

CERTIFIED NURSE AIDES (CNAs)

Median National Salary: \$27,650

Median Indiana Salary: \$23,530

Minimum Education: Certificate

Education/Training: 105 hours, must complete a state approved program

Regulatory Body: Indiana State Department of Health

Licensing (Certification) Fees Every Two Years: \$0

Exam Source: Indiana State Department of Health

Exam Cost: \$75 for written and skills test

Frequently Asked Questions

1. Are there any provisions that specify reciprocity of certification with other states?

There are no regulations discussing reciprocity of nurse aide certification between states. CMS has regulations concerning the certification and maintaining of a nurse aide registry. States then have state laws and rules implementing those regulations. CMS has discussed developing a national registry but has not pursued that concept.

In Indiana, state statute or rules do not address reciprocity. The ISDH is the certification agency for aides and approves educational programs. By policy, the ISDH allows reciprocity for aides. The ISDH does not require an active aide to complete an Indiana training course and skills requirements. The ISDH requires the aide to successfully pass Indiana's CNA examination.

While your question was about certified nurse aides, I note that the training of home health aides is greatly different. There is not a specific curriculum or approved programs. Home health agencies train their aides. There is no reciprocity for home health aides as the training is agency-specific.

2. Are there any provisions that specify transferability of certification for veterans, military spouses? Is military experience accepted in lieu of training and/or examination?

There are no provisions concerning transferability of certification for veterans or military spouses. Most of the military training is likely more comparable with EMT training rather than aide training. We have not received requests from veterans or military spouses for aide certification. If we did, we would review their training on an individual basis to determine whether they meet aide requirements. Most veterans or spouses are employed at higher pay than what an aide pays. It is therefore unlikely that there will be requests for nurse aide certification from this group.

3. Are there any provisions that provide assistance (example: reduced cost) to displaced/low-income workers?

The ISDH does not provide assistance. There are other agencies that do.

CMS regulations require a facility to pay cost of aide training. If an individual enrolls in a facility-based training program, the facility pays for the training if the individual is employed by the facility. If an individual enrolls in a non-facility-based program, the aide pays and may then request reimbursement from the facility upon hire. The facility in turn may submit in their cost report. Some training programs receive funding from an agency or grant in support of the program or specific individuals.

4. Is there a process in place for individual review of criminal record in lieu of automatic disqualification?

IC 16-28-13-3 prohibits a nursing facility from employing individuals with certain convictions. IC 16-27-2-3 and 5 prohibits a home health agency from employing individuals with certain convictions. IC 16-27-2.5-3 requires a home health agency to discharge employees with certain drug related offenses. Statute requires facilities to perform background checks on employees. The ISDH does not receive background checks. If the ISDH becomes aware of a conviction that is included in statute, the ISDH would withdraw the individual's certification. There is no process for an alternative to those convictions. An individual with convictions other than those prescribed in statute is not prohibited from being certified as a nurse aide. When facilities perform background checks, the facility may decide whether to hire or maintain an employee. In most situations, the facility is likely determining not to employ an individual with a criminal history as a risk management determination.

CMS regulations does not allow an individual with a finding of abuse or misappropriation of property to be certified and employed in a certified health care facility. That is a lifetime ban. CMS regulations require a minimum of a one-year ban for a finding of neglect. An aide with a neglect of a resident finding may request the ISDH for reinstatement.

Statutory Verbiage

410 IAC 16.2-3.1-14 Personnel

Sec. 14. (c) Each nurse aide who is hired to work in a facility shall have successfully completed a nurse aide training program approved by the division or shall enroll in the first available approved training program scheduled to commence within sixty (60) days of the date of the nurse aide's employment. The program may be established by the facility, an organization, or an institution. The training program shall consist of at least the following:

(1) Thirty (30) hours of classroom instruction within one hundred twenty (120) days of employment. At least sixteen (16) of those hours shall be in the following areas prior to any direct contact with a resident:

(B) Infection control.

410 IAC 16.2-3.1-18 Infection control program

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1

Sec. 18. (a) The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.

(b) The facility must establish an infection control program under which it does the following:

(1) Investigates, controls, and prevents infections in the facility, including, but not limited to, a surveillance system to:

(A) monitor, investigate, document, and analyze the occurrence of nosocomial infection; (B) recommend corrective action; and

(C) review findings at least quarterly.

The system shall enable the facility to analyze clusters and/or significant increases in the rate of infection.

(2) Decides what procedures (such as isolation) should be applied to an individual resident, including, but not limited to, written, current infection control program policies and procedures for an isolation/precautions system to prevent the spread of infection that isolates the infectious agent and includes full implementation of universal precautions.

(3) Maintains a record of incidents and corrective actions related to infections.

(4) Provides orientation and in-service education on infection prevention and control, including universal precautions.

(5) Provides a resident health program, including, but not limited to, appropriate personal hygiene and immunization.

(6) Provides an employee health program, including appropriate handling of an infected employee as well as employee exposure.

(7) Reports communicable disease to public health authorities.

(c) A diagnostic chest x-ray completed no more than six (6) months prior to admission shall be required.

(d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.

(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.

(f) The baseline tuberculin skin testing should employ the two-step method. For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

(h) All skin testing for tuberculosis shall be done using the Mantoux method (5 TU PPD) administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording.

(i) Persons with a documented history of a positive tuberculin skin test, adequate treatment for disease, or preventive therapy for infection, shall be exempt from further skin testing. In lieu of a tuberculin skin test, these persons should have an annual risk assessment for the development of symptoms suggestive of tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss. If symptoms are present, the individual shall be evaluated immediately with a chest x-ray.

(j) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident only to the degree needed to isolate the infecting organism.

(k) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food if direct contact will transmit the disease. An employee with signs and symptoms of a communicable disease, including, but not limited to, an infected or draining skin lesion shall be handled according to a facility's policy regarding direct contact with residents, their food, or resident care items until the condition is resolved. Persons with suspected or proven active tuberculosis will not be permitted to work until determined to be noninfectious and documentation is provided for the employee record.

(l) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(m) For purposes of IC 16-28-5-1, a breach of:

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**Occupational Licensing Policy Learning Consortium
TARGET OCCUPATION: CERTIFIED NURSE AIDES**

- (1) subsection (a) is an offense;
- (2) subsection (b)(1), (b)(2), (j), (k), or (l) is a deficiency; and
- (3) subsection (b)(3), (c), (d), (e), (f), (g), (h), or (i) is a noncompliance.

IC 16-28-13-3 Crimes barring employment at certain health care facilities

Sec. 3. (a) A health care facility or an entity in the business of contracting to provide nurse aides or other unlicensed employees for a health care facility may not knowingly employ a person as a nurse aide or other unlicensed employee if one (1) or more of the following conditions exist:

- (1) The person has been convicted of any of the following:
 - (A) A sex crime (IC 35-42-4).
 - (B) Exploitation of an endangered adult (IC 35-46-1-12).
 - (C) Failure to report battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13).
 - (D) Theft (IC 35-43-4), if the person's conviction for theft occurred less than five (5) years before the individual's employment application date, except as provided in IC 16-27-2-5(a)(5).
 - (E) Murder (IC 35-42-1-1).
 - (F) Voluntary manslaughter (IC 35-42-1-3).
 - (G) Involuntary manslaughter (IC 35-42-1-4) within the previous five (5) years.
 - (H) Felony battery within the previous five (5) years.
 - (I) A felony offense relating to controlled substances within the previous five (5) years.
 - (2) The person:
 - (A) has abused, neglected, or mistreated a patient or misappropriated a patient's property; and
 - (B) had a finding entered into the state nurse aide registry.
- (b) A person who knowingly or intentionally applies for a job as a nurse aide or other unlicensed employee at:
- (1) a health care facility; or
 - (2) an entity in the business of contracting to provide nurse aides or other unlicensed employees for a health care facility;
- after a conviction of one (1) or more of the offenses listed in subsection (a)(1) commits a Class A infraction.

As added by P.L.152-1995, SEC.18. Amended by P.L.147-1996, SEC.1; P.L.108-1999, SEC.6.

42 CFR 483.35 - Nursing services.

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 required at § 483.70(e).

(a) *Sufficient staff.*

- (1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

(i) Except when waived under paragraph (e) of this section, licensed nurses; and

(ii) Other nursing personnel, including but not limited to nurse aides.

(2) Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

(b) *Registered nurse.*

(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

(c) *Proficiency of nurse aides.* The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

(d) *Requirements for facility hiring and use of nursing aides -*

(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

(ii)

(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).

(2) *Non-permanent employees.* A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d)(1) (i) and (ii) of this section.

(3) *Minimum competency.* A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual -

(i) Is a full-time employee in a State-approved training and competency evaluation program;

(ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or

(iii) Has been deemed or determined competent as provided in § 483.150(a) and (b).

(4)*Registry verification.* Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless -

(i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or

(ii) The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.

(5)*Multi-State registry verification.* Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual.

(6)*Required retraining.* If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.

(7)*Regular in-service education.* The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of § 483.95(g).

(e)*Nursing facilities: Waiver of requirement to provide licensed nurses on a 24-hour basis.* To the extent that a facility is unable to meet the requirements of paragraphs (a)(2) and (b)(1) of this section, a State may waive such requirements with respect to the facility if -

(1) The facility demonstrates to the satisfaction of the State that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel;

(2) The State determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility;

(3) The State finds that, for any periods in which licensed nursing services are not available, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility;

(4) A waiver granted under the conditions listed in paragraph (c) of this section is subject to annual State review;

(5) In granting or renewing a waiver, a facility may be required by the State to use other qualified, licensed personnel;

(6) The State agency granting a waiver of such requirements provides notice of the waiver to the Office of the State Long-Term Care Ombudsman (established under section 712 of the Older Americans Act of 1965) and the protection and advocacy system in the State for individuals with a mental disorder who are eligible for such services as provided by the protection and advocacy agency; and

(7) The nursing facility that is granted such a waiver by a State notifies residents of the facility and their resident representatives of the waiver.

(f)SNFs: *Waiver of the requirement to provide services of a registered nurse for more than 40 hours a week.*

(1) The Secretary may waive the requirement that a SNF provide the services of a registered nurse for more than 40 hours a week, including a director of nursing specified in paragraph (b) of this section, if the Secretary finds that -

(i) The facility is located in a rural area and the supply of skilled nursing facility services in the area is not sufficient to meet the needs of individuals residing in the area;

(ii) The facility has one full-time registered nurse who is regularly on duty at the facility 40 hours a week; and

(iii) The facility either -

(A) Has only patients whose physicians have indicated (through physicians' orders or admission notes) that they do not require the services of a registered nurse or a physician for a 48-hours period, or

(B) Has made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty;

(iv) The Secretary provides notice of the waiver to the Office of the State Long-Term Care Ombudsman (established under section 712 of the Older Americans Act of 1965) and the protection and advocacy system in the State for individuals with developmental disabilities or mental disorders; and

(v) The facility that is granted such a waiver notifies residents of the facility and their resident representatives of the waiver.

(2) A waiver of the registered nurse requirement under paragraph (d)(1) of this section is subject to annual renewal by the Secretary.

(g)*Nurse staffing information -*

(1)*Data requirements.* The facility must post the following information on a daily basis:

(i) Facility name.

(ii) The current date.

(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:

(A) Registered nurses.

(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).

(C) Certified nurse aides.

(iv) Resident census.

(2)*Posting requirements.*

(i) The facility must post the nurse staffing data specified in paragraph (e)(1) of this section on a daily basis at the beginning of each shift.

(ii) Data must be posted as follows:

(A) Clear and readable format.

(B) In a prominent place readily accessible to residents and visitors.

(3)*Public access to posted nurse staffing data.* The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

(4)*Facility data retention requirements.* The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.