

Readopt with amendment He-E 804, previously effective 7-24-21 (Document #12717), cited to read as follows:

PART He-E 804 LICENSED NURSING ASSISTANT TRAINING REIMBURSEMENT

He-E 804.01 Definitions.

(a) “Approved nursing assistant training program (training program)” means a program of study in New Hampshire, which includes training or competency testing, that has been approved by the New Hampshire board of nursing pursuant to RSA 326-B and Nur 704.

(b) “Department” means the New Hampshire department of health and human services.

(c) “Licensed nursing assistant (LNA)” means an individual who is registered by the New Hampshire board of nursing pursuant to Nur 704.

(d) “Nursing facility (NF)” means an institution or a distinct part of an institution, licensed by the department in accordance with RSA 151 as a nursing facility, that provides one or more of the following as defined in Section 1919(a) of the Social Security Act and is not primarily for the care and treatment of mental diseases:

(1) Skilled nursing care and related services for residents who require medical or nursing care;

(2) Rehabilitation services for the rehabilitation of injured, disabled, or sick individuals; or

(3) On a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services above the level of room and board which can be made available to them only through an institution.

(e) “Third party” means a person or persons other than the applicant.

He-E 804.02 Requirements, Conditions, and Limitations. The department shall reimburse for the costs of nursing assistant training or competency testing subject to the following requirements, conditions, and limitations:

(a) Costs shall have been incurred for an approved nursing assistant training program;

(b) Costs shall have been actually paid by the LNA or a third party;

(c) Individuals shall have begun employment or received an offer of employment as an LNA in a licensed nursing facility within 12 months of completing the training program, including passing the competency testing; and

(d) The application requirements in He-E 804.03 shall have been met.

He-E 804.03 Application Requirements.

(a) The LNA shall complete an application, form BEAS 292 “Application for Reimbursement for Nursing Assistant Training and Competency Testing,” (August 2023) in full that includes the following:

(1) The LNA’s contact information, including:

- a. Name, current mailing address, and telephone number;
- b. Date of birth; and
- c. The LNA's license number;

(2) The name of the nursing facility where the LNA is or was employed or has received an offer of employment from;

(3) The amount requested for training program reimbursement;

(4) The start and completion dates of the training program, or the date of the competency test;

(5) The name of the agency or entity that provided the training program;

(6) A disclosure statement indicating whether the LNA paid for the entire training program or shared the cost of the training program with a third party, and, if applicable, the amount paid by the third party;

(7) The LNA's original dated signature as the applicant, attesting that the information provided in section a of the application is accurate and that the LNA is, has been, or will be employed by the nursing facility named;

(8) An attached, legible receipt from the agency that provided the training or competency testing, or the entity that processed the payment that documents the proof of payment by the LNA. The receipt shall contain the LNA's name, the title or description of the LNA training program taken, and the amount(s) that the LNA paid for the training program or competency testing; and

(9) An attached certificate from the agency that provided the training or competency testing that shows the date the LNA successfully completed the training or competency testing.

(b) If a third party is seeking reimbursement for paying for an LNA's training, the third party shall provide the following on or with the application:

(1) The name, phone number, and address of the third party;

(2) The amount requested for training program reimbursement;

(3) The third party's original dated signature attesting that the information provided in section b of the application is accurate that the third party has paid the amount listed in (b)(2) above for nursing assistant training of the applicant; and

(4) An attached, legible receipt from the agency that provided the training or competency testing, or the entity that processed the payment, that documents proof of payment by the third party. The receipt shall contain the third party's name, the title or description of the LNA training program taken, and the amount that the third party paid for the training program or competency testing.

(c) The LNA or third party shall submit the documentation required in (a) above and (b) above if applicable to the administrator of the employing nursing facility.

(d) The nursing facility administrator shall complete the following on the application:

(1) The name, phone number, and license number of the nursing facility;

- (2) The name of the applicant and date that the applicant was hired as an LNA or the date the applicant will start after receiving an offer of employment as an LNA;
- (3) Whether the applicant is currently, was formerly, or will be employed at the nursing facility; and
- (4) The nursing facility administrator’s printed name and dated signature.

(e) The nursing facility administrator shall submit the completed application to the department by mailing it to:

The Department of Health and Human Services
 Office of Finance
 105 Pleasant Street
 Concord, NH 03301-3857.

He-E 804.04 Payment.

(a) Upon receipt of a completed application and determination that the requirements in He-E 804.02 and He-E 804.03 have been met, the department shall indicate on the application the amount of reimbursement to be made, sign and date the request for reimbursement, and make payment to the LNA or third party as follows:

- (1) Payment shall be made from the medicaid administrative account in a lump sum, one-time payment;
- (2) Payment for expenses paid by the LNA shall be mailed to the LNA at the LNA’s address;
- (3) Payment for expenses paid by a third party shall be mailed to the third party at the third party’s address; and
- (4) Payment shall be limited to the actual costs incurred and for the LNA training program minus other amounts incurred including, but not limited to, clothing, ancillary items, and criminal record background checks.

(b) The department shall retain a copy of the application and the applicant’s receipt(s), for 3 years, and send a copy of the approved application to the New Hampshire board of nursing nurse aide registry.

(c) If the department determines that the requirements in He-E 804.02 and He-E 804.03 have not been met, the department shall deny payment and notify the applicant in writing of the reason(s) for denial and what steps, if any, the applicant may take to receive reimbursement.

Appendix

RULE	STATUTE/FEDERAL REGULATION TO BE IMPLEMENTED
He-E 804.01	RSA 161:4-a, IX
He-E 804.02	RSA 161:4-a, IX and 42 USC 1396r
He-E 804.03	RSA 161:4-a, IX and 42 USC 1396r Nur 704.09(m)
He-E 804.04	RSA 161:4-a, IX

