APPLICATION FOR REIMBURSEMENT FOR LICENSED NURSING ASSISTANT TRAINING PROGRAM AND/OR COMPETENCY TESTING

IMPORTANT – Please complete all questions and read attached instructions

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 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 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 the 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 training and/or competency testing

Third-party paid $_____ for LNA 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, 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 training program and/or competency testing for the applicant listed above. I have attached separate itemized receipts documenting payment for the 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 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** _____

Name of NH Nursing Facility _____

Applicant Status		
☐ is currently employed	☐ was employed	☐ has received an offer of employment as an LNA

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 reimbursement competency requirements have been met for this applicant, the applicant's LNA license is active, and the application, BAAS Form 3900, 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 $_____
Total to a third party $_____	LNA 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 3900
"APPLICATION FOR REIMBURSEMENT FOR LICENSED NURSING ASSISTANT TRAINING PROGRAM AND/OR COMPETENCY TESTING"

Purpose

BAAS Form 3900 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) training program and/or competency testing. Financial reimbursement is available to an LNA who:

- Has completed an LNA 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.

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 who meets the criteria listed above.

Authority/Legal Basis

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

Instructions

Section A: Applicant – Please read thoroughly:
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, 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 paid out of the LNA'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, 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 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 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