

## Nursing Home Workforce Standards Board

**Date:** January 16, 2024

**To:** Nursing Home Workforce Standards Board, Certification and Training Workgroup

**From:** Leah Solo, Executive Director

### **RE: Process for documenting training by a certified worker organization**

181.214 subd. 6 says “A nursing home employer must submit written documentation to the board to certify that that every two years each of its nursing home workers completes one hour of training that meets the requirements of this section and is provided by a certified worker organization.”

After discussion, below is the recommended plan for how to document the trainings and the interaction between a nursing home, worker organization, and the Board.

My recommendation is that the procedure outlined below be used by certified worker organizations, nursing home employers, and the Board to fulfill their legal obligations related to certification of training.

The template for tracking attendance will be a form that will pass from the worker organization to the nursing home employer and back to the worker organization and will be part of the curriculum developed by the Board.

#### **Codes**

As the Board has discussed documentation, unique identifiers or codes have been an important part of the conversation. The Board has discussed and put into draft rules that the certified worker organizations will have a unique identification code from the Board and that the certified worker organizations will give a unique identifier to a worker once they have been trained. Here is our suggestion for what the codes will look like.

##### *Code for organization*

The Board will provide a code to the organization. The codes will be letters that correspond to their order in being certified. The Board will maintain a full list of what letter corresponds to which worker organization.

Example: The first worker organization to be certified would be given the code “A”

##### *Code for training*

The worker organization will then provide a code to the worker once they have been trained. The code will need the date and geographic location in it. The date will be important to include to easily identify if a worker has been trained in the last two years and the location will be important to help distinguish the training.

The board may wish to be more prescriptive about how the code will be given to the worker.

Here is the recommended formula:

Organization's code + date of training + [county code](#) of the location of the training.

For example, if the first certified worker organization held a training on September 9, 2024 in St. Peter which is located in Nicollet County, the code for the training would be:

A09092024103 (A-the organization's code+09/09/2024- the date of the training+103- Nicollet County's county code).

These codes would be decipherable to the Board and employer and certified worker organization, but long enough that they may be difficult to fraudulently produce.

### *Requirements*

Worker Organizations would need to keep records of the trainings they have done and the workers who attended for 5 years, in order to allow for the possibility that the Board selects the a nursing home's trainings to be verified. The Board and a Nursing Home employer should be able to ask the Worker Organization to provide a check on legitimacy of a code and that a particular worker attended that meeting.

Worker Organizations will send the list of worker attendees to the nursing homes that had workers at the training. In return, the nursing home will return the sign in sheet with contact information for those workers who have not opted out of sharing their contact information with the worker organization. To do this, the worker organization should have a sign in sheet that includes the following:

- Name
- Nursing homes where worker is employed

NHWSB shall maintain a template sign in sheet that may be used. The sign in would be used to pass from the worker organization to the nursing home employer to help the employer verify worker attendance and ensure their workers are compensated for their attendance. The nursing home employer would then send the sign in sheet back to the worker organization with names and contact information of those who attended unless a worker opts out of having their information shared as prescribed by statute.

### **Documentation Process:**

The Nursing Home will have to submit an attestation that "We certify that that every two years each of our nursing home workers completed one hour of training that meets the requirements of this section and is provided by a certified worker organization."

### **Board Verification process:**

The NHWSB will need to have some sort of process for confirming that the documentation is accurate. The Nursing homes will need to be able to produce a list of all employees that have been employed at the nursing home for over two years and the code for the training that each person attended.

Each year, starting in 2026, the Board will direct the Board’s Executive Director to randomly pick a certain percentage of nursing homes in the state to verify that the workers have been trained. The Board’s Executive Director would request the nursing home produce the list of all employees that have been employed at the nursing home for over two years and the codes for the training for each person. The ED would then check through the codes to ensure they are legitimate and check with the worker organizations to ensure that the workers did attend those trainings.

**EXAMPLE: Sign in sheet**

The expectation would be that this sheet is what is retained for 5 years.

<i>This column is filled out at the sign in or pre-filled if folks sign up in advance</i>	<i>This is the same for every attendee of an event, but different for each event</i>	<i>This can be filled out or verified/edited by the attendee</i>	<i>The staff of the certified worker organization would fill this out. A “no” or blank would indicate they signed up but didn’t attend.</i>
<b>Name</b>	<b>Training code</b>	<b>Nursing Home Employer(s)</b>	<b>Attended</b>
Jan Jansen	A09092024103	ACME Mankato	Yes
John Smith	A09092024103	ACME Springfield	No
Maria Gonzalez	A09092024103	ACME Mankato, ACME Springfield	Yes

**EXAMPLE: What would be emailed to each employer**

These emails or the codes in these emails could be used to verify compliance with the rules.

Dear ACME Mankato Administrator,

Attached please find the list of who attended our training from your nursing home. This training was held on September 9, 2024 in St. Peter. Please send back the contact information of these workers and ensure they are compensated for their one hour of time spent in this training.

Sincerely,

First Certified Worker Organization

<b>Name</b>	<b>Training code</b>	<b>Nursing Home Employer(s)</b>	<b>Attended</b>
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Jan Jansen	A09092024103	ACME Mankato	Yes
Maria Gonzalez	A09092024103	ACME Mankato,	Yes

Dear ACME Springfield Administrator,

Attached please find the list of who attended our training from your nursing home. This training was held on September 9, 2024 in St. Peter. Please send back the contact information of these workers and ensure they are compensated for their one hour of time spent in this training.

Sincerely,

First Certified Worker Organization

Name	Training code	Nursing Home Employer(s)	Attended
Maria Gonzalez	A09092024103	ACME Springfield	Yes

**EXAMPLE: What the employer would send back**

Dear First Certified Worker Organization,

Please find the attached names and contact information from your training on September 9, 2024 in St. Peter.

Sincerely,

ACME Mankato

Name	Training code	Nursing Home Employer(s)	Attended	Contact Information
Jan Jansen	A09092024103	ACME Mankato	Yes	Contact information filled out.....

[REDACTED]	[REDACTED]	[REDACTED] [REDACTED]	[REDACTED]	Opted out of sharing contact information
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