



CHAPTER 514 NURSING FACILITY SERVICES

## Chapter 514 Nursing Facility Services

Appendix C

## Invoice for Reimbursement of Nurse Aide Training and Competency Evaluation

BMS Provider Manual Chapter 514 Nursing Facilities Services Appendix C Invoice for Reimbursement of Nurse Aide Training and Competency Evaluation Page 1 Effective 10/1/2024

**DISCLAIMER:** This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

## West Virginia Department of Human Services Bureau for Medical Services Invoice for Reimbursement Nurse Aide Training and Competency Evaluation

This form is to be submitted with all documentation listed below to the Bureau for Medical Services.

Purpose	Facility Information
() 1. Nurse Aide Training Cost	NPI Number:
() 2. Competency Evaluation Cost	Facility Name:
Nurse Aide Information:	Facility Phone Number:
Social Security Number	Nurse Aide Training Information:
Name:	Trainer Name:
Address:	Address:
	Location:
Cost of Training:	Training Date Start:
() Nurse Aide Training (Max \$400) \$	MM/DD/YY Training Date Finish: MM/DD/YY
() Competency Evaluation (Max \$100) \$	
Invoice Amount \$	Date Exam was passed: MM/DD/YY
Date of Hire	Training Plan Code Number:
Submitted by: (Signature)	Date: MM/DD/YY
(Oignature)	
(Title)	_
Bureau for M 350 Capitol S Charleston, V	nent of Human Services edical Services treet, Room 251 VV 25301-3707 Program Manager

## Needed Documentation for Reimbursement:

- Documentation of employment in the form of a letter from the Administrator of the hiring nursing facility stating the individual has been hired as a nurse aide, along with dates of hire
- Copy of the test results, showing a passing score for the individual
- Proof that the individual has been placed on the Nurse Aid Registry
- □ Proof the nursing facility paid for the training and/or testing

<u>PLEASE NOTE</u>: The above documentation must be attached to this invoice for each individual for reimbursement to be considered. Reimbursement in only available to a nursing facility once in a lifetime, per individual nurse aide.