



**Department of Human Services**  
Aging and People with Disabilities  
500 Summer St. NE E-02  
Salem, OR 97301-1073  
Voice: 503-945-6465  
Fax: 503-945-5798

**Application for Long Term Care Community Nurse (LTCCN)**  
**Services for In-Home Care Agency or Home Health Agency**

The State of Oregon, Department of Human Services (DHS) Aging and People with Disabilities (APD) invites qualified In-Home Care Agencies to submit an application to become a Long-Term Care Community Nursing (LTCCN) services provider. The purpose of the Contract is to provide access to Long Term Care Community Nursing Services to eligible individuals described in Oregon Administrative Rules Chapter 411, Division 048 throughout the state.

APD will evaluate Applications as they are received, to determine whether each Applicant meets the minimum qualifications. During the evaluation process, APD may obtain clarification from Applicants regarding their Application materials. Only Applicants determined by DHS to be qualified to provide services pursuant to this program will be offered a Contract. Contract Statement of Work may be provided upon written request.

In Home Care Agency must follow Oregon Administrative Rules (OAR) Chapter 333 Division 536 in addition to the LTCCN OAR Chapter 411, Division 048. Prior to execution of LTCCN contract, the IHCA will develop policy and procedures that will be reviewed and implemented with the local APD county office.

The rate of pay established by DHS is stated on the Provider Tools page:  
<http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf>

**MINIMUM QUALIFICATIONS**

Applicants must submit documentation that meets each of the following minimum qualifications in order for their Application to be considered.

1. Current comprehensive license to operate as an In-Home Care or Home Health Agency in each county where Applicant plans to provide services.

2. Current enrollment as a Medicaid provider to provide Agency services.
3. Provide evidence of capacity to provide Registered Nursing services by submission of Oregon Registered Nursing License(s) and resume(s) of at least one RN current employee who will be providing services in each of the region/counties where Applicant proposes to provide this service. Documentation supporting qualifications and expertise, including understanding RN delegation in Community Based Care (CBC) setting:

Resumes must show that the RN(s) have following qualifications:

- a. Provided nursing services to any one of the following groups: children or adults with developmental disabilities or persons with physical disabilities or persons over age 65.
  - b. A minimum of three years of experience practicing as an RN in an in-home, home health, skilled nursing, hospital or Department Licensed Community Setting. At least one of these three years must have occurred within three years of the date of contracting with the Department to provide long term care community nursing services.
4. Provide evidence of \$1,000,000 minimum Professional Liability for each RN who will be providing the service.
  5. Provide evidence that RN(s) has current approved background check on file.

Return completed application and attachments via email, fax, or mail to:

Attn: Sarah Hansen  
Aging and People with Disabilities  
500 Summer ST NE E – 02  
Salem, OR 97301

Fax: 503-945-5798

Email: [Sarah.l.hansen@state.or.us](mailto:Sarah.l.hansen@state.or.us)

**Licensed Branch Agency:**

*Attach copy of license that will govern work in the counties listed below for this application.*

Business Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Administrator/Contract person for Agency:**

Name/Title \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Insurance Requirements:**

Yes, we currently have the required Commercial General Liability insurance. Attach a copy of insurance for minimum of \$1,000,000 per occurrence and \$2,000,000 aggregate.

Yes, we currently have the required Professional Liability insurance of a minimum of \$1,000,000, attach a copy of insurance.

**Background Checks:**

Does your organization have a Criminal Record check on file for each employee who has access to client information or who provides services to APD clients?

Yes, we currently have the required Criminal Record checks completed and can provide copies of records.

**RN information:**

Identify RN's, with current and unencumbered Oregon RN license, per service location

assigned to Long Term Care Community Nursing Services:

1. Has the RN been investigated by OSBN or are on a Health Professional Services Program?

**Yes/No**

**If yes, reason:**

2. Involved in licensing action, substantiated abuse reports by APS within the past three years?

**Yes/No**

**If yes, reason:**

Identify available hours for the RN employee who will provide services; and the service location listed in #2 that they will cover.

**LTCCN Capacity:**

Does the Agency understand they cannot accept an LTCCN referral for a consumer they provide In Home Care Services for? \_\_\_\_\_

Total capacity the agency could serve under LTCCN: \_\_\_\_\_

Does the agency accept APD, I/DD or both? \_\_\_\_\_

**Trainings for Agency Administrator and RN employee(s) – available on the LTCCN webpage:** <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/LTCCN/Pages/index.aspx>

- LTCCN OAR's; delegation webinar and policy webinar;
- Delegation for Long Term Care Webinar, LTC Nursing Video – posted 10/21/2015.
- LTC Community Nursing MMIS Billing Video – Webinar posted 4/8/15.
- FAQ for LTCCN

I am willing to serve consumers for Aging and People with Disabilities in the following counties:

I am willing to serve consumers for ODDS with CDDP(s) in the following counties:

I am willing to serve consumers for ODDS with brokerage(s) in the following county:

\*If you know the name of your choice of brokerage, please list:

**By signing this application, you attest to the accuracy to the statements above:**

**X** \_\_\_\_\_

**Date:**