

Lea Ann Stutheit

Authorized Signature

Number: APD-AR-14-028

Issue Date: 5/9/2014

Topic: Developmental Disabilities

Due Date:

Long-Term Care Community Nursing Program for Support Services

Subject: Brokerages

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (<i>please specify</i>): Brokerage Directors and Personal Agents |
| <input type="checkbox"/> County DD Program Managers | |

Reason for Action:

Due to a change in the Long-Term Care (LTC) Community Nursing (CN) Services rule (OAR 411-048-0170), individuals enrolled in Support Services Brokerages are now eligible to receive their long-term nursing services through the LTC Community Nursing (LTCCN) Program. The nursing services include initial nursing assessments and reassessments, monitoring, care coordination, delegation and teaching. As a result of a recent Request For Application (RFA), there are now additional self-employed RNs, In-Home Care Agencies (IHCA), and Home Health (HH) agencies that are contractors for the LTCCN program.

You can learn about the LTCCN Program requirements and forms at

<http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/index.aspx>.

This website includes a policy webinar and “Frequently Asked Questions,” which will help you learn more about the LTCCN Program. This website also includes the most current list of self employed RNs and IHCA/HH agencies in your county.

Action Required:

Currently, Brokerages may have RNs, IHCA or HH agencies providing nursing services including delegation and teaching, assessments, monitoring, and care coordination funded by Brokerage agencies. Effective July 1, 2014, Brokerages must

use self-employed RNs and IHCA/HH agencies contracted with the LTCCN program. RNs and IHCA/HH agencies who do not have a nursing services contract with the LTCCN program and who would like to continue to provide long-term care nursing services within the LTCCN program must contract with the LTCCN program. In order to meet a July 1, 2014 timeline, those self-employed RNs and IHCA/HH agencies must complete the application in Attachment I and submit it by **May 16th, 2014**. The completed application may be submitted via fax, email or by mail to Arlene Hollums at 500 Summer St NE E09, Salem, OR 97301-1063.

Brokerages who have not participated in the LTCCN Program must contact their local APD or AAA office prior to beginning the LTCCN Program, as they must coordinate with the local office in order to receive prior authorization for individuals receiving these nursing services.

If a nurse/in-home agency has a contract with your Brokerage which is separate from the LTCCN Program, the original contract must be terminated prior to beginning the LTCCN Program with that nurse/in-home agency.

Field/Stakeholder review: Yes No

If yes, reviewed by: Brokerage staff

If you have any questions about this action request, contact:

Contact(s):	Arlene Hollums, RN, MSA		
Phone:	503-947-1142	Fax:	503-373-7274
E-mail:	dorris.a.hollums@state.or.us		

Attachment I

Office of Developmental Disabilities Application for LTC Community Nurse Providers –Self-Employed RN


Important: Applications will not be accepted unless all documentation is included and complete.

We realize this process may be confusing. Each Department involved in the process has identified a particular person to help you. Please utilize the following resources.

- For questions related to your business tax status, the NPI or enrollment form(s) email Kaleen.Yang@state.or.us

The following websites may also be helpful.

- http://www.oregon.gov/oha/healthplan/Pages/tools_prov/main.aspx
- <http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx>
- <http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/index.aspx>

Requirement	Tips
<p>1-Verify with signature in this box that you have reviewed the following:</p> <ul style="list-style-type: none">• FAQ re. LTC Community Nursing• LTC Community Nursing OAR 411-048• LTC Community Nursing Overview and Policy Video• LTC Community Nursing MMIS Billing Video <p>X </p>	<p>We advise you to do this before beginning your application. This is a unique type of nursing practice and reviewing this information will help you decide whether or not to continue with the application process. All information is located at the 'Resource' and 'Becoming A Provider' page(s) of the LTC Community Nursing website</p> <p>http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/index.aspx</p>
<p>2- List in this box all the counties you are willing to serve.</p>	

<p><u>3- Individual Name or Business Name:</u></p> <p>Physical address:</p> <p>Mailing address:</p> <p>City, State, Zip:</p> <p>County:</p> <p>Phone:</p> <p>Fax:</p> <p>Email address:</p>	<p>This information is a repeat of the information required on form 3972.</p> <p>If using a business name, the business name must be registered with the Oregon Secretary of State to meet “responsible proposer” requirements. Link to ORS 279B.005, 279B.110 https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2011ors279B.html</p>
<p>4- Obtain and enter below a National Provider Identifier (NPI).</p> <p>My NPI # is</p>	<p>This is a federal requirement. The fastest way to get this critical number that you must have to complete the Medicaid enrollment forms is to use the web based application process located at https://nppes.cms.hhs.gov.</p> <p>The Taxonomy code you need for this service is 163WC1500X. ‘Identifying and Tax’ related information that you provide through this process must be the same as you use for form #3972 (box 6)</p>
<p>5- Complete and attach Electronic Funds Transfer 1089</p>	<p>This form can be obtained at https://apps.state.or.us/cf1/DHSforms/Forms/Served/de0189.doc and added to the packet.</p>
<p>6- Complete and attach Provider Enrollment Request OHA 3972- Contact Kaleen.Yang@state.or.us if you have questions on the OHA forms.</p> <ul style="list-style-type: none"> • http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx 	<p>The license referred to in this form is your RN license. You will not be providing Medicare services so answer N/A to first two parts of # 7. The service location is where your office is. This is usually your home address. Tax ID and business information should reflect the information you use for your nursing business. The provider type for this service is 86 SPD Nursing Services. The Taxonomy Code you should have used to get your NPI and can enter here is 163WC1500X.</p>
<p>7- Complete and attach Provider Enrollment Disclosure Statement OHA 3973- Contact Kaleen.Yang@state.or.us if you have questions on the OHA forms.</p> <ul style="list-style-type: none"> • http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx 	

<p>Complete and attach Provider Enrollment Agreement OHA 3975- Contact <i>Kaleen.Yang@state.or.us if you have questions on the OHA forms.</i></p> <ul style="list-style-type: none"> • http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx 	<p>If you are not operating your business as an individual please contact Kaleen for instructions on what you need to do to complete the alternative form(s).</p>
<p>8- Complete and attach Provider Enrollment Attachment OHA 3114- Contact <i>Kaleen.Yang@state.or.us if you have questions on the OHA forms.</i></p> <ul style="list-style-type: none"> • http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx 	
<p>9- Complete and attach an Internal Revenue Service form W-9.</p>	<p>This form can be found on IRS website: www.IRS.gov</p>
<p>10- Attach a copy of Professional Liability Insurance for a minimum of \$500,000 or sign the following verification.</p> <p>I understand that I must submit a copy of \$500,000 Professional Liability Insurance policy to the Department prior to execution of a Contract to provide these services</p> <p><input checked="" type="checkbox"/> _____</p>	<p>Nurses Service Organization at http://www.nso.com/ is an example of a company that provides this type of insurance for nurses who perform these services.</p>
<p>11- Attach copy of a successful criminal record check completed in past 12 months which covered your work as a nurse in Oregon or sign the following verification.</p> <p>I understand that I will have to participate in and <u>pass</u> a criminal record check prior to execution of a Department Contract to provide these services.</p> <p><input checked="" type="checkbox"/> _____</p>	<p>The criminal record check can take several weeks. Information on this process is available at http://www.oregon.gov/dhs/chc/pages/index.aspx. If you do not have evidence of this requirement and your application is accepted then we will assist you in meeting this qualification prior to the issuance of a Department of Human Services Contract and Medicaid Provider #.</p>

Please return completed applications by fax, email or mail to:

Arlene Hollums, RN, MSA
 Health Management Specialist
 500 Summer Street NE E09
 Salem, OR 97301-1063

Fax: 503-373-7274
 Email: dorris.a.hollums@state.or.us