

WISCONSIN NURSE AIDE TRAINING PROGRAM AND REGISTRY MANUAL



**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES**

**Division of Quality Assurance
Office of Caregiver Quality**

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CHAPTER 1 INTRODUCTION

1.1.0 THE WISCONSIN NURSE AIDE TRAINING PROGRAM AND REGISTRY MANUAL

The Nurse Aide Training and Competency Evaluation Program (NATCEP) was instituted under the federal Omnibus Reconciliation Acts of 1987, 1989, and 1990 (OBRA) 42 USC 1396r. It required states to establish training and competency evaluation programs and maintain a long-term care nurse aide registry program by coordinating the following activities:

- Approval and monitoring of nurse aide training programs;
- Oversight of a nurse aide competency evaluation program which consists of a clinical skills evaluation and a written or oral multiple choice examination;
- Operation of a Nurse Aide Registry containing information about individuals qualified to function as nurse aides in regulated health care facilities and individuals with substantiated findings of resident abuse, neglect or misappropriation of resident property;
- Renewal registration of qualified nurse aides every two years; and
- Coordination of reimbursement for the Medicaid portion of training and testing costs incurred by facilities and individuals.

Wisconsin's nurse aide training and competency evaluation programs are implemented under **section 146.40, Wis. Stats.**, and **Chapter DHS 129, Wisconsin Administrative Code**.

The Wisconsin Nurse Aide Training Program and Registry Manual provides detailed information about the nurse aide training and competency evaluation program regulations and the Nurse Aide Registry in Wisconsin. This manual is intended to assist nurse aide training program instructors, competency evaluation program examiners, and nurse aides in understanding their roles and responsibilities regarding nurse aide training and competency programs and the Wisconsin Nurse Aide Registry.

If you need further assistance, please contact the Office of Caregiver Quality by phone at (608) 261-8319 or by e-mail at: DHSCaregiverIntake@wi.gov

To verify the **employment eligibility of a nurse aide**, search on the Pearson VUE Website at: https://www.asisvcs.com/services/registry/search_generic.asp?CPCat=0750NURSE

For questions regarding **nurse aide training programs** in Wisconsin, call (608) 261-8328.

For questions regarding **nurse aide competency testing** in Wisconsin, call (866) 257-5424.

1.2.0 WISCONSIN NURSE AIDE TRAINING PROGRAM AND REGISTRY COMPONENTS

- Nurse Aide Training
- Nurse Aide Competency Testing
- Nurse Aide Registry
- Caregiver Misconduct Registry

1.3.0 DEFINITIONS

The following definitions apply to nurse aide training and testing programs and the Nurse Aide Registry in Wisconsin.

1.3.1 Competency Evaluation Program

The “competency evaluation program” is the testing program for nurse aides approved by the Department of Health Services (DHS), Division of Quality Assurance (DQA). The Department currently contracts with Pearson VUE, an assessing agency specializing in the development and delivery of state certification testing, to administer the National Nurse Aide Assessment Program (NNAAP) as Wisconsin’s standardized competency test. Candidates who successfully pass the competency test are included on the Wisconsin Nurse Aide Registry.

1.3.2 Instructional Program

An “instructional program” is a training program for nurse aides approved by the Department of Health Services (DHS), Division of Quality Assurance (DQA). Wisconsin requires instructional programs to provide one comprehensive course to train persons to work in all health care facilities (e.g., nursing homes, home health agencies, hospitals, hospices). Throughout this manual, instructional programs are also referred to as training programs.

1.3.3 Medication Aide

A “medication aide” is a nurse aide who is able to administer medications in a nursing home after passing a state approved medication course.

1.3.4 Misconduct Registry

“Misconduct Registry” means the Wisconsin Caregiver Misconduct Registry. Effective April 1, 1992, federal regulations required states to investigate and track all allegations of client abuse or neglect and misappropriation of a client’s property by a nurse aide. Effective October 1, 1998, Wisconsin expanded this requirement to all caregivers in entities that are regulated by the Department. The Wisconsin Caregiver Misconduct Registry lists all non credentialed caregivers, including nurse aides, with a substantiated finding of caregiver misconduct (abuse or neglect of a client or misappropriation of a client’s property).

1.3.5 Nurse Aide

A “nurse aide,” also known as a nursing assistant, CNA (certified nursing assistant), etc., is a person who, regardless of title, provides direct health care to a client by performing routine patient care duties under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). The term “nurse aide” also includes aides who work for a hospital, home health agency, or hospice.

A nurse aide is **not** a person who is licensed, receives a permit, is certified, or who is registered as a nurse, optometrist, pharmacist, acupuncturist, psychologist, hearing and speech therapist, or a person whose duties primarily involve skills that are different from those taught in training and competency evaluation programs approved under section DHS 129.05, Wisconsin Administrative Code.

1.3.6 Nurse Aide Registry

“Nurse Aide Registry” means the Wisconsin Nurse Aide Registry. Beginning in 1990, the federal government required all states to maintain a registry of individuals who were eligible to work as nurse aides based on federal and state requirements. The Nurse Aide Registry is the Department of Health Services (DHS) record of persons who have successfully completed a training and competency evaluation program or met other applicable requirements and are qualified to work as a nurse aide in Wisconsin.

1.3.7 Nursing Related Duties

Nursing related duties are routine patient care duties delegated by a RN or LPN who supervises the nurse aide for the direct health care of a resident. These routine patient care duties include:

- Basic nursing skills (See 2.3.2.2.)
- Personal care skills (See 2.3.2.3.)
- Basic restorative services (See 2.3.2.4.)

1.3.8 Program

“Program” means a training program. It includes:

- the facility, agency, organization, or person that administers the training;
- the program designee;
- the program site;
- the curriculum(s);
- the classroom(s);
- the clinical site(s);
- primary instructor(s);
- program trainer(s);
- student files; and
- supplies and equipment.

1.3.9 Prohibition

A “prohibition” is a restriction from approving a nurse aide training program based on criteria outlined in federal regulations.

1.3.10 Student Nurse

A “student nurse” is a person who is currently enrolled in a school for professional nurses or a school for licensed practical nurses or who has successfully completed the course work of a basic nursing course of the school, but has not successfully completed the examination.

1.3.11 Substantial Change

A “substantial change” is **any** change to any one of the items listed in 1.3.8.

1.3.12

Waiver

A “waiver” is the granting of an exemption to an instructional program from a federal requirement or a state administrative rule.

CHAPTER 2 NURSE AIDE TRAINING

2.1.0 INSTRUCTIONAL PROGRAMS

An instructional program is a training program for nurse aides (including those who work as home health and hospice aides) approved by the Department of Health Services (DHS), Division of Quality Assurance (DQA). The purpose of an instructional program is to provide a basic level of both knowledge and demonstrable skills for individuals who provide nursing or nursing-related services to residents in licensed health care facilities and who are not licensed health professionals or volunteers who provide services without monetary compensation.

In Wisconsin, all approved nurse aide training programs must provide students with comprehensive instruction on the requirements to work in all types of licensed health care facilities (e.g., nursing homes, home health agencies, hospices, hospitals, intermediate care facilities for persons with mental retardation). DQA approves nurse aide training programs that satisfy the standards outlined in s. 42 CFR 483.152 and Chapter DHS 129 of the Wisconsin Administrative Code.

DQA reviews the curriculum of each approved training program at least once every 24 months following the approval date to determine whether the program continues to satisfy the required standards. DQA may suspend or revoke the approval of a training program or impose a plan of correction on the program if the program does not satisfy the required standards or operates under conditions other than those contained in the approved application.

2.1.1 Prohibitions

Federal regulations prohibit DQA from approving a training program offered by or in a long term care facility if, in the 2 years prior to the application:

- A skilled nursing facility or a nursing facility has been subject to an extended or partial extended survey under federal regulations;
- A skilled nursing facility or a nursing facility has been subject to a federal civil money penalty of not less than \$5,000;
- A skilled nursing facility or a nursing facility was terminated as a provider under Title 18 (Medicare) or under the State plan under Title 19 (Medicaid);
- A skilled nursing facility or a nursing facility had been subject to the penalty of denial of payment under Title 18 or Title 19;
- A skilled nursing facility or a nursing facility was subject to the penalty of an appointment of a temporary manager to oversee operations;
- A skilled nursing facility or a nursing facility was closed or had its residents transferred due to State action.
- A skilled nursing facility had a waiver of the requirement for a full time registered nurse employed 40 hours a week;
- A nursing facility had a waiver of the requirement for a registered nurse for at least 8 consecutive hours, 7 days a week;

2.1.2 Waivers of Federal Prohibitions

A long term care facility may request a waiver of the 2-year prohibition by writing to DQA, specifying the rule from which the waiver is requested and the time period for which it is requested, provided that the following conditions are met:

- There is no approved training program within a 45-mile or 60-minute radius from the facility requesting the waiver;
- The facility is an adequate training environment because the prohibitions were non resident/nursing care related;
- An approved training program unrelated to the facility has agreed to provide the training; and,
- The applicant has alerted the ombudsman of its waiver request.

Submit waiver requests to the:

Nurse Aide Training Consultant
Office of Caregiver Quality
P.O. Box 2969
Madison, WI 53701-2969

DQA will approve or deny each waiver request in writing within 45 days of receipt. DQA may modify the terms of a waiver request, impose other conditions, or limit the duration of a waiver that is approved.

2.2.0 PRIMARY INSTRUCTOR AND PROGRAM TRAINER STANDARDS

Nurse aide students must be trained by or under the general supervision of a registered nurse who has a minimum of two years experience working as a registered nurse and meets the requirements outlined in 2.2.1.1.

Professionals from the health care and public health fields, who meet the requirements of 2.2.2.1, may serve as program trainers to meet specialized program training needs.

2.2.1 Primary Instructor

2.2.1.1 *Primary Instructor Qualifications*

The individual designated as Primary Instructor of a nurse aide training program must:

- Be a registered nurse licensed to practice in Wisconsin;
- Have a minimum of 2 years of experience working as a registered nurse, 1 year of which must be in the provision of healthcare in the type of healthcare setting for which the program has been approved; and
- Have completed a course in teaching adults or supervising nurse aides.

To be approved as a primary instructor an individual must submit the ***Nurse Aide Training Program Primary Instructor Application*** form, DQA form **F-62610**, and include all of the following:

- Resume;
- Copy of RN License;
- Copy of Train the Trainer Certificate or equivalent;

- Copy of Social Security card; and
- Current Background Check.

The above documents should also be included when submitting the ***Nurse Aide Instructional Program Application*** form, DQA form **F-62220**. (See 2.40.)

The Train the Trainer course must be approved by DQA. (See 2.2.1.4.) DQA may waive this requirement for an instructor who has completed a substantially equivalent course or who has received substantially equivalent training or clinical experience. Equivalent training must include 16 hours of coursework or training in at least 4 of the following course content areas:

- Principles of adult learning,
- Formulation of training objectives,
- Curriculum design,
- Lesson plan development,
- Teaching strategies and methodologies,
- Development of learning materials,
- Evaluation of the trainee,
- Development of a record keeping system.

To qualify as a primary instructor under the provisions of the substantially equivalent clinical experience, the person must submit a summary of how the course content topics noted above were utilized in his or her employment. The summary must include documentation supporting the information given; e.g., copies of course objectives, lesson plans, trainee evaluations, etc. The person should also state the length of time involved in teaching nurse aides or other health care providers.

Example

Denise L. is a Red Cross certified CPR instructor. She provides copies of the training materials she uses to conduct a CPR training course with her primary instructor application. Denise's experience as a CPR instructor is considered substantially equivalent training experience.

Nursing facilities and non-nursing facilities may have one (1) or more Primary Instructors, depending on the type of Nurse Aide Training Program they are conducting. The person designated as the Primary Instructor may delegate teaching responsibilities to Program Trainers.

In a nursing facility based program, the training of nurse aides may be performed under the general supervision of the Director of Nursing (DON) for the facility; however, the DON is prohibited from acting as the primary instructor or as a program trainer. Instructors must not be involved in more than one role while supervising students in the clinical area.

2.2.1.2

Primary Instructor Responsibilities

- Accountable for the entire program; i.e., classroom, laboratory, and clinical.
- Participates in the planning and evaluation of each segment of the curriculum.

- Monitors each new instructor in lecture, laboratory, or clinical, whenever that person is teaching something new for the first time.
- On-Site and available during entire clinical teaching time.
- On-Site and available at least 50% of the classroom and laboratory time.
- May delegate classroom, laboratory, and/or clinical teaching responsibilities to a Program Trainer within the legal scope of practice and assessed capabilities of those individuals.

2.2.1.3 *Notification of Change in Primary Instructor*

When the program changes a primary instructor, the program must report this change to DQA in writing 10 days prior to the implementation of the change. The program must apply for approval of a new primary instructor on a **Notice of Substantial Change** form, DQA form **F-62224**, and submit the required materials (See 2.2.1.1.) to DQA as soon as the identity of the replacement primary instructor is known.

DQA will issue a written notice regarding the approval or denial of the replacement primary instructor. A new primary instructor may **not** begin instruction until the program receives written approval from DQA.

2.2.1.4 *Training Course for Primary Instructors*

Application for approval of a training course for primary instructors (i.e., Train the Trainer) must be made on the **Application for the Approval of a Training Course for Primary Instructors** form, DQA form **F-62216**. Within 90 days of receiving an application for a primary instructor training course, DQA will either approve or deny the application in writing.

A training course for primary instructors must be a minimum of 16 hours in length and cover the following areas:

- Principles of adult learning and training techniques;
- Formulating training objectives, including behavior objectives which state measurable performance criteria for competency evaluation;
- Designing the curriculum to provide a logical organization of the material;
- Developing lesson plans;
- Choosing appropriate teaching strategies and methodologies;
- Developing learning materials;
- Applying methods for evaluating trainee learning;
- Effectively supervising trainees' clinical experience;
- Defining criteria for successful achievement of training program objectives; and
- Developing a record keeping system.

The instructor of the training course for primary instructors must be a registered nurse who is licensed to practice in Wisconsin and has a minimum of 2 years of experience as an instructor of nursing practice or as an instructor of nurse aides.

2.2.2 Program Trainer

“Program trainer” means an individual from a health related field who provides specialized training about that field to nurse aides under the general supervision of the primary instructor.

A program trainer may **not** date and initial a nurse aide trainee’s Skills Checklist. Only the RN Primary Instructor may verify demonstrated competency in a task/skill and date and initial the trainee’s Skills Checklist.

2.2.2.1 Program Trainer Qualifications

Program trainers must have a minimum of one (1) year of experience in the area in which they will provide training and must work under the general supervision of the primary instructor. They may not be used as a trainer until approved by DQA. Examples of program trainers include:

- Licensed registered nurses
- Licensed practical nurses
- Pharmacists
- Dietitians
- Social workers
- Registered sanitarians
- Fire safety experts
- Health care administrators
- Gerontologists
- Psychologists
- Physical and occupational therapists
- Activity therapists
- Speech and language pathologists
- Audiologists
- Interpreters
- High school instructors approved by their district administration to teach health occupation courses

A licensed practical nurse (LPN) or licensed vocational nurse (LVN) under the supervision of the primary instructor may provide skills training instruction and supervision if he or she has one (1) year of experience in caring for the elderly and/or the chronically ill of any age. However, the LPN may not date or initial the skills checklist.

To be approved as a program trainer, an individual must submit the ***Nurse Aide Training Program Trainer Application*** form, DQA form **F-62688**, and include all of the following:

- Resume;
- Copy of current License;
- Copy of Social Security card; and
- Current Background Check.

2.2.2.2 *Program Trainer Responsibilities*

- Teaching of content pertaining to area of expertise.
- Delegated RN or LPN program trainer responsibilities, including class, laboratory, and/or clinical teaching as delegated by Primary Instructor
- Must be supervised by Primary Instructor for at least 50% of class and laboratory time and 100% of clinical teaching time.

2.2.2.3 *Notification of Change in Program Trainer*

When the program changes a program trainer, the program must report this change to DQA in writing 10 days prior to the implementation of the change. The program must apply for approval of a new program trainer on a **Notice of Substantial Change form, DQA F-62224** and submit the required materials (See 2.2.2.1.) to DQA as soon as the identity of the replacement program trainer is known.

DQA will issue a written notice regarding the approval or denial of the replacement program trainer. A new program trainer may **not** begin instruction until the program receives written approval from DQA.

2.3.0 **STANDARDS FOR TRAINING PROGRAMS**

Applications for nurse aide training programs must satisfy specific federal and state approval requirements.

2.3.1 **Program Hourly Requirement**

A training program must be a minimum of **120 hours** in length. The program must include a minimum of thirty two (32) hours of clinical experience in an approved clinical setting. Tours of a facility, including observations of residents and day-to-day facility activities, may be incorporated; however, competency evaluation and provider orientation **may not** be counted toward meeting the 120-hour minimum requirement. The initial sixteen (16) hours of training must be provided in a classroom setting prior to a student's direct contact with the residents.

The following five areas must be covered in this initial sixteen hours of classroom training.

- Communication and interpersonal skills,
- Infection control,
- Safety/emergency procedures,
- Promoting resident's independence, and
- Respecting resident's rights.

Students may be employed after sixteen (16) hours of classroom training if the above topics have been covered in class pursuant to the requirements of DHS 129. The program must provide the employer with verification that the program has provided the above instruction.

2.3.2 Curriculum

A training program must include theory and practice in at least the following **6 care areas**:

1. Interpersonal communication and social interaction,
2. Basic nursing skills,
3. Personal care skills,
4. Basic restorative services,
5. Rights of clients, and
6. Dementias.

2.3.2.1 *Interpersonal Communication and Social Interaction*

A training program must incorporate interpersonal communication and social interaction skills that enable a nurse aide to:

- Communicate and interact on a one-to-one basis with a client;
- Serve as part of a team implementing client care objectives;
- Demonstrate sensitivity to clients' emotional, social and psychological needs through directed interactions; and
- Enable expressions of age-appropriate behavior by allowing clients to make personal choices and reinforce behavior that supports a client's sense of dignity.

A nurse aide must be able to:

1. Identify the components of a caregiver-client relationship and be able to recognize and demonstrate understanding of all of the following:
 - The uniqueness of each client, in terms of that person's age, disability, family status, gender, marital status, race, sexual orientation, and cultural, generational, social, ethnic, religious or other background, values or characteristics;
 - The needs of a client with Alzheimer's disease, dementia, mental illness, mental retardation or other cognitive disabilities or impairments;
 - The ways that both workers and clients cope with stress;
 - What constitutes caregiver misconduct (See Chapter 6 of *The Wisconsin Caregiver Program Manual*, DQA publication P-00038.); and
 - The messages conveyed by body language and facial expressions.
2. Demonstrate an ability to establish effective relationships with clients and be able to do all of the following:
 - Communicate with clients in a respectful manner that affords clients dignity;
 - Explain procedures and activities to clients before carrying out the procedures or beginning the activities;
 - Demonstrate concern for clients who have long-term or disabling illnesses or are dying; and,
 - Identify developmental tasks associated with the aging process (those functions normally associated with the aging process, including but not limited to acceptance of and adjustment to physical changes, retirement, and life review).

3. Demonstrate an ability to use appropriate verbal and nonverbal communication skills with clients and be able to do all of the following:
 - Recognize effective listening techniques;
 - Distinguish assertive from aggressive responses;
 - Identify the difference between acceptable and unacceptable touching during job performance; and,
 - Identify therapeutic interventions and specialized techniques for responding to wandering and confusion.
4. Recognize common barriers to communication including language, vision changes, hearing loss, speech problems, memory loss, disorientation, and pain.
5. Demonstrate an ability to promote the independence of clients within the limitations of their physical, mental, and intellectual impairments by fostering self-help skills through appropriate responses to clients' attempts to provide self care, including recognizing clients' level of ability in self care activities.
6. Identify the role of the family and other persons of importance to the client in the client's care and as resources for emotional support.

2.3.2.2

Basic Nursing Skills

A training program must include the theory of and practice in basic nursing skills including:

- Bed making;
- Taking vital signs;
- Measuring height and weight;
- Caring for the client's environment;
- Measuring fluid and nutrient intake and output;
- Assisting in the provision of proper nutritional care;
- Walking or transferring the client, using body mechanics and appropriately selected equipment with regard to principles of client care ergonomics; and
- Maintaining infection control and safety standards.

A nurse aide must be able to:

1. Use acceptable personal hygiene;
2. Recognize the components of working relationships;
3. Identify how and when to seek guidance, using the supervisory channels of communication within the facility or agency;
4. Use proper body mechanics (use of the muscles of the body and the skeletal system in such a way as to avoid injury or strain when assisting in the movement, positioning, and transfer of a client);
5. Demonstrate and understand the meaning of common medical terms and abbreviations;
6. Observe and report changes in client behavior and physical status, including signs and symptoms of common diseases and conditions;
7. Recognize when a client may be choking and respond appropriately;
8. Recognize the normal physical and psychological changes associated with aging;

9. Identify the basic principles of nutrition and hydration;
10. Recognize and report deviations from a client's normal food and fluid intake and output;
11. Recognize the basic requirements of commonly prescribed therapeutic diets;
12. Use common measures to promote a client's skin integrity, considering the client's ethnicity, race, and age;
13. Demonstrate appropriate techniques in walking, transferring, positioning, and transporting clients;
14. Recognize and respond appropriately to unsafe environmental conditions, including damp floors, frayed electrical cords, and loose hand rails;
15. Recognize and respond appropriately to emergency situations, including following emergency evacuation procedures;
16. Demonstrate appropriate hand washing techniques;
17. Understand and use commonly used alternatives to restraints in accordance with current professional standards;
18. Maintain the safety and cleanliness of client care areas;
19. Make use of proper isolation techniques;
20. Perform commonly accepted infection control practices, including proper gloving technique and proper disposal of blood and body fluids and secretions;
21. Make occupied and unoccupied beds;
22. Measure temperature, pulse, and respiration;
23. Measure a client's weight and height;
24. Record objective information, such as a client's height and weight;
25. Apply nonprescription ointments to unbroken skin areas;
26. Recognize the general effects of prescribed routine medications;
27. Recognize therapeutic interventions and specialized non-pharmacological pain control interventions;
28. Assist with care of clients when death is imminent;
29. Assist with post-mortem care; and
30. Maintain safety and cleanliness of areas where food is stored.

2.3.2.3 *Personal Care Skills*

A training program must include the theory of and practice in basic personal care skills, including:

- Bathing,
- Mouth care,
- Grooming,
- Dressing,
- Toileting,
- Assisting with eating and hydration, and
- Skin care.

A nurse aide must demonstrate the ability to:

1. Give a complete or partial bed bath and assist clients in taking baths and showers;
2. Provide care of the perineal area;
3. Apply appropriate oral hygiene practices, including caring for the client's dentures;
4. Care for a client's nails, hair and skin care;
5. Shave and shampoo clients, including applying nonprescription medicated shampoos;
6. Dress and undress clients;
7. Prepare clients for meals;
8. Assist in feeding clients, including helping clients use adaptive devices and feeding utensils and encouraging clients to eat nutritionally balanced meals; and
9. Assist with bowel and bladder elimination.

2.3.2.4

Basic Restorative Skills

"Restorative services" means the therapeutic practice, education, and training to restore, promote, and maintain the client's fullest possible level of functioning. A training program must include the theory of and practice in providing restorative services, including:

- The application of assistive devices for ambulating, eating, and dressing;
- Maintenance of range of motion through appropriate exercises;
- Proper turning and positioning, both in bed and chair;
- Proper transferring techniques;
- Bowel and bladder training; and
- Care and use of prosthetic devices such as hearing aids, artificial eyes, and artificial limbs.

A nurse aide must demonstrate the ability to:

1. Recognize the importance of bowel and bladder programs;
2. Recognize methods for maintaining and improving musculoskeletal functioning by promoting joint mobility, body alignment, and movement, including being able to do all of the following:
 - Position clients by use of pillows, towel rolls, padding, and footboards;
 - Perform simple range of motion exercises; and,
 - Assist clients in the use of crutches, walkers, wheelchairs, canes, prostheses, and appliances.
3. Transfer clients safely and according to principles of patient care ergonomics and with proficiency in use of available equipment that is used to transfer clients such as, but not limited to, friction reducing devices, mechanical lifts, wheelchairs, and gait belts;
4. Reinforce breathing exercises, including coughing and deep breathing; and,
5. Help clients use hearing aids and glasses.

2.3.2.5

Rights of Clients

A training program must provide instruction on the principles of and requirements relating to clients' rights.

A nurse aide must demonstrate an understanding of all of the following obligations in relation to clients' rights:

- Provide privacy for clients in treatment, in living arrangements, and while caring for personal needs;
- Maintain the confidentiality of client health and personal records;
- Allow clients to make personal choices to accommodate the clients' needs;
- Provide help needed by clients in getting to and participating in activities, including client and family group meetings;
- Maintain the personal possessions of clients in good and secure condition;
- Interact with clients without abusing or neglecting the clients;
- Interact with clients without misappropriating the clients' property; and,
- Immediately report every instance of caregiver misconduct (abuse, neglect or misappropriation) to appropriate facility or agency staff. (See ***The Wisconsin Caregiver Program Manual***, DQA publication P-00038, Chapter 6, at: <http://dhs.wisconsin.gov/caregiver/publications/CgvrProgMan.htm>)

A nurse aide must demonstrate behavior that recognizes that clients have rights and that the aide respects those rights. A nurse aide must do all of the following:

- Demonstrate respect and concern for each client's rights and preferences and awareness of age, color, disability, family status, financial status, gender, marital status, race, sexual orientation, and ethnic, cultural, social, generational, and religious differences;
- Show respect for cultural, ethnic, and religious food preferences;
- Recognize what constitutes caregiver misconduct and demonstrate an understanding of how to interact with clients to avoid behavior which can be interpreted as caregiver misconduct;
- Demonstrate prevention and intervention skills with combative clients that balance appropriate client care with a need to minimize the potential for injury to the aide and others;
- Recognize the role of state and federal regulatory agencies in licensing or otherwise approving providers and in investigating allegations of caregiver misconduct;
- Demonstrate an understanding of the process by which a client or staff member may file a complaint on behalf of a client and seek redress for a perceived violation of client rights;
- Recognize the role of client advocacy groups as a client resource; and
- Demonstrate awareness of how to file a complaint with DHS regarding operations within the provider setting.

2.3.2.6

Dementias

A training program must include instruction about dementia and specific techniques for meeting the basic needs of clients with dementia. The nurse aide must demonstrate an understanding of all of the following:

- The nature of dementia---including the cause, course, and symptoms of the impairment, and the effects that brain changes have on the person's moods, abilities, and functioning;
- The effects on the client and means of modifying these communications and approaches to facilitate effective interaction between clients and staff;
- The feeding and fluid intake problems associated with dementia and the specialized techniques for addressing those problems;
- The effect of the environment on clients with dementia and the appropriate environmental stimuli to use with those clients to reduce stress and maximize normal functioning and how to incorporate strategies that preserve function and prevent excess disability;
- Possible causes of dementia related symptomatic behavior changes, specifically focusing on understanding behavior as an attempt to communicate unmet needs and, then, how to address the unmet need, including an understanding of how pain impacts behavior;
- Ways to help the person with dementia continue meaningful involvement in his or her day, the importance of structure and routine, and the incorporation of the person's life story and past interests, routines, tastes, values, and background;
- The stress involved for the client, family, and nurse aide in caring for a client with dementia, techniques for coping with this stress, and ways to address the person with dementia's core needs of having self-esteem boosted, being useful, giving and receiving love, and caring for self and others.

2.3.3

Program Operation

To meet federal and state approval requirements, a training program must have **all** of the following:

1. Access to an approved clinical setting;
2. Qualified faculty members for both the classroom and skills portions of the training program;
3. Reasonable accommodations for students and prospective students with handicapping conditions;
4. An adequate number of clinical instructors in the clinical setting to provide safe and effective supervision and assistance; and
5. Classroom facilities that are adequate to meet the needs of the program; and
6. Policies related to attendance, grading, uniforms, confidentiality, etc.

Programs must also provide notification to students sponsored by Medicaid-certified nursing facilities that the students are not responsible for any costs associated with training, including deposits for textbooks or supplies used.

2.3.3.1 *Classroom Setting*

Any area designated as a classroom or lab in a facility-based program must be an area that is not designated for resident care. The size of the classroom or lab is not specified; however, the training program must ensure that classrooms and lab facilities are adequate to meet the needs of the program based on the number of students enrolled and how the space is used. Programs must ensure that classroom and skills labs have:

- Adequate temperature controls;
- Clean and safe conditions;
- Adequate space to accommodate students;
- Adequate lighting;
- All equipment needed, including audiovisual equipment and any equipment needed for simulating resident care; and
- Lab equipment in the skill lab at all times for demonstration, practice, and student demonstration.
- Functioning sink within designated lab area.

2.3.3.2 *Clinical Setting*

Supervised practical training in a clinical setting is when the trainee demonstrates knowledge while performing tasks or services for a person under the direct supervision of a RN or LPN. Before a student performs any client-related services, the RN primary instructor must determine that the student has been trained and found proficient in providing those services. The training program shall ensure access to a qualified clinical setting that is adequate to meet the needs of the program.

Clinical sites must be in compliance with state and federal law. The program designee or primary instructor and the healthcare provider with whom the program has contracted are responsible for verifying that the clinical facility is in compliance with state and federal law. This verification must be documented in the program's files and must be available during the evaluation process. Information pertaining to the development of the Clinical Agreement Guidelines/Suggestions is included in the application packet.

- The agreement between the program and the clinical setting shall be reviewed and renewed as needed by the program and upon change of facility or school administration. A copy of the agreement must be submitted to DQA.
- During classroom and lab instructions, students should be oriented to the various forms used to document resident information. Instructors must supervise documentation on the appropriate flow sheets and forms during the clinical rotation.
- Before a student begins a clinical rotation, the primary instructor must evaluate and document that a student successfully demonstrated the ability to perform a skill.
- Students may not give hands-on care to residents that are not assigned to them unless under the direct supervision of the primary instructor.
- Students under the general supervision of the primary instructor may be paired during the student's clinical rotation with nurse aides who are employed by the health care provider during their clinical rotation.
- Students must maintain safe practices, infection control, and respect for resident rights at all times.

- Students must demonstrate knowledge regarding the assigned residents' diagnoses and identified needs.
- Students and instructors must wear clothing that is in compliance with school policy and that is appropriate for performing resident care. The uniform must include a nametag that designates the name of the nurse aide training program and the individual's status as a student or instructor.
- The scheduled clinical hours must provide experiences that meet expected outcomes outlined in the program curriculum.
- The length of the clinical day will not exceed eight (8) hours.
- A health care facility may serve as the site of clinical instruction for up to two (2) nurse aide training programs at a time. DQA may approve more than two programs at a single health care facility on a case-by-case basis in conjunction with the facility's administrative staff.
- The program shall not be used as a substitute for staff orientation or staff education programs.

2.3.3.3 *Instructor Duties*

The Primary Instructor must evaluate and document that a student demonstrated successfully the ability to perform a skill before the student begins a clinical rotation.

The Primary Instructor is responsible for providing communication between the clinical staff and the students. There must be an adequate number of Primary Instructors in the clinical setting to provide safe and effective supervision and assistance of students.

Primary Instructors must not be involved in another role while supervising students in the clinical area. The ratio of instructors to trainees in skills training must be adequate to ensure that each trainee receives safe and effective assistance and supervision. A ratio of 6 to 8 students per instructor is considered to be adequate in most circumstances.

The Primary Instructor makes all student clinical assignments with the approval of the healthcare provider. The instructor must complete a review of the residents' charts to retrieve pertinent information needed by the students to provide the required cares. The instructor should provide this information on a worksheet for each student. Care plan information is to be reviewed at the beginning of each clinical experience and should include new orders or changes in resident status.

Student assignments should be shared with the assigned clinical setting prior to the student's arrival at the clinical setting. During at least one clinical experience, it is recommended that each student care for a minimum of two, but not more than four, residents during a specified clinical day. Students should be given individual assignments. More than two students should not be assigned to the same resident at the same time.

Clinical assignments shall include the following:

- a. Care of residents with varied levels of care needs and
- b. The opportunity to be evaluated on organizational skills and time management.

The primary instructor is responsible for supervising the clinical performance of all LPN program trainers.

2.3.3.4 *Student Clinical Orientation*

The goal of a nurse aide student orientation at a clinical facility is to provide the student and faculty with important information about this particular agency, the agency staff and contacts, and other information needed prior to a student getting involved in patient care. Clinical faculty is encouraged to schedule an agency orientation as soon as possible.

In scheduling a facility orientation, the primary instructor will seek representatives to talk to the students and provide them with as much information as possible about the agency.

Some common information to note at the time of the orientation includes, but is not limited to, the following:

- Clinical agency's complete name, address, and phone number.
- Agency's designated contact person and the most efficient way to contact that person.
- Designated clinical rotation meeting area and the unit manager's name and phone number.
- Location of student parking.
- Location for pre and post clinical conferences and review of patient care assignments.
- Location of the break room.
- Location of designated smoking area.
- Location of copy machine and requirements for their operation.
- Orientation and training on equipment used in patient care.
- Training on the different emergency protocols and codes used to communicate disaster, etc.
- Inform students of changes occurring at the facility.

2.3.3.5 *Expectations and Record Retention*

A training program must maintain a list of the skills and a summary of the knowledge that a trainee is expected to have upon completion of the training program.

The primary instructor must individually record the date and initial when a student satisfactorily performs each required task or skill and provide a copy of the student's performance record to the student. When a student has satisfactorily completed all required skills and competencies, attained the necessary knowledge, and achieved the stated course completion criteria, the student qualifies to take the State competency exam. Upon satisfactory completion of the training program, the trainee **must** be allowed to take the State approved written or oral competency evaluation examination and a skills competency demonstration examination.

The training program must retain all required records for at least three (3) years, including the student's:

- Name
- Social Security Number
- Attendance record (dates and hours)
- Skills checklists

- Test scores
- Final exam scores
- Course evaluations
- Other relevant documentation

The program must provide all students who successfully complete the program with a certificate of completion that certifies the student's successful completion of the program. (See sample, appendix B.)

2.3.3.6 *Facility Based Program*

Training of nurse aides may be performed under the general supervision of the director of nursing (DON) for a facility; however, the DON is prohibited from acting as the primary instructor or as a program trainer. Instructors must not be involved in more than one role while supervising students in the clinical area.

2.3.3.7 *Notification of Substantial Changes in the Program*

An approved nurse aide training program must report **all** substantial changes in the program to DQA. Substantial change means any change in the:

- Program designee
- Primary instructor
- Program trainer
- Curriculum
- Clinical Site
- Classroom
- Program site.

The program must apply for approval on a **Notice of Substantial Change** form, DQA form **F-62224**. The program must report this change to DQA in writing 10 days prior to the implementation of the change. The substantial change must not be implemented until the change is approved by DQA. DQA may review the entire program if a program makes several changes within a 2-year approval period. DQA will approve or deny all requests for program changes in writing.

Failure to notify DQA of a substantial change may result in suspension or revocation of approval of the training program.

2.4.0 **PROGRAM APPLICATION**

1. The individual agency must make the request for the **Nurse Aide Instructional Program Application** form, DQA form **F-62220**, by calling the DQA Office of Caregiver Quality and scheduling a pre-application conference with a nurse consultant.

NOTE: No applications will be sent without the pre-conference meeting.

2. Following the pre-application conference, DQA will provide the applicant with a Training Program Packet, which includes the following:
 - a. Application for Approval of a Nurse Aide Training Program

- b. Primary Instructor Application
 - c. Class/Lab Equipment Supply List
 - d. Clinical Contractual Guidelines/Suggestions
 - e. Background Information Disclosure
3. An individual applicant must provide his or her social security number. Corporation or other business organizations must provide their federal employer identification number (FEIN). The applicant must provide any additional information requested by DQA during its review of the application.
 4. The applicant returns the prerequisite items, including completed Caregiver Background Check and application forms to DQA for review.

2.4.1 Program Designee

The program must designate a person to be responsible for the program operation and compliance with applicable requirements. That program designee must be noted on the application.

2.4.1.1 Notification of Change in Program Designee

The program must notify DQA **within 10 days** when there is a change in the program designee. A program **may not operate** without a program designee. The program must provide written notice to DQA on a **Notice of Substantial Change** form, DQA form **F-62224**, as soon as the identity of the permanent replacement designee is known.

2.5.0 APPLICATION REVIEW

DQA reviews the submitted application materials and determines if the application is complete and all prerequisites have been met. DQA will review a training program application for:

- Prohibitions and waivers (See 2.1.1 – 2.1.2.);
- Program content and length (See 2.3.0 – 2.3.2.6.);
- Appropriate ratio of classroom instruction to skills training (2.3.3.3);
- Standards for instructors (See 2.2.1.);
- Type of clinical supervision, including an appropriate ratio of students to instructor (See 2.3.3.2 – 2.3.3.3.);
- Provision for written evaluation of the program;
- Reasonable accommodations for students and prospective students with handicapping conditions;
- Criteria for successful completion; and
- Appropriate furnishing of physical facilities to meet classroom instruction and skills training needs.

DQA will issue a written decision to approve or deny the application within 90 days of receiving an application.

- a. If the information is complete, DQA will mail a notice of preliminary approval to the owner of the program.

- b. If the material is incomplete, DQA will request additional information.
- c. When prerequisites are met, DQA will schedule an on-site evaluation.

A program may attempt twice under a single application to meet the requirements for certification. If a second submission of materials fails to meet the certification requirements, the program will not be certified and the applicant will have to wait for 6 months from the date of denial to reapply to DQA.

2.5.1 Appeal Process

The denial of a nurse aide training program application may be appealed by submitting a written request for hearing to the:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

The request for hearing must be submitted within **10 days** after the date of denial.

2.5.2 Duration of Approval

DQA will approve a training program for up to two (2) years. DQA will issue an approval notice for each 2-year period.

2.6.0 PROGRAM MONITORING

DQA will conduct a review of a program within six (6) months of the date on which the department initially approved the program. DQA staff may conduct an on-site survey review of the program at any time to verify that the program is in compliance. The on-site survey may include a visit to a clinical site.

Surveys may be scheduled as follows:

- a. Initial (on-site prior to approval),
- b. Within 6 months of approval,
- c. Every two (2) years,
- d. Complaints, and
- e. As deemed necessary by DQA.

It is the responsibility of the instructor to inform the facility administrator or director of nurses of the date of the program's biannual review and the arrival of the DQA staff who will perform the review and obtain clinical assignment and resident information.

DQA staff request approximately 10 to 15 minutes during the preclinical conference to inform students of their role in the evaluation process.

Observations of student performances will include, but will not be limited to, the expected outcomes of the curriculum.

DQA reserves the right to conduct unannounced evaluations of its certified NATPs. The State Operations Manual 02-92 states that the approval of an NATP may be withdrawn if the program refuses to permit unannounced state visits.

The program must submit an **Annual Report – Nurse Aide/Home Health Aide Training/Testing Programs** form, DQA form **F-62249**, when requested by DQA. The program must also provide any additional information requested by DQA during its review of the program. Send completed reports to the:

Nurse Aide Training Consultant
Office of Caregiver Quality
P.O. Box 2969
Madison, WI 53701-2969

2.6.1 Suspension, Revocation and Appeals

If at any time DQA determines that a program has failed to comply with any of the nurse aide training program requirements identified in 2.1.0 through 2.6.0 (except the federal prohibitions in 2.1.1), it may suspend or revoke approval of the program or impose a plan of correction on the program.

DQA **must** revoke approval of a nurse aide training program offered by a facility if the Division determines that the program has violated any of the federal prohibitions listed in 2.1.1. DQA must also withdraw approval of a program if the entity providing the program refuses to permit on-site visits by DQA. DQA will notify the program in writing of the reasons for revoking approval of the nurse aide training program. Students in a course that began before the date of the suspension or revocation by DQA may be permitted to complete their training with another training program that is in good standing, with the Department's approval.

A training program may appeal the suspension or revocation of approval or imposition of a plan of correction within **10 days** of the decision date by sending a written request for hearing to the:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

A training program that has filed a written request for hearing after a program suspension or revocation **must not** begin a new training course pending the final decision by DHA. DHA will commence the hearing within 30 days after receipt of the request for hearing and shall issue a final decision within 15 days after the close of the hearing. The DHA decision is the final administrative decision.

2.7.0 TRAINING SITES

A current list of **Approved Nurse Aide Training Programs** may be found at:
<http://dhs.wisconsin.gov/caregiver/pdffiles/NAtrgProgs.pdf>

CHAPTER 3 NURSE AIDE TESTING

3.1.0 COMPETENCY EVALUATION PROGRAMS

A competency evaluation program is a nurse aide testing program approved by the Department of Health Services (DHS), Division of Quality Assurance (DQA). DQA contracts with Pearson VUE, Inc. to implement the National Nurse Aide Assessment Program (NNAAP) as the single statewide test for evaluating nurse aide competency. Pearson VUE evaluators administer the written or oral test and skills evaluation at approved in-facility and regional testing sites. DQA reviews the competency curriculum with Pearson VUE yearly to determine whether the program continues to satisfy the required standards.

Upon successful completion of a training course, training programs should assist candidates in sending a Nurse Aide Competency Evaluation Application to Pearson VUE. A test date and location will be provided to the candidate at a regional or in-facility site. All reasonable efforts will be made to best accommodate the needs of the applicant.

3.1.1 Competency Evaluation Application and Scheduling

A newly trained nurse aide candidate taking the examination for the first time, must successfully pass both parts of the National Nurse Aide Assessment Program examination within one (1) year of successfully completing a training program in order to be placed on the Wisconsin Nurse Aide Registry.

The nurse aide candidate is responsible for completing all sections of the Application for Competency Evaluation form, except Section 5. The training program instructor must complete Section 5 of the application. Incomplete applications will be returned to the nurse aide candidate and the candidate will not be scheduled for testing.

An Application for Competency Evaluation form may be obtained:

- from the nurse aide training program;
- by downloading an application from Pearson VUE's website at: <http://www.asivcs.com/publications/pdf/075002.pdf> ;
- by calling the American Red Cross at (866) 257-5424; or
- by sending a self-addressed envelope to:

American Red Cross
PO Box 5875
Harrisburg, PA 17110

The application has a place for the student to provide his/her Social Security number. Providing the Social Security number is voluntary; however, a number is needed to process the student's application. If student does not wish to provide his/her Social Security number, the student must attach a letter along with his/her application requesting that the Wisconsin Nurse Aide Registry provide the student with a nine-digit number to be used for Registry purposes. The application will **NOT** be processed without either a Social Security number or the letter requesting an assigned nine-digit number.

If help is needed or there are any questions about the application, contact the American Red Cross at the number listed above.

For additional information about the competency evaluation process, see the **Wisconsin Nurse Aide Candidate Handbook** at: <http://www.asisvcs.com/publications/pdf/075000.pdf>

3.2.0 EVALUATOR QUALIFICATIONS

The evaluator who conducts the competency evaluation of a trainee must be a registered nurse licensed to practice in Wisconsin and have a minimum of two (2) years of experience working as a registered nurse, one (1) year of which must be in the provision of long term care.

Evaluators are part time employees contracted by the American Red Cross of the Susquehanna Valley (ARCSV). To apply to be a nurse aide evaluator, contact the ARCSV at (866) 257-5424.

3.3.0 TEST SITE CRITERIA

Nurse aide testing may be conducted at either a regional test site or an in-facility test site. A licensed healthcare provider regulated by the Department must have DQA approval prior to becoming a regional test site. (See 3.3.3.) To be approved as a test site, the site must have all equipment and supplies listed on the **Recommended Class/Lab Equipment Supply List** at: <http://dhs.wisconsin.gov/caregiver/NATD/NATPSupply.pdf>

3.3.1 Regional Test Site

Regional test sites are established throughout Wisconsin and used to test nurse aide candidates when in-facility testing is not available. The ARCSV contracts with the organization and pays a fee for the use of their facility to conduct nurse aide testing. The facility must:

- Have all equipment and supplies,
- Meet the requirements established and,
- Be approved by ARCSV.

To become a regional test site, contact ARCSV at (866) 257-5424.

Nurse aide candidates apply to the ARCSV for testing and list which test site they prefer to test at. The ARCSV schedules candidates for testing at these sites, notifies the organization of the number of students testing on scheduled test dates, and provides the name and contact information of the Evaluator Charge Nurse for each test.

3.3.2 In-Facility Test Site

An in-facility test site is generally a facility that sponsors a nurse aide training program and has been approved for competency test administration. An in-facility test site is for the use of testing a training program's nurse aide candidates only. The ARCSV does not contract with the organization and does not pay a fee for the use of the facility. ARCSV will contact the training program and arrange a mutually acceptable date and time for testing. A nurse aide evaluator will be assigned to administer the competency test at the facility. ARCSV has established general guide lines regarding the necessary in-facility test equipment and a minimum number of five (5) candidates for scheduling.

To become an in-facility test site the site must:

- Have all equipment and supplies,
- Apply at least 60 days prior to the first desired test date,
- Meet the requirements established, and
- Be approved by ARCSV.

For information on becoming an in-facility test site, contact ARCSV at (866) 257-5424.

3.3.3 Prohibitions

Federal regulations prohibit DQA from approving nurse aide testing in a facility if, in the two (2) years prior to the application:

- A skilled nursing facility or a nursing facility has been subject to an extended or partial extended survey under federal regulations;
- A skilled nursing facility or a nursing facility has been subject to a federal civil money penalty of not less than \$5,000;
- A skilled nursing facility or a nursing facility was terminated as a provider under Title 18 (Medicare) or under the State plan under Title 19 (Medicaid);
- A skilled nursing facility or a nursing facility had been subject to the penalty of denial of payment under Title 18 or Title 19;
- A skilled nursing facility or a nursing facility was subject to the penalty of an appointment of a temporary manager to oversee operations;
- A skilled nursing facility or a nursing facility was closed or had its residents transferred due to State action.
- A skilled nursing facility had a waiver of the requirement for a full time registered nurse employed 40 hours a week;
- A nursing facility had a waiver of the requirement for a registered nurse for at least 8 consecutive hours, 7 days a week;

3.3.4 Waivers

A long term care facility may request a waiver of the 2-year prohibition by writing to DQA, specifying the rule from which the waiver is requested and the time period for which it is requested. DQA will review the request to ensure the following conditions have been met:

- There is no approved regional test site within a 35-mile or 45-minute radius from the facility requesting the waiver;
- The facility is an adequate environment because the prohibitions were non resident/nursing care related;
- An approved program unrelated to the facility has agreed to provide the testing; and,
- The applicant has alerted the ombudsman of its waiver request.

Submit waiver requests to the:

Nurse Aide Training Consultant
Office of Caregiver Quality
P.O. Box 2969
Madison, WI 53701-2969

DQA will approve or deny each waiver request in writing within 60 days of receipt. DQA may modify the terms of a waiver request, impose other conditions, or limit the duration of a waiver that is approved. The facility may appeal DQA's decision if a waiver is denied. (See 3.3.4.2.)

3.3.4.1 *Duration of Waiver Approval*

If approved, the duration of a waiver will not be for more than two (2) years.

3.4.0 **STANDARDS FOR COMPETENCY EVALUATION PROGRAMS**

A competency evaluation program must include both a:

- Written or oral component, and
- Skills component.

To complete the competency evaluation program successfully, a person must pass both the written or oral component and the skills component.

3.4.1 **Language**

The written and oral exams must be given in English. If a nurse aide will be working in a provider setting where English is not the predominant language, the exam may be given in the predominant language used in that setting.

3.4.2 **Oral Examination**

An oral exam may be given in place of the written exam for nurse aides who have trouble reading and understanding English. It includes a component to determine the aide's ability to read basic, objective, job-related information, such as reading a client's name band or a client's flow sheet. A request to take an Oral Examination must be made when completing the application for competency evaluation.

For additional information see the ***Wisconsin Nurse Aide Candidate Handbook, Written (or Oral) Exam*** at: <http://www.asivcs.com/publications/pdf/075000.pdf>

3.4.3 **Special Requests and Services**

Pearson VUE complies with the provisions of the Americans with Disabilities Act. If the nurse aide candidate has a disability, s/he may request special arrangements for testing. This request should be made as soon as it is known that a special accommodation will be needed and before the candidate applies for testing with the American Red Cross of the Susquehanna Valley. Special Accommodation requests **cannot** be approved by the Nurse Aide Evaluator on the day of testing.

For additional information see the ***Wisconsin Nurse Aide Candidate Handbook, Special Exam Requests*** at: <http://www.asivcs.com/publications/pdf/075000.pdf>

3.4.4 **Successful Completion**

Successful completion of the competency test requires satisfactory scores on the items covered in the written or oral examination and the skills demonstration. Newly trained nurse

aide candidates must successfully complete the competency evaluation within one (1) year of successful completion of his/her training program. See the **Wisconsin Nurse Aide Candidate Handbook, Score Reporting** at:

<http://www.asisvcs.com/publications/pdf/075000.pdf>

3.4.5 Grievance Procedure

The ARCSV has a standard formal grievance procedure. All complaints regarding the candidate's testing experience must be reported by the candidates themselves, directly to ARCSV within 30 days after the test date. Complaints received later than 30 days after testing will not be investigated. The complaint number is (866) 257-5424 and is accessible Monday through Friday 7:30 AM to 3:30 PM. The candidate's information will be taken and a grievance form mailed to the candidate.

The grievance form is also available at:

<http://www.asisvcs.com/indhome.asp?CPCAT=0750NURSE> This form must be completed by the candidate and returned to the ARCSV within 30 days. An Investigation will be initiated once the grievance form is received by the ARCSV. The department will not reinvestigate any situation that has already been investigated by the ARCSV.

3.5.0 WISCONSIN NURSE AIDE CANDIDATE HANDBOOK AND FORMS

The Wisconsin Nurse Aide Candidate Handbook and NNAAP Application for Competency Evaluation form are available by contacting ARCSV at (866) 527-5424 or at: <http://www.asisvcs.com/indhome.asp?CPCAT=0750NURSE> The Handbook and form have been modified and updated as the result of input and suggestions provided to the Division. The Handbook has all the necessary information about the test application process, testing procedures, etc. The Handbook serves as a useful tool and reference guide to nurse aide candidates, training programs, and employers.

3.6.0 REGIONAL TEST SITES AND TEST SCHEDULES

A list of approved regional test sites in Wisconsin can be found by calling ARCSV at (866) 257-5424 or in the **Wisconsin Nurse Aide Handbook, Testing Locations** at: <http://www.asisvcs.com/indhome.asp?CPCAT=0750NURSE>

CHAPTER 4 NURSE AIDE REGISTRY

4.1.0 WISCONSIN NURSE AIDE REGISTRY

Beginning in 1990, the federal government required all states to establish a “Registry” of persons who were eligible to work as a nurse aide in federally regulated facilities. The Wisconsin Nurse Aide Registry lists the names of nurse aides who, through training, testing, and experience, meet federal and/or state requirements to work in Wisconsin. Federal regulations require all states to keep such a list.

4.2.0 ENTRY ON REGISTRY

Federal and state regulations require that a person’s name is entered on the Wisconsin Nurse Aide Registry only after satisfactorily completing **both** a Wisconsin approved:

1. Nurse aide training program, or basic nursing course for professional nurses or licensed practical nurses, and
2. Competency evaluation program (See 3.1.1.).

States were allowed to waive the training and testing requirement for a person who completed a nurse aide training and testing program prior to July 1, 1989, under the process known as “deeming.” Federal regulations also allowed states to waive the training and testing requirement for a person who worked as a nurse aide at one or more facilities of the same employer for at least 24 consecutive months before December 19, 1989, under the process known as “grand-parenting.” Accordingly, some individuals were “deemed” or “grand-parented” on to the Wisconsin Nurse Aide Registry.

A person may also transfer from another state nurse aide registry (See 4.2.1.) if that state’s placement meets the above criteria and the Wisconsin Nurse Aide Registry has written confirmation from the other state’s registry.

4.2.1 Out of State Application

A person transferring from another state **must not** provide "hands on" care in a facility until he or she has been placed on the Wisconsin Nurse Aide Registry. A nurse aide’s Registry employment eligibility status will be determined by the training provided by that state’s instructional program (e.g., an aide is eligible to work in a home health agency if he or she completed home health training).

A person listed on another state’s nurse aide registry who wants to be entered on the Wisconsin Nurse Aide Registry must complete the ***Nurse Aide Registry Out-of-State Application***, available at: <http://www.asisvcs.com/indhome.asp?CPCAT=0750NURSE>

The applicant must complete all of Part I of the application and attach verification of his or her personal identity, including:

- Name
- Date of birth
- Social Security Number

Examples of verification of name and date of birth include, but are not limited to, a photocopy of a driver’s license, passport, etc. Examples of verification of Social Security

Number include, but are not limited to, a photocopy of a Social Security card, check stub, or Internal Revenue Service form.

The applicant must mail the completed form to the nurse aide registry in the state where he or she is currently listed (see note below). The form includes the address of each state's nurse aide registry. Nurse aide registry personnel in that state must complete Part II of the application to verify the applicant's registry status in that state. The completed application must be submitted to the:

Wisconsin Nurse Aide Registry
PO Box 2969
Madison, WI 53701-2969

Note: The California, Colorado, Mississippi, Missouri, North Carolina, and South Carolina Nurse Aide Registries do not process written verification forms. A person transferring from any of these states should complete Part I of the application and mail it directly to the Wisconsin Nurse Aide Registry.

4.2.2 Appeals

A person whose application for entry on the Wisconsin Nurse Aide Registry has been denied may appeal within **30 days** of the decision date by submitting a written request for hearing to the:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

4.3.0 REGISTRY ENTRY RESULTS

When a person's name is entered on the Wisconsin Nurse Aide Registry, an employment eligibility status is established, a Nurse Aide Registry identification number is assigned and a nurse aide card is issued. The nurse aide card should be received approximately 10 business days after the name is placed on the registry.

4.3.1 Employment Eligibility Status

4.3.1.1 Wisconsin Approved Training and Testing

Upon entry on the Wisconsin Nurse Aide Registry as a result of successful completion of an approved Wisconsin nurse aide training and competency evaluation program, a nurse aide is determined eligible to work in all of the following DQA regulated entities:

1. Federally certified facilities (approved Medicare and Medicaid providers)
 - Nursing homes
 - Intermediate care facilities for persons with mental retardation
 - Home health agencies
 - Hospices
2. Hospitals

3. State licensed facilities (not federally certified Medicare or Medicaid providers)
 - Facilities for the developmentally disabled
 - Nursing homes
 - Home health agencies
 - Hospices

A nurse aide's employment eligibility to work in federally certified facilities is issued for a **two-year period** based on the date of the competency evaluation test (See 4.4.0.).

A nursing home, intermediate care facility for persons with mental retardation (ICF/MR), hospital, home health agency or hospice may not hire a person to provide nurse aide services unless the person:

- has completed an approved training and competency testing program, **or**
- is a full-time employee currently enrolled in a program **and** the person is competent to provide nursing related services as specified in 4.3.2.1.

These facilities **must** contact the Nurse Aide Registry prior to hiring a nurse aide to verify that the person's training, testing, and/or employment is up to date. Federal regulations require that these facilities also contact every other state registry that may contain information about the person before allowing the person to serve as a nurse aide.

A facility may hire any person who verifies successful completion of a competency test approved by the State of Wisconsin and is awaiting placement on the Wisconsin Nurse Aide Registry. This person can provide direct nursing related duties pending verification of placement on the Nurse Aide Registry. The facility must verify the person's entry on the Registry within 30 days.

4.3.1.2 *Transfers from Other States Registries*

A facility **may not** allow a nurse aide who transfers from another state to perform nursing related duties until that person's name has been entered on the Wisconsin Nurse Aide Registry.

Upon entry on the Wisconsin Nurse Aide Registry as a result of a transfer from another state Nurse Aide Registry (See 4.2.1 and the ***Nurse Aide Registry Out-of-State Application*** at <http://www.asisvcs.com/publications/pdf/075001.pdf>), a nurse aide's Registry employment eligibility status is determined by the training provided by that state's instructional program (e.g., an aide is eligible to work in a home health agency if he or she completed home health training).

4.3.2 **Nursing Related Duties and Exceptions**

An individual who has successfully completed both a training program and a competency test may be allowed to provide any direct nursing related duties for which that individual has been trained. A RN who delegates tasks to a nurse aide must ensure the aide has been trained to perform the tasks, provide direction and assistance to the aide, observe and monitor the aide's activities, and evaluate the acts performed under his/her supervision.

4.3.2.1 *Nurse Aide Students*

A nurse aide student enrolled in an approved nurse aide training program may be permitted to work for up to 120 calendar days, if the person is employed full-time by a federally certified nursing home. The person must be placed on the Nurse Aide Registry by the 120th calendar day from the date of the enrollment in the approved program.

A nurse aide student may be allowed to provide direct nursing related duties for which the student has been trained and found proficient by the primary instructor. The employer must ensure that the student does not perform services for which they have not been trained and found competent to perform. Students who provide services to residents must be under the general supervision of a RN or LPN.

4.3.2.2 *Student Nurses*

A student nurse, who is currently enrolled in a school for professional nurses or a school for licensed practical nurses or who has successfully completed the course work of a basic nursing course of the school but has not successfully completed the examination, falls within the state and federal definitions of a nurse aide.

A federally certified nursing home, when allowing a student nurse to perform the services of a nurse aide, must verify the student nurse:

- Is included on the Nurse Aide Registry as a result of completing an approved nurse aide training and testing program or
- Has successfully completed an approved nurse aide competency test.

A hospital, ICF/MR, home health agency, hospice, or state licensed only nursing home, when allowing a student nurse to perform the services of a nurse aide, must verify the student nurse:

- Is included on the Nurse Aide Registry as a result of completing an approved nurse aide training and testing program or
- Has successfully completed an approved nurse aide competency test or
- Has successfully completed the basic nursing course of an accredited school for professional or licensed practical nurses.

A student nurse may be allowed to provide direct nursing related duties for which the student nurse has been trained. The employer must ensure that the student nurse does not perform services for which they have not been trained and found competent to perform.

4.3.2.3 *Medication Aides*

In addition to providing direct nursing related duties, a nurse aide who has completed a Wisconsin approved medication aide course may administer medications in long term care facilities. To be eligible to complete a medication aide course, a nurse aide must:

- Be at least 18 years of age;
- Have a high school diploma, High School Equivalency Diploma (HSED), or a General Education Diploma (GED);
- Be listed on the Nurse Aide Registry, with current eligibility to work in federally certified facilities;
- Have at least 2000 hours experience in direct patient care in the past three years;

- Have worked a minimum of 40 hours, within the last 90 days or by the time the course clinical experience begins, caring for the same residents the student will be working with during the medication aide clinical experience;
- Be recommended in writing by the director of nursing and the administrator of the agency in which the student will be working during clinical experience; and
- Be recommended in writing by two licensed charge nurses, one of whom must be a registered nurse.

After successful completion of an approved medication aide course, the training program will assist the individual in submitting a Medication Aide Registry Application. A Nurse Aide Registry card will be issued that includes information regarding the individual's medication aide status.

Individuals may be exempt from taking a medication aide course if they are one of the following:

- Nursing student,
- Graduate nurse who does not hold a license,
- Nurse aide who has been a medication aide in nursing homes in another state, or
- Taken a medication aide training course that is equivalent to the Wisconsin-approved medication aide training course.

An individual, who meets one of the above, may become a medication aide for a nursing home by completing a Challenge Examination Application. The application must be mailed to the Division of Quality Assurance for approval. After approval, the individual will take the Written Examination through the Wisconsin Technical Colleges. The minimum passing score for the Medications Aide Examination is 85%. Individuals who pass the Written Examination will be placed on the Registry as a medication aide.

For questions regarding medication aides or to obtain a list of organizations that offer an approved skilled nursing medication aide course, see:
http://DHS.wisconsin.gov/ri_DSL/NHs/MedAides.htm

4.3.3 Nurse Aide Cards

A nurse aide card is printed and issued to the aide. The card is the person's permanent record that he or she satisfactorily completed a nurse aide training and competency evaluation program. The "Inclusion Date" displayed on the card is the date the person's name was originally entered on the Wisconsin Nurse Aide Registry.

The card **does not** reflect the person's eligibility to work in specific health care facilities or whether a substantiated finding of misconduct exists. To verify a person's current employment eligibility, employers must access the Wisconsin Nurse Aide Registry at http://www.asivcs.com/services/registry/search_generic.asp?CPCat=0750NURSE or call toll-free at (877) 329-8760.

Cards issued by the Wisconsin Nurse Aide Registry do have an expiration date. A new card is automatically issued upon the processing of a name change or Social Security Number correction. Replacement cards will be issued by calling or writing the Wisconsin Nurse Aide Registry at:

Wisconsin Nurse Aide Registry
Pearson VUE
P.O. Box 13785
Philadelphia, PA 19101-3785
(877) 329-8760

4.3.4 Wisconsin Nurse Aide Training Reimbursement

A nurse aide who pays for his or her own training and testing prior to employment is entitled to reimbursement of some of these expenses from the nursing home, if the nursing home employs the aide within 12 months after the aide completed a nurse aide training and competency evaluation program.

A nurse aide who is employed by, or has received an offer of employment from, a Medicaid-certified nursing home on the date the aide begins a nurse aide training and competency evaluation program must not be charged for any portion of the program, including fees for text books or other course materials.

The cost of training and testing of nurse aides in intermediate care facilities for persons with mental retardation (ICFs/MR) is not eligible for separate reimbursement because these costs are already covered in the ICFs/MR daily rate.

For more information about Medicaid reimbursement policies for nurse aide training and competency evaluation programs, please contact the Bureau of Nursing Home Services at (608) 267-0996.

4.4.0 MAINTAINING EMPLOYMENT ELIGIBILITY STATUS

Under federal regulations, a nurse aide becomes ineligible for employment in a **federally certified** (Medicare and/or Medicaid certified):

- Nursing home
- Home health agency
- Hospice

if he or she does not perform any nursing related services for compensation in a health care setting during a period of 24 consecutive months. To regain eligibility, the nurse aide must successfully retake a competency test or retrain and successfully retest.

In addition, Wisconsin law does not permit a nurse aide to be employed in a **Medicaid certified**:

- Nursing home
- ICF/MR

if the aide did not perform any nursing related services during a period of 24 consecutive months, unless the aide successfully retakes a competency test or retrains and successfully retests.

To maintain eligibility to work in the facilities indicated above, nurse aides must complete a **Nurse Aide Registry Renewal** form, which is located at:

<http://www.asivcs.com/publications/pdf/075005.pdf> to report their most recent nursing-

related employment every two (2) years. A representative from the employing health care facility must sign the form to verify the nursing-related employment (See 4.4.1.) was performed under the supervision of an RN or LPN.

In order for medication aides (See 4.3.2.3.) to maintain certification, they must also maintain eligibility to work in federally certified facilities.

Mail completed **Renewal** forms to the:

Wisconsin Nurse Aide Registry
Pearson VUE
P.O. Box 13785
Philadelphia, PA 19101-3785

Federal and state regulations do not require nurse aides to provide the Registry with employment information if they work **only** in:

- Hospitals or
- State licensed (not federally certified Medicare or Medicaid providers):
 - Facilities for the developmentally disabled
 - Nursing homes
 - Home health agencies
 - Hospices

These facilities may voluntarily request that nurse aides report their employment history to the Registry to maintain employment eligibility to work in federally certified facilities.

Currently, an aide's name is not removed from the Nurse Aide Registry. However, the Registry will indicate that a nurse aide's eligibility to work in a federally certified nursing home, ICF/MR, home health agency, or hospice has lapsed if employment information is not reported.

4.4.1 Nursing-Related Employment

Paid employment as a nurse aide under RN or LPN supervision in a direct care setting can be reported to renew the aide's employment status on the Registry. Only those direct care settings that provide RN or LPN supervision are acceptable. Direct care settings include the following:

- Clinics
- Community-based residential facilities (CBRFs)
- Emergency centers (immediate care centers, trauma centers)
- Home health agencies
- Hospices
- Hospitals (acute care, alcohol and other drug abuse, psychiatric, rehabilitation)
- Intermediate care facilities for persons with mental retardation (ICFs/MR)
- Nursing homes

Other supervised paid nursing-related services may be considered on a case-by-case basis.

4.4.1.1 *Break in Employment*

If a nurse aide does not work at least 8 hours in a nursing-related employment under the supervision of an RN or LPN, for more than 24 months, he or she **must** successfully pass a competency test in order to regain eligibility to work in a federally certified facility.

A nurse aide may continue to work in hospitals or state licensed nursing homes, home health agencies, facilities for the developmentally disabled, or hospices.

4.4.1.2 *In-service Requirements*

There are no in-service or continuing education requirements related to maintaining an aide's status on the Wisconsin Nurse Aide Registry. However, facilities and agencies that employ nurse aides must comply with any applicable in-service requirements under state licensing and federal certification regulations.

Most employers are required to provide and document at least 12 hours of completed nurse aide in-service or continuing education per year as outlined in facility program requirements.

Medication aides must attend 4 hours of in-service annually that focuses on medication and medication administration. These 4 hours are in addition to the mandatory 12 hours of in-service.

In-service requirements are not tracked by the Registry but are enforced through the DQA survey process.

4.4.2 **Reporting Changes**

For the Registry to maintain current information, nurse aides must provide updated information to the Registry whenever a name or address change occurs. A nurse aide can report a change by completing the **Change or Correction** form, located at <http://www.asivcs.com/publications/pdf/075003.pdf> , and indicating the change.

Mail the completed Change Notice form to the:

Wisconsin Nurse Aide Registry
Pearson VUE
P.O. Box 13785
Philadelphia, PA 19101-3785

4.4.2.1 *Name*

A **photocopy** of the legal document that changed the nurse aide's name must be attached to the **Change or Correction** form in order to process the change (e.g., marriage certificate, court order, etc.). Do not submit the original document.

4.4.2.2 *Address*

Address changes may be reported to the Wisconsin Nurse Aide Registry either by indicating the change on either the **Nurse Aide Registry Renewal** or **Change or Correction** forms.

4.4.2.3 *Social Security Number*

A **photocopy** of the document that verifies the correct Social Security Number must be attached to the **Change or Correction** form in order to process the change (e.g., Social Security card, check stub, IRS Statement, etc.). Do not submit the original document.

4.5.0 **NURSE AIDE REGISTRY**

The Nurse Aide Registry website, maintained by Pearson VUE, is the fastest, most efficient way to verify a nurse aide’s employment eligibility status. Employers **must** verify a nurse aide’s current employment eligibility prior to hiring a person. Information regarding a nurse aide’s employment eligibility status on the Registry may be accessed at:

https://www.asisvcs.com/services/registry/search_generic.asp?CPCat=0750NURSE

You may search for one or more nurse aides at a time by entering the nurse aide’s name, registry number, or Social Security Number.

If the individual is listed on the Wisconsin Nurse Aide registry, the Website will display the nurse aide’s:

- Registration Number
- Social Security Number, if used;
- Last name and first name;
- Date of birth;
- Date entered on the Registry;
- Basis for inclusion on the Registry;
- Employment eligibility expiration date;
- Employment eligibility status as one of the following:

EMPLOYMENT ELIGIBILITY STATUS AND INDICATIONS
<p>Federally Certified: Nursing Homes, ICFs/MR , Home Health Agencies , Hospices State Licensed: Hospitals, FDDs , Nursing Homes , Home Health Agencies, Hospices</p>
<p>Indication: A person who completed a training program and competency evaluation test and is eligible to work in all facility types.</p>
<p>State Licensed: Hospitals, FDDs, Nursing Homes , Home Health Agencies, Hospices</p>
<p>Indication: A person who is eligible to work in hospitals and state licensed facilities, but whose eligibility to work in federally certified facilities has lapsed. This person can regain eligibility to work in federally certified facilities by reporting recent employment or retaking a competency evaluation (See 4.4.0.).</p>
<p>Federally Certified: Nursing Homes, ICFs/MR State Licensed: Hospitals, FDDs , Nursing Homes , Home Health Agencies, Hospices</p>
<p>Indication: A person who completed long term care training only (no home health) and is eligible to work in all facility types, except federally certified home health agencies.</p>
<p>Federally Certified: Home Health Agencies, Hospices State Licensed: Hospitals, FDDs , Nursing Homes , Home Health Agencies, Hospices</p>
<p>Indication: A person who completed home health training only (no long term care) and is eligible to work in all facility types, except federally certified nursing homes and ICFs/MR.</p>
<p>This individual is not eligible for employment in any Federally Certified Agency or any health care provider regulated by DHS. If individual is a Rehab Review Requestor, contact DHS Office of Legal Counsel.</p>
<p>Indication: A person with a substantiated finding on the Wisconsin Caregiver Misconduct Registry who is ineligible to work in a state licensed facility unless approved through the Rehabilitation Review process.</p>

- Eligibility to perform as a medication aide;
- If a substantiated finding of abuse, neglect, or misappropriation has been placed on the Registry in Wisconsin or in another state (If there is not a finding, there will be no comment.);

NOTE: For detailed information on the Wisconsin Caregiver Misconduct Registry, see Chapter 6 of the *Wisconsin Caregiver Program Manual*, DQA publication P-00038, at: <http://DHS.wisconsin.gov/caregiver/index.htm>

If the information entered is not on file, the website will display, “**No records found matching the selected criteria.**”

Please verify the information with the nurse aide and also verify that an application to the Registry has been sent to the Pearson VUE Wisconsin Nurse Aide Registry.

4.6.0 MISCONDUCT FINDINGS SUBSTANTIATED IN WISCONSIN

A nurse aide who has a substantiated finding of caregiver misconduct entered on the Wisconsin Caregiver Misconduct Registry is permanently barred from working in federally certified nursing homes in any capacity and may be permanently barred from working in federally certified ICFs/MR.

Nurse aides who have a finding of misconduct entered on the Wisconsin Caregiver Misconduct Registry may request a Rehabilitation Review with the Department. An approval through the Rehabilitation Review process allows a caregiver to work in a state-regulated facility, such as a state-licensed hospital, home health agency, or community-based residential facility. The Rehabilitation Review is an opportunity for a caregiver to provide clear evidence that a repeat of the conduct that led to the misconduct finding is not likely and that clients will remain safe under the person’s care. The Rehabilitation Review process cannot change the permanent federal bar. (See **The Wisconsin Caregiver Program Manual**, Chapter 5.)

4.7.0 MISCONDUCT FINDINGS SUBSTANTIATED IN OTHER STATES

A nurse aide who has a substantiated finding of caregiver misconduct entered on another state’s registry is permanently barred from working in federally certified nursing homes in any capacity and may be permanently barred from working in federally certified ICFs/MR. Therefore, facilities must contact every other state registry that may contain information about the person before allowing the person to serve as a nurse aide. (See Appendix II.)

Nurse aides who have a finding of misconduct entered on another state’s registry or Registry may also request a Rehabilitation Review with the Department. An approval through the Rehabilitation Review process allows a caregiver to work in a state-regulated facility, such as a state-licensed hospital, home health agency, or community-based residential facility. The Rehabilitation Review is an opportunity for a caregiver to provide clear evidence that a repeat of the conduct that led to the misconduct finding is not likely and that clients will remain safe under the person’s care. The Rehabilitation Review process cannot change the permanent federal bar. (See **The Wisconsin Caregiver Program Manual**, Chapter 5.)

4.8.0 TRANSFERS TO OTHER STATES

If a nurse aide listed on the Wisconsin Nurse Aide Registry wishes to be included on another state's nurse aide registry, the nurse aide must complete the following steps:

- Make sure his or her employment eligibility status to work in federally certified facilities is current on the Wisconsin Nurse Aide Registry;
- Contact the transferring state's registry and inquire about that state's requirements; and
- Complete that state's application, following the directions from the state where they wish to transfer.

A nurse aide may maintain employment eligibility to work in Wisconsin federally certified facilities by reporting their out-of-state employment to the Wisconsin Nurse Aide Registry. (See 4.4.0.)

4.9.0 PUBLIC RECORD INFORMATION

Nurse Aide Registry records are public records. With the exception of a nurse aide's Social Security Number and to the extent permitted by state and federal law, the information included in the Registry is available by contacting the Wisconsin Nurse Aide Registry at (877) 329-8760 or on-line at:

http://www.asisvcs.com/services/registry/search_generic.asp?CPCat=0750NURSE

APPENDIX I

RESOURCE INFORMATION

Wisconsin Nurse Aide Program Forms

<http://dhs.wisconsin.gov/caregiver/NATD/NATDintro.htm#forms>

<http://www.dhs.wisconsin.gov/forms/DQAnum.asp>

Wisconsin Nurse Aide Program Publications

<http://dhs.wisconsin.gov/caregiver/NATD/NATDpubs.htm>

<http://www.dhs.wisconsin.gov/publications/DQAnum.asp>

Wisconsin Caregiver Program Manual

<http://dhs.wisconsin.gov/caregiver/publications/CgvrProgMan.htm>

<http://www.dhs.wisconsin.gov/publications/DQAnum.asp>

Listing of DHS Topics A-Z

<http://dhs.wisconsin.gov/data/index.htm>

Glossary of Terms, Acronyms and Abbreviations

<http://dhs.wisconsin.gov/data/glossary.asp>

Certificate of Successful Completion

This certificate is awarded to

_____ on _____, 20 _____

for successful completion of

Name of Program

Nurse Aide Program

This program is a 120-hour State of Wisconsin approved course consisting of
_____ **classroom hours** *and* _____ **clinical hours.**

SIGNATURE - Primary Instructor

SIGNATURE - Administrator