**NOTE: This document covers only training requirements contained in the home care law and**

**includes the general training requirements for unlicensed staff. Orientation**

**and training requirements in other laws/rules are addressed in a separate document.**

**See** [**MN Stat. 144A.4795**](https://www.revisor.mn.gov/statutes/?id=144A.4795) **for other requirements related to training,**

**including requirements for instructors**

**Competency Determination for unlicensed staff:**

Under 144A.4795, subd. 3, (a)(2) and (b)(1), competency for all training for unlicensed staff noted with (S) must be satisfied by successfully completing a **practical skills test**. For training not noted with (S), competency may be documented by successfully completing a written or oral test.

|  | Basic License | **Comprehensive License—if Individual is a CNA currently on the Registry** | **Comprehensive License—If the individual is not a CNA** |
| --- | --- | --- | --- |
| **Orientation Requirements for Licensed and Unlicensed Staff (including supervisors)** | Home Care Orientation Requirements:   * Overview of the home care law * Review of the agency’s P/P related to the provision of home care services * Handling of emergencies and use of emergency services * Reporting of maltreatment to vulnerable adults or minors (depending on population served) * Home care bill of rights * Handling of client’s complaints, reporting of complaints including information about OHFC and CEP * Consumer advocacy services of the Ombudsmen for LTC, Mental Health and DD, Managed Care, etc. * Review of types of home care services the employees will provide and the agency’s scope of license | Same as for Basic License | Same as for Basic License |
| **General Training Requirements for Unlicensed staff** | See [MN Stat. 144A.4795](https://www.revisor.mn.gov/statutes/?id=144A.4795):  (1) documentation requirements for all services provided;  (2) reports of changes in the client's condition to the supervisor designated by the home care provider;  (3) basic infection control, including blood-borne pathogens;  (4) maintenance of a clean and safe environment;  (5) appropriate and safe techniques in personal hygiene and grooming, including: (S)  (i) hair care and bathing; (S)  (ii) care of teeth, gums, and oral prosthetic devices; (S)  (iii) care and use of hearing aids; (S) and  (iv) dressing and assisting with toileting; (S)  (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls;  (7) standby assistance techniques and how to perform them; (S)  (8) medication, exercise, and treatment reminders; (S)  (9) basic nutrition, meal preparation, food safety, and assistance with eating;  (10) preparation of modified diets as ordered by a licensed health professional;  (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family;  (12) awareness of confidentiality and privacy;  (13) understanding appropriate boundaries between staff and clients and the client's family;  (14) procedures to utilize in handling various emergency situations; and  (15) awareness of commonly used health technology equipment and assistive devices. | See [MN Stat. 144A.4795](https://www.revisor.mn.gov/statutes/?id=144A.4795): CNAs are assumed to have met the general training requirements.  The [MDH FAQ says](http://www.health.state.mn.us/divs/fpc/homecarelic2013faq.html#training): “Staff who meet the requirements at 144A.4795 Subd. 3 (b) (2) “satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or [484.36](https://www.revisor.leg.state.mn.us/statutes/?id=484.36)” do not need to be competency tested by the home care RN on the training/competency requirements in 144A.4795, Subd. 7 (b) and (c).  “Please note Subd. 4, Delegation of home care tasks. “A registered nurse or licensed health professional may delegate tasks only to staff who are competent and possess the knowledge and skills consistent with the complexity of the tasks and according to the appropriate Minnesota practice act.” This indicates that even for staff who meet the requirements at 144A.4795 Subd. 3 (b) (2), the registered nurse or other health professional would need to ensure appropriate delegation of tasks to meet the client’s individual needs and preferences. (11/19/14) | See [MN Stat. 144A.4795](https://www.revisor.mn.gov/statutes/?id=144A.4795):  (1) documentation requirements for all services provided;  (2) reports of changes in the client's condition to the supervisor designated by the home care provider;  (3) basic infection control, including blood-borne pathogens;  (4) maintenance of a clean and safe environment;  (5) appropriate and safe techniques in personal hygiene and grooming, including: (S)  (i) hair care and bathing; (S)  (ii) care of teeth, gums, and oral prosthetic devices; (S)  (iii) care and use of hearing aids; (S) and  (iv) dressing and assisting with toileting; (S)  (6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls;  (7) standby assistance techniques and how to perform them; (S)  (8) medication, exercise, and treatment reminders; [[1]](#footnote-1)  (9) basic nutrition, meal preparation, food safety, and assistance with eating;  (10) preparation of modified diets as ordered by a licensed health professional;  (11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family;  (12) awareness of confidentiality and privacy;  (13) understanding appropriate boundaries between staff and clients and the client's family;  (14) procedures to utilize in handling various emergency situations; and  (15) awareness of commonly used health technology equipment and assistive devices.  (16) observation, reporting, and documenting of client status;  (17) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;  (18) reading and recording temperature, pulse, and respirations of the client; (S)  (19) recognizing physical, emotional, cognitive, and developmental needs of the client;  (20) safe transfer techniques and ambulation; (S)  (21) range of motioning and positioning; (S) and  (22) administering medications or treatments as required.(S) |
| **Training on Delegated Tasks for Unlicensed Staff** |  | Under 144A.4795, subd. 7(d), unlicensed staff must be trained and competency tested on all delegated tasks, e.g.,   * Blood glucose monitoring * Transfers, etc. etc. *[agencies should list the delegated services their unlicensed staff will perform and determine that ULPs are competent to perform them]* (S) | Under 144A.4795, subd. 7(d), unlicensed staff must be trained and competency tested on all delegated tasks, e.g.,   * Blood glucose monitoring * Transfers, etc. etc. *[agencies should list the delegated services their unlicensed staff will perform and determine that ULPs are competent to perform them]* (S) |
| **Dementia Training Requirements for Licensed and Unlicensed Staff** | [144A.4796, subd. 5](https://www.revisor.mn.gov/statutes/?id=144A.4796): Agencies that provide services for clients with dementia must train all direct care staff and their supervisors who work with those clients on:   * A current explanation of Alzheimer’s and related disorders * Effective approaches to use to problem-solve when working with a client’s challenging behaviors * How to communicate with clients with dementia. | Same Dementia Care Training Requirements apply to all Comprehensive agencies—see the details in the right hand column. | [144A.4796, subd. 5](https://www.revisor.mn.gov/statutes/?id=144A.4796): Agencies that provide services for clients with dementia must train all direct care staff and their supervisors who work with those clients on:   * A current explanation of Alzheimer’s and related disorders * Effective approaches to use to problem-solve when working with a client’s challenging behaviors   How to communicate with clients with dementia.  Agencies that are the **“arranged” home care provider for a housing-with-services special care unit under MN. Stat. 325F.72 or that provide assisted living services under 144G** must provide direct care staff and their supervisors training on these topics:   * an explanation of Alzheimer's disease and related disorders; * assistance with activities of daily living; * problem solving with challenging behaviors; and * communication skills.   **Training Requirements for Arranged Home care agencies working in special care units under MN Stat. 325F.72 required by** [**144D.065**](file:///\\lead\mhha\MHHAPA\Staff%20Training%20Requirements\144D.065)**:**  **Supervisors of direct-care staff** must have at least 8 hours of initial training on these topics within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter.  **Direct-care employees** must have completed at least 8 hours of initial training on these within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial 8 hours of dementia training and who can act as a resource and assist if issues arise. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter.  **The trainer or supervisor** must be available for consultation with the new employee until the training requirement is complete.  **Training Requirements for Arranged Home care agencies working in assisted living programs under 144G required by** [**144D.065**](file:///\\lead\mhha\MHHAPA\Staff%20Training%20Requirements\144D.065)**:**  **Supervisors of direct-care staff** must have at least 4 hours of initial training on the above topics within 120 working hours of the employment start date, and must have at least 2 hours of training on topics related to dementia care for each 12 months of employment thereafter;  **Direct-care employees** must have completed at least 4 hours of initial training on these topics within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial 4 hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. The trainer or a supervisory who has been trained must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least 2 hours of training on topics related to dementia for each 12 months of employment thereafter; |
| **Annual In-service training – 8 hours of in-service training for every 12 months of employment for ALL staff that perform direct home care services (including licensed staff** | Under MN Stat. 144A.4796, subd. 6, annual training must include:   * reporting of maltreatment of minors under 626.556 and maltreatment of vulnerable adults under 626.557, whichever is applicable to the services provided * Review of the home care bill of rights * Review of infection control techniques, including:   --hand-washing techniques;  --the need for and use of protective gloves, gowns and masks;  --appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; --disinfecting reusable equipment; ---disinfecting environmental surfaces; and  --reporting of communicable diseases; and   * Review of the agency’s policies and procedures relating to the provision of home care services and how to implement those policies and procedures. | Same as for Basic License | Same as for Basic License |

1. The law does not require a skills test for comprehensive staff on reminders, but a skills test is required for basic staff, so this may be a mistake in the law. LeadingAge will discuss this with MDH. [↑](#footnote-ref-1)