DIVISION OF SPECIALIZED CARE FOR CHILDREN

HOME CARE PROGRAM
DUAL AGENCY AGREEMENT

Participant's Name: _____ **DSCC#:** _____

(First & Last Name)

Nursing Agency	Agency Contact Person	Email and Phone Number

This form is being completed as part of a dual/multiple agency agreement as the identified participant above has more than one nursing agency providing staffing.

Nursing Agency Expectations:

- Communication is key! Agencies must maintain regular communication with all other involved agencies. DSCC recommends agencies to communicate at least weekly with the other agency to confirm current coverage, share nursing schedules, and discuss any schedule concerns. If there is difficulty coordinating with other involved agencies, reach out to the assigned Division of Specialized Care for Children (DSCC) Care Coordinator for support.
- All agencies involved are expected to communicate changes to staffing schedules with both the family and the other agencies. If an agency staff member is unable to fulfill a scheduled shift, the family may contact the other agency(s) involved to request support in filling the missed shift.
- All agencies involved with staffing are to be aware of the participant's monthly allocation (also known as the 2352) and ensure that all staffing provided does not exceed the awarded amount. **PLEASE NOTE: IF THE TOTAL AMOUNT OF STAFFING BEING PROVIDED EXCEEDS THE MONTHLY ALLOCATION, DSCC WILL NOT COMPENSTATE EITHER AGENCY FOR ANY DENIED OR NON-COVERED CLAIMS.**
- Each agency is responsible for completing it's own supervisory visit requirements per the DSCC Nursing Agency Guidebook and maintain current physician orders. Each agency's staff must also maintain their own charting/documentation in the home.
- Each agency must address and complete its own risk management and incident report processes.

- DSCC encourages that a trained caregiver be present to get/give a report from one agency before another agency takes over, as Medicaid will not pay for shift overlap. If this is not possible due to the trained caregiver's schedule, the agency(s) reserve the right to get/give reports to each other while understanding the risks this may pose for billing purposes.

DSCC Expectations:

- DSCC will review the dual agency agreement when dual/multiple agency agreements are initially made and annually based on the participant's yearly renewal schedule. When a dual agency agreement is initially created, DSCC will create an email chain with all participating agencies and the family (if able) to introduce all parties and attach the dual agency agreement.
- DSCC will communicate all changes as they pertain to the family's choice of agency, respite approval, status changes, and 2352 distribution to all involved agencies. While DSCC may be notified of staffing changes by either the family and/or the agency, these changes are not always communicated to DSCC. It is the expectation of the agencies that these changes be communicated independently of DSCC involvement or prompting.
- DSCC is obligated to provide conflict-free care coordination. While DSCC encourages families to communicate changes proactively, DSCC cannot intervene in a family's choice of nursing agencies.
- DSCC will report any changes to the dual/multiple agency agreements to all applicable agencies.

Family Expectations:

- Families are an important part of communication regarding staffing needs, schedule changes, etc. DSCC encourages families to communicate any changes or needs related to nursing staffing with ALL involved agencies. This can be done via email chain, weekly joint calls with all involved agencies, etc.

- Families are expected to communicate nursing schedule changes to ALL agencies to ensure that all agencies are operating with the approved monthly allocation. Should a family arrange for their own staffing, or ask a nurse to fill a shift that subsequently causes the agency to be over allocation, DSCC reserves the right to NOT REIMBURSE the impacted nursing agency.

Initial Agreement established date:

Date that the agreement was sent to all involved agencies (and Read Receipt/confirmation of received email):

DSCC team member name and email address:

DSCC CCT REMINDER: After agreement is initially reviewed and confirmed received by participating nursing agencies, please send the form to the LRA. This is done when agreement is initially created and annually.**

Names of Agencies:	**Annual Review Date for Nursing Agencies** (date that each agency confirmed receipt of agreement annually)**:**	**Annual Review Date for Family** (date that agreement was sent to family for review annually)**:**

Agreement termination date:

Termination reason:

Date that termination was sent to nursing agency(s) and confirmed to be received:

DSCC team member name & email address: