

ATTESTATION OF DSCC NURSING AGENCY REQUIREMENTS

Compliance with DSCC policies, audit requirements, and reporting standards is essential for continued agency approval and quality assurance of services provided to Home Care Program participants. Agencies should proactively monitor their practices to maintain compliance and provide the highest quality of care to patients and families. Any deviation from the above-listed conditions of participation must be approved, in writing, from the DSCC prior to rendering any services. Failure to abide by all criteria listed above may result in denial of payment, suspension of future referrals, and/or termination of eligibility to provide services to Home Care participants. Initial next to each section to attest your agency read, understands, and intends to follow the following sections of the DSCC Nursing Agency Guidebook.

DSCC Roles and Responsibilities

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| 1. Community Care Coordination | _____ |
| 2. Nursing Agency Approval and Quality Assurance | _____ |
| 3. Monitoring Safety and Welfare | _____ |
| 4. Incident and Abuse Reporting Oversight | _____ |
| 5. Nurse Verification and Watch List | _____ |
| 6. Training and Resource Support | _____ |
| 7. Provider Payments and Reimbursement | _____ |

Nursing Agency Roles and Responsibilities

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| 1. Policy Requirements | _____ |
| 2. Nurse Supervision | _____ |
| 3. Nursing Notes and Care Plans | _____ |
| 4. Schedules and Staffing | _____ |
| 5. Paid Legally Responsible Adult Caregivers | _____ |
| 6. Provider Portal | _____ |
| 7. Dual Agency Staffing | _____ |
| 8. School Nursing | _____ |
| 9. Location of Services | _____ |

10. Transporting Individuals	_____
11. Out-of-State Travel	_____
12. Short-Term Guardianship	_____
13. Emergency Planning	_____
14. Incident Reporting	_____
15. Abuse, Neglect, and Exploitation	_____
16. Electronic Visit Verification and OIG Reporting	_____
17. Confidentiality	_____
18. Nursing Service Utilization	_____
19. Noncompliance	_____

Claims Submission and Reimbursement

1. Rates for Reimbursement	_____
2. Claim Submission	_____
3. Procedure Codes and Modifiers	_____
4. Billing Terminology	_____
5. Third-Party Payor	_____
6. Avoiding Billing Errors	_____
7. Claims Processing	_____
8. Corrected Claims	_____

Appendixes

1. Appendix A - Quality Documents/Resources	_____
2. Appendix B - Financial Documents/Resources	_____

As a representative on behalf of my Nursing Agency, I attest I have read, understand, and will follow the DSCC Nursing Agency Guidebook in full. I understand the Guidebook is subject to updates and attest I will read and follow DSCC Provider Notices regarding updates to the Guidebook. I understand I may follow up with my DSCC Nursing Agency Liaison if clarification is needed. I further understand that, should DSCC determine that this agency or any employee of this agency has failed to comply with the guidebook requirements, DSCC may temporarily pause referrals to new DSCC cases or remove the agency from the list of approved nursing agencies participating with the Home Care Program.

Name of Agency: _____

Agency Address: _____

Agency City, State, Zip: _____

Email: _____ **National Provider Identifier (NPI):** _____

Director of Nursing Name (printed): _____

Director of Nursing License Number: _____

Director of Nursing Signature: _____ **Date:** _____

Name of Administrator (printed): _____

Signature of Administrator: _____ **Date:** _____

Return to:

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