



**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
Home and Community Living Administration  
Residential Care Services • P.O. Box 45600 • Olympia, Washington 98504

05/01/2026

**HCLA: NH #2026-021**

**QSO-26-08-NH: Clarification regarding Nurse Aide Training Competency Evaluation Program (NATCEP) and Nurse Aide Competency Evaluation Program (CEP) requirements and allowable flexibilities**

Dear Nursing Home Administrator:

In accordance with Sections [1819\(f\)\(2\)](#) and [1919\(f\)\(2\)](#) of the Social Security Act and [42 CFR § 483.152](#) and [42 CFR § 483.154](#), all Certified Nurse Aides (CNAs) employed in skilled nursing facilities or nursing facilities must successfully complete a State-approved NATCEP or Nurse Aide CEP.

CMS launched the [Nursing Home Staffing Campaign](#) (NHSC) to stabilize and increase the long-term care workforce. The initiative focuses on strengthening this workforce by streamlining CNA training pathways, increasing the visibility of local programs, and promoting the essential role nurse aides play in the healthcare system.

**What's New:**

On April 8, 2026, CMS issued [QSO-26-08-NH](#) to clarify NATCEP/CEP requirements and permissible flexibilities to expand capacity for nurse aide trainees to foster increased nurse aide staffing in nursing homes.

The following is a summary of the revised guidance, which includes updates to trainer qualifications, fee structures, and remote supervision to enhance nurse aide training capacity and increased flexibility. These requirements are **effective immediately**, and are as follows:

- **Fees for Nurse Aides** – [42 C.F.R. § 483.152\(c\)](#), [§ 483.154\(c\)\(2\) & \(3\)](#) and [§ 483.156\(b\)\(4\)](#): Nursing facilities cannot charge nurse aides for training or evaluations if they are employed or have a job offer at the start of training. Aides employed within 12 months of training must be reimbursed for costs. States cannot charge for registry listings and must inform trainees about the free or reimbursable training and registration.
- **75 Clock Hours of Required Training** – [42 C.F.R. § 483.152\(a\)\(1\)-\(3\)](#): Programs must have at least 75 hours of training, including 16 hours of supervised practical training. Training can take place in various healthcare settings and must be supervised by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). Curriculum areas specified in [§ 483.152\(b\)](#) must be covered.
- **General Supervision** – [42 C.F.R. § 483.152\(a\)\(4\)\(i\)-\(ii\)](#): Students must not perform any services until trained and found proficient by the instructor. After this, they may work under the "general supervision" of an RN or LPN. The nurse provides guidance and

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remains responsible but does not need to be physically present in the immediate training area.

- **Instructor Qualifications – 42 C.F.R. § 483.152(a)(5)(i), (ii) & (iv):** Training should be led or overseen by an RN with two years nursing experience, including one year in long-term care. Instructors must have prior experience or training in teaching adults or supervising nurse aides.
- **Nurse Aide Competency Evaluation – 42 C.F.R. § 483.154:** States or state-approved entities may use remote technology for the written exam, allowing multiple students to take the test at the same time. All competency evaluation requirements specified at § 483.154 must be met.
- **Remote Technology for Training and Competency Evaluation:** Remote technology is permitted and must provide the observer with a clear, unobstructed view that mirrors an in-person observation. An RN with at least one year of experience must oversee skills evaluations. Programs must obtain and document either written or verbal consent from any resident being observed during remote training or evaluations.
- **NATCEP Website Improvements:** CMS is launching the NHSC campaign to increase the nursing workforce by making free CNA training more accessible. CMS has encouraged states to improve their websites to show "no-cost" training options. States may also apply for Civil Money Penalties (CMP) funds to enhance their websites and visibility.
- **Inadequate Training:** Facilities and NATCEP providers are ultimately responsible for resident safety and must provide adequate program structure. Actions that compromise resident care can lead to federal noncompliance findings against the facility. Even with adequate supervision, an improperly structured training program that fails to teach essential skills can result in resident harm.
- **Waiver Authority for NATCEP/CEP Disapproval:** Federal statute prohibits facilities from operating a NATCEP/CEP for two years if survey findings lead to extended surveys, licensed nurse coverage waivers, or certain amount CMPs. Facilities may potentially lift this ban early by obtaining a waiver, subject to CMS approval criteria (per [CMS Memorandum S&C: 18-02-NH](#)).

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.

**Please note:** *This guidance and the federal regulations referenced in the memorandum is only intended for nurse aides working in nursing homes.*

For questions related to the information in this provider letter, please email the Policy Unit at [RCSPolicyInbox@dshs.wa.gov](mailto:RCSPolicyInbox@dshs.wa.gov).

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For questions related to NATCEP and Nurse Aide CEP, email [Obraregistry@dshs.wa.gov](mailto:Obraregistry@dshs.wa.gov).

Sincerely,



Miriam Mina, Acting Director  
Residential Care Services

DSHS: *"Partnering with People"*

**Related References:**

[Sections 1819\(f\)\(2\) and 1919\(f\)\(2\) of the Social Security Act](#), [42 CFR § 483.152](#), [42 CFR § 483.154](#), [QSO-26-08-NH](#), [42 C.F.R. § 483.152\(c\)](#), [§ 483.154\(c\)\(2\)\(3\)](#), [§ 483.156\(b\)\(4\)](#), [42 C.F.R. § 483.152\(a\)\(1\)-\(3\)](#), [42 C.F.R. § 483.152\(a\)\(4\)\(i\)-\(ii\)](#), [42 C.F.R. § 483.152\(a\)\(5\)\(i\), \(ii\) & \(iv\)](#), [CMS Memorandum S&C: 18-02-NH](#), and [42 CFR part 483, subpart D](#)