Today's Webinar:



LTCCC WEBINAR

Building the Backbone: How Stronger State CNA Requirements Can Lead to Better Nursing Home Care

Tuesday, March 21, 2023 | 1-2PM ET

nursinghome411.org/webinar-cna-reqs



Richard Mollot (LTCCC Executive Director) and **Adrianna Duggan** (Yale Law JD Candidate) on CNA training requirements and why states must go beyond the federal minimum (75 hours) to ensure resident care needs are met.

For materials from today's webinar, visit nursinghome411.org/webinar-cna-reqs

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Outline of today's discussion



Part I: The role of a CNA and why training and competency requirements are important to know.



Part II: LTCCC's new report & web resources on state CNA training requirements.



Part III: Data and resources to support resident-centered advocacy.



Part IV: A word (or two) on current staffing priorities.



Q & A

Part I The Role of the CNA

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+ NURSING SERVICES [42 CFR 483.35 F-725]

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment....

[Emphases added.]

 Under the federal rules, there are three categories of nursing care staff:

> Registered Nurses (RNs)

Licensed Practical Nurses/Licensed Vocational Nurses (LPNs/LVNs) Certified Nurse Aides (CNAs)

+ Roles of nursing staff

RNs

Registered nurses (RNs) are in charge of monitoring each resident's general health and overseeing the care that they receive. They are in charge of supervising the provision of care provided by LPNs and CNAs.

LPNs/LVNs

Licensed practical nurses (LPNs) and licensed vocational nurses (LVNs) provide basic medical care, including changing bandages, checking blood pressure, and inserting catheters.

CNA

- Certified nursing assistants (CNAs) help residents with daily living activities. Common tasks include feeding, bathing, and dressing residents and helping them to get around. CNAs assist residents with hygiene and personal-care activities, such as washing hands and combing hair.
- The nursing assistant also observes residents' response to treatment and care, documents their food and fluid intakes, and monitors their vital signs, such as blood pressure and pulse. Any changes and any health concerns are reported to a licensed (RN or LPN) nurse.

- + Why are CNA educational requirements important for resident-centered advocacy?
 - Everyone who provides care and services to residents is required to have the competencies necessary to provide safe, appropriate, and dignified care.
 - CNAs provide 90% of resident care & "bedside" services.
 - Thus, ensuring that CNAs are both equipped and enabled to provide appropriate care and services is essential.

Due to widespread and persistent understaffing in our nursing homes, knowing what CNAs can and cannot do, including expected skills and competencies, can help support advocacy at both the resident and systemic level.

- Knowing that a CNA is required to have annual training on dementia care is helpful when advocating for appropriate dementia care, such as nonpharmacological approaches to so-called dementia "behaviors."
- Knowing that another state has higher curriculum requirements can be helpful in advocating for improving your state's CNA training requirements.

Part II

New Report & Resources on State CNA Training Requirements

Presenter:

- Adrianna Duggan, Yale Law JD Candidate, LTCCC Intern (Fall 2022)
 - Second-year law student at Yale Law School, focused on health and social welfare law and policy
 - Prior to law school:
 - Legal support analyst at the New York State Attorney General's Office in the Medicaid Fraud Control Unit
 - Case manager at a homeless shelter in Denver, CO



LTCCC Certified Nurse Aide Training Report

Certified Nurse Aides ("CNA")

- Primary Caregivers in US Nursing Homes
- Regulated at Federal & State Level
- CMS Waivers during COVID & Beyond
- Updating 2004 Report

What we looked at:



TRAININGCURRICULUMCNA RENEWALIN-SERVICEHOURSREQUIREMENTSREQUIREMENTSREQUIREMENTS

Requirements not centrally located

Challenges

Federal regulations, state regulations, and guidance documents

Different organizations can administer trainings (nursing homes, colleges, etc.)

Pop Quiz!

How many hours of training do you think CNAs are required to complete for certification?

Federal Requirements

75 hours of training covering specific curriculum 12 hours of annual "in-service" or continuing education

Must have worked in the past 24 months to maintain certification

Federal Curriculum Requirements

At least a total of 16 hours of training in the following areas prior to any direct contact with a resident:

- •Communication and interpersonal skills
- Infection control
- •Safety/emergency procedures including the Heimlich maneuver
- Promoting residents' independence
- •Respecting residents' rights

Basic Nursing Skills

Personal Care Skills

Mental Health and Social Service Needs

Care of Cognitively Impaired Residents

Basic Restorative Services

Residents' Rights

Key Differences Among States

Hours	In-Service	Renewal	Curriculum	Additional
 21 (states & DC) do not differ from the 75 hours 180 hours is the max Takes between 2-6 weeks 	• Max 24 hours a year	• Most require 8 hours min.	 Religion, Spirituality, Culture Sexuality, Gender Caregiver self care, stress management 	 Screening or eligibility requirements Testing requirements

Using the Report



Goal:

Useful to CNAs, advocates, and policymakers



Provides:

Comparisons across states

Links to the statutes, regulations, and guidance documents

<u>New York</u> <u>Example</u>



Step 1: Report Homepage



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A Guide to State CNA Certification & Training Requirements

Home » A Guide to State CNA Certification & Training Requirements

Certified Nurse Aide (CNA) training & certification requirements vary considerably across the U.S. In some states, the requirements go beyond the federal minimum while in other states requirements are nearly identical to the federal standards.

In this report, LTCCC provides a review of state specific training requirements nationwide, including information on specific state requirements that are more stringent or otherwise augment the federal requirements. **Download the full report** or **use the map below to see the requirements in your state** .

DOWNLOAD FULL REPORT (PDF)

FEDERAL CNA REQUIREMENTS

STATE VS. FEDERAL REQUIREMENTS

www.nursinghome411.org/cna-reqs

Step 2: View Specific State



www.nursinghome411.org/cna-reqs

Step 3: View State Requirements

New York CNA Requirements

Home » A Guide to State CNA Certification & Training Requirements » New York CNA Requirements

Certified Nurse Aide (CNA) training & certification requirements vary considerably across the U.S. In some states, the requirements go beyond the federal minimum while in other states requirements are nearly identical to the federal standards.

This page displays New York CNA Requirements as of February 2023.

To see requirements in other states, visit nursinghome411.org/cna-reqs.

New York CNA Requirements



Step 4: Report PDF





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FEDERAL CNA REQUIREMENTS

STATE VS. FEDERAL REQUIREMENTS

Step 5: Federal Requirements



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LTC in NY ~

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A Guide to State CNA Certification & Training Requirements

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Step 6: States vs. Federal Requirements



A Guide to State CNA Certification & Training Requirements

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International Comparisons

	Table 1: Training Duration ¹²
Country	Training Duration
Austria	1 year (about 1,600 hours)
Belgium	1 year
Bulgaria	n/a
The Czech Republic	4 years
Denmark	8 months
Finland	4 years
France	8 months
Germany	1-2 years depending on the state
Germany North Rhine-Westphalia	1 year (750 hours of theory, 900 hours of practical training)
Italy	1,000 hours (550 hours of theory, 450 hours of practical training)
The Netherlands	1.5-3 years
Poland	720 hours
Slovenia*	4 years
Spain	1-2 years, 1400 hours (960 hours of theory, 440 practical)
Sweden	1 year
Switzerland	1 year
The UK	2 years

*These personnel appear to be more similar to LPN's in the US, rather than CNAs.



Where the requirements are located (statutes, regs, guidance) matters

Takeaways



Comparatively, training requirements are not stringent

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Room for creativity in curriculum requirements

Part III

Data and resources to support resident-centered advocacy



www.nursinghome411.org

+ Learning Center

Select boxes below to access our latest materials and resources to support good care and resident-centered advocacy. Scroll to the bottom of this page for LTCCC's most recent Learning Center resources. For COVID-19, see LTCCC's Coronavirus Resource Center.



www.nursinghome411.org/learning-center/

+ Fact Sheets



www.nursinghome411.org/learn/facts/

LTCCC's state pages

- Use clickable map to find your state
- State pages contain state-specific
 - Staffing

+

- Ratings
- Ombudsman resources
- And more...



Knowledge ≥ Power

www.nursinghome411.org/states

+ Nursing Home Staffing Data

CHECK OUT YOUR STATE'S STAFFING DATA USING OUR INTERACTIVE TABLEAU DASHBOARD.

LTCCC's **Q3 2022 Staffing Report** provides user-friendly files containing data on: **1**) Nurse staff levels (RN, LPN, and CNA, including Admin & DON, NA in Training, Med Aide/Tech.); **2**) Important nonnursing staff levels, including administrators and activities staff; **3**) Contract workers; **4**) Summary staffing data at the state, CMS region, and national levels; **5**) Turnover rates, weekend staffing levels, staffing ratings, and other data. **6**) A staffing alert with our key findings from Q3 2022.

Download US nursing home staffing datasets by clicking the purple buttons below. Files can be modified to isolate locations and identify variables of interest. For example, a file can be filtered and sorted to identify nursing homes in a selected state and/or county with the highest or lowest RN staffing levels.

See table below for state summary data on total nurse staff HPRD (hours per resident day), RN HPRD, and % Contract Staff Hours.

Rank:

Total

Nurse

1

22

17

14

6

Staff

HPRD

CONTRACT

STAFF

Providers ≥ \$

4.1 HPRD

100.0%

35.1%

29.8%

41.4%

48.8%

%

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Search:

RN

Staff

1.69

0.54

0.36

0.64

049

HPRD

۵

NON-NURSE

STAFF

Total

Nurse

Staff

HPRD

5.82

3.75

3.88

3.95

411

Source: CMS payroll-based journal data.

entries

■ Total

659

19,607

15,368

10,832

91 843

Census

NURSE STAFF

Show 52 ~

State

Alaska

Alabama

Arkansas

Arizona

California



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nursinghome411.org/data/staffing/

SUMMARY

DATA

Contract

10.6%

4.1%

3.2%

9.3%

45%

modified in two important ways.

1) Highlighting "Total Nurse Staff HPRD," a more expansive metric that

Direct Care Staff HPRD" to include Med

Aide/Tech and NA TR. Med Aide/Tech and NA TR were not included in

includes all PBJ nurse staffing categories; and 2) Expanding "Total

+ Nursing Home Staffing Data

	В						С	D	E	F	G	Н	I	J	W					
Filter by	State(s)			¥≡	×	CM	S Reg	gion(s)			žΞ	N×	Staff HPRD (Hours Per Reside census. Example: A nursing h	ome averaging 300 to					Select plus signs (+) above to ex
GA	KS	KY	LA	MA	5n 🛛	6		7	8	9	10	,	3.0 Total Nurse Staff HPRD (3			(categories.	
MD	ME	м	MN	мо									Total Hours: the nursing hom home with 22.5 RN care staff				. Example: A nursing			
MS	MT	NC	ND	NE																
NH	NJ	NM	NV	NY																

			Total RN Care Staff								
				Total Nurs		are Total RN Staf			se Staff Total		
Provider	City	County	MDS Census	HPRD	Staff HPRD	▼ HPRD	Admin/DON)	Hours	Hours		
ABIGAIL HOUSE FOR NURSING & REHABILITATION	CAMDEN	Camden		.71.92	2.91	2.79	0.36	0.31	500.41	9	
ABINGDON CARE & REHABILITATION CENTER	GREEN BROOK	Somerset		.09.38	2.78	2.67	0.40	0.29	304.23		
ACCLAIM REHABILITATION AND NURSING CENTER	JERSEY CITY	Hudson		.29.40	3.13	2.84	0.56	0.28	404.45	3:	
ACTORS FUND HOME, THE	ENGLEWOOD	Bergen		.00.35	4.07	3.86	0.60	0.39	408.56	45	
ADROIT CARE REHABILITATION AND NURSING CENTER	RAHWAY	Union		84.74	3.34	2.88	0.92	0.49	282.73	17	
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	SEWELL	Gloucester		.05.97	4.35	3.99	0.43	0.26	461.34	166	
ALAMEDA CENTER FOR REHABILITATION AND HEALTHCARE	PERTH AMBOY	Middlesex		37.38	3.15	2.93	0.34	0.18	748.33	175	
ALARIS HEALTH AT BELGROVE	KEARNY	Hudson		82.71	3.53	3.13	0.64	0.44	291.90	15	
ALARIS HEALTH AT CASTLE HILL	UNION CITY	Hudson		.25.61	3.52	3.25	0.85	0.59	441.75	(
ALARIS HEALTH AT CEDAR GROVE	CEDAR GROVE	Essex		.11.29	4.84	4.32	1.42	0.91	538.36	14	
ALARIS HEALTH AT HAMILTON PARK	JERSEY CITY	Hudson		.55.16	3.56	3.38	0.69	0.52	552.03	20	
ALARIS HEALTH AT KEARNY	KEARNY	Hudson		99.66	3.87	3.61	0.79	0.53	385.97	12	
ALARIS HEALTH AT ST MARY'S	ORANGE	Essex		.54.76	4.01	3.92	0.85	0.80	620.98	26	
ALARIS HEALTH AT THE CHATEAU	ROCHELLE PARK	Bergen	2	.09.48	3.94	3.58	1.23	0.89	824.98	(
ALARIS HEALTH AT WEST ORANGE	WEST ORANGE	Essex	1	.00.99	4.01	3.44	1.15	0.69	404.70	20	
ALLAIRE REHAB & NURSING	FREEHOLD	Monmouth	1	.47.91	4.08	3.88	0.35	0.14	603.93	(
ALLEGRIA AT THE FOUNTAINS	ATCO	Camden		52.58	3.72	3.18	0.52	0.32	195.76	73	
ALLENDALE REHABILITATION AND HEALTHCARE CENTER	ALLENDALE	Bergen		95.41	3.42	2.93	0.81	0.39	325.93	15	
ALLIANCE CARE REHABILITATION AND NURSING CENTER	IRVINGTON	Essex	1	.29.10	3.79	3.30	0.91	0.43	489.10	25	
ANCHOR CARE AND REHABILITATION CENTER	HAZLET	Monmouth	1	.44.18	3.08	2.86	0.51	0.29	444.39	233	
APPLEWOOD ESTATES	FREEHOLD	Monmouth		39.89	5.45	5.10	1.30	0.95	217.35	(
ARBOR AT LAUREL CIRCLE, THE	BRIDGEWATER	Somerset		42.77	4.80	4.18	1.46	0.94	205.43	33	
ARBOR GLEN CENTER	CEDAR GROVE	Essex	1	.07.17	3.34	3.10	0.81	0.58	357.58	1	
ARBOR RIDGE REHABILITATION AND HEALTHCARE CENTER	WAYNE	Passaic	1	.07.83	3.10	2.78	0.62	0.42	334.26	(
ARISTACARE AT CEDAR OAKS	SOUTH PLAINFIELD	Middlesex	2	11.14	3.01	2.83	0.46	0.30	635.57	12:	
ARISTACARE AT CHERRY HILL	CHERRY HILL	Camden	1	.14.30	3.01	2.67	0.20	0.07	344.40	59	
ARISTACARE AT MANCHESTER	MANCHESTER	Ocean	1	.46.20	3.43	3.13	0.22	0.11	501.22	183	
ARISTACARE AT NORWOOD TERRACE	PLAINFIELD	Union	1	.00.90	3.03	2.71	0.26	0.13	305.47	25	
ARISTACARE AT PARKSIDE	LINDEN	Union	1	.55.13	3.53	3.28	0.33	0.24	547.51	24	
ARISTACARE AT WHITING	WHITING	Ocean	1	49.73	2.95	2.68	0.22	0.07	441.97	149	
ARNOLD WALTER NURSING & REHABILITATION CENTER	HA7I FT	Monmouth	1	32.63	3.30	2.95	0.58	0.26	438.24	10	

nursinghome411.org/data/staffing/

+ Family & Ombudsman Resource Center

Family & Ombudsman Resource Center

Welcome to our dedicated Family & LTC Ombudsman page. We will be updating it frequently with resources and tools that you can use to support your resident-centered advocacy.

You can sign up for updates by emailing info@ltccc.org or calling 212-385-0355.

You may also use LTCCC's Zoom video conference room to host family councils or family members meetings. Click here to request an appointment.

We would love to include you and support your efforts to improve care!

 FACT SHEETS ON CARE STANDARDS & RESIDENT RIGHTS
 FA

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 FORMS (

SEARCH FOR THE STAFFING LEVELS IN YOUR NURSING HOME

HANDOUTS ON KEY NURSING HOME ISSUES





www.nursinghome411.org/families-ombudsmen/



www.nursinghome411.org/forms-advocacy/

Part IV

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A few words on staffing advocacy priorities

- + There has never been a more important time to speak out on safe staffing!
 - A year ago, President Biden promised that the federal government would issue set minimum staffing standards to ensure resident safety & dignity.
 - For the last year, the government has been conducting studies and requests for information from nursing homes and the public.
 - For the last year, the nursing home industry has been using all of its resources to fight *any* safe staffing standard, arguing that...
 - They cannot find people to fill positions;
 - They don't get enough \$\$\$ to provide safe staffing;
 - Numbers of nursing staff in a nursing home don't matter;
 - ► Etc....

Myth #1: Nursing home payment is insufficient to provide good care.

Reality: Most nursing homes are run for-profit and are seen as attractive investments.

- The industry's longstanding argument that it does not get paid enough to provide sufficient staffing, baseline infection control protocols, etc... is unsubstantiated.
- In fact, nursing homes are increasingly operated by for-profit entities.
- Private equity and REITs have increasing, substantial investment in the sector.
- There are virtually no limitations on the use of public funds to pay for administrative staff or siphon off into profits.
- Operators commonly use related party transactions to hide profits (and perpetuate the myth of "razor-thin margins").

Myth #2: Nursing homes cannot find the staff needed to provide appropriate care.

Reality: The nursing home industry has extraordinarily high turnover rates due to poor salaries and dangerous and demeaning conditions.

- Overall turnover rates for nursing staff are 50% per year. Many nursing homes have 100% or more turnover.
- The CNA job is persistently one of the most dangerous in the U.S.A.
- Due to the industry's model of bare bone staffing, working in a nursing home, especially as a CNA, is poorly paid, highly stressful, and degrading.

+ Please join us in speaking out!

It is essential for everyone concerned about the safety and dignity of residents & care staff to speak out in support of safe staffing standards!

There are **no excuses** for not providing sufficient staff for residents to live safely and with dignity.

- Speak out now: Find contact info for your federal elected officials at <u>https://nursinghome411.org/find-legislators/</u>. Make a phone call & make a difference!
- Speak out in the future: Join our alert list to be informed when federal staffing standards are proposed and receive the link to our action alert (to send a message in support of safe staffing).
- Join the Consumer Voice's Dignity for All campaign: Visit <u>https://theconsumervoice.org/events/dignity-for-all-staffing-</u> <u>standards-now</u>.

SAFE & COMPETENT STAFFING

What we pay for, What nursing homes promise to provide, What everyone deserves!