

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

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

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)

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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.