Washington State Department of Social & Health Services
Transforming lives

Nursing Assistant Training and Testing Reimbursement

Office of Rates Management
Overnight Deliveries: Blake West, 4450 10th Ave. SE, Lacey WA 98503
Mailing: PO Box 45600, Olympia WA 98504-5600

Provider completes and submits forms quarterly. Reimbursement request must be received no later than 30 days after the end of the quarter.
Shaded area for DSHS use only.

A. Provider Information

1. PROVIDER NAME	2. MEDICAID REIMBURSEMENT %	3. PROVIDER ONE NUMBER	4. VENDOR NUMBER

4. CONTACT PERSON	5. CONTACT PERSON'S EMAIL ADDRESS	6. CONTACT TELEPHONE NUMBER

7. ADMINISTRATOR NAME	8. ADMINISTRATOR'S EMAIL ADDRESS

9. Reimbursement Period (three-month period ending): (•) 3/31 ( ) 6/30 ( ) 9/30 ( ) 12/31 Year:

B. Direct Care Costs	Requested Current Costs	Allowable Current Costs
1. Cost of staff conducting training		
a. Salaries	$ -	
a. Benefits	$ -	
a. Payroll taxes	$ -	
2. Online Training Module Cost (must be preapproved) Monthly Cost by quarter or per student cost.	$ -	
C. Operating Costs		
1. Books, materials and supplies provided to nursing assistants for training	$ -	
2. Fee paid to other institution for training / CPR	$ -	
3. Fee reimbursed to employees for prior testing and training	$ -	
4. Fee paid for testing nursing assistants	$ -	
D. Total Costs and Reimbursement Request	**Current Costs**	**Allowable Costs**
1. Total Direct Care Costs	$ -	
2. Total Operating Costs	$ -	
3. Total D.1. and D.2.	$ -	
4. Request for reimbursement of Medicaid share of costs: 0% (round to whole percentage) =	$ -	**Pay this amount**

E. Provider Authorization

I certify under penalty of perjury the items and totals listed are proper charges for materials and services furnished to the nursing assistants, and I have properly accounted for the proceeds received from individuals and other facilities. I have furnished the materials and services without discrimination on the grounds of race, creed, national origin, sex, or age.

	DATE

F. Department of Social and Health Service (DSHS) Authorization

DSHS AUTHORIZING SIGNATURE	DATE

NURSING HOME NAME:	PROVIDER ONE NUMBER:	VENDOR NUMBER:

Nursing Assistant Certification
Instructor Information

1. Name of instructor.
2. Is instructor employed by facility?
3. Number of hours spent in training (150 hours is the maximum hours reimbursed per class, per quarter. No matter how many instructors.)
4. Hourly wage
5. Benefits: Anything that is compensation for work done (i.e., insurance, vacation, etc.)
6. Payroll taxes. (Maximum allowed is 7.85%)
7. Class Identifier (A,B,C,etc), used to group instructors in a class. For in-house instructor led CPR and First Aid classes, assign them a separate Class ID and fill out line completely.
NOTE: Class ID *MUST* be entered for calculations to work properly and forms to auto-fill.
8. Class start date. **NOTE:** this only needs to be entered once for each class ID.
9. Class end date. **NOTE:** this only needs to be entered once for each class ID.
10. Less amount charged to other facilities or individuals for training.
11. Type of other instituion payments (CPR, First Aid, etc).
12. Quantity of the payments requested per student. (1 of each type per student who enrolled maximum)
13. Unit price (including any tax if applicable).

Supporting Documentation:

For **All Instructors:**
Payroll report or paystub identifying instructor, clearly showing name, SSN, and hourly wage.

For **Outside CPR & First Aid:**
Proof of payment, (e.g., copy of check, cash receipt).
Copy of invoice or statement.

1	2	3	4	5	6	7	8	9	10		Direct Care		Indirect Care	
Name of Instructor	Employed by Facility (Y/N)	Number of Hours Spent in Training	Wage per Hour	Benefits	Payroll Taxes	Class ID (A-F) (Required)	Class Start Date	Class End Date	Less Amount Charged to Others	Class Total Per ID	Salary	Payroll Tax	Salary	Payroll Tax
										A				
										B				
										C				
										D				
										E				
										F				
Total:		0.0		$ -	$ -				$ -		$ -	$ -	$ -	$ -

Outside CPR & First Aid				
11	12	13		
Type	Qty Requested	Unit Price	Qty Allowed	Total Allowed
Students Reimbursable:		0	Total:	$ -

NURSING HOME NAME: **PROVIDER ONE NUMBER:** **VENDOR NUMBER:**

Nursing Assistant Certification
Student Information

1. Name of student.
2. Name of program where student was training (i.e., Nursing Facility, private vocational school, training center, college, etc.)
3. Class ID that corresponds with Class ID on Instructor Information Page. If an instructor was not used and no Class ID exists, use an X for the class ID. **NOTE:** This field must be entered for calculations to function properly.
4. Indicate if the student was training using the WHCA / IPCED Online Training Program (this hybrid learning format must be pre-approved through DOH). If a subscription is being used instead of individual payments, mark Y on the bottom of the form for subscription and fill in the rest of the bottom portion (see below).
5. Indicate if the student completed the class, please select from the following choices (Y/N).
   (Y) Completed the class. **(N)** Did not complete class or was disqualified.
6. Indicate if the student was hired, please select from the following choices (Y/N/O). Only students who were hired at this facility, another facility, or who declined employment are eligible for reimbursement.
   (Y) Hired at this facility. **(N)** Not hired at this or another facility. **(O)** Hired at another facility or declined employment.
7. Amount reimbursed to another facility, vocational school or college, etc.
8. Amount reimbursed to another institution for Online classes, per student. If using the subscription payment (see #5 above) then leave blank.
9. If student paid for and presented a receipt for training / testing, how much was reimbursed?
10. Amount paid for testing by your facility. If student was tested more than once, list each testing on a separate line with amount paid.

Supporting Documentation:

For **Amount Reimbursed to Other** and **Amount Paid for Testing:**
- **A-** Copy of invoice or statement with breakdown of class components and cost of each component. (e.g., workbooks, supplies, registration fees)
- **B-** Copy of payment method (e.g., check copy, credit card statement, cash receipt)

For **Amount Reimbursed Online per Student:**
- **A-** The nursing facility must provide proof of their approved curriculum change from the Department of Health in order to incorporate the online training module and receive reimbursement.
- **B-** The nursing facility must provide proof of purchase for the online training program; proof includes the invoice which notes that the student login credential or that the monthly subscription was purchased along with payment verification (this can be a check or the credit card statement showing the purchase was made).
- **C-** A copy of the certification that the students receive upon program completion must be submitted with the quarterly reimbursement packet.
- **D-** The facility requesting reimbursement must verify that the student has not completed the program at another facility as the first facility receives the reimbursement.

For **Amount Reimbursed to Student:**
- **A-** Copy of invoice or statement for class.
- **B-** Copy of payment method (e.g., check copy, credit card statement, student pay stub)
- **C-** If reimbursement is part of a reimbursement repayment plan, the facility must provide a copy of the repayment plan contract provided to the student and specify which payment this reimbursement is covering.

1	2	3	4	5	6	7	8	9	10	
Name of Student (Last, First)	**Program where Trained**	**Class ID (A-F) (Required)**	**Online Training? (Y/N)**	**Completed Class? (Y/N)**	**Hired? (Y/N/O)**	**Amount Reimbursed to Other**	**Amount Reimbursed Online per Student**	**Amount Reimbursed to Student**	**Amount Paid for Testing**	**Total Cost**

NURSING HOME NAME	PROVIDER ONE NUMBER	VENDOR NUMBER

Nursing Assistant Certification
Supplies Information

1. Enter the name of the item.
2. Choose an invoice (A-H), fill in the invoice portion below for each invoice.
3. Enter the quantity of the item on the invoice. **Note:** this is not necessarily the amount that you are requesting reimbursement for.
4. Enter the unit cost listed on the invoice.
5. Enter the quantity of items that you are requesting reimbursement for.
6. Enter the amount that was charged to another entity.

Supporting Documentation:
A- Copy of invoice or statement
B- Copy of payment method (e.g., check copy, credit card statement, cash receipt)

Important!
Fill out Invoice portion for each Invoice.

Invoice	Discount % on Invoice	Sales Tax	Shipping & Handling	Total Quantity on Invoice	Sales Tax Per Unit on Invoice	S&H per Unit on Invoice
A						
B						
C						
D						
E						
F						
G						
H						

1	2	3	4	5					6	
Item Name	Invoice (A-H)	Quantity on Invoice	Unit Cost on Invoice	Requested Quantity	Discounted Unit Cost	Total Unit Cost	Quantity Allowed	Total Cost	Less Amount Charged to Others	Total Allowable
									TOTALS	$ -

NURSING ASSISTANT CERTIFICATION (NAC) TRAINING AND TESTING HELP SHEET

NAC forms will not be accepted if:

- You are not using up-to-date NAC forms. The current forms are available at the Rates Management website: https://www.dshs.wa.gov/altsa/management-services-division/nursing-assistant-certified-reimbursement-forms You do
- not have a contact person listed with current phone, fax, and email information.
- NAC forms are not submitted by the due date for the quarter. Forms must be postmarked by the due date, which is always the last day of the month following the end of the quarter. ***No late packets will be accepted.*** You may turn in your packet early, however all packets are reviewed and processed for payment together after each due date.

Due dates are as follows:

⇨ **Quarter 1** (January 1st – March 31st):	**Due by July 31st (processed with 2nd quarter to accommodate the cost report review)**
⇨ **Quarter 2** (April 1st – June 30th):	**Due by July 31st**
⇨ **Quarter 3** (July 1st – September 30th):	**Due by October 31st**
⇨ **Quarter 4** (October 1st – December 31st):	**Due by January 31st the following year (example - the quarter ending December 31, 2020, would be due by January 31, 2021)**

General information

- The deadline for requesting NAC reimbursement is 30 days after the last date of the quarter. Forms must be postmarked and in the mail by the last day of the month following the end of the quarter. We will not accept or process packets postmarked after the due date for the expenses claimed. If expenses for a previous quarter are found in a current quarter's packet, they will be disallowed.
- Please submit one request packet per quarter with all costs pertaining to that quarter.
- If a class went over into the next quarter by a week or two, you must include it in the quarter in which it ended.
- Listing the facility's full-time instructors as Outside CPR & First Aid expenses is incorrect; this should be listed under Direct Care Costs in the instructor section.
- All students listed must have a social security number.
- If listing "Other" as a reason for not completing the class, you must explain the reason.
- Use the DSHS NAC Supplies Form. Please itemize all expenses and fill out the invoice section of the form for each invoice.
- If the forms are incomplete, an email will be sent to the facility requesting documents etc. If no response is received from the facility within a week, the request will not be processed for reimbursement. Please make sure your contact information is updated and correct; especially your email address, as this is our main form of contact for questions.
- You must write the name of the student(s) on the copy of the check submitted for proof of payment.
- When a student is trained at an outside facility, proof of payment for student testing and a detailed invoice, including cost breakdown, is required.
- Proof of payment and proof of purchase required for reimbursement.
- Proof of employment required for facility employed training instructors.

Common unallowable/restricted expenses

- For instructors, only 150 hours TOTAL for all teachers and helpers are allowed **per** class.
- For instructors, payroll taxes are limited to 7.85% of each person's total hourly pay for the class (.0785 if multiplying times pay). We will disallow any amount claimed over 7.85%
- Department of Health expenses (including **nursing license application fees**) are non-allowable expenses.
- Utility bills are non-allowable expenses.
- Graduation gifts, awards, and celebrations are non-allowable expenses.
- Supply expenses from your facility's stock supplies are non-allowable expenses.
- Train the trainer is a non-allowable expense through this program.
- Holiday and Overtime pay are non-allowable expenses through this program.
- Supplies are only allowable for the number of students taught that quarter. For example, if you buy 10 books but only had 6 students, you can only claim 6 books for that quarter. You may mark on the receipt/bill that you used 6 for that quarter and then use the same receipt/bill for a subsequent quarter to claim the remaining 4 books (as long as you had 4 or more students that subsequent quarter). You may do this until all items have been claimed.

Proof of Payment

Acceptable documents or data for proof of payment are:

- ⇨ Copy of a check
- ⇨ Credit card statements
- ⇨ Cash receipts

Proof of Purchase

Acceptable documents as proof of purchase are:

- ⇨ Billing invoices
- ⇨ Packing slips
- ⇨ Purchase orders
- ⇨ Receipts

Proof of Employment for Instructors

Acceptable documents as proof of employment for instructors are:

- ⇨ The facility's time sheet with the instructor's and facility's name on it showing both hours and wage rate.
- ⇨ Copy of the instructor's pay stub(s)

Documentation you do not need to submit

- Copies of NAC, DOH applications (NNAAP Examination)
- Certificates of class completion
- Class rosters
- Class schedules, synopsis, or itineraries
- Affidavits of employment

NAC FAQ'S

(Nursing Assistant Training Program Frequently Asked Questions)

Summary

Here are the questions answered in this document:

- Are nursing facilities required by law to reimburse their employees for NAC training and testing costs?
- How do facilities properly submit a NAC Reimbursement Packet since it contains confidential information?
- How can NAC students get reimbursed for their training and testing costs?
- How should a nursing facility go about obtaining reimbursement for student testing?
- Can we be reimbursed for supplies and moveable assets even if they cost over $750 (the threshold for a Fixed Asset)?
- Do nursing facilities have to pay employees in a lump sum all at once?
- If paying employees quarterly, what do nursing facilities need to submit to the State for reimbursement?
- What are common unallowable/restricted expenses?
- What supporting documentation is required to receive reimbursement?

Don't see your question listed? Contact Melissa Ayala, NAC Lead, at Melissa.Ayala@dshs.wa.gov or (360) 725-2416.

Questions and Answers

Q: **Are nursing facilities required by law to reimburse their employees for NAC training and testing costs?**

A: **Yes.** All nursing facilities with a Medicaid contract are required by Federal law to provide 100% reimbursement for NAC training and testing costs to their employees, provided they meet the requirements. As part of the Omnibus Budget Reconciliation Act (OBRA) of 1987, Medicare and Medicaid regulations' were amended to require the certification of nursing assistants employed by Medicare and Medicaid participating facilities. **The Code of Federal Regulations provides the following direction regarding the obligation and responsibilities for payment or reimbursement to Nurse Aides (NA) for Nursing Assistant Training and Competency Evaluation Program (NATCEP) training course work at 42 CFR §483.158(b)**

- FFP is available for State expenditures associated with nurse aide training and competency evaluation programs and competency evaluation programs only for:
  - Nurse aides employed by the facility.
  - Nurse aides who have an offer of employment from a facility.
  - Nurse aides who become employed by a facility not later than 12 months after completing a nurse aide training and competency evaluation program or competency evaluation program.
  - Nurse aides who receive an offer of employment from a facility not later than 12 months after completing a nurse aid training and competency evaluation program or competency evaluation program.

Nursing facilities are **not** allowed to enter into a contract with the student to continue employment with the facility providing the training.

Q: **How do facilities properly submit a NAC Reimbursement Request since it contains confidential information?**

A: Beginning January 31, 2022, NAC reimbursement requests MUST BE SENT VIA SECURED EMAIL OR IN AN EMAIL REPLY to a secured email originated by ***DSHSALTSANACReimbursement@dshs.wa.gov*** . If you do not have the ability to secure an email and did not receive a secure email to reply to, contact the email address above with the Subject: Secure Email Needed.

- All NAC reimbursement packet submissions to be sent via secured email OR in a secured reply to the email above.
- In your secured email or secured reply, change the **Subject: xx Quarter 202x NAC Submission**.

⇨ If you need a secured email to reply to but did not receive one, please send an email to ***DSHSALTSANACReimbursement@dshs.wa.gov*** with the **Subject: Secure Email Needed**.

Q: **How can NAC students get reimbursed for their training and testing costs?**

A: The Washington State NAC reimbursement program only reimburses nursing facilities. Students must contact the nursing facilities in their area to find out which offer reimbursement and how they make their payments. Some do a lump sum payment, but most pay quarterly over a year. All facilities with a Medicaid contract must offer reimbursement to NAC students, provided that the nursing facility is the first one the student works at within a year of completing their training and their training wasn't paid for with a scholarship or some other form of public funding. For a current list of facilities with a Medicaid contract, see the bottom of our webpage at the **link below** and look for the ***July 1 2022 - June 30 2023 Medicaid percentage used to calculate reimbursement*** Excel document.

https://www.dshs.wa.gov/altsa/management-services-division/nursing-assistant-certified-reimbursement-forms

Q: **How should a nursing facility go about obtaining reimbursement for student testing?**

A: There are two ways nursing facilities can obtain reimbursement for student for testing:

1. They can either pay for the student's test and then submit for reimbursement through the state.
2. They can have the student pay for the test and then reimburse the student for all costs upon certification and then request reimbursement from the state.

A nursing facility cannot request reimbursement through the state before they pay for testing. We only reimburse upon certification.

Q: **Can we be reimbursed for supplies and moveable assets even if they cost over $750 (the threshold for a Fixed Asset)?**

A: **Yes.** Supplies and moveable asset expenses over $750 per item will be paid through the NAC training program. **This is for classroom specific items only** and should correspond to average class sizes. For instance, if a facility generally only teaches 10 students, we would not allow 20 computers/tablets/etc to be reimbursed. We would not allow items such as a bed hoist, since that is equipment that is normally used in the nursing home and could be borrowed for the class.

Q: **Do nursing facilities have to pay employees in a lump sum all at once?**

A: **No.** They can pay in a lump sum, but they can also spread out the payments over a year as long as you pay at least quarterly. Also, if paying quarterly they wouldn't have to pay the remaining amount(s) if the employee left their employment before the year was up. Conversely, employees do not have to pay the facility back if they leave before the year is up.

Q: **If paying employees quarterly, what do nursing facilities need to submit to the State for reimbursement?**

A: Nursing facilities must submit documentation from the employee showing the total cost, with a complete breakdown of charges, when filling out the reimbursement request. The nursing facility must also provide a copy of the check or payroll statement showing how much they paid the student during the current quarter. In addition, the nursing facility must provide a copy of the repayment plan contract provided to the student and specify which payment the reimbursement is covering. **Non-reimbursable items** include, but are not limited to, drug tests, background checks, and licensing fees paid to the Department of Health. These are not eligible for reimbursement through the NAC program, and if they are included in the packet, they will be disallowed and removed.

Q: **What are common unallowable/restricted expenses:**

A: Common unallowable/restricted expenses are as follows, but not limited to:

- For instructors, only 150 hours TOTAL for all teachers and helpers are allowed per class.
- For instructors, payroll taxes are limited to 7.85% of each person's total hourly pay for the class (.0785 if multiplying times pay). We will disallow any amount claimed over 7.85%
- Department of Health expenses (including nursing license application fees) are non-allowable expenses.
- Utility bills are non-allowable expenses.

- Graduation gifts, awards, snacks, and celebrations are non-allowable expenses.
- Supply expenses from your facility's stock supplies are non-allowable expenses.
- Train the trainer is a non-allowable expense through this program.
- Holiday and Overtime pay are non-allowable expenses through this program.
- **Supplies are limited to the number of students taught for the quarter.** For example, if you buy 10 books but only had 6 students, you can only claim 6 books for that quarter. You may mark on the receipt/bill that you used 6 for that quarter and then use the same receipt/bill for a subsequent quarter to claim the remaining 4 books (if you have 4 or more students that subsequent quarter). You may do this until all items have been claimed.

Q: **What supporting documentation is required to receive reimbursement?**

A: **For *All* Instructors:**

- Payroll report or paystub identifying instructor, clearly showing name, SSN, and hourly wage.

For Outside CPR & First Aid:

- Proof of payment, (e.g., copy of check, cash receipt).
- Copy of invoice or statement.

For Amount Reimbursed to Other and Amount Paid for Testing:

- Copy of invoice or statement with breakdown of class components and cost of each component. (e.g., workbooks, supplies, registration fees).
- Copy of payment method (e.g., check copy, credit card statement, cash receipt).

For Amount Reimbursed Online per Student:

- The nursing facility must provide proof of their approved curriculum change from the Department of Health in order to incorporate the online training module and receive reimbursement.
- The nursing facility must provide proof of purchase for the online training program; proof includes the invoice which notes that the student login credential or that the monthly subscription was purchased along with payment verification (this can be a check or the credit card statement showing the purchase was made).
- A copy of the certification that the students receive upon program completion must be submitted with the quarterly reimbursement packet.
- The facility requesting reimbursement must verify that the student has not completed the program at another facility as the first facility receives the reimbursement.

For Amount Reimbursed to Student:

- Copy of invoice or statement for class.
- Copy of payment method (e.g., check copy, credit card statement, student pay stub).
- If reimbursement is part of a reimbursement repayment plan, the facility must provide a copy of the repayment plan contract provided to the student and specify which payment this reimbursement is covering.