NURSE AIDE TRAINING AND TESTING REIMBURSEMENT

The Division of Medicaid uses the direct reimbursement method for nurse aide training and testing expenses incurred by nursing facilities.

A. SERVICES AND ITEMS COVERED FOR IN-HOUSE TRAINING

Reasonable cost of training and competency testing of nurse aides in order to meet the requirements necessary for the nurse aide to be certified in accordance with the Omnibus Budget Reconciliation Act of 1987 are to be billed directly to the Division of Medicaid. The nursing facility will be directly reimbursed by the Division of Medicaid for covered services and items as set forth in this manual. In order to receive Medicaid reimbursement, the training program used must have program approval from the Mississippi State Department of Health, Division of Health Facilities Licensure and Certification. The reimbursement policies for nurse aide training and testing set forth in this manual are based on the Code of Federal Regulations, Chapter 42, Part 483, Subpart D.

Services and supplies approved for payment will be subject to application of the nursing facility's percentage of Medicaid utilization. The Medicaid utilization percentages of every facility are redetermined annually and are applicable for one state fiscal year. The percentages are taken from the most recent cost report at the time of redetermination. Nursing facilities and training centers are notified in writing of their Medicaid utilization percent. In cases where no cost report data is available, eighty (80) percent will be applied to approved billings until such time that the correct Medicaid utilization percent can be determined. Nurse aide training centers' Medicaid utilization percentage will be redetermined annually and will be calculated based on the weighted average of Medicaid utilization percentages of associated facilities weighted by bed size.

The Division of Medicaid will reimburse the nursing facilities or related training centers for the minimum required services and supplies in accordance with provisions of this manual. Only costs actually incurred by the facility will be considered for reimbursement. No reimbursements will be made for estimated cost.

In-house training programs as used in this manual refer to the training area set up within a nursing facility or training center. In-house training programs include training areas set up by a nursing facility in a remote location due to space restrictions. A training center is an area set up for nurse aide training which serves more than one facility and is located in an area remote from any of the associated facilities.

The following services and supplies are covered for reimbursement to in-house training programs:

1. Salary Expense - Allowable salaries include those for the training instructor and coordinator. The salaries expense is allowable to the extent that the employee was actually involved in nurse aide training and preparation for class and nurse aide testing. Program coordinators and training instructors must be approved in advance by the Mississippi State Department of Health. All salary expenses billed for a facility's nurse aide training program must report the following information for each billing submitted:

    - Name of the person and their position that worked the hours billed,
    - The actual days being billed,
    - The corresponding number of hours worked each day billed (time must be in either quarter, half or whole hours),

- A detailed description of the duties and/or tasks performed to match the hours billed, and
- The hourly salary amount for the person billed.

Overtime will be reimbursed at the rate of cost to the facility for time actually spent on nurse aide training or testing. Salary for a secretary will be reimbursed for a training center only. Approved instruction time will be limited to the hours required for program approval by the Mississippi State Department of Health (seventy-five (75) hours effective April 1, 1992).

2. Fringe Benefits - The fringe benefits directly related to approved salaries for nurse aide training staff will be approved for reimbursement. Fringe benefits may be billed as a percent of salary or may be billed by listing the separate amounts. The fringe benefits included in the percent of salary must be noted on the billing.

   Allowable fringe benefits include:

   - FICA (7.65%),
   - health insurance premium paid by employer,
   - pension contributions,
   - unemployment tax, and
   - worker's compensation insurance premiums.

   Salaries and related fringe benefits for holiday, sick, and vacation days are not allowable for payment through direct reimbursement.

3. Training Manuals - Training manuals are an allowable expense for each nurse aide trained through the program.

4. Training Program System - The Division of Medicaid will reimburse each facility the cost of one Training program for each 120 certified beds. Included in the reimbursement is the cost of sales tax and shipping. The Division of Medicaid will also approve for direct reimbursement the maintenance contract paid for by the facility. Facilities that have previously been reimbursed for a training system will not be reimbursed for a new or replacement system. However, facilities that were reimbursed for a TV/VCR, may request to purchase replacements with justification and prior approval by the Division of Medicaid.

5. Instructor Training Classes - The Division of Medicaid will approve for payment facility costs incurred for the instructor training classes.

6. Travel Cost - (a) For the facilities that do not have an approved training program at the nursing facility (in-house), allowable travel costs include those for nurse aides to attend training and written and skills testing at an off-site location. (b) For the facilities with an approved training program, allowable travel costs include those for nurse aides to travel to another site for clinical skills evaluation. The limits for travel reimbursement will be at the same rate federal employees are reimbursed for the use of personal vehicles for federal business. Meal reimbursement is limited to the maximum allowable amount as mandated by the Department of Finance and Administration. The actual cost of overnight lodging will be reimbursed. Receipts must be submitted for overnight lodging costs but are not required for meal costs. Meal costs are reimbursed only for overnight stays. Meal costs are not reimbursed for day trips. Direct reimbursement will not be made for the use of the facility's vehicle(s) to transport nurse aides or nurses to the training program or testing site.

7. Mannequin - The base cost for reimbursement for a mannequin is limited to $900.00. This limitation amount does not include shipping and handling charges and enhancements such as removable mouthpieces and a bedsore dressing model. Shipping and handling charges and mannequin enhancements will be reimbursed in addition to the "base" cost of the mannequin.

8. Equipment and Supplies - This listing is based on a facility training ratio of 1:5 (i.e., one instructor for every five students). The items listed here are the minimum equipment and supplies that are required for the approval of a nurse aide training program. For consumable supply items (ex. shaving cream, toothpaste, mouth wash, etc.), a facility will be reimbursed for the initial supply of these items. However, a facility may request to purchase an additional supply of these items after seven (7) years.

Antiemboli Hose	1
Bath Basin	6
Bath Blanket	2
Bed (Standard, not electrical)	1
Bed Pan (standard)(FX)	4
Bed Rails set	1
Bed Spread	2
Blanket	2
Blood Pressure Cuff	3
Bottle of Lotion	6
Box of Alcohol wipes (or cotton balls & alcohol)	6
Box of Cotton Swabs (or cotton tip applicators)	2
Box of Disposable Diapers	2
Box of Gloves (medium & large)	1
Box of Lemon/Glycerin Swabs	6
Box of Polident	6
Box of Straws	1
Box of Tissues	6
Box of Tongue Blades	1
Box of Trash Bags	1
Brush and Comb Set	2
Call Light (Does not have to be working)	1
Cart or Table for IVD/TV/VCR	1
Case of Toothettees	1
Catheter (Regular) with anchoring straps	3
Catheter Bag	3
Commode Chair (portable bedside toilet)	1
Condom Catheter	3
Container of Powder/Cornstarch	6
Dental Brush	12
Dental Cup	12
Dental Floss	12
Denture Cream	12
Deodorant	2
Dietary Set-Up (Includes trays, covers, dishes, and silverware)	1
Douche Bag	2
Draw Sheet	2
Dual Stethoscope	3
Emesis Basin	12
Enema (fleet type)	2
Enema Bag	2
Feeding Bag	3
Feeding Syringe	1
Folding Table	1
Fracture Bed Pan	4
Gait Belt	3

Goose Neck Lamp		1
Hospital gown		2
Isolation gown/cap/mask		3
IV Pole		1
Laundry Hamper or Bag (for wet or soiled linens)		1
Lubricating Jelly		3
Mannequin (anatomically appropriate with interchangeable gender-specific parts)		1
Mattress		1
Mirror		1
Mouthwash		12
N/G Tube		3
Nail Care Equipment Set		3
Night Stand		1
Nurse Aide Manual for each Student		N/A
Oral Thermometer (Glass)		12
Overbed Table		1
Oxygen Mask/Canula/Humidifier		2
Pillow		4
Positioning Devices (wedges, roll pillows, etc)		3
Privacy Curtain or Screen		1
Razor		6
Rectal Thermometer (Glass)		12
Restraint - Chest (vest)	~~2~~	2
Restraint - Limb		2
Restraint - Mittens		2
Restraint - Waist (roll belt) (lap buddy)		2
Rubber Sheets sets		2
Scales - weighted (preferably non-digital stand-up, with height measuring device)		1
Set containing a Water Pitcher, Glasses, and Tray		2
Shaving Cream		6
Sheets set		2
Shelves for Supplies (Only if storage cabinet is not purchased)		1
Soap Dish with Soap (or skin cleaner)		2
Spec-pan/or Specimen Containers		12
Stacking Chair		6
Stethoscopes		3
Storage Cabinet for Supplies		1
Television (Only if Training Program System was not purchased)		1
Thermometer Covers/Sheaths		12
Toilet Tissue		12
Toothbrush		12
Toothpaste		12
Towel Set (Includes wash cloth)		6
Underpads		1 Dozen
Urinal		4
VCR (Only if Training Program System was not purchased)		1
Walker		1
Walking Cane		1
Water Thermometer		3
Wheelchair (with footrest & wheel brakes)		1

9. Rent for Training Center Space - A reasonable rent will be reimbursed for training center space and for training space used in an in-house training program located in an area remote from the facility due to facility space restrictions. Related party transactions will be reimbursed at an amount not to exceed the cost to the related party. Prior approval must be obtained from the Division of Medicaid, before any reimbursement will be considered. Any changes in a rent or lease agreement must be approved in advance.

10. Training Area Utilities - Utilities directly related to the training facility or the training space within a facility are allowable. Utilities represent water, phone, natural gas, electricity, janitorial services and pest control. Initial installation charges for utilities are also included in this category (deposits for utility services are excluded). All utility costs for direct reimbursement are limited to the extent that the facility or floor space is used for nurse aide competency training and testing.

11. Office Furniture - Office furniture costs are allowable only for a training center. Office furniture including a desk, desk chair, bookcase, and filing cabinet purchased to provide a work area for the nurse aide training coordinator, the instructor and the secretary is an allowable cost.

B. NON-COVERED SERVICES AND ITEMS FOR IN-HOUSE TRAINING

1. Office and Cleaning Supplies - Office and cleaning supplies that are used in a nurse aide training program should be included in the facility's cost report.

2. Utilities' Deposits and Late Payment Penalties

3. Office Equipment - Office equipment purchased for the use of the training facility is not allowable for direct reimbursement. This includes, but is not limited to, copy machines, typewriters, calculators, computers, and fax machines. The cost of these items should be included in the facility's cost report.

4. Enhancement Items - Items purchased to enhance the items required to set-up the training facility. This includes for example the items necessary to conduct the Red Cross training program for nurse aides which is not a minimum requirement for nurse aide training.

5. Miscellaneous Excess Services and Supplies - Aprons, pins, federal express shipping charges, and landscaping have been determined to exceed the minimum needs of a nurse aide training program and are not allowable for direct reimbursement.

6. Excess Costs as defined by Federal Regulations - This includes costs associated with training that exceed the minimum required standards for nurse aide training as stated in the federal regulations including CPR training and in-service training costs.

7. Repairs and Renovations to Space - Repairs and renovations that are made so that leased floor space may be made suitable as a training facility as well as repairs and renovations that are made to floor space within a nursing facility are not directly reimbursable and should be included in the facility's cost report.

8. Holiday, Sick and Vacation Pay - Salaries and related fringe benefits for holiday, sick, and vacation days are not allowable nurse aide training program costs.

9. Staff costs incurred for training at another facility's training site. The training facility where training is held must bill for incurred expenses.

10. Nurse Aides Salaries - Salaries incurred for nurse aides while they are attending either a training program or the competency test and the cost of replacement aides working while the nurse aides attend either a training program or the competency test are not allowable for direct reimbursement.

11. Travel to Train at Another Facility - The instructor salary and travel cost incurred for time spent traveling to train at another facility's training site is not an allowable cost. In cases where an instructor travels to a site other than her permanent employer to conduct training, the training program receiving her services must bill for the instructor's training time. Neither the permanent employer nor the training program receiving temporary services is allowed to receive reimbursement for the instructor's travel time and travel costs.

12. Instructor Travel Cost for Testing - Travel cost for a nurse aide instructor to attend students at an off-site testing site is not allowable.

13. Interviewing Costs - Costs incurred to interview prospective nurse aides are not allowed. This includes, but is not limited to, coordinator or instructor time to set up and conduct interviews.

14. Equipment Repairs, Service, and Maintenance - Costs incurred to repair, service and maintain equipment are not allowed for direct reimbursement. One exception exists for the maintenance agreement of the Training Program system.

C. TESTING FEES

Testing fees are allowable for direct reimbursement for nurse aides who have been through an approved certification training program. The Division of Medicaid will reimburse for written or oral and clinical testing based on the fee schedule from the current testing service contracted by the Mississippi State Department of Health. Testing reimbursement will be subject to a nursing facility's Medicaid utilization percent just like training reimbursement. Testing must be billed by the employing facility of the nurse aide who was tested. This applies even to nurse aides trained in a training center. Training centers do not bill the nurse aide testing fees. The Division of Medicaid will reimburse the cost for a nurse aide to be tested up to three times. If, after three attempts, a nurse aide fails to pass the tests, the Division of Medicaid requires the aide to complete another training program before any additional tests will be reimbursed. Testing fees must be billed within thirty (30) days of the test date. Pass/Fail results must be included with the billing. Pass/Fail results can include either the results received from the current testing service or the actual results given to the aides at the time of the tests.

D. OUT OF FACILITY TRAINING

Facilities which do not have an approved nurse aide training and testing program and are not associated with an approved training center may acquire training for their employed aides at any approved non-facility-based Nurse Aide Training and Competency Evaluation Program (NATCEP). The Division of Medicaid has set a limit on reimbursable cost on training and evaluating a nurse aide outside the facility.

The current limit is set at $500 for each nurse aide's training session and testing. The Division of Medicaid will apply the Medicaid utilization percent of the employing facility to the lesser of the cost incurred or the limit to determine the amount reimbursable. Under no circumstances will the Division of Medicaid reimburse a facility for off-site training and testing costs when it is determined that the off-site training and testing site is receiving reimbursement from the Division of Medicaid for the same training or testing session. Out of facility training should be billed using the billing form for nurse assistant training expenses. Pass/fail results should be submitted with the billing form if the aide was tested.
Facilities that do not have an approved nurse aide training program and which receive training for their employed nurse aides at an approved site that is a related party are subject to reimbursement limits at cost. The training program must submit to the Division of Medicaid a record of the actual allowable costs

incurred to run the training program for a month. Costs are determined allowable following the guidelines stated for approved training centers. Documentation must be submitted with the record of costs in accordance with other paragraphs of ~~Section 5.11 of the manual~~. this section. The allowable reimbursement for each nurse aide trained for the related party nursing facility will be limited to cost and will be subject to the application of the Medicaid utilization percent determined as follows:

Total allowable monthly costs will be divided by two to recognize the time for two training sessions of two weeks each in each month. The monthly costs will be further divided by the maximum number of aides allowed in each training session. This calculation will result in the determination of the allowable tuition rate for a nurse aide employed by a related party nursing facility. The related party nursing facility will bill the Division of Medicaid the predetermined allowable tuition rate. The Division of Medicaid will then apply the facility's Medicaid utilization percent when approving the billing. The training program will be allowed to submit actual monthly costs as often as once per month. Submission of costs for subsequent months are only required when there is a permanent change. Facilities will have an option exercisable at the beginning of each state fiscal year and at the inception of the training program to report actual numbers of aides trained in total and for the related party nursing facility in each training session in order to prorate the monthly costs.

Costs are determined allowable following the guidelines stated for approved training centers. The following additional guidelines apply to related party out-of-facility training. The following costs will be considered allowable for determining monthly costs.

1. The monthly cost related to the nurse aide training and testing program for salary and allowable fringe benefits of the training coordinator, training instructor and secretary.

2. The cost of one manual for each student.

3. The rent and utilities of the training space.

4. The cost of fixed equipment will be included in the tuition to the extent that depreciation would be allowed under the straight-line method over the period of time indicated below:

Training Program system	5 years
Mannequin	5 years
Bed and bed rails	5 years
TV/VCR	5 years
Wheelchair	5 years
Desk (up to three)	5 years
Desk Chair(up to three)	5 years
Bookcase (up to three)	5 years
Filing Cabinet(up to three)	5 years
Equipment and Supplies list (reminder)	3 years

5. Instructor training should be included with the billing of training for the month paid for direct reimbursement. These costs will not be made a part of monthly costs for determining the allowable tuition.

6. Actual testing fees incurred should not be included in the tuition for related parties but should be billed on the testing form with the required pass/fail results.

E. REIMBURSEMENT TO AN INDIVIDUAL NOT YET EMPLOYED AT THE TIME OF TRAINING

The Division of Medicaid will reimburse the cost of an approved nurse aide training and competency evaluation program to an individual who is not employed, or who does not have an offer of employment, as a nurse aide on a pro rata basis under the following conditions:

1. The individual is employed or receives an offer of employment from a nursing facility not later than twelve months after completing an approved program.

2. The individual incurred costs for the training and testing and can provide documentary evidence of them. The Division of Medicaid will not reimburse costs to an individual who received training through a grant.

3. The Division of Medicaid will not approve costs in excess of the training and testing limits set for out-of-facility training in this manual. The Medicaid utilization percent(s) of the facility(s) which employs the nurse aide will be applied to the approved cost to determine the reimbursement amount.

4. The Division of Medicaid will reimburse one half of the settlement after six months of full time employment by one or more Mississippi nursing facilities. The remaining one-half of the settlement will be reimbursed after the nurse aide has been employed full time for twelve months by Mississippi nursing facilities.

5. The facility which employs the nurse aide must submit the bill for reimbursement to the Division of Medicaid on the Billing Form for Nurse Assistant Training Expenses.

F. BILLING PROCEDURES

Training and testing billings should be submitted to the following address:

Division of Medicaid
Bureau of Reimbursement
~~Suite 801, Robert E. Lee Building~~ Walter Sillers Building
~~239 North Lamar Street~~ 550 High Street, Suite 1000
~~Jackson, Mississippi 39201-1399~~ Jackson, MS 39201

Training and testing billings received at the Division of Medicaid will be verified before the reimbursement request is processed. Failure of a facility to submit billings timely will result in denial of direct reimbursement of the billing. Billings submitted without proper documentation or proper signature or with improper amounts, will result in a written request for more information. Failure to comply with the request will result in denial of direct reimbursement.

Due Dates
The Division of Medicaid requires that all nurse aide billings be submitted monthly. Training expenses must be submitted within thirty (30) days of the incurred expense. Testing expenses must be billed within thirty (30) days of the test date. Failure to comply with these requirements will result in denial of expenses.

G. NURSE ASSISTANT TRAINING EXPENSES - BILLING PROCEDURES

The billing form for nurse assistant training expenses is used by nursing facilities and training centers to bill training expenses associated with the training of nurse aides. A sample of the billing form is at the end this section.

Instructions for completing the billing form for nurse assistant training expenses are as follows:

1. Type or print legibly the facility name at the top of the form in the space provided.

2. Indicate below the facility name the Medicaid provider number that was assigned by the fiscal agent.

3. Indicate to the right of the provider number the training program approval number that was assigned by the Mississippi State Department of Health to the facility, if applicable.

4. Indicate below the provider number the Mailing Address of the facility.

5. Training centers must indicate below the mailing address the facility name payment is to be made under. A training center is an area set up for nurse aide training which serves more than one facility and is located in an area remote from any of the associated facilities.

6. Each column must be appropriately completed for each item billed before reimbursement will be considered.

H. EXPLANATION OF THE BILLING FORM FOR NURSE ASSISTANT TRAINING EXPENSES

1. Invoice Date
List the date of the invoice for each item billed. List the date of payroll for salaries billed.

2. Vendor Name
List the company or individual paid for the item.

3. Description
Briefly describe the purpose of the expense (i.e., instructor salary, rent, tuition, etc).

4. Amount
List the amount of allowable costs for which reimbursement is requested.

5. For Medicaid Use Only (Approved)
DO NOT WRITE IN THIS AREA. The Division of Medicaid will fill in the approved amount for each item.

6. Total Amount of this Billing
Add the dollar amounts listed on the billing form and insert the sum on this line. In cases where the billing is more than one page, the total for all pages should be filled in only on the last page.

7. Attach Copies of Invoices for the Expenses Listed Above.
Each item submitted for reimbursement must be supported by documentation which is adequate for the Division of Medicaid to determine allowability of the item. Guidance on salary documentation starts on page (10) of this section. The Division of Medicaid can provide other guidance upon request.

8. Certification
Each billing form must be dated and signed by the current administrator of the facility or by a prior approved designated employee of the facility to certify that the billing includes only costs actually incurred for the training of nurse assistants. In cases where the billing is more than one page, the certification is required only on the last page which includes the "total amount of the billing".

9. For Medicaid Use Only - Amount Approved for Reimbursement
DO NOT WRITE IN THIS AREA. The Division of Medicaid will determine the amount approved for reimbursement by applying the facility's or center's Medicaid utilization percent to the approved gross amount of the billing.

(See – Billing Form – Nurse Assistant Training Expenses at the end of this section)

I. SALARY DOCUMENTATION

In order to simplify the billing for salary expenses, the Division of Medicaid has included some examples of documentation needed to comply with our guidelines.

NOTE: THESE ARE ONLY SOME OF THE EXAMPLES OF FORMS ALLOWED. FACILITIES ARE NOT LIMITED TO THESE EXAMPLES. OTHER FORMS FOR SALARY DOCUMENTATION, CREATED BY THE FACILITY MAY BE SUBMITTED.

TABLE 1	Chart of Training Progress of Topic
TABLE 2	Basic Curriculum
TABLE 3	Planner

When using these charts, or any other chart, as documentation, the facility must include the following:

1. Instructor's and/or Coordinator's name.
2. The actual date each topic was covered or task performed.
3. The amount of time spent on each topic or task. Time must be reported in quarter, half or whole hours.
4. If using TABLE 3, or a schedule created by your facility, the description of duties or tasks performed must be detailed.
5. Submit only one (1) of the above types of schedules, or a schedule created by your facility. Do not submit one (1) of each type of these schedules.

This information should be submitted for the Instructor's and Coordinator's time only. If billing for more than one (1) Instructor or both the Instructor and Coordinator at the same time, a separate form must be included for each. DO NOT SUBMIT A SCHEDULE FOR EACH AIDE TAUGHT.

(See Chart of Training Progress by Topic at the end of this section)

(See Basic Curriculum for the Nursing Assistant Training Program -Table 2 at the end of this section)

J. NURSE ASSISTANT TESTING FEES - BILLING PROCEDURES

The billing form for nurse assistant testing fees is used by nursing facilities for billing nurse assistant testing fees each month. A sample of the billing form is on page **15** of this section.

Instructions for completing the billing form for nurse assistant testing fees are as follows:

1. Type or print legibly the facility name at the top of the form in the space provided.

2. Indicate below the facility name the Medicaid provider number which was assigned by the fiscal agent.

3. Indicate to the right of the provider number the page number of the billing form and the number of pages included in the billing.

4. Indicate below the provider number the facility mailing address.

5. All columns of the billing form must be appropriately completed before reimbursement will be considered.

K. EXPLANATION OF THE BILLING FORM FOR NURSE ASSISTANT TESTING FEES

1. Name of Nursing Assistant
List the name of the nursing assistant for whom testing fees are being billed. Each name must be listed on a separate line. Full names must be used.

2. Social Security Number
List the social security number of each nursing assistant. This must be completed.

3. Date Employed
Enter in this column the nurse assistant's first day of employment at your facility.

4. Date Tested
Enter in this column the date that the nurse assistant took the test being billed.

5. Type of Test
Columns "Written", "Clinical" and "Oral", indicate which type of test was taken. Place a check mark in the appropriate column. If a test type is being taken for the second (2nd) or third (3rd) time, put a corresponding "2" or "3" in the appropriate column. A facility may bill a nurse assistants clinical and written test fees on the same line of the billing form. This should be indicated by putting a check mark in both columns.

6. Cost of Test
Enter here the fee paid for the test(s) being billed. The current fees as assigned by the contracted testing service will be reimbursed.

7. For Medicaid Use Only
DO NOT WRITE IN THIS AREA. The Division of Medicaid will use this area to determine the approved fees.

8. Total Amount of this Billing
Add the dollar amounts listed on the billing form and insert the sum on this line. In cases where the billing is more than one page, the total for all pages should be filled in only on the last page.

9. Attach Copies of the Pass/Fail Results
Each testing fee which is billed must be supported by the pass/fail results issued from the testing service, or the actual results given to the aides at the time of the tests.

10. Certification
Each billing form must be dated and signed by the current administrator of the facility or by a prior approved designated employee of the facility, in order to certify that all of the persons listed are employees of the facility and that all of the fees were incurred as indicated on the billing form.

11. For Medicaid Use Only
DO NOT WRITE IN THIS AREA. The Division of Medicaid will use this area to determine the amount to be reimbursed by applying the Medicaid utilization percent of the nursing facility to the approved gross amount of the billing.

(See Billing Form – Nurse Assistant Testing Fees at the end of this section)

L. PROHIBITION OF CHARGES

No nurse aide who is employed by, or who has an offer of employment from, a facility on the date on which the aide begins a training and testing program may be charged for any portion of the program.

M. IN-SERVICE TRAINING

The cost of in-service training (other than for certification) of nurse aides are a nursing facility cost and are an allowable cost to be included on the facility's cost report.

N. PROGRAM APPROVAL

The Mississippi State Department of Health (MSDH) will review and approve or disapprove nurse aide training and testing programs upon request. The MSDH in accordance with federal regulations sets the requirements for approval of programs. In determining whether or not the program will be approved, the MSDH will ascertain that the program meets the set course requirements. They will determine that all necessary equipment and training staff are available to the program. The MSDH will also visit the entity providing the program. If the training site is within a facility, the MSDH will ensure that the facility meets the requirements for approval stated in the department policies and federal regulations.

O. WITHDRAWAL OF PROGRAM APPROVAL

The Mississippi State Department of Health (MSDH) will withdraw approval of a program if it is determined that any of the minimum requirements are not met by the program or if it is determined that the entity has not shown evidence of its intention to activate the program. Withdrawal of approval is required by federal regulation under the following circumstances:

1. If the entity providing the program refuses to permit unannounced visits by the MSDH,

2. If the facility receives an extended or partial extended survey,

3. If the facility is assessed a civil money penalty of not less than $5,000 as described in CFR 42, part 483.151 (b)(2)(iv), or

4. If the facility is subject to a remedy as described in CFR 42, part 483.151 (b)(2)(v).

Upon withdrawal of approval, the MSDH will notify the entity in writing and will explain the reason(s) for the withdrawal of the approval. Students who have started a program from which approval has been withdrawn must be allowed to complete the course.

The MSDH will notify the Division of Medicaid in writing when program approval is withdrawn. As a result, reimbursement from the Division of Medicaid will be stopped as of the date of withdrawal of program approval. One exception exists in that the Division of Medicaid will reimburse the allowable costs incurred to complete a training session which is in progress on the date of withdrawal of program approval. If it is determined by the MSDH that the equipment and supplies purchased for the nurse aide training program were never used for nurse aide training, the Division of Medicaid will require reimbursement from the facility for all costs incurred by the Division. Where possible used training equipment should be transferred to another approved training site. Any funds received from the sale of nurse aide training equipment, which was paid for by the Division of Medicaid, must be refunded to the Division of Medicaid at the Medicaid utilization percent in effect at the time of original reimbursement.

P. WAIVERS

Concurrent with Public Law 105-15, which was signed into law May 15, 1997, and which revises specific provisions of the Social Security Act, The Mississippi State Department of Health (MSDH) is permitted to waive the two (2) year prohibition of a Nurse Aide Training and Competency Evaluation Program (NATCEP) based on the following criteria:

- determines that there is no other such program offered within a reasonable distance of the facility;

- assures, through an oversight effort, that an adequate environment exists for operating the program in the facility; and,

- provides notice of such determination and assurances to the State long term care ombudsman.

After consideration of a request for a waiver, the MSDH will notify the entity and the Division of Medicaid, in writing, of approval or disapproval. The MSDH will also ascertain that any facility with a waiver meets all set course requirements. They will then determine that all necessary equipment and training staff are available to the program.

DIVISION OF MEDICAID
BILLING FORM – NURSE ASSISTANT TRAINING EXPENSES

Facility Name _____
Provider Number _____ Training Program Approval Number _____
Mailing Address _____
TRAINING CENTER'S ONLY – INDICATE FACILITY NAME PAYMENT IS TO BE MADE UNDER
Remit Payment To: _____

Invoice Date	Vendor Name	Description	Amount	FOR MEDICAID USE ONLY (APPROVAL)
(1)	(2)	(3)	(4)	(5)

Total amount of this billing $ _____ _____

(7) NOTE: Copies of Invoices for the expenses listed above must be attached.

I CERTIFY THAT ALL EXPENSES LISTED ABOVE WERE INCURRED BY THE FACILITY OR TRAINING CENTER FOR A NURSE ASSISTANT TRAINING PROGRAM.

(8)

_____ _____ _____
SIGNATURE **TITLE** **DATE**

FOR MEDICAID USE ONLY

(9) Gross Amount of this Bill $ _____

Medicaid Percentage X _____ %

Amount Reimbursed by Med $ _____

(10) _____ _____
APPROVED BY **DATE**

DIVISION OF MEDICAID
BILLING FORM – NURSE ASSISTANT TESTING FEES

Facility Name _____
Provider Number _____ Page _____ of _____
Mailing Address _____

Name of Nursing Assistant	Social Security Number	Date Employed	Date Tested	Type Of Test			Cost Of Test	FOR MEDICAID USE ONLY (APPROVAL
				Written	Clinical	Oral		
(1)	(2)	(3)	(4)	(5)			(6)	(7)

Total amount of this billing $ _____ _____

(9) NOTE: Pass/Fail results must be attached to all billing forms when submitted.

I CERTIFY THAT ALL EXPENSES LISTED ABOVE WERE INCURRED BY THE FACILITY OR TRAINING CENTER FOR A NURSE ASSISTANT TRAINING PROGRAM.

(10)

_____ _____ _____
SIGNATURE **TITLE** **DATE**

FOR MEDICAID USE ONLY

(11) Gross Amount of this Bill $ _____

Medicaid Percentage X _____ %

Amount Reimbursed by Med $ _____

(12) _____ _____
APPROVED BY **DATE**

TABLE 2

BASIC CURRICULUM
FOR THE
NURSE ASSISTANT TRAINING PROGRAM

DAY: **1** DATE: **June 1, 2000**

	TIME SPENT
Introduction to "How To Be A Nurse Assistant"	**0.5**
Overview of Program	**1**
The Nursing Home and Residents	**0.75**
Rights of the Residents	**2**
Responsibilities of a Nurse Assistant	**1.5**
Taking Care of Yourself	**2**
Residents Are Human Beings	**0.25**
TOTAL TIME SPENT	**8**

DAY: 2 DATE: June 2, 2000

	TIME SPENT
Residents Records	1.25
Accident Prevention	1.25
Assessment of the Resident and His/her Environment	1.25
Care of the Resident's Environment	2
Communicating with the Resident	1
Eye and Ear	1.25
TOTAL TIME SPENT	**8**

DAY: 3 DATE: June 3, 2000

	TIME SPENT

Personal Care of the Resident	2
Food and Nutrition	2
Maintaining Fluid Intake	2
Prevention and Control of Infection	2
TOTAL TIME SPENT	**8**
	16

DAY: 4 DATE: June 4, 2000

	TIME SPENT
Oral Exams: (Explain what the exams include)	8
TOTAL TIME SPENT	**8**

DAY: 5 DATE: June 5, 2000

	TIME SPENT
Digestion	4
TOTAL TIME SPENT	**4**

DAY: 5 DATE: June 5, 2000

	TIME SPENT
Assistance with Movement	2
Oral Exams: (On What?)	2

TOTAL TIME SPENT 4

DAY: 6 DATE: June 8, 2000

	TIME SPENT
Oral Eams: (On What?)	8

TOTAL TIME SPENT 8

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DAY: 7 DATE: June 9, 2000

Clinical		TIME SPENT
Admitting a Resident		0.5
ADL Assessment		0.5
Bed making: occupied/unoccupied		0.5
Bedpan Use		0.5
Bladder Training		0.5
Bowel Training		0.5
Catheter Care		0.5
Communication		0.5
Discharge of a Resident		0.5
Exercise:	Passive ROM, Active ROM	0.5
Feeding		0.5
Fluid Monitoring:	Intake/Output	0.5
Foot Care		0.25
Hand washing		0.25

Weight/Height Measurement		0.5
Nourishment:	Mealtime/Between Meals	0.5
Personal Care:	Bath, complete/partial, shower, shaving	0.5
	TOTAL TIME SPENT	**8**

DAY: 8 DATE: June 10, 2000

	TIME SPENT
The Health Care Team	1
Ensuring Quality Care	1.5
Values and Ethics	1
Being With Others	1.5
Sexual Needs of the Resident	1.5
Spiritual Needs of the Resident	1.5
TOTAL TIME SPENT	**8**

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DAY: 9 DATE: June 11, 2000

		TIME SPENT
Sample Test (50 questions) review in detail		2
Topic Report and Discussion (2 page report researched by student)		2
Clinical:	Positioning; supine, side-lying, in chair Post-mortem Care; Quality Assurance Monitoring; Recording Safety - call light, siderailes, restraints	
	Transfers - bed to chair, chair to commode, chair to bath, chair to bed, use of lift, manual lift	4

TOTAL TIME SPENT	**8**

DAY: 10 DATE: June 12, 2000

	TIME SPENT
Death with Care and Dignity	2
Working with the Family	1
Discharge of the Resident	1
Personality and Behavior	2
Post-mortem Care Review	2
TOTAL TIME SPENT	**8**

DAY: 13 DATE: June 15, 2000

	TIME SPENT
Uninary	2
Sample Practice Test (35 questions)	
(35 questions) complete and discuss in detail	2
Topic discussion	
(2 pages prepared and presented to class by student)	4
TOTAL TIME SPENT	**8**

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CHART OF TRAINING PROGRESS BY TOPIC: Training and Testing

nstructor/Coordinator: Mrs. Jones, RN

TOPIC		
Unit I:	**INTRODUCTION**	
	Module 1:	Introduction
	Module 2:	Introduction to the Nursing Facility
Unit II:	**RESIDENTS AND THEIR RIGHTS**	
	Module 3:	Getting to Know the Residents
	Module 4:	Residents' Rights
Unit II:	**RESIDENTS AND THEIR RIGHTS**	
	Module 5:	The Health-Care Team
	Module 6:	Responsibilities of a Nurse Aide
	Module 7:	Taking Care of Yourself
	Module 8:	Prevention and Control of Infection
	Module 9:	Resident Records
	Module 10:	Accident Prevention
	Module 11:	Fire Safety/Emergency Procedures
Unit IV:	**COMMUNICATION 1**	
	Module 12:	Sensory Losses - Eye and Ear
	Module 13:	Communicating with the Resident
	Module 14:	Working with the Family
Unit V:	**RESIDENTS' DAILY NEEDS 1**	
	Module 15:	Personal Care of the Resident
	Module 16:	Assistance with Positioning, Transfers & Walking
	Module 17:	Care of a Resident's Room
Unit VI:	**COMMUNICATION II**	
	Module 18:	Being with Others
	Module 19:	Personality and Behavior
Unit VII:	**ARRIVING AND LEAVING THE NURSING FACILITY**	
	Module 20:	Admission of the Resident
	Module 21:	Discharge of the Resident
Unit VIII:	**RESIDENTS DAILY NEEDS II**	
	Module 22:	Skin Care

Unit IX:	**NUTRITION AND FLUIDS**				
	Module 23:	Food and Nutrition			
	Module 24:	Digestion	06/07	0.5	06/07
	Module 25:	Maintaining Fluid Intake	06/07	0.5	06/07
	Module 26:	Urinary Tract	06/07	0.5	06/07
Unit X:	**MOBILITY**				
	Module 27:	Exercise			
	Module 28:	Muscles, Bones, and Nerves	06/08	1.5	06/08
Unit XI:	**SOCIAL AND EMOTIONAL NEEDS**				
	Module 29:	Spiritual Needs of the Resident			
	Module 30:	Sexual Needs of the Resident			
	Module 31:	Death and Care and Dignity			
Unit XII:	**SPECIFIC HEALTH PROBLEMS**				
	Module 32:	Diabetes & the Endocrine System	06/09	3	
	Module 33:	Breathing			
	Module 34:	Circulation			

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TABLE 3

nstructor/Coordinator: Ms. Smith, LPN

Class Started: June 1, 2000

Class Ended: June 5, 2000

TRAINING SCHEDULE

DATE	HOURS WORKED	DUTIES PERFORMED
06/01/00	8	Began new class. Taught: Orientation, Working in Health Care and Protecting People's Rights, Understa and Communicating with People.
06/02/01	6	Taught: Keeping People Safe, Controlling the Spread of Germs and Measuring Life Signs through Temp
	2	Taught: Assisting with Personal Care, Healthful Eating, Providing Care of the Person's Place.
06/03/01	4	Skills check off: mouth care for the unconscious, shaving, modified bed bath, personal care and dressing
	4	Skills check off: Hand washing, positioning, transferring from bed to chair, brushing & combing hard and
06/04/01	4	Taught: Providing Care for People with Specific Illnesses, Caring for People with Alzheimer's Disease, F
	4	Alternatives to Restraints, Caring for People Who are Dying and Managing Your Time.
06/05/01	4	Gave final exam. Set-up for new class.