

14484, eff (1-17-26)

Readopt with amendment He-E 804, effective 8-20-24 (Document #14057), 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:32.

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

(c) “Licensed nursing assistant (LNA)” means an individual who is licensed in New Hampshire pursuant to RSA 310:08 and Nur 301.05.

(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 NF, 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 LNA training or competency testing subject to the following requirements, conditions, and limitations:

(a) Costs shall have been incurred for a board of nursing approved LNA training program or competency testing;

(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 NF within 12 months of completing the training program, including passing the competency testing; and

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

He-E 804.03 Application Requirements.

(a) The LNA shall complete an application, bureau of adult and aging services (BAAS) form 3900 “Application for Reimbursement for Licensed Nursing Assistant Training Program and/or Competency Testing,” (January 2026) in full attesting that the information provided in Section A of the

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application is accurate and that the LNA is, has been, or will be employed by the NF named and shall submit the following documentation along with the application:

- (1) Legible and itemized receipts 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 receipts shall contain the applicant's name and, if applicable, the third party payor, the description of the LNA training program or competency testing taken, and the amount(s) the applicant and third party payor, if applicable, paid for the training program or competency testing; and
 - (2) An attached certificate from the agency that provided the training or competency testing to the LNA that shows the date the LNA successfully completed the training or competency testing.
- (b) If a third party is seeking reimbursement for paying for LNA training or competency testing, the third party shall provide the following on or with the application:
- (1) The amount requested for training program or competency testing reimbursement;
 - (2) The third party's 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)(1) above for LNA training or competency testing for the applicant; and
 - (3) Legible and itemized receipts 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 description of the LNA training program or competency testing 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 application and accompanying documentation required in (a) above or (b) above, or (a) and (b) above if applicable, to the administrator of the employing NF.
- (d) The NF administrator shall complete Section C on the application.
- (e) The NF administrator shall submit the completed application to the department by mailing it to:

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

(f) The department shall review the application for completeness, accuracy, and to verify that the individual is an LNA.

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

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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 address provided;
- (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 from completion date.

(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	Specific State or Federal Statutes or Regulations the Rule Implements
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
He-E 804.04	RSA 161:4-a, IX

**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 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 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		
<input type="checkbox"/> is currently employed	<input type="checkbox"/> was employed	<input type="checkbox"/> 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
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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
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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; 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**