



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Clinical Standards Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

August 24, 2011

MEMORANDUM

ACS M11-08

TO: Nursing Facility Providers

FROM: Kenneth S. Fink, MD, MGA, MPH **KF**
Med-QUEST Division Administrator

SUBJECT: NEW PROCESS FOR REQUESTING REIMBURSEMENT OF NURSE AIDE
TRAINING COMPETENCY EVALUATION PROGRAM TESTING FEES

Federal regulations require that the Medicaid agency provides reimbursement for the Nurse Aide Training Competency Evaluation Program (NATCEP). An individual, who meets the following requirements, may request reimbursement of the testing fees upon:

- Being employed by a Medicaid participating long term care nursing facility (NF) or skilled nursing facility (SNF) at the time of completion of NATCEP testing;
- Becoming employed as a nurse aide by a Medicaid participating NF or SNF within twelve (12) months of successful completion of NATCEP testing; or
- Obtaining an offer of employment as a nurse aide from a Medicaid participating NF or SNF within twelve (12) months of successful completion of NATCEP testing.

The attached should be used to request reimbursement of the NATCEP testing fees, which will be required beginning October 1, 2011. The request for reimbursement must be complete in order to be processed; incomplete requests for reimbursement will not be processed. Payment will be made to the individual who completed both the NATCEP and is named on the request for reimbursement. The following are required for a request for reimbursement to be considered complete:

- Individual's full name;
- Individual's current mailing address;
- Individual's Social Security Number;
- A letter verifying individual's employment by or an offer of employment from a Medicaid participating NF or SNF at the time of completion of NATCEP testing or within twelve (12) months of successful completion of NATCEP testing;
- The American Red Cross *original* invoice or a *certified invoice signed* by the American Red Cross for NATCEP testing fees; and
- Individual's signature.

Please call 692-8105 or 692-8124 should you have any questions regarding this information.

Attachment

