



CHAPTER 514 NURSING FACILITIES SERVICES

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.

| <u>Purpose</u> | Facility I.D. |
|---|---|
| () 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: | |
| | Location: |
| Cost of Training: | Training Date Start:MM/DD/YY |
| () Nurse Aide Training (Max \$400) | \$ Training Date Finish: MM/DD/YY |
| () Competency Evaluation (Max \$100) | \$ |
| Invoice Amount MM/DD/YY | Date Exam was passed:\$ |
| | Training Plan Code Number: |
| Submitted by: | Date: |
| | MM/DD/YY |
| (Title) | |
| Submit this form to: West Virginia D Bureau for Med 350 Capitol Stre Charleston, WN Attention: Alan | eet, Room 251 / 25301-3707 |
| facility, stating the individual has Copy of the test results, showin | in the form of a letter from the Administrator of the hiring nursing is been hired as a nurse aide, along with dates of hire g a passing score for the individual en placed on the Nurse Aid Registry |

<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.

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