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| <b>Topic:</b>               | Direct Nursing Services-Medicaid Provider Enrollment |
| <b>Date Issued/Updated:</b> | August 1, 2021                                       |

## Overview

**Description:** In order to assist potential providers, case management entities (CME's) must be knowledgeable about the process and requirements for a nurse to become a qualified Medicaid provider of direct nursing services.

Update: Effective August 1, 2021 a new category of provider called direct nursing services agency (DNSA) will be eligible to provide direct nursing services (DNS).

**Purpose/Rationale:** This guide will detail the application, enrollment and procedural process to become a qualified Medicaid provider. By Oregon Administrative Rule 411-380-0060 and per Center for Medicare and Medicaid Services (CMS) requirements, providers must be a qualified and enrolled Medicaid providers to deliver DNS. Service coordinators and personal agents may only authorize direct nursing services with a nurse provider or agency that has completed the enrollment process and has a current Medicaid provider number.

**Applicability:** Case Management Entities may assist in providing information and assuring potential providers understand how to become enrolled DNS Medicaid Providers. Direct nursing services can be delivered to adults who have been determined eligible for DNS and are living in their own home, a family home or and adult foster home. Adults who are 21 years or older living in 24-hour group homes may qualify for DNS when ODDS implement's the Oregon Needs Assessment (ONA) Service Groups and new rate methodologies.

## Procedure(s) that apply:

Providers of Direct Nursing Services must be enrolled Medicaid direct nurse service providers with a Medicaid provider number qualifying them to provide DNS. There are three provider types:

1. Self-employed RN's and LPN's
2. [Home Health Agencies](#) or [In Home Agencies](#) licensed by the [Oregon Health Authority](#)
3. UPDATE-NEW EFFECTIVE August 1, 2021 Certified and Endorsed direct nursing service agencies (DNSA)

As part of choice advising, service coordinators/personal agents and individuals or families may utilize already enrolled/approved DNS providers. To confirm the current enrollment status or for information about already enrolled/approved providers, case managers can contact [ODDS.RNsupport@state.or.us](mailto:ODDS.RNsupport@state.or.us)

## Provider Enrollment Process

**All DNS provider types must complete OHA provider enrollment forms which provides access to the Medicaid Management Information System (MMIS) for prior authorization and payment claims.**

**Self-Employed RN's or LPN's**

For self-employed RNs or LPNs interested in becoming providers, direct nursing enrollment instructions are available for case managers, individuals, families or can be sent directly to nurse applicants by requesting provider enrollment instructions at [ODDS.RNsupport@state.or.us](mailto:ODDS.RNsupport@state.or.us) Providers receive instructions for all forms and where to send completed forms. Other requirements include:

- Background Check fitness determination notification
- Proof of current professional liability insurance with a minimum \$1,000,000 insurance coverage.
- Photocopies (front and back) of applicants Oregon Driver's License and Social Security card
- Proof of current unencumbered Oregon State Board Nursing License number
- National Provider Index number (different than final Medicaid Provider number)

**Oregon Health Authority licensed Home Health or In-Home Care Agencies**

Provider enrollment includes:

- Completion of OHA provider enrollment forms and submission of:
  - An agency NPI number
  - Proof of current liability insurance
  - Copy of business license

Agencies must assure they have policies and procedures that:

- Require all Nurses have and maintain current unencumbered Oregon State Board of Nursing license

**Direct Nursing Services Agency (New Effective August 1, 2021)**

DNSA is a two-part enrollment process. Agencies not already certified must first become certified as a Medicaid agency under OAR 411-323.

Applicants must request application materials for both certification and DNSA endorsement from ODDS Licensing office by emailing DD Licensing at [DD.LICENSING@dhssoha.state.or.us](mailto:DD.LICENSING@dhssoha.state.or.us). A request to be endorsed as a DNSA will be processed together with the certification application. For an agency already certified, wanting to add the DNSA endorsement, they should contact DD licensing at the same e-mail address. Some of the following are required as part of the application to become an ODDS Certified and endorsed Medicaid Agency:

- Proof of necessary liability and other insurances
- Policies and Procedures
- Staffing Information
- Financial plans
- Information about Executive Directors and Boards
- DHS Provider Enrollment Application and Agreement

Once the certification and/or endorsement application is processed and completed, notification will be sent to the ODDS Provider Enrollment Unit. ODDS will then send DMAP enrollment packets (including OHA Provider Enrollment Agreement) to the provider to become an MMIS

enrolled provider. Upon approval they will be assigned a Medicaid ID number. Providers are not qualified and active until all parts of the enrollment are completed.

Provider applicants must send all the completed forms and information together in one of the following ways:

E-mail to: [ODDS.RNSupport@state.or.us](mailto:ODDS.RNSupport@state.or.us)

Mail to: Department of Human Services

500 Summer St. NE E-9

Salem, Oregon 97301-1073

ODDS will process the enrollment packet of materials and forward the enrollment information to the Oregon Health Authority Provider Enrollment Unit. If there is incomplete or erroneous information in the packet the OHA Medicaid Provider Enrollment unit will contact the applicant directly (by e-mail) for follow up. When the enrollment has been processed the provider enrollment unit sends notification (with cc to ODDS) to the applicant with their Medicaid provider number. Upon notification by OHA or DHS the applicant will be considered a qualified Medicaid provider of direct nursing services and will be eligible to provide services. The newly qualified applicant will have their contact information (name, e-mail phone number) publicly posted to the ODDS DNS provider list. The applicant cannot be authorized or paid for work until they have been notified of their acceptance as a qualified Medicaid provider-and have services/hours prior authorized by the CME to support a specific individual(s).

### **Form(s) that apply:**

- Provider Enrollment Information (Form OHA#3972)
- Provider Disclosure Statement of Ownership (Form OHA3974)
- DMAP Provider Enrollment Attachment (Form DMAP#3117)
- Provider Enrollment Agreement (Form OHA#3975)
- EDMS Coversheet (Form# MSC 3970)

### **Definition(s):**

"Background Check" means a criminal records check and abuse check as defined in OAR 407-007-0200 to 0370.

"Direct Nursing Services Agency" means an agency certified under OAR chapter 411, division 323 and endorsed to deliver direct nursing services under these rules

"Direct Nursing Services" mean the services described in OAR 411-380-0050 (Direct Nursing Service Requirements) that are determined medically necessary to support an individual with complex health management support needs in their home and community. Direct nursing services are provided on a shift staffing basis.

"Direct Nursing Services Criteria" means the assessment to measure the acuity and support level of nursing tasks to determine eligibility for direct nursing services.

"Enrolled Medicaid Provider" means an RN or LPN that meets and completes all the requirements in these rules, OAR 407-120-0300 to 0400 (Medicaid Provider Enrollment and Claiming), and OAR chapter 410, division 120 (OHA, Medicaid General Rules), as applicable.

"National Provider Index Number" means a federally directed provider number mandated for use on Health Insurance Portability and Accountability Act (HIPAA) covered transactions by individuals, provider organizations, and subparts of provider organizations that meet the definition of health care provider (45 CFR 160.103) and who conduct HIPAA covered transactions electronically.

"Provider" means an enrolled Medicaid provider who is qualified to deliver direct nursing services according to OAR 411-380-0060 and is either one of the following: 1) A nurse. 2) An in-home care agency, home health agency, or direct nursing services agency.

### **Reference(s):**

Oregon Administrative Rules: 411-380-0060(6)(7);407-007-0200 to 0370;407-120-0320 411-323-0020(15)(f)

Oregon Revised Statutes: 443.015;443.315;678.021

### **Frequently Asked Questions:**

**Q:** How does a 24-hour residential agency continue to support someone currently in their home that will be eligible for DNS?

**A:** An individual or guardian may choose (through choice advising) who may deliver DNS in the residential (group) home when ODDS implement's the Oregon Needs Assessment (ONA) Service Groups and rate methodologies. The 24- Hour residential provider can choose whether to provide these services. If after choice advising the individual or guardian eligible for DNS and residing in the home wants to have their direct nursing services provided by the same 24 hour residential agency, and the 24 Hour residential wants to provide these services the agency must become endorsed and Medicaid enrolled to deliver services as a DNSA by following the procedures outlined above.

**Q:** What are my timelines for these changes?

**A:** Choice advising should be completed 3-4 months before ODDS implement's the Oregon Needs Assessment (ONA) Service Groups and rate methodologies. A 24-hour agency interested in becoming a DNSA should start the enrollment process no later than 4-5 months prior to this time.

**Q:** Can a Nurse who recently went through their Oregon State Board of Nursing Background check use that determination for this position?

**A:** No. Because they will be working (as an independent contractor) with the Department of Human Services they are required to complete a new DHS Background Check.

**Q:** If a family uses an In Home, Home Health or Direct Nursing Services Agency do I have to assure each new nurse from the agency is enrolled?

**A:** No, as part of the enrollment process the agency is required to assure their employees meet the licensing requirements.

**Q:** How long does the enrollment process take?

**A:** About a week if the enrollment packet is complete. If the completed forms are sent

accurately with all the required information, the OHA Provider Enrollment Unit puts a priority on Direct Nursing enrollments. The longest part of the Enrollment process may be the Background Check fitness determination. We encourage provider applicants to submit the Background Check information (to their local QED) in a timely manner and complete all enrollment forms as quickly and accurately as possible to reduce delays.

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