

HEALTH

HEALTH SYSTEMS BRANCH

DIVISION OF CERTIFICATE OF NEED AND LICENSING

OFFICE OF CERTIFICATE OF NEED AND HEALTHCARE FACILITY LICENSURE

Licensing Standards for Dementia Care Homes

Readoption with Amendments: N.J.A.C. 8:37

Adopted Repeals and New Rules: N.J.A.C. 8:37-2.1, 7.1, 7.3, and 7.6

Adopted New Rules: N.J.A.C. 8:37-2.2 and 2.3

Proposed: July 3, 2017, at 49 N.J.R.1782(a).

Adopted: November 21, 2017, by Christopher Rinn, Acting Commissioner, Department of Health, with the approval of the Health Care Administration Board.

Filed: November 21, 2017, as R.2017 d.246, **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 26:2H-157.

Effective Dates: November 21, 2017, Readoption;
December 18, 2017, Amendments, New Rules, and Repeals.

Expiration Date: November 21, 2024.

Summary of Public Comments and Agency Responses:

The Department of Health (Department) received timely comments from the following commenters during the 60-day public comment period, which ended on September 1, 2017:

1. Jennifer M. Hoppe, Senior Associate Director, State Relations, The Joint Commission, Oakbrook Terrace, Illinois

2. Lisa D. Taylor, on behalf of PHNJ, LLC, Parsippany, NJ

Quoted, summarized, and/or paraphrased below, are the comments and the Department's responses thereto. The numbers in parentheses following each comment below correspond to the commenters listed above.

1. COMMENT: A commenter states that “[t]he Joint Commission would like to take this opportunity to inform you of our Memory Care Certification option for facilities accredited under our Nursing Care Center Accreditation program. In addition to meeting the accreditation standards for nursing care centers, organizations seeking distinction for their memory care competencies must meet additional standards focused on the provision of care and services for residents with memory impacting conditions, such as Alzheimer’s disease or dementia, that are in alignment with the Commissioners goals for enhancing the level of care provided to residents served in Dementia Care Homes. On behalf of the Joint Commission, I respectfully request the Department of Health to consider reliance on the Memory Care Certification program as means of validating that a dementia care home is adhering to the highest standards of care and thereby improving the quality of services being provided to New Jersey residents residing in Dementia Care Homes. Joint Commission accreditation and certification is considered a ‘seal of approval’ that tells regulators, consumers and other stakeholders that a program is committed to providing access to quality care by continually striving to improve care, assess delivery of care, and achieve excellence through education and training. The Joint Commission provides a comprehensive evaluation of a facility’s compliance with state-of-the art standards. These standards, that are performance focused and organized around critical functions in nursing homes, are developed by experts in the long-term care field, including

the Alzheimer's Association, American Geriatrics Society, Dementia Action Alliance, American Health Care Association and LeadingAge, among other prominent policy leaders, academic organizations and professionals ... To earn and maintain certification, a dementia care home must undergo an on-site survey by a Joint Commission surveyor at least once every three years. The objective of the survey is not only to assess the organization's compliance with our standards, but to provide education and guidance that will help staff continue to improve the organization's performance. Surveys are conducted by experienced long term care professionals who have at least five years of leadership experience in a long term care facility; and a strong educational background - all surveyors have master's degrees and many have doctorate degrees. State recognition of accreditation and certification greatly reduces the duplication in evaluation surveys conducted by state reviewers and accreditation surveyors. States relying on accreditation and certification are able to focus limited resources on targeted areas of interest such as licensing new organizations, investigating adverse events and investigating complaints. As states realize budgetary constraints and hiring freezes, many more are partnering with accreditation bodies and targeting their efforts on problematic areas, which can lead to immediate improvements in patient safety. We welcome the opportunity to meet with you and your colleagues to provide a better understanding of the Memory Care Certification process and how reliance on accreditation and certification may benefit the services provided by Dementia Care Homes, the residents of New Jersey, and the Department of Health. In the meantime, please contact me if you have any questions." (1)

RESPONSE: In short, the commenter requests that the Department consider requiring dementia care homes to participate in the Joint Commission's memory care certification

program as a means of evaluating whether the homes are adhering to the standards necessary to deliver quality care to their residents. However, the rules set forth a survey process that ensures dementia care homes are providing appropriate care to their residents and that they are in compliance with the Department's rules. Specifically, N.J.A.C. 8:37-2.2 states that "Department staff may conduct survey visits at a facility at any time. Such visits may include, but shall not be limited to, the review of all facility documents and resident records, as well as conferences with residents, responsible parties of residents, and facility staff." Because the Department has a survey process in place that allows it to evaluate the quality of care provided by dementia care homes, it will not be making any changes to the proposed rules upon adoption in response to the comment. However, the Department will take the certification suggestion under advisement to determine if same is appropriate for future rulemaking.

N.J.A.C. 8:37-1.2(b)

2. COMMENT: The commenter requests "that the definition of 'Resident' be augmented to add the language 'and such individual's spouse, regardless of whether or not such spouse has a diagnosis of Alzheimer's disease or other dementia.' This will enable spouses to remain together should they opt to do so. The requirement for quarterly evaluations of all Residents as set forth in N.J.A.C. 8:37-4.1(a)1 will assure that it is in the best interest of each Resident to remain." (2)

RESPONSE: N.J.S.A. 26:2H-150(b) defines dementia care home residents, in relevant part, as "persons with Alzheimer's disease and related disorders or other forms of dementia." Therefore, by statute, an individual must carry a dementia diagnosis in order

to qualify as a resident of a dementia care home. As such, the Department is unable to amend the definition of resident at N.J.A.C. 8:37-1.2(b) to include spouses who are not diagnosed with a form of dementia because such a change would run counter to the statutory definition of “resident” found at N.J.S.A. 26:2H-150(b). Accordingly, the Department will not be making any changes to the proposed rule upon adoption in response to the comment.

Recodified N.J.A.C. 8:37-2.8

3. COMMENT: A commenter requests “clarification of N.J.A.C. 8:37-2.8, specifically which time period for reporting in N.J.A.C. 8:43E-10.11 applies. Pursuant to N.J.A.C. 8:37-2.6 (a)1, a dementia care home is defined as a ‘home based service’ under N.J.A.C. 8:43E-10.11(a)(1) but that subsection does not contain a time period for reporting. Since dementia care homes submitted long term care licensure applications, we believe that the requirement in N.J.A.C. 8:43E-10.11(b)3 would apply rather than the requirement in N.J.A.C. 8:43E-10.11(b)2 but request that be clarified and confirmed.” (2)

RESPONSE: N.J.A.C. 8:43E-10.11(a)1 does not contain a time period for reporting as N.J.A.C. 8:43E-10.11(b)2 and 3 outline the reporting time frames for reportable events by health care facilities. Specifically, N.J.A.C. 8:43E-10.11(b)2 contains the reporting time frames for acute care facilities and N.J.A.C. 8:43E-10.11(b)3 contains the reporting time frames for long-term care facilities. The commenter is correct that the reporting requirement at N.J.A.C. 8:43E-10.11(b)3 would apply to dementia care homes because the homes are considered long-term care facilities and are not acute care facilities.

N.J.A.C. 8:37-4.1(a)1

4. COMMENT: A commenter “requests revision of N.J.A.C. 8:37-4.1(a)1 which requires that prospective residents obtain a certification of a physician; thereafter, residents must obtain a physician re-certification on a quarterly basis. We request that prospective residents have the option of obtaining an initial certification from an advanced practice nurse, physician assistant or a physician. We also request that residents have the option of obtaining a quarterly re-certification from an advanced practice nurse, physician assistant, physician or a registered professional nurse through a Medicare certified home health agency as had been set forth in N.J.A.C. 5:27-13.7 and as had been permitted when dementia care homes had been regulated by the Department of Community Affairs. There is a shortage of primary care physicians and the practice of non-physician health professionals has expanded. Further, an increasing percentage of primary care services are being performed by advanced practice nurses who are permitted independent practice in New Jersey pursuant to N.J.S.A. 13:37-7.1 et seq. with collaboration for prescriptive authority pursuant to N.J.A.C 13:37-6.3 or by physician assistants who work under the supervision of a physician pursuant to the terms of the Physician Assistant Modernization Act, codified at N.J.S.A. 45:9-27.11 et seq. Moreover, many of DOH’s current regulations reflect the important role and professional competence and expertise of non-physician health professionals such that they are recognized for work in other licensed DOH facilities. For example, N.J.A.C. 8:36-7.5(e) provides that every resident of an assisted living program, comprehensive personal care home and assisted living program “have an annual physical examination by a physician, advanced practice nurse or physician assistant.” Similarly, the standards for licensure of long-term care facilities

codified at N.J.A.C. 8:39-44.2(b) and (c) provide that the facility may rely on a summary of the resident's medical history and physical examination and resident care plan prepared by either a physician or advanced practice nurse. N.J.A.C. 8:39-23.2(d) permits monthly visits of residents in long term care facilities by either a physician or an advanced practice nurse and following the initial visit, alternate 30-day visits may be delegated by a physician to a licensed physician assistant. Indeed, the legislation which amended N.J.S.A. 55:13B-(6) to establish dementia care homes and transfer regulatory jurisdiction of such residences from the Department of Community Affairs to DOH references "qualified, licensed health care professionals" at (n)(6) on page 15 of 25, not specifically physicians. Moreover, without visiting a dementia care home at some point, a health professional is less able to assess whether or not it is appropriate for a particular individual. It also is preferable to have residents assessed in the home than have to transport them to a health professional for evaluation in connection with a quarterly recertification. However, most physicians do not make "house" calls and given the shortage of physicians, it is unrealistic to expect that such quarterly visits can be arranged through physicians. For these reasons, MCL ("Memory Care Living") requests that N.J.A.C. 8:37-4.1(a)1 be revised and dementia care homes be afforded the flexibility to have the certification and quarterly re-certifications provided by advanced practice nurse, a physician assistant, a physician or a registered professional nurse through a Medicare certified home health agency and that in each instance in N.J.A.C. 8:37 where a "physician is referenced, the word "physician" apply equally to an advanced practice nurse or physician assistant practicing within the scope of his or her New Jersey license.

Such flexibility is contemplated by the enabling legislation and is consistent with regulations applicable to other DOH licensees.” (2)

RESPONSE: While the commenter is correct that the enabling legislation at N.J.S.A. 26:2H-152.n(6) sets forth the general requirement that “qualified, licensed health care professionals” monitor the health of dementia care home residents, the paragraph continues and requires that a “medical assessment by a **physician** be performed on a resident ... prior to admission and on a quarterly basis thereafter, to ensure that the facility is appropriate to the needs of the resident.” (Emphasis added). Because the statute explicitly requires a physician to perform the initial and quarterly assessments, the Department is not at liberty to loosen the standard and permit any health care professional other than a physician to perform these assessments. As such, the Department will not be making any changes upon adoption to the proposed rule in response to this comment.

N.J.A.C. 8:37-4.2

5. COMMENT: A commenter “requests clarification of certain portions of N.J.A.C. 8:37-4.2 because they seem contradictory. With respect to N.J.A.C. 8:37-4.2(b)3, treatment of certain pressure sores, particularly stage 2, is not something that requires 24 hour medical supervision (sic) as referenced in N.J.A.C. 8:37-4.2(b)7. Moreover, as individuals with dementia age, their bodies do break down even if they are rotated every two hours. This is something that can be good practice for certain residents; however, N.J.A.C. 8:37-4.2(b)6 indicates that discharge is necessary ... Therefore, please clarify the regulation to provide that residents are permitted to remain if (i) they receive services from a home health agency for pressure sores, [and] (ii) could benefit from regular repositioning.” (2)

RESPONSE: The standards for discharge from a dementia care home that are outlined at N.J.A.C. 8:37-4.2(b) are stand-alone criteria. Specific to this comment, the standard for discharge at N.J.A.C. 8:37-4.2(b)3, which requires a dementia care home resident to be discharged when the “resident requires treatment of a stage two, three, or four pressure sore” and the standard at N.J.A.C. 8:37-4.2(b)7, which requires discharge when the “resident requires skilled nursing care 24-hours a day, seven days a week” are not to be read together, as indicated by the “or” at N.J.A.C. 8:37-4.2(b)8. Rather, the requirements for discharge at N.J.A.C. 8:37-4.2(b)3 and 7 are separate and distinct – a resident requires discharge if he or she meets either standard. Therefore, further clarification is not necessary because the rule makes clear that a resident of a dementia care home must be discharged from the facility if he or she meets any one of the standards outlined in the rule.

Moreover, the level of care provided at a dementia care home is not intended to approach the level of nursing care provided at a nursing home or assisted living facility, hence the requirements to discharge a resident who meets any one of the nine criteria delineated at N.J.A.C. 8:37-4.2(b), all of which require a higher level of care. Because a stage two or worse pressure sore requires care that is more akin to the services provided by an assisted living facility or nursing home facility, it would not be appropriate to permit a resident with such sores to remain in a dementia care home even if they receive services from a home health agency and could benefit from regular repositioning. Accordingly, the Department will not be making any changes upon adoption to the proposed rule in response to this comment.

6. COMMENT: A commenter seeks “clarification of N.J.A.C. 8:37-4.2(b)5 with respect to diets. Type 2 diabetics may take oral medication or use prefilled syringes of insulin and a diet without concentrated sweets and blood sugar monitoring is appropriate. Provided that there are no adjustments in medication and the blood sugar monitoring is not on a sliding scale, we question why this might be a basis for discharge since this could be done at home if a resident lived with a family member. Moreover, N.J.A.C. 8:37-9.2(c) already provides that ‘any modified diet prescribed by a physician shall be conscientiously followed.’ Therefore, please clarify the regulation to provide that residents are permitted to remain if ... their blood sugar is monitored (but not on a sliding scale), so long as none of the foregoing conditions require skilled nursing pursuant to N.J.A.C. 8:37-4.2(b)7. It is important that residents be allowed to age in place so that they are not disrupted by having to relocate to another facility unless it is necessary and appropriateness will be assured by virtue of the quarterly re-certification by a health professional as provided in N.J.A.C. 8:37-4.1(a)1.” (2)

RESPONSE: N.J.A.C. 8:37-4.2(b)5 provides that a dementia care resident must be discharged from the facility if the resident is on a therapeutic diet “that cannot be accommodated at the dementia care home and require[s] nurse monitoring.” N.J.A.C. 8:37-4.2(b)5i clarifies this provision by offering examples of situations where nurse monitoring might be appropriate, including “diets that require blood sugar monitoring.” Thus, the proposed rule explicitly states that a resident who is on a diet that requires blood sugar monitoring must be discharged to a facility offering a higher level of nursing care than that provided at the dementia care home. Discharge is necessary when a resident requires blood sugar monitoring because a resident with unstable blood sugar

would require a higher level of care than that offered at a dementia care home. And, as addressed in the Response to Comment 5, the requirements at N.J.A.C. 8:37-4.2(b) are distinct requirements for discharge – 24-hour nursing care is not required in conjunction with any of the standards. Indeed, the 24-hour nursing care criteria is a stand-alone discharge requirement. Based upon the foregoing, the Department does not believe further clarification of the rule is necessary as the intent, as clearly stated in the rule, is that discharge is required in the event a resident of a dementia care home meets one of the medical standards at N.J.A.C. 8:37-4.2(b), including the need to have his or her blood sugar monitored for dietary reasons. Thus, the Department will not be making any changes upon adoption to the proposed rule in response to this comment.

N.J.A.C. 8:37-5.4

7. COMMENT: A commenter “queries whether the word ‘and’ at the end of N.J.A.C. 8:37-5.4(a)2 should be an ‘or’ because it is duplicative of the information covered in N.J.A.C. 8:37-5.4(a)3.” (2)

RESPONSE: N.J.A.C. 8:37-5.4(a) outlines the training requirements for dementia care home direct care staff. The Department’s intent is that facilities meet both training requirements set forth in N.J.A.C. 8:37-5.4(a)2 and 3. The five-day course set forth at N.J.A.C. 8:37-5.4(a)2 must be completed as it covers facility-specific topics. And, the CMS Hand-in-Hand course referenced at N.J.A.C. 8:37-5.4(a)3 must be completed because it provides training centered on the care of persons with dementia and the prevention of abuse. However, based upon a review of N.J.A.C. 8:37-5.4(a) in total, the Department is making a technical change upon adoption to indicate that the CMS Hand-

in-Hand Course is part of the five-day course required at N.J.A.C. 8:37-5.4(a)2. When the topics encompassed in the Hand-in-Hand course are the same as the topics covered under the training requirements at N.J.A.C. 8:37-5.4(a), the Hand-in-Hand course can satisfy the requirements of N.J.A.C. 8:37-5.4(a)2, so that there is no duplication of material covered. The Department is also making a technical change upon adoption that updates the website link for the CMS Hand-in-Hand Course.

N.J.A.C. 8:37-5.7

8. COMMENT: A commenter “requests revision of requirement to provide transportation as set forth in N.J.A.C. 8:37-5.7. Unlike residents of assisted living facilities who have the capacity to independently leave the facility for appointments and errands, the residents of dementia care homes all suffer from Alzheimer’s disease or other dementias and do not have the ability to travel independently or unaccompanied for health care or other reasons. They are often not in a position to reliably and safely disembark from transportation and navigate to, or within, a medical office. For this reason, many dementia care homes coordinate on-site health care through independent licensed health care professionals. Requiring dementia care homes to establish or contract for transportation services to community health care services would require homes to pass the cost onto all residents whether the transportation is used or not. Therefore, MCL respectfully suggests that the mandate to provide transportation be amended to require arrangements for transportation for those residents who request it.” (2)

RESPONSE: The Department disagrees with the commenter. Residents of dementia care homes may need assistance in arranging transportation for necessary health care

services that cannot be provided within the facility. The need for this assistance is recognized in the statutory definition of a dementia care home resident, which includes, in relevant part, an individual over the age of 18 who carries a diagnosis of dementia and requires “assistance with obtaining health care services.” The need for such services is reflected in N.J.A.C. 8:37-5.2(a)5, which requires dementia care homes to provide residents with “[a]ssistance in obtaining necessary health care services.” Without transportation being provided for health care services that the dementia care home cannot arrange to be provided on-site, the resident would not be able to receive necessary services because an individual requiring the services of a dementia care home would likely not be able to comprehend the need to request or arrange for transportation on his or her own.

While the dementia care home is required to provide transportation assistance for residents in need of off-site health care services, this does not mean that the home must absorb the cost of the transportation or pass the cost to all residents of the facility regardless of whether each resident needs transportation services, as suggested by the commenter. Rather, the facility may set forth in its admission agreement that if the resident requires transportation for a medical appointment, then the resident will be responsible for the cost. See recodified N.J.A.C. 8:37-2.7. Therefore, the cost of transportation need not be passed on to residents not requiring transportation. As such, the Department will not be making any changes upon adoption to the proposed rule in response to this comment.

N.J.A.C. 8:37-7.9

9. COMMENT: A commenter “requests revision of N.J.A.C. 8:37-7.9. MCL agrees that if doors to rooming units have locks, residents should be provided with a key to his or her rooming unit door free of charge as provided in N.J.A.C. 8:37-7.9(b) and that a master key is necessary as provided in N.J.A.C. 8:37-7.9(e)1. However, MCL respectfully requests that the requirements in N.J.A.C. 8:37-7.9(e) that doors to rooming units have locks and viewing devices be eliminated. Unlike larger health care facilities, dementia care homes are small, home-like properties and access to each home is tightly controlled and monitored, including by virtue of the provisions set forth in N.J.A.C. 8:37-7.9(a)(h) and (i). Also, since the homes are small, residents are never far from their rooms even when they are in the common areas, substantially reducing the need for locks to rooming units from both a safety and security perspective. Aside from the fact that many residents lack the ability to discern whether or not a door should be locked or unlocked, many residents also lack the fine motor control to manipulate a key in a lock. Therefore, their need to obtain assistance from staff members to lock and unlock bedroom doors will actually impede residents’ independence to come and go from one’s room when and as one desires. In addition, the lack of locks avoids the burden of keys which are likely to get mislaid by residents who are often confused and are not in a position to carry or keep track of them. Further, there is greater privacy afforded by solid doors that can be closed or kept very slightly ajar than a locked, cell-like door with a viewing device. Thus, based [sic] its extensive experience operating homes at which all residents suffer memory impairment, it is MCL’s belief that locks, keys and viewing devices afford no benefit to residents from either a safety or security perspective and would interfere with residents’ independence and privacy. Therefore, MCL respectfully requests revision of

N.J.A.C.8:37-7.9(e) such that locks and viewing devices on rooming unit doors not be required.” (2)

RESPONSE: The Department understands and appreciates the commenter’s concerns; however, the residents of dementia care homes have a right to privacy as provided for at N.J.S.A. 26:2H-154 and reflected in N.J.A.C. 8:37-3.1(a)7. The Department is not requiring that the door to a resident’s room ever be locked, simply that the resident have the option to do so. Giving the residents the ability to lock their doors provides them with privacy by preventing other residents from wandering into their rooms. And, a viewing device affords the resident privacy by allowing the resident to view who is at his or her door in order to determine if the resident wishes to open the door and welcome the individual into his or her living space. Moreover, residents may also wish to lock their doors to keep their personal belongs secure when they are in the common area or outside the facility. Because dementia care home residents have a statutory right to privacy and locks and viewing devices on their rooming units are consistent with, and essential to, this right to privacy, the Department will not be making any changes upon adoption to the proposed rule in response to this comment.

N.J.A.C. 8:37-7.9(h)

10. COMMENT: A commenter suggests “revision of N.J.A.C. 8:37-7.9(h) such that the requirement that exterior doors to be locked at all times unless an employee of the licensee controls entry not apply if a fence with a locked gate entirely surrounds an area accessed from an exterior door from the home. This revision would promote residents’ independence of movement during those hours of the day and during fair weather when

they might wish to get some fresh air and so long as the area outside the exterior door is entirely surrounded by a fence, the ability of residents to wander away from the home will be prevented.” (2)

RESPONSE: While the Department agrees that a resident’s independence in movement is important, it is imperative that staff be aware of the location of residents at all times to ensure their safety. By locking the front door, staff maintain an awareness of the location of all residents, which is needed to ensure that all residents are evacuated, safe, and accounted for during an emergency as the residents, due to their dementia diagnoses, have an inability to self-evacuate and bring about their own safety. Locking the front door also prevents residents from wandering outside during extreme weather in inappropriate attire, such as going outside in the snow in only a bathrobe. Because the requirement that the front door of the facility remain locked is essential to the safety of the residents, the Department will not be changing the rule upon adoption in response to the comment.

N.J.A.C. 8:37-8.2

11. COMMENT: A commenter “requests revision of the records retention requirement set forth in N.J.A.C. 8:37-8.2, which references the retention requirements set forth in N.J.S.A. 26:8-5 et seq.” The commenter states that “[r]etaining records for 10 years from the date of discharge and retaining a discharge summary sheet for each resident for 20 years is a very long time, particularly given that residents of dementia care homes usually have limited life spans, therefore, there is no need to access such records for continuity of care long beyond discharge from the home. Dementia care homes are small and have

limited storage space. They also do not typically utilize electronic health records, therefore a longer retention period is extremely burdensome. Therefore, MCL suggests that N.J.A.C. 8:37-8.2 be amended to provide that records shall be retained for five (5) years from the date of discharge from the home and that the records for former residents may be permitted to be retained at an off-site location provided that home advise DOH in writing of the location where such records are stored. These changes would be consistent with the requirements previously applicable and adopted on March 3, 2014 at 46 N.J.R. 435 and codified at N.J.A.C. 5:27-8.4.”

RESPONSE: Dementia care homes are no longer licensed by the Department of Community Affairs (DCA). Consequently, the rules that were promulgated by DCA for the operation of dementia care homes, which are found at N.J.A.C. 5:27, are no longer applicable or relevant. When dementia care homes came under the Department’s authority, pursuant to N.J.S.A. 26:2H-149, they became licensed health care facilities. N.J.S.A. 26:8-5 et seq., provides the statutory standard for record retention by a licensed health care facility. Because dementia care homes are now licensed health care facilities and there is a statutory retention period for medical records held by such facilities, the Department is unable to adopt a lessor standard at N.J.A.C. 8:37-3.2 as the commenter suggests. Therefore, the Department will not be making any changes to the proposed amendment upon adoption.

Federal Standards Statement

Executive Order No. 27 (1994) and N.J.S.A. 52:14B-1 et seq. (P.L. 1995, c. 65), require State agencies that adopt, readopt, or amend State rules that exceed any Federal standards or requirements to include in the rulemaking a comparison with

Federal law. The Department's authority for regulating dementia care homes comes solely from State statute, specifically, the Dementia Care Home Act, N.J.S.A. 26:2H-148 et seq. As such, the dementia care home rules readopted with amendments, repeals, and new rules are not promulgated under the authority of, or in order to implement, comply with, or participate in any program established under Federal law or under a State statute that incorporates or refers to Federal laws, Federal standards, or Federal requirements. Therefore, a Federal standards analysis is not required.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 8:37.

Full text of the adopted amendments and new rules follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks ***[thus]***):

8:37-5.4 Training and staffing requirements

(a) All staff who are employed by the facility who have regular direct contact with residents and are not licensed healthcare professionals shall successfully complete the following:

1. The home health aide course (75 hours) given by a home health agency approved by the State Board of Nursing; ***and***

2. A five-day course given by a registered nurse or other healthcare professional, ***[approved by the Department,]*** which shall include ***[orientation]**:***

i. Orientation to the facility ***[and specific]**;***

ii. Specific training regarding Alzheimer's disease ***[.]**; and**

3. Incorporate the Centers for Medicare and Medicaid Services Hand in Hand: A Training Series for Nursing Homes Toolkit on the care of persons with dementia (information and the manner in which to obtain the toolkit is available at the following website:

<https://surveyortraining.cms.hhs.gov/pubs/HandinHand.aspx>).* The course shall be divided as follows:

i.-iii. (No change.)

iv. Days Four and Five: Structured observation at a dementia-specific adult day care program or at a dementia unit of an assisted living facility; trainees to observe a multidisciplinary team in action with clients with dementia and to be given structured worksheets to complete; and trainees to participate in discussion sessions with their supervisor each day*[, and]**.*

*[3. The Centers for Medicare and Medicaid Services Hand in Hand: A Training Series for Nursing Homes Toolkit on the care of persons with dementia.

i. Information and the manner in which to obtain the toolkit is available at the following website: <http://www.cms-handinhandtoolkit.info/Index.aspx>.*

(b) (No change.)