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>

* 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** unless there are extenuating circumstances and approval is obtained from the NAC Lead**.** The current NAC Lead is Melissa Ayala and she can be reached at [Melissa.Ayala@dshs.wa.gov](mailto:Melissa.Ayala@dshs.wa.gov) or (360) 725-2416. 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:

**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)

# General information

* The deadline for requesting NAC reimbursement is 30 days after the last date of the quarter. Forms must be postmarked or emailed by the last day of the month following the end of the quarter. We will not accept or process packets postmarked or emailed after the due date for the expenses claimed, unless the NAC Lead has pre-approved the late submission.If expenses for a previous quarter are found in a current quarter’s packet, they will be disallowed.
* **Emailed packets can be sent to our secure email box at:** [DSHSALTSANACReimbursement@dshs.wa.gov](mailto:DSHSALTSANACReimbursement@dshs.wa.gov)
* 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 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 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.

# 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

Acceptabledocuments as proof of employment 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