

**DEPARTMENT OF HEALTH  
HEALTH REGULATION AND LICENSING ADMINISTRATION**

BOARD OF NURSING  
AUTHORITY FOR GUIDANCE

JANUARY 6, 2021  
DATE OF POLICY

21-001  
POLICY NO.

**POLICY STATEMENT**

**USE OF HOME HEALTH AIDES AND  
CERTIFIED NURSING ASSISTANTS  
DURING THE COVID-19 HEALTH EMERGENCY**

In light of the current public health emergency, the Board of Nursing (Board) has adopted the following policy and offered this guidance related to the training, licensing, and use of home health aides (HHA) and certified nursing assistants (CNA) in the District. This policy shall be in effect during the COVID-19 public health emergency and expire 180 days from the date the public health emergency is lifted in accordance with the Mayor's order.

Due to the social distancing and limited interpersonal interaction measures necessary to mitigate the spread of COVID-19, several requirements related to the training and licensing of HHAs and CNAs became impossible to achieve. The public's need for health care service providers such as HHAs or CNAs has continued. In the face of clinical training and testing challenges, due to COVID-19 restrictions, the Board has resolved upon the changes discussed below to facilitate compliance and to ensure that the public interest is served and public health promoted.

**HHA Training Curriculum and Temporary Licensure**

Section 9305.1(a) of Title 17 of the District of Columbia Municipal Regulations (DCMR) provides that an applicant for certification as an HHA must complete a Board-approved HHA or bridge to HHA training program. The Board-approved curriculum for HHA requires a total of 125 hours of training, 65 of which must be in classroom setting, 20 in a lab setting, and 40 in a clinical setting. Due to the COVID-19 restrictions, some training programs are struggling to provide enough clinical rotations for the students to accrue the required 40 hours. Accordingly, the Board has voted during its earlier meetings as well as most recently on January 6, 2021 to permit the substitution of as many of the required 40 clinical hours as justified by the challenges or difficulties existing in each training program by virtual simulation or clinical laboratory hours.

Additionally, the Board-approved curriculum also requires that applicant pass a skill-based examination at the conclusion of the training. However, COVID-19 restrictions likewise pose staggering obstacles to the conduct of the required examination.

Accordingly, the Board has resolved to permit and issue temporary licensure to HHA trainees who have completed the required training and passed the written exam but are awaiting the opportunity to take the skill-based examination. The temporary certification will be valid for 180 days from the date of issuance.

### **CNA Regulation and Employment in Home Settings**

CNAs have previously been regulated as “Certified Nurse Aides” under Chapter 32 of Title 29 of the DCMR (Chapter 32). Chapter 32 defined a nurse aide as “an individual, who as a result of training and demonstrated competencies, provides nursing or nursing related services to residents *in a nursing facility*. This definition does not include an individual who volunteers to provide such services without pay, but does include individuals who are hired by residents and their families to provide care to residents in a nursing facility and includes nurse aides supplied by an agency as well as those actually employed by the facility.” (Emphasis added.) Accordingly, the regulation of CNA under Chapter 32 indicates a restriction in the workplace location for CNAs such that they may not be employed in a home setting.

However, on August 23, 2019, Chapter 96 (Certified Nursing Assistants) of Title 17 of the DCMR (Chapter 96) became effective. The definition of a Certified Nursing Assistant under this chapter is “nursing assistive personnel who are certified to assist with the delivery of direct nursing care to patients, and work under the supervision of a nurse or other health professional.” According to this definition, as well as the relevant provisions in this chapter, CNAs are not restricted to working only in a nursing facility – as was the case under Chapter 32.

With the promulgation of Chapter 96, the regulation of certified nurse aides has been subsumed under that chapter rather than Chapter 32.

Accordingly, when the COVID-19 public health emergency necessitated the modification of licensure requirements and certain practice restrictions to ensure adequate health care services and protection for District residents, it came to the Board’s attention that the restriction on the work location of CNAs, which is based on the historical regulation under Chapter 32, presents a similar health care concerns for District residents and health service agencies. Since Chapter 96 contains no work site restrictions for CNAs, the Board has the authority to interpret the regulation and provide the current guidance – namely, that CNAs may be sent to provide authorized nursing services in a home setting during the current COVID-19 public health emergency.

This interpretation and guidance is, however, based on the current provisions of Chapter 96. It is the Board’s professional opinion that, while justified by the current public health emergency, the policy of permitting CNAs to work in a home setting should not be left as a permanent practice. To ensure regulatory clarity, the Director of the Department of Health is considering the issuance of an emergency and proposed rulemaking on Chapter 96 to provide further legal support for the adoption of this interpretive guidance.

All inquiries pertaining to the practice of home health aides and certified nursing assistants may be directed to the Board's Executive Director, Ms. Tonoah Hampton, at 202-724-8818 or [tonoah.hampton@dc.gov](mailto:tonoah.hampton@dc.gov).