NDFCSP RURAL DIFFERENTIAL UNIT RATE AUTHORIZATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
SFN 225 (2-2014)

By accepting this Rural Differential Rate Unit Authorization, the Provider agrees to provide respite care services in accordance with the standards and conditions agreed to when signing the NDFCSP Program Provider Agreement (SFN 128) as a designated Qualified Service Provider. The rural differential unit rate authorized applies specifically to the NDFCSP caregiver listed on this form. A provider who chooses to accept the rural differential unit rate for a public pay client must also accept the rural differential rate for NDFCSP client and/or a private pay client. **This authorization is not a guarantee of payment for services.**

QUALIFIED SERVICE PROVIDER INFORMATION

Name (Last, First, Middle Initial)			
Physical/Street Address	City	State	ZIP Code
Telephone Number	Qualified Service Provider ID Number		

NDFCSP CAREGIVER INFORMATION

Name (Last, First, Middle Initial)		County	
Physical/Street Address	City	State	ZIP Code
Telephone Number	Caregiver ID Number (from SAMS)		

RURAL DIFFERENTIAL RATE AUTHORIZATION

Rural Differential Tier (select one): ☐ Tier 1 (21-50 miles round trip) ☐ Tier 2 (51-70 miles round trip) ☐ Tier 3 (71+ miles round trip)	
Amount Authorization Not to Exceed (per 15 minute unit)	Amount Authorization Not to Exceed Daily Rate (per day)
Authorization Period for Respite/Personal Care Services: From: To:	

Initial Authorization (NDFCSP Coordinator Signature)	Date
Case Closure/Authorization Termination (NDFCSP Coordinator Signature)	Date

Distribution:
Original - Qualified Service Provider
Copy - Caregiver File
Copy - Qualified Service Provider File
Copy - HCBS program Administrator, Medical Services