

CNA Research Report for the Idaho CNA Advisory Committee

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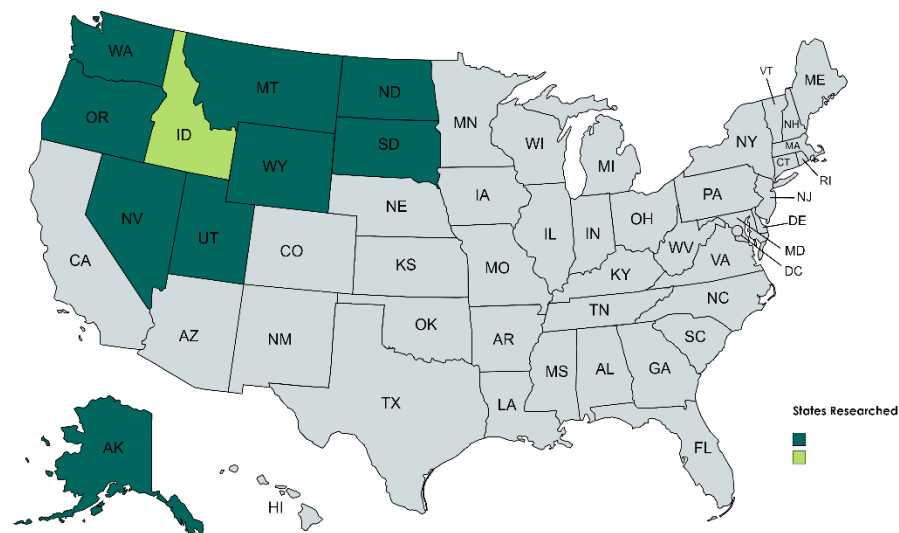
Introduction:

The Idaho Certified Nurse Assistant Advisory Committee was formed to recommend a statutory framework for the governance of nursing assistants in Idaho. One of the questions the committee had was “How do other states train and govern certified nursing assistants?”. They decided on 9 neighboring states with rural populations to research: Alaska, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming. For comparison, 11 skilled nursing facilities in Idaho were surveyed about their CNA programs.

Methods:

Data was gathered from the following sources

- Debbie Ransom’s CNA spreadsheet (created in 2019)
- US Bureau of Labor Statistics website (mean wages)
- PHI website (required curriculum hours)
- State Administrative Code (instructor requirements)
- Department of Health websites (training program locations)
- Department of Health and/or Board of Nursing staff
- Employers in each state (acute care or assisted living)
- 11 Idaho skilled nursing facilities were surveyed for comparison



Results:

Table 1. CNA Governance across the 9 states

State	State statute?	License or certify?	Who certifies / licenses?	Reciprocity between states	Who manages registry?
AK	Yes	License	Department of Commerce, Community, and Economic Development	Yes	Board of Nursing (BON)
MT	No (State Plan instead)	Certify	Montana Dept. of Health and Human Services (DPHHS) Office of Inspector Certification Bureau	Yes	DPHHS
NV	Yes	Certify	BON	Yes	BON
ND	Yes	Certify	Division of Health Facilities (Survey Agency) within Health Dept.	Yes	North Dakota Health Department
OR	Yes	Certify	Oregon State Board of Nursing (OSBN)	Yes	BON
SD	Yes	Certify	DOH/Office of Health Facilities Licensure & Certification	Yes	BON
UT	Yes	Certify	Utah Nursing Assistant Registry (UNAR)	Yes	UNAR has contract with Headmaster
WA	Yes	Certify	Department of Health	Yes	Department of Social and Health Services
WY	Yes	Certify	Wyoming State Board of Nursing	Yes	Wyoming Office of Healthcare Licensing and Surveys

Figure 1. Percent of CNAs certified vs. licensed

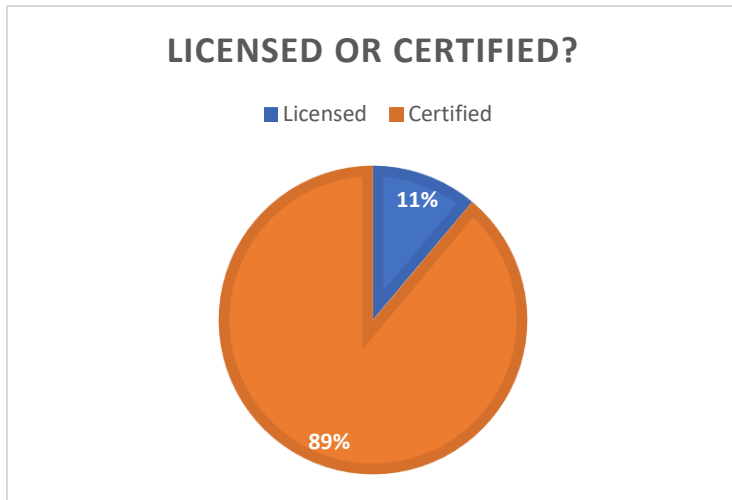


Figure 2. Chart of which agencies certify CNAs

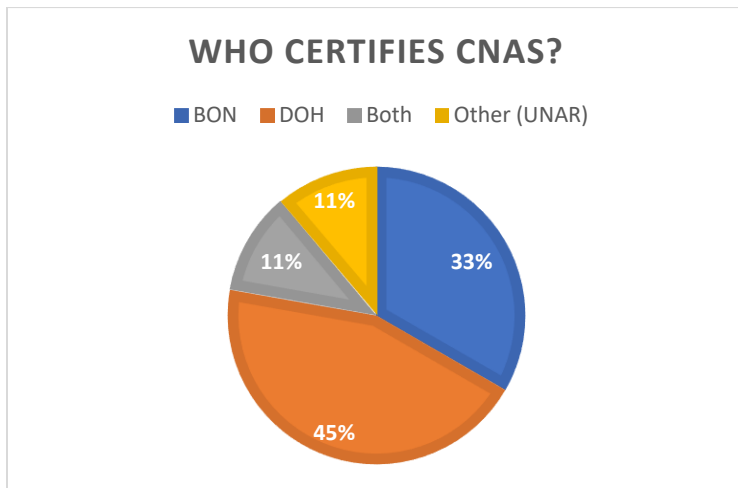


Figure 3. Percentage of which agencies manage the CNA registry.

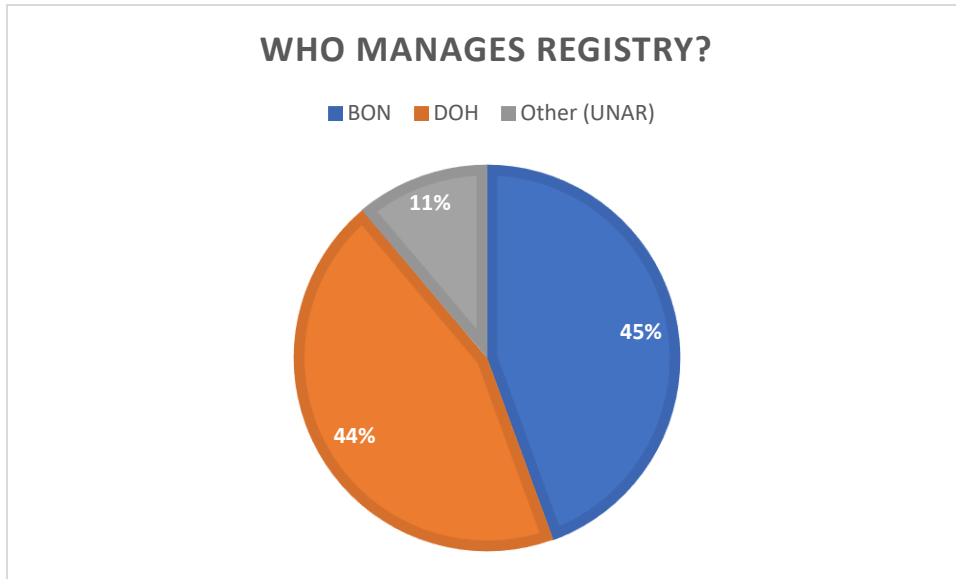


Table 2. CNA training across the 9 states

State	Curriculum requirement?	Instructor requirements	Training locations	Who has oversight over training programs?	Test administration	Training in rural areas?
AK	140 hours	Taken from Code: In a non-facility-based program must be a registered nurse or practical nurse licensed under AS 08.68, have 2 years nursing experience (1 year in a long-term care facility), and completed a course teaching adults or have experience teaching adults.	High schools / community colleges & universities / medical centers / assisted living facilities/ (27 locations)	Board of Nursing	Credentialia: Nurse Aide Credentialing Service	27 training locations are offered throughout Alaska. Testing offered in multiple areas throughout the state including rural locations.
MT	75 hours	1. All instructors must have completed a course in teaching adults or have experience in teaching adults or supervising aides. 2. The Director of Nursing may only be a Program Coordinator and cannot apply as an instructor. 3. Program Coordinator (must be a RN) and/or Clinical Instructor (RN or LPN) must have two years of nursing experience; at least one year must be in	Colleges / Universities, Medical centers, Nursing homes, Care Centers. Online approved programs as well which still must conduct a skills demonstration to qualify.	Certification Bureau	Headmaster LLP	78 training locations throughout the state and online programs are offered as well.

		the provision of long-term care services. 4. Supplemental Instructor must have at least one year of experience in their field.				
NV	75 hours	To qualify to become a Nursing Assistant Instructor, per NRS 632.2856 (2) requires applicants to have a current Nevada RN license (in good standing), a minimum of (3) years of experience in nursing which includes direct care of patients and supervision and education of members of the staff and successful completion of training for instruction which has been approved by the Board (NSBN approved Train the Trainer course). Additionally, NAC 632.775 requires nursing experience must include a minimum of one (1) year of which must be in caring for the elderly or chronically ill. Also, one year of nursing experience must be in the	Colleges, High schools, Facility-based programs, and private programs.	North Dakota Health Department	Headmaster LLP but they will be transitioning to Credentia	They have 25 training locations throughout the state. The programs must meet requirements pursuant to NAC 632.780, Title 42 CFR § 483.151 and Title 42 CFR § 483.152 to hold the training for theory, lab, and clinical. Facilities where the students take the NSBN approved CNA course can apply to become a testing site.

		provision of long-term care facility services pursuant to 42 CFR 483.152(a)(5)(i).				
ND	75 hours* (<i>*ND is a challenge state meaning a nurse aide is not required to complete a training program before taking the exam.</i>)	Training program must be under the supervision of a registered nurse with a minimum of 2 years of nursing experience (at least 1 year in a long-term care facility). Must have completed a course in teaching adults or have experience in teaching adults. Other professionals who have a year or more of experience may supplement the instructor. ND Admin Code Title 33 Article 43 Chapter 1	Community colleges / State colleges, care centers, public schools, hospitals, etc. Online too	North Dakota Health Department	Headmaster LLP	42 training locations throughout the state. In ND, Nurse aides (NA) can work at a facility for 4 months with an experienced CNA to get experiences and gain knowledge. At 4 months, they must take the CNA exam. Only long-term care facilities required the NAs to be certified. NAs can work in other settings, such as assisted living and hospitals, without being certified but they must be on the Nurse Aide Registry.
OR	155 hours	Rule 851-061-0080: Education program director must have a current Oregon RN license and have 2 years RN experience (with 1 year of direct care), completion of a course teaching adults or one year experience teaching adults. They also have primary instructors: see	Community Colleges, Technical Schools, Nursing facilities	Oregon State Board of Nursing	Headmaster LLP	Training programs (58 locations) are offered throughout the state and candidates do travel to the nearest testing site. If one is not available, they either try to become a test site or a tester will travel to the location if needed.

		OAR 851-061-0080(6) and clinical teaching associates: see OAR 851-061-0080(11)				
SD	75 hours (16 hours clinical)	From Admin Code: The primary instructor of a nurse aide training program shall be a licensed nurse. The primary instructor shall have a minimum of two years of nursing experience, at least one year of which is in the provision of long-term care services. The primary instructor shall have completed a course of instruction in teaching adults or shall have experience in teaching adults within the past five years.	The majority of training programs are in long term care facilities. Blended programs are available too (a mix of online and in-person training).	Board of Nursing	Headmaster LLP	They have over 100 training and testing sites in South Dakota to include rural locations.
UT	100 hours	Must be a registered nurse with a current and active Utah license to practice, two years nursing experience (1 year in a long-term care facility). See Utah Admin Code R432.45-4 for more details.	Colleges / University settings, Technical College, nursing homes, hospitals, high schools	Utah Nursing Assistant Registry (UNAR)	Headmaster LLP	They have training all over the state (41 locations) but sometimes they do have to travel. There are some online programs called hybrid delivery with 49% of content online.

WA	85 hours	From WAC 246-841-470: The instructor must hold a current license in good standing as an RN in the state of Washington and complete a training course on adult instruction or demonstrate that he or she has one year experience teaching adults.	Training programs can be private free-standing companies, nursing Homes, college / universities, and high schools.	Department of Health	Pearson Vue	They have 160 training sites across the state to cover rural locations
WY	75 hours	They follow CMS requirement for instructors. At least one year as an RN and one year teaching experience.	Community colleges & universities, Care centers, High schools, hospitals, long-term care facilities (70 locations)	Healthcare Licensing and Surveys (the State Survey Agency, DOH)	Prometric	They have 70 training locations spread across the state and online hybrid training is also offered. If more than 4 nurse aides need to test, a nursing home can become a testing site and Prometric will go to them.

Figure 4. Required training hours of CNAs (including Idaho)

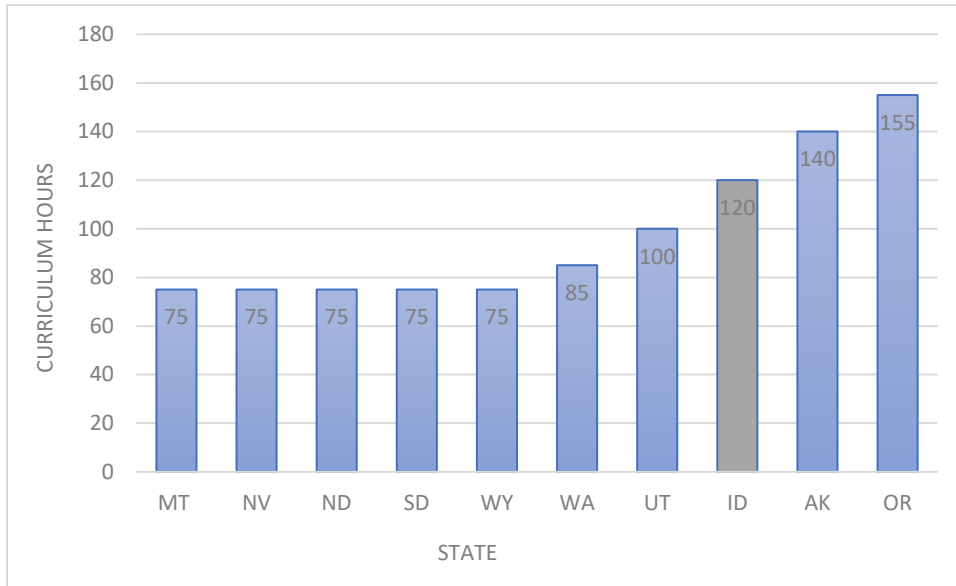


Table 3. Current CNAs across the 9 states

State	Mean pay rate	Retention rate	Pay & training related to retention	Percent regulated
AK	\$20.71	Turnover is high	Even though Alaska has a very high rate of pay for CNAs, we still have many retention problems, and they can make the same money working at Starbucks. People who are hired prior to beginning or completing training seem more likely to complete training and testing and work as a CNA, so facilities are beginning to invest upfront to retain CNAs. Career path opportunities for CNAs (bridge to LPN or other career opportunities) are being explored to provide advancement opportunities.	100
MT	\$15.41	Poor	Traveling CNAs are taking over because even the Montana based CNAs are getting into the traveling ranks. Overall unemployment rate in Montana is very low. Seeing a mass influx of people since COVID. Number of other factors drawing people to the state.	100
NV	\$17.22	Not given	Unable to answer	100
ND	\$17.34	50 percent	Have not studied if there is a correlation, and all bets are off with the pandemic, they seem to be tired of the work and the constant use of masks, even though vaccinated.	100
OR	\$18.67	78%	Retention in our Centers appears to be highest when NA students are trained in our own buildings. Pay rate is certainly a factor but familiarity with the Center and the development of relationships with staff members during training are more significant.	100

SD	\$14.26	Not great.	Much of it has to do with COVID and mandates, able to work somewhere else with less stress. Many facilities have raised wages to be competitive, but many believe it is easier to work in fast food restaurants than take care of personal needs of people.	100
UT	\$14.30	Not high	No response	100
WA	\$18.40	Good	There is a significant correlation. We started the program #5 in February and graduated our first class at the end of March. Prior to that we had 6-8 open positions for CNAs. We now have no openings.	100
WY	\$16.07	Not given	No response	100

Figure 5. Mean pay rate (US Bureau of Labor Statistics) of CNAs by state (including Idaho).

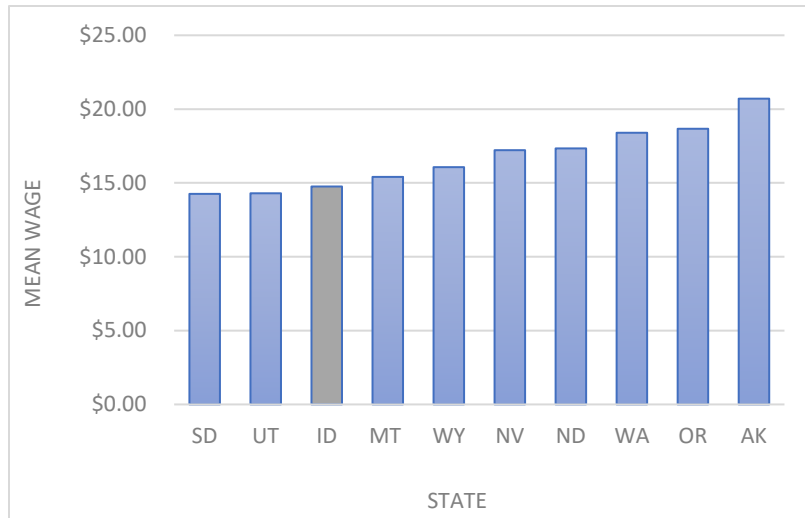


Figure 6. Number of CNA training locations by state (including Idaho)

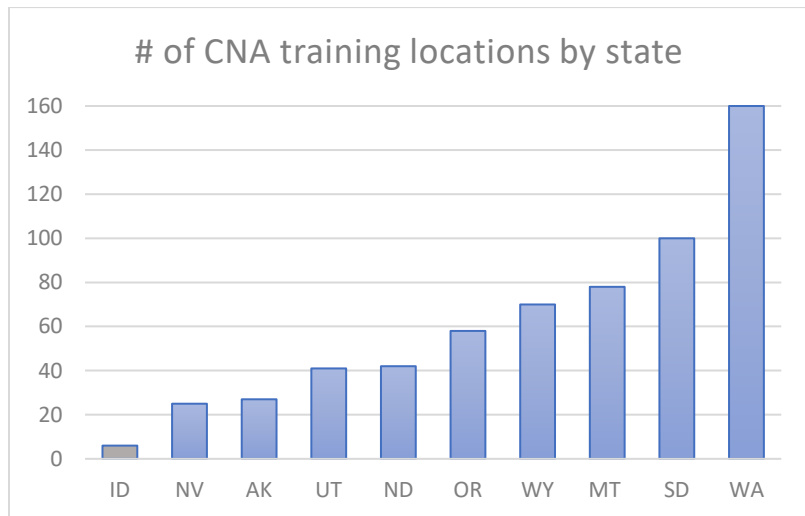


Table 4. Employer feedback from neighboring states

State	Pay rate in your facility?	Are employers happy with the Quality & Quantity of CNAs?	Any complaints?	What's working?	What's not working?
AK	\$42,500 average salary in AK	Employers are not happy with the quantity of CNAs.	Unfortunately, the focus is on working hard to keep the facility staffed with enough CNAs rather than focus on the quality. We are exploring apprenticeship opportunities which would allow CNAs to receive additional training along with pay increases for increasing their skills and experience.	We have both facility- based (LTC and hospital) CNA training program and more traditional training programs through educational institutes. We have some career and technical education programs training CNAs in high school. During COVID we worked with the board of nursing to get some additional facility-based training programs approved and temporarily reduced the number of required training hours from 140 to match the federal requirement of 75 hours. There is more of an effort for facilities to hire nursing assistants and pay the cost of their training, uniforms, certification, testing, etc. Some facilities pay them for their training time also. This makes a big difference since many people interested in working as a CNA need to have income while training and cannot take 2-3 months off work while training. The university CNA training	The CMS survey penalty that requires nursing homes to stop training CNAs for 2 years is very damaging. In the past year, two facilities have had to stop training CNAs. This makes their staffing shortages worse which is often an underlying factor in the surveys. The process and paperwork necessary to apply to be a CNA is confusing and challenging especially for people such as immigrants or English language learners. There is a backlog for testing and limited testing sites requiring travel from rural areas. The process to apply for testing is also cumbersome; it is difficult to find the correct application online, it needs to be notarized, and it needs to be mailed in a large envelope to accommodate fingerprints. The cost of \$330 to apply can also be prohibitive for some potential candidates. The number of hours required for certification is much more than the federal requirements, but the Board of Nursing is cautious about making any changes. We have a lack of information on the number of people completing

				<p>program is based on a semester model and takes 3 months to complete and tends to attract students interested in getting the training to help with admission to nursing school, etc. rather than to work as a CNA. We received a state contract to provide funds to facilities to allow them to pay a \$1000 retention or recruitment bonus to CNAs who have worked through the pandemic.</p>	<p>CNA training and taking and passing the CNA exam. We know numbers are down significantly since pre-COVID but haven't had access to data on the extent of the problem. COVID vaccine requirement has been problematic in some facilities.</p>
MT	\$17.09 weighted average (2022 hospital survey)	No	<p>Seeing them leave for higher paying jobs in many communities. One employer stated they cannot compete when McDonalds is offering \$17.00 per hour.</p>	<p>Not much right now other than higher pay.</p>	<p>Cancelation of NATP by CMS when enforcement action happens. This is making it hard to train new employees to be CNAs.</p>
NV	not given	Unable to answer	<p>We have received public comment regarding the need for more CNAs.</p>	<p>All programs in Nevada are required to meet the same requirements per state and federal law and regulations. We have many rural facility-based programs. Additionally, we have satellite campus locations</p>	<p>No comment</p>

ND	\$20 / hr	Not really	80% of NFs are using contract staff and the largest usage is with CNAs	Everyone can have their program and train when they want to train, as well as we are a test out state, so nurse aides can challenge the test and not be required to take the 75-hour course	Sanctions, we've had a few lose their CNA training program, unrelated to the deficiency and it is devastating, they have appealed and never been successful in getting it back except after the two years has passed.
OR	\$19 / hr	Mixed response.	CNAs are very hard to hire unfortunately. Most of our newly hired caregiver staff are newly certified CNAs or NAs that have been through a training program at one of our Centers or have completed a clinical rotation at one of our Centers through an outside NA training program.	Dedication of faculty and interest for new programs. High level of support from OSBN and the ability to provide NA training at the facility level.	Currently resources for skills testing are a bit short and so there can be delays in getting newly graduated NAs tested and certified.
SD		50/50	DOH has expressed when they are the ones hiring and have expectations the staff will be appropriately trained following the necessary curriculum and able to pass the knowledge and skills evaluations and obtain registry status, it is a win. If they have to send staff out of town	We are rural state, so we cannot rely on only community colleges to train CNAs. We have over 100 training and testing sites in South Dakota.	Federal government CMS using removal of training program as remedy for noncompliance. DOH has allowed facilities to continue the training process and complete the competency and certification process.

			and cover the expenses for travel, etc. they are far happier being able to complete the training and testing in their own buildings. Everyone can always use additional competent staff; they are all looking for the same resource.		
UT		Quantity is good. (24k registered CNAs in Utah and only need 12k)	The pay is not high enough for the work.	Our state allows nursing facilities to have CNA programs, it has been a big help for our members to have that in house.	Not enough CNAs are applying. Many leave to go to work from home jobs or other jobs that are easier and pay more.
WA	\$19 -22 & \$17-27 (two diff. employers)	Yes & No	No specific complaints given.	We have a partnership with a local CNAs school. We cover the cost for the training and spend additional time grooming and mentoring our own staff. The class curriculum is good.	Timely NAC testing. Exemptions need to be given buildings to run a CNA class once they have achieved compliance with a poor survey. State performed testing to license CNA's needs to be provided in a much more timely matter. Additional/ongoing training should be provided through the state.
WY				Wyoming Office of Healthcare Licensing and Surveys holds a meeting every Friday to talk to nursing homes, long term facilities, and BON. They ask if there are any issues with testing.	Pay isn't high enough for how hard the job is.

Table 5. Idaho employer feedback on CNA retention rates at skilled nursing facilities

Idaho SNF Respondent	Average pay rate of your CNAs?	CNA retention rate?	Correlations of retention related to pay and training?
1	\$16	Horrible	Not enough resources in training and providing the 1:1 attention with training as every role in the facility wears multiple hats. The low Medicaid rates and continued fluctuation does not allow for a consistent program to be developed
2	14-18	65%	70%
3	\$14.50	78%	Minimal
4	\$14.50		
5	\$16.50		
6	\$25	30%	CNAS need a career path beyond being a CNA. Tuition reimbursement is probably the most advantageous.
7	21.99	52%	
8	17/hr	not high - exact rate unknown	We rarely have CNAs leave because of pay. CNAs have been difficult to retain because of problems with their personal lives, the workload, and attendance issues. We have had a few CNA candidates accept jobs with agencies over our facility because agencies pay quite a bit more.
9	starting pay is \$15	46%	Pay is only one small piece of the puzzle. Pay is similar to any fast-food job or other menial labor. Most of our CNAs feel like their jobs require more commitment and skill than those other jobs, so they do have some feeling that they are paid too little for the type of work that is expected of them.
10	\$20	20%	I've noticed that staff are easier to jump to a new facility if things get tough or they hear another facility is paying 50 cents more.
11	18-20	75%	None, people moving out of state is #1

Figure 7. Pay rate for CNAs at Skilled Nursing Facilities (SNF) in Idaho

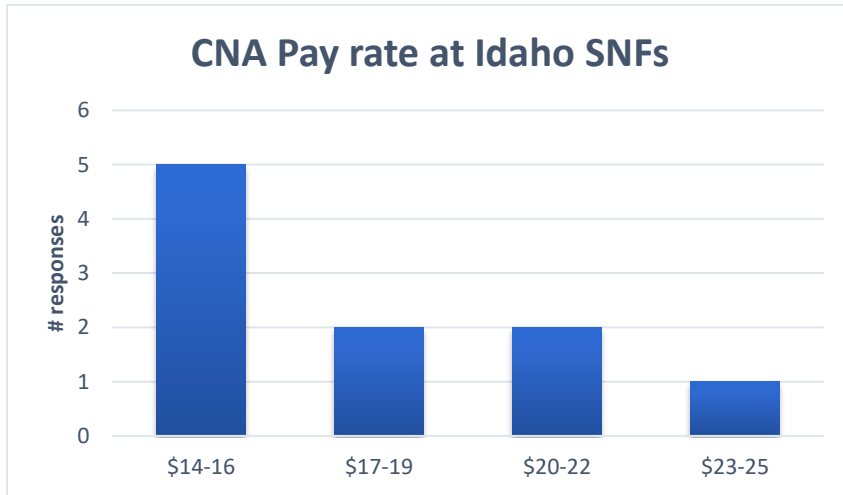


Figure 8. Retention rate of CNAs at Skilled Nursing Facilities in Idaho

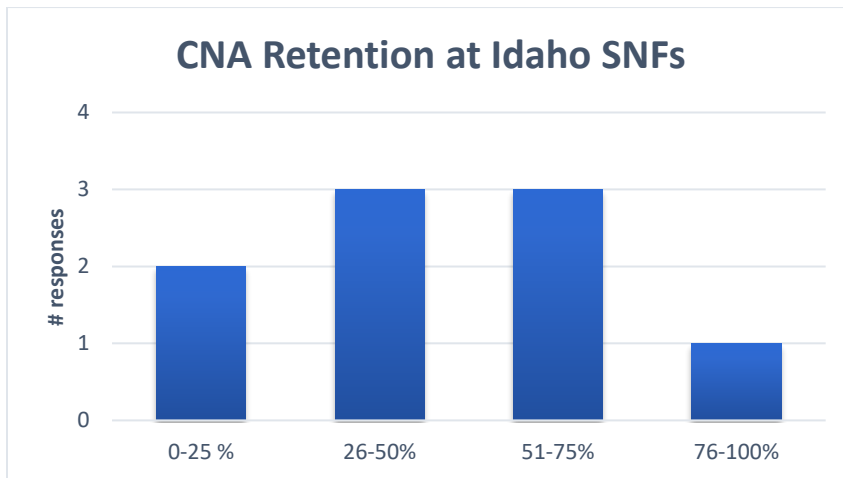


Table 6. Idaho employer feedback on CNAs at skilled nursing facilities

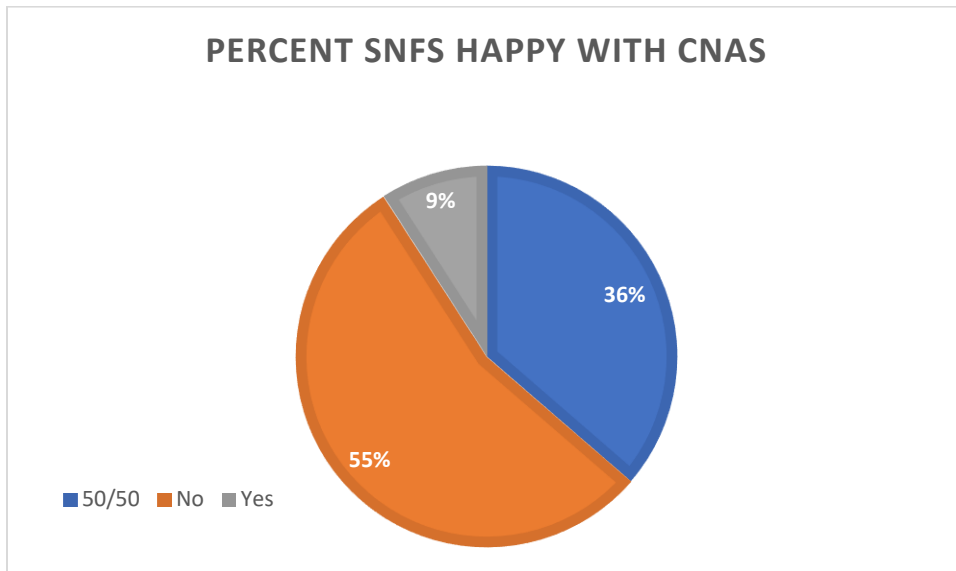
Idaho SNF Respondent	Are the employers happy with the quality and quantity of CNAs?	What are some complaints?	What's working?	What's not working?
1	No	<p>They are too slow and do not know "what they are doing". They come out of certification unprepared on what they are supposed to be doing and how to take initiative, learning a new facility is an adjustment but it is stated that they have no idea how to provide basic cares, where to start, how to prioritize, how to interact with advanced dementia Residents and they seem awkward and uncomfortable interacting with Residents with advanced dementia, behaviors, etc. They feel they are not taught on how the "real world" is going to be and only taught/trained on "perfect" scenarios which we all know rarely happens in the industry</p>	<p>Nothing seems to be working correctly right now</p>	<p>The entire industry. Too much expectation with adding of new rules and requirements without training and allowing/supplying resources and assistance to help an already drowning industry. I do not believe this can be addressed by a committee or brainstorming best practices but I would suggest the CNA committee reach out to our state representatives and request that they come and work/shadow with a CNA for 3 days to see the expectations and then also live the life of a Resident for 24 hours in the facility, with no change in care/time to assist them because of who they are (with no fear of citations and/or consequences, poor media, blasting negatively about the facility), to really see what they are implementing and expecting out of the care givers who love this population and how there will be no one left to work with the geriatric population if they continue to implement requirements without stepping foot into the "real world" of long term care and then possibly we will receive the funding and resources we so desperately</p>

				need to provide a quality of life our Residents deserve
2	50/50	Having to wear face masks and shields.	Culture	Covid
3	Somewhat	Younger CNA's have an attitude of entitlement and disrespect	<i>No response given</i>	<i>No response given</i>
4	No, we are not happy with quality or quantity.	We are accepting CNAs that in the past we would not have hired because there is not a pool to choose from. We don't have the quantity of CNAs currently that we need. We could hire 10 more. We have a current job opening and have had 0 applicants in the last 30 days. CNA certification is expensive and a major time commitment. With rising fuel costs, it adds to the burden.	We are able to have clinicals done at our facility and we are able to get to know CNAs and see their work.	Not enough applicants. We have a lot of regulations and undesirable work conditions for the pay. Many lower paying jobs have increased their pay and it is very hard to compete. We have increased our pay considerably and it still is just not enough.
5	no	Lack of caring and taking the job seriously.		
6	NO	Not enough approved programs and they can't train within a facility.		

7	We're happy with the quality of CNAs, but there aren't enough.	It's way too hard to create a CNA class in Idaho. There's almost a monopoly (and thus a bottleneck) that the workforce training centers have over the creation of CNA classes. Idaho needs to allow private companies to create and hold CNA classes.	Retention is working when culture is good. Pay is good for recruitment, but not retention.	Poor culture, less competitive wages, the rate at which CNAs graduate.
8	No	It's a constant battle to ensure there are enough CNAs to cover each shift. Management helps out often to fill holes in the schedule. It's also difficult to retain a full team of quality CNAs. CNAs are consistently disagreeing with each other, showing up late, calling out for their shifts last minute, or not performing all of their job duties. Not enough reliable CNAs out there. Wages should probably be \$2-3 more per hour, although this would be difficult for companies to afford. High turnover rate.	Sign on bonuses are attracting more and more applicants.	CNA student classes in our facility are yielding very few applicants. We have local CNA classes of students doing their clinical rotations at our facility almost every month, but we only ever have about 1 in 50 students that are interested in working in a nursing home. Most of them are simply getting certified as part of their career growth, yet they do not work in skilled nursing because there is no requirement as part of their career/program. It is very sad to see dozens of students complete weeks of clinical rotations with us but have no interest in working in a facility like ours.
9	Yes/No	We feel that the quality of education that our CNAs receive is adequate to get them started, but there is a lot of on-the-job training that is required to make them	Those who are truly committed to the residents, find joy from helping them. Those who are going on to school, get excellent experience in preparing them	We are just not getting enough applicants to fill the jobs. CNA positions are not very desirable to most people. The work is hard (lifting, transfers, clean up), the pay is just adequate, and no matter how much we do for them to show appreciation, they still feel unappreciated.

		more functional within the SNF.	for future nursing or therapy work.	
10	No	New staff are paid the same amount as someone who has been here for 30 years.	Extensive training and oversight. Flexible schedules. Hiring experienced CNA's. New CNA's jump ship.	Sign on bonuses, paying market value because someone will over pay that. Agency in building poaching our staff telling them how much they make.
11	Yes	Expectations of instant time off, not requesting properly	Happiness of most of the staff with management and work environment	Recruiting all staff, nurses, and aides in particular

Figure 9. Percent of skilled nursing facilities (SNF) surveyed in Idaho that are happy with the quality of and quantity of CNAs



SUMMARY OF RESULTS:

Governance:

- Majority of the states researched certify their CNAs
- Department of Health was the dominant agency to certify CNAs, followed closely by Board of Nursing.
- Registry management was equally split between Department of Health and Board of Nursing among the states
- 100% of states allow reciprocity between states for CNAs
- All but one of the states have a state statute defining CNA governance

Training:

- Curriculum hours required to become a CNA ranged from the federal minimum of 75 hours to 155 hours. Idaho requires the third most hours (120 hours).
- The number of training locations in each state varied from 20 – 160 compared to just 6 in Idaho
- All states offered training programs in a variety of locations such as high schools, community colleges, medical centers, assisted living facilities, nursing homes, care centers, etc.
- Test administration is contracted out to various private companies (Headmaster LLP, Credentia, Prometric, Pearson Vue)
- Instructor requirements generally require a current RN license with at least one year of long-term care services and experience teaching adults.

Current CNAs:

- Mean pay rate of CNAs ranged from \$14 - \$20 per hour. Idaho had the 3rd lowest mean wage compared to the states researched.
- All CNAs were regulated in the states researched
- Retention rates are generally not high in the states researched. Reasons given were low pay for the difficulty of work, easier jobs elsewhere that pay the same (fast food), covid restrictions.

What's working: Common themes among the states

- Facility-based training
- Facilities paying for uniforms, training, testing, etc.
- Recruitment bonuses
- Career path opportunities for CNAs (bridge to LPN)
- Dedication of faculty and interest for new programs

- Numerous training locations throughout the state in a mixture of settings: universities, technical colleges, care centers, high schools, hospitals, and long-term care facilities.
- Online training or “hybrid delivery” options

Unique examples of what’s working:

- North Dakota is a “test out” state so nurse aides can challenge the test and not be required to take the 75-hour training course
- Alaska received a state contract to provide funds to facilities to allow them to pay a \$1000 retention or recruitment bonus to CNAs who worked through the pandemic.

What’s not working: Common themes among the states

- Employers are generally not happy with the quality and quantity of CNAs (some exceptions)
- Pay is not high enough for the work required. This leads to retention problems because for the pay rate, people would rather work in fast food than be a CNA.
- The CMS survey penalty that requires nursing homes to stop training CNAs for 2 years, it makes staffing shortages worse which is often an underlying factor in the surveys.
- Challenging process and paperwork necessary to apply to be an CNA, especially for non-English speakers. Applying for the test is cumbersome, it needs to be notarized and costs money which can be prohibitive.
- Covid vaccine requirement and masking requirement
- Not enough CNAs applying to the programs

Idaho CNAs

What’s working in Idaho:

- Tuition reimbursement
- Facility culture
- Having clinicals at their facility and getting to know the CNAs
- Sign-on bonuses

What's not working in Idaho:

- Not paid enough for the difficulty of the work
- High turnover rate, leaving for easier jobs that pay the same
- Covid restrictions
- Not enough applicants, low CNA graduation rate
- Not enough approved programs, cannot train within a facility
- Certification is expensive and time consuming
- CNAs need a career path beyond being a CNA