*Reimbursement Instructions*

Use the forms found on our website <https://www.dshs.wa.gov/altsa/management-services-division/nursing-assistant-certified-reimbursement-forms> to request reimbursement for nursing assistant training and testing costs. Submit forms and supporting documents at the end of the quarter in which training and/or testing was completed.

**\*NOTICE FOR SUBMISSION OF CONFIDENTIAL INFORMATION\***

Beginning January 31, 2022, All CONFIDENTIAL information contained in a NAC reimbursement request **MUST BE SENT VIA SECURED EMAIL OR IN AN EMAIL REPLY** to a secured email originated by [DSHSALTSANACReimbursement@dshs.wa.gov](mailto: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 did not receive a secured email, please send an email to [DSHSALTSANACReimbursement@dshs.wa.gov](mailto:DSHSALTSANACReimbursement@dshs.wa.gov) with the **Subject**: Secure Email Needed.

**You have up to thirty (30) days from the end of the quarter to submit a reimbursement request.** It must be emailed by the last day of the month following the reimbursement quarter. No late reimbursement packets will be accepted unless there are extenuating circumstances and approval from the NAC Lead is obtained prior to submission.

**Due dates are as follows:  
1st Quarter: July 31st** (processed with 2nd quarter to accommodate the cost report review) **2nd Quarter: July 31st   
3rd Quarter: October 31st   
4th Quarter: January 31st the following year** (example - the quarter ending December 31, 2020, would be due by January 31, 2021)

A. PROVIDER INFORMATION

1. Enter the ***Provider name***. If a name change occurred within the last (2) years, enter that name, too.
2. Enter the ***Medicaid Reimbursement Percent***. *NOTE: The reimbursement percentage is calculated by taking the number of Medicaid patients days reported on your cost report Schedule N divided by the total patient days on the same schedule. The reimbursement percentage is updated July each year and posted on our* [*website*](https://www.dshs.wa.gov/altsa/management-services-division/nursing-assistant-certified-reimbursement-forms).
3. Enter your ***Provider One number***.
4. Enter your seven-digit Medicaid ***Vendor Number***.
5. Enter the name of the ***Contact Person*** for questions concerning this form.
6. Enter the ***Contact Person’s e-mail address***.
7. Enter the contact person’s ***Telephone Number***.
8. Enter the ***Administrator Name***.
9. Enter the ***Administrator’s Email Address***.
10. Check the appropriate box for the ***Reimbursement Period (three-month period ending)*** and enter the ***Year***.

B. DIRECT CARE COSTS

1. & 2. Follow instruction on the *Instructor Information Sheet (page 2)*. **Note that instructor payroll taxes are limited to 7.85% of total hourly pay for training,** regardless of the amount actually paid. Transfer totals to the *Reimbursement request form (page 1)*.

C. OPERATIONS COSTS

1. through 5. Follow instructions on the *Student (page 3), Supplies (page 4), and Instructor (bottom of page 2: Outside CPR & First Aid) information sheets*. **Note that CNA *licensing* fees paid to DOH are not allowable.** Transfer totals to the *Reimbursement request form*.

1. TOTAL COSTS AND REIMBURSEMENT REQUEST
   1. Enter total amount for Section B, items 1 (a-c) and 2.
   2. Enter the total amount for Section C, items 1 through 4.
   3. Section D items are automatically calculated.
   4. Your Medicaid percentage entered in Section A item 2 is automatically entered in Section D item 4 to calculate the amount of reimbursement for the quarter.
2. PROVIDER AUTHORIZATION

The Nursing Home Administrator must sign and date this form. Submit originals signed in **ink**.

F. SUBMITTING PACKET

Send the completed and signed reimbursement form, along with all support documentation, by the quarterly due date in .pdf format to the email address below. The submission email address is a secure email address.

[DSHSALTSANACReimbursement@dshs.wa.gov](mailto:DSHSALTSANACReimbursement@dshs.wa.gov) **Subject:** xx Quarter 202x NAC Submission

G. NAC FAQs

* 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.
* If listing “Other” as a reason for not completing the class, you must explain the reason.
* 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 will 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 the class.
* 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.

QUESTIONS?

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

Or contact the NAC Reimbursement Lead, Melissa Ayala, at:

E-mail: [Melissa.Ayala@dshs.wa.gov](mailto:Melissa.Ayala@dshs.wa.gov)

Telephone: 360-725-2416