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](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](nursinghome411.org/webinar-cna-reqs)
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
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 non-pharmacological 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:
    o Legal support analyst at the New York State Attorney General’s Office in the Medicaid Fraud Control Unit
    o 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:

- TRAINING HOURS
- CURRICULUM REQUIREMENTS
- CNA RENEWAL REQUIREMENTS
- IN-SERVICE REQUIREMENTS
Challenges

- Requirements not centrally located
- 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

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<tr>
<th>Hours</th>
<th>In-Service</th>
<th>Renewal</th>
<th>Curriculum</th>
<th>Additional</th>
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</table>
| • 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
Step 1: Report Homepage

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.
Step 2: View Specific State

Click state on sidebar

Highlight & click state

www.nursinghome411.org/cna-reqs
Step 3: View State 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

<table>
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<th>Certification Requirements</th>
<th>Training Program Requirements</th>
<th>Statutes, Regulations, &amp; Guidance</th>
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</thead>
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<tr>
<td>• Eligibility/Screening Requirements</td>
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<tr>
<td>◦ Pass a criminal background check.</td>
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<tr>
<td>◦ 16 years old to train, 17 to test.</td>
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<tr>
<td>• Education &amp; Training Requirement</td>
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What a CNA would need to know when pursuing certification.

How many hours and what curriculum a CNA training program would need to cover in the state.

Links to the statutes, regulations, and guidance documents laying out these requirements.
Step 4: Report PDF

Click Here

A Guide to State CNA Certification & Training Requirements

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Step 5: Federal Requirements

A Guide to State CNA Certification & Training Requirements

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Click Here
Step 6: States vs. Federal Requirements

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## International Comparisons

<table>
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<tr>
<th>Country</th>
<th>Training Duration</th>
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<tr>
<td>Austria</td>
<td>1 year (about 1,600 hours)</td>
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<tr>
<td>Belgium</td>
<td>1 year</td>
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<tr>
<td>Bulgaria</td>
<td>n/a</td>
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<tr>
<td>The Czech Republic</td>
<td>4 years</td>
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<tr>
<td>Denmark</td>
<td>8 months</td>
</tr>
<tr>
<td>Finland</td>
<td>4 years</td>
</tr>
<tr>
<td>France</td>
<td>8 months</td>
</tr>
<tr>
<td>Germany</td>
<td>1-2 years depending on the state</td>
</tr>
<tr>
<td>Germany North Rhine-Westphalia</td>
<td>1 year (750 hours of theory, 900 hours of practical training)</td>
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<tr>
<td>Italy</td>
<td>1,000 hours (550 hours of theory, 450 hours of practical training)</td>
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<tr>
<td>The Netherlands</td>
<td>1.5-3 years</td>
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<tr>
<td>Poland</td>
<td>720 hours</td>
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<tr>
<td>Slovenia*</td>
<td>4 years</td>
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<tr>
<td>Spain</td>
<td>1-2 years, 1400 hours (960 hours of theory, 440 practical)</td>
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<tr>
<td>Sweden</td>
<td>1 year</td>
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<tr>
<td>Switzerland</td>
<td>1 year</td>
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<tr>
<td>The UK</td>
<td>2 years</td>
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*These personnel appear to be more similar to LPN’s in the US, rather than CNAs.*
Takeaways

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

Comparatively, training requirements are not stringent

Room for creativity in curriculum requirements
Part III

Data and resources to support resident-centered advocacy
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.

- **Webinars**
  Learn about long-term care issues at LTCCC’s monthly Zoom webinars. Attend programs live or watch recordings on YouTube.

- **Get the Facts**
  Fact sheets providing information on care standards to support better care and quality of life for long-term care residents.

- **Families & Ombudsmen**
  LTCCC’s Family & Ombudsman Resource Center provides resources, tools, and information to support resident-centered advocacy.

- **Dementia Care & Antipsychotic Drugging**
  Resources for promoting good dementia care and reducing dangerous antipsychotic drugging.

- **Podcasts**
  Listen to interviews and conversations with a variety of leading experts in long-term care.

- **Abuse & Neglect**
  Information and resources to help identify and address nursing home resident abuse and neglect.

- **Resident Advocacy**
  Forms and printouts to help you advocate for residents in long-term care and promote resident rights.

- **Assisted Living**
  Guidebooks, reports, fact sheets, and other resources to advocate for residents in assisted living.

www.nursinghome411.org/learning-center/
Fact Sheets
Home » Learning Center » Fact Sheets

LTCCC Fact Sheets provide brief summaries of relevant standards and tips on how the standards can be used to support better care and quality of life. Also included here are several FAQ Sheets, which provide examples of Frequently Asked Questions and scenarios that residents might face in regard to a particular resident right or standard of care. [Note: We have not developed a FAQ Sheet for every resident right covered in the Fact Sheets but, rather, only in cases where we thought the supplementary discussion might be useful to support resident-centered advocacy.]

We welcome you to use, copy and adapt these materials in your efforts to improve care. For basic information on selected resident care concerns, please visit our Handouts page. For more in-depth information, please see our Issue Alerts or our Reports pages.

Abuse, Neglect & Exploitation
Abuse & Neglect in Assisted Living
Admission & Discharge Rights in NY State Nursing Homes
Antipsychotic Drugging
Bed Rails
Dementia Care & Antipsychotic Drug Basics
Dementia Care & Psychotropic Drugs
Dementia Care Considerations
Dementia Care Practices
Foundations of Resident Rights
Immediate Access to Nursing Home Residents
Infection Prevention and Control
Informed Consent
Introduction to the Dementia Care Toolkit

Requirements for Nursing Home Care Staff & Administration
Requirements for Nursing Home Physician, Rehab & Dental Services
Resident & Family Councils
Resident & Family Record-Keeping
Resident Assessment & Care Planning
Resident Care Planning
Resident Dignity & Quality of Life Standards
Resident Grievances & Complaints
Resident-Centered Advocacy When a Nursing Home is Cited for Substandard Care, Abuse or Neglect
Resident Rights to Dignity & Respect
Safe Environment
Staffing Ratios in Assisted Living

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...

www.nursinghome411.org/states
Nursing Home Staffing Data

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 non-nursing 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.

Source: CMS payroll-based journal data.

Summary Data

| Staffing Data: | Nursing staff | Non-nursing | Contract | State Comparisons | Tableau |

Methodology Note

Starting in Q1 2021, LTCCC’s reporting of federal staffing data has been modified in two important ways. 1) Highlighting “Total Nurse Staff HPRD,” a more expansive metric that includes all PBI nurse staffing categories; and 2) Expanding “Total Direct Care Staff HPRD” to include Med Aide/Tech and NA TR. Med Aide/Tech and NA TR were not included in previous versions.
## Nursing Home Staffing Data

### Staff HPRD (Hours Per Resident/Day)

Staff HPRD is calculated by dividing a nursing home's daily staff hours by its MDS census. Example: A nursing home averaging 300 total nurse staff hours and 100 residents per day would have a 3.0 Total Nurse Staff HPRD (300/100 = 3.0).

Total Hours: the nursing home's average daily staff hours in a given category for the quarter. Example: A nursing home with 22.5 RN care staff hours provides 22.5 RN care staff hours per day.

### Filter by State

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### Table: Nursing Home Staffing Data

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<th>Total Direct Care HPRD</th>
<th>Total RN Staff HPRD</th>
<th>Total RN Care Staff HPRD (excl. Admin/DON)</th>
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nursinghome411.org/data/staffing/
Families can sign-up for LTCCC’s Family Council Zoom Meeting Room!

www.nursinghome411.org/families-ombudsmen/
Part IV
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 https://nursinghome411.org/find-legislators/. 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 https://theconsumervoice.org/events/dignity-for-all-staffing-standards-now.

SAFE & COMPETENT STAFFING

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