



MASSACHUSETTS
SENIOR CARE
ASSOCIATION



MASSACHUSETTS
SENIOR CARE
FOUNDATION

RCA ONBOARDING TOOLKIT

*How to Successfully Hire and Onboard
Resident Care Assistants*

UPDATED MAY 2022

In an effort to support members facing workforce challenges during the COVID-19 public health crisis, Massachusetts Senior Care Association, Massachusetts Senior Care Foundation and the MIT-based COVID-19 Policy Alliance have developed this Member Toolkit to offer resources and strategies in support of your efforts to onboard new nursing facility staff - specifically Resident Care Assistants (RCAs).

About Massachusetts Senior Care Association



The Massachusetts Senior Care Association represents a diverse set of organizations that deliver a broad spectrum of services to meet the needs of older adults and people with disabilities. Our members include nearly 400 nursing and rehabilitation facilities, assisted living residences, residential care facilities and continuing care retirement communities.

Since its founding in 1949, Mass Senior Care's mission has been to improve the quality and delivery of long-term care services in Massachusetts through research, education, and advocacy.

About Massachusetts Senior Care Foundation



The Massachusetts Senior Care Foundation is a 501(c)(3) nonprofit charitable organization founded in 1985 by visionary leaders of the long-term care provider community to enhance the quality of care for older adults and people with disabilities. Since 1985, the Foundation's highly regarded annual scholarship program, designed to build the skills of our long-term care workforce, has awarded nearly \$3 million in scholarships to help over 1,600 long-term care staff advance their educational and professional development in long-term care.

Through partnerships with professional, government and academic organizations, the Foundation promotes innovative tools, services, programs and research to benefit workforce and clinical quality across the continuum of care.

About the COVID-19 Policy Alliance



The COVID-19 Policy Alliance is led by a group of faculty from the MIT Sloan School of Management, and includes a team of community members and students from across the MIT campus. The Alliance has undertaken a wide range of projects to respond to COVID-19. In Massachusetts, the group has worked with the Massachusetts Senior Care Association to help long-term care facilities hire critical frontline workers, procure supplies of vital PPE, implement testing for residents and staff, and develop data analytics to guide policymakers.



MASSACHUSETTS
SENIOR CARE
ASSOCIATION



MASSACHUSETTS
SENIOR CARE
FOUNDATION

May 26, 2022

Dear Colleague,

The Resident Care Assistant (RCA) role continues to be a critical entry-level position to recruit and retain the direct care workforce essential to meet the care needs of residents living in Massachusetts nursing facilities. RCA is a non-certified position created to support existing nursing staff, assist with resident care and create an accessible pipeline to future employment as Certified Nursing Assistants (CNAs.) Currently, RCA hours worked are counted towards the state's HPPD requirement. Since 2020, more than 1,000 RCAs have been trained and hired in nursing facilities across the Commonwealth. Critical to ensuring a stable and qualified workforce, members are encouraged to provide training opportunities and develop pathways for RCAs to achieve certification to become CNAs.

Nursing facilities can continue to hire RCAs and use the [Massachusetts Resident Care Assistant \(RCA\) 8-hour training course](#) after the end of the public health emergency, as long as RCAs hired after October 6, 2022 comply with both state and federal regulations and complete CNA training and certification within four months of employment.

In this Toolkit, you will find the following resources to assist nursing facility staff with recruiting and onboarding Resident Care Assistants. Topics include:

- Understanding the Resident Care Assistant Role
- Building Consensus Within Your Organization
- Recruiting Resident Care Assistants
- Hiring Considerations
- Resident Care Assistant Onboarding
- Additional Resources

Sincerely,

A handwritten signature in black ink, appearing to read "Tara M. Gregorio".

Tara M. Gregorio
President
Massachusetts Senior Care Association

A handwritten signature in black ink, appearing to read "William Bogdanovich".

William Bogdanovich
President
Massachusetts Senior Care Foundation

Table of Contents

- Overview: Workforce Challenges in Massachusetts Nursing Facilities 5
- Regulatory Guidance 6
- The Resident Care Assistant (RCA) Role 7
- Building Consensus Inside Your Organization 8
- Recruiting RCAs 9
- Hiring Considerations 10
- RCA Onboarding Recommendations 11
- Additional Resources 15
- Acknowledgements 18

Overview: Workforce Challenges in Massachusetts Nursing Facilities

Massachusetts skilled nursing facilities are currently facing a significant shortage of qualified caregivers who can provide high-quality care to older adults and individuals with disabilities. The COVID-19 pandemic further exacerbated the workforce challenges faced by the long-term care sector. Caregivers across the Commonwealth have risen to the challenge through their heroic service caring for the population most vulnerable to the virus, nursing facility residents.

Staffing shortages in Massachusetts nursing facilities were at a crisis point prior to the COVID-19 public health emergency due to a full employment economy and the inability to provide competitive wages which is linked to government funding. In a tight labor market, potential job seekers were able to find employment in other industries where the jobs may be less physically and emotionally taxing and can offer higher wages. Nursing facility wages have remained relatively stagnant due to inadequate government funding. Since 70% of nursing facility residents rely on MassHealth (the state's Medicaid program), to pay for their care, a facility's ability to invest in staff wages and resident care is directly tied to government funding.

To address the longstanding staffing shortages in skilled nursing facilities, we must continue to grow wages and develop an accessible pipeline for future CNAs to be trained and certified to fill the current shortage and meet future demand. Massachusetts Senior Care Association has worked with the Massachusetts Executive Office of Health and Human Services (EOHHS) and the Massachusetts Executive Office of Labor and Workforce Development (EOLWD) to actively develop and recruit for the newly created Resident Care Assistant (RCA) position. The RCA position was designed specifically to support existing nursing staff, assist with resident care and create an accessible pipeline to future employment as CNAs. Although recruiting RCAs to the senior care field would provide immediate staffing relief to nursing facilities during the COVID-19 pandemic, there must be an overall solution to address the workforce challenges facing nursing facilities. Key to the solution are investment in nursing facility staff wages, expanding career advancement opportunities and accessible CNA training, all which would lead to improved job satisfaction, retention and quality resident care for individuals living and working in the Commonwealth's nursing facilities.

Solutions to Nursing Facility Workforce Challenges

- Attract and retain RCAs and new workers to the senior care field
- State investments in nursing facility staff wages
- Expand career ladders and opportunities to upskill existing staff
- Make CNA training accessible and affordable

Better Outcomes for Nursing Facility Staff and Residents

- Improve job satisfaction and quality of jobs
- Provide a living wage for nursing facility staff
- Offer desirable career opportunities
- Create a more skilled and stable long-term care workforce
- Results in high-quality care for residents living in nursing facilities

Regulatory Guidance

Prior to the national public health emergency, both federal (CMS) and state (DPH) regulations allowed nursing facilities to hire a nurse aide as long as the individual completed a nurse aide training program within 90 days of commencing employment and demonstrated competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. A nurse aide cannot continue employment for more than four months unless the facility verifies that the individual has current certification as a nurse aide.

State Regulations (DPH)

[150 CMR 156.000 The Training of Nurse Aides in Long-Term Care Facilities](#)

Federal Regulations (CMS)

[42 CFR 483.35 Nursing Services](#)

Furthermore, during the public health emergency on March 31, 2020, through an 1135 waiver, CMS waived the section of its regulations that prohibits a nursing home from employing anyone as a nurse aide for longer than four months unless the aide has met the training and certification requirements in 42 CFR 483.35(d).

The Massachusetts Department of Public Health (DPH) notes that to the extent there is a state facility regulatory requirement that corresponds to the federal requirements waived by CMS, such state requirement is also waived to the same extent such requirement is waived by CMS.

On June 4th, the Department of Public Health released a memo on the [Training and Supervision of Nurse Aide and Feeding Assistant Staff](#). This memo removed the statutory and regulatory requirement that a nurse aide must complete the nurse aide training within 90 days of commencing employment during the public health emergency.

Regulatory Update (As of May 26, 2022)

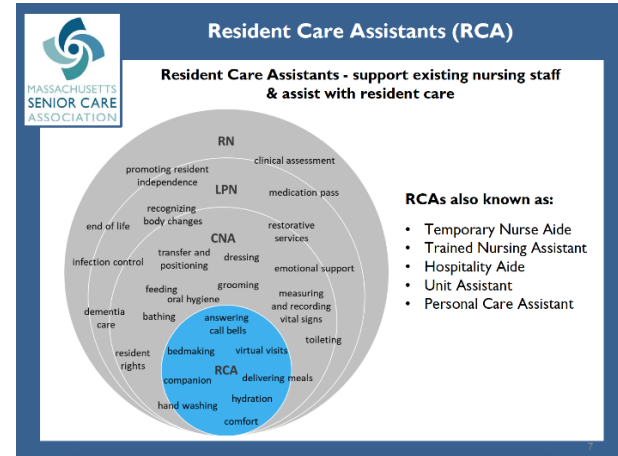
Nursing facilities can continue to hire RCAs and use the [Massachusetts Resident Care Assistant \(RCA\) 8-hour training course](#) after the end of the public health emergency, as long as RCAs hired after October 6, 2022 comply with both state and federal regulations and complete CNA training and certification within four months of employment.

The Resident Care Assistant (RCA) Role

Understanding the RCA Position

The RCA position was designed specifically to support existing nursing staff, assist with resident care and create an accessible pipeline to future employment as CNAs. It is important that clinical and administrative staff understand how the RCA position can fit into the caregiving team.

The chart below indicates areas of overlap and differentiation between traditional Homemaker/Hospitality Aide and CNA roles, and outlines how the RCA can contribute to the delivery of high-quality care while complementing the work of CNAs and other nursing positions after training and skills competency is completed.



Clear communication about the opportunities and limitations inherent in this position is critical to its adoption internally by administrative and clinical leaders. Please find additional [sample Resident Care Assistant job descriptions](#) in the Resources Section of this document. This is available for nursing facilities to adapt to their work environment.

	Hospitality Aide	Resident Care Assistant	CNA
INDIRECT CARE			
Respond to calls	x	x	x
Place belongings within reach	x	x	x
Serve meals and collect trays	x	x	x
Monitor residents in common areas	x	x	x
Assist with resident engagement activities	x	x	x
Housekeeping tasks	x	x	x
DIRECT CARE			
Assist with feeding		x	x
Perform incontinent care		x	x
Make bed		x	x
Bathing		x	x
Dressing and personal hygiene		x	x
Assist with 2-staff transfer (except mechanical)		x	x
Get weights		x	x
Perform restorative and rehabilitative procedures			x
Measure and record vital signs			x
Move, position and transport			x
Utilize lift systems			x

Building Consensus Inside Your Organization

Framing the RCA Role to Leadership

The newly created RCA position offers members an innovative approach to address current staffing shortages and build an accessible pipeline to future frontline positions. Based on interviews with Mass Senior Care members, below are examples of best practices on how to implement RCAs in your organization.

- **Build Consensus:**
 - Schedule conversations with a variety of internal stakeholders to propose the RCA position including: Executive Directors, Unit Managers, DONs, Staff Development Coordinators (SDCs), HR leaders, CNAs, etc.
 - Explain how the RCA position will help meet the immediate staffing shortage by providing support to existing CNA and nursing staff
 - Discuss severe shortage of CNAs in the state of MA, and how the RCA position has the potential to alleviate recruiting barriers and create pipeline of future CNAs
- **Emphasize Co-Creation:**
 - Co-create a job description for RCAs with internal stakeholders to provide clarity about how the new hires can contribute meaningfully to care delivery and alleviate tasks for CNAs
 - Co-create an interview checklist for the RCA position with internal stakeholders
- **Anticipate objections:**
 - Many nursing facilities already have a hospitality aide role and may have concerns about adding a new layer of care or payroll line-item during a pandemic. Reinforce that this new hire can offer indirect and some direct care after skills competency training.
- **Ask for help reinforcing the message to staff:**
 - Ask facility Executive Directors and other leadership to reinforce the imperative of finding and hiring more CNAs and how the RCA position can support this goal.

Framing the Role to Clinical Teams

Just as the newly created RCA position presents an innovative approach to addressing short and long-term staffing needs to facility leaders, it provides a powerful opportunity to address workforce burnout and scheduling concerns facing clinical teams. Clinical leaders may have several concerns:

- **Potential Clinical Leader Concerns:**
 - Clinical leaders may feel too busy to take on the training of a new position on the floor
 - SDCs, DONs and ADONs may feel that the RCA role adds an unnecessary and unproven layer in the midst of a healthcare crisis
 - Clinical leaders may ask: “*What are RCAs going to be able to do for us?*”
 - Organizational change is hard and often met with resistance
- **Potential CNA Concerns:**
 - Their own job security in the face of evolving staffing strategies
 - Additional workload involved in training new hires
 - Perception of quality of care provided to their residents by non-certified workers

How can you be ready to address these issues?

- **CLARIFY** exactly what RCAs can/cannot do and make sure that your clinical leaders and staff help you to identify best case utilization of the new hires so that you get support from CNAs and other clinical staff
- **COMMUNICATE** often about how this new role can address CNA shortages and ultimately help the current CNA workforce by supporting their resident care load

- **REINFORCE** how this new role contributes to the CNA pipeline/workforce shortage issue and make sure that schedulers and other nursing staff have visibility into long-term goals and staffing considerations
- **PROVIDE WAGE INCENTIVES** for CNAs to be mentors during RCAs onboarding process
- **RECOGNIZE** CNA mentors through newsletter announcements and acknowledgement to staff

Defining the Role: What Exactly will RCAs do?

A [sample RCA job description](#) is provided in the *Resource Section* below. Each organization will determine how best to define the role of the RCA within federal and state guidelines. Essential to adoption of this position by facility and clinical leaders is clear communication about the opportunities and limitations inherent in this position.

Best Practice:

- Clarity protects RCAs from the possibility that clinical care teams will inadvertently assign them tasks for which they are not trained or prepared to handle. It also reinforces the benefits inherent in the certification process and respect associated with certified care delivery work.

Building the Business Case

In an ideal world, nursing facilities would be able to fill all CNA vacancies with certified applicants. While the COVID-19 pandemic exacerbated the current workforce shortages, the long-term care sector has experienced an insufficient number of qualified applicants for years. Requiring applicants to spend up to \$1,000 to complete CNA training for a position that might not be of long-term interest has been a significant barrier to entry. The RCA position offers a solution that is a win-win for both nursing facilities and potential CNAs.

Because RCAs can help to supplement the work of CNAs, facilities will be able to staff shifts immediately with RCAs which could reduce staffing agency use, temporary nursing agency expenses and overtime costs. Even when factoring in a reasonable hourly bonus for CNA mentors and the cost of onboarding RCAs, the savings is significant. Based on calculations, the annual wage savings can range from \$15,000-\$26,000 for each RCA hired. Once the RCA completes their certification and becomes a CNA, the savings would continue.

Current CNA turnover is approximately 30% per year and costs nursing facilities up to \$5,000 per CNA. By investing in RCAs who understand the CNA position first-hand, facilities could reasonably expect this turnover rate to decrease, which would create multi-year financial benefits. The RCA position is ideal to create an accessible pipeline to future CNAs.

Recruiting RCAs

During the COVID-19 public health emergency, non-essential businesses have either closed or reduced their hours of operation, while workers in other sectors including restaurant, hospitality and service industries have either temporarily or permanently lost their jobs. Additionally, a large pool of health care workers has been furloughed, joining the growing population of those individuals looking for both temporary and long-term work.

Mass Senior Care, in collaboration with the MIT-based COVID-19 Policy Alliance, participated in focus groups with potential job applicants. In these focus groups, we learned that the primary concerns potential workers have about joining the senior care workforce are:

- Inadequate wages
- Worker safety during the pandemic

We therefore urge nursing facilities to review and adjust their wage scales to attract Resident Care Assistants and pay a competitive wage. In recruitment efforts with potential RCA candidates, it is important to highlight

the career growth opportunities available to become CNAs or other rewarding careers in senior care. Lastly, reassure potential job applicants that resident and staff safety is a top priority and that the organization can provide them with the Personal Protective Equipment (PPE) they need to feel safe.

Consider these messaging tips when communicating with Resident Care Assistant candidates:

- Promote a competitive wage, benefits, and career advancement opportunities for a rewarding career in senior care
- Share opportunities for growth, including career ladder programs and CNA training
- Focus on staff safety and health as top priorities, underscoring infection control protocols and PPE availability
- Communicate how they can help others and make a difference in the lives of residents residing in skilled nursing facilities
- Rather than using canned job descriptions, portray “a day in the life of an RCA” for job applicants
- Be flexible with scheduling and shift swapping for part-time employees – many people are juggling childcare and other family obligations
- Be empathetic to their situation if they have lost a job or been furloughed

Hiring Considerations

For nursing facilities considering how RCAs can meaningfully contribute to workforce needs and the delivery of high-quality care, best practices for RCA candidate recruitment are outlined below.

Qualifications

A high school education is preferred but not required for this position, as is the ability to read, write, and communicate effectively in English.

Consider that this role might be a good fit and provide career growth opportunities for existing housekeeping or other staff who may see the RCA role as a new career path opportunity.

Recruiting

From 2020 to May 2022, more than 1,000 RCAs have been trained and hired in nursing facilities across the Commonwealth. Critical to ensuring a stable and qualified workforce, members are encouraged to provide training opportunities and develop pathways for RCAs to achieve certification to become CNAs.

Recruiting for the RCA position poses a different challenge than recruiting for certified and licensed direct care positions. In order to reach a wide range of possible candidates with backgrounds in health and personal care related positions, as well as candidates with customer service backgrounds, it is best to post jobs on online recruiting platforms which offer the most efficient method of sourcing candidates for entry level positions. Internal search and matching features help drive candidates to the postings which best suit their skills and requirements.

Physical Requirements

This position demands good mental and physical health, including the ability to lift more than 25 pounds, move continuously during work hours, and carry, walk, sit, push, pull.

Case Study:

The MIT-based COVID-19 Policy Alliance and Mass Senior Care worked closely with Monster.com to establish the **Home to Help** initiative to recruit for the newly created RCA position and other frontline nursing positions from April through July 2020.

- The Home to Help initiative attracted over 1,500 applications for the RCA position.
- The applications came from approximately 700 unique RCA candidates.
- To further assist members, Mass Senior Care and the COVID-19 Policy Alliance screened RCA candidates based on geography and skills, and forwarded approximately 120 pre-screened candidates to nursing facilities.

In addition, the role requires that applicants and new hires agree to a flexible schedule that may include nights and weekends.

RCAs may be required to perform tasks which involve exposure to visible blood contamination or reasonably anticipated blood contamination. The RCA must be capable of following required procedures for handling, cleaning, disposing, or moving of infectious bodily secretions or materials in accordance with the OSHA and CDC standards.

Sample Interview Questions

- What do you know about [Name of Nursing Facility]?
- What do you already know about the role of the Resident Care Assistant?
- What interested you about this position?
- Describe an event or experience in your life that has led to your interest in a career in healthcare and working with older adults specifically.
- Tell me about your past work experience. Do you have prior health care experience or experience working with elderly and/or disabled individuals?
- We are following CDC, state and federal guidelines and provide PPE to staff, including gowns, gloves, masks, and face shields. Are you comfortable working in a COVID-19 environment?
- What is it that you are looking for at this point in your career and why are you currently looking to change jobs?
- Give me an example of a time that you felt you went above and beyond the call of duty at work.
- Why do you feel you are an appropriate candidate for this position?

Other Suggested Disclosures

- Review pay scale with applicant.
- Inform the applicant that the position is subject to pre-placement checks, including CORI/SORI, physical, etc.
- Review of all skills competency requirements and timelines for completion.

RCA Onboarding Recommendations

Congratulations! You have recruited and hired RCA candidates for your facility and it is time to bring them onboard. Dozens of interviews with leadership teams in facilities across the state have reinforced the imperative of making new employees feel included from the outset and finding creative and inclusive ways to train them for readiness on the floor while at the same time assuring existing staff of their support value.

Step 1: Welcoming your New RCA Hires

➤ New Hire Preparation:

- Send each new employee a welcome letter and onboarding package that offers a comprehensive overview of employee policies, procedures, and corporate values.
- Prior to welcoming your new RCAs on-site, require that they complete the free [Massachusetts Resident Care Assistant \(RCA\) 8-hour training course](#).
- Be prepared to pay your new hires for their time when taking the training course. One of the existing barriers to successfully hiring CNAs is that they are asked to spend over \$1,000 to pursue certification prior to being guaranteed a job. The new RCA role removes that barrier by offering a non-certified position inside the nursing facility that enables potential hires the opportunity to “walk before they run” and gives employers a chance to welcome new candidate profiles into the staffing pipeline.

Step 2: Staff and Nursing Facility Preparation

➤ PPE Prep:

- Prepare PPE for new RCA hires and reinforce safety first messaging at every opportunity

- Education and training on how to properly don and doff PPE
- **Staff Prep:**
 - At least one week before new RCAs come onboard, prepare your existing staff by communicating consistently and clearly about the role of the RCA
 - Identify a go-to person for ongoing questions about the RCA workload and staffing expectations. This benefits the new RCA hires and the existing clinical staff by providing a clear resource for questions as they arise
 - Encourage your existing staff to welcome the new hires openly and enthusiastically
 - Provide consistent clarity about what the RCA can/cannot do on the floor
 - Assign a CNA mentor to each new RCA

Orientation Best Practices

- Clarify expectations and objectives
- Articulate compliance requirements regularly and consistently
- Develop and maintain a list of core competencies (handwashing, infection control, etc.) for RCAs and make sure your existing staff understands and embraces this document
- Introduce the CNA mentor to RCA hires during orientation so that they can begin to develop connections and opportunities for ongoing learning

Step 3: Skills Competency Training

Nursing facilities may develop their own skills competency checklist based on the tasks the RCA will perform on the job. The American Health Care Association (AHCA) has a [sample skills competency checklist](#) for members to download and review. Customization of this checklist is recommended based on your specific facility.

CMS DEFINITION §483.35 “Competency” is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

Many factors must be considered when determining whether or not facility staff have the specific competencies and skill sets necessary to care for residents’ needs, as identified through the facility assessment, resident-specific assessments, and their plan of care.

All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under state or federal regulations.

Demonstration of Competency - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff’s ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre- and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that are in the scope of practice an individual is licensed or certified to perform.

Skills competency training is the foundation of new RCA hire onboarding. Members who have implemented RCA skills competency training recommend the following best practices:

- **Recommendations for Pre-Orientation:**
 - All new RCA recruits should complete the free [Massachusetts Resident Care Assistant \(RCA\) 8-hour training course](#) prior to starting work.
- **Recommendations for Mentoring:**
 - Staff Development Coordinators (SDCs) or clinical leaders often manage onsite skills competency training.
 - CNA mentors are helpful to guide RCAs through on-the-job tasks and assist with time management. CNA mentors should be paid a higher wage for this role.
 - SDC or other responsible training leaders can check off each skill as it is learned and then share that information with the Nursing Director and other pertinent staff so he/she knows the new RCA hires have been trained successfully for each specific skill on the required list.
- **Recommendations for onsite competency training:**
 - SDC or responsible training leaders should ensure that RCAs are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.
 - Logistics and training timelines can be customized to organizational needs, RCAs should receive additional onsite resident care training and trainers should expect to spend several days with new hires reviewing all the skills competencies needed prior to commencing care delivery.
 - After skills competency has been established and documented, RCAs can move to the floor to begin care delivery. Best practice suggests that they spend approximately 2-4 weeks working in close consultation with a mentor, but an individual timeline will be determined by skill level at hiring.
 - Engage SDC, Infection Control Nurse, Director of Nurses, and CNA mentors in the training so that they can answer any clinical-related questions during the training process.
- **Recommendations for Documentation:**
 - Develop a written policy and protocols for documenting *Demonstrated Skills Competency* in accordance with facility best practices.
 - Identify a member of the nursing staff, for example a SDC, who will be responsible for managing the documentation associated with RCA Skills Competency.
 - Clarify for that person state and federal guidance regarding the hiring of RCAs and timelines for skills competency training.
- **Recommendations for Scheduling Considerations:**
 - Training of new hires can ideally happen in small groups, which will save time for HR and onboarding teams and create a collegial environment that contributes to job satisfaction and retention.
 - Create a new hire short-term schedule for the training period in order to provide continuity and consistency for the new hires as well as nursing facility staff involved in training.
- **Recommendations for Coaching Supervision and Retention:**
 - Organize bi-weekly formal check-ins and weekly informal check-ins with new RCA hires, CNAs, SDC to see what's working and what needs to be improved
 - What were the highs and lows of your past week?
 - What would have made your entry into this organization a better one?
 - Do you feel like you understand what is expected of you?
 - How is your relationship with your supervisor?
 - Do you need anything from us to be better at your job?

- New RCA hires should feel supported throughout the process to enhance the probability of pursuing CNA certification.
- Consider text messaging and virtual chat as communication tools to build engagement with new hires and reinforce learnings.

Step 4: Looking Ahead to CNA Training

Critical to ensuring a stable and qualified workforce, members are encouraged to provide training opportunities and develop pathways for RCAs to achieve certification to become CNAs.

~~To support long-term care providers and address workforce shortages during the COVID-19 public health emergency and beyond, Mass Senior Care has worked with the Executive Office of Health and Human Services to recruit the new Resident Care Assistant position.~~ As previously discussed in this toolkit, the goal of this undertaking has been two-fold:

- To deliver an innovative short-term solution to frontline staffing shortages during the COVID-19 crisis;
- To address long-term workforce shortages by breaking down entry barriers for individuals interested in careers in healthcare and creating a new role that builds on innovation in team-based care strategies.

Given that a primary consideration for RCAs is workforce development into CNAs, nursing facilities will want to consider various options for moving RCAs along the staffing pathway to CNA certification.

Mass Senior Care's CNA Training Guidebook offers additional information on the various approaches to training available to nursing facilities:

- Partnership-based with local training providers
- Facility-based, in-person and/or synchronous instruction
- Facility-based, incorporating the use of asynchronous online instruction

Additional Resources

Recruiting Resources:

- [Monster.com](#)
To assist members with staffing challenges during the COVID-19 public health emergency, Mass Senior Care Association and the MIT-Based COVID-19 Policy Alliance partnered with [Monster.com](#) from May to July 2020 to launch the *Home to Help Initiative* to connect job seekers to nursing facilities. To date, Monster's initiative yielded over 1,500 RCA applications from over 700 RCA candidates for Massachusetts nursing facilities. While the *Home to Help* initiative has ended, [Monster.com](#) remains a resourceful career site to recruit job candidates.

Regulatory Guidance:

State Regulations (DPH)

[150 CMR 156.000 The Training of Nurse Aides in Long-Term Care Facilities](#)

Federal Regulations (CMS)

[42 CFR 483.35 Nursing Services](#)

[MA Dept. of Public Health - Training and Supervision of Nurse Aide and Feeding Assistant Staff](#) (June 4, 2020)

On May 12, 2020, DPH issued an emergency order relative to certified nurse aide training. This order removed the statutory and regulatory requirement that a nurse aide must complete the nurse aide training within 90 days of commencing employment, provided that the long-term care facility ensures that the nurse aide is competent to provide nursing and nursing related services and demonstrates competency in skills and techniques necessary to care for residents' needs. This memorandum dated June 4, 2020 provides additional information about training and supervision requirements for nurse aides and feeding assistants: [DPH - Training and Supervision of Nurse Aide and Feeding Assistant Staff](#)

[Massachusetts Senior Care Association - Clarification on Training & Certification of Nurse Aides](#) (April 11, 2020)

On March 31, 2020, CMS provided a blanket waiver for Training and Certification of Nurse Aides. This action allows nursing facilities to hire staff to provide care as long as a nursing facility can "ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care." To do this, nursing facilities must have a process to assess the skills and demonstrated competency of the individual. This action allows nursing facilities to recruit more broadly and hire existing health care workers who may have been furloughed, as well as temporarily employ individuals who have completed alternative training paths that would ensure such individuals are competent to provide relevant nursing and nursing related services:

1135 Waiver to Federal Guidance: Training and Supervision of Temp Nurse Aide and Feeding Assistants

To assist in addressing potential staffing shortages, CMS has **waived** the section of its regulations that **prohibits** a nursing home from employing anyone as a nurse aide for longer than **four months** unless the aide has met the training and certification requirements at 42 CFR 483.35(d).

- Available options include, but are not limited to, **online introductory training**. These programs do not substitute for **in-person skills** and techniques **competency demonstration** but may be used in conjunction with a live skills assessment.

- Regardless of the type of training provided by a nursing home, and method used to ensure competency, nursing homes must ensure that all nurse aides receive appropriate **supervision at all times**.
- CMS has also modified the requirements at 42 CFR 483.60(h)(1)(i) and 42 CFR 483.160(a) regarding required training of **paid feeding assistants**. Specifically, CMS has reduced its minimum training time requirement from eight hours to **one hour**.

Additional information about the 1135 Waiver can be found [HERE](#).

Regulatory Update as of May 26, 2022

Nursing facilities can continue to hire RCAs and use the [Massachusetts Resident Care Assistant \(RCA\) 8-hour training course](#) after the end of the public health emergency, as long as RCAs hired after October 6, 2022 comply with both state and federal regulations and complete CNA training and certification within four months of employment.

Webinars:

Solution to Frontline Staffing Shortages: Resident Care Assistants (June 4, 2020)

On June 4, 2020, Mass Senior Care hosted a webinar, Solution to Frontline Staffing Shortages: Resident Care Assistants (RCAs). Nursing facilities were facing workforce shortages prior to the COVID-19 pandemic, and now more than ever members need innovative workforce solutions to provide additional staffing support in order to meet residents' needs. This webinar highlighted the newly recognized role of Resident Care Assistants (RCAs) which can support CNAs and nursing staff in skilled nursing facilities and create a training pipeline to critically needed CNAs. Please [click here](#) to view a recording of this webinar.

Meeting Staff Baseline Testing: How to Prepare for Workforce Disruptions (May 20, 2020)

Mass Senior Care hosted a webinar on Wednesday, May 20th from 12:00 – 1:00 p.m., Meeting Staff Baseline Testing: How to Prepare for Workforce Disruptions. Nursing facilities across the Commonwealth are preparing to meet the staff and resident baseline testing requirement by the May 25th deadline. This webinar will provide an overview of workforce resources available and what nursing facilities can do to meet their workforce demands during the COVID-19 pandemic and beyond. You will hear directly from Mass Senior Care providers on the strategies they implemented while meeting their baseline testing requirement. Please [click here](#) to view a recording of this webinar.

RCA Online Training Resources:

To establish the RCA role in member facilities, Mass Senior Care Association (MSCA) has worked with American Health Care Association, to update the 8-hour Temporary Nurse Aide training for RCAs. The [Massachusetts Resident Care Assistant \(RCA\) 8-hour training course](#) is now available free for MSCA members. This online training program provides initial instruction to new RCA recruits. After successfully completing the online training, RCAs receive additional onsite resident care training at the facility and undergo skills/competency assessment by the facility prior to beginning work.

Sample – Skills Competency Checklist:

- Download [Temporary Nurse Aide Skills Competency Checklist](#) (American Health Care Association AHCA/NCAL)

Sample RCA Job Description:

Please find sample RCA job descriptions that you can download for review inside your organization. A general position summary includes the following:

“The Resident Care Assistant (RCA) works under the direction and supervision of the healthcare team by providing direct and indirect resident care, such as cleaning, moving residents, assists with personal care and feeding, and doing clerical duties. This rewarding, entry-level opportunity offers support to long-term care residents and individuals with disabilities during this crisis and beyond. The RCA serves shoulder-to-shoulder with health care worker heroes and gains training and experience on the job. RCAs receive on-the-job experience that can lead to becoming Certified Nurse Aides (CNAs) or Home Health Aides (HHAs). Required safety competency training in infection control, universal precautions, and personal care services is provided free of charge to the RCA prior to hiring.”

- [RCA Sample Job Description](#)
- [RCA Position Summary](#) from the COVID-19 LTC Staffing Portal

Acknowledgements

Mass Senior Care is here to support and guide you. Please contact us at:

Massachusetts Senior Care Association
800 South Street, Suite 280
Waltham, MA 02453
Telephone: 617-558-0202

Tara Gregorio

President

Email: tgregorio@maseniorcare.org

Jennifer Chen

Director of Membership Relations & Engagement

Email: jchen@maseniorcare.org

Helen Magliozzi

Director of Regulatory Affairs

Email: hmagliozzi@maseniorcare.org

Special thanks to the following individuals and organizations for their guidance and support in the development of this toolkit:

- Jody Shue, Lead Author
- Ron Anglo, Chief Clinical Officer, Legacy Lifecare
- Adam Berman, President, Legacy Lifecare, MSCA Vice Chair
- Bill Bogdanovich, President & CEO, Broad Reach Health Care; MSCA Board Member & Foundation President
- Brigitte Carty, Staff Educator and Infection Preventionist, Broad Reach Health Care
- Maria Champa, Senior Director of Human Resources, Legacy Lifecare
- Jennifer Chen, Director of Membership Relations and Engagement, Mass Senior Care
- Nury Cronin, Administrator, Broad Reach Health Care
- Bethanne Groccia, Chief Human Resources Officer, Oriol Health Care
- Katherine C. Kellogg, David J. McGrath Jr (1959) Professor of Management and Innovation, Department Head, Work and Organization Studies, MIT Sloan School of Management
- Helen Magliozzi, Director of Regulatory Affairs, Mass Senior Care
- Lynn Oaks, Human Resources Manager, Oriol Health Care
- Heather Perry, Corporate Onboarding and Staff Development Director, Oriol Health Care
- Karen Petruccelli, Vice President of Clinical Quality, Legacy Lifecare
- Ashley Weber, Director of Nursing, Broad Reach Health Care
- Diahann Werme, Concierge/CNA Oriol Health Care
- Dana White, Founder, Lead Explorers
- MIT-based COVID-19 Policy Alliance Volunteers: Becky Allen, Jonathan Chu, Or Dan, Itzik Elyahou, Cecilia Fernandez, Noa Ghersin, Jennifer Liu, Shuqi Luo, Jenna Myers, Amulya Panyam, Shriya Shankar, Phyllis Spinale, and Betsy Vreeland