NDFCSP RURAL DIFFERENTIAL RATE AUTHORIZATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES
SFN 225 (8-2023)

Clear Fields

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

PROVIDER INFORMATION

Name (Last, First, Middle Initial)		County	
Address	City	State	ZIP Code
Telephone Number	Qualified Service Provider Number or Provider License Number		

NDFCSP CAREGIVER INFORMATION

Name (Last, First, Middle Initial)		County	
Address	City	State	ZIP Code
Telephone Number	Caregiver ID Number (WellSky)		

RURAL DIFFERENTIAL RATE AUTHORIZATION

Rural Differential Tier ☐ Tier 1 (21-50 miles round trip) ☐ Tier 2 (51-70 miles round trip) ☐ Tier 3 (71+ miles round trip)	Comments
Amount Authorized (per 15 minute unit)	Amount Authorized for Daily Rate (per day)
Authorization Period for Respite Services: From: To:	

Authorization (Aging Services Staff)	Date
Case Closure/Authorization Termination (Aging Services Staff)	Date

Distribution:
Original - Provider
Copy - Caregiver File
Copy - Provider File
Copy - NDFCSP Program Administrator, Aging Services