

NAC Competency Evaluation Guide



Purpose

This competency evaluation is designed to validate the knowledge, skills, and expertise of nurse assessment coordinators (NACs) in the accurate completion of the Minimum Data Set (MDS) 3.0, using guidance from the *Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual (RAI User's Manual)*. The goal is to ensure compliance with federal regulations, support quality resident care, and identify training needs. The results of this evaluation will also inform individualized professional development plans and training strategies.

Objectives:

- **New Hire Evaluation:** Facility leadership may require new NAC hires to complete the competency evaluation. The results of this evaluation will be the property of the NAC completing the evaluation, but leadership may request that it be shared with the hiring team. The results can validate the NAC's competency while providing a clear plan of training and resources for professional development.
- **Annual Competency Checks:** Facility leadership may require current NACs to complete the evaluation as part of their annual competency check. The results of this evaluation will be the property of the NAC completing the evaluation, but leadership may request the results be included or incorporated into the NAC's facility evaluation.
- **Self-Evaluation:** NACs may choose to self-evaluate their competency to identify potential areas for professional development. NACs may also share their competency on their resume to validate their expertise in MDS coding.

Evaluation Structure

The competency exam is divided into **three levels**, allowing a progressive assessment of knowledge and skill. The NAC must pass each level with at least 80% correct responses to proceed to the next level. Each exam is timed and must be completed in one sitting. The NAC may take a break between each level that contains 20 exam questions. The competency exam can only be attempted once in a 30-day period, after which the competency evaluation can be repurchased. Following the successful completion of each level, NACs can print a certificate of completion from their AAPACN Learner Dashboard.

The NAC and leadership can use this guide to understand what each competency level indicates. They can identify professional development opportunities to achieve the next level of competency or expand knowledge beyond MDS coding.

Please note: The NAC Competency Evaluation is limited to knowledge of the coding of the MDS 3.0, understanding Care Area Assessments (CAAs) and care planning, and scheduling Omnibus Budget Reconciliation Act of 1987 (OBRA) and Prospective Payment System (PPS) assessments.

Table of Contents

Pre-Evaluation Resources: What to Expect During the NAC Competency Evaluation.....	3
Evaluation of Outcome Levels	4
Level 0: NAC in Development	5
Level 1: Competency in the Foundation of MDS Coding	6
Level 2: Competency in the Application of MDS Coding Rules and Scheduling	8
Level 3: Expert Competency in Complex Coding and Scheduling	10
Additional Resources.....	12
Learning Timeline for AAPACN Education and Resources (NAC).....	13
NAC Job Description	14
Interview Template.....	17

Pre-Evaluation Resources: What to Expect During the NAC Competency Evaluation

- ✓ This evaluation consists of three timed exams.
 - Each part must be completed in one sitting.
 - The learner has 20 minutes to complete the first exam, 25 minutes to complete the second exam, and 40 minutes to complete the third exam.
 - If not finished within the set time limit, unanswered questions are considered incorrect.
 - The clock will stop between each part.
 - Each part requires a score of at least 80% or higher to proceed to the next exam.
- ✓ This competency evaluation is based on the NAC's ability to answer the questions without consulting with other individuals.
 - This exam is open book and open resources, but keep in mind the previously listed times allotted for each exam.
- ✓ This competency evaluation encompasses MDS 3.0 coding and the *RAI User's Manual* instructions.
 - It does not cover knowledge of Medicare requirements, Quality Measures, or other topics outside the scope of the *RAI User's Manual*.
- ✓ Each learner has only one attempt on this competency evaluation.
 - Retakes are not allowed within 30 days.
 - After 30 days, the NAC Competency Evaluation can be repurchased and all exams can be retaken.

Please contact the AAPACN Member Experience Team (800.768.1880 or MemberExperience@AAPACN.org) for questions or further assistance.

Evaluation of Outcome Levels

- [Level 0: NAC in Development](#)
- [Level 1: Competency in the Foundation of MDS Coding](#)
- [Level 2: Competency in the Application of MDS Coding Rules and Scheduling](#)
- [Level 3: Expert Competency in Complex Coding and Scheduling](#)



Level 0: NAC in Development

(Level 1 competency certificate not yet achieved)

Thank you for taking the time to complete the NAC Competency Evaluation.

Your willingness to participate reflects a strong commitment to your professional growth and dedication to providing high-quality care. Although you have not yet met the criteria for the Level 1 competency certificate, your results offer valuable insight into your current strengths and areas where further learning will help you grow. Use it as a roadmap for targeted development, and know that with focused training and support, you are well on your way to achieving competency and advancing your expertise in the MDS process.

Professional Development Opportunities and Resources:

- MDS Coding Development
 - Suggested Education
 - [MDS Essentials](#)
 - Self-Evaluation: [AAPACN Education Guide: Where Should I Start?](#)
 - Suggested Tools
 - [10-Week Nurse Assessment Coordinator Orientation Guide Tool](#)
 - [MDS Data Collection for the NAC Tool](#)
 - [SAMPLE Task List for the Nurse Assessment Coordinator \(NAC\)](#)

Next Steps in Education: Beyond MDS Coding

- Focused education on Care Area Assessments (CAAs) and care plans
 - [Comprehensive CAA Training for the Interdisciplinary Team \(IDT\)](#)
- Education on the Medicare process and requirements
 - [Medicare Basic Training](#)
- Education on Five-Star Quality Measures (QMs)
 - [Multidisciplinary Management of Five-Star QMs](#)

Level 1: Competency in the Foundation of MDS Coding

Congratulations on successfully achieving Level 1 on the NAC Competency Evaluation! Your performance suggests a solid understanding of foundational MDS coding principles and the ability to apply basic coding instructions accurately from the *RAI User's Manual*. This achievement reflects your attention to detail and commitment to accurate assessment practices, an essential part of ensuring quality resident care.

You have the opportunity for professional growth in the application of complex coding situations, the understanding of CAAs and care planning, and OBRA and PPS scheduling.

The following outlines your current core competencies and recommends education and resources for professional development.

Core Competencies:

- Recognizes how to accurately code items based on definitions and coding instructions in sections A to Z
- Identifies correct data sources (resident interview, observation, medical record review)
- Recalls interview protocols for scripted interviews and resident voice items

Level 1

Professional Development Opportunities and Resources:

MDS Coding Development

- Suggested Education
 - MDS Essentials: [Introduction to CAA Notes and Care Plans](#)
 - MDS Essentials: [Introduction to OBRA Scheduling](#)
 - MDS Essentials: [Introduction to PPS Scheduling and PDPM](#)
- Self-Evaluation: [AAPACN Education Guide: Where Should I Start?](#)
- Suggested Tools
 - [MDS Coding Criteria for Restorative Nursing Programs](#)
 - [MDS Daily Startup for the NAC Backup Tool](#)
 - [MDS Data Collection for the NAC Tool](#)
 - [OBRA Scheduling Tools](#)
 - [Patient Health Questionnaire Completion Determination](#)
 - [Section GG Data Collection Tool](#)
 - [Template for Care Area Assessment Summary Note](#)

Next Steps in Education: Expand and Prepare for Level 2 Competency

- Focused education on CAAs and care plans
 - [Comprehensive CAA Training for the IDT](#)
- Education on the Medicare process and requirements
 - [Medicare Basic Training](#)
- Education on Five-Star QMs
 - [Multidisciplinary Management of Five-Star QMs](#)

Level 2: Competency in the Application of MDS Coding Rules and Scheduling

Congratulations on successfully achieving Level 2 on the NAC Competency Evaluation! Your results suggest a strong proficiency in the application of *RAI User's Manual* instructions for both MDS coding and scheduling, including OBRA and PPS assessment types. You've demonstrated the ability to apply coding knowledge in real-world scenarios and to understand the CAA and care planning process. This level of competency is essential for supporting compliance, quality outcomes, and interdisciplinary collaboration. Your expertise is a valuable asset to your team and a solid foundation for advancing toward higher level leadership or mentoring roles in MDS coordination.

You have the opportunity for professional growth in the application and analysis of complex coding situations and OBRA and PPS scheduling. Your knowledge, skills, and understanding of the *RAI User's Manual* suggests that you may be ready to obtain your Resident Assessment Coordinator—Certified (RAC-CT®) certification.

The following outlines your current core competencies and recommended education and resources for professional development.

Core Competencies:

- Proficient in MDS 3.0 scheduling of OBRA and PPS assessment types
- Demonstrates understanding of CAAs, including triggering logic and documentation
- Identifies how to integrate MDS data into interdisciplinary care planning
- Recognizes how to apply coding in moderately complex clinical situations
- Recalls how to apply coding to accuracy audits or data quality checks

Level 2

Professional Development Opportunities and Resources:

- MDS Coding Development
 - Suggested Education
 - [ICD-10-CM Coding Certificate](#)
 - [RAC-CT Certification](#)
 - [Section GG Train-the-Trainer](#)
 - Self-Evaluation: [AAPACN Education Guide: Where Should I Start?](#)
 - Suggested Tools
 - [Documentation Template: Isolation for Active Infectious Disease](#)
 - [Respiratory Therapy MDS Coding Checklist](#)
 - [Section GG 3-Day Assessment Periods and Algorithm](#)
 - [Sepsis: Nurse Documentation Training Aid](#)
 - [Sections K and O Assessment Periods](#)
 - [Section GG Process Flow Chart Tool](#)
 - [Template for Care Area Assessment Summary Note](#)

Next Steps in Education: Expand and Prepare for Level 3 Competency

- Maintain RAC-CT certification (recertify every two years)
- Stay up to date on [RAI User's Manual](#) changes
- Education on the Medicare process and requirements
 - [Medicare Basic Training](#)
- Education on Five-Star QMs
 - [Multidisciplinary Management of Five-Star QMs](#)

Level 3: Expert Competency in Complex Coding and Scheduling

Congratulations on achieving Level 3, the highest level of competency on the NAC Competency Evaluation!

Your performance suggests advanced competency in applying and analyzing complex MDS coding scenarios and managing advanced OBRA and PPS scheduling requirements. You've shown a deep understanding of the RAI process and the ability to navigate nuanced clinical and regulatory situations with accuracy and confidence. Your advanced skills position you as a leader in MDS assessment, capable of mentoring others, supporting audit readiness, and contributing meaningfully to quality improvement initiatives. This accomplishment reflects your dedication to excellence in resident assessment and care planning.

You have the opportunity for professional growth in quality measurement, quality improvement, and management of Medicare. Your knowledge, skills, and understanding of the *RAI User's Manual* suggests that you may be ready to obtain your Resident Assessment Coordinator—Certified Advanced (RAC-CTA®) certification.

The following outlines your current core competencies and recommends education and resources for professional development.

Core Competencies:

- Shows expert-level knowledge of complex MDS coding, including section GG functional coding, special circumstances (e.g., dashes, exclusions), and resolving conflicting documentation
- Demonstrates understanding of complex OBRA and PPS scheduling situations (e.g., significant change, discharge-return, interrupted stays, interim payment assessments)
- Interprets clinical documentation to ensure accurate MDS coding that is defensible during audits and surveys

Level 3

Professional Development Opportunities and Resources:

MDS Coding Development

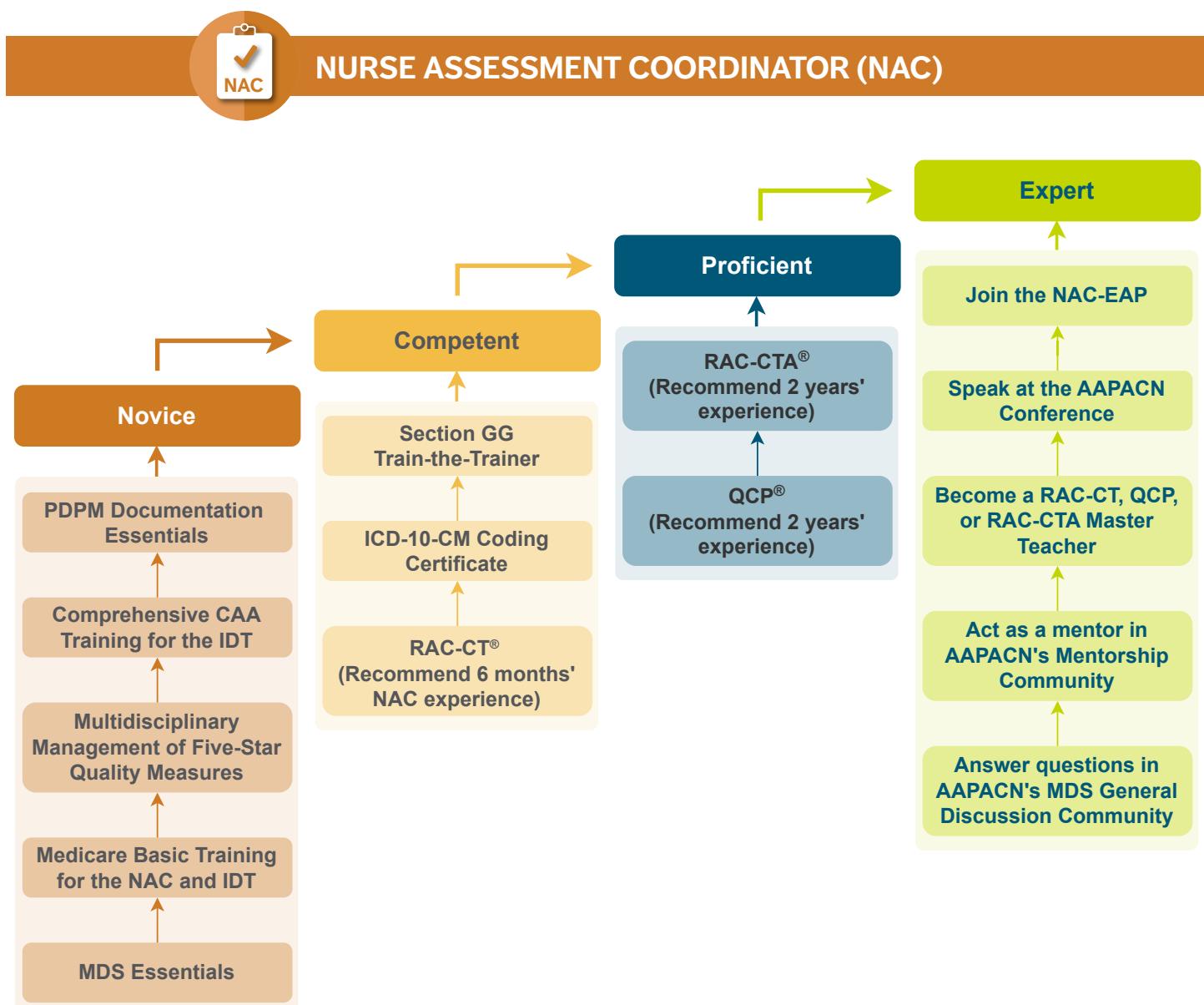
- Suggested Education
 - [ICD-10-CM Coding Certificate](#)
 - [RAC-CT](#)
 - [RAC-CTA](#)
- Suggested Tools
 - [Drug Regimen Review Quick Guide](#)
 - [IPA Algorithm Tool](#)
 - [Interim Payment Assessment Considerations Tool](#)
 - [Interrupted Stay Flow Chart](#)
 - [Patient Health Questionnaire Completion Determination](#)
 - [Provider ICD-10-CM Documentation Tip Sheet for Long-Term Care](#)
 - [Section M Pressure Ulcer/Injury: Algorithms for Present on Admission](#)

Next Steps in Education

- [QAPI Certified Professional \(QCP\) certification](#)
- Maintain both RAC-CT (recertify every two years) and RAC-CTA (recertify every two years)
 - Stay up to date on [RAI User's Manual](#) changes and changes to Medicare requirements
- [Targeted Probe and Educate Review](#)

Additional Resources

Learning Timeline for AAPACN Education and Resources



Other products that can be reviewed at any time:

- [GG Driver's Manual](#)
- [Guide to Successful Restorative Programs](#)
- [Interrupted Stay Policy FAQs and Resources](#)
- [Quality Measures Rescue Guide](#)
- [Quality Measures Survival Guide](#)



Nurse Assessment Coordinator Job Description

BACKGROUND AND FEDERAL REQUIREMENTS

The Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual describes the current federal requirements for assessments in the long-term care setting (p. 2-1):

The statutory authority for the RAI is found in Section 1819(f)(6)(A-B) for Medicare, and 1919 (f)(6)(A-B) for Medicaid, of the Social Security Act (SSA), as amended by the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987)...

The OBRA regulations require nursing homes that are Medicare certified, Medicaid certified or both, to conduct initial and periodic assessments for all their residents. The Resident Assessment Instrument (RAI) process is the basis for the accurate assessment of each resident. The MDS 3.0 is part of that assessment process and is required by CMS...

MDS assessments are also required for Medicare payment (Skilled Nursing Facility (SNF) PPS) purposes under Medicare Part A... or for the SNF Quality Reporting Program (QRP) required under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).

The complexity of these requirements is paramount to the success of the financial operations in our facilities and the care of our residents. The nurse assessment coordinator (NAC) is largely responsible for ensuring compliance with these federal requirements.

JOB SUMMARY

As defined in Appendix A of the *RAI User's Manual*, the nurse assessment coordinator (NAC) is “an individual licensed as a registered nurse by the State Board of Nursing and employed by a nursing facility, and is responsible for coordinating and certifying completion of the resident assessment instrument.”

The NAC is ultimately responsible for the oversight and coordination of the federally mandated resident assessment instrument (RAI) process, which includes the MDS assessment, care area assessment, and care plan development or revisions.

The NAC works with the interdisciplinary team (nursing, therapy, dietary, social services, activities, etc.) to complete MDS assessments, analyze care areas, and develop and revise a comprehensive care plan and ensure that compliance is maintained with state and federal guidelines. The NAC is responsible for attesting to the completion of the Minimum Data Set (MDS), which is the key driver of the care plan, Quality Measures, and used for Medicare payment and many Medicaid reimbursement systems. The NAC serves as the expert resource for the Patient-Driven Payment Model (PDPM) and is responsible for complying with ethical and timeliness standards when setting ARDs, completing assessments, and upholding Medicare requirements.

Finally, the NAC assists with the coordination of care delivery by applying advanced nursing clinical skills, completing assessments, analyzing data, educating team members, and coordinating the exchange of resident information across the care settings.

ESSENTIAL FUNCTIONS

The essential functions listed below are typical **examples** of work performed by staff members in this job classification. This list is only partial and should not be interpreted as a comprehensive inventory of all duties, tasks, and responsibilities.

- Coordinate the RAI process, which includes, at a minimum, the following elements:
 - Minimum Data Set (MDS)
 - Care Area Assessment process
 - Care plan development
 - Care plan implementation
 - Evaluation
- Provide oversight of assessment completion and transmission to the national repository. Review final validation reports and correct or modify assessments in response to warnings or errors as needed
- Coordinate the completion of the comprehensive care plan according to regulatory requirements
- Maintain the OBRA and PPS assessment schedules
- Be highly involved in determining skilled level of care for Medicare residents and procuring required Medicare-specific documentation; be responsible for physician certification/recertification of a skilled level of care throughout the Medicare stay; be involved in making Medicare eligibility determinations
- Coordinate care with case managers for residents utilizing managed care, health maintenance organizations (HMOs), commercial insurance, and other alternate payment models
- Maintain compliance with state-specific regulations regarding the RAI process
- Provide insight and analysis of MDS-based Quality Measures
- Serve as a member of the quality assessment and assurance (QAA) and/or the quality assurance and performance improvement (QAPI) committees
- Work closely with hospital discharge planners and physicians to obtain accurate and complete documentation to support ICD-10-CM diagnosis coding and surgical procedures
- Audit and improve staff education/competency as needed to ensure accurate and timely completion of supporting documentation and MDS assessments
- Participate in discharge planning, training, caregiver training, and the provision of resources as needed
- Foster effective working relationships and build consensus
- Maintain confidentiality of sensitive information
- Plan, organize, prioritize, work independently, and meet deadlines
- Use judgment and make sound independent decisions
- Work effectively with individuals at all levels of the organization, as well as with residents, family members, visitors, government personnel, and the public
- Be knowledgeable of federal regulations, practice standards, and procedures, as well as guidelines pertaining to the RAI process

- Possess the ability to plan, organize, develop, implement, and interpret the programs, goals, objectives, policies and procedures, etc., that are necessary for ensuring the accurate and timely completion of the RAI documents
- Have the ability to learn computer systems, system applications, and related office equipment
- Review resident complaints and grievances associated with the RAI process and care delivery protocols; make written reports of action taken; discuss with the resident, representative, and family as appropriate

KNOWLEDGE, SKILLS, AND ABILITIES

These are the observable and measurable attributes and skills required to successfully perform the essential functions of the job; they are generally demonstrated through qualifying experience, education, or licensure/certification.

- Must be a registered nurse (RN)
 - Licensed practical nurses (LPNs) and licensed vocational nurses (LVNs) may be hired in secondary NAC positions with RN oversight
- MDS experience or certification is preferred
- At a minimum, must have knowledge of current state and federal regulations, particularly the following pertinent sections of Appendix PP:
 - § 483.20 Resident Assessments
 - § 483.21 Comprehensive Resident-Centered Care Plans
- Desired traits: integrity, attention to detail, accuracy, time-management skills, ability to meet deadlines, critical-thinking skills, written and verbal communication skills, care plan development skills, and problem-solving skills

OTHER DUTIES

Please note that this job description is not designed to cover all the required activities, duties, and responsibilities, and that these may change at any time, with or without notice.

Directions: Prior to the interview, select in the template the characteristics and talents necessary to be successful in the job. Not all jobs and teams will require the same characteristics and talents, so customize selections and add or subtract based on the specific needs of the role. During the interview, keenly observe the candidate's facial expressions and body language and use the template below to capture observations and impressions.

Candidate's Name: _____ Job candidate is applying for: _____

<p>We want friendly people to join our team! <i>Did the candidate appear friendly? Check if you see them smile.</i></p>		
Smiled At Me	Smiled At Staff	Smiled At Resident
		
<p>We want people who believe in our mission! <i>After sharing the facility's mission and vision, the candidate's responses indicate whether their beliefs and goals align with the mission and vision.</i></p>		
Interview Questions	Check Response	
What interests you most about this position and the facility's mission?	  	
How do you see yourself being part of the vision or the future of the facility?	  	
What do you find meaningful about the type of work that this job requires?	  	
What are your career goals? Where do you see yourself in one year? What about five years?	  	
<p>We want people with the talent and characteristics to succeed in the job! <i>The candidate's responses indicate whether they have the desired characteristics or talents.</i></p>		
Check the Desired Characteristics or Talents	Behavioral Interview Questions	Check Response
Compassionate	Tell me about a resident whom you've grown close to. How did they make you a better caregiver?	  
Reliable	Share a time when you had a situation that made it difficult for you to work. How did you manage the situation?	  
Honest	Share a mistake you made at work and how you handled it.	  
Resilient	Tell me about a time you were under a lot of stress and what you did to handle the pressure.	  
Problem-Solver	Tell me about a time that you were having difficulty helping a resident and what you did about it.	  
Team Player	Describe a conflict you had with a co-worker and how you handled it.	  
Leadership	Describe an experience that was very challenging and complex, but in which you were able to show leadership and make an improvement.	  

Check the Desired Characteristics or Talents		Behavioral Interview Questions	Check Response
	Detail-Oriented	Tell me about a task that required you to be precise. How did you approach it?	  
	Creative	Give me an example of a new idea or new approach you proposed to address overcoming a challenge at work.	  
	Humble	Describe a conflict that you didn't handle well. What would you do differently now?	  
	Nurturing	Tell me about a time you witnessed someone engaging in a behavior that was harmful to themselves or someone else. How did you respond?	  
	Goal-Oriented	What goal have you set for yourself that you're proud of achieving?	  
			  
			  
			  
			  

Overall impressions:

Interviewer: _____ **Date:** _____