

# Nurse Aide Training Competency Evaluation Program (NATCEP) Waiver Request

If a facility loses the authority to operate a Nurse Aide Training Competency Evaluation Program (NATCEP), in some cases, they may regain the ability to operate their program prior to end of the 2-year ban by submitting this waiver request form to the Minnesota Department of Health (MDH).

MDH will make the final determination after considering the information provided by the facility and in accordance with each of the regulatory requirements listed below. MDH will email either denial or approval with a NATCEP waiver approval letter within 14 business days of the request.

Once MDH has processed your waiver request, we will notify the Office of Ombudsman for Long-Term Care (OOLTC) on your behalf.

Please complete applicable items and add explanatory statements as to why you are requesting a NATCEP Prohibition Waiver. Submit to [Health.nar.coord@state.mn.us](mailto:Health.nar.coord@state.mn.us).

Submitted Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Provider ID#: \_\_\_\_\_

HFID#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Nurse Aide Program: \_\_\_\_\_

Nurse Aide Program Code: \_\_\_\_\_

Name and location of nearest NATCEP program to your facility: ([Nursing Assistant Training and Testing Sites \(https://www.health.state.mn.us/facilities/regulation/directory/natraining sites.html\)](https://www.health.state.mn.us/facilities/regulation/directory/natraining sites.html)): \_\_\_\_\_

Rationale for why this program is not considered to be a reasonable distance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please explain how you will provide an adequate learning environment for NATCEP students, including staff, equipment, and space: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Related Statutes and Regulations

### State Authority to Waive NATCEP/CEP Disapproval

Sections 1819(f)(2)(C) and 1919(f)(2)(C) of the Social Security Act (the Act) provide waiver authority for NATCEP if the State—

- (i) Determines that there is no other such program offered within a reasonable distance of the facility.
- (ii) Assures, through an oversight effort, that an adequate environment exists for operating the program in the facility and,
- (iii) Provides notice of such determination and assurances to the State long-term care ombudsman.

### Duration of NATCEP Prohibition Waiver

[Medicare State Operations Manual \(SOM\) Chapter 4 – Program Administration and Fiscal Management \(https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107c04pdf.pdf\)](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107c04pdf.pdf)

State Operations Manual 4132.1E-Waiver of Program Prohibition

- **Duration of Waiver** - A waiver may not exceed 2 years but must be withdrawn earlier if the facility is subsequently found to no longer meet the waiver criteria. If 2-year disapproval periods overlap, any non-waived disapproval in the earlier period will control waiver rights in the second until the two periods no longer overlap.

### State Statute

[144A.10 Subd. 13 \(https://www.revisor.mn.gov/statutes/cite/144A.10\)](https://www.revisor.mn.gov/statutes/cite/144A.10) Nurse aide training waivers:

Because any disruption or delay in the training and registration of nurse aides may reduce access to care in certified facilities, the commissioner shall grant all possible waivers for the continuation of an approved nurse aide training and competency evaluation program or nurse aide training program or competency evaluation program conducted by or on the site of any certified nursing facility or skilled nursing facility that would otherwise lose approval for the program or programs. The commissioner shall take into consideration the distance to other training programs, the frequency of other training programs, and the impact that the loss of the on-site training will have on the nursing facility's ability to recruit and train nurse aides.

## References

- [Centers for Medicare and Medicaid Services Memo S&C: 18-02-NH \(https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-02.pdf\)](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-02.pdf)

## Affirmation

- I affirm that there is no NATCEP program within a reasonable distance of the facility.
- I affirm that an adequate environment exists for operating the NATCEP program in the facility.

Name of Administrator: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_

Minnesota Department of Health  
Nursing Assistant Registry  
P.O. Box 64501  
St. Paul, Minnesota 55164-0501  
651-215-9705  
[Health.NAR.coord@state.mn.us](mailto:Health.NAR.coord@state.mn.us)  
[www.health.state.mn.us/nar](http://www.health.state.mn.us/nar)

06/30/2023

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