

**907 KAR 1:450  
INCORPORATION BY REFERENCE  
MARCH 2005 EDITION**

**MEDICAID SERVICES MANUAL**

**FOR**

**NURSE AIDE TRAINING AND  
COMPETENCY EVALUATION  
PROGRAM**

**KENTUCKY MEDICAID PROGRAM**

**Cabinet for Health and Family Services  
Department for Medicaid Services  
275 East Main Street  
Frankfort, Kentucky 40621**

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**Attachment – DECEMBER 2003 MAP-576**

**Appendix I – Revised March 2005 MAP-414**

## SECTION I - INTRODUCTION

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### I. INTRODUCTION

#### A. INTRODUCTION

The Kentucky Medicaid Nurse Aide Training and Competency Evaluation Program (NATCEP) Manual provides the basic federal and state program guidelines for Medicaid providers to be used when providing a nurse aide training and competency evaluation program. Precise adherence to the program guidelines shall be imperative.

#### B. GENERAL INFORMATION

The Department for Medicaid Services shall be bound by both Federal and State statutes and regulations governing the administration of the State Plan.

SECTION II – OVERVIEW OF NURSE AIDE TRAINING AND COMPETENCY  
EVALUATION PROGRAM

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II. OVERVIEW OF NATCEP

A. History

The nursing home reform provisions of the Omnibus Budget Reconciliation Act (OBRA) of 1987 established the requirement for states to administer a nurse aide training and competency evaluation program. The NATCEP is for nurse aides who are employed by nursing facilities.

The NATCEP was developed as a collaborative effort by the following:

1. Kentucky Community and Technical College System
2. Kentucky Board of Nursing
3. Office of Career and Technical Education, Department of Workforce Investment, Education Cabinet
4. Kentucky Association for Health Care Facilities
5. Office of the Inspector General
6. KY Cabinet for Health and Family Services, Long Term Care Ombudsman
7. Department for Community Based Services (DCBS)
8. District Bluegrass Long Term Care Ombudsman
9. Department for Mental Health and Mental Retardation
10. Department for Medicaid Services.

The NATCEP has a seventy-five (75) hour course requirement. The NATCEP was designed to provide both classroom theory and instruction and clinical practice to assist the individual in gaining knowledge and skills essential to the provision of nurse aide services.

## SECTION II – OVERVIEW OF NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM

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### B. Purpose

The purpose of the NATCEP is to prepare the nurse aide to provide high quality, direct patient care under the supervision of licensed nurse personnel. A primary goal of the NATCEP is to ensure the availability of a well-structured, uniform curriculum across the State that will provide a foundation for high quality nurse aide services.

Federal and State laws and regulations mandate requirements for residents in nursing facilities to receive high quality health care delivered by trained personnel. Additionally, the NATCEP focuses on the fostering of independent functioning, to the extent possible, of the nursing facility resident. This requires policy and procedural instruction as well as emphasizing the establishment and maintenance of a safe, non-threatening, independence conducive environment for the nursing facility resident.

### C. Objectives

Upon completion of a NATCEP a nurse aide will have a working knowledge of the physiological, psychological and sociological impact of institutionalization on the nursing facility resident. Further, the nurse aide will have the ability to do the following:

1. Demonstrate good personal habits
2. Recognize the nurse aide's role in organizational structure of the nursing facility
3. Identify responsibilities of the nurse aide to the resident and health care team
4. Demonstrate basic skills and techniques in performing uncomplicated nursing procedures according to the program standards
5. Organize and administer nursing care to residents based on a plan of care and direction from charge personnel
6. Demonstrate knowledge of resident's rights in assisting residents with their activities of daily living
7. Demonstrate ability to assist residents in attaining and maintaining functional independence to the extent possible

SECTION II – OVERVIEW OF NURSE AIDE TRAINING AND COMPETENCY  
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8. Demonstrate proper care for and use of equipment and supplies necessary for resident care
9. Demonstrate sensitivity to the residents' physical, emotional, social and mental health needs through skillful, directed interactions
10. Actively participate in the maintenance of a non-threatening, independence conducive environment for the nursing facility resident

D. Definition of a Nurse Aide

A nurse aide is defined as an individual who has successfully completed a NATCEP, this includes nursing students, medication aides and those employed through nursing pools providing nursing or related services to nursing facility residents. A nurse aide shall not be a licensed health professional or volunteer.

SECTION III - PROGRAM REQUIREMENTS AND GUIDELINES

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III. PROGRAM REQUIREMENTS AND GUIDELINES

- A. The "basic course" consists of a minimum of seventy-five (75) hours with a minimum of sixteen (16) hours of supervised practical training. Supervised practical training means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or licensed practical nurse.
- B. The nurse aide training program shall be conducted by a:
1. Kentucky Community and Technical College System
  2. Office of Career and Technical Education, Department of Workforce Investment, Education Cabinet
  3. Nursing facility program.
  4. Community college or university program.
  5. Licensed proprietary education program.
  6. Other licensed health care facility offering a nurse aide training program to its' own employees.
  7. Non-profit, church related or tax supported program that is not identified in the above categories.

Each agency shall request and receive approval from Medicaid Services. Approved nurse aide training programs shall be conducted in the Commonwealth of Kentucky.

- C. The classroom instruction shall be taught in a location that meets the following requirements:
1. Environment shall be conducive to adult learning i.e.: well-lighted, well ventilated, quiet room.
  2. Necessary laboratory facility, equipment and supplies are provided to include, but not limited to: Patient bed, Linens and pillows for positioning, Sphygmomanometer, Stethoscope, Thermometers, Basins (for bed bath), Geriatric chair, Wheelchair, Restraints and protective devices, Bedpan, Urinals, Scales for height and weight, Samples of records of charting, e.g., Intake and Output, Vital Signs, Catheters and related supplies, Audio-visual equipment, and any other equipment needed for simulating resident care.

SECTION III - PROGRAM REQUIREMENTS AND GUIDLINES

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3. Adequate classroom and laboratory space shall be available to accommodate students. The class size shall not exceed fifteen (15) students per instructor.
  4. The classroom, if held in a nursing facility, shall not interfere with normal resident activities.
- D. The approved text for the nurse aide training program is Mosby's Textbook for Long-Term Care Assistants in its most recent edition. The competency evaluation is based on this text. Medicaid Services shall be informed and approve in writing any changes that may alter the instructional program. Each nurse aide trainee shall acquire an individual copy of the Mosby's text and workbook and shall not be charged for any portion of the costs incurred in facility based training, including books. Through this cooperative effort the material shall be maintained current and consistent with the competency evaluation (test).
- E. Prior to any direct contact with a resident the trainee shall have at least sixteen (16) hours of training in the following areas:
1. Communication and interpersonal skills;
  2. Infection control;
  3. Safety and emergency procedures;
  4. Promoting residents' independence; and
  5. Respecting residents' rights.

The remainder of the seventy-five (75) hours of training shall include:

(a) Basic nursing skills which shall include:

1. Taking and recording vital signs,
2. Measuring and recording height and weight,
3. Caring for the residents' environment,
4. Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor, and
5. Caring for residents when death is imminent.

(b) Personal Care Skills, including, but not limited to bathing, grooming, mouth care, dressing, toileting, assisting with eating and hydration, proper feeding techniques, skin care, transfers, positioning and turning.



SECTION III - PROGRAM REQUIREMENTS AND GUIDLINES

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(c) Mental Health and Social Service Needs which shall include:

1. Modifying aide's behavior in response to residents' behavior,
2. Identifying developmental tasks associated with the aging process,
3. How to respond to resident behavior,
4. Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident dignity, and
5. Using the resident's family as a source of emotional support.

(d) Care of Cognitively Impaired Residents:

1. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others),
2. Communicating with cognitively impaired residents,
3. Understanding and responding to the behavior of cognitively impaired residents, and
4. Methods for minimizing the effects of cognitive impairments.

(e) Basic Restorative Services which shall include:

1. Training the resident in self care according to the resident's abilities,
2. Use of assistive devices in transferring, ambulation, eating and dressing,
3. Maintenance of range of motion,
4. Proper turning and positioning in bed and chair,
5. Bowel and bladder training, and
6. Care and use of prosthetic and orthotic devices.

(f) Residents' Rights which shall include:

1. Providing privacy and maintaining confidentiality,
2. Promoting the resident's rights to make personal choices to accommodate their needs,
3. Giving assistance in resolving grievances and disputes,
4. Providing needed assistance in getting to and participating in resident and family groups and other activities

SECTION III - PROGRAM REQUIREMENTS AND GUIDLINES

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5. Maintaining care and security of residents' personal possessions and environment.
  6. Promoting the resident's right to be free from abuse, mistreatment, and neglect, and the need to report any such instance to appropriate facility staff, **Adult Abuse Hotline Telephone Number: 800-752-6200**, and
  7. Avoiding the need for restraints in accordance with current professional standards.
- F. The suggested time schedule for the Medicaid approved curriculum may be lengthened in order to meet the learning abilities of students. The instructors are encouraged to spend more than the minimum time on various topics as needed.
- G. Evaluations of the course and instructor shall be requested from the student at the end of each class for the purpose of program evaluation by the instructor. The evaluation shall be kept on file for the on-site review.
- H. Each student's training and testing records shall be maintained for at least five (5) years and available upon request.
- I. Before starting the class it is the Program Coordinator's responsibility to contact the Nurse Aide Registry and Abuse Registry to assure that all students enrolled are qualified. Qualified means the individual is not listed on the Nurse Aide Registry and Abuse Registry with a finding of neglect, abuse or misappropriation of resident property. The instructor shall also inform each student that upon successful completion of the nurse aide training and competency evaluation program their name shall be placed on a state registry, which shall be made available to other states and interested parties.
- J. A trainee shall be terminated from the Program when documented and substantiated evidence is presented that the trainee is guilty of resident neglect, abuse, or misappropriation of resident property. These individuals shall be placed on the abuse registry maintained by the Kentucky Board of Nursing for the Department. In accordance with 907 KAR 1:450, Section 8 (2), (3), and (5) upon request, the trainee shall be given the opportunity for a review of the allegations.

SECTION III - PROGRAM REQUIREMENTS AND GUIDLINES

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- K. If the clinical instructor is not the primary instructor, the clinical instructor shall provide documentation of the student's clinical competency to the instructor of the classroom course before any arrangements are made with an examiner for the state competency evaluation.
- L. A student shall pass a minimum of three (3) written or oral tests throughout the classroom course with an average score of at least seventy (70) percent to be eligible for the state competency evaluation.
- M. By means of the Kentucky Medicaid Nurse Aide Test Roster distributed by KCTCS, bearing the provider's Kentucky Department for Medicaid Services Training Provider Approval Number, the instructor shall advise the KCTCS Regional Nurse Aide Coordinator, of those students who have successfully completed the seventy-five (75) hours of nurse aide training and are eligible to take the state competency evaluation.
- N. The primary instructor shall maintain a performance record of major duties and skills taught which consists of, at a minimum:
1. A listing of objectives for the program;
  2. The date the aide successfully met the objective; and
  3. The name of the instructor supervising the performance.

At the completion of the nurse aide training program, the nurse aide and his employer shall receive a copy of this record. If the individual did not successfully perform all duties or skills on the performance record, he shall receive supervision for all duties and skills not satisfactorily performed until satisfactory performance is confirmed.

SECTION IV - STUDENT INFORMATION

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IV. STUDENT INFORMATION

- A. In order for the Kentucky Medicaid Program to reimburse the cost of nurse aide training, a student shall be employed as a nurse aide by a long-term care facility that participates in the Program and shall complete the seventy-five (75) hour approved training program.
- B. A person who begins employment as a nurse aide in a long-term care facility on or after October 1, 1990 shall attend the entire seventy-five (75) hour training course before taking the final competency evaluation.
- C. An individual who has successfully completed a nursing fundamentals course in either a prelicensure practical nursing or registered nursing education program, within the past twelve (12) months, shall not be required to complete the seventy-five (75) hour nurse aide training program. An official transcript shall be presented to the KCTCS Regional Nurse Aide Coordinator for the competency exam to be scheduled.
- D. An individual employed in a permanent position as a nurse aide shall satisfactorily complete the nurse aide training and competency evaluation program within four (4) months of employment.
- E. A nurse aide employed on a temporary, per diem, leased, or any other non-full time status shall have completed a NATCEP or competency evaluation program (CEP) prior to working in a nursing facility.
- F. An individual (former nurse aide) who has not performed nursing or nursing-related services for pay for a twenty-four (24) month continuous period, shall be required to complete a new nurse aide training and competency evaluation program and competency evaluation exam.

#### SECTION IV - STUDENT INFORMATION

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- G. Each time a nurse aide training course is completed the nurse aide trainee shall have three (3) opportunities to successfully complete the entire competency evaluation exam.
- H. Absences shall be monitored by the instructor. A student may be given the opportunity to make up the absence at the instructor's discretion.
- I. An individual who is not employed as a nurse aide shall have one (1) year from the completion of a nurse aide training or fundamentals of nursing course to successfully complete the competency evaluation exam.
- J. A nurse aide who has never been on the nurse aide registry shall complete the initial sixteen (16) hours of classroom training prior to direct involvement with a nursing facility resident.

## SECTION V - INSTRUCTOR REQUIREMENTS

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### V. INSTRUCTOR REQUIREMENTS

- A. Nurse aide training shall be performed by or under the general supervision of a registered nurse who has a minimum of two (2) years of experience, at least one (1) of which shall be in the provision of long-term care facility services. An instructor of nurse aides shall be required to have completed a course in teaching adults or shall have experience in teaching adults. A licensed nurse may also act as an instructor in NATCEP as long as a registered nurse maintains ultimate responsibility for the program and is available to provide instruction in areas in which a licensed nurse may lack technical expertise. However, a licensed nurse shall also have completed a course in teaching adults or shall have experience in teaching adults. The Director of Nursing may supervise the nurse aide training in a facility but shall not perform the actual training.
- B. A registered nurse or a licensed nurse may be granted reciprocity from another state for the Methods of Instruction (MOI) training if the training is equivalent to Kentucky's course work. A certificate of completion and a course curriculum shall be submitted to Medicaid Services for approval.
- C. Qualified resource personnel from the health field may participate in the training, as appropriate. Examples include pharmacists, dietitians, social workers, physical therapists, speech therapists, occupational therapists, gerontologists, nursing home administrators, fire safety experts and resident rights experts. Where applicable these individuals shall be licensed, registered or certified. All qualified resource personnel shall have a minimum of one (1) year of current experience in their fields.

## SECTION VI - FINAL EXAMINATION/COMPETENCY EVALUATION

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### VI. FINAL EXAMINATION/COMPETENCY EVALUATION

- A. The Kentucky Community and Technical College System, has responsibility for the final written or oral examination and the skills demonstration aspect of the competency evaluation. The test questions are developed based on the State-approved curriculum by the KCTCS with input from Medicaid Services. The test has been validated by the KCTCS to ensure its reflection of the material presented in the training. The KCTCS also has the responsibility to maintain the integrity of the test and the individual examinations.
  
- B. In order for the Commonwealth to assure only individuals eligible to work and have successfully completed the CEP shall be listed on the nurse aide registry. Test candidates shall present to the competency evaluation proctor the following documents to verify employability in the USA:
  - (1) Unexpired State or Federal issued photo identification;
  - (2) A United States Social Security card that is NOT laminated;
  - (3) If the Social Security Card has "Not valid for employment without Immigration and Customs Enforcement authorization" or a similar statement on it, an Employment Authorization Document (EAD) issued by the US Department of Homeland Security; and
  - (4) All personal documents shall identify the individual's same full name to include middle initial.
  
- C. The performance evaluation shall be administered and evaluated by a registered nurse with at least one (1) year's experience in providing care for the elderly.
  
- D. The oral examination may be substituted for the written examination for persons with limited literacy skills. If oral, the examination shall be read in a neutral manner. A nurse aide may bring a translating dictionary to use when taking the written exam but may not bring an interpreter.
  
- E. The written and skills demonstration final examinations are usually held at area technical education centers, KCTCS or health occupation schools. The competency evaluation program may, at the nurse aide's option, be conducted at the facility in which the nurse aide is or will be employed unless the facility is described in SECTION III (C) of this manual. All competency evaluation program

designs shall be approved in writing by Medicaid Services.

## SECTION VI - FINAL EXAMINATION/COMPETENCY EVALUATION

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- F. The skills demonstration aspect of the examination shall consist of a minimum performance of five (5) tasks. These five (5) tasks are selected from a pool of evaluation items and shall include the required personal care skills. To satisfactorily complete the evaluation the student shall make a score of at least seventy (70) percent and successfully demonstrate five (5) procedures under the observation of the examiner. Any critical criteria task, shall be accomplished with 100 percent accuracy. Task related evaluation items are developed to also evaluate non-task orientated competency of the student, such as communication, comprehension, and psychosocial skills.
- G. If a student has a disability e.g., hearing impairment but is competent in all areas except those affected by the disability, this may be noted as an exception on his record and on the score sheet before submitting these documents to the student and to the registry. The nurse aides name may be identified on the registry indicating that he has a disability. Nurse aide trainees with a disability shall successfully complete the NATCEP prior to placement on the registry.
- H. A person who fails the competency evaluation exam the first time shall have the opportunity to retake the test twice. The trainee shall be advised of the areas he did not successfully complete. If the test is failed for the third time, the individual shall retake and successfully complete the entire training program before being allowed to retest. Successful completion of the competency evaluation shall be accomplished within four (4) months of the date of employment. If a nurse aide trainee has not successfully completed the training and testing and changes employers he/she shall be allowed three (3) times to train and nine (9) times to test within the year.



## SECTION VII - RECORDS

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### VII. RECORDS

- A. Within thirty (30) days of satisfactory completion of the competency evaluation, KCTCS shall forward to the registry, the names and social security numbers and other identifying information of students who have successfully completed the competency evaluation. No registration charges shall be imposed on individuals placed on the registry.
- B. The student shall be advised in writing by KCTCS of the competency evaluation results.
- C. The registry shall contain the name of each individual who has successfully completed the competency evaluation. It shall also include the name of each individual who has successfully challenged the competency evaluation program or has been granted an exemption or reciprocity. Any findings of abuse, neglect, or misappropriation of property shall be placed on the registry. Documentation shall include the nature of the allegation and evidence that led the State to conclude that the allegation was valid, the date of the hearing and its outcome, and a statement by the individual disputing the allegation, if he chooses to make one. This information shall be included in the registry within ten (10) working days of the findings and shall remain on the registry permanently unless the findings were made in error, the individual was found not guilty in a court of law, or the state is notified of the individual's death.

It is the employing facility's responsibility to verify that the nurse aide is on the nurse aide registry in good standing. Documents verifying successful completion of a NATCEP shall not substitute for confirmation by the registry.

The nurse aide registry shall renew a nurse aide's registration at least once every two (2) years. Registration shall be denied if the nurse aide has not worked as a nurse aide for compensation for twenty-four (24) consecutive months or longer.

SECTION VII - RECORDS

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- D. Upon request the state shall provide specific information from the registry as follows:
1. Whether or not the aide's name is on the registry as having completed the nurse aide training competency evaluation program or competency program;
  2. The findings of any substantiated complaint received regarding the aide; and
  3. Any statement made by the aide regarding the complaints.

SECTION VIII – ABUSE REGISTRY, HEARING RIGHTS, AND PETITION FOR  
REVIEW

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VIII. ABUSE REGISTRY, HEARING RIGHTS, AND PETITION FOR REVIEW

The Commonwealth of Kentucky, Office of Inspector General is designated by the Centers for Medicare and Medicaid Services as the state survey and certification agency to:

- a. In accordance with 42 CFR 483.156(b)(2) be responsible for placing findings of resident neglect, abuse and misappropriation of resident property by a nurse aide; and
- b. Provide for an implicated nurse aide in accordance with Administrative Regulation 906 KAR 1:100 procedures for:
  1. A hearing;
  2. Appeal rights; and
  3. A petition for review.

SECTION IX - RECIPROCITY

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IX. RECIPROCITY

A. A Nurse aide whose name is on another State's Nurse Aide Registry may be granted reciprocity in Kentucky. The individual may be deemed competent for employment in a nursing facility based upon written verification from the agency that maintains the involved State's Nurse Aide Registry. This verification shall include the aide's name, social security number or other identification number, the date the name was placed on the registry and any documented findings pertaining to the individual. In addition, an employment record shall be provided to the registry to verify that twenty-four (24) months have not expired since he worked for pay as an aide. Reciprocity shall not be granted for anyone who has a validated complaint which is documented on a registry.

B. To request reciprocity, a nurse aide may call:

Kentucky Nurse Aide Registry  
312 Whittington Parkway  
Suite 300-A  
Louisville, KY 40222-5172  
Telephone: (502) 429-3346  
Toll Free: (888) 530-1919  
Fax: (502) 696-3957

## SECTION X - CERTIFICATION

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### X. CERTIFICATION

- A. Certification of nurse aides is NOT required; therefore, the term "Certified Nurse Aide" shall NOT be used in connection with completion of this course. This is the Medicaid approved training program for nurse aides and the registry shall be used only for validation of successful completion of the nurse aide training and competency evaluation program. The registry shall also provide information pertaining to any documented finding by a state of resident neglect, abuse or misappropriation of resident property involving an individual listed on the registry, as well as any brief statement of the individual's disputation of the findings.
  
- B. Long-term care facilities are encouraged to provide recognition to students who have successfully completed the competency evaluations, e.g., pins, certificates, ID cards.

SECTION XI - CONDITIONS OF PARTICIPATION AND COMPLIANCE WITH  
PROGRAM REQUIREMENTS

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XI. CONDITIONS OF PARTICIPATION AND COMPLIANCE WITH PROGRAM  
REQUIREMENTS

A. Approval to conduct a NATCEP:

In order to conduct a NATCEP the agency or facility must request and receive approval by the Department for Medicaid Services. Requests for approval shall be submitted to Medicaid Services by means of a completed MAP-414, (Appendix I), in its most current edition. The request shall include written documentation pertaining to the following:

1. That the state-approved basic curriculum shall be followed.
2. That all requirements shall be met with regard to program content, hours of classroom instruction and clinical practice.
3. The qualifications of the classroom instructor and clinical supervisor.
4. The method of clinical supervision.
5. The qualifications of any other faculty members for any aspect of the program.
6. The physical facilities that shall be used in classroom and skills training.
7. Assurances of access to a long-term care facility for the clinical experience aspect of the program with a written memorandum of agreement if other than a facility-based program.
8. A description of each complaint received about the program in the previous two (2) years.
9. A signed statement indicating that the facility is in good standing with the Office of the Inspector General.

Within ninety (90) days of receipt Medicaid Services shall advise the requester whether or not the program has been approved or request additional information. The approval of a nurse aide training and competency evaluation program shall not be for a period longer than two (2) years. Approved programs shall notify Medicaid Services in writing and receive approval when there are substantial changes made to their programs. No charges shall be imposed on individuals employed by nursing facilities for training or testing required as result of the changes.

SECTION XI - CONDITIONS OF PARTICIPATION AND COMPLIANCE WITH  
PROGRAM REQUIREMENTS

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B. Disapproval to conduct a NATCEP

Pursuant to 42 CFR 483.151, training programs offered by or in a nursing facility shall not be approved if in the previous two (2) years they have had:

1. A waiver of the licensed nurse or registered nurse requirement for a period of in excess of forty-eight (48) hours;
2. An extended (or partial extended) survey;
3. Sanctions imposed by Medicare or Medicaid law including a civil money penalty of not less than \$5,000, denial of payment, appointment of temporary management, closing the facility or transferring residents, or termination.
4. Had facility participation terminated under the State plan;
5. Was subject to a denial of payment for medical assistance under the state plan;
6. Operated under temporary management appointed to oversee the operation of the facility and to ensure the health and safety of its residents; or
7. Was closed or had its residents transferred due to department action.

If approval is withdrawn for an existing Nurse Aide Training program, the department shall notify the program in writing, indicating the reason(s) for withdrawal of approval of the program. An individual who has started a training program for which approval has been withdrawn shall be allowed to complete the course.

In accordance with 42 USC 1396 r(f)(2)(C), the department may waive the disapproval of programs offered in a nursing facility if the department:

1. Determines that there is no other such program offered within a reasonable distance of the facility ;
2. Assures through an oversight effort that an adequate environment exists for operating the program in the facility;
3. Provides notice of waiver determination and assurances to the State long term care ombudsman; and
4. Duration of Waiver - A waiver may not exceed two (2) years but must be withdrawn earlier if the facility is subsequently found to no longer meet the waiver criteria

SECTION XI - CONDITIONS OF PARTICIPATION AND COMPLIANCE WITH  
PROGRAM REQUIREMENTS

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C. Initial Post-Approval and Ongoing Review:

After initial approval of the training program, each program shall be monitored as follows:

1. Approved nurse aide training programs conducted by nursing facilities shall be monitored on-site, during the regularly scheduled standard survey process.
2. The monitoring system used by KCTCS and the Office of Career and Technical Education, Department of Workforce Investment, Education Cabinet shall be used for the nurse aide training programs conducted by KCTCS and the Office of Career and Technical Education, Department of Workforce Investment, Education Cabinet. This monitoring shall be conducted on-site annually. KCTCS and the Office of Career and Technical Education shall submit an annual report to Medicaid Services.
3. Medicaid Services shall conduct the monitoring of all other approved nurse aide training programs. After initial program approval, Medicaid Services shall, within one year, conduct an on-site review. Thereafter, Medicaid Services shall conduct an on-site review annually.
4. If the program is found to be noncompliant, a plan of correction shall be submitted to Medicaid Services within thirty (30) days. If the plan of correction is not submitted or is not approved, the program shall be decertified and shall not be eligible to reapply for a nurse aide training program until two (2) years from the date of decertification.
5. Medicaid Services shall withdraw the approval of a nurse aide training and competency evaluation program that does not permit unannounced visits by the State. If a nurse aide training program is decertified for any reason, no new trainees shall be enrolled. However, those trainees in the process of training shall be allowed to finish the training and test.



SECTION XII. ON GOING STAFF DEVELOPMENT

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XII. ON GOING STAFF DEVELOPMENT

- A. Each nursing facility is required to provide a minimum of twelve (12) hours of ongoing staff development annually, per date of employment, for each nurse aide employed who has completed the training program. The facilities shall complete a performance review of every nurse aide at least once every twelve (12) months, and shall document that the staff development shall be based on the outcome of these reviews. Cognitive impairment, Alzheimer's Disease and Dementia's other than Alzheimer's Disease and the special needs of these residents shall also be addressed annually. The facility shall ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for resident's needs, as identified through resident assessments, and described in the plan of care. The training may be conducted in-groups or on an individual basis when necessary.
  
- B. Each nurse aide shall be compensated for time spent in staff development and there shall be documentation of the content of the training program and a staff attendance record kept. Nursing facilities may develop an internal policy to ensure staff development attendance.

SECTION XIII – REIMBURSEMENT

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XIII. REIMBURSEMENT

- A. The Kentucky State Medicaid Program provides for the reimbursement of costs to Nursing Facilities incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides employed by, who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- B. A nurse aide who is employed by or has received an offer of employment from a facility on the date on which the aide begins a nurse aide training program shall not be charged for any portion of the program, including fees for textbooks or other required course materials.
- C. If an individual who is not employed, or does not have an offer to be employed, as a nurse aide becomes employed by, or receives an offer of employment from a facility not later than twelve (12) months after completing a nurse aide training program, the department must provide for the reimbursement of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.
- D. The Nurse Aide Training (NAT) maximum reimbursement amount is \$.45 per medicaid patient day.
- E. The days used to determine the maximum allowable NAT reimbursement is the Medicaid days reported on the Nursing Facility Medicaid supplemental schedules received by the department from each provider for the most recent twelve-month period preceding the federal fiscal year.
- F. The billing forms MAP-576 shall be used by each nursing facility to bill the Kentucky Department for Medicaid Services for its actual and reasonable cost of providing nurse aide training. Each nursing facility shall complete and file a MAP-576 on a monthly basis.

SECTION XIII – REIMBURSEMENT

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- G. NAT reimbursement claims shall be submitted to:

**Cabinet for Health and Family Services  
Department for Medicaid Services  
Division of Policy and Operations  
Benefit Policy Branch  
275 East Main Street, 6W-D  
Frankfort, KY 40621-0001  
Attention : Nurse Aide Training Coordinator**

Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Department for Medicaid Services

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ATTACHMENT – MAP-576 NURSE AIDE TRAINING EXPENSE REPORT AND  
AUTHORIZATION FOR PAYMENT INSTRUCTIONS

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The MAP-576 is used to reimburse nursing facility providers their actual and reasonable cost of providing nurse aide training. Nursing facilities are to bill only for their own employees and not employees of other facilities. However, all students must be listed on MAP-576 page 2 to allow for proper cost apportionment. Each nursing facility provider shall complete and file its own MAP-576 on a monthly basis. Billings should only be initiated upon completion of the training program by the student.

Page 1 Instructions:

1. Enter provider name and address along with Medicaid provider number and the month and the year.
2. Enter the applicable costs associated with the training including: invoice or reference numbers, item descriptions, units, costs per unit, etc. These costs should include all expenses related to nurse aide training to be reimbursed by the Medicaid program. The Department understands that the expenses claimed may differ from facility to facility based upon how the facility secures training. Each entry must be verified by appropriate documentation.
  - Documentation verifying the instructors classroom hours (copy of monthly teaching schedule or calendar).
  - Class supplies, copy of invoice for all items purchased.
  - Testing fees, include a copy of the KCTCS test roster and a copy of the KCTCS billing invoice.
  - The expense of copying information used in classroom instruction does not require an invoice. Example of line entry ;  
100 copies @ 10 cents = \$10.00
3. Line A - Sum all cost entered in step number 2.
4. Line B - Enter the percentage of nursing facility employee students to total students as determined on page 2 of the MAP –576.
5. Line C - Multiply the percentage of nursing facility employee students to total students by the total cost of training.
6. Line D - Enter the total Medicaid days from the most recent cost report. (Schedule F, Part E, line 6, column 1 of the cost report)

Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Department for Medicaid Services

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ATTACHMENT – MAP-576 NURSE AIDE TRAINING EXPENSE REPORT AND  
AUTHORIZATION FOR PAYMENT INSTRUCTIONS

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7. Line E - Enter the total certified nursing facility days from the most recent cost report. (Schedule F, part E, line 4, column 1 of the cost report)
8. Line F - Divide line D-total Medicaid days-by line E-total certified nursing facility days-to obtain the Medicaid utilization percentage.
9. Line G - Multiply the result of line C by line F to obtain Medicaid's portion of nurse aide training costs related to nursing facility employees.
10. Complete and sign the certification statement by the appropriate facility personnel. This section must be completed before any payments can be authorized or issued.

Page 2 Instructions

1. Complete columns one (1) through six (6) for each student attending the training including student name, social security number, employment location, student's payer source, and the completion date of training.
2. Indicate whether or not your facility has a Medicaid approved Nurse Aide Training program. If not, please indicate the location(s) where the training was received.
3. Calculation of Nursing Facility students to total students.
  - A. Line 1 - Enter the number of employee students from column three (3).
  - B. Line 2 - Enter the total number of students reported in column one (1).
  - C. Line 3 - Divide Line 1 by Line 2 to calculate the percentage of students employed by your facility.

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DECEMBER 2003  
MAP-576 NURSE AIDE TRAINING EXPENSE REPORT AND AUTHORIZATION  
FOR PAYMENT

Provider Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Expenses incurred are reimbursed  
subject to provisions of Medicaid  
Provider Agreement (Map - 343):  
# \_\_\_\_\_  
(Medicaid Provider Number)

Billing for the month of \_\_\_\_\_ 20\_\_\_\_.

PLEASE TYPE OR PRINT ALL INFORMATION AS ILLEGIBLE REQUESTS CAN NOT BE PROCESSED

Reference #	Item Description	Units	Cost per unit	Cost

- Line A**      Total Cost \_\_\_\_\_
- Line B**      Enter % page 2, Line 3 (% of students employed by facility) \_\_\_\_\_
- Line C**      Enter product of Line A \*Line B (portion of costs related to employees) \_\_\_\_\_
- Line D**      Total Medicaid Days from most recent cost report \_\_\_\_\_
- Line E**      Total CNF Days from most recent cost report \_\_\_\_\_
- Line F**      Line D divided by Line E (Medicaid %) \_\_\_\_\_
- Line G**      Enter product of Line C \*Line F (Medicaid's portion of total costs) \_\_\_\_\_

Before Payment can be processed this certification section must be completed.

I certify that the above items represent actual costs incurred to Nurse Aide Training requirements for employees of this facility and are reimbursable under guidelines established by the Department for Medicaid Services, specifically 907 KAR 1:450.

**Date:** \_\_\_\_\_  
**Signed:** \_\_\_\_\_ (officer of administrator of facility)  
**Phone #** \_\_\_\_\_

Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Department for Medicaid Services

DECEMBER 2003  
MAP-576 NURSE AIDE TRAINING EXPENSE REPORT AND AUTHORIZATION  
FOR PAYMENT

For Department for Medicaid Services Use Only

**Program Code: WCCN Account #: 01-49-746-WCCN-E466 and 12-49-746-WCCN-E466**  
**This payment report has been received and verified by:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**This payment report is approved for payment by:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

Column 1 Student Name	Column 2 Social Security Number	Column 3 Is the student a facility employee? Yes or No	Column 4 If Col. 3 is yes, enter hire date	Column 5 If Col. 3 is no, enter students payer	Column 6 Completion date of training

PLEASE TYPE OR PRINT ALL INFORMATION AS ILLEGIBLE REQUESTS CAN NOT BE PROCESSED

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MAP-576 NURSE AIDE TRAINING EXPENSE REPORT AND AUTHORIZATION  
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Does your facility have a Medicaid approved Nurse Aide Training Program? \_\_\_\_\_

If not, please enter the name and address of the entity providing Nurse Aide training for your employees.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Nurse Aide Training Number \_\_\_\_\_

Provider Number \_\_\_\_\_

If necessary, additional pages may be completed so that all students completing training can be listed. However, only one nursing facility student to total student ratio should be calculated for all sheets and carried forward to page 1, Line B.

**Ratio of Nursing Facility Student to Total Students**

Line 1 Enter Number of Employee Students from Column 2 \_\_\_\_\_

Line 2 Enter Total Number of Students from Column 1 \_\_\_\_\_

Line 3 % of Students employed by the nursing facility \_\_\_\_\_

(line 1 divided by line 2)



Commonwealth of Kentucky  
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APPENDIX I

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Department for Medicaid Services  
Application for Approval of Nurse Aide Training Program

1. Date of application \_\_\_\_\_

2. Name of training program provider/facility \_\_\_\_\_

3. Administrator \_\_\_\_\_

4. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Telephone number area code ( ) \_\_\_\_\_  
\_\_\_\_\_

6. Federal I.D. number \_\_\_\_\_ County: \_\_\_\_\_

7. Type of nurse aide training provider (Please check)

\_\_\_\_\_ Office of Career and Technical Education, Department of Workforce Investment,  
Education Cabinet and/or KCTCS

\_\_\_\_\_ Nursing Facility

\_\_\_\_\_ Community College or University

\_\_\_\_\_ Proprietary Education \_\_\_\_\_ License Number

\_\_\_\_\_ Other licensed health care facility offering nurse aides training  
to its' own employees.

\_\_\_\_\_ Non-Profit, church related or tax supported program not  
identified in above categories.

8. Ownership and type of organization (i.e. corporation, public, private, sole proprietorship,  
etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Classroom/laboratory facility address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Description of classroom/ lab facilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. List equipment and supplies for classroom instruction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Name and address of facility to be used for clinical practice. (Please enclose letter of agreement.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Attach lesson plan schedule (syllabus - days and times allowed for a whole unit to be completed with each session) to comply with the 75 hour curriculum including a minimum of 16 hours of supervised practical training.

14. Name and title of program supervisor \_\_\_\_\_  
Active/current Kentucky R.N. licensure number: \_\_\_\_\_  
(Attach a copy of License)

The Director of Nursing may be the program supervisor, but may not instruct any portion of the course.

15. Work experience that will qualify the RN as the supervisor (minimum of two (2) years experience in nursing at least one of which is in the provision of long-term care services). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Methods of Instruction (M.O.I.) program, location/ date attended by the supervisor:  
(Attach copy of M.O.I. Certificate): \_\_\_\_\_  
\_\_\_\_\_

17. Name and title of second instructor if different from above (see No. 14) \_\_\_\_\_  
\_\_\_\_\_

18. Active/ current Kentucky RN or LPN License: \_\_\_\_\_  
(Attach copy of License)

19. Work experience that will qualify the second instructor to teach the training. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Methods of Instruction program, location/ date attended by the second instructor:  
(Attach a copy of M.O.I. Certificate): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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21. The undersigned provider:

- A. Agrees to comply with and abide by all applicable federal and state laws and regulation, with Kentucky Medicaid Program's policies and procedures governing Title XIX approved nurse aide training programs.
- B. Certifies that the above provider applicant is licensed by the state of Kentucky (applicable only to proprietary agencies).
- C. Agrees to comply with the civil rights requirements set forth in 45 CFR Parts 80, 84, 90. (The Cabinet for Health and Family Services shall make no payment to providers of services who discriminate on the basis of race, color, national origin, sex, handicap, religion, or age in the provision of services.)
- D. Agrees to maintain records of the training and competency performance of nurse aide who have successfully completed the program for a period of five (5) years. These records will be made available to the Department for Medicaid Services or its designee, upon request.
- E. Assures that he or she is aware of KRS 194.500 to 194.990 and KRS 205.845 to 205.855 and 205.855 to 205.990 relating to medical assistance fraud.
- F. Agrees to inform the Cabinet for Health and Family Services, Department for Medicaid Services, within 30 days of any changes in the following:
  - (a) name;
  - (b) ownership;
  - (c) licensure (for proprietary agency);
  - (d) primary instructor; or
  - (e) address
  - (f) clinical site
- G. Agrees that all information provided in this application is accurate and in accordance with the Kentucky Department for Medicaid Services policies and procedures for Nurse Aide Training and Competency Evaluation Program.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

My facility is applying for approval to teach a Nurse Aide Training program. I verify that, my facility within the previous two (2) years:

1. In the case of a Medicaid SNF, has not operated under a nurse staffing waiver.
2. In the case of a Medicaid NF, has not operated under a nurse staffing waiver which allows waiver of more than forty-eight (48) hours of nursing staffing per week.
3. Has not been subject to an extended or partial extended survey.
4. Has not been assessed a civil money penalty described in section 1819 (h) (2) (B) (ii) or 1919 (h) (2) (B) (ii) of the Social Security Act of not less than \$5,000.00.
5. Has not been subject to a remedy described in sections 1819 (h) (2) (B) (i) or (iii), 1819 (h) (4), 1919 (h) (1) (B) (I), or 1919 (h) (2) (A) (i) (iii) or (iv). These sections describe temporary management, denial of payment for admissions, termination, emergency, transfer, and closure.
6. Has not had its participation in Medicare or Medicaid terminated.
7. Was not subject to a denial of payment under Medicare or Medicaid.
8. Was not assessed a civil money penalty of not less than \$5000.00 for deficiencies in facility standards.
9. Has not operated under temporary management.
10. Was never closed or had its residents transferred pursuant to state action.

\_\_\_\_\_  
ADMINISTRATOR.

\_\_\_\_\_  
DATE

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Approval of Nurse Aide Training Program by the Department for Medicaid Services

\_\_\_\_\_  
Signature of Authorized Medicaid Representative

\_\_\_\_\_  
Approval Number

\_\_\_\_\_  
Date