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**Center for Clinical Standards and Quality**

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**Ref: QSO-26-08-NH**

**DATE:** April 08, 2026

**TO:** State Survey Agency Directors

**FROM:** Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

**SUBJECT:** Clarification regarding Nurse Aide Training Competency Evaluation Program (NATCEP) and Nurse Aide Competency Evaluation Program (CEP) requirements and allowable flexibilities

**Memorandum Summary**

**Clarification of NATCEP Requirements and allowable flexibilities:** The Centers for Medicare & Medicaid Services (CMS) is clarifying NATCEP/CEP requirements and permissible flexibilities to expand capacity for nurse aide trainees to foster increased nurse aide staffing in nursing homes.

**Background:**

The nurse aide training and competency evaluation program (NATCEP) and nurse aide competency evaluation program (CEP) are statutorily required standardized training and evaluating competency programs that all certified nurse aides (CNAs) must successfully complete to work in a Skilled Nursing Facility (SNF), Nursing Facility (NF) or a dually-participating SNF/NF. State Survey Agencies manage the approval process for all NATCEP/CEP programs. Sections 1819(f)(2) and 1919(f)(2) of the Social Security Act (the Act) and 42 CFR §§ 483.152 and 483.154 outline the requirements for state approval of NATCEP programs and competency evaluation.

Additionally, CMS has launched a [Nursing Home Staffing Campaign](#) (NHSC) aimed to increase the number of nurses working in nursing homes. CMS has received several questions from stakeholders regarding NATCEP/CEP requirements, including fees for nurse aides, instructor qualifications, general supervision, settings for training sites, competency evaluation procedures, and the use of remote technology as a means of direct observation for training and evaluation. The purpose of this guidance is to clarify NATCEP/CEP requirements, assist states in streamlining NATCEP/CEP program approvals, and expand the capacity for nurse aide trainees by improving access and flexibility for training and testing requirements.

Regardless of the flexibilities included in this guidance, states must ensure that all NATCEPs provide training that complies with all of the requirements outlined in the

Federal regulations for NATCEP programs in 42 CFR part 483, subpart D, and adequately train nurse aides to meet the needs of each nursing home resident.

### **Discussion:**

#### **Fees for Nurse Aides – 42 C.F.R. § 483.152(c), § 483.154(c)(2) & (3) and § 483.156(b)(4)**

Per federal statute and regulations, no nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a NATCEP/CEP may be charged for any portion of the program (including any fees for textbooks or other required course materials and any charges for the competency evaluation). Further, if an individual becomes employed or receives an offer for nurse aide employment from a facility within 12 months of completing a NATCEP/CEP, the state must provide reimbursement of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.

Additionally, CNAs must be listed on a state's nurse aide registry, which is a registry of aides licensed to practice nursing in that state who are in good standing (i.e., who meet federal and state requirements to be a nursing aide), or those with a negative finding (e.g., acts of elder abuse, neglect, misappropriation, or other actions) that make them not eligible or disqualified to work. Federal statute and regulations prohibit states from imposing any charges related to registration on individuals listed in the nurse aid registry.<sup>1</sup>

In summary, any fee charged to nurse aides to complete their NATCEP, CEP or be listed on the registry is prohibited. States should make it clear to potential trainees (through website postings or other communications) that individuals can complete their training without being charged a fee or they may be eligible for reimbursement.

Note: States may receive federal financial participation (FFP) for the portion of state costs for NATCEP/CEP programs associated with administering the Medicaid program. FFP is only available for allowable state Medicaid administrative program costs consistent with federal statutory and regulatory requirements. See § 483.158; Also, [State Operations Manual for State Agencies, Chapter 4 Section 4543](#), and the [State Medicaid Manual Chapter 2, Section 2514](#).

#### **75 Clock Hours of Required Training – 42 C.F.R. § 483.152(a)(1)-(3)**

Per § 483.152(a)(1)-(3), a NATCEP must have a minimum of 75 clock hours of training, which must include at least 16 hours of supervised practical training dedicated to the curriculum areas specified in § 483.152(b). CMS defines supervised practical training as training conducted in a training lab or other setting where the trainee demonstrates their knowledge by performing tasks on an individual.

In addition to long term care facilities, other settings for training may include acute care settings and vocational education centers. The practical training must be carried out under the direct supervision of either a registered nurse (RN) or a licensed practical nurse (LPN). The supervising nurse can be a facility staff member who does not need to be the course instructor.

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<sup>1</sup> Sections 1819(e)(2)(C) and 1919(e)(2)(C) of the Act, and 42 CFR § 483.156(b)(4).

### **General Supervision – 42 C.F.R. § 483.152(a)(4)(i)-(ii)**

Per § 483.152(a)(4)(i), students must not perform any services for which they have not trained and been found proficient by the instructor. If trained and found proficient, § 483.152(a)(4)(ii) allows students to provide services to residents under the general supervision of an RN or LPN. *General supervision* is defined as providing the necessary guidance for the program and maintaining ultimate responsibility for the course. Therefore, this nurse does not need to directly observe the trainee or be physically present in the immediate training area.

### **Instructor Qualifications – 42 C.F.R. § 483.152(a)(5)(i), (ii) & (iv)**

In accordance with § 483.152(a)(5)(i), the training of nurse aides must be performed by or under the general supervision of a registered nurse (RN) who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of long term care facility services (i.e., requisite experience). RNs or LPNs providing training under the general supervision of an RN *with* the requisite training and experience do not need to meet this requirement. However, these nurse aide instructors must have completed a course in teaching adults or must have experience in teaching adults or supervising nurse aides.

NATCEPs have flexibility in meeting the instructor qualification requirements. A state may approve a NATCEP with the training of nurse aides performed directly by an RN with the requisite experience. Alternatively, states may approve a NATCEP with RNs providing the training who lack the requisite experience, but are performing the training under the *general supervision* of an RN with the requisite training and experience. Again, the term *general supervision* means providing necessary guidance and accountability for the program, but does not mean that the RN needs to provide direct instruction or observation.

Regardless of which option is approved, instructors must have completed a course in teaching adults (or have experience in teaching adults) or supervising nurse aides (see § 483.152(a)(5)(ii)). In addition, personnel that supplement the instructor must have at least 1 year of experience in their fields (see § 483.152(a)(5)(iv)).

### **Nurse Aide Competency Evaluation – 42 C.F.R. § 483.154**

42 C.F.R. § 483.154(b)(1)-(2) outlines the requirements for administering the written or oral element as well as the demonstration of skills of the competency evaluation. States have faced challenges with testing site limitations and staff availability for administering evaluations. To address these issues and enhance accessibility, states or state-approved entities may use remote technology for the written exam. This technology allows multiple students to take the test simultaneously, without requiring a one-on-one format. We remind states, however, that all the competency evaluation requirements specified at § 483.154 must be met.

### **Remote Technology for Training and Competency Evaluation**

The use of remote technology for direct observation of training and competency evaluation is permissible, as long as the observer can clearly see the trainee perform all parts of the skills being demonstrated, as would occur during an in-person observation. Both the states and the state-approved NATCEP/CEP must ensure that all requirements in §§ 483.152 and 483.154 are met without exception, and must ensure that the safety of nursing home residents is maintained. Additionally, the skills demonstration portion of the competency evaluation must be administered and evaluated by an RN with at least one year's experience in providing care for the elderly or the chronically ill of any age.

Consent should be obtained before observing residents for training or using remote training technology. If remote training is going to be used, the program should obtain consent from the resident who will be remotely observed. Consent can be written or verbal. If verbal, the program should document who gave consent and when.

### **NATCEP Website Improvements**

Through the NHSC, CMS is increasing awareness of free CNA training programs to expand the pool of qualified nursing staff. The campaign will make training information for CNAs more readily available and appropriate for the target audience, with the goal of easing the process for individuals seeking enrollment in CNA training programs. CMS launched a [website](#) to promote career paths in nursing homes and provide visitors with information on where to locate CNA training programs within their state.

We encourage states to ensure their NATCEP websites are easy to find, navigate, and identify specific training programs that prospective trainees can enroll in. Also, states should ensure that it is clear to potential trainees that they cannot be charged fees for the training, and may be eligible for reimbursement (depending on the type of program they enrolled in, as noted above). States can use civil monetary penalties (CMP) funds to enhance their website for nurse aide training to increase visibility of these programs and make enrollment easier. States may request to use CMP funds for their website improvements by submitting an application using the Civil Money Penalty Reinvestment NHSC Application Template to [NHSC@cms.hhs.gov](mailto:NHSC@cms.hhs.gov) for review and approval.

### **Inadequate Training**

CMS reminds NATCEPs/CEPs and the facilities where these programs may be conducted in to provide the necessary oversight and structure of their programs to ensure the safety of residents. Any actions resulting in issues for residents' care could lead to a finding of noncompliance with federal requirements for the nursing home, which is ultimately responsible for resident health and safety. For example, inadequate supervision of a nurse aide while in training could result in a mistake leading to a resident experiencing a fall. Also, while the supervision of trainees may be adequate, if the structure of the program doesn't adequately address the skills CNAs need to meet residents' needs, a resident could experience harm due to an inadequately trained CNA, such as skin tears, neglect, hospitalization, or other serious events.

### **Waiver Authority for NATCEP/CEP Disapproval**

Federal statute prohibits the approval, in certain cases, to operate a NATCEP/CEP program for two years based on survey findings leading to an extended survey or partial extended survey, waivers of minimum requirements for licensed nurse coverage, or assessment of a CMP of a certain amount.<sup>2</sup> Nursing homes that lose their ability to operate a NATCEP/CEP program may, in some cases, regain this ability prior to the end of the 2-year ban through obtaining a waiver of the disapproval. For more information on waiver authority, please refer to CMS [Memorandum S&C: 18-02-NH](#).

**Note:** This guidance and the federal regulations referenced in this memo are intended for nurse aides working in nursing homes. States may develop other nurse aide training and certification programs for other provider-types (e.g., hospital, home health), as allowed

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<sup>2</sup> Sections 1819(f)(2)(B)(iii)(I) and 1919(f)(2)(B)(iii)(I) of the Act.

under those requirements.

**Contact:**

For questions or concerns relating to this memorandum, please contact [dnh\\_triageteam@cms.hhs.gov](mailto:dnh_triageteam@cms.hhs.gov).

**Effective Date:**

Immediately. Please communicate to all appropriate staff within 30 days.

	/s/	
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Director, Survey & Operations Group		Acting Director, Quality, Safety & Oversight Group

**Resources to Improve Quality of Care:**

*Check out CMS's new Quality in Focus interactive video series.*

*The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.*

*Learn to:*

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

*See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus*

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