

Instructions for Completing SPD 451 CNA Training Quarterly Reimbursement Request

As required by OAR 411-70-470, SPD shall reimburse Medicaid certified facilities for the Medicaid portion of their costs in training Certified Nursing Assistants (CNAs). The Medicaid portion is calculated by multiplying eligible costs paid by the facility for CNA training, by the percentage of resident days that are attributable to Medicaid clients during the reporting period.

These instructions will assist providers in completing form SPD 451, when requesting reimbursement from Seniors and People with Disabilities for CNA training.

GENERAL:

Reimbursement is made on a quarterly basis. Facilities have 90 days from the end of the calendar quarter in which CNA training expenses were incurred to seek reimbursement. An SPD 451 Nursing Assistant Training and Competency Evaluation Program Cost Report (NATCEP) form, available from the Division, must be postmarked by the last day of the calendar quarter subsequent to the quarter in which the expense occurred. (The request may be postmarked the first business day after the quarter, if the last day of the quarter is on a Sunday or U.S. Post Office holiday.) By Administrative Rule, cost reports must include all required documentation. List training attendees on page two of SPD 451.

Failure to file a report postmarked timely, as described above, will result in a reduction of requested reimbursement by 3 percent for each business day the report is past due. If a report is more than 33 business days late, no reimbursement will be made.

The cost report identifies all costs incurred and related revenues (not including NATCEP payments from the Division) received during the reporting period.

<u>CNA Expenses in</u> <u>Quarter Ended</u>	<u>Report Due Date</u>
March 31	June 30
June 30	September 30
September 30	December 31
December 31	March 31

NATCEP COST REPORT FORM INSTRUCTIONS

TRAINER COMPENSATION:

In order to be reimbursed for trainer compensation, class schedules, class calendars, trainer payroll records and class registration, as sent to OSBN, must be included with the reimbursement request.

In the first column, list the beginning and end date for each class held during the quarter, whether full or partial. Some classes may begin in one quarter and end in the next. Employee hours need to be submitted for reimbursement for the quarter in which the training occurred.

In the second column, indicate the number of classroom hours for each class. In the third column, indicate the number of Lab hours for each class. Clinical hours go in column four.

Reimbursement for trainer hours shall not exceed the number of hours required for certification, which are 75 classroom hours and 75 clinical hours, by OSBN. The 24 hours of lab conducted after the online portion of a training program is considered a part of the “classroom” portion of the total program and will be reimbursed using the same formula for total trainer compensation.

In the fifth column, calculate preparation time for each class. Reimbursement for trainer hours, including preparation time, shall not exceed 1 1/3 times the number of hours required for certification. The maximum allowable preparation time factor is 33 percent (1/3 of the combined classroom and clinical hours).

The final step in the Trainer Compensation is to indicate the total number of hours for which reimbursement is being requested, the RN hourly rate (trainer), and the EBT (employee benefits and taxes) rate.

The total trainer compensation expense for the quarter is calculated as follows:

$$\text{Total Hours} \times (\text{RN (trainer) Hourly Rate} \times 1 (+ \text{EBT rate}))$$

ONLINE TRAINING:

Provide documentation supporting the cost of the online training program including a copy of the payment receipt and a copy of the certificate of completion for each student. If payment for the online portion of the training was prepaid in bulk, reimbursement is only allowed for that portion of the payment that covers the cost of the number of students who completed the on-line training during the quarter claimed. For example, if a bulk payment is made by a facility for \$4000 for 10 student slots, then the individual cost per student for the online portion would be \$400/student and can only be claimed during the quarter in which a student actually receives a certificate of completion.

TEXTBOOKS/COURSE MATERIALS:

Show the total cost of all CNA textbooks and training materials paid for in the quarter. This includes textbooks, copies, medical items, teaching aids, etc. Reimbursement for these items will only be made from a report for the actual quarter in which the items were purchased (paid). Documentation must include copies of invoices or receipts and a copy of the canceled check that paid for the items.

EQUIPMENT:

Indicate the total of all equipment paid for in the quarter. Equipment may only include that which is used solely and exclusively for CNA training. Reimbursement for these items may only be paid for the actual quarter in which they were purchased (paid). As indicated on the form, documentation must include copies of invoices or receipts, and a copy of the canceled check that paid for the items.

Note: Expenditures over \$500 must be pre-authorized by SPD.

CERTIFICATION FEES:

Indicate the total of all fees paid for certification and recertification of CNAs during the quarter. These reimbursements may only include those that were paid during the actual quarter in which the fees were paid. As indicated on the form, documentation must include copies of forms sent to the Oregon State Board of Nursing, including the names of the CNAs for which the fees were paid, and copies of the canceled checks that paid these fees.

REIMBURSEMENT TO CNAs:

Indicate the total of all fees paid to CNAs to reimburse them for the cost of training or licenses for which they personally paid. As indicated on the form, documentation must include copies of facility checks or receipts signed by the CNA, showing amount and the date paid.

CONTRACT TRAINERS:

Indicate the number of classes held during the quarter, the trainer's hourly rate of pay, and the nursing facility's average RN hourly rate plus benefits. The average RN hourly rate plus benefits is calculated as follows: Total the salaries of all RNs on staff and divide that figure by the total hours paid. This can be calculated on a monthly basis, or numbers from the most recent cost report can be used. This rate of pay is then multiplied by the benefits percentage of RNs employed by the facility. To determine this quarter's reimbursable amount, multiply the hours of training by the lesser of the trainer's hourly rate of pay or the nursing facility's average RN hourly rate plus benefits.

Documentation must include a copy of the trainer's contract, the class schedule, documentation supporting the facility's average RN hourly rate, and copies of canceled checks.

OTHER EXPENSES:

Indicate any other expenses incurred during the quarter. Other expenses must be identified and documented as to their relationship to CNA training. Documentation must include copies of invoices or receipts, statement that the expense is solely for CNA training class, and copies of checks showing date paid.

Some of the expenses that will **not** be paid include items such as:

- Salaries for interviewing prospective CNAs
- Actual expenses for copy machines
- CNA pins
- Graduation expenses
- TB tests, drug screening, hepatitis vaccines for prospective CNAs
- Printed certificates
- Newspaper advertising for classes

TOTAL EXPENSES FOR THE QUARTER:

Indicate the total of all expenses listed above.

REVENUE RECEIVED FOR CLASSES:

Indicate any and all revenues received for classes during the quarter.

EXPENSES LESS REVENUE:

In this section, subtract the revenue received from the total expenses. This is the amount on which reimbursement will be based.

TOTAL REIMBURSABLE EXPENSES:

Indicate the total of Medicaid days in the quarter, and the total of all patient days in the quarter (including private, Medicaid and Medicare). To calculate the Medicaid percentage, divide the total Medicaid days by the total patient days, taken to four decimal places.

To calculate the total reimbursable expenses for the quarter, multiply the “Expenses Less Revenue” amount by the Medicaid percentage.

Anticipate eight to ten weeks processing time, from receipt of completed cost report and documentation in SPD Central Office, to issuance of reimbursement.