ALLIED HEALTH: NURSING REFERRAL SERVICE AGENCY

APPLICATION

INSTRUCTIONS FOR COMPLETION

Incomplete applications will be returned. Prior to submitting the application, ensure it includes all required information, and related required documentation.

APPLICATION FOR LICENSE

Prior to providing services, all Nursing Referral Service Agencies must be licensed by the OHCQ.

To obtain a license, a complete application form must be submitted with the required licensure fee. Policies and procedures must be submitted with the application in accordance with COMAR 10.07.07.08. After review of the application and receipt of the application fee, a license will be issued.

A person who operates a Nursing Referral Service Agency without a license is guilty of a misdemeanor, and upon conviction is subject to a fine (COMAR 10.07.07.10).

CHANGE OF INFORMATION

Any agency changes must be reported to the OHCQ as soon as possible.

REQUIRED APPLICATION SECTIONS

- General Information
- Ownership Background
- Workers' Compensation Affidavit
- Addendum – Verification Form

REQUIRED DOCUMENTATION - *INITIAL* APPLICATION

1. The agency must submit the name and address of each officer and director (COMAR 10.07.07.04(A)(2)).
2. As set forth in COMAR 10.07.07.04(A)(3)(b)), the agency must submit copies of required policies and procedures, including:
   A. Policies and procedures to screen licensed or certified health professionals and care providers (COMAR 10.07.07.08(B)), which include:
      1. A state criminal history records check or private agency background check in accordance with Health-General Article, §19-4B-03(c), Annotated Code of Maryland;
      2. Verification of current professional licensure or certifications under the Health Occupations Article, Annotated Code of Maryland;
      3. Basic health screening, including tuberculosis screening;
      4. Verification of references and employment history;
      5. Completion of I-9 forms; and
      6. An in-person interview of a licensed or certified health professional and care provider before any referral of the individual is made to a client.
   B. The process established for disclosure to the client or the client's representative whether or not the agency has made a determination that the referral is appropriate to the needs of a client and is in compliance with applicable titles of Health Occupations Article, Annotated Code of Maryland (COMAR 10.07.07.08(B)(2)).
   C. The guidelines implemented by the agency that ensure an internal client complaint investigation process includes 1) notice to the client or the client's representative of the complaint process and 2) protocols to investigate complaints (COMAR 10.07.07.08(C)).
   D. The method(s) the agency will employ to provide notice to clients of the OHCQ's toll-free complaint number for complaints about the services provided by an individual referred by the agency (COMAR 10.07.07.08(C)(2)).
   E. The method established by the agency that will allow clients to accept or reject, at their discretion, any licensed or certified health professional or care provider that is referred by the agency (COMAR 10.07.07.08(D)).
3. If your program does not have workers' compensation insurance **AND** does not have any employees, submit a Letter of Exemption (sole proprietorships or partnerships) or Certificate of Compliance (corporations or LLCs) from the Certificate of Compliance Coordinator at the Workers' Compensation Commission, 410-864-5100 or via e-mail at COC@wcc.state.md.us.

CODE OF MARYLAND REGULATIONS (COMAR) 10.07.07`

To obtain a copy of the regulations:

A. Visit the Division of State Documents website at www.dsd.state.md.us;

B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or Visit your library (click this link to find the closest location: www.dsd.state.md.us/Depositories.aspx).

NURSING REFERRAL SERVICES HOTLINE

In accordance with State regulations, the State of Maryland has established a Nursing Referral Services Hotline. The purpose of the Hotline is: To receive complaints about local Nurse Referral Services Agencies; and to receive questions about local Nurse Referral Services Agencies.

The Hotline number is 800-492-6005. All voicemail messages will be returned during the next business day.

Written complaints may be submitted to the address at the end of the instructions or via our website at www.dhmh.maryland.gov/ohcq/SitePages/FAQs-Complaints.aspx.

SUGGESTED FORMAT FOR WRITING POLICY AND PROCEDURE STATEMENTS

1. Title or subject of the policy. (Example: Drug Testing)
2. Policy statement. Describe the agency's policy on the subject. (Example: All employees shall receive a drug test prior to placement.)
3. Purpose of the policy. Describe why the subject is important.
4. Procedures. Define who, when, and where. (Example: Before assignment to a facility, all employees will be required to have a drug test at ABC Drug Testing Facility.)

QUESTIONS

Please contact 410-402-8040 or visit the OHCQ website at http://dhmh.maryland.gov/ohcq for questions related to the application.

SEND COMPLETED APPLICATION TO:

Ambulatory Care Unit
Office of Health Care Quality
Bland Bryant Building Spring Grove Center
55 Wade Avenue
Catonsville, MD 21228