

# NATCEP Online Reimbursement Request Guide February 26, 2016



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## Introduction

- The State is required to provide reimbursement to Medicaid certified facilities for nursing assistant training (OAR 411-070-0470). This is referred to as the Nursing Assistant Training and Competency Evaluation and Training Program (NATCEP).
- As a way to improve the process, we elected to move towards an online NATCEP reimbursement request system. **Note the distinction.... This is not a payment system.** It is simply a different, more streamlined method for requesting NATCEP reimbursements.

## Preparation

- The process requires nursing facilities to register to use the online application
  - Users of the online application need to be pre-approved by facility management. An email to [NATCEP.REQUEST@state.or.us](mailto:NATCEP.REQUEST@state.or.us) with facility name, user's full name, and user's email is required for this process.
    - A facility or corporation can have multiple users whom are given the authority to submit a request
    - A user may enter for multiple facilities
- Apply for Login on-line via "New user registration"
  - User name
  - E-mail address

*The login request is reviewed by Central Office staff and either approved or denied.*

## Update: February 26, 2016

***The Online Request Form has been updated based on user suggestions and feedback.***

### Sample:

1. The maximum of 10 students has been removed from “No. of Participants” which means if you have larger class it can be entered into a single request. All Oregon State Board of Nursing regarding training classes still apply.
2. An “Other Notes” box has been added if you need to enter a short concise explanation to the DHS staff processing the reimbursement request.
3. Trainer name box has been removed. It is the responsibility of the training program to ensure they have approved trainers.

The screenshot shows a web-based form titled "Administrator's Request Form" with a blue header and a close button in the top right corner. The form is divided into several sections:

- CLASS INFORMATION:** Includes dropdown menus for Facility (Aidan Senior Living at Reedsport), Submitter, and Status (New). It also has text input fields for Start Date, End Date, and No. of Participants, and a text area for Other Notes.
- HOURS AND RATE:** Contains input fields for Class Hours (\*Max: 80), Laboratory Hours (\*Max: 24), Clinical Hours (\*Max: 75), and Prep Hours (\*Max: 50). Below these are fields for Total Hours, Rate/Hour, and Employee Benefits and Taxes (%), with a Total field at the bottom.
- EXPENSES AND MEDICAID %:** Lists various expense categories with input fields: Online Training, Contract Trainer, Course Materials, Other Expenses, Equipment Expenses, CNA Reimbursement, Certification Fees, and Revenue Received (less). It also includes Total Expenses, Total Resident Days, Total Medicaid Days, and Medicaid Percentage.
- TOTALS:** A single input field for Total Reimbursements.

At the bottom of the form, there are two buttons: "Create Request" and "Cancel Create".

\*Please note that many of the examples in the guide are using the older format.

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## Step One-Registration

Click the 'New User Registration' link on: <https://spdweb.hr.state.or.us/natcep>

**Log In**

Please enter your username and password.

User Name:

Password:

Log In

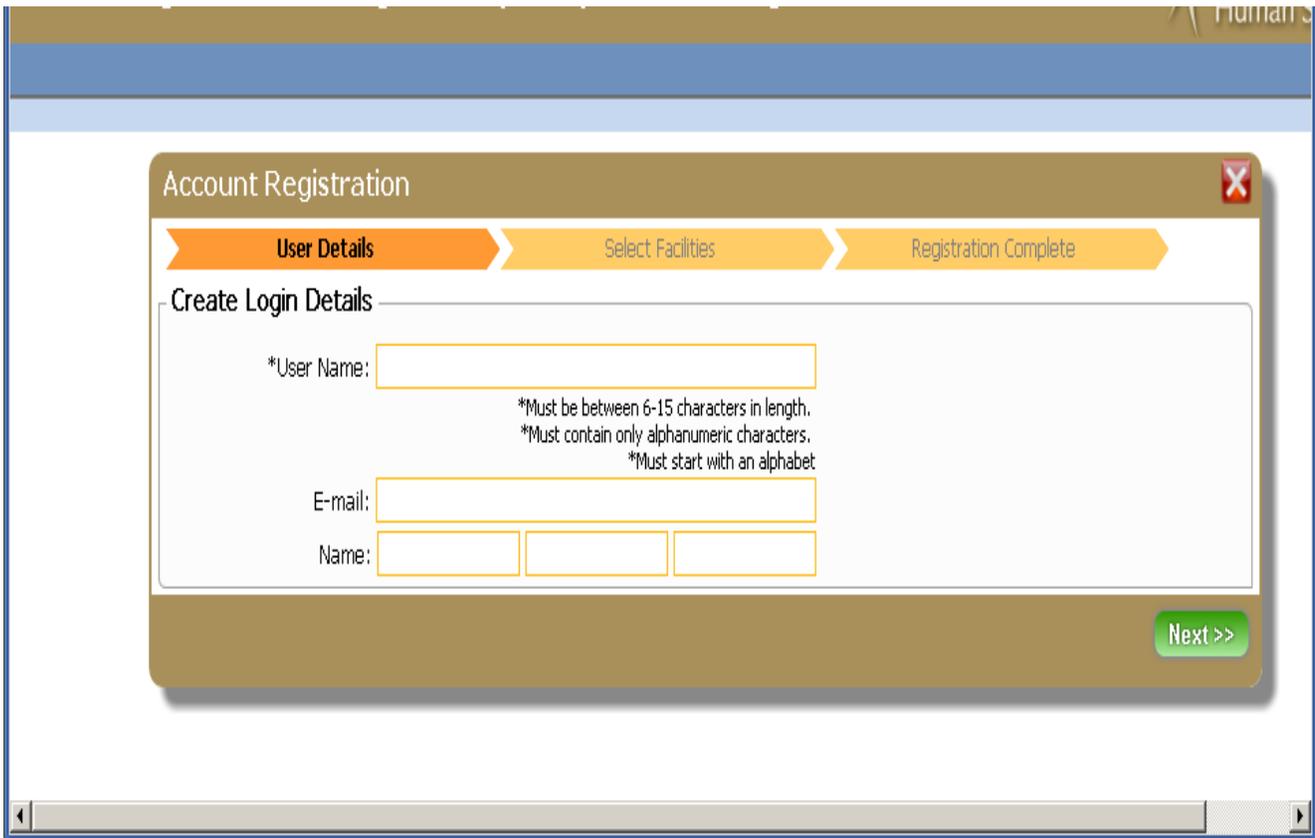
[Forgot Password?](#)

[New user registration](#)

Note: Password initially assigned by DHS

## Step Two

Select a user name



The screenshot shows a web browser window with a registration form titled "Account Registration". The form has a progress bar with three steps: "User Details" (highlighted in orange), "Select Facilities", and "Registration Complete". Below the progress bar, the section "Create Login Details" contains the following fields and instructions:

- \*User Name:** A text input field. Below it, instructions state: "\*Must be between 6-15 characters in length.", "\*Must contain only alphanumeric characters.", and "\*Must start with an alphabet".
- E-mail:** A text input field.
- Name:** Three separate text input fields.

A green "Next >>" button is located at the bottom right of the form area.

## Step Three

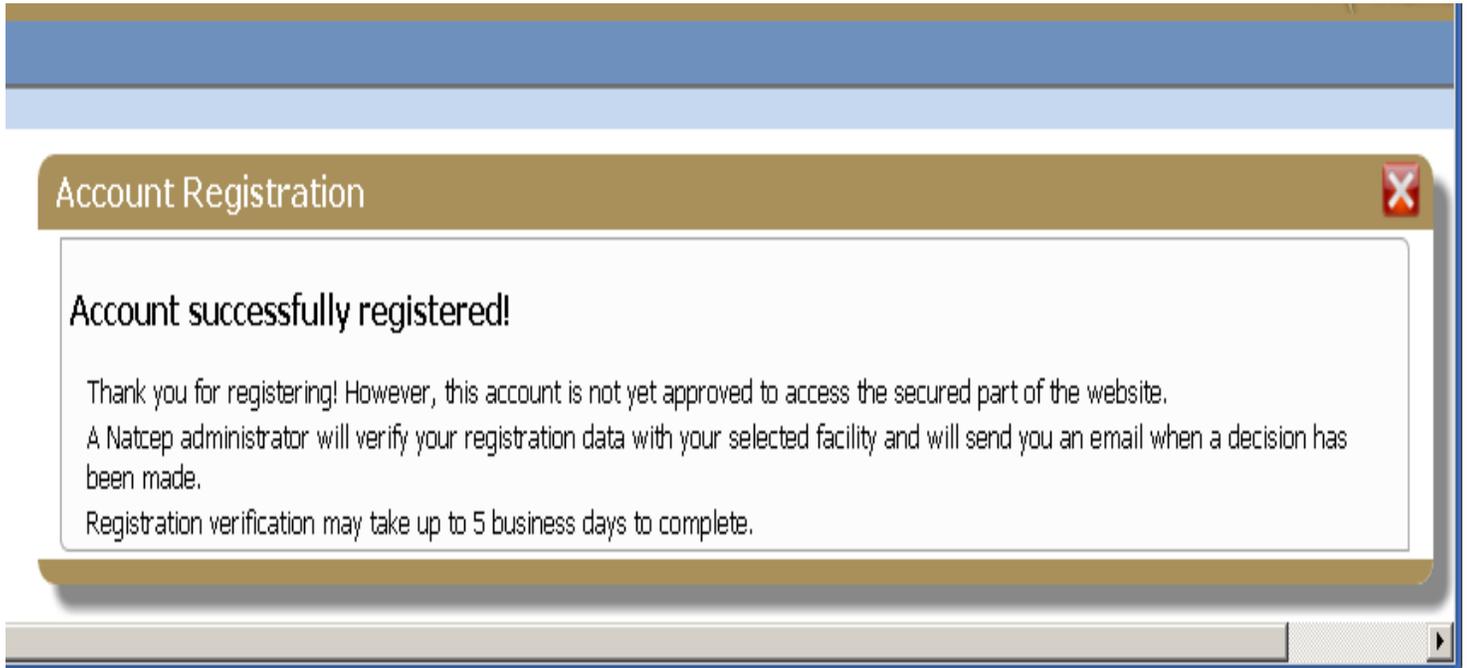
Select the facilities you for which you will be submitting requests

The screenshot shows a web application window titled "Account Registration" with a close button in the top right corner. The window has a progress bar with three steps: "User Details", "Select Facilities" (which is currently active and highlighted in orange), and "Registration Complete". Below the progress bar, the "Select Facilities" section contains two lists of facilities. The "Available Facilities" list on the left includes: Aidan Senior Living at Reedsport, Avamere at Three Fountains, Avamere Court at Keizer, Avamere Crestview of Portland, Avamere Rehabilitation of Beaverton, Avamere Rehabilitation of Clackamas, Avamere Rehabilitation of Coos Bay, Avamere Rehabilitation of Eugene, and Avamere Rehabilitation of Hillsboro. The "Selected Facilities" list on the right includes: Test Facility and Test Facility x2. Between the two lists are two blue buttons: "Move >>" and "<< Move". At the bottom of the window, there is a red button labeled "<< Previous Step" and a green button labeled "Submit Registration >>".

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## Step Four

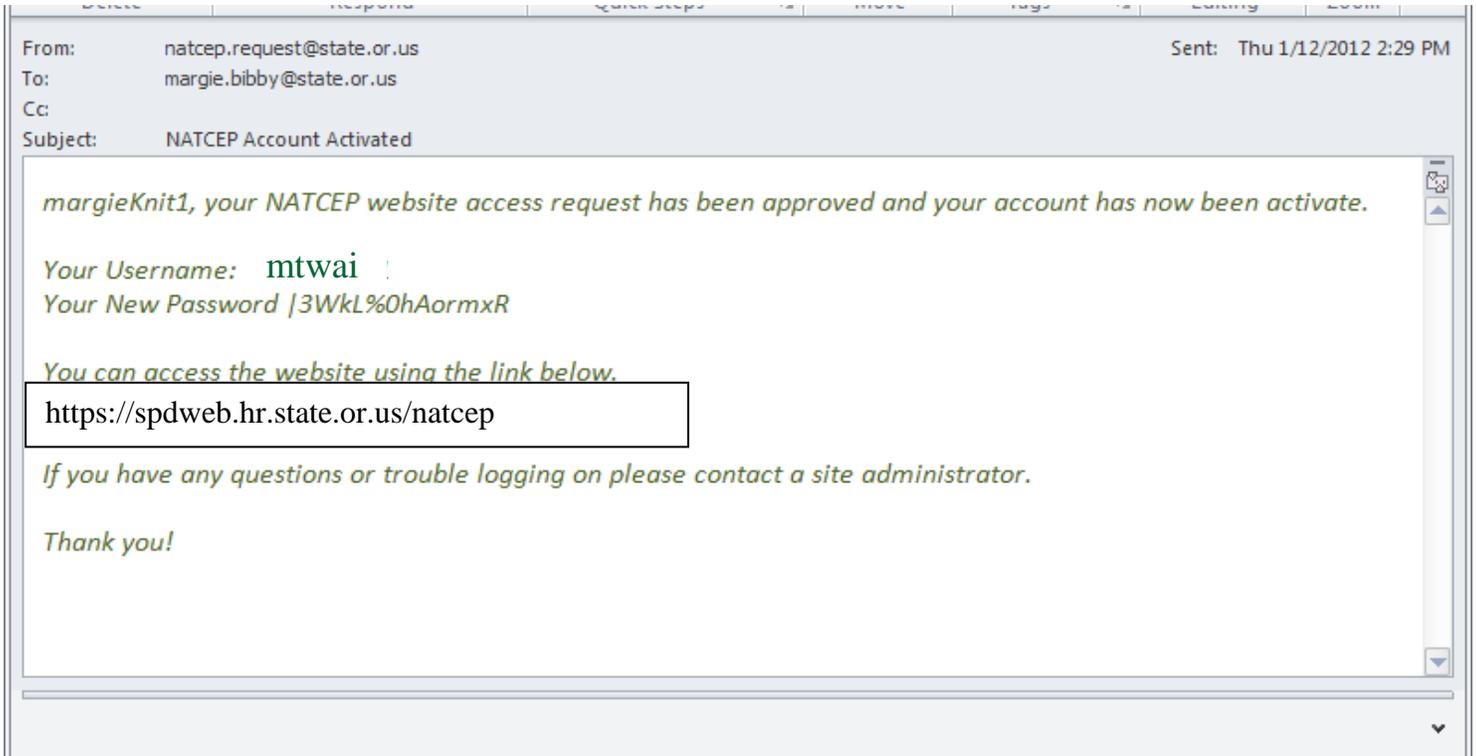
### Successful registration



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## Step Five

### Confirmation email (sample)



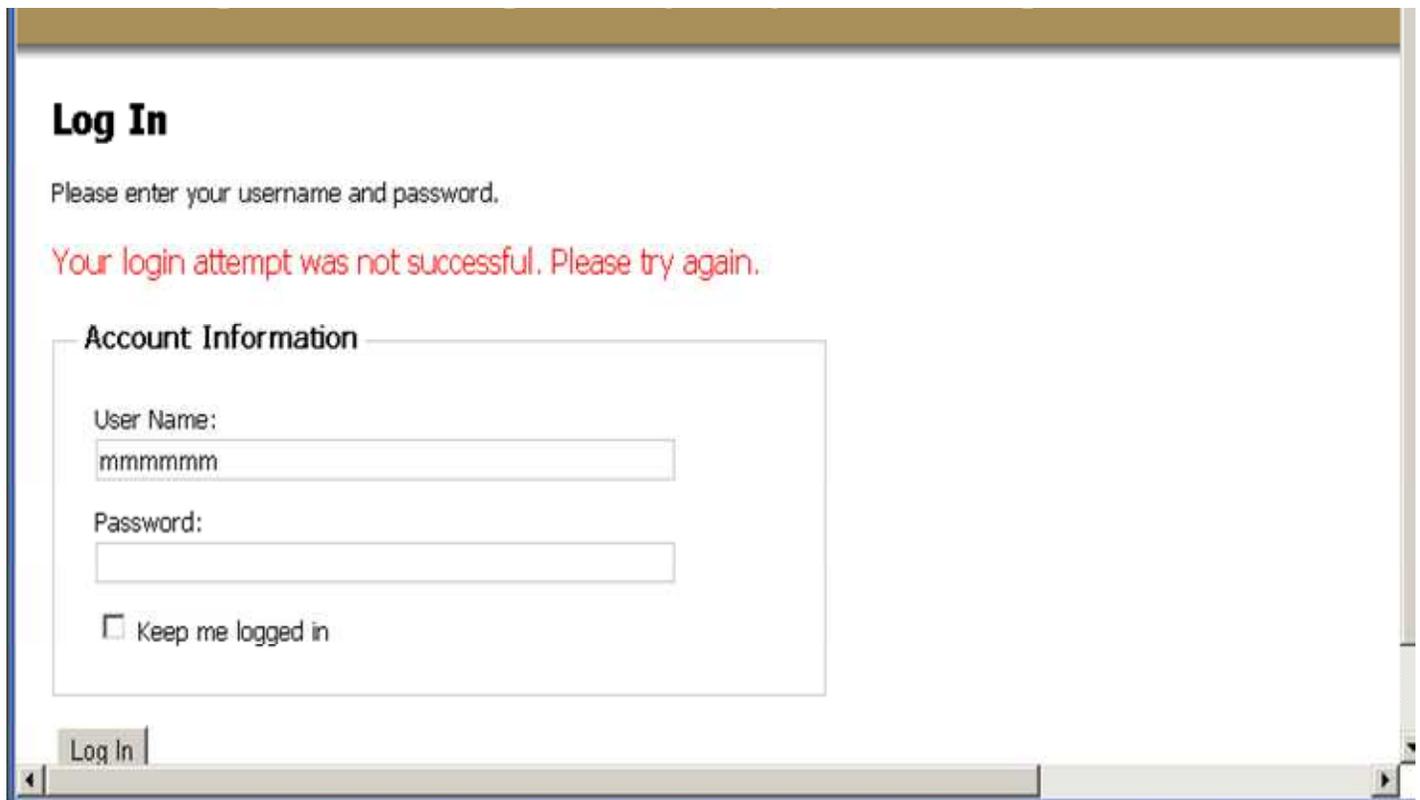
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## Sign On Issues

You have limited tries to log-in before the system will revoke.

For help email: [ORCR.TECH@state.or.us](mailto:ORCR.TECH@state.or.us) and type 'natcep login problem' in subject line.

## Login failure



**Log In**

Please enter your username and password.

Your login attempt was not successful. Please try again.

**Account Information**

User Name:  
mmmmmm

Password:  
[Redacted]

Keep me logged in

Log In

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# Lost Password or Need to Change

Forgot Password: Click the 'Forgot Password' link on the log in page

## Log In

Please enter your username and password.

User Name:

Password:

Log In

[Forgot Password?](#)

[New user registration](#)

## Password Recovery

Enter your User Name to receive your password.

User Name:

Submit

## Password Recovery

Your password has been sent to you.

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# Change Password

Click on My Account, then click Change Password.

Make changes and press the 'Change Password' button to submit.

Home ▶ My Account ▶ Administration ▶ Admin Requests ▶ User Requests ▶

Home > My Account > Change Password

## Change Password

Use the form below to change your password.  
New passwords are required to be a minimum of 7 characters in length.

**Account Information**

Old Password:

New Password:

Confirm New Password:

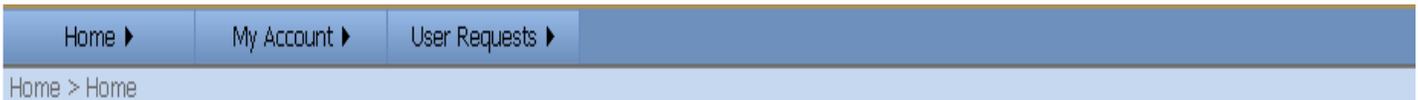
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## Website Page Tabs

This will give you the option of navigating to

- Home
- My Account
- User Requests

To access the information under each section, click on the Tab Name.



Status: Logged In

Welcome to the on-line reimbursement request system for the Nursing Assistant Training and Competency Evaluation Program

(47) "Nursing Aide Training and Competency Evaluation Program (NATCEP)" means a nursing assistant training and competency evaluation program approved by the Oregon State Board of Nursing pursuant to ORS chapter 678 and the rules adopted pursuant thereto. [OAR 411-070-0000](#)

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Enroll in Direct Deposit (for NATCEP\*)  
[Direct Deposit Enrollment Form](#)

**\*Note: If your facility already has direct deposit through the State, this additional form is still required to be completed for all NATCEP direct deposits.**

Advantages of Enrolling in Direct Deposit

- Direct Deposit provides a more secure way of getting the money directly into the Nursing Facility's account.
- Direct Deposit prevents checks from getting stolen or lost in the mail.
- Direct Deposit can save a trip to cash or deposit the check.

For security reasons, checks sent by mail are not forwarded; instead, they are returned to DHS central office for processing.

### Note:

Enroll in Direct Deposit for NATCEP\*  
<https://apps.state.or.us/Forms/Served/de0189.doc>

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## Home Page Menu

- Click to expand or contract each item. Expand for additional information in that category

[Home](#) > [Home](#) > [About](#)

- Requirements
- Trainer Compensation
- Online Training
- Course Materials
- Equipment
- Certification fees
- Reimbursement to CNAs
- Contract Trainers
- Other Expenses
- Total Expenses
- Revenue received for classes
- Expenses Less Revenue
- Total Reimbursable Expenses

[Home](#) > [Home](#) > [About](#)

**Requirements**

As required by OAR 411-70-470, SPD shall reimburse Medicaid certified facilities for the Medicaid portion of their costs in training Certified Nursing Assistants (CNAs). The Medicaid portion is calculated by multiplying eligible costs paid by the facility for CNA training, by the percentage of resident days that are attributable to Medicaid clients during the reporting period.

The cost report identifies all costs incurred and related revenues (not including NATCEP payments from the Division)

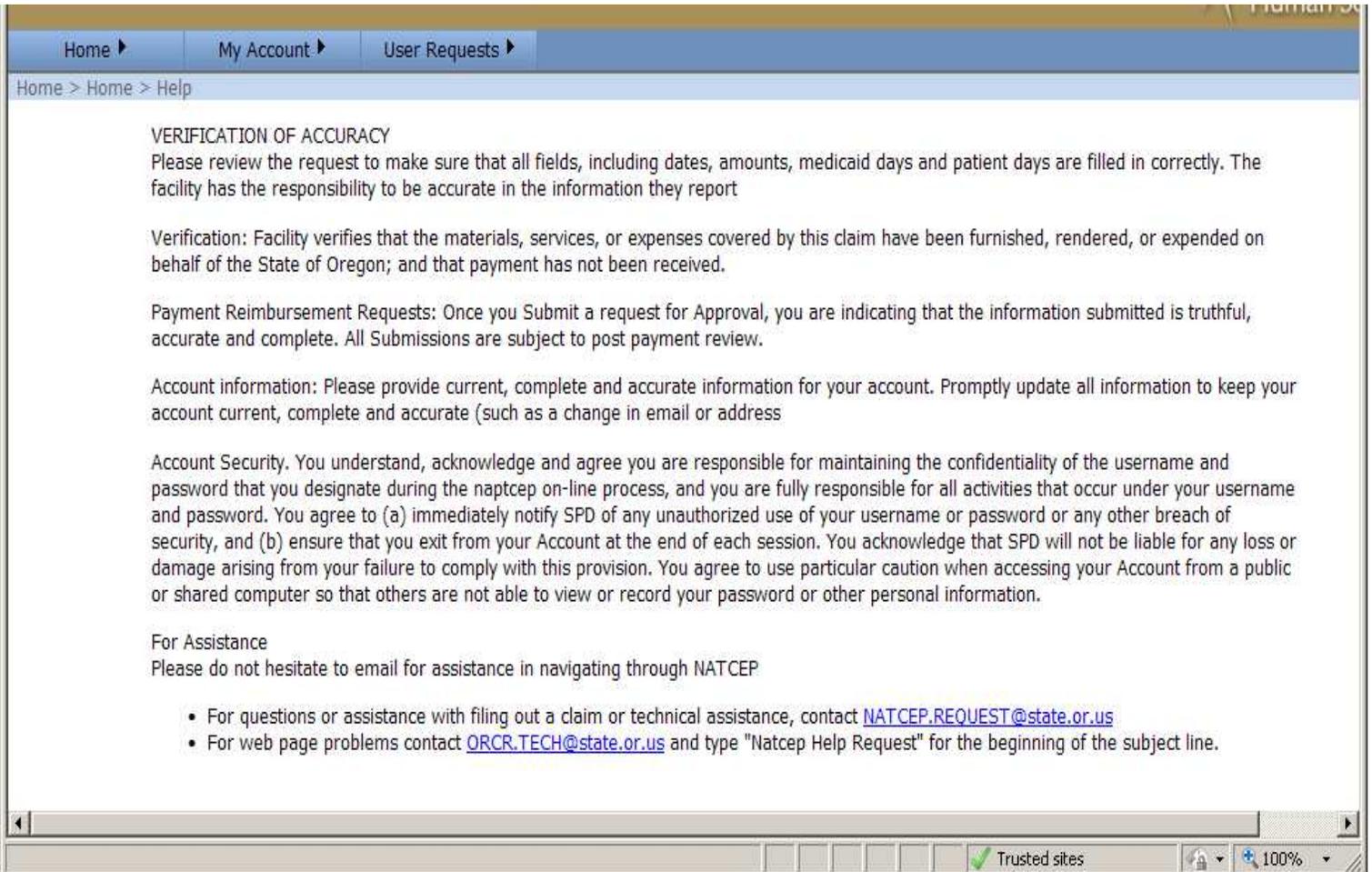
**Trainer Compensation**

**Online Training**

**Course Materials**

# Technical Assistance

Please see the information at the bottom of the Home Help Page



The screenshot shows a web browser window with a navigation bar at the top containing 'Home', 'My Account', and 'User Requests'. Below the navigation bar is a breadcrumb trail: 'Home > Home > Help'. The main content area contains the following text:

**VERIFICATION OF ACCURACY**  
Please review the request to make sure that all fields, including dates, amounts, medicaid days and patient days are filled in correctly. The facility has the responsibility to be accurate in the information they report

Verification: Facility verifies that the materials, services, or expenses covered by this claim have been furnished, rendered, or expended on behalf of the State of Oregon; and that payment has not been received.

Payment Reimbursement Requests: Once you Submit a request for Approval, you are indicating that the information submitted is truthful, accurate and complete. All Submissions are subject to post payment review.

Account information: Please provide current, complete and accurate information for your account. Promptly update all information to keep your account current, complete and accurate (such as a change in email or address)

Account Security. You understand, acknowledge and agree you are responsible for maintaining the confidentiality of the username and password that you designate during the naptcep on-line process, and you are fully responsible for all activities that occur under your username and password. You agree to (a) immediately notify SPD of any unauthorized use of your username or password or any other breach of security, and (b) ensure that you exit from your Account at the end of each session. You acknowledge that SPD will not be liable for any loss or damage arising from your failure to comply with this provision. You agree to use particular caution when accessing your Account from a public or shared computer so that others are not able to view or record your password or other personal information.

For Assistance  
Please do not hesitate to email for assistance in navigating through NATCEP

- For questions or assistance with filing out a claim or technical assistance, contact [NATCEP.REQUEST@state.or.us](mailto:NATCEP.REQUEST@state.or.us)
- For web page problems contact [ORCR.TECH@state.or.us](mailto:ORCR.TECH@state.or.us) and type "Natcep Help Request" for the beginning of the subject line.

The browser's status bar at the bottom shows a 'Trusted sites' icon and a zoom level of 100%.

[NATCEP.REQUEST@state.or.us](mailto:NATCEP.REQUEST@state.or.us) (request questions, program questions)

[ORCR.TECH@state.or.us](mailto:ORCR.TECH@state.or.us) (Web page problems)

# Account Settings

home ▾ My Account ▾ User Requests ▾  
> My Account

**User Account Main Page** ✕

<a href="#">Account Settings</a>	Update your account information.
<a href="#">Change Password</a>	Change or update your existing password.

## Manage Your Account

From this page you can change your security question and answer.

Your Current Password:

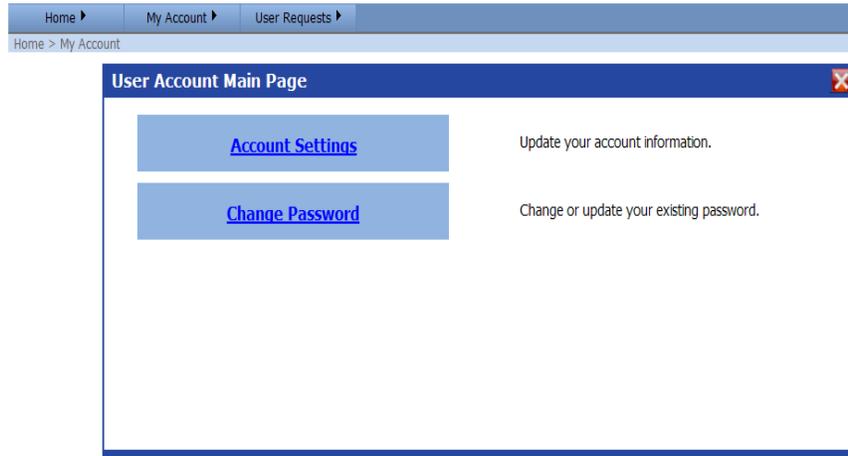
Email :

New Security Question:

*If you forget your password you will be asked the security question you choose here and provide the answer you specify below.*

New Security Answer:

# My Account: Change Password



## Change Password

[Home](#) > [My Account](#) > [Change Password](#)

### Change Password

Use the form below to change your password.

New passwords are required to be a minimum of 7 characters in length.

**Account Information**

Old Password:

New Password:

Confirm New Password:

### Change Password

Your password has been changed successfully.

# User Requests Lists

Home > User Requests

### Requests List

Filter By Facility:

<u>Request #</u>	<u>Requestor</u>	<u>Resident Days</u>	<u>Medicaid</u>	<u>Total</u>	<u>Status</u>	<u>Created</u>	<u>Submitted</u>
<a href="#">214</a>	Margie Bibby	31	48.39 %	\$254.30	New	12/05/2011	12/05/2011
<a href="#">156</a>	test userMe	31	32.30 %	\$322.58	Submitted		11/22/2011
<a href="#">177</a>		31	32.30 %	\$516.13	New		
<a href="#">207</a>	Test User1	9107	56.70 %	\$2,184.81	Submitted	11/21/2011	11/21/2011
<a href="#">164</a>	test userMe	3100	3.23 %	\$48.39	Submitted		11/17/2011
<a href="#">165</a>	test userMe	31	32.30 %	\$2,088.71	New		
<a href="#">155</a>	test userMe	31	32.30 %	\$322.58	Submitted		11/17/2011
<a href="#">198</a>	Test User	3500	14.30 %	\$598.57	Submitted	11/17/2011	11/17/2011
<a href="#">200</a>	Test User	3589	9.75 %	\$258.43	Submitted	11/17/2011	11/17/2011
<a href="#">199</a>	Margie Bibby	3589	25.08 %	\$1,418.40	Submitted	11/17/2011	11/17/2011
<a href="#">146</a>	test userMe	15	66.70 %	\$66.67	New		
<a href="#">149</a>	test userMe	31	32.30 %	\$322.58	New		

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## Before Submitting

1. Please review the request to make sure that all fields, including dates, amounts, Medicaid days and resident days are filled in correctly.
2. The facility has the responsibility to be accurate in the information they report.

**Verification:** Facility verifies that the materials, services, or expenses covered by this request have been furnished, rendered, or expended on behalf of the State of Oregon; and that payment has not been received.

3. Once you Submit a request for Approval, you are indicating that the information submitted is truthful, accurate and complete.
4. All Submissions are subject to post payment review.

# Requests

Home ▾ My Account ▾ User Requests ▾

Home > User Requests > New Request

## Submit New Request

1. Introduction **2. Request Details** 3. Confirm Request 4. Summary

### Submitting a New Reimbursement Request

To submit a new NATCEP request for reimbursement you will need

- \*Medicaid Days
- \*Resident Days
- \*Expenses
- Class Dates (Start and End)
- Class Hours
- Clinical Hours
- Prep Hours
- RN or Trainer Rate
- EBT
- Cost of Course Materials and/or Equipment
- Certification fees
- Reimbursement to CNA amount
- Other expense amounts

**VERIFICATION OF ACCURACY**  
Please review the request to make sure that all fields, including dates, amounts, medicaid days and patient days are filled in correctly. The facility has the responsibility to be accurate in the information they report.

Verification: Facility verifies that the materials, services, or expenses covered by this claim have been furnished, rendered, or expended on behalf of the State of Oregon; and that payment has not been received.

Once you Submit a request for Approval, you are indicating that the information submitted is truthful, accurate and complete. All Submissions are subject to post payment review.

[Enter Request Details >>](#)

# Submit New

**Administrator's Request Form**

**CLASS INFORMATION**

Facility: Aidan Senior Living at Reedsport

Submitter:

Status: New

Other Notes:

Start Date:

End Date:

No. of Participants:

**HOURS AND RATE**

Class Hours (\*Max 80):

Laboratory Hours (\*Max 24):

Clinical Hours (\*Max 75):

Prep Hours (\*Max 50):

Total Hours:

Rate/Hour:

Employee Benefits and Taxes (%):

Total:

**EXPENSES AND MEDICAID %**

Online Training:

Contract Trainer:

Course Materials:

Other Expenses:

Equipment Expenses:

CNA Reimbursement:

Certification Fees:

Revenue Received (less):

Total Expenses:

Total Resident Days:

Total Medicaid Days:

Medicaid Percentage:

**TOTALS**

Total Reimbursements:

Create Request Cancel Create

# Confirmation

Home > User Requests > New Request

## Submit New Request

1. Introduction   2. Request Details   **3. Confirm Request**   4. Summary

Kindly review the data that you have entered. If you need to do changes, Click the Previous Button to go back to edit the data. Click the Submit Button when you are ready to submit your request.

CLASS INFORMATION	
Facility: <b>Test Facility</b>	Start Date: <b>10/30/2011</b>
Trainer Name: <b>Carlos Antenna</b>	End Date: <b>11/02/2011</b>
Submitter: <b>Testuser1</b>	No. of Participants: <b>10</b>

TRAINING HOURS	FEEs, EXP & REVENU
Class Hours: <b>55</b>	Online Training:
Laboratory Hours: <b>20</b>	Contract Trainer:
Clinical Hours: <b>55</b>	Course Materials:
Prep Hours: <b>20</b>	Other Expenses
<hr/>	Equipment Expenses:
Total Hours: <b>155.00</b>	CNA Reimbursement:
Rate/Hour: <b>25.00</b>	Certification Fees: <b>500.00</b>
EBT(%): <b>15.00%</b>	Revenue Received (less):
<hr/>	Total Expenses: <b>4956.25</b>
Total Labor Cost: <b>4456.25</b>	Total Resident Days: <b>3150</b>
	Total Medicaid Days: <b>1120</b>
	<hr/>
	Medicaid Percentage: <b>35.56%</b>

TOTAL
Total Reimbursements: <b>1762.22</b>

<< Previous Step   Save and Edit Later >>   Submit for Approval >>



# Success

[Home](#) ▶

[My Account](#) ▶

[User Requests](#) ▶

[Home](#) > [User Requests](#) > [New Request](#)

## Submit New Request



### Reimbursement Request Summary

You have successfully created the following request.

#### CLASS INFORMATION

Request ID: **224**  
Facility: **Test Facility**  
Trainer Name:  
Submitter: **Testuser1**

Status: **Submitted**  
Start Date:  
End Date:  
No. of Participants:

#### TRAINING HOURS

Class Hours:  
Laboratory Hours:  
Clinical Hours:  
Prep Hours:

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Total Hours: **0.00**

Rate/Hour:  
EBT(%):

---

Total Labor Cost: **0.00**

#### FEES, EXP & REVENU

Online Training: **500.00**  
Contract Trainer: **500.00**  
Course Materials: **500.00**  
Other Expenses **25.00**  
Equipment Expenses:  
CNA Reimbursement: **500.00**  
Certification Fees: **0.00**  
Revenue Received (less): **25.00**

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Total Expenses: **2000.00**

Total Resident Days: **3150**

Total Medicaid Days: **1100**

---

Medicaid Percentage: **34.92%**

#### TOTAL

Total Reimbursements: **698.41**

[Submit Another Request](#)

[View Request Lists](#)

# Submit new (no data)

If there is no data entered : The page will display  
“Unable to proceed...”

Home ▶ My Account ▶ User Requests ▶

Home > User Requests > New Request

## Submit New Request

1. Introduction ▶ **2. Request Details** ▶ 3. Confirm Request ▶ 4. Summary

Unable to proceed to the next step, Please check your entries. Some fields have incorrect or missing entries.

**CLASS INFORMATION**

Facility: Test Facility Start Date:

Trainer Name:  End Date:

Submitter: Testuser1 No. of Participants:

**HOURS AND RATE**

Class Hours (\*\*Max 75):

Laboratory Hours (\*\*Max 24):

Clinical Hours (\*\*Max 75):

Prep Hours (\*\*Max 50):

Total Hours:

Rate/Hour:

Employee Benefits and Taxes (%):

Total:

**EXPENSES AND MEDICAID %**

Online Training:

Contract Trainer:

Course Materials:

Other Expenses:

Equipment Expenses:

CNA Reimbursement:

Certification Fees:

Revenue Received (less):

Total Expenses:

Total Resident Days:  Resident Days is required.

Total Medicaid Days:  Medicaid Days is required.

Medicaid Percentage:

**TOTALS**

Total Reimbursements:  Total Reimbursements is required.

<< Previous Step Confirm Request Details >>

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# Cancel/Exit

If you choose to Cancel/Exit : This popup message will appear.



If you choose “OK”, you will be returned to request list.

# View (your requests)

To change status from New to Submitted

- Pick the Request number to edit.
- The request will then display
- Press Continue

Home > User Requests > List Requests

Requests List

Filter By Facility:

Request #	Requestor	Resident Days	Medicaid	Total	Status	Created	Submitted
<a href="#">257</a>	Test User1	3100	35.50 %	\$1,170.97	New	12/15/2011	
<a href="#">260</a>	Test User1	3100	35.50 %	\$354.84	New	12/15/2011	
<a href="#">259</a>	Test User1						

Home > User Requests > Edit Request

Edit Request

1. Edit Details | 2. Submit Changes | 3. Summary

CLASS INFORMATION

Facility:  Start Date:

Trainer Name:  End Date:

Submitter:  No. of Participants:

HOURS AND RATE

Class Hours (\*\*Max 75):

Laboratory Hours (\*\*Max 24):

Clinical Hours (\*\*Max 75):

Prep Hours (\*\*Max 50):

Total Hours:

Rate/Hour:

Employee Benefits and Taxes (%):

Total:

EXPENSES AND MEDICAID %

Online Training:

Contract Trainer:

Course Materials:

Other Expenses:

Equipment Expenses:

CNA Reimbursement:

Certification Fees:

Revenue Received (less):

Total Expenses:

Total Resident Days:

Total Medicaid Days:

Medicaid Percentage:

TOTALS

Total Reimbursements:

Continue..

# Modify and continue

To change status from New to Submitted  
(*cont.*)

- Then choose Submit Changes for Approval

Home > User Requests > Edit Request

## Edit Request

1. Edit Details > **2. Submit Changes** > 3. Summary

Kindly Review the data that you have entered. If you need to do changes. Click the Previous Button to go back to edit the data. Click the Submit Button when you are ready to submit your request.

**CLASS INFORMATION**

Facility: <b>Test Facility</b>	Start Date:
Trainer Name:	End Date:
Submitter: <b>Test User1</b>	No. of Participants:

**TRAINING HOURS**

Class Hours:
Laboratory Hours:
Clinical Hours:
Prep Hours:
<hr/>
Total Hours: <b>0</b>
Rate/Hour: <b>15.00</b>
EBT(%): <b>15.0%</b>
<hr/>
Total Labor Cost: <b>0.00</b>

**FEES, EXP & REVENU**

Online Training:
Contract Trainer:
Course Materials: <b>0.00</b>
Other Expenses:
Equipment Expenses:
CNA Reimbursement: <b>500.00</b>
Certification Fees: <b>500.00</b>
Revenue Received (less): <b>0.00</b>
<hr/>
Total Expenses: <b>1000.00</b>
<hr/>
Total Resident Days: <b>3100</b>
Total Medicaid Days: <b>1100</b>
<hr/>
Medicaid Percentage: <b>35.5%</b>

**TOTAL**

Total Reimbursements: **354.84**

[Previous Step](#) [Save Changes and Edit Later](#) [Submit Changes for Approval](#)

# Submit another request or view request list

Home > User Requests > Edit Request

## Edit Request ✕

### Reimbursement Request Summary

You have successfully updated the following request.

#### CLASS INFORMATION

Request ID: <b>260</b>	Status: <b>Submitted</b>
Facility: <b>Test Facility</b>	Start Date:
Trainer Name:	End Date:
Submitter: <b>Test User1</b>	No. of Participants:

#### TRAINING HOURS

Class Hours:
Laboratory Hours:
Clinical Hours:
Prep Hours:
<hr/>
Total Hours: <b>0</b>
Rate/Hour: <b>15.00</b>
EBT(%): <b>15.0%</b>
<hr/>
Total Labor Cost: <b>0.00</b>

#### FEES, EXP & REVENUE

Online Training:
Contract Trainer:
Course Materials: <b>0.00</b>
Other Expenses:
Equipment Expenses:
CNA Reimbursement: <b>500.00</b>
Certification Fees: <b>500.00</b>
Revenue Received (less): <b>0.00</b>
<hr/>
Total Expenses: <b>1000.00</b>
<hr/>
Total Resident Days: <b>3100</b>
Total Medicaid Days: <b>1100</b>
<hr/>
Medicaid Percentage: <b>35.5%</b>

#### TOTAL

Total Reimbursements: <b>354.84</b>
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[Submit Another Request](#)

[View Request Lists](#)

# Approved?

Requests List ✖

Filter By Facility:

Request #	Requestor	Resident Days	Medicaid	Total	Status	Created	Submitted
<a href="#">224</a>	Test User1	3150	34.92 %	\$698.41	Submitted	12/12/2011	12/12/2011
<a href="#">223</a>	Test User1	3150	35.56 %	\$1,762.22	New	12/12/2011	12/12/2011
<a href="#">222</a>	Test User1	500	50.00 %	\$25.00	New	12/08/2011	12/08/2011
<a href="#">221</a>	Test User1	4600	47.83 %	\$4,095.72	Approved	12/08/2011	12/08/2011
<a href="#">220</a>	Test User1	11260	34.19 %	\$6,508.98	Submitted	12/08/2011	12/08/2011
<a href="#">216</a>	Test User1	3589	33.74 %	\$2,193.23	New	12/05/2011	12/05/2011
<a href="#">215</a>	Test User1	3158	39.74 %	\$902.11	New	12/05/2011	12/05/2011
<a href="#">201</a>	Margie Bibby	3958	3.80 %	\$9.47	New	11/17/2011	
<a href="#">208</a>	Test User1	3198	4.70 %	\$33.77	Submitted	11/22/2011	11/22/2011
<a href="#">209</a>	Test User1	350	14.29 %	\$250.00	Submitted	11/22/2011	11/22/2011
<a href="#">171</a>	Mike Rosal	900	20.00 %	\$843.54	Submitted	10/04/2011	11/16/2011
<a href="#">167</a>	test userMe	599	33.40 %	\$166.94	Submitted		11/14/2011
<a href="#">172</a>	Mike Rosal	5	80.00 %	\$832.00	Submitted	10/05/2011	
<a href="#">181</a>	Mike Rosal	1	100.00 %	\$1,745.25	Submitted	10/18/2011	11/04/2011
<a href="#">170</a>	Mike Rosal	31	48.39 %	\$1,113.12	New	10/04/2011	
<a href="#">182</a>	Mike Rosal	5	100.00 %	\$1,650.00	Submitted	10/18/2011	10/18/2011
<a href="#">176</a>	Mike Rosal	12	92.00 %	\$1,641.86	Submitted	10/05/2011	10/05/2011
<a href="#">175</a>	Mike Rosal	10	90.00 %	\$2,206.98	Submitted	10/05/2011	10/05/2011
<a href="#">174</a>	Mike Rosal	10	90.00 %	\$2,206.98	Submitted	10/05/2011	10/05/2011
<a href="#">173</a>	Mike Rosal	10	90.00 %	\$2,206.98	Submitted	10/05/2011	10/05/2011
<a href="#">166</a>	test userMe	31	32.26 %	\$1,491.84	New		

Your list will show the status of your request:

- **New** – indicates Saved requests
- **Submitted** – indicates Submitted requests waiting for Central Office approval.
- **Approved** – indicates requests that have been approved by Central Office.

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# Denials

1. Incomplete information.
2. Date Section not filled out.
3. Number of participants for any reimbursement request other than equipment only is not entered.
4. Class, lab, and clinical hours do not meet the minimum approved OSBN training program hours Oregon Administrative Rule 851-061-0090 (1) (2) (a) (b) (c) (3) (a) (b) (c).
5. Equipment Expenses are listed at over \$500.00 and no prior approval is on file.

**Note:** The two most common reasons for a submission to be denied and processing delays are # 2 and #3.

## Denial Process

1. Request will be denied.
2. A Status Note\* will appear on the denial and describe the error.
3. A new request will need to be submitted with the missing information added or corrected.

Mandatory

\*Status Information

Status:

Denied

Status Notes:

Please read instructions

## Use a Separate Submission for Each of the Following

**Administrator's Request Form**

**CLASS INFORMATION**

Facility: Aidan Senior Living at Reedsport

Submitter:

Status: New

Other Notes:

Start Date:

End Date:

No. of Participants:

**HOURS AND RATE**

Class Hours (\*Max 80):

Laboratory Hours (\*Max 24):

Clinical Hours (\*Max 75):

Prep Hours (\*Max 50):

Total Hours:

Rate/Hour:

Employee Benefits and Taxes (%):

Total:

**EXPENSES AND MEDICAID %**

Online Training:

Contract Trainer:

Course Materials:

Other Expenses:

Equipment Expenses:

CNA Reimbursement:

Certification Fees:

Revenue Received (less):

Total Expenses:

Total Resident Days:

Total Medicaid Days:

Medicaid Percentage:

**TOTALS**

Total Reimbursements:

Create Request Cancel Create

1. Individual CNA training reimbursement request remember to include the number of participants.
2. Certification fees.
3. Training class that the facility has hosted.
4. Training classes that a facility has sent students to for Level 1 training.
5. Online training. Remember “**Online**” training has specific hours required remember to enter or the submission will be denied.
6. Use of “Other Expenses” field.
  - a. When students have been sponsored by a facility to attend a training program such as a community college program put in the dollar amount in the “other” field. Use the same Resident Days and Medicaid Days information for the time period in which the student/s attended the training days.

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**Note:** Hotel and travel expenses are not considered part of the training expenses for a corporate program. These expenses are considered operating expenses related to an instructor being an employee of a corporation.

**Other cost not reimbursed to the facility:**

- Wages to students
- Facility advertisements for classes
- Actual expenses for copy machines
- Salaries for interviewing prospective students
- NA/CNA pins/badges
- Graduation expenses
- Printed certificates
- Equipment costs over \$500.00 that have not been preapproved by the Department.

**Costs not reimbursed for individual CNA reimbursable. The list is examples and not definitive. If you have questions please contact the Department.**

- Equipment that the training program should have available to appropriately train Students.
- Uniform and footwear costs.
- Watches
- Pins/badges
- Graduation expenses
- Printed certification
- Boarding cost
- Stethoscopes
- BP cuffs

**The most common reason for denial is failure to complete the basic information, the approved dates and number of participants.**

**Please be sure to check the comments box if the request is denied as the reason will be written in the box to direct you for resubmission.**

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# Process

## Preparer:

- Apply for Login on-line via “New user registration”
- Login request is reviewed by DHS Office Staff and either approved or denied.
- Access to “My Account”; Change Password, Personal Info
- Access to “User Requests”: List Requests, New Request

## User Requests:

- List requests:
  - User chooses from their facilities
  - Requests are by facility
- Details of Requests:
  - If request approved – view only
  - If request new-can cancel, continue and save or submit for approval
  - If request submitted/Saved – view only
- New Request
  - Choose Facility
  - Enter accurate data and required details
  - Confirm that all numerical data entered is correct
    - Cancel, continue, save, or submit for approval
- Submit for approval
  - Email to NATCEP email box
  - Email goes to User with attached copy of the requests

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## Online Systems FAQ

**I. Are dining assistant training costs still reimbursable? If so are they through this site?**

A. No, Dining Assistant Training is not a reimbursable item.

**II. How do we figure out the employee benefit tax? Neither of my instructors get benefits? (We are part of a district)**

A. You should contact the preparer of the annual cost statement for this percentage.

**III. The paper form was always done quarterly. Since we can submit more often with the online system what period do we use for the number of resident days and Medicaid days?**

A. The previous thirty days of census data should be used.

**IV. Is there a deadline for requesting reimbursable expenses? Does it have to be quarterly, monthly, etc?**

A. Filing should be completed after each class, during the quarter of the completion of the class. If there are no classroom costs you may submit monthly or quarterly, depending on the amount requested. If there is a single reimbursement to an individual CNA you can send the request at the time of reimbursement.

**V. If we are reimbursing 1/3 per month, can we request after we have completed the reimbursement?**

A. Yes

**VI. Will there be a penalty if you submit more than 30 days after the end of the class/quarter**

A. No

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**VII. Are these to be done quarterly, or only at the end of any given class regardless of when the class ends?**

A. This is company's internal decision. We are trying to speed up the system and make it more expedient so would suggest submission at the end of each class.

**VIII. If we are already set up for regular LTC payments, do we need to sign up separately for CNA Class reimbursement?**

A. Yes

**IX. When can we expect payment?**

A. Once payment has been approved by NATCEP business administrator (generally processed every 2 weeks) then the payment request is routed to Accounts Payable for payment. Accounts payable verifies the Pay to Address, Employer Tax ID number, and the APD Index, PCA and AOBJ numbers, if this information is accurate, Accounts Payable processes the request within three to five business days. Generally claims are bundled weekly.

**X. When should we register for direct deposit?**

A. At any time

**XI. Do you have to choose Direct Deposit?**

A. No but it does speed up reimbursement

**XII. How many attempts can you make to log in before you have to reset?**

A. After three attempts, the account is locked and the Web Administrator would need to be contacted to unlock the account.

**XIII. On the "submit new" screen where you enter hours for the various areas, it only gives a place for 1 rate per hour. We use several teachers who have different rates per hour.**

A. You will need to average the rates paid.

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**XIV. If we have two or more classes at the same time, do we do separate request for each one**

A. The form will not allow more than the amount of one training session, so you will need to file a request form for each class.

**XV. If you do not have a class do you have to submit quarterly anyway?**

A. No

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# Administrative Rule

## **OAR 411-070-0470-Nursing Assistant Training and Competency Evaluation Program**

[http://www.dhs.state.or.us/policy/spd/rules/411\\_070.pdf](http://www.dhs.state.or.us/policy/spd/rules/411_070.pdf)

### **Forms for the reimbursement**

<https://spdweb.hr.state.or.us/natcep> (on-line request system)

Form SPD 0451 B-Nurse Assistant's request form (Not mandatory for CNA)

### **Nursing Facility Licensing Unit Website**

<http://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/NFLU/Pages/index.aspx>

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# CONTACTS

## Technical Assistance – Online System

For questions or assistance with filing out a claim or technical assistance:

- [NATCEP.REQUEST@state.or.us](mailto:NATCEP.REQUEST@state.or.us)

For web page problems:

- [ORCR.TECH@state.or.us](mailto:ORCR.TECH@state.or.us)  
and type “Natcep Help Request” in the subject line.

## POLICY

- Cindy Susee – [cynthia.susee@state.or.us](mailto:cynthia.susee@state.or.us)
- Joanne Birney – [joanne.birney@state.or.us](mailto:joanne.birney@state.or.us)