



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 Self-Employed RN

The State of Oregon, Department of Human Services (DHS) Aging and People with Disabilities (APD) invites qualified self-employed Registered Nurses (RNs) 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.

Once APD has accepted your application and completed the contracting process, you'll be connected to the local office in your county to complete an orientation, approximately 2 hours in length. Among the items to learn at the orientation will be instructions on how you will receive referrals to see clients. After completion of the orientation, you will receive a letter from APD allowing you to begin seeing clients and your name will be added to the list of available nurses in the specific county you have indicated.

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

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.

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. Be a current Oregon State Board of Nursing license to operate as a Registered Nurse in Oregon.
2. Pass a background check as defined in OAR 407-007-0210.
3. Current professional liability and commercial general liability insurance with coverage that meets the Department requirements, as indicated on the application.
4. Documentation supporting qualifications and expertise, including understanding RN delegation in Community Based Care (CBC) setting:
 - a. 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 the RN contracted with the Department to provide long term care community nursing services; OR
 - b. Experience providing nursing delegation in CBC or read the nursing delegation for CBC self-study course, and a pass score on the Department's nursing delegation self-study exam. **If you have passed the self-study test within the last five years, you do not have to retake this test.** Please attach your certificate with your application
 - i. Course material can be found on the following link:
http://www.oregon.gov/OSBN/Pages/delegation_process.aspx
 - ii. Self-study delegation course link:
[DHS Online RN Delegation Self-Study Course](#)
5. Computer skills and ability/experience with online billing or ability to manage own provider billing.

- a. Obtain a National Provider Identifier (NPI), unless you are already enrolled in MMIS. NPI is a federal requirement and will be used for purposes of Medicaid Provider Number enrollment. 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>. The Taxonomy code you need for this service is **163WC1500X**.

Completed applications can be submitted via mail, email or fax:

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

Fax: 503-945-5798
Sarah.l.hansen@state.or.us

Requirement	Tips
<u>Individual Name or Business Name:</u>	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_1aws/ors/ors279B.html
Mailing address:	
County:	
Phone:	
Email address:	

<p>Attach copy of a successful criminal record check completed in 2019/2020 or <u>sign the following verification</u>:</p> <p>I understand that I will have to pass a criminal record check prior to execution of a Department contract to provide these services.</p> <p>X _____</p>	<p>The criminal record check can take several weeks.</p> <p>Local APD/AAA offices can assist with completing the background check process. The Qualified Entity Designee (QED) will process the form 301 and send final fitness determination to you once the form has been processed. <u>You will need to send in your final fitness determination to Sarah Hansen when you receive it.</u></p>
<p>Verify with checkmark and signature in this box that you have reviewed the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FAQ re. LTC Community Nursing <input type="checkbox"/> LTC Community Nursing OAR 411-048 <input type="checkbox"/> LTC Community Nursing Overview and Policy Video - Webinar, posted 4/22/15 <input type="checkbox"/> LTC Community Nursing MMIS Billing Video – Webinar posted 4/8/15 <input type="checkbox"/> Delegation for Long Term Care Webinar, LTC Nursing Video posted 10/21/2015 <p>X _____</p>	<p>All information is located on the LTC Community Nursing website, http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/index.aspx</p> <p>Under Policy& Rules, Billing Information and Provider Alerts. http://www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/LTCCN/Pages/index.aspx</p>
<p>Insurance Requirements:</p> <p>Commercial Liability Insurance \$1,000,000 per occurrence and a minimum of \$2,000,000 aggregate</p> <p>Professional Liability Insurance: \$1,000,000 per occurrence and a minimum of \$4,000,000 minimum aggregate</p> <p>I understand that I must submit a copy of all insurance requirements to the Department prior to execution of a Contract to provide these services.</p> <p>X _____</p>	

<p>Have you been investigated by OSBN or are you on a Health Professional Services Program? Yes/No If yes, reason:</p>	
<p>Have you had licensing action, substantiated abuse reports by APS within the past three years? Yes/No If yes, reason:</p>	
<p><input type="checkbox"/> I am willing to serve consumers for <u>Aging and People with Disabilities</u> in the following counties:</p> <p><input type="checkbox"/> I am serving consumers for Office of Developmental Disabilities Services (ODDS) with <u>Community Developmental Disabilities Program (CDDPs)</u> in the following counties:</p> <p><input type="checkbox"/> I am serving consumers for ODDS with <u>brokerage(s)</u> in the following county: *If you know the name of your choice of brokerage, please list:</p>	<p>Your name or business name, your phone and email address will be posted on the LTCCN website for referral purposes. See quarterly provider list: http://www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/LTCCN/Pages/index.aspx</p>
<p>By signing this application, you attest to the accuracy to the statements above:</p> <p>X _____</p> <p>Date:</p>	