

# Nurse Aides Working Under 1135 Waiver during a Public Health Emergency

The Centers for Medicare and Medicare Service (CMS) issued a blanket waiver for the nurse aide training and certification requirements in response to staffing shortages in nursing homes and board and care homes due to the federally declared public health emergency. CMS implemented the Emergency Regulatory 1135 Waiver of Training and Certification of Nurse Aides, 42 CFR 483.35(d) on March 1, 2020. This emergency waiver suspended the nurse aide training and certification requirements in 42 CFR §483.35(d), except the requirement that the person employed as a nurse aide be competent to provide nursing and nursing-related services at 42 CFR §483.35(d)(1)(i).

On April 7, 2022, CMS provided notice this waiver would expire on June 6, 2022. For details see [QSO 22-15: Update to COVID-19 Emergency Declaration Blanket Waivers for Specific Providers \(https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and-memos-states-and/update-covid-19-emergency-declaration-blanket-waivers-specific-providers\)](https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and-memos-states-and/update-covid-19-emergency-declaration-blanket-waivers-specific-providers). Once the waiver has expired, Nurse Aides have the full 4-month time frame to come into compliance.

**Nurse aides who wish to continue working must pass the competency evaluation and be added to the Minnesota Nurse Aide Registry by October 7, 2022.**

There are three options available:

1. **Waiver Checklist:** Have your employer complete the Skills Checklist for Nurse Aides Working under the 1135 Waiver and pass the competency evaluation by October 7, 2022.
2. **Challenge Exam:** Register for and pass the competency exam by October 7, 2022.
3. **Training Program:** Enroll in and complete a NATCEP training program and pass the competency evaluation by October 7, 2022.

Upon expiration of the waiver on June 6, 2022, the following requirements will be in place:

*42 CFR §483.35(d) (F728) Requirement for facility hiring and use of nurse aides:*

*42 CFR §483.35(d)(1) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless—*

*(i) That individual is competent to provide nursing and nursing related services; **and***

*(A) That individual has completed a training and competency evaluation program, **or** a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; **or***

*(B) That individual has been deemed or determined competent as provided in §483.150(a) and (b).*

Nurse aides have the full four-month period starting from the end of the waiver to successfully complete the required training and certification. For purposes of meeting the 75-hour training requirement, § 483.152,

## NURSE AIDES WORKING UNDER 1135 WAIVER DURING A PUBLIC HEALTH EMERGENCY

people may count either training obtained through an approved program or training obtained in the nursing home setting through on-site observation and working as a nurse aide during the waiver.

The **Skills Checklist for Nurse Aides Working under the 1135 Waiver**, which follows below, may be used as documentation to demonstrate completion of training requirements.

## Skills Checklist for Nurse Aides Working under the 1135 Waiver

**MARCH 1, 2020 TO OCTOBER 7, 2022**

Per QSO Memo 21-17, CMS recommended that states evaluate their NATCEP, and consider nurse aides' work time counted towards the 75-hour training requirement, which includes a total of 59 hours of training and 16 hours of supervised practical training. The required areas of training per 42 CFR §483.152(b) must be addressed, and any gaps in on-site training that are identified must be fulfilled through supplemental training. In addition, nurse aides must still successfully pass the state's competency exam per 42 CFR §483.154.

**Minnesota is allowing credit for time worked as nurse aide during the public health emergency. The time worked will count towards the 75-hour training requirement for NATCEP. The facility must document the training and hours the person completed to qualify for this requirement. Even if the person has completed all training requirements during the public health emergency, the person must still enroll in a NATCEP program, which will verify that all training requirements are met before the competency examination is completed.**

Facilities must maintain a copy of this form and timeframes of training in the nurse aide's personnel file for reference.

Facilities must maintain a copy of the competencies performed and evaluated as required under for people working under the waiver.

For a listing of required competency testing skills, see the Minnesota Candidate Handbook on the [D&S – Minnesota Nurse Aide \(https://hdmaster.com/testing/cnatesting/Minnesota/MN\\_CNA\\_Home.htm\)](https://hdmaster.com/testing/cnatesting/Minnesota/MN_CNA_Home.htm) website. Tested skills and corresponding steps are listed on pages 19-36 of the candidate handbook. Minnesota Mock Skills are also available for review.

Name of person working under 1135 waiver  
(please print)

Date of hire

\_\_\_\_\_

\_\_\_\_\_

Please identify one of the options below.

- Option 1:
  - Training by approved NATCEP (name, program code): \_\_\_\_\_
  - Training completion date: \_\_\_\_\_
- Option 2: Registration of person with approved NATCEP
  - Name of program: \_\_\_\_\_
  - Date of registration: \_\_\_\_\_

<b>Skills and Knowledge (42 CFR § 483.152)</b> Facilities need to maintain documentation of competency (by demonstration or knowledge test completed by the nurse aide) for all bolded areas.	<b>Check if completed</b>	<b>RN/LPN Initials</b>
<b>1) At least a total of 16 hours of training in the following areas</b>		
Communication and interpersonal skills <ul style="list-style-type: none"> <li>▪ Hearing aid placement</li> </ul>		
Infection control <ul style="list-style-type: none"> <li>▪ Handwashing</li> <li>▪ Applying PPE</li> </ul>		
Safety/emergency procedures, including Heimlich maneuver <ul style="list-style-type: none"> <li>▪ Clear obstructed airway/abdominal thrusts</li> </ul>		
Promoting residents' independence		
Respecting residents' rights		
<b>2) A total of 59 hours in the follow areas</b>		
Basic nursing skills <ul style="list-style-type: none"> <li>▪ Standard pre-steps</li> <li>▪ Standard post-steps</li> <li>▪ Oxygen tubing safety</li> </ul>		
Taking and recording vital signs <ul style="list-style-type: none"> <li>▪ Temperature</li> <li>▪ Radial pulse</li> <li>▪ Respirations</li> <li>▪ Blood pressure</li> </ul>		
Measuring and recording <ul style="list-style-type: none"> <li>▪ Weight</li> <li>▪ Height</li> </ul>		

<b>Skills and Knowledge (42 CFR § 483.152)</b> Facilities need to maintain documentation of competency (by demonstration or knowledge test completed by the nurse aide) for all bolded areas.	<b>Check if completed</b>	<b>RN/LPN Initials</b>
Caring for residents' environment <ul style="list-style-type: none"> <li>▪ Resident room order</li> <li>▪ Unoccupied bed making</li> <li>▪ Occupied bed making</li> </ul>		
Recognizing abnormal changes in bodily functions and importance of reporting such changes to a supervisor		
Caring for residents when death is imminent		
<b>3) Personal care skills</b>		
Bathing <ul style="list-style-type: none"> <li>▪ Tub bath or shower</li> <li>▪ Partial bath</li> <li>▪ Bed bath</li> </ul>		
Grooming, including mouth care <ul style="list-style-type: none"> <li>▪ Bed shampoo</li> <li>▪ Oral care</li> <li>▪ Oral care (unconscious person)</li> <li>▪ Denture care</li> <li>▪ Fingernail care</li> <li>▪ Foot care</li> <li>▪ Shaving</li> <li>▪ Peri-care (Female)</li> <li>▪ Peri-care (Male)</li> </ul>		
Dressing <ul style="list-style-type: none"> <li>▪ Dressing a resident</li> <li>▪ Dressing a resident (weak side)</li> <li>▪ Support stocking application</li> </ul>		

<b>Skills and Knowledge (42 CFR § 483.152)</b> Facilities need to maintain documentation of competency (by demonstration or knowledge test completed by the nurse aide) for all bolded areas.	<b>Check if completed</b>	<b>RN/LPN Initials</b>
Toileting <ul style="list-style-type: none"> <li>▪ Bathroom or commode assistance</li> <li>▪ Urinal assist</li> <li>▪ Bedpan assist</li> <li>▪ Indwelling catheter care</li> <li>▪ Indwelling catheter care tube safety</li> <li>▪ Empty urine drainage bag</li> <li>▪ Output</li> </ul>		
Assisting with eating and hydration <ul style="list-style-type: none"> <li>▪ Fluid intake</li> <li>▪ Meal assistance</li> <li>▪ Intravenous tube monitoring</li> </ul>		
Proper feeding techniques		
Skin care <ul style="list-style-type: none"> <li>▪ Back rub</li> <li>▪ Gastrostomy skin care</li> </ul>		
Transfers, positioning and turning <ul style="list-style-type: none"> <li>▪ Wheelchair transfer (one-person)</li> <li>▪ Wheelchair transfer (two-person)</li> <li>▪ Mechanical lift</li> <li>▪ Wheelchair transport</li> <li>▪ PROM (knee, ankle)</li> <li>▪ PROM (shoulder, elbow)</li> <li>▪ Supine position placement</li> <li>▪ Side-lying position</li> <li>▪ Move-up in bed</li> <li>▪ Move-up in bed (draw sheet)</li> </ul>		

<b>Skills and Knowledge (42 CFR § 483.152)</b> Facilities need to maintain documentation of competency (by demonstration or knowledge test completed by the nurse aide) for all bolded areas.	<b>Check if completed</b>	<b>RN/LPN Initials</b>
<b>4) Mental health and social service needs</b>		
Modifying aide’s behavior in response to residents’ behavior		
Awareness of developmental tasks associated with the aging process		
How to respond to resident behavior		
Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident’s dignity		
Using the resident’s family as a source of emotional support		
<b>5) Care of cognitively impaired residents</b>		
Techniques for addressing the unique needs and behaviors of person with dementia (Alzheimer’s and other dementias)		
Communicating with cognitively impaired residents		
Understanding the behavior of cognitively impaired residents		
Appropriate responses to the behavior of cognitively impaired residents		
Methods of reducing the effects of cognitive impairments		
<b>6) Basic restorative services</b>		
Training the resident in self-care according to the residents’ abilities		
Use of assistive devices in transferring, ambulation, eating and dressing <ul style="list-style-type: none"> <li>▪ Apply transfer belt and ambulation</li> <li>▪ Ambulation with cane</li> </ul>		

<b>Skills and Knowledge (42 CFR § 483.152)</b> Facilities need to maintain documentation of competency (by demonstration or knowledge test completed by the nurse aide) for all bolded areas.	<b>Check if completed</b>	<b>RN/LPN Initials</b>
<ul style="list-style-type: none"> <li>▪ Ambulation with walker</li> </ul>		
Maintenance of range of motion		
Proper turning and positioning in bed and chair		
Bowel and bladder training		
Care and use of prosthetic and orthotic devices		
<b>7) Residents' rights and abuse prevention</b>		
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 residents' right to be free from abuse, mistreatment, and neglect and the need to report any instance of such treatment to appropriate facility staff		
Avoiding the need for restraints in accordance with current professional standards		

**Notes/Comments**

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## Attestation

Person working under 1135 waiver: \_\_\_\_\_

Date signed: \_\_\_\_\_

Instructor/verifying authority: \_\_\_\_\_

Date signed: \_\_\_\_\_

By submitting this checklist, I attest that the person named on this form **has successfully completed** a minimum of 75 hours of nurse aide training, including a minimum of 16 hours of supervised practical training, and has demonstrated competency in all skills identified above. I further attest the person named on this form is eligible to complete the competency and skills testing through the NATCEP program.

<b>SIGNATURE</b> – Supervising RN	Name (print or type) – Supervising RN	Date signed
_____	_____	_____

**OR**

By submitting this checklist, I attest the person named on this form **has NOT completed** all required areas as identified per 42 CFR §483.152(b).

Portions of the above checklist are not completed and training by approved training program is required.

**AND/OR**

The person named on this form has not completed the required hours per 42 CFR §483.152 (59 hours curriculum instruction and 16 hours supervised practical training). Please identify the completed hours below.

Hours of nurse aide training completed \_\_\_\_\_ Hours of supervised practical training \_\_\_\_\_

<b>SIGNATURE</b> – Supervising RN	Name (print or type) – Supervising RN	Date signed
_____	_____	_____

### **Facilities may not charge nurse aides for training and competency evaluation programs.**

*§483.152 Requirements for approval of a nurse aide training and competency evaluation program.*

*(c) Prohibition of charges. (1) No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials).*

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To obtain this information in a different format, call: 651-201-4200.