

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

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

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 _____

Appendices

- 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:** _____

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