

CHAPTER 514 NURSING FACILITY SERVICES

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Appendix C

Invoice for Reimbursement of Nurse Aide Training and Competency Evaluation

**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

- () 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 \$ _____

Date of Hire _____

Submitted by: _____
(Signature)

(Title)

Facility Information

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: _____
MM/DD/YY
Training Plan Code Number: _____

Date: _____
MM/DD/YY

Submit this form to:

West Virginia Department of Human Services
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3707
Attention: LTC 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

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.