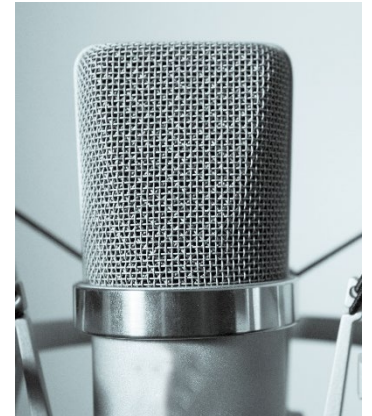


# Reception Room

- **Good morning!** The meeting will start shortly.
- **Participants are muted** on entry.
- **Check the chat box:** Information about the training, including information about how to access captions and view the slides, is available there.
- **To view captions for this event:** You can view captions in Teams by clicking the More (...) button in the Teams window, then “Language and Speech,” and choose "Turn on live captions."
- **If you have any technical issues,** please visit the [Microsoft support page for Teams](#) or email [Health.HRDCommunications@state.mn.us](mailto:Health.HRDCommunications@state.mn.us).





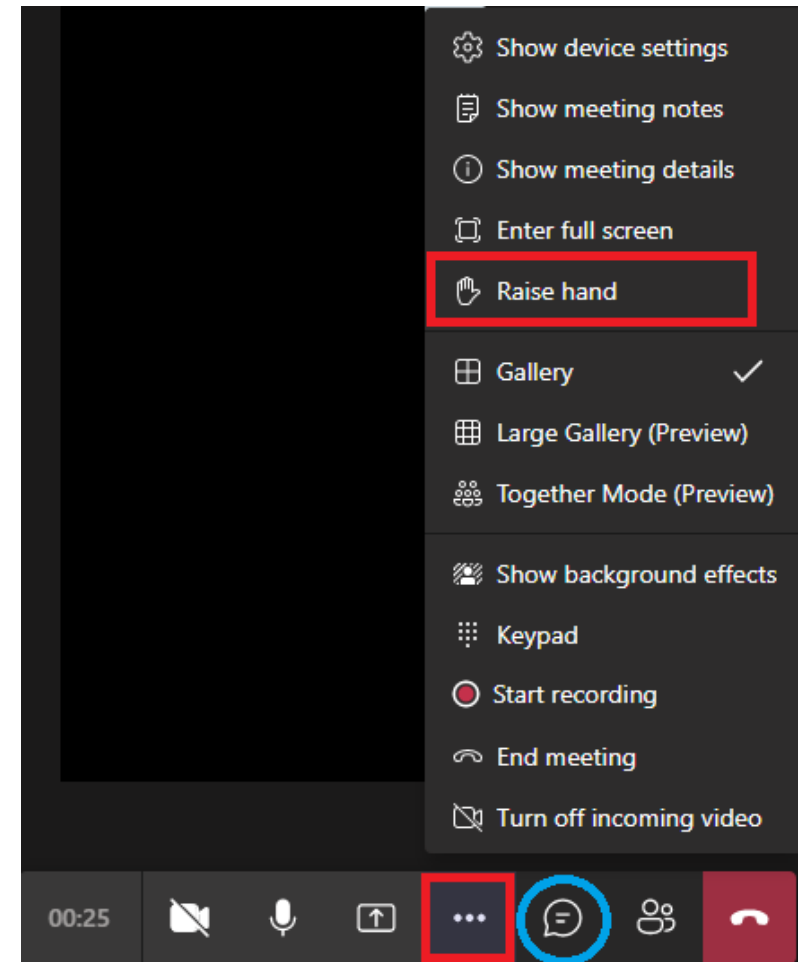
# Nursing Home Regulatory Updates July 2024

# Tennessees Warning

- **The Minnesota Department of Health is hosting this joint regulatory training for providers of long-term care and Health Regulation Division staff.**
- **Your comments, questions, and image, which may be private data, may be visible during this event.** You are not required to provide this data, and there are no consequences for declining to do so.
- **The virtual presentation may be accessible to anyone** who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a recording of this meeting to our YouTube channel.
- **To opt out of the presentation, please exit now.**

# How to Ask a Question

- **Participants are muted.** We will answer as many questions as we can at the end of the presentation.
- **Two ways to ask a question** or provide a comment:
  1. Raise your hand (**outlined in red**).
  2. Click the Chat bubble (**circled in blue**) to open the chat.
- For phone attendees, press **\*5** to raise your hand, and **\*6** to unmute/mute yourself.
- **We will select speakers** in order and add questions from the chat at the end of the presentation.



- Welcome & Updates
- Citations | Complaint Quarterly Review
- CMS QSO Memos
  - Admin 24-14 Plan of Correction
  - NH 24-13 Revised guidance for LTC Facility Assessments
- Nurse Aide Registry Online Renewals & Website Updates

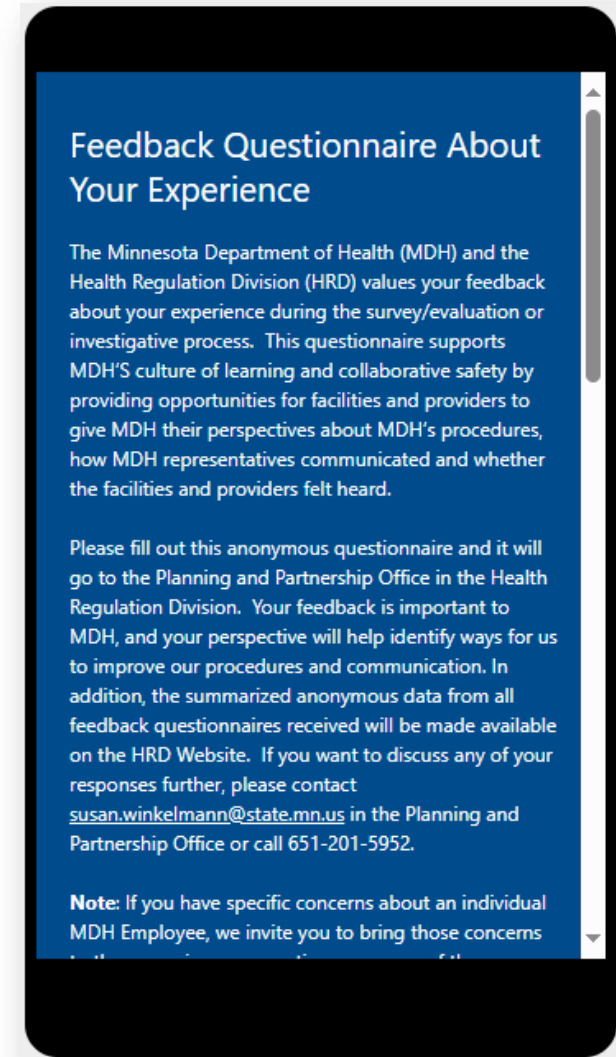
**Maria King**  
Health Regulation Division  
Director

**Sarah Grebenc**  
Executive Regional  
Operations Manager



# Provider Feedback Questionnaire

- Thank you for continuing to complete HRD's Feedback Questionnaire!
  - Provided during recertification and complaint surveys on the Federal and State side.
  - Goal is to expand to other federal provider types.
- MDH uses the information to make improvements to our processes.



# Electronic Records and LTCSP

- ✓ Long Term Care Survey Process (LTCSP)
  - surveyors will need access to electronic records.
- ✓ Prefer electronic copies vs paper copies.
- ✓ Will ask for electronic copies in the entrance conference.
- ✓ Encrypted email.







# Plan of Correction & Survey Cycles

## Date of Correction & Survey Cycles:

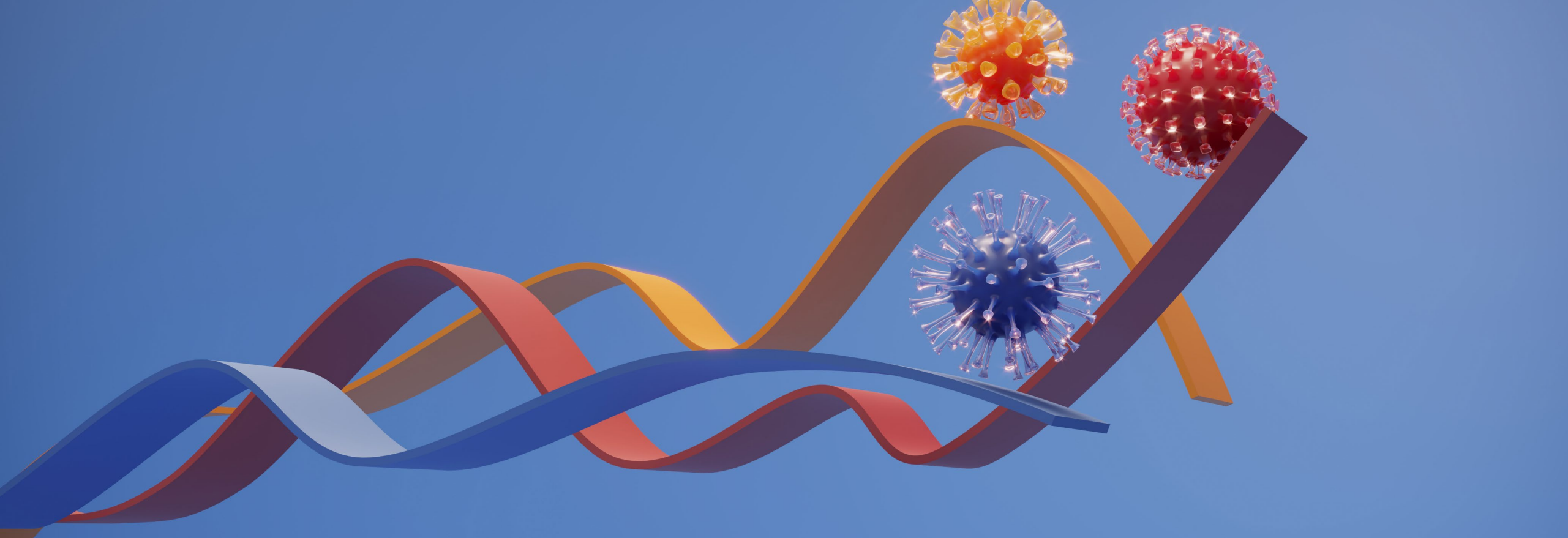
- Be mindful and do not place the correction date too far out.
- There is potential of ongoing noncompliance if another survey/complaint is conducted before a revisit can take place.
- Ends when all surveys have been corrected vs. compliance of one survey in an ongoing cycle.
- Surveyors should NOT tell you if you are “in compliance”. They may not be aware of all ongoing noncompliance in the survey cycle.
- Surveyors can say the tags they were looking at were “corrected”.
- Enforcement letters.
- Enforcement cycles are determined by survey/complaint exit dates not compliance dates.
- Life Safety surveys/complaints are included in these cycles.



## **Internet Quality Improvement & Evaluation System**

Beginning in May 2021, State Survey Agencies (SAs) and CMS locations began a phased transition to the Internet Quality Improvement and Evaluation System (iQIES), which is an internet-based system that includes survey and certification functions.

- [iQIES Help \(https://iqies.cms.gov/iqies/help\)](https://iqies.cms.gov/iqies/help)
- [iQIES Welcome and Quick FAQs Job Aid \(PDF\) \(https://iqies.cms.gov/iqies/static/assets/Welcome-Letter.8c42a29693e3b9849910.pdf\)](https://iqies.cms.gov/iqies/static/assets/Welcome-Letter.8c42a29693e3b9849910.pdf)
- [iQIES User Roles Matrix \(PDF\) \(https://iqies.cms.gov/iqies/static/assets/User-Roles-Matrix.9223937ab09dba138673.pdf\)](https://iqies.cms.gov/iqies/static/assets/User-Roles-Matrix.9223937ab09dba138673.pdf)
- [iQIES Training - You Tube \(https://go.cms.gov/iQIES\\_Training\)](https://go.cms.gov/iQIES_Training)



# Citations | Complaints

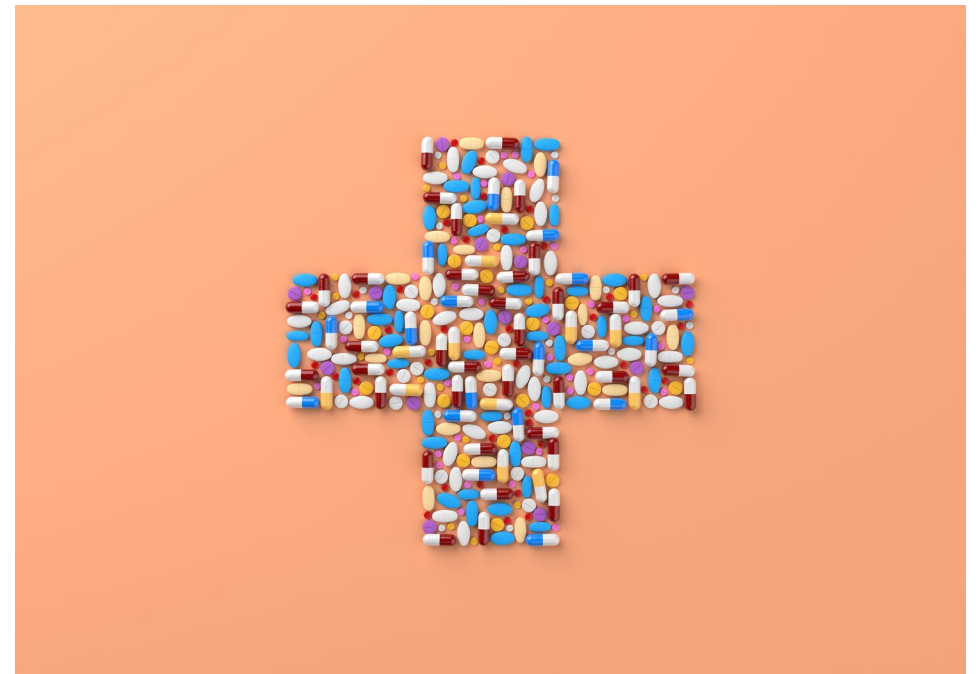
Sarah Grebenc | Federal Executive Operations Manager

# Top Tags Cited in 3<sup>rd</sup> Quarter FFY24

- ✓ F880 Infection Control
- ✓ F689 Free of Accidents/Supervision
- ✓ F684 Quality of Care
- ✓ F883 Influenza and Pneumococcal Immunizations
- ✓ F884 Reporting National Health Safety Network
- ✓ F812 Food Procurement Store/Prepare/Serve- Sanitary
- ✓ F656 Development Comprehensive Care plan
- ✓ F686 Treatment Prevent Heal Pressure Ulcers
- ✓ F609 Reporting Alleged Violations
- ✓ F554 Resident Self-Admin Medications
- ✓ F677 ADL Care for Dependent Residents

# Complaints 3<sup>rd</sup> Quarter FFY24

- 2153 total **Complaints** and **Facility Report Incidents** (FRI's) received for all provider types.
- Nursing homes received **650 Complaints** and **1015 FRI's**
- 192 triaged as an **Immediate Jeopardy** (IJ) complaints for all provider types.
- 146 were triaged as **IJ for Nursing Homes**
- 18 IJ's were called in nursing homes
  - 5 called on recertification surveys
  - 13 called on complaint investigations



# IJs cited in 3<sup>rd</sup> Quarter FFY24

**F610** Investigation/Prevention of Abuse

**F578** Formulate Advanced Directive

**F600** Free from Abuse and Neglect

**F678** Cardio-Pulmonary Resuscitation

**F684** Quality of Care

**F689** Free from Accidents Hazards/Supervision/Devices

**F760** Free from Significant Medication Errors

**F803** Menus meet Resident Needs/Prep in Advanced/Followed



# QSO Admin Info 24-14 -All

Kathy Lucas | Federal Regional Operations Manager



Date: June 6, 2024

Subject: Revisions to the Review and Approval of Plans of Correction (POCs) and CLIA Allegations of Compliance (AOCs) | CMS



## MEMORANDUM SUMMARY

- *When noncompliance is cited at a level that requires a mandatory onsite revisit (per existing CMS policy and procedure), CMS and/or the State Survey Agency (the “State”) will obtain a POC/AOC for the cited noncompliance.*
  - For Acute and continuing care providers, an onsite revisit is required when a deficient practice is cited higher than a standard level (condition or immediate jeopardy).
  - For skilled/nursing facilities- An onsite revisit is required when a facility’s: beginning survey finds deficiencies that constitute substandard quality of care, harm, or immediate jeopardy.
  - For CLIA, an onsite revisit is required per guidance of Admin Info: 24-09-CLIA

## MEMORANDUM SUMMARY

- CMS and States should prioritize the revisit survey as the primary means of assessing compliance, rather than reviewing multiple submissions of a POC/AOC for approval.
- If CMS or the State are unable to approve a POC/AOC after two submissions by the facility or lab, they should reach out to the facility or lab to confirm their readiness and intention to request a revisit, which should then be scheduled accordingly.

## DISCUSSION

- *Due to the higher number of serious allegations and resulting serious findings, there has been an increase in POC/AOC review as well as required onsite revisits for CMS and state agencies.*
- *Facilities should develop effective POCs/AOCs in good faith, including performing root cause analyses and implementing QAPI principles that will lead to sustained compliance.*
- *if CMS or the State are unable to approve a POC/AOC after two submissions, they should reach out to the facility or lab to confirm their readiness and intention to request a revisit and then perform a revisit survey.*

## DISCUSSION (continued)

- *After 2 submissions of the POC/AOC and the facility or lab has verified its readiness for a revisit, surveyors will return for the onsite revisit, this may be prior to the POC/AOC being accepted.*
- *The date of compliance will be the POC completion dates indicated on the most recent POC submitted (as verified during the onsite revisit).*
  - *As a state agency, we do not expect to have this scenario occur very often; we have typically been able to accept a POC/AOC by the second submission.*

## THIS GUIDANCE DOES NOT APPLY TO:

- *The removal plan process for an Immediate jeopardy situation.*
- *Providers and suppliers who have been imposed a Directed Plan of Correction (DPOC) as an enforcement remedy.*
- *Surveys with deficiencies that only require a desk review of a POC to determine allegation of compliance.*
- *Initial certification process.*
- *Other surveys that do not require an onsite revisit (only applies to onsite revisits).*



# Revised Guidance for Long-Term Care Facility Assessment Requirements

## [QSO 24-13 NH](#)

Shannon Gilb | Federal Regional Operations Manager

- ✓ Discuss updated guidance related to Facility Assessment Requirements.
- ✓ Implementation of requirements.
- ✓ How MDH be surveying these changes.





# Summary of the Memorandum

- Under the “Minimum Staffing Standards for Long-Term Care (LTC) Facilities and Medicaid Institutional Payment Transparency Reporting” final rule, the requirements for Facility Assessment have been revised. These revised requirements have been moved to 42 CFR 483.71. Existing regulations at 42 CFR 483.70(f) through (q) have been redesignated as paragraphs (e) through (p), respectively.
- CMS is issuing revised guidance for State Survey Agencies and long-term care facilities (LTC) on the revised requirements.
- Provisions must be implemented by 8/8/24.

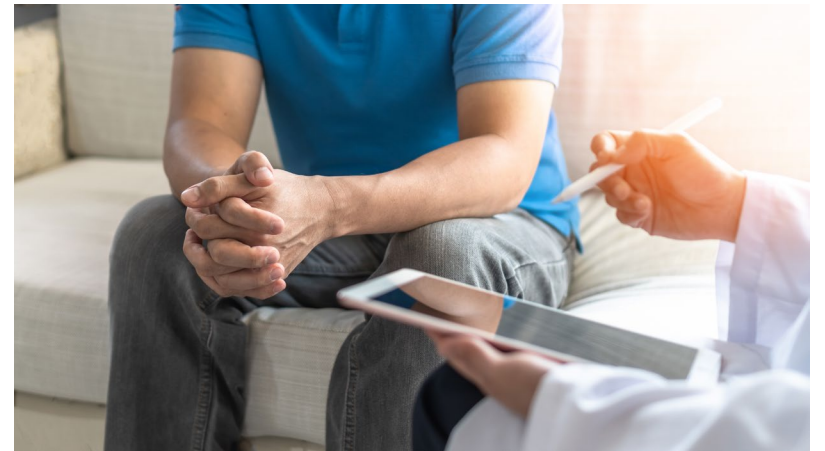
- **“Competency”** *refers to* a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics in performing that an individual needs to perform work roles or occupational functions successfully.
- **“Representative of direct care employees”** *is an employee of the facility or a third party authorized by direct care employees at the facility to provide expertise and input on behalf of the employees for the purposes of informing a facility assessment.*

# Changes to F838- Facility Assessment (1/4)

- The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (*including nights and weekends*) and emergencies.
- §483.71(a) The facility assessment must address or include *the following*:
  - §483.71(a)(1) The facility's resident population, including, but not limited to:
    - (ii) The care required by the resident population, *using evidence-based, data-driven methods that consider the types of diseases, conditions, physical and behavioral health needs*, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, *consistent with and informed by individual resident assessments as required under § 483.20*;
    - (iii) The staff competencies *and skill sets* that are necessary to provide the level and types of care needed for the resident population;

# Changes to F838- Facility Assessment (2/4)

- §483.71(a)(2) The facility's resources, including but not limited to *the following*:
  - (iii) Services provided, such as physical therapy, pharmacy, *behavioral health*, and specific rehabilitation therapies;
  - (iv) All personnel, including managers, *nursing and other direct care* staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;



# Changes to F838- Facility Assessment (3/4)

- §483.71(a)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach *as required in §483.73(a)(1)*.
- § 483.71(b) *In conducting the facility assessment, the facility must ensure:*
  - § 483.71(b)(1) *Active involvement of the following participants in the process:*
    - (i) *Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and*
    - (ii) *Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.*
    - (iii) *The facility must also solicit and consider input received from residents, resident representatives, and family members.*

# Changes to F838- Facility Assessment (4/4)

- *§483.71(c) The facility must use this facility assessment to:*
  - *§483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).*
  - *§483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.*
  - *§483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.*
  - *§483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.*
  - *§483.71(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.*

# Implementation of F838- Facility Assessment (1/2)

## “Evidence-based, Data-driven methods”

- ✓ QAPI (Tracking and trending)
- ✓ EMR reports
- ✓ PBJ
- ✓ Customer Service Surveys
- ✓ Resident Feedback
- ✓ Community resources
- ✓ MDS



# Implementation of F838- Facility Assessment (2/2)

- **Facility leadership**
  - Member of the Governing Body, Medical Director, Director of Nursing, and Administrator.
- **Solicit and Consider input from Direct Care Staff, Residents, and Resident Representatives**
  - RNs, LPNs, Nas.
  - Dietary teammates, Life Enrichment Assistants, others?
  - “The environmental operations manager, and other department heads (i.e., the dietary manager, director of rehabilitation services, or other individuals) should be involved as needed.”
- **How?**
  - Distributing a questionnaire related to staffing to residents/families.
  - Placing convenient suggestion boxes throughout the facility for anonymous input.
  - Providing annual notices for soliciting input to residents and families prior to conducting the annual review and update of the facility assessment.
  - Review during resident/family council if the council elects to.
  - Direct resident and resident representative interviews.
  - Departmental/All-Staff Meetings.



# F838- Facility Assessment: The Survey Process (1/3)

- **Evidence-based, Data-driven methods.**
- **Recruitment and retention strategies for direct care staff.**
  - Maintain sufficient staffing levels with the requisite skills and competencies needed to deliver high-quality care consistently.
- **Ensure active involvement from leadership, direct care staff, and input from residents and families.**
  - Capture diverse perspectives and ensure that all aspects of resident care are adequately addressed in staffing plans and resource allocations.
- **Critical Element Pathways impacted by changes.**
  - Extended Survey.
  - Infection Prevention Control and Immunization.

# F838- Facility Assessment: The Survey Process (2/3)

- **Resident population assessment.**
  - Number of residents and the facility's resident capacity.
  - Resources needed have been identified including equipment, supplies, services, personnel, health information technology, and physical environment.
  - Behavioral health needs.
  - Factors that affect access to care and health outcomes related to health equity.
- **Use of the facility assessment to determine staffing levels and competencies.**
  - Overall number of facility staff needed.
  - Specific shifts.
  - **As identified through resident assessments and care plans.**
  - Competency based approach including those who provide services under contract and volunteers.

# F838- Facility Assessment: The Survey Process (3/3)

- **Updates and review of the facility assessment occur:**
  - As necessary and at least annually (i.e., facility changes, admission criteria).
  - **Additionally, the facility must consider specific staffing needs for each shift (i.e., day, evening, night, weekend shifts) and for each resident unit in the facility based on changes to resident population.**
- **Evaluation of the facility's training program**
  - Training needs are met for all new and existing staff *including managers, nursing and other direct care staff*, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles.
  - Policies and procedures may be required in the provision of care and that these meet current professional standards of practice.
- **Required components vs. quality of assessment.**

# F838- Facility Assessment: Deficiency Examples

## **Example 1: Fall from Lift**

- A review of the current Facility Assessment did not include or address equipment necessary to provide for the needs of residents and did not have active involvement of direct care staff in the process.

## **Example 2: Change in Resident Population**

- Admission of residents with dietary restrictions and no changes made to Facility Assessment.



# Nurse Aide Registry Online System

Kia M. Moua | Federal Licensing, Certification and Registration Supervisor

# Nurse Aide Registry – what does this mean?

## MINNESOTA NURSE AIDE REGISTRY

Sign in to your account

Email

Password

[Forgot Password?](#)

Sign In

New user? [Register](#)

- Active/inactive nurse aides will need to register to create an account to access their information and perform tasks.
- Newly tested nurse aides will receive an automated response once on the registry.
- Nurse aides endorsing from another state will need to create an account, upload supporting documents and submit their application online.
- Nursing Home and Certified Boarding Care Home facilities will need to register an account to do staff reporting.
- To begin, select “Register” at the bottom of the login screen.

# Registration

## MINNESOTA NURSE AIDE REGISTRY

Register

First name

Last name

Email

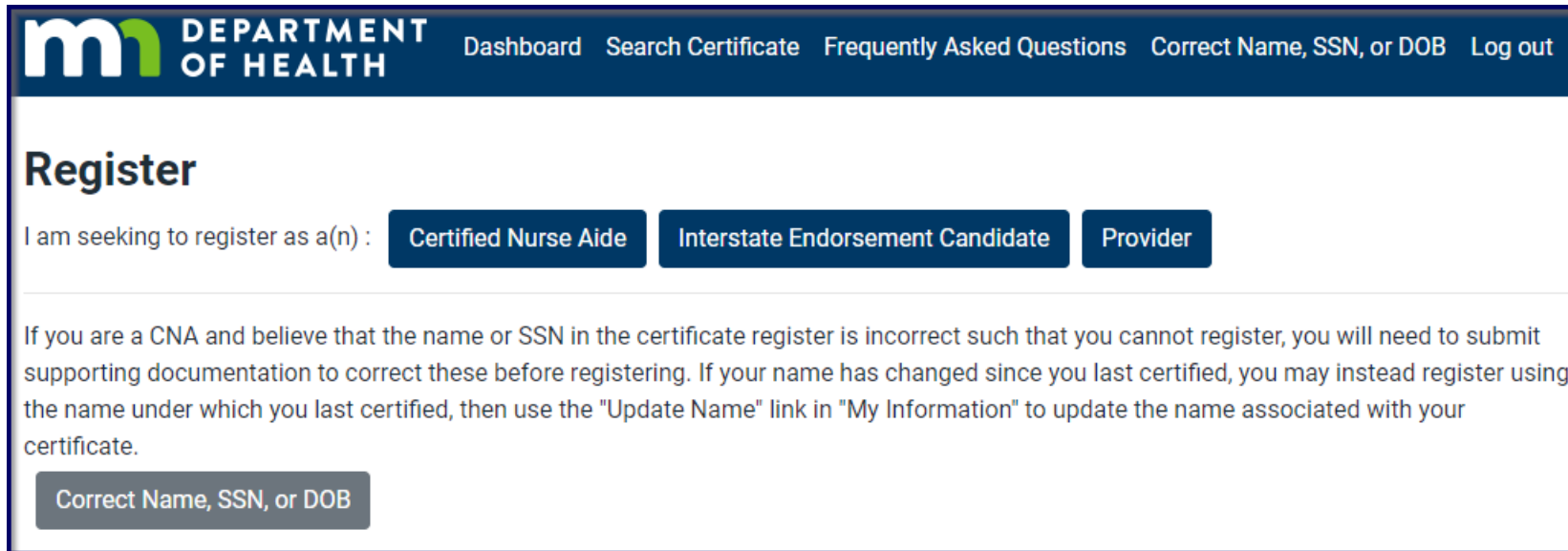
Password

Confirm password

[« Back to Login](#)

- Enter first name and last name
  - Only the Administrator or Authorized Agent can register
- Enter email (not a personal email)
- Enter and confirm password
- Select “Register”
- Verify email by clicking on the link sent to the email entered

# Select the Type of Registration

A screenshot of the Department of Health registration page. The header includes the logo and navigation links: Dashboard, Search Certificate, Frequently Asked Questions, Correct Name, SSN, or DOB, and Log out. The main heading is "Register". Below it, the text "I am seeking to register as a(n) :" is followed by three buttons: "Certified Nurse Aide", "Interstate Endorsement Candidate", and "Provider". A paragraph of text explains that if a CNA's name or SSN is incorrect, they need supporting documentation or can use the "Update Name" link. A button labeled "Correct Name, SSN, or DOB" is located at the bottom left of the form area.

**m** DEPARTMENT OF HEALTH

Dashboard Search Certificate Frequently Asked Questions Correct Name, SSN, or DOB Log out

## Register

I am seeking to register as a(n) :

If you are a CNA and believe that the name or SSN in the certificate register is incorrect such that you cannot register, you will need to submit supporting documentation to correct these before registering. If your name has changed since you last certified, you may instead register using the name under which you last certified, then use the "Update Name" link in "My Information" to update the name associated with your certificate.

- Select the appropriate category to access the registry
  - Certified Nurse Aide: active, inactive and newly tested individuals
  - Interstate Endorsement Candidate: new CNAs endorsing from another state
  - Provider: Nursing Homes and Certified Boarding Care Homes



# Registration of Provider Account

## Register Provider Account

This page is for registering provider administrator accounts, limit 1 per facility.  
To register a provider user account (e.g. for HR staff to do Semi-Annuals), please contact your facility administrator.

Please enter the following information.

### Information

HFID REQUIRED

Search

## Confirm facility:

HFID

██████

Name

████████████████████

Provider Type

SNFNF

Street Address

████████████████████

City

██████████

State

MN

Zip Code

██████

Yes

No

- Enter and search for your facility's Health Facility Identification (HFID) number

- Select "Yes" to confirm the facility

# Entering Registration Key

Registration Key

REQUIRED

Resend registration key

Register

- Enter Registration Key into the space provided
- To retrieve the key again, click on “Resend registration key”

Resend verification code?

Click confirm to resend the registration code for [redacted] to the email on file, or click cancel to go back.

If you have questions please contact support at [health.fpc-nar@state.mn.us](mailto:health.fpc-nar@state.mn.us).

Confirm Cancel

- Select “Confirm”
- A message will state “Registration email resent to facility’s account on file”

# Facility's Dashboard

**Provider User's Dashboard**

### Currently verified and employed CNAs

**Active on registry:**

Last Name	First Name	SSN	Status	Last Worked Date	Actions
No CNAs listed.					

**Inactive on registry:**

Nurse Aides with an inactive registry status cannot work as a nurse aide in nursing homes or certified boarding care homes until their status is active. Unless the individual can prove that he or she has recently successfully completed a training and competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered (42 CFR 483.35(d)(4)(ii)). Please communicate directly with the nurse aide to resolve and/or how to update their status. Resources can be found on the Nurse Aide Registry website.

Last Name	First Name	SSN	Status	Last Worked Date	Actions
No CNAs listed.					

[Add CNA](#)

[View previously employed CNAs](#)

[Submit Facility Nursing Aide Staff Report](#) [View Facility Nursing Aide Staff Reports](#)

**Self-reported CNAs**

These are the CNAs that self-reported having worked at your facility which you haven't verified yet.

Last Name	First Name	SSN	Status	Last Worked Date	Actions
No CNAs listed.					

[View rejected CNAs](#)

The facility' dashboard is divided into three sections:

- **Active on registry** – nurse aides who were previously reported by your facility
  - **Inactive on registry** – nurse aides with expired certificates previously reported by your facility
  - **Self-reported CNAs** – nurse aides who have identified and self-reported themselves as currently working at your facility
- Facilities can add new CNAs by clicking **“Add CNA”**
  - Once all staff report is updated, select **“Submit Facility Nursing Aide Staff Report”**

# Change Status Under Actions

**Currently verified and employed CNAs**

**Active on registry:**

Last Name	First Name	SSN	Status	Last Worked Date	Actions
[REDACTED]			Current	N/A	<a href="#">Change Status</a>

**Inactive on registry:**

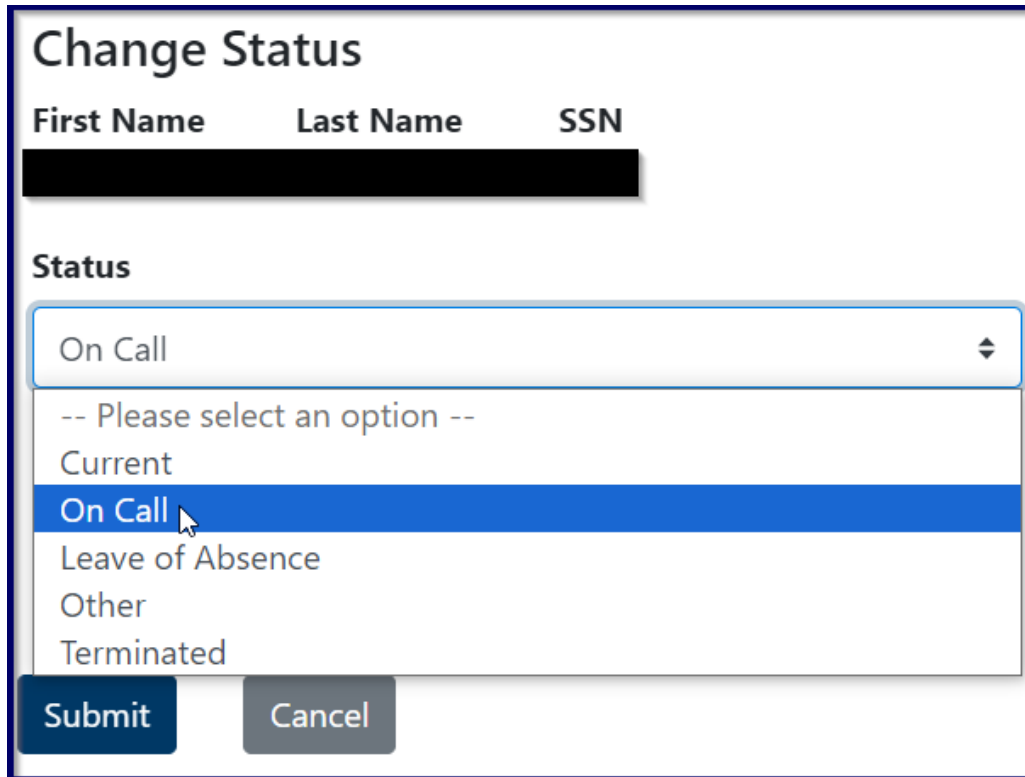
Nurse Aides with an inactive registry status cannot be employed as nurse aides until their status is updated to active. Please communicate directly with the nurse aide to resolve their status. Instructions can be found at [Nursing Aide Resources](#).

Last Name	First Name	SSN	Status	Last Worked Date	Actions
No CNAs listed.					

Review each section:

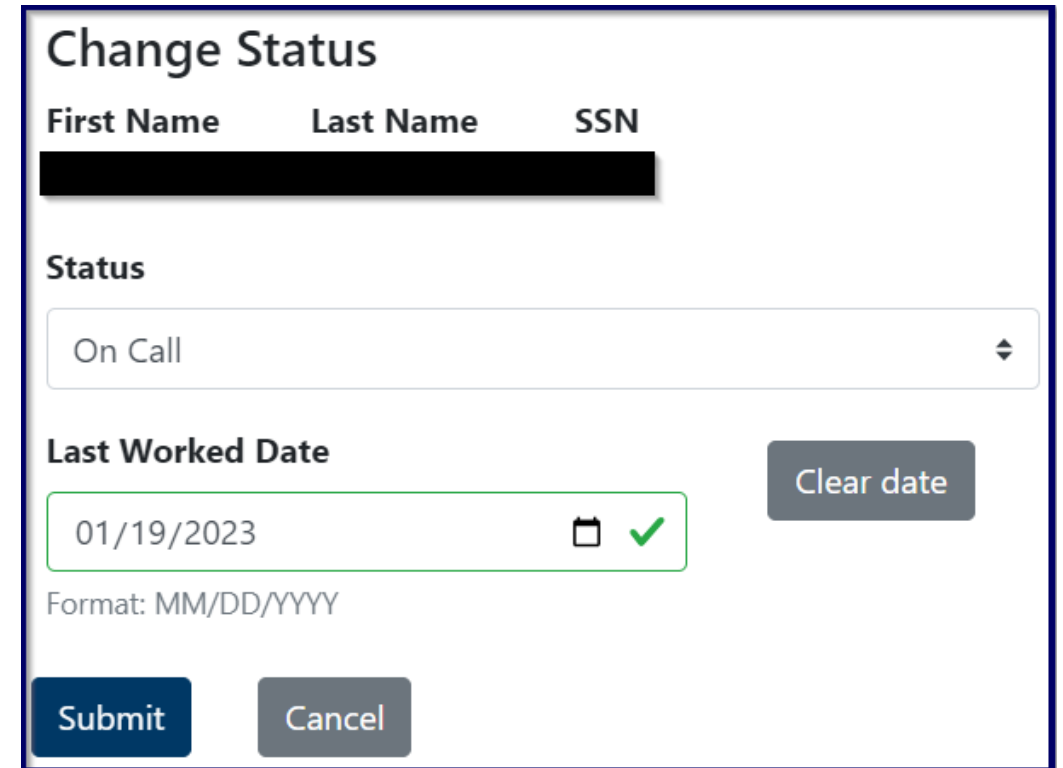
- Select each nurse aides' "Change Status" button under each "Actions" column.

# Nurse Aides Status Updates



The screenshot shows a web form titled "Change Status". At the top, there are three input fields labeled "First Name", "Last Name", and "SSN", all of which are redacted with black bars. Below these is a "Status" dropdown menu. The dropdown is open, showing a list of options: "On Call", "-- Please select an option --", "Current", "On Call" (highlighted in blue with a mouse cursor), "Leave of Absence", "Other", and "Terminated". At the bottom of the form are two buttons: "Submit" and "Cancel".

- Select from the drop-down menu the status for the nurse aide.



The screenshot shows the same "Change Status" form. The "Status" dropdown menu is now closed and shows "On Call" selected. Below it is the "Last Worked Date" field, which contains the date "01/19/2023". To the right of the date is a calendar icon and a green checkmark. A "Clear date" button is located to the right of the date field. Below the date field, the text "Format: MM/DD/YYYY" is visible. At the bottom of the form are two buttons: "Submit" and "Cancel".


- For the "Last Worked Date" – select a date from the calendar. This will extend the nurse aide's certificate for the next 24 months.
- Click "Submit"

# Self-Reported Nurse Aides

**Self-reported CNAs**

These are the CNAs that self-reported having worked at your facility which you haven't verified yet.

Last Name	First Name	SSN	Status	Last Worked Date	Actions
[REDACTED]	[REDACTED]	[REDACTED]	Current	03/03/2023	<a href="#">Verification</a>
[REDACTED]	[REDACTED]	[REDACTED]	Current	03/03/2023	<a href="#">Verification</a>



- Nurse aides are encouraged to update their employment and may have identified or self-reported as working at your facility.
- Click on “Verification”

# Self-Reported Nurse Aides' Status (1/2)

**Verify CNA**

First Name	Last Name	SSN
[REDACTED]		

**Has this CNA worked at your facility?**

Yes  No

If information provided is inaccurate you will be able to correct it here.

**Status**

Current

-- Please select an option --

Current

On Call

Leave of Absence

Other

Terminated

- If a nurse aide is working at your facility, select the “Yes” node and the status as “Current”.
- Once the list is refreshed, the nurse aide will now appear in the upper portion of your dashboard.

# Self-Reported Nurse Aides' Status (2/2)

**Verify CNA**

First Name      Last Name      SSN

[Redacted]

**Has this CNA worked at your facility?**

Yes    No

If information provided is inaccurate you will be able to correct it here.

**Status**

Other

**Other status:**

Primary job is Administrator, secondary NA ✓

**Last Worked Date as a Nurse Aide**     

01/19/2024       ✓

Format: MM/DD/YYYY

- Select “Other” for:
  - Nurse aides whose primary roles are non-nursing duties but picked up nursing or nursing-related duties as a secondary role.
  - Nurse aides working through a staffing agency.
- Free text what the reason is in the “Other Status”
- Enter “Last Worked Date as a Nurse Aide”



# Newly Tested Nurse Aides



- NAR system automatically retrieves data from Headmaster 1 and 7 days prior.
- Recent test candidates must wait to create an account until an email from MDH have been received they've been added to the registry.
- Facilities must follow up to ensure that such an individual becomes registered.

# Searching the Registry

**m DEPARTMENT OF HEALTH** Search Certificate Log in

## Minnesota Nurse Aide Registry Search

**Search Minnesota Nurse Aide Registry:**

Registry may be searched by either the combination of first and last name, or by certificate number. For more accurate result, search by "Certificate Number".

**Last Name** REQUIRED

**First Name** REQUIRED

**Social Security Number**  **Date of Birth**

Social Security Number – Last 4 (xxxx) Format: MM/DD/YYYY

**Certificate Number** REQUIRED

**Profession**

**Certificate Type**

**Search** **Clear**

- Can search by Last Name and First Name only, or Certificate Number
- Last 4 SSN is not a requirement
- To narrow down a common name search, enter additional last four digit of the nurse aide's SSN or Date of Birth
- Select Search

# Nurse Aide Registry Dates - Definitions

<b>Dates</b>	<b>Definitions</b>
<b>Initial Date Registered</b>	When MDH places the individual on the Nurse Aide Registry.
<b>Date Registered</b>	A fluid date consisting of either an approved renewal date by MDH or individual's most recent testing date.
<b>Inactive Date or Expiration Date</b>	Inactive Date means a lapse or did not renew, and Expiration Date shows a future expiration date.
<b>Most Recent Testing Dates</b>	For Skill or Knowledge Test.
<b>Last Training Date</b>	If individual took a training program.
<b>Test-out Candidate Only</b>	Individuals who did not take the training program and challenges the test.

# Registry Dates – Example 1

## Results

Your search found 1 record

Record 1 of 1

### Full Name

[REDACTED]

### Certificate Number

[REDACTED]

### Status

Inactive

### Complaints

No substantiated findings of abuse, neglect and/or misappropriation of property.

### Date Registered

09/23/2016

### Inactive Date

09/24/2018

### Initial Date Registered

10/04/2016

### Most Recent Testing Date: Skill

09/23/2016

### Most Recent Testing Date: Knowledge

09/23/2016

### Last Training Date\*

N/A

### Test-out Candidate Only

Yes

\* All approved MN nurse aide training programs are a minimum of 75 hours in length.

# Registry Dates – Example 2

## Results

Your search found 1 record

Record 1 of 1

**Full Name**

[REDACTED]

**Certificate Number**

[REDACTED]

**Status**

Active

**Complaints**

No substantiated findings of abuse, neglect and/or misappropriation of property.

**Date Registered**

01/10/2024

**Expiration Date**

12/23/2025

**Initial Date Registered**

02/21/2018

**Most Recent Testing Date: Skill**

02/12/2018

**Most Recent Testing Date: Knowledge**

02/12/2018

**Last Training Date\***

N/A

**Test-out Candidate Only**

Yes

\* All approved MN nurse aide training programs are a minimum of 75 hours in length.

# Registry Dates – Example 3

## Results

Your search found 1 record

Record 1 of 1

**Full Name**

[REDACTED]

**Certificate Number**

[REDACTED]

**Status**

Active

**Complaints**

No substantiated findings of abuse, neglect and/or misappropriation of property.

**Date Registered**

01/23/2024

**Expiration Date**

01/23/2026

**Initial Date Registered**

03/05/2018

**Most Recent Testing Date: Skill**

09/15/2022

**Most Recent Testing Date: Knowledge**

01/23/2024

**Last Training Date\***

02/20/2018

**Test-out Candidate Only**

Yes

\* All approved MN nurse aide training programs are a minimum of 75 hours in length.

# Next Steps (1/3)

- Staff reporting is optional, not a Federal requirement.
- Facilities can update nurse aides' statuses real-time and are encouraged to do so on a regular basis (e.g., daily, weekly, monthly, quarterly). This replaces the semi-annuals. MDH no longer processes paper semi-annuals.
- For non-nursing home/certified boarding care home providers, please instruct nurse aide staff to create an account, submit a renewal application and upload their supporting documents for review.
- Facilities can extend the expiration date of a nurse aides' certificate based on the **Last Worked Date** with documentation to verify nursing or nursing-related services for monetary compensation for at least 8 hours during the previous 24 months. See pg. 490 of the [State Operations Manual \(SOM\) Appendix PP, Guidance §§483.35\(d\)\(4\)-\(6\)](#).

## Next Steps (2/3)

- Please note that nurse aides who meet the requirement of the SOM and under 42 CFR [483.156\(c\)](#) and [42 CFR 483.35\(d\)](#) can renew their certificate. Non-relating nursing services does not meet the requirement to renew.
- Registration Key is sent to the email address MDH has on file for the facility. Staff cannot change the email to another staff's email to receive the key as this affects the facility (e.g., licensing, background study, enforcement, etc.).
- Only the Administrator/Authorized Agent for the facility can make the initial registration with the Registration key. The Administrator/Authorized Agent can add up to three (3) additional users thereafter to manage staff reporting.



## Next Steps (3/3)

- If there is a change in Administrator/Authorized Agent, contact the NAR Team to complete and submit the **Change of Administrator** form or it can be done so during the facility's license renewal period. A database ticket is submitted for a change request.
- If you need help identifying the HFID, contact MDH or use MDH [Health Care Provider Directory](#) to search.



# Nurse Aide Registry Credentialing Team

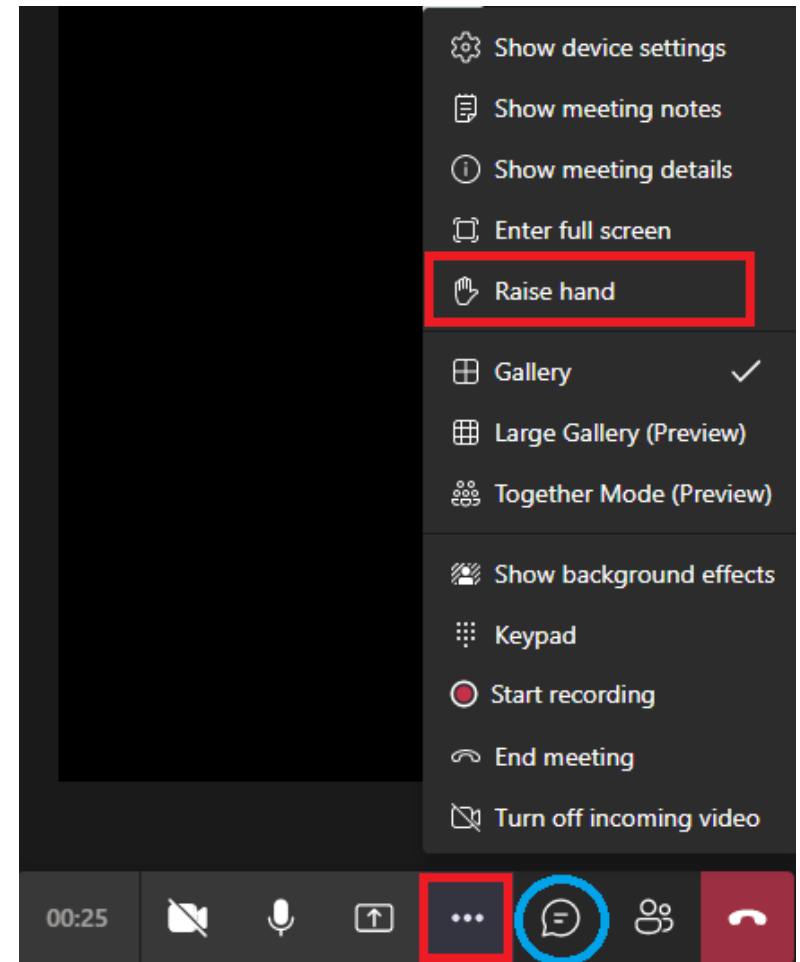
[Health.FPC-NAR@state.mn.us](mailto:Health.FPC-NAR@state.mn.us)

651-201-4200

Monday to Friday: 8 AM to 4 PM

# How to Ask a Question for Q & A

- **Participants are muted.** We will answer as many questions as we can at the end of the presentation.
- **Two ways to ask a question** or provide a comment:
  1. Raise your hand (**outlined in red**).
  2. Click the Chat bubble (**circled in blue**) to open the chat.
- For phone attendees, press **\*5** to raise your hand, and **\*6** to unmute/mute yourself.
- **We will select speakers** in order and add questions from the chat at the end of the presentation.



# Thank You!!!

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