



## Long-Term Care Regulatory Provider Letter

<b>Number:</b> PL 2021-19 (revised)
<b>Title:</b> Certification Process for Nurse Aides Training and Working Under a Waiver
<b>Provider Types:</b> Nursing Facility (NF)
<b>Date Issued:</b> Revised March 16, 2023

### 1.0 Subject and Purpose

This letter describes the process a person who has completed nurse aide tasks under the waiver during the COVID-19 public health emergency (PHE) can follow to complete a Nurse Aide Training and Competency Evaluation Program (NATCEP) and be added to the nurse aide registry. HHSC has revised this PL to remove rule references to temporary rules. Work training and experience at any licensed nursing facility in Texas now qualifies under permanent rule.

Under the Centers for Medicare and Medicaid Services (CMS) waiver and the suspension of nurse aide rules, Texas nursing facilities have employed and trained numerous staff who are not certified nurse aides to complete nurse aide tasks. Once this waiver is no longer available, either through termination of the emergency declaration or through other means, the staff completing these tasks will no longer be able to do so, unless the staff become certified nurse aides (CNA). Nurse aide candidates will have four months from the end of the PHE to use the process at [26 TAC §556.100](#) to become eligible to sit for the examinations. President Biden announced that the federal PHE declaration will end on 5/11/2023. The end of the state PHE declaration is still being determined. Nurse aide candidates will have four months after whichever declaration ends later to become certified.

To ensure continued staffing at nursing facilities, HHSC has developed a plan to allow staff who, during the declared PHE, completed work training and gained experience in all subject areas required for a NATCEP to count this training and experience toward nurse aide certification. Each nurse aide candidate is still required to successfully complete both the written/oral and

skills examinations prior to being certified and placed on the nurse aide registry.

## **2.0 Policy Details & Provider Responsibilities**

Work training and experience at any licensed nursing facility in Texas can qualify under **the permanent rule**, [26 TAC § 556.100](#), as long as it was acquired during the COVID-19 PHE and under the supervision of a licensed nurse (RN or LVN) who meets all qualifications described below.

Further, facilities without a NATCEP that seek to have an employed individual certified as a nurse aide still must work with an approved NATCEP to approve the individual for certification examinations. Facilities can go to the [NATCEP Training Providers Directory Search](#) to find an approved NATCEP to work with. When a nurse aide has completed the required hours, facilities will notify the NATCEP that a nurse aide must take the certification examinations.

A NATCEP that agrees to prepare an individual for the certification examinations under [26 TAC § 556.100](#) must accept the documentation of the employed individual's work training and experience in lieu of the equivalent requirements of formal program training. The NATCEP must follow all existing processes to run criminal background checks and verify the required hours as documented on LTCR Form 3767 (found below).

### **2.1 Qualifications of Instructor**

The qualifications of the instructor are defined in 42 CFR [§483.152\(a\)\(5\)](#), which include that the instructor be a licensed nurse (RN or LVN) with two years of experience, one of which must be in the provision of long-term care facility services. The instructor must also have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides, and he or she cannot be a director of nursing.

### **2.2 LTCR Form 3767**

The nursing facility must complete LTCR Form 3767 and include the following information:

- Nurse aide information, including the dates of training/work experience with the total number of hours obtained;
- Qualified instructor information regarding the nurse responsible for training and supervising the individual;
- An attestation by the nurse that he or she meets the qualifications to be a NATCEP instructor;
- A list of training requirements completed by the individual either through formal training or through work experience;
- An attestation by the nurse that the individual was trained on each requirement either through formal training or through work experience;
- An attestation that the duration of the work training and work experience fulfills the minimum number of hours of required training; and
- The signature of the instructor.

A nursing facility without a NATCEP must submit a completed LTCR Form 3767 to the NATCEP that has agreed to work with the facility. A facility with a NATCEP must retain the completed LTCR Form 3767 as part of the employee's record.

### **2.3 NATCEP**

To approve individuals to sit for the nurse aide certification examinations under the current waiver, the NATCEP must use the Prometric process, which uses a unique temporary training program code for each participating facility the NATCEP partners with. Prometric is the entity in Texas that proctors the nurse aide examinations.

The NATCEP program director will upload candidates under the unique code – separate and distinct from students eligible under their current training program code – to distinguish individuals tested under this waiver. Participating facilities must provide the unique codes to the partner NATCEP. Prometric will associate the NATCEP and nursing facility in its systems to facilitate the uploads, and it will work with the nurse aide candidate to set up the certification examination, which might be held virtually for the written portion and in-person for the skills portion.

The candidate will take the examination. If the candidate passes the examination, Prometric will place the candidate on the Nurse Aide Registry and email the certification information to the candidate, including how to print his or her nurse aide certificate.

If a NATCEP has questions about this process, it should contact Prometric at [oateam@prometric.com](mailto:oateam@prometric.com) or Cindy Patterson, TXCNA Sr. Nurse Aide Evaluator, directly at [cindy.patterson@prometric.com](mailto:cindy.patterson@prometric.com). See section 5.0 of this PL for questions about this PL or general nurse aide policy and rules.

### 3.0 Background/History

Ordinarily a nursing facility cannot employ a person to perform nurse aide tasks for more than four months if that person is not a CNA (a person who has completed classroom and clinical training and passed a nurse aide certification examination).

Because of the COVID-19 pandemic, CMS waived the four-month requirement, and the Office of the Governor approved a suspension of the corresponding state regulations.

On April 9, 2020, HHSC issued provider letter 2020-26 related to the governor's approval to suspend these provisions. The letter permitted a nursing facility to hire a nurse aide who is not certified to complete nurse aide tasks for longer than four months. The suspension was intended to provide flexibility in staffing during the pandemic. **This waiver will end May 11, 2023 when the extension of the blanket waivers for Texas ends. Nurse aide candidates will have four months until September 10, 2023 to become certified and can continue to use the process at [26 TAC §556.100](#) until four months from the end of the PHE.**

### 4.0 Resources

1. LTCR Form 3767
2. Prometric's [Candidate Resources](#)
3. HHSC Nurse Aide Transition from Temporary Status Rules at [26 TAC § 556.100](#)

### 5.0 Contact Information

If you have any questions about this letter, please contact the Policy, Rules and Training Section by email at [LTCRPolicy@hhs.texas.gov](mailto:LTCRPolicy@hhs.texas.gov) or call (512) 438-3161.

LTCR Form 3767, Nurse Aide Work Training and Work Experience

Nurse Aide Information:

Name:	Date of Birth:	Social Security Number:
Training Dates:		
Work Experience Dates:		
Total Number of Hours:		

Qualified Instructor (nurse responsible for training and supervising the individual):

Name:	RN License:	
Nursing Facility (NF) Name:	NF License Number:	NF Facility ID:

Training Requirements (minimum requirements found in 42 CFR §483.152(b)):

- Check each topic on which the individual was trained.

<b>General Topics</b>	
<input type="checkbox"/>	Communication and interpersonal skills;
<input type="checkbox"/>	Infection control;
<input type="checkbox"/>	Safety/emergency procedures, including the Heimlich maneuver;
<input type="checkbox"/>	Promoting residents' independence
<input type="checkbox"/>	Respecting residents' rights
<b>Basic Nursing Skills</b>	
<input type="checkbox"/>	Taking and recording vital signs
<input type="checkbox"/>	Measuring and recording height and weight
<input type="checkbox"/>	Caring for the residents' environment
<input type="checkbox"/>	Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor
<input type="checkbox"/>	Caring for residents when death is imminent
<b>Personal Care Skills</b>	
<input type="checkbox"/>	Bathing
<input type="checkbox"/>	Grooming, including mouth care
<input type="checkbox"/>	Dressing
<input type="checkbox"/>	Toileting
<input type="checkbox"/>	Assisting with eating and hydration
<input type="checkbox"/>	Proper feeding techniques
<input type="checkbox"/>	Skin care
<input type="checkbox"/>	Transfers, positioning, and turning
<b>Mental Health and Social Service Needs</b>	
<input type="checkbox"/>	Modifying aide's behavior in response to residents' behavior
<input type="checkbox"/>	Awareness of developmental tasks associated with the aging process
<input type="checkbox"/>	How to respond to resident behavior
<input type="checkbox"/>	Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity
<input type="checkbox"/>	Using the resident's family as a source of emotional support
<b>Care of Cognitively Impaired Residents</b>	
<input type="checkbox"/>	Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others)
<input type="checkbox"/>	Communicating with cognitively impaired residents
<input type="checkbox"/>	Understanding the behavior of cognitively impaired residents
<input type="checkbox"/>	Appropriate responses to the behavior of cognitively impaired residents
<input type="checkbox"/>	Methods of reducing the effects of cognitive impairments
<b>Basic Restorative Services</b>	
<input type="checkbox"/>	Training the resident in self-care according to the resident's abilities
<input type="checkbox"/>	Use of assistive devices in transferring, ambulation, eating, and dressing
<input type="checkbox"/>	Maintenance of range of motion
<input type="checkbox"/>	Proper turning and positioning in bed and chair
<input type="checkbox"/>	Bowel and bladder training

	Care and use of prosthetic and orthotic devices
Residents' Rights	
	Providing privacy and maintenance of confidentiality
	Promoting the residents' right to make personal choices to accommodate their needs
	Giving assistance in resolving grievances and disputes
	Providing needed assistance in getting to and participating in resident and family groups and other activities
	Maintaining care and security of residents' personal possessions
	Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff
	Avoiding the need for restraints in accordance with current professional standards

As the nurse instructor, I attest to the following:

- I meet the qualifications of a nurse instructor. The qualifications of the instructor are defined in 42 CFR §483.152(a)(5), which include that the instructor be a licensed nurse (LVN or RN) with two years of experience, one of which must be in the provision of long-term care facility services. The instructor must also have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides, and he or she cannot be a director of nursing.
- The duration of work training/experience that this individual obtained is at least 100 hours. If this is not the case, the total hours noted on this form is accurate.
- The work training/experience documented on this form was obtained at a licensed nursing facility during the COVID-19 public health emergency.

\_\_\_\_\_  
Nurse Instructor Signature

\_\_\_\_\_  
Date

Country, Territory or Nation: \_\_\_\_\_ State or Province: \_\_\_\_\_ County of: \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the whose name is subscribed to the ownership transfer affidavit and who being duly sworn by me, state that the above and foregoing information supplied in this instrument is complete, true and correct.

(Notary Seal)

Subscribed and sworn before me, \_\_\_\_\_ a Notary Public for this state (or province) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature – Notary Public