicare as we are non-medical. We are not covered under a medical benefit program. You are simply raising the cost of non-medical home care go people needing care to live. Good on you! For agencies that get most of their business from Medicaid, something will have to give to manage their margins. Medicaid reimbursement is only slated to go up to \$25/hour and \$16 of that has to go to direct caregiver wages. That leave only \$9/hour to pay for medical benefits, training, office space, schedulers, licensing etc. etc. etc. We are a low margin business and you are killing us with all this non-necessary regulation and costs.</p>



<p>AB267 is burdensome and cost prohibitive for agencies. As the standard is written now, it would cost me over \$18,000 to train my current employees. For me to train all of the employees I hired last year, it would cost \$39,000. This number was arrived by me paying each employee their hourly wage to complete the training as it is now and does not include me paying for the approved courses.</p>		<p>We are struggling with finding labor as it is and this will be hours upon hours that our employees are not in a home and not caring for people. It also will greatly impact the finances of a small business which result in higher prices for our clients and potentially lower wages for employees.</p>
<p>Wingfield is a nursing home with approximately 120 employees. The regulations, as written, will cost 4 hours for each in training, plus the cost of training. This is equivalent to about 200 dollars per employee (4 hours at \$25 per hour and 100 per course. It will cost approx 20,000 to be in compliance with this regulation. Not to mention, the employees hate the training that is available. They think it is inappropriate.</p>	<p>Zero.</p>	<p>The employees think this training is ridiculous. It seems designed to force a narrow worldview on individuals, some of whom agree, and others who disagree. Regardless, it has not gone over well in the work setting.</p>
<p>NRS 449.103 (Section 13.3) ☒ Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.</p>	<p>The cost savings for small business providers with 5 employees on board: For \$20.00 per hour is the median salary of the staff X 2 hours minimum of training = \$40.00 plus \$50.00 lowest fee charged by the Third Party CCT Trainers = \$90.00 X 5 employees = \$450.00 the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$54,000.00 (\$450.00x120)</p>	<p>We do not anticipate indirect adverse effects because once NRS 449.103 (Section 13.1) will be implemented, there will already be a DIRECT ADVERSE EFFECT to us the small business providers. Delays in care are likely to occur, though transient in nature and not long lasting</p>
<p>\$9300 or more</p>	<p>Won't save us a dime</p>	
<p>Cultural competency training requirement is costing my facility an additional \$10,000 per year. I will inevitably have to pass this cost on to my clients, therefore adversely impacting the elderly living in NV.</p>		<p>More potential clients will be priced out of my facility due to the cultural competency training necessitating another price increase.</p>
<p>NRS 449.103 (Section 13.3) Cultural Competency Training is additional financial burden to small business providers and only the approved Third Party Trainers are making huge amount of money in providing Cultural Competency Training. The lowest fee charged by the DBPH approved Third Party Trainer is \$50 per person and the highest is \$ 100 per person for every training session. Just for 120 home care providers with five employees, these providers are spending annually between \$30,000 to \$ 60,000 for CCT provided by the Third Party Trainers. Here is the simple computation: (\$50 x 5 employees = \$250 x 120 homecare facilities= \$30,000). The salary / per diem pay for the employee while on training is excluded in this computation. It will be a great help financially to all small business providers if DBPH can create a free on line CCT just like Adult Protective Services training on line provided by Nevada Care Connection.</p>	<p>Cost Savings for small business providers with 5 employees on board: \$20.00 per hour is the median salary of the staff x 2 hours of training = \$ 40.00 plus \$50.00 lowest fee charged by Third Party CCT Trainer = \$ 90.00 x 5 employees = \$450.00 is the lowest cost savings for the facility licensed for 5 beds over one calendar year. For 120 small business providers, the lowest cost savings per one calendar year is \$ 4,000 ( \$450 x 120).</p>	<p>We do not anticipate any indirect adverse effects because if NRS 449.103 (Section 13.1) will be implemented, there will be already direct adverse effect to us as a small business provider.</p>
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<p>Cultural Competency Training. We try to hire as much as possible but with the severe caregiver shortage we may get up to 5 a month. We get them on boarded. Not all stay past 2 months. It's the way it has been since Covid. So, 5 a month at \$40 a pop times the 2 hours it takes to do the class is \$4560 a year. That might seem like little to you, but it is a HUGE chunk of change for our small agency of only 20 caregivers. In my opinion, NON-medical personal care agencies should be exempt from this training.</p>		<p>This training has been met with so much pushback from our staff. They have all gone to it and they all think it is basically for the medical professionals. They are all ready telling us how it makes them feel like we are calling them racist and bigots. WE ensure them that isn't the case, but they are very unhappy. We have a very diverse staff.</p>

As originally proposed, the training requirements for Cultural Competency would create a huge burden on our Personal Care Agency. We already have to pay for approximately 16 hours of initial training and another 8 hours of annual training per employee. We not only pay for all training materials, but compensate the employee with hourly pay. To add 6-8 hours of training for Cultural Competency initially and annually is going to drive many smaller players out of the senior market.

Assuming Cultural Competency training is ONLY 6 hours per year, our agency cost would be approximately \$32,800. To arrive at that figure I used the following: 6 hours of class at \$17.50 average hourly pay per employee plus a tuition fee of \$100 per employee for a total of \$205 per employee. We have 80 caregivers but experience a minimum rate of 100% turnover in a given year. Therefore I took the cost of \$205 per employee and multiplied by 160 attendees to come up with my estimate of \$32,800. The numbers assume the class is taken one time and not repeated as an annual requirement.

Many employees resent the barrier to employment the State has already placed upon the non medical caregiver. Between 2step TB tests, physical exams, background checks, 16 hours of initial training, CPR certification, and all the agency-required training, the employee is spending a good deal of money and time to enter a field that pays minimally. They DO NOT treat patients. They provide assistance with the activities of daily living. The State is regulating them and the agencies who employ them out of the business of caring for the elderly.

The class itself runs approximately \$150 per person, and each person is required to take the class within 30 days of hire. It is not only the cost of the class per employee but the cost of impacted senior care due to not having the team on the floor. It would be beneficial to have a little more leeway in when the class is due so scheduling is not impacted as much and resident care is put first as it should be.

I assuming the price of classes will increase as there will be a loss of revenue due to the regulation change.

When I first started this business (20 years) it cost about 200.00 to get an employee credible with all the State requirements. I just put it to the pencil and it is now up to 470.00. It may not sound like much in your realm, but it is significant to us. We take care of alot of veterans (16) and Medicaid (20) recipients. We have to be very frugal to be able to do this. Also, the turnover for this age bracket of employees we use is alot higher than ever before.

Treating people correctly can lead to longevity of residence. Which in turn is good for our revenue. There is the thought if this is something that can be taught, or you have to be born with it in your heart and soul. Referring to Cultural Complecty Training.

The cost and turn over rate we have to deal with. We have to pay 8 hours of wages for this in addition to the cost of the course.

Give Input on Cultural Competency Training Regulations: AB267

I appreciate this being looked at and the changes being made. We are in favor of the direction that this is headed. My only concern is with the last bullet point: Establish new periodicity and a minimum number of hours of CCT:

I personally don't like the idea of assigning a set time limit or maximum as every area and facility is very different. Some areas may have a lot more to discuss and others may have less. If a time limit or maximum is set it will reduce the effectiveness of the training. Please focus on the content being taught and not the time.

An estimate of the cost to the facility would be approximately \$16,000 for every hour of training required for each employee. This was determined by taking all employees hourly rates and adding them together. This is a huge financial impact, especially if an hour requirement is set that is above and beyond what is necessary.

There is potential that a few patients in a year will have a more positive interaction with staff that are more aware.

Any additional cost will have an adverse economic effect.

Although it's important to be culturally competent, being such will not create economic benefit.

Sure, indirectly, if my staff is more culturally competent, I should be able to provider a higher level of person centered care, then what I am able to do now.

We are currently required to have 8 hours of initial training and 8 hours of annual training thereafter. This will be a significant reduction of employee time required for training. I project the reduction will be over \$1,000 annually.

The training is a good thing. I think that two hours is more than enough to get good results.

It is 45.00 per caregiver and that is every year for new and existing caregivers. 40 x 45.00 is 1800.00 a year. We lose caregivers all the time because of the amount of training hours that are required.

I propose the time be cut to a 1 hour course. Every two years. That would be a financial benefit

We will be able to provide more service that is needed in our community

AB267 - we already have a class online through Relias that provides this topic. We pay our employees to take this class now but additional hours could cost us approximately \$7000 per year. This would be at \$15 per hour for the additional hours for 50 employees and this would increase as wages increase and having to remove employees from working hours to take classes. This does not include the cost of the class or the loss of income.

The loss of income due to employees not working all hours and the cost of the classes and payment to employees for taking the classes.

Employees don't want to give up hours they work.

This regulation is currently costing my agency \$37,500 to train each employee on CC, assuming the use of one of the 8-hour classes that have been approved for use by personal care attendants over the last two years.

Many of the personal care attendants in this state are already marginalized. One of the outcomes of the SB340 process was a unanimous request to redesign the CC training for the personal care industry to teach our caregivers coping skills and how to handle adverse situations where THEY are the people being marginalized. As of this moment, that unanimous request has been ignored.

Both agencies and caregivers suffer from the adverse impacts of bureaucratic overreach, it unites us against people more interested in building departmental infrastructures and not acting the the best interests of our caregivers and clients.

NRS 449.103 (Section 13.3)

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\$52,000 to 75,000 per year depending on CG turnover

Many of our employees are part of a marginalized population and this training is above their education level so they often misunderstand the material and in some case is oppressive in nature.

More awareness of different cultural norms in the clients households

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