

MEMORANDUM

Department of Aging and Disability Services Regulatory Services Policy*Survey and Certification Clarification

To: Regulatory Services Division
Regional Directors and State Office Managers

Subject: Nurse Aide Training and Competency Evaluation Program (NATCEP) –
S&CC 06-05

- Centers for Medicare and Medicaid Services (CMS) NATCEP Review, July 2005
- Department of Aging and Disability Services (DADS) NATCEP Reviews

Applies To: Nursing Facility NATCEP Providers
DADS NATCEP Reviewers

Date: May 2, 2006

CMS NATCEP Review, July 2005 –

CMS conducted an onsite review of the Texas NATCEP June 27 – July 1, 2005. In February 2006, CMS issued the report of its findings.

Among its findings, CMS had difficulty in evaluating nursing facility documentation regarding annual performance reviews and in-service training of Certified Nurse Aides (CNAs), as required by Section 1919(b)(5) of the Social Security Act and 42 Code of Federal Regulations (CFR) 483.75(e)(8) [F-Tag 497]. In only one facility was CMS able to verify, from in-service training “sign-in sheets” and a master training list, that a randomly selected sample of CNAs had received the mandated performance reviews and in-service training. CMS’s recommendation with regard to this finding is that DADS should work with facilities to improve the documentation of their CNA performance reviews and in-service training and to improve their overall compliance with the requirement cited above.

In response to the CMS recommendation, we will be issuing a provider letter to nursing facilities in which we will advise them of the CMS finding and recommendation. The provider letter will also inform facilities of the need to comply with the requirements of both 42 CFR 483.75(e)(8)[F-Tag 497] and 40 Texas Administrative Code (TAC) §19.1903(8) and to document their activities in a manner that will facilitate surveyor verification of CNA performance reviews and in-service training.

Our response to CMS also includes the expectation that our nursing facility surveyors will always follow the interpretive guidance at F-Tag 497, which calls for a review of CNA in-service training when deficient care practices have been identified in Phase 1 of a survey, during an extended or partial extended survey, or during any survey in which nurse aide performance is questioned.

DADS NATCEP Reviews –

DADS surveyors perform onsite reviews of all NATCEP providers at least once every two years. NATCEP reviews should be conducted in accordance with the Regulatory Services NATCEP Review Protocol and Instructions (see attachment). The information and findings of the review should be documented, **by the reviewer**, on the six-page Regulatory Services NATCEP Review form (see attachment).

The NATCEP provider representative should be asked to complete and sign only the item on page one of the form regarding withdrawal or continuation of their participation. The six-page form should not be given to the NATCEP provider representative for completion.

For any questions regarding a NATCEP review, please call Licensing and Credentialing, Nurse Aide Training, at (512) 231-5818.

[signature on file]

Veronda L. Durden
Assistant Commissioner
Regulatory Services

VLD:mdv

Attachments

**REGULATORY SERVICES
NURSE AIDE TRAINING AND COMPETENCY EVALUATION (NATCEP) REVIEW**

INSTRUCTIONS FOR REVIEWER

The attached onsite review document should be completed by a DADS employee based on observations, review of NATCEP records, and interview(s) with appropriate NATCEP representatives. The questionnaire should NOT be given to the NATCEP representative for completion.

An onsite NATCEP review must be conducted once every two years and completed 90 days prior to the NATCEP expiration date. The review is only a part of the NATCEP renewal process; therefore the reviewer should not give indication to the program of approval/denial at the close of the onsite review. Notification to the NATCEP of approval or denial will be mailed to the program by a Credentialing staff member after review of this document and the training program's completed renewal application.

The reviewer should be familiar with requirements at 42 Code of Federal Regulations (CFR), 483.75 related to required training and competency of nurse aides and 483.151 – 483.152 related to approval of NATCEP; state rule at 40 Texas Administrative Code (40 TAC), Chapter 94; and the Texas Curriculum for Nurse Aides in Nursing Facilities.

Documents to review onsite include:

- Credentialing Section's initial approval letter or most current renewal letter, along with any change application(s) and approval documents;
- Facility agreement letters for each clinical site used. These should be signed by the facility administrator or the facility's corporate officer.
- Class schedules and/or documentation of training hours completed; and
- Individual student performance records.

Special Notes:

Page 1 of 6: Gather as much information as possible. If the program is not currently training or is not apparently set up to provide training, the Program Director or person with Administrative authority may prefer to voluntarily withdraw from participation. Withdrawal is not required; however, if there is any suggestion that the program is acting outside of federal or state requirements please contact Credentialing staff for assistance. If there are no program records to review and the program representative has completed and signed Page 1, there is no need to complete the remainder of the review document.

Page 2 of 6: Classroom hours include both lectures and skills lab. Please note that Section I of the Texas Curriculum (Introduction to Long Term Care) requires a full 16 clock hours to ensure adequate coverage. Each of the other Sections in the Curriculum carry a "suggested" number of hours and together with the required 16 hours for Section I should total 51 clock hours. One clock hour equals 60 minutes. Neither breaks or lunches may be included within that time.

Page 4 of 6: The NATCEP Program Director must have at least one year experience in the provision of long term care facility services. The applicable definition of "facility" is found 40 TAC 94.2: A nursing facility (Medicaid only), skilled nursing facility (Medicare), or dually participating nursing facility (Medicaid and Medicare). This applies also to Instructors on Page 5.

Page 6 of 6: Obtain from the NATCEP representative a list of all clinical sites used by the NATCEP. Based on regional survey information, indicate whether any clinical site used by the NATCEP is prohibited from participation based on guidelines at 42 CFR 483.151(b)(2) & (3).

The completed review must be submitted to the Credentialing Enrollment-Nurse Aide Training Program by fax at 512/231-5858 or sent to mail code W-245. Any questions regarding the NATCEP review may be directed to the nurse aide-training program at 512/231-5818.

**REGULATORY SERVICES
NURSE AIDE TRAINING AND COMPETENCY EVALUATION (NATCEP) REVIEW**

PO BOX 149030, MAIL CODE W-245, AUSTIN, TEXAS 78714-9030

Region:	Date Of Onsite Review:	
Name, Title & Phone Number Of Reviewer:		
Name Of NATCEP:	NATCEP ID Number:	
Name & Title of Person Interviewed:		
NATCEP Contact/Mailing Address:		
City	ST	Zip Code
<p>Does NATCEP have students currently enrolled and in training? Yes _____ No _____</p> <p>If no class enrolled/training, please enter date of last class completed: _____/_____/_____</p> <p>Are records for last class available for review? Yes _____ No _____</p>		
<p>The NATCEP may choose to voluntarily withdraw from participation. Please have program director or person with administrative authority select and complete appropriate statement below:</p>		
	<p>I request that this NATCEP, ID # _____ be <u>withdrawn from participation</u>. I understand that my application for renewal (if one has been submitted) will not be processed based on my choice to withdraw from participation.</p>	
	<p>I wish to maintain the state's approval of this NATCEP, ID # _____. By my signature, I verify that no students have been trained by this program since _____/_____/_____, and that no training records have been withheld from review.</p>	
<p>_____ NAME/TITLE (Please Print)</p>		
<p>_____ SIGNATURE</p>		<p>_____/_____/_____ DATE</p>

NATCEP Requirements		Yes	No	N/A	Comments
§94.3(c)	1. A facility that is prohibited from participating in the training and testing of nurse aides may arrange with an external entity to provide training according to provision under Public Law 105-15.				
	Does the program have approval to operate under this rule?				
§94.3(h)(1)(2)	2. Each NATCEP must teach a minimum of 75 clock hours of training.				
	Does the program consist of at least 51 classroom hours and 24 clinical hours?				
§94.3(i)(1-11)	3. Each NATCEP must teach the curriculum established by DADS.				
	Does the program teach the following from the Texas Curriculum?				
	I. Intro to LTC: 16 hours a. Communication and interpersonal skills b. Infection control c. Safety/emergency procedures d. Promoting resident independence e. Respecting residents rights				
	II. Basic Nursing Skills				
	III. Personal Care Skills				
	IV. Mental Health and Social Services Needs				
	V. Care of Cognitively Impaired Residents				
	VI. Basic Restorative Services				
VII. Resident's Rights					

NATCEP Requirements (cont.)		Yes	No	N/A	Comments
§94.3(k)(1-6)	4. Does NATCEP ensure that trainees:				
	1. Are not listed on the Nurse Aide Registry in revoked status?				
	2. Complete at least the first 16 hours of training (listed at #3 above) before any direct contact with the residents?				
	3. Do not perform any services for which they have not been trained?				
	4. Are under the direct supervision of a licensed nurse when performing skills on individuals as part of the NATCEP?				
	5. Are under the general supervision of a licensed nurse when providing services to a resident?				
	6. Are clearly identified as trainees during clinical training?				
94.3(m)	5. Each NATCEP must use a DADS performance record to account for major duties and skills taught. At the completion of the NATCEP, the trainee and his or her employer will receive a copy of the performance record.				
	Does the program use the required performance record (as provided in Texas Curriculum for Nurse Aides) and give a copy to each trainee?				
§94.3(p)	6. A nurse aide who is employed by, or who has received an offer of employment from a facility may not be charged for any portion of the NATCEP, including fees for textbooks or other required course materials.				
	Does the program charge employees for any portion of the training?				
§94.3 (n)(1-4)	7. The NATCEP must maintain records that must be available to DADS. Are the following records available?				
	1. Dates and times of all classroom and clinical hours.				
	2. Full name and social security number of each trainee.				
	3. Attendance record of each trainee.				
	4. Final course grade for the training portion of the NATCEP that indicates pass or fail.				

Program Director		Yes	No	N/A	Comments
§94.5(a)	8. The training of nurse aides must be performed by or under the general supervision of a DADS-approved program director. Enter the name of the current approved Program Director:				
§94.5(a)(1)(A-C)	9. Does the Program Director meet the following requirements?				
	1. Licensed as an RN in the state of Texas?				
	2. Have a minimum of two years of nursing experience?				
	3. At least one year of experience in the provision of long term care services in a facility?				
	4. Have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides?				
§94.5(a)(2)	10. In a facility-based program, the director of nursing (DON) for the facility may be approved as the program director but is prohibited from performing the actual training. Is the Program Director of the NATCEP the DON for the facility?				
	If, yes (above) does the DON perform any of the training?				
§94.5(a)(4)(A-F)	11. Does the Program Director:				
	1. Provide direction to the NATCEP?				
	2. Teach the NATCEP or supervise the program instructor and supplemental trainers?				
	3. Ensure that NATCEP records are maintained?				
	4. Determine if trainees have passed the training portion of the NATCEP?				
	5. Sign an application for exam for each trainee who has passed the training?				
	6. Sign a certificate of completion or a letter on letterhead, at the request of an eligible trainee ?				

Program Instructor(s)

§94.5(b)(1)(A-D)	12.	The actual training of nurse aides must be completed by a DADS-approved instructor who may also be the approved program director. Below list the instructor name, indicate if the instructor is an RN or LVN and if they have a minimum of one-year of experience in a facility.		
		NAME	RN or LVN?	1 Year Experience?
	1.			
	2.			
	3.			
4.				

REVIEWER ADDITIONAL COMMENTS:

Reviewer Signature:

Review Completion Date:

LIST ALL CLINICAL SITES USED for NATCEP, ID Number _____:		
1. Facility Name:		Facility Vendor ID:
Street Address:		
City:	ST	Zip Code:
Has facility been subject to one or more prohibiting conditions as defined in 42 CFR 483.151 within the past 2 years? If Yes, please list the prohibition and date:		
2. Facility Name:		Facility Vendor ID:
Street Address:		
City:	ST	Zip Code:
Has facility been subject to one or more prohibiting conditions as defined in 42 CFR 483.151 within the past 2 years? If Yes, please list the prohibition and date:		
3. Facility Name:		Facility Vendor ID:
Street Address:		
City:	ST	Zip Code:
Has facility been subject to one or more prohibiting conditions as defined in 42 CFR 483.151 within the past 2 years? If Yes, please list prohibition and date:		
4. Facility Name:		Facility Vendor ID:
Street Address:		
City:	ST	Zip Code:
Has facility been subject to one or more prohibiting conditions as defined in 42 CFR 483.151 within the past 2 years? If Yes, please list prohibition and date:		