



# Oregon

Kate Brown, Governor

Department of Human Services  
Aging and People with Disabilities  
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The State of Oregon, Department of Human Services (DHS) invites qualified self-employed registered nurses (RNs) to submit an application to enter into a Contract to become a Long Term Care Community Nursing Provider. DHS has determined per OAR 411-048-0210 the counties listed below need self-employed RNs who meet qualifications in OAR 411-048-0210(3) (a). 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.

## **Aging and People with Disabilities (APD):**

Applications will be accepted from RNs willing to provide services to persons who are Aging or Disabled in one or more of the following counties:

Baker	Benton	Clatsop
Coos	Columbia	Crook
Curry	Deschutes (LaPine area)	Douglas
Gilliam	Grant	Harney
Hood River	Jefferson	Josephine
Lake	Lane	Lincoln
Linn	Malheur	Morrow
Sherman	Tillamook	Umatilla
Union	Wasco	Wallowa
Wheeler		

Once the department has accepted your application and completed the contracting process, you'll be connected to the local office in your county in order 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 the APD Department 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>

## **Office of Developmental Disabilities (ODDS):**

Applications will be accepted from RN's willing to provide services to eligible adults or children with intellectual and developmental disabilities (I/DD) in any county within Oregon. Applicants who choose to work with the I/DD population must identify the location(s) and whether to work with local Community Developmental Disability Program (CDDP), Support Service Brokerages or both. CDDP's work with both children and adults within counties. Support Service Brokerages work exclusively with adults within regions.

Once the department has accepted your application and completed the contracting process, you will be connected to the local office in your county in order to complete an orientation, approximately 2 hours in length. You will be expected to complete an orientation for each entity (CDDP, Support Service Brokerage) you choose to work with. Upon completion of each orientation you will receive a letter from the ODDS Department adding your name to the list of available nurses in the specific service entity category (CDDP, Support Services Brokerages).

For APD and ODDS applications to contract must be complete at the time of submission. DHS will evaluate Applications as they are received, to determine whether each Applicant meets the minimum qualifications. During the evaluation process, DHS reserves the right to 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. A sample of the statement of work for the DHS contract is attached as Attachment 1.

The rate of pay established by DHS is stated in Attachment 2, LTC Community Nursing Contract and the current rate schedule <http://www.oregon.gov/dhs/spd/provtools/rateschedule.pdf>

Contracts will be effective from the date all parties sign the Contract through June 30, 2017.

## **SECTION 2 – MINIMUM QUALIFICATIONS**

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

1. Meet the “responsible Proposer” requirements (ORS279B.005, 279B.110)  
[http://egov.sos.state.or.us/br/pkg\\_web\\_name\\_srch\\_inq.login](http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login)
2. Provide a print out from <http://osbn.oregon.gov/OSBNVerification/Default.aspx>, verifying the Applicant has a current Oregon State Board of Nursing license to operate as an Registered Nurse in Oregon.
3. Oregon Administrative Rule requirements:
  - a. Pass a background check as defined in OAR 407-007-0210; and
  - b. Provide and have available verification of the following:
    - i. A current and unencumbered Oregon Registered RN license;
    - ii. Certification of professional liability insurance with coverage that meets Department requirements.

4. Documentation supporting qualifications and expertise, including understanding RN delegation in Community Based Care (CBC) setting:
  - 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.
  - Experience providing nursing delegation in CBC, read the nursing delegation for CBC self-study course, and a pass score on the Department's nursing delegation self-study exam.  
[http://www.oregon.gov/OSBN/Pages/delegation\\_process.aspx](http://www.oregon.gov/OSBN/Pages/delegation_process.aspx)
5. Contact information for people or entities that verify the qualifications and expertise documented pursuant to this section.
6. Computer skills and ability/experience with online billing or ability to manage own billing.
7. Must have prior experience with self-employment or complete a small business course within 1 year of contracting with the Department.

### SECTION 3 – APPLICATION REQUIREMENTS

#### 1. Submittal of Application

Applications must be submitted using section 4, Application for LTC Community Nurse Providers – Self-employed RN. Submissions in response to this Application package, which shall consist of the following:

- a) **Application, including any requested attachment.**
- b) **Copy of Oregon State Board of Nursing License.**
- c) **Completed and pass score of self-delegation exam.**
- d) **Resume.**

2. Applications will be accepted until **February 29, 2016**. 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](mailto:Sarah.l.hansen@state.or.us)

### Section 4

## Contract Application for LTC Community Nurse Providers Self-Employed RN

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

Requirement	Tips
<b><u>1. Individual Name or Business Name:</u></b>	
<b>Physical address:</b>	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 <a href="http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login">http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login</a>
<b>Mailing address:</b>	
<b>City, State Zip:</b>	Your name or business name, your phone and email address will be posted on the LTCCN website for referral purposes. See quarterly provider list: <a href="http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/index.aspx">http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/index.aspx</a>
<b>County:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Email address:</b>	

2. Attach copy of a successful criminal record check completed in 2015 or sign the following verification:

**I understand that I will have to pass a criminal record check prior to execution of a Department contract to provide these services.**

X \_\_\_\_\_

The criminal record check can take several weeks.

Local APD/AAA offices can assist with completing the background check process. The Qualified Entity Designee (QED) will process the 301 form and send final fitness determination to you once the form has been processed. You will need to send in your final fitness determination to Sarah Hansen when you have received it.

**3. Verify with checkmark and signature in this box that you have reviewed the following:**

- FAQ re. LTC Community Nursing
- LTC Community Nursing OAR 411-048
- LTC Community Nursing Overview and Policy Video - Webinar, posted 4/22/15
- LTC Community Nursing MMIS Billing Video – Webinar posted 4/8/15
- Delegation for Long Term Care Webinar, LTC Nursing Video posted 10/21/2015

X

All information is located on the LTC Community Nursing website, <http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/index.aspx>

Under Policy & Rules, Billing Information and Provider Alerts.

**4. Obtain and enter below a National Provider Identifier (NPI).**

My NPI # is

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>.

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)

**5. Complete and attach Provider Enrollment Request OHA 3972**

- <http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx>

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.

	<p>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 <b>86 SPD Nursing Services</b>. The Taxonomy Code you should have used to get your NPI and can enter here is <b>163WC1500X</b>.</p>
<p><b>6. Complete and attach Electronic Funds Transfer 1089</b></p>	
<p><b>7. Complete and attach additional Provider Enrollment Forms 3973, 3975, &amp; 3114</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx">http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx</a></li> </ul>	<p>If you are a sole proprietorship and/or are not operating your own business, these are the forms to use. Please contact Kaleen Yang @ 800-422-5047 for questions relating to them.</p>
<p><b>8. Complete and attach Provider Enrollment Forms 3974, 3975, 3110 &amp; 3113</b></p> <ul style="list-style-type: none"> <li>• <a href="http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx">http://www.oregon.gov/oha/healthplan/Pages/providerenroll.aspx</a></li> </ul>	<p>If you are operating under a business name and have an organization NPI for your LLC or PC, these are the forms. Please call Kaleen @ 800-422-5047 for questions relating to these forms.</p>
<p><b>9. Please attach the IRS letter of your business and TIN number.</b></p>	
<p><b>10. Attach a copy of Professional Liability Insurance for a minimum of \$1,000,000 or sign the following verification.</b></p> <p>I understand that I must submit a copy of \$1,000,000 Professional Liability Insurance policy to the Department prior to execution of a Contract to provide these services.</p> <p>X _____</p> <p>Nurses Service Organization at <a href="http://www.nso.com/">http://www.nso.com/</a> is an example of a company that provides this type of insurance for nurses who perform these services.</p>	
<p><b>11. Have you been investigated by OSBN or are you on a Health Professional Services Program? Yes/No</b>  <b>If yes, reason:</b></p>	
<p><b>12. Have you had licensing action, substantiated abuse reports by APS within the past three year? Yes/No</b>  <b>If yes, reason:</b></p>	

**13.**

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:

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

X \_\_\_\_\_

**Date:**

Please utilize the following resources:

- [LTC.NSG@state.or.us](mailto:LTC.NSG@state.or.us) for questions regarding the LTCCN program.
- [Sarah.l.hansen@state.or.us](mailto:Sarah.l.hansen@state.or.us) for LTCCN contracting.
  
- For questions related to your business tax status, the NPI or enrollment form(s) email Kaleen Yang: - 800-422-5047

The following websites may also be helpful.

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

# Attachment 1

## EXHIBIT A

### Part I Statement of Work

#### 1. Definitions:

The terms below shall have the following meanings within this Contract. Other terms and their meanings within this Contract and in providing services under the terms and conditions of this Contract are defined in OAR 411-048-0160 "Definitions."

- a. **"Case Manager"** as defined in OAR 411-048-0160(7) means a person employed by DHS, "Community Developmental Disability Program, Support Services Brokerage, or Area Agency on Aging ("AAA") who assesses the service needs of an applicant, determines eligibility, and offers service choices to the eligible Client or Individual. The Case Manager authorizes and implements an Individual's plan for services and monitors the services delivered."
- b. **"Central Office"** means the primary DHS administrative office for APD, located in the Barbara Roberts building located at 500 Summer Street NE, Salem, Oregon.
- c. **"Contractor"** means the person named on page 1 of this Contract. Contractor shall be a self-employed Registered Nurse ("RN") who shall meet and maintain the qualifications and requirements established in OAR 411-048-0210(4) throughout the Contract period.
- d. **"Client"** or **"Individual"** means the adult or child who is eligible for services as established in OAR 411-048-0170 (1) and (2), and who is receiving Services from the Contractor pursuant to the terms and conditions of this Contract.
- e. **"Services"** means all services provided to an Individual by the Contractor as described in OAR chapter 411, division 048 "Long Term Care Community Nursing."

#### 2. Contractor's Duties:

- a. Contractor shall perform Services in accordance with the terms and conditions of this Contract and of rules in OAR chapter 411, division 048 "Long Term Care Community Nursing."
- b. Services provided by the Contractor to an Individual or their caregiver include the following, as described in OAR 411-048-0180:
  - (1) "Review of Referral" pursuant to OAR 411-048-0180(1);
  - (2) "Initial Assessment" pursuant to OAR 411-048-0180(2);
  - (3) "Reassessment" pursuant to OAR 411-048-0180(3);
  - (4) "Nursing Service Plan" pursuant to OAR 411-048-0180(4);
  - (5) "Delegation" pursuant to OAR 411-048-0180(5);
  - (6) "Teaching" pursuant to OAR 411-048-0180(6);

- (7) “Monitoring” pursuant to OAR 411-048-0180(7);
  - (8) “Medication Review” pursuant to OAR 411-048-0180(8); and
  - (9) “Care Coordination” pursuant to OAR 411-048-0180(9).
- c. All services listed in section 2 “Contractor’s Duties,” subsection (b), above, shall be prior authorized by an Individual’s Case Manager prior to services being performed as described in OAR 411-048-0180(11) and (12).

**3. Documentation, Notification and Communication Practices and Requirements:**

- a. Contractor shall adhere to the requirements of OAR 411-048-0180 “Communication and Notification Practices” and OAR 411-048-0200 “Additional Documentation Requirements” unless as noted in OAR 411-048-0200(2).
- b. Contractor shall follow the process described in OAR 411-048-0250 “Exceptions” if Contractor is seeking approval to utilize alternatives to state approved forms as set forth in OAR 411-048-0200(3).
- c. Contractor is responsible for providing timely and appropriate notice to the local office manager and Case Managers of any absence of the Contractor, whether planned or unplanned, that will result in disruption or interruption of Long Term Care Community Nursing services being provided under this Contract. It is the responsibility of the Contractor to ensure that records and documentation that are needed to ensure that Individuals receiving services from the Contractor will continue to receive needed services during the Contractor’s absence are provided to the local AAA/APD Office Manager prior to the Contractor’s planned absence, or as soon as possible during or immediately after any unplanned absence.
- d. Contractor shall notify the DIIS Contract Administrator, identified on page 1 of this Contract, of any changes in Contractor’s email address, street or mailing address, or phone number within 72 hours of change, and complete the required “updated provider information” using forms or processes noted on the Oregon Health Plan Provider website:

[http://www.oregon.gov/oha/healthplan/Pages/tools\\_prov/main.aspx](http://www.oregon.gov/oha/healthplan/Pages/tools_prov/main.aspx)

**4. DHS Policy Guidelines**

- a. Contractor is responsible for obtaining updates on rules, policies and procedures posted on the following websites throughout the term of this Contract:
  - (1) <http://www.oregon.gov/dhs/spwpd/apd-providers/ltc-community-nurses/Pages/index.aspx>
  - (2) [http://www.oregon.gov/oha/healthplan/Pages/tools\\_prov/main.aspx](http://www.oregon.gov/oha/healthplan/Pages/tools_prov/main.aspx)
- b. Policy updates will be provided to the Contractor by DHS in Information Memorandums, Policy Transmittals, Action Releases, and on the websites listed above.
- c. In addition to OAR chapter 411, division 048 “Long Term Care Community Nursing services, other rules that Contractor shall comply with during the Contract term include, but are not limited to:

- (1) OAR chapter 851, division 045 "Standards and Scope of Practice for the Licensed Practical and Registered Nurse";
  - (2) OAR chapter 851, division 047 "Standards for Community-Based Care Registered Nurse Delegation";
  - (3) OAR chapter 851, division 048 "Standards for Provision of Nursing Care by a Designated Care-Giver";
  - (4) OAR chapter 411, division 120 "Medical Assistance Programs";
  - (5) OAR chapter 407, division 120 "Medicaid Provider rules"; and
  - (6) OAR chapter 411, division 030 "Adult Protective Services."
- d. Contractor shall have and maintain business practices and tools necessary for compliance with HIPAA secured electronic submission of claims and client related documentation confidentiality requirements.
  - e. Contractor shall provide Services to a minimum of ten Individuals at any one time who have been referred to Contractor unless a written exception for a smaller caseload is approved by the local AAA/APD Office Manager. Failure to meet this level of Service may result in termination or non-renewal of this Contract.
  - f. Transporting Individuals. Contractor shall not provide any transportation services to any Individual under the terms and conditions of this Contract.
  - g. Conflict of Interest. Contractor is responsible to disclose any possible conflict of interest that pertains to the delivery of Services under this Contract.

**5. Termination of Services**

In addition to the provisions established in Exhibit B "Standard Terms and Conditions," Section 10 "Default, Remedies, Termination" of this Contract, the following shall apply:

- a. The Contractor shall have the right to terminate this Contract with a minimum 30 calendar day notice to the DHS Contract Administrator, who is named on Page 1 of this Contract.
- b. Upon issuance of any Default or Termination notice by either party, the Contractor shall provide a current, complete and accurate list of all Individuals receiving services from the Contractor or is due to receive services from the Contractor ("Caseload") to the DHS Contract Administrator in Central Office within 7 calendar days from receipt of the notice of action.
- c. Contractor shall fully and in good faith participate and assist the coordination of care with the local APD/AAA office in transitioning the Contractor's Caseload to another Contractor or entity designated by DHS.
- d. For the purposes of Exhibit B "Standard Terms and Conditions," Section 10 "Default, Remedies, Termination" of this Contract, all action that requires contact with or notice to DHS that shall mean the DHS Contract Administrator in Central Office.

**RATE SCHEDULE**  
(Effective July 1, 2015)

**Attachment 2**

Rates apply to Home and Community-Based Care and Nursing Facility Services provided by Aging and People with Disabilities.

<b>Room &amp; Board</b>	<b>In-Home Maintenance Allowance</b>	<b>Personal Incidental Funds</b>
AB \$570.00	\$1,233	NF \$60
AD/OAA \$570.00	\$1,233	CBC \$163

**Community-Based Care (CBC) Rates**

	<b>Residential Care Facilities</b>	<b>Adult Foster Homes</b>	<b>Assisted Living Facilities</b>	
			Level 1	Level 2
Base	\$1,371 / Month	\$1,338 / Mo.	\$1,100 / Month	\$1,363
Base plus 1 add-on	\$1,636	\$1,597	Level 3	\$1,711
Base plus 2 add-ons	\$1,901	\$1,856	Level 4	\$2,148
Base plus 3 add-ons	\$2,166	\$2,115	Level 5	\$2,586
Hourly Exception Rate	\$12.00 / Hr.	\$12.00 / Hr.		

<b>Memory Care (Endorsed Units Only)</b>	\$3,596/month
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<b>Nursing Facility (NF) Daily Rate</b>	
Basic Rate	\$272.00
Complex Medical Rate	\$380.80
Pediatric Rate	\$457.93

<b>Homecare Workers</b>	Hourly	Live-in	Enhanced
Activities of Daily Living Assistance Tasks	\$13.75	\$13.75	\$14.75
Instrumental ADLs	\$13.75	\$6.88	\$7.38
24-Hour Availability	N/A	\$6.88	\$7.38
Mileage, Non-Medical		\$ .485 per Mile	
24-Hour Relief Wage for Live-in Homecare Workers w/ Leave		\$175 per Day	

<b>Comparable Monthly NF Rate</b>	
Basic Rate	\$8,273.33 / Mo.
Complex Rate	\$11,582.67 / Mo.

Providence ElderPlace (PACE) Capitated Rate:  
Mult./Wa. Co. - \$3,876.20 / Month  
North Coast - \$3,609.09 / Month  
Home Delivered Meals: \$ 9.54 / meal  
Long Term Care Community Nursing Services:  
\$15.00 / 15 minute unit of service  
In-Home Agencies: \$21.80 / Hr.  
HK Shelter: \$59.09/ month \$1.94 / Day  
Adult Day Services: Refer to Contracted Rates

**In-Home Service Plan Max. Hour  
Local Office Tier 2 Hours Approval**

ADL: 145  
IADL (Self-Mgmt): 85  
24-Hour Avail: 159 (Live-in only)

**Tier 2=SPD/AAA local office over-ride**