

Chapter 514

Nursing Facilities Services

Appendix C

Invoice for Reimbursement of Nurse Aide Training and Competency Evaluation

**West Virginia Department of Health and Human Resources
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

() 1. Nurse Aide Training Cost

() 2. Competency Evaluation Cost

Nurse Aide Information:

Social Security Number _____

Name: _____

Address: _____

Cost of Training:

() Nurse Aide Training (Max \$400) \$ _____

() Competency Evaluation (Max \$100) \$ _____

Invoice Amount \$ _____
MM/DD/YY

Date of Hire _____

Facility I.D.

NPI Number: _____

Facility Name: _____

Facility Phone Number: _____

Nurse Aide Training Information:

Trainer Name: _____

Address: _____

Location: _____

Training Date Start: _____
MM/DD/YY

Training Date Finish: _____
MM/DD/YY

Date Exam was passed: _____

Training Plan Code Number: _____

Submitted by: _____
(Signature)

(Title)

Date: _____
MM/DD/YY

Submit this form to: West Virginia Department of Health and Human Resources
 Bureau for Medical Services
 350 Capitol Street, Room 251
 Charleston, WV 25301-3707
 Attention: Terry McGee

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

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