CNA Pay Scale Enrollment Form for August 1, 2022

Medicaid Provider ID:		
Provider Name: CNA Incentive Period Begin: CNA Incentive Period End:	8/1/2022 9/30/2022	
	a completed spreads	erience and promotion pay scale initiative beginning heet template AND this attestation of participation
This form is to be completed by representative here Name:	y an authorized repre	sentative of the facility. Please identify that
Administrative Title:		
Name of Facility:		
City:		
State:	<u> </u>	
Initials		
Initials By placing my initials in 1, 2022 through September 30 wage commensurate with their	rage rate. In this box, I attest that, 2022), our CNA empryears of experience ther attest that our p	t for the CNA Incentive Period noted above (August bloyees will be reimbursed at an additional hourly working in a CNA role in accordance with our posted osted CNA experience pay scale meets or exceeds
Addition Hourly \$1.50 \$2.50 \$3.50 \$4.50 \$5.50 \$6.50	onal Wage Increase	CNA experience 1 Year 2 Years 3 Years 4 Years 5 Years 6 or More Years
		t for the CNA Incentive Period noted above, our CNA
employees that have been pro	moted into roles com	mensurate with the list below are reimbursed in

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accordance with our posted CNA promotion pay scale. I further attest that our posted CNA promotion pay scale includes additional hourly wages of at least a \$1.50 per hour.

- CNA II (w Advanced Nursing Aide Training)
- CNA Trainer, Preceptor, or Mentor
- CNA Scheduling Captain
- CNA Dementia or Memory Care Specialist
- CNA Behavioral Health Specialist
- CNA Geriatric Specialist
- CNA Infection Control Specialist
- CNA Activities Specialist
- CNA CPR Educator
- Other (as specified)

Signature of Authorized Representative	
Date	

NOTE: If the nursing facility does not provide all or any part of the requested information on this attestation, it will be considered incomplete and unacceptable for purposes of reimbursement under Title XIX.