CNA Pay Scale Enrollment Form

Medicaid Provider ID:	
Provider Name:	
CNA Incentive Period Begin:	

For facilities choosing to participate in the CNA experience and promotion pay scale initiative, please upload a completed spreadsheet template AND this attestation of participation to the provider's Sharepoint **prior to the beginning of the quarter of initial participation**.

This form is to be completed by an authorized representative of the facility. Please identify that representative here

Name:	
Administrative Title:	
Name of Facility:	
City:	
State:	IL

Initials

By placing my initials in this box, I attest that on or prior to participation in the CNA experience and promotion pay scale initiative, our CNA experience and promotion pay scales will be posted at the site of work, in a prominent and accessible place, easily be seen by workers, in a manner and location similar to that of federal workplace posters. I further attest that our postings clearly convey the pay scale so that employees are reasonably able to apply it to their own circumstances and wage rate.

Initials

By placing my initials in this box, I attest that for the CNA Incentive Period beginning as noted above, our CNA employees will be reimbursed at an additional hourly wage commensurate with their years of experience working in a CNA role in accordance with our posted CNA experience pay scale. I further attest that our posted CNA experience pay scale meets or exceeds the pay scale values noted in the below table:

Additional	CNA
Hourly Wage Increase	<u>experience</u>
\$1.50	1 Year
\$2.50	2 Years
\$3.50	3 Years
\$4.50	4 Years
\$5.50	5 Years
\$6.50	6 or More Years
\$3.50 \$4.50 \$5.50	3 Years 4 Years 5 Years

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Initials

By placing my initials in this box, I attest that for the CNA Incentive Period beginning as noted above, our CNA employees that have been promoted into roles commensurate with the list below are reimbursed in 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.