

Ch. 932 Work Group - Recommendations Receiving Majority Support

Recommendations¹

1. Permit, but not require, local school boards to offer graduation credit for service learning in clinical care in long term care settings. Service learning is an instructional strategy that combines meaningful hands-on service to and for the benefit of the community with curriculum-based learning meeting specified objectives defined by the local school board in consultation with the Department of Health Professions and the Department of Health
2. Statewide offering of optional graduation credit for service learning in clinical care in long term care settings. Service learning is an instructional strategy that combines meaningful hands-on service to and for the benefit of the community with curriculum-based learning meeting specified objectives defined by the Virginia Board of Education in consultation with the Department of Health Professions and the Department of Health
3. Statewide offering of optional Fairfax County Public Schools model of hours-based service learning (i.e., required for students in grades 6, 8, and 12, with optional diploma seal if additional hours are completed) in clinical care in long term care settings. Service learning is an instructional strategy that combines meaningful hands-on service to and for the benefit of the community with curriculum-based learning meeting specified objectives defined by the Virginia Board of Education in consultation with the Department of Health Professions and the Department of Health
4. Require changes to nursing home regulations to permit volunteerism in nursing homes, with supervision that includes orientation and training for volunteers consistent with the tasks assigned, recording the type of tasks and time worked, and method by which a volunteer may contact supervisor for immediate assistance
5. Require changes to nursing home regulations to permit service learning in nursing homes, with supervision that includes that includes orientation and training consistent with the tasks assigned, recording the type of tasks and time worked, and method by which a learner may contact supervisor for immediate assistance
6. Establish education and outreach programs for middle school and high school students to promote career pathways in long term care
7. Funding for tuition of the Advanced Certification for certified nurse aides (CNAs) upon conclusion of pilot program
8. Expand eligibility of Nurse Loan Repayment Program in Va. Code § 32.1-122.6:04 (also known as the Mary Marshall Nursing Scholarship) to include CNAs
9. Fund the Nursing Scholarship and Loan Repayment Fund in Va. Code § 54.1-3011.2
10. Establish financial relief program to support direct care nursing home employees by covering a percentage of childcare or dependent care costs
11. Establish financial relief program to support direct care nursing home employees by covering a percentage of transportation costs to include public transportation costs

¹ Stakeholders were given the option to vote “Support”, “Oppose”, and “Abstain.” Some recommendations received a majority of “Abstain” votes, but once the abstentions were accounted for, the remaining vote tally was “Support.”

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12. Establish financial relief program to support direct care nursing home employees by covering a percentage of living costs, which may include housing, transportation, childcare or dependent care, utilities, or other categories of expenses as determined by the General Assembly
13. Increase wages for CNAs proportional to regional living wage standards, with living wage standards derived from United For ALICE project data aggregated according to the local workforce board region
14. Increase wages for CNAs proportional to regional living wage standards, with living wage standards derived from Massachusetts Institute of Technology Living Wage Calculator aggregated according to the local workforce board region
15. Increase minimum wage proportional to regional living wage standards, with living wage standards derived from United For ALICE project data aggregated according to the local workforce board region
16. Increase minimum wage proportional to regional living wage standards, with living wage standards derived from Massachusetts Institute of Technology Living Wage Calculator aggregated according to the local workforce board region
17. Rebase the Medicaid reimbursement rate annually based on regionalized living wage standards (derived from United For ALICE project data aggregated according to the local workforce board region) and mandating rate increases are passed on to direct care workers by implementing a wage pass-through program
18. Rebase the Medicaid reimbursement rate annually based on regionalized living wage standards (derived from Massachusetts Institute of Technology Living Wage Calculator aggregated according to the local workforce board region) and mandating rate increases are passed on to direct care workers by implementing a wage pass-through program
19. Rebase the Medicaid reimbursement rate triennially based on regionalized living wage standards (derived from United For ALICE project data aggregated according to the local workforce board region) and mandating rate increases are passed on to direct care workers by implementing a wage pass-through program
20. Rebase the Medicaid reimbursement rate triennially based on regionalized living wage standards (derived from Massachusetts Institute of Technology Living Wage Calculator aggregated according to the local workforce board region) and mandating rate increases are passed on to direct care workers by implementing a wage pass-through program
21. Pay for performance program through DMAS to provide additional reimbursement to facilities meeting minimum staff-to-resident ratios and meeting minimum quality of care standards as determined by DMAS, with such threshold ratios for additional reimbursement increasing every biennium for three biennia
22. Pay for performance program through DMAS to provide additional reimbursement to facilities meeting minimum staff-to-resident ratios and meeting minimum quality of care standards as determined by DMAS, with such threshold ratios for additional reimbursement beginning at 12-to-1 and increasing to 6-to-1 over for four biennia

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23. Pay for performance program through DMAS to provide additional reimbursement to facilities meeting minimum hours of nursing care per resident, with such threshold hours for additional reimbursement increasing every biennium for three biennia
24. Pay for performance program through DMAS to provide additional reimbursement to facilities meeting minimum hours of nursing care per resident and meeting minimum quality of care standards as determined by DMAS, with such threshold hours for additional reimbursement beginning at 3.5 hours and increasing to 4.1 hours over for three biennia
25. Creating a workforce program similar to Virginia Values Veterans (V3) Program for people with disabilities to increase employment opportunities and promote economic development by training and certifying organizations in disability workforce best practices
26. Require changes to nursing home regulations to permit care by non-credentialed individuals in the MMAC program
27. Civilian credentialing/licensing reciprocity so state regulatory bodies recognize civilian equivalency of certain military allied health specialties.
28. Civilian educational credits for statewide standardized recognition of military medical education and awarding of equivalent credit hours
29. Funding for awareness campaign for Military Medics and Corpsmen (MMAC)Program and the healthcare employment opportunities provided by the program
30. State version of the federal work opportunity income tax credit for private-sector businesses that hire individuals who have consistently faced significant barriers to employment, as determined by the General Assembly
31. State income tax credit for CNAs, LPNs, and RNs working at licensed nursing homes and certified nursing facilities
32. State income tax credit for for-profit nursing homes based on expenditures aimed at providing access to employees with disabilities
33. Tax relief program for not-for-profit nursing homes that would allow them to offset part of their payroll tax for expenditures aimed at providing access to employees with disabilities
34. Direct Joint Commission on Health Care to conduct a study on direct care staff recruitment and retention, workplace culture improvements, and internal leadership development in nursing homes