

BAAS POLICY RELEASE (PR)	
PR NUMBER:	24-15
TO:	Division of Long Term Supports and Services and New Hampshire Nursing Facilities
FROM THE OFFICE OF:	Bureau Chief of Adult and Aging Services (BAAS), Wendi Aultman
SIGNATURE:	
SUBJECT:	Licensed Nursing Assistant and Medication Nursing Assistant Reimbursement for Training and/or Competency Testing and Revisions to BEAS Form 292
RETRO ACTIVE EFFECTIVE DATE:	August 29, 2023

SUMMARY

This Policy Release (PR) releases the announcement of training and competency testing reimbursements for Medication Nursing Assistants (MNA) and the revision of BEAS form 292, *Application for Reimbursement for Nursing Assistant Training and Competency Testing*, and the readoption with amendment of He-E 804, Nursing Assistant Training Reimbursement.

BACKGROUND

During the 2023 legislative session, House Bill (HB) 215 was approved on June 30, 2023, and is effective August 29, 2023. HB 215 directs the Department to adopt administrative rules regarding medication administration by Licensed Nursing Assistants (LNA) in accordance with the state Medicaid plan.

[HB 215](#) allows the Department to reimburse LNAs who are employed at Nursing Facilities for training and competency testing to become MNAs.

POLICY

Administrative rules under He-E 804, Nursing Assistant Training Reimbursement, were readopted with amendments effective August 20, 2024. The amendment of He-E 804 now includes MNA's and outlines the procedures for reviewing documentation of the mandatory completion of, and processing reimbursements for, a state approved program under RSA 326-B for LNA's authorized to administer medication pursuant to RSA 326-B:14, II-a, in facilities licensed under RSA 151:2 in accordance with the Title XIX Medicaid state plan.

DESCRIPTION OF REVISIONS MADE TO FORMS

The following changes have been made to BEAS forms and letters:

- BEAS Form 292, *Application for Reimbursement for Nursing Assistant Training and Competency Testing*:
 - Is now re-titled as BAAS Form 292, *Application For Reimbursement for Licensed Nursing Assistant or Medication Nursing Assistant Training Program and/or Competency Testing*;
 - Language and Reimbursement options regarding MNA were added;
 - Updated requirements for the itemized receipts;
 - Applicant and third-party payor instructions were updated;
 - Now available in Spanish;
 - General updates pertaining to formatting, grammar, readability, and appearance.
- BEAS Form 292(i), Instructions for *Application for Reimbursement for Nursing Assistant Training and Competency Testing*:

- The instruction sheet is now obsolete as it is a part of the same form instead of being renumbered separately.
- BEAS 3905, 3905b, 3905c, 3905d, *LNA Reimbursement Denial Template letters*:
 - Added Administrative Appeals required language;
 - Updated the Bureau name to Bureau of Adult and Aging Services;
 - Added MNA language;
 - General updates pertaining to formatting, grammar, readability, and appearance.
- BEAS 3905a, *LNA Reimbursement Denial Template letters- Third-Party*:
 - This denial letter is now obsolete as it is no longer used or needed.

IMPLEMENTATION

Applicants and third-party payors can submit BAAS Form 292, to request reimbursement for either LNA or MNA training programs and/or competency testing. BAAS Form 292 can be completed and submitted to BAAS for MNA reimbursements dating back to August 29, 2023.

BAAS representatives will review the application for accuracy and completion, verify that the LNA or MNA has met the required competency to be eligible for the reimbursement and will also verify that the LNA or MNA licenses are active.

The BAAS representative will also review BAAS Form 292 to verify the form is completed correctly, and the appropriate itemized receipts are attached. Once reviewed by the BAAS representative, the application for reimbursement will be approved or denied.

- If reimbursement is denied, BAAS will notify the applicant in writing of the denial reason(s) using *BAAS LNA/MNA Reimbursement Denial Letters 3905, 3905b, 3905c or 3905d*, and indicate any potential steps needed for a potential approval.
- If reimbursement is approved, BAAS Form 292, is sent to the Office of Finance.

Once BAAS has approved the application for reimbursement, the Office of Finance will complete Section 'E' by indicating the amount of the reimbursement to be distributed, add accounting information, sign, and date the BAAS Form 292 for payment processing.

New versions of BAAS Form 292, and its Spanish translated version will also be available electronically on the DHHS website at www.dhhs.nh.gov/forms-documents-0 and internally, for Department staff only, on the (N:) drive upon release of this PR.

Additionally, the revised BAAS Denial Letters 3905, 3905b, 3905c, and 3905d will also be available internally, for Department staff only, on the (N:) drive.

FORMS INSTRUCTIONS

Remove and Destroy

Insert/Replace

<p>BEAS Form #292, <i>Application For Reimbursement for Nursing Assistant Training and Competency Testing</i> Rev 09/2020 1 singled sided page</p>	<p>BAAS Form #292, <i>Application For Reimbursement for Licensed Nursing Assistant or Medication Nursing Assistant Training Program and/or Competency Testing</i> PR 24-15, Rev 08/2024 2 double sided page</p>
<p><i>Previously not translated</i></p>	<p>BAAS Form #292, <i>Application For Reimbursement for Licensed Nursing Assistant or Medication Nursing Assistant Training Program and/or Competency Testing</i> PR # 24-15 2 double sided page</p>

BEAS Form #292(i), <i>Instructions for Application For Reimbursement for Nursing Assistant Training and Competency Testing</i> Rev 09/2020 1 singled sided page	None
BEAS Letter #3905, <i>LNA Template Denial Letter</i> , All revised versions back to 2012 1 singled sided page	BAAS Letter #3905, <i>LNA/MNA Denial Letter, Missing Documentation/Other</i> PR 24-15, Rev 08/2024 1 double sided page
BEAS Letter #3905a, <i>LNA Template Denial Letter, Third-Party Paid</i> All revised versions back to 2012 1 singled sided page	None
BEAS Letter #3905b, <i>LNA Template Denial Letter, Longer than 12 Months</i> All revised versions back to 2012 1 singled sided page	BAAS Letter #3905b, <i>LNA/MNA Denial Letter, Longer than 12 Months</i> PR 24-15, Rev 08/2024 1 double sided page
BEAS Letter #3905c, <i>LNA Template Denial Letter, Non Licensed Facility</i> All revised versions back to 2012 1 singled sided page	BAAS Letter #3905c, <i>LNA/MNA Denial Letter, Non Qualifying Facility</i> PR 24-15, Rev 08/2024 1 double sided page
BEAS Letter #3905d, <i>LNA Template Denial Letter, Training Out of State</i> All revised versions back to 2012 1 singled sided page	BAAS Letter #3905d, <i>LNA/MNA Denial Letter, 2 Year Post Test Date</i> PR 24-15, Rev 08/2024 1 double sided page

All prior versions of BEAS Form #292 and BEAS Form #292(i), *Application for Reimbursement for Nursing Assistant Training and Competency Testing*, **and** all prior versions of BEAS 3905, 3905a, 3905b, 3905c, 3905d *Reimbursement Denial Letters*, must be destroyed and the new BAAS Form #292, BAAS Denial Letters 3905, 3905b, 3905c, and 3905d used immediately.

DISTRIBUTION

This PR will be distributed according to the electronic distribution list for BAAS policy releases and will be available internally on the DHHS (N:) drive for staff to access and on the DHHS website at [Bureau of Adult and Aging Services \(BAAS\) General Memos \(GM\) and Policy Releases \(PR\) | New Hampshire Department of Health and Human Services \(nh.gov\)](#) for public access.

**APPLICATION FOR REIMBURSEMENT FOR LICENSED NURSING ASSISTANT
OR MEDICATION NURSING ASSISTANT TRAINING PROGRAM AND/OR COMPETENCY TESTING
IMPORTANT – Please complete all questions and read attached instructions**

Indicate which training program or competency test you are
applying for reimbursement for (you must check one):

- License Nursing Assistant (LNA) Medication Nursing Assistant (MNA)

Section A - To Be Completed By Applicant (Please print clearly)

First, Middle Initial, and Last Name _____

Date of Birth (Required) _____ Phone # _____ Cell Phone # _____

Mailing Address _____ City _____ State _____ Zip _____

Nursing Assistant License Number _____

Name of Approved LNA or MNA training program and/or competency testing _____

Start Date _____ End Date _____ Test Date _____

Name of New Hampshire (NH) Nursing Facility where you are, were, or will be employed _____

I am applying for financial reimbursement in the amount of \$ _____, which is the amount paid for the LNA or MNA training or competency testing that was successfully completed.

NOTE: The following is required: a copy of an itemized receipt showing the applicant's name and, if applicable, the third-party payor, a description of the training program and/or competency testing, the amount paid for each training program and/or competency testing, and a copy of the certificate showing the date of successful completion.

Check the box that applies and fill in the amount(s) paid:

- I paid the entire cost of the training program and/or competency testing.
 A third-party paid the entire cost of the training program and/or competency testing.
 I shared the cost of the training program and/or competency testing with a third-party.

I paid \$ _____ for LNA or MNA training and/or competency testing

Third-party paid \$ _____ for LNA or MNA training and/or competency testing

Total amount paid by applicant \$ _____ Total amount paid by third-party \$ _____

I attest that the information provided above is accurate and that I am, have been, or will be employed by the Nursing Facility named above.

Signature of Applicant _____ Date _____

IMPORTANT: The third-party payor must complete Section B if seeking reimbursement

Section B - To Be Completed By Third-Party Payor (If Applicable)

Name of Third-Party Payor _____ Phone # _____

Address _____

I am applying for financial reimbursement in the amount of \$ _____, which is the amount paid for the LNA or MNA training program and/or competency testing for the applicant listed above. I have attached separate itemized receipts documenting payment for each training program and/or competency testing. **I attest that the information provided above is accurate and that I paid the amounts listed above for the LNA or MNA training of the applicant listed above.**

Signature of Third-Party Payor

Date

Section C - To Be Completed By The NH Nursing Facility Administrator

Applicant Name _____ Hire/Offer Date for LNA or MNA _____

Name of NH Nursing Facility _____

Applicant Status			
<input type="checkbox"/> is currently employed	<input type="checkbox"/> was employed	<input type="checkbox"/> has received an offer of employment as an LNA	<input type="checkbox"/> has received an offer of employment as an MNA

By my signature below, I attest that the information provided above is accurate.

_____	_____	_____
Name of Nursing Facility Administrator of Record	Signature of Nursing Facility Administrator of Record	Date

_____	_____
Phone Number	Nursing Facility License Number (Required)

Section D - To Be Completed By Bureau of Adult & Aging Services (BAAS)

I have verified that the LNA or MNA reimbursement competency requirements have been met for this applicant, the applicant's LNA or MNA licenses are active, and the application, BAAS Form 292, is complete.

_____	_____	_____
Name & Title of BAAS Representative	Signature of BAAS Representative	Date

Section E - To Be Completed By DHHS Office of Finance

Please process for payment in the amount of:

Total to applicant \$ _____	LNA payment portion \$ _____	MNA payment portion \$ _____
Total to a third party \$ _____	LNA payment portion \$ _____	MNA payment portion \$ _____

Check Date _____ Check Number _____

Second Check Info (if applicable): Check Date _____ Check Number _____

_____	_____	_____
Name & Title of Finance Representative	Signature of Finance Representative	Date

Mail completed application with required attachments to:

Department of Health and Human Services
Bureau of Adult and Aging Services
Attn: Nursing Assistant Reimbursement
105 Pleasant Street, Concord, NH 03301-3857

If you have any questions or need help completing this form, please call
BAAS at 603-271-9203 or 1-800-852-3345 Ext.19203.

This institution is an equal opportunity provider and employer.

**INSTRUCTIONS TO BAAS FORM 292
“APPLICATION FOR REIMBURSEMENT FOR LICENSED NURSING ASSISTANT OR MEDICATION NURSING
ASSISTANT TRAINING PROGRAM AND/OR COMPETENCY TESTING”**

Purpose

BAAS Form 292 is used by individuals and/or third-party payors to apply for financial reimbursement from the Bureau of Adult and Aging Services (BAAS) for Licensed Nursing Assistant (LNA) or Medication Nursing Assistant (MNA) training program and/or competency testing. Financial reimbursement is available to an LNA or MNA who:

- Has completed an LNA or MNA training program and/or successfully passed the competency test approved by the NH Board of Nursing;
- Has completed the required training program and/or competency testing no more than 12 months prior to the date of hire at the nursing facility; and
- **Is, was, or will be employed by a licensed nursing facility as an LNA or MNA.**

Note: Employment in other types of health care settings, including but not limited to, assisted living, residential care facilities, hospice programs, hospitals, and home health agencies are not eligible for reimbursement.

Third-party payors are eligible for reimbursement if they paid for the training of an LNA or MNA who meets the criteria listed above.

Authority/Legal Basis

He-E 804 Licensed Nursing Assistant Training and Medication Nursing Assistant Training Reimbursement; RSA 161:4-a, IX; 42 USC1396r.

Instructions

Section A: Applicant – Please read thoroughly:

In order to receive reimbursement, the applicant shall only complete Section A and then provide the application to the nursing facility administrator where the applicant is, was, or will be employed, or to a third-party payor, if applicable.

- 1. Itemized receipt(s) must be attached to the document showing the amount that the LNA, MNA, and/or third-party paid for the training program and/or competency testing.**
 - The receipt must have the training program and/or competency testing facility’s name and address imprinted on it. Only costs associated with attending the training program and/or competency testing that the LNA or MNA paid out of the LNA’s or MNA’s personal funds are eligible for reimbursement.
 - Costs for criminal records background checks, uniforms, pins, etc. are not reimbursable.
 - The itemized receipt verifying payment for the training program and/or competency testing may be one of the following: a one-page statement that shows the amount charged and the amount paid by the LNA or MNA, a receipt for a cash payment, copies of both sides of a check used to make payment and proof that the payment has cleared the bank, or a copy of a credit card payment.
- 2. A certificate of successful completion of the training program and/or competency testing must be attached. The certificate must include the date the LNA or MNA successfully completed the training program and/or competency testing.**

Section B: Third-Party Payor (if applicable)

If a third-party paid for the training program or competency testing and wishes to be reimbursed, the third-party payor must complete Section B of the application.

Itemized receipt(s) must be attached to the application that shows the cost that the third-party paid for the training program and/or competency testing.

Section C: NH Nursing Facility Administrator

The nursing facility administrator completes Section C of the application to certify that the applicant is, was, or will be employed by the facility as an LNA or MNA and mails the completed application with the required itemized receipt(s) and certificate of completion to:

**Department of Health and Human Services
Bureau of Adult and Aging Services
Attn: Nursing Assistant Reimbursement
105 Pleasant Street, Concord, NH 03301-3857**

Retention

A copy of BAAS Form 292 is retained by both the Office of Finance and BAAS for 3 years from completion date (3YC).

**SOLICITUD DE REEMBOLSO PARA EL PROGRAMA DE CAPACITACIÓN Y/O PRUEBAS DE
COMPETENCIA DE ASISTENTE DE ENFERMERÍA CON LICENCIA O ASISTENTES DE
ENFERMERÍA CON MEDICAMENTOS**

IMPORTANTE: Complete todas las preguntas y lea las instrucciones adjuntas

Indique para qué programa de capacitación o prueba de competencia
solicita el reembolso (debe marcar una opción):

Asistente de enfermería con licencia (LNA) Asistente de enfermería con medicamentos (MNA)

Sección A: a completarse por el solicitante (Escriba de forma clara en imprenta)

Nombre, inicial del 2.º nombre y apellido _____

Fecha de nacimiento (obligatoria) _____ Teléfono n.º _____ Teléfono celular n.º _____

Dirección postal _____ Ciudad _____ Estado _____ Código postal _____

Número de licencia del asistente de enfermería _____

Nombre del programa de capacitación de LNA o MNA aprobado y/o pruebas de competencia _____

Fecha de comienzo _____ Fecha de finalización _____ Fecha de la prueba _____

Nombre del centro de enfermería de New Hampshire (NH) en el que trabaja, trabajaba o trabajará _____

Estoy solicitando un reembolso financiero por el monto de \$ _____, que es el importe pagado por la
capacitación de LNA o MNA o la prueba de competencia que fue completada con éxito.

**AVISO: Se requiere lo siguiente: una copia de un recibo desglosado en el que figure el nombre del solicitante
y, si corresponde, del tercero pagador, una descripción del programa de capacitación y/o de la prueba de
competencia, el monto pagado por cada programa de capacitación y/o prueba de aptitud, y una copia del
certificado en el que figure la fecha de finalización con éxito.**

Marque la casilla que corresponda e indique lo(s) monto(s) abonado(s):

- He pagado la totalidad del costo del programa de capacitación y/o de las pruebas de competencia.
 Un tercero pagó la totalidad del costo del programa de capacitación y/o de las pruebas de competencia.
 He compartido el costo del programa de capacitación y/o las pruebas de competencia con un tercero.
Pagué \$ _____ por la capacitación y/o las pruebas de competencia de LNA o MNA
Un tercero pagó \$ _____ por la capacitación y/o las pruebas de competencia de LNA o MNA

Monto total pagado por el solicitante \$ _____ Monto total pagado por terceros \$ _____

**Doy fe de que la información proporcionada anteriormente es precisa y que soy, he sido o seré empleado por
el centro de enfermería mencionado anteriormente.**

Firma del solicitante _____ Fecha _____

IMPORTANTE: El tercero pagador debe completar la sección B si solicita un reembolso

Sección B: a completarse por el tercero pagador (si corresponde)

Nombre del tercero pagador _____ Teléfono n.º _____

Dirección _____

Estoy solicitando un reembolso financiero por el monto de \$ _____, que es el importe pagado por el
programa de capacitación de LNA o MNA y/o la prueba de competencia del solicitante indicado
anteriormente. He adjuntado un recibo desglosado por separado que contiene la misma información que se requiere
en la sección a anterior, incluida la documentación del pago de cada programa de capacitación y/o prueba de
competencia. **Doy fe de que la información proporcionada anteriormente es precisa y que he pagado los
montos indicados anteriormente para la capacitación de LNA o MNA del solicitante mencionado anteriormente.**

Firma del tercero pagador

Fecha

Sección C: A ser completada por el administrador del centro de enfermería de NH

Nombre del solicitante _____ Fecha de contratación/oferta de LNA o MNA _____

Nombre del centro de enfermería de NH _____

Situación del solicitante			
<input type="checkbox"/> está empleado actualmente	<input type="checkbox"/> estuvo empleado	<input type="checkbox"/> ha recibido una oferta de empleo como LNA	<input type="checkbox"/> ha recibido una oferta de empleo como MNA

Mediante mi firma a continuación, doy fe de que la información proporcionada anteriormente es precisa.

Nombre del administrador del centro de enfermería registrado _____ Firma del administrador del centro de enfermería registrado _____ Fecha _____

Número de teléfono _____ Número de licencia del centro de enfermería (obligatorio) _____

Sección D: A completarse por la Oficina de Servicios para Adultos y Ancianos (BAAS)

He verificado que se han cumplido los requisitos de competencia de reembolso de LNA o MNA para este solicitante, que las licencias de LNA o MNA del solicitante están activas y que la solicitud, formulario de la BAAS 292, está completa.

Nombre y cargo del representante de la BAAS _____ Firma del representante de la BAAS _____ Fecha _____

Sección E: A completarse por la Oficina de Finanzas del DHHS

Por favor, procese el pago por el monto de:

Total para el solicitante \$ _____	Parte de pago de LNA \$ _____	Parte de pago de MNA \$ _____
Total a un tercero \$ _____	Parte de pago de LNA \$ _____	Parte de pago de MNA \$ _____

Fecha del cheque _____ Número del cheque _____

Información del segundo cheque (si corresponde): Fecha del cheque _____ Número del cheque _____

Nombre y cargo del representante de finanzas _____ Firma del representante de finanzas _____ Fecha _____

Envíe la solicitud completada con los anexos requeridos a:
Department of Health and Human Services Bureau of Adult and Aging Services
Attn: Nursing Assistant Reimbursement
105 Pleasant Street, Concord, NH 03301-3857

Si tiene alguna pregunta o necesita ayuda para completar este formulario, llame a la BAAS al 603-271-9203 o al 1-800-852-3345 Ext.19203.

Esta institución es un proveedor y empleador que ofrece igualdad de oportunidades.

**INSTRUCCIONES PARA EL FORMULARIO DE LA BAAS 292
"SOLICITUD DE REEMBOLSO PARA EL PROGRAMA DE CAPACITACIÓN Y/O PRUEBAS DE
COMPETENCIA DE ASISTENTE DE ENFERMERÍA CON LICENCIA O ASISTENTES DE ENFERMERÍA CON
MEDICAMENTOS"**

Objetivo

El formulario de la BAAS 292 es utilizado por personas físicas y/o terceros pagadores para solicitar el reembolso financiero de la Oficina de Servicios para Adultos y Ancianos (BAAS) para el programa de capacitación y/o pruebas de competencia de Asistente de Enfermería con Licencia (LNA) o Asistente de Enfermería con Medicamentos (MNA). El reembolso financiero está disponible para un LNA o MNA que:

- Haya completado un programa de capacitación de LNA o MNA y/o aprobado con éxito la prueba de competencia aprobada por la Junta de Enfermería de NH;
- Haya completado el programa de capacitación requerido y/o la prueba de competencia no más de 12 meses antes de la fecha de contratación en el centro de enfermería; y
- **Es, fue o será empleado por un centro de enfermería autorizado** como LNA o MNA.

Aviso: El empleo en otros tipos de centros de atención médica, incluidos, entre otros, centros de vida asistida, centros de atención residencial, programas de cuidados paliativos, hospitales y agencias de atención médica a domicilio, no es reembolsable.

Los terceros pagadores son elegibles para el reembolso si han pagado la capacitación de un LNA o MNA que cumpla los criterios mencionados anteriormente.

Autoridad/Fundamento legal

He-E 804 Reembolso de capacitación de asistente de enfermería con licencia y de asistente de enfermería con medicamentos; RSA 161:4-a, IX; 42 USC1396r.

Versiones traducidas

El formulario de la BAAS n.º 292 también está disponible en español.

Instrucciones

Sección A: Solicitante: Por favor, lea detenidamente:

Para recibir el reembolso, el solicitante solo deberá completar la sección A y luego entregar la solicitud al administrador del centro de enfermería donde el solicitante está, estuvo o estará empleado, o a un tercero pagador, si corresponde.

- 1. Deberán adjuntarse al documento recibo(s) detallado(s) que muestre(n) el monto que el LNA, MNA y/o tercero pagó por el programa de capacitación y/o prueba de competencia.**
 - El recibo deberá llevar impreso el nombre y la dirección del programa de capacitación y/o del centro de pruebas de competencia. Solo son elegibles para reembolso los costos relacionados con la asistencia al programa de capacitación y/o las pruebas de competencia que el LNA o MNA haya pagado con sus fondos personales.
 - No se reembolsarán los gastos de comprobación de antecedentes penales, uniformes, insignias, etc.
 - El recibo detallado que verifique el pago del programa de capacitación y/o de las pruebas de competencia puede ser uno de los siguientes: una declaración de una página que muestre el monto cobrado y el monto pagado por el LNA o MNA, un recibo de un pago en efectivo, copias de ambas caras de un cheque utilizado para realizar el pago y prueba de que el pago ha pasado por el banco, o una copia de un pago con tarjeta de crédito.
- 2. Deberá adjuntarse un certificado de superación del programa de capacitación y/o de las pruebas de competencia. El certificado deberá incluir la fecha en la que el LNA o MNA completó con éxito el programa de capacitación y/o las pruebas de competencia.**

Sección B: Tercero pagador (si corresponde)

Si un tercero pagó por el programa de capacitación o la prueba de competencia y desea ser reembolsado, el tercero pagador deberá completar la Sección B de la solicitud.

Deberán adjuntarse a la solicitud recibo(s) detallado(s) que muestre(n) el costo que el tercero pagó por el programa de capacitación y/o prueba de competencia.

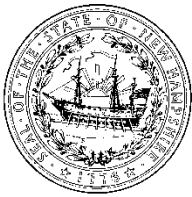
Sección C: Administrador del centro de enfermería de NH

El administrador del centro de enfermería completa la sección C de la solicitud para certificar que el solicitante es, fue o será empleado por el centro como LNA o MNA y envía por correo la solicitud completa con el/los recibo(s) detallado(s) requerido(s) y el certificado de finalización a:

**Department of Health and Human Services
Bureau of Adult and Aging Services
Attn: Nursing Assistant Reimbursement
105 Pleasant Street, Concord, NH 03301-3857**

Conservación

Tanto la Oficina de Finanzas como el BAAS conservan una copia del Formulario de la BAAS 292 durante 3 años a partir de la fecha de finalización (3YC).



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES
BUREAU OF ADULT AND AGING SERVICES

Lori A. Weaver
 Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-9203 1-800-852-3345 Ext. 19203 Fax: 603-271-4643

Melissa A. Hardy
 Director

TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Click or tap to enter a date.

- Name-
- Address-
- City, State Zip-

To Whom It May Concern:

The Division of Long Term Supports and Services has reviewed your application for reimbursement of nursing assistant training and/or competency testing costs. Unfortunately, the application for reimbursement is not complete and is being denied.

Please review the denial reason(s) in the boxes below:

<input type="checkbox"/> Itemized Receipt Required	<input type="checkbox"/> Signature Required	<input type="checkbox"/> Other:
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The federal government, which funds the Nursing Assistant Reimbursement Program, only authorizes reimbursement payments to individuals who begin working in a licensed nursing facility within 12 months following the completion of the training program, competency testing, and when BAAS Form 292, *Application for Reimbursement for Licensed Nursing Assistant or Medication Nursing Assistant Training and/or Competency Testing*, is completely filled out and received by the department within two (2) years of the test date. Nursing Assistants who work in other long-term care settings, including residential care, supported residential care and assisted living facilities are not eligible to receive reimbursement.

I am returning your application along with your training program and/or competency testing receipt. Please refer to the instructions on pages 3 and 4 of BAAS Form 292, which describes the requirements of employment within a nursing facility. You may resubmit your application with the missing information indicated above for reconsideration.

Enclosed you will also find a copy of New Hampshire Administrative rule He-E 804, *Licensed Nursing Assistant Training and Medication Nursing Assistance Training Reimbursement*, which advises you of the Federal and State requirements for reimbursement eligibility. If you disagree with this decision, you have the right to an Administrative Appeal Hearing. See the information on the back of this notice for guidance on filing an appeal.

Please feel free to contact me if you have any questions.

Respectfully,

First and Last Name
 Position Title
 Bureau of Adult and Aging Services
 Phone Number

cc:
 Enclosures:

*The Department of Health and Human Services' Mission is to join communities and families
 in providing opportunities for citizens to achieve health and independence.*

YOUR RIGHTS TO AN ADMINISTRATIVE APPEAL

If you disagree with this decision, you have the right to an Administrative Appeal Hearing. See the below information for assistance in filing an appeal. **If you have questions about DHHS' decision or your benefits, you must contact the District Office directly.**

FILING AN APPEAL

The Administrative Appeals Unit (AAU) conducts hearings and decides whether the Department of Health and Human Services (DHHS) followed the applicable rules and laws in making the decision on your benefits. The AAU is independent and does not have access to DHHS records.

There are several ways to request an appeal:

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2. Go in person to your District Office;
3. Complete the Appeal Request Form and file it with the AAU along with a copy of your Notice of Decision. You can find the Appeal request form here: <https://www.dhhs.nh.gov/doing-business-dhhs/legal-services/administrative-appeals>

This form can be sent to the AAU via:

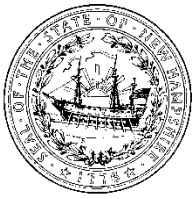
- a. E-mail to dhhs.aau@dhhs.nh.gov;
 - b. US Mail or in person to the AAU at 105 Pleasant Street Concord NH 03301; or
 - c. Fax to 603-271-8422; or
4. Call the AAU at 603-271-4292 or 1-800-852-3345 extension 14292 to make a verbal request.

You must request an appeal either orally or in writing within 30 days of the date on this notice.

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If you have an urgent health care need, you may request an expedited (faster) appeal. An expedited appeal will be granted if the AAU determined your urgent health care need would jeopardize your life, health, or functioning. You may need to give proof of your urgent health care need.

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES
BUREAU OF ADULT AND AGING SERVICES

Lori A. Weaver
 Commissioner

Melissa A. Hardy
 Director

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-9203 1-800-852-3345 Ext. 19203 Fax: 603-271-4643
 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Click or tap to enter a date.

-Name-
 -Address-
 -City, State Zip-

To Whom It May Concern:

The Division of Long Term Supports and Services has reviewed your application for reimbursement of nursing assistant training and/or competency testing costs. Unfortunately, the application for reimbursement has been denied because you were not hired as an LNA within 12 months ***after*** completing an approved nursing assistant training program and/or competency testing.

The federal government, which funds the Nursing Assistant Reimbursement Program, only authorizes reimbursement payments to individuals who begin working in a licensed nursing facility within 12 months following the completion of the training program, competency testing, and when BAAS Form 292, *Application for Reimbursement for Licensed Nursing Assistant or Medication Nursing Assistant Training and/or Competency Testing*, is completely filled out and received by the department within two (2) years of the test date. Nursing Assistants who work in other long-term care settings, including residential care, supported residential care and assisted living facilities are not eligible to receive reimbursement. Nursing Assistants who work in other long-term care settings, including residential care, supported residential care and assisted living facilities are not eligible to receive reimbursement.

I am returning your application along with your training program and/or competency testing receipt. Please refer to the instructions on pages 3 and 4 of BAAS Form 292, which describes the requirements of employment in a nursing facility. Enclosed you will also find a copy of New Hampshire Administrative rule He-E 804, *Licensed Nursing Assistant Training and Medication Nursing Assistance Training Reimbursement*, which advises you of the Federal and State requirements for reimbursement eligibility. If you disagree with this decision, you have the right to an Administrative Appeal Hearing. See the information on the back of this notice for guidance on filing an appeal.

Please feel free to contact me if you have any questions.

Respectfully,

First and Last Name
 Position Title
 Bureau of Adult and Aging Services
 Phone Number

cc:
 Enclosures:

*The Department of Health and Human Services' Mission is to join communities and families
 in providing opportunities for citizens to achieve health and independence.*

YOUR RIGHTS TO AN ADMINISTRATIVE APPEAL

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FILING AN APPEAL

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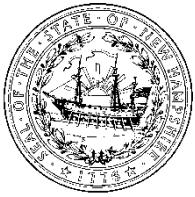
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Lori A. Weaver
 Commissioner

Melissa A. Hardy
 Director

Click or tap to enter a date.

- Name-
- Address-
- City, State Zip-

To Whom It May Concern:

The Division of Long Term Supports and Services has reviewed your application for reimbursement of your nursing assistant training and competency testing costs. Unfortunately, the application for reimbursement has been denied because with license number is not a licensed New Hampshire Nursing Facility and does not qualify for reimbursement under the rules and regulations.

The federal government, which funds the Nursing Assistant Reimbursement Program, only authorizes reimbursement payments to individuals who begin working in a licensed nursing facility within 12 months following the completion of the training program, competency testing and when BAAS Form 292, *Application for Reimbursement for Licensed Nursing Assistant or Medication Nursing Assistant Training and/or Competency Testing*, is completely filled out and received by the department within two (2) years of the test date. Nursing Assistants who work in other long-term care settings, including residential care, supported residential care and assisted living facilities are not eligible to receive reimbursement.

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