

Adult Family Foster Care (AFFC) Provider Handbook

**AFFC Qualified Service Provider
And
AFFC Respite Care Provider**

**Required Standards
&
Enrollment Procedures**

June 2011

Issued By:

**Ageing Services Division
Department of Human Services
1237 West Divide Avenue, Suite 6
Bismarck, ND 58501**

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INTRODUCTION

Effective July 1, 1989, state law requires that each person eligible for services under Chapter 50-06.2 of the North Dakota Century Code, or the person's representative, must be free to choose among available Qualified Service Providers (QSP) that offer competitively priced services.

The law also states that County Social Service Boards must inform each eligible client of the available QSPs/Adult Family Foster Care providers in their county to provide the service(s) needed by the eligible elderly or disabled client.

Effective April 1, 1999, all providers of Adult Family Foster Care (AFFC) must meet standards of competency for designation as a Qualified Service Provider (QSP).

Contained in this handbook

- Explanation of the conditions/standards a QSP must meet when delivering Home and Community Based Services (HCBS) to the aged and disabled.
- Also included in this Handbook is the material that **must** be completed by individuals seeking the designation of AFFC/QSP or AFFC QSP respite provider.

The materials must be completed with a pen or typed and submitted to:

**Aging Services Division
Department of Human Services
1237 W Divide Avenue, Suite 6
Bismarck, ND 58501**

Once Approved as a QSP/AFFC Provider:

- A packet of information is sent to the provider by the Medical Services Division, Department of Human Services (Department). Included in that packet is the provider number and instructions.
- The individual is added to the AFFC/QSP or AFFC respite care provider list maintained by the Department and distributed to each County Social Service Office.
- As the Case Management agency, the County Social Service Office will determine the client's need for services.
- After the client has selected their licensed AFFC/QSP or AFFC respite care provider (from the QSP/AFFC list), the County Social Service Office will issue SFN 1699/663, "Authorization To Provide Service", to the client's selected provider.
- The AFFC/QSP or AFFC respite care provider will receive and review the SFN 1699/663, "Authorization to Provide Service". The tasks the AFFC/QSP or respite care provider is authorized to provide are checked on this form and definitions of these tasks are located on the back of the form.

- A QSP/AFFC provider **must** have a current SFN 1699/663, “Authorization to Provide Services”, in their possession before providing services to a client and to be eligible for payment by the Department of Human Services.
- The AFFC/QSP and AFFC respite provider **must maintain records** of the services provided. **The record must include the:**
 - 1) Name of the client
 - 2) Name of the provider
 - 3) Date of the service
 - 4) Start time and end time (including AM & PM) in the AFFC home
 - 5) Units of service
 - 6) Tasks performed
- If an individual is receiving services through SPED, Expanded SPED or Medicaid Waiver, the AFFC/QSP or AFFC respite care provider will bill the Department directly for services provided.
- Payment by the Department will be minus any client liability or cost sharing as some clients are responsible for a portion of their service costs.
- It is the responsibility of the client to pay the AFFC/QSP or AFFC respite care provider directly for any client liability/cost sharing.
- The Department of Human Services can request a refund or process adjustments to take back payment made to a provider if the provider does not keep appropriate records, does not provide the service, does not provide records to the Department when requested, bills over the authorized amount, uses the wrong billing codes, or makes any other type of billing error.
- Per ND Admin Code 75-03-23-12 if you disagree with any action regarding provider reimbursement you may submit a formal written request for review. Formal requests must be made in writing within 10 days of notification of the adjustment or request for refund. Notification may be contained in the remittance advice or may be included in a document sent to you by the Department. Within 30 days of requesting a review, you shall provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review. A provider may not request a formal review of the rate paid for each disputed item. The Department has 75 days from the date we received the notice of a request for review to make a decision.
- Qualified Service Providers' (QSP) are not employees of the Department of Human Services. They are self-employed, independent contractors. QSP's provide service and are paid for the authorized services that were rendered. The Department does not withhold or pay any social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments received as a QSP. Withholding and paying taxes on QSP payments is the responsibility of the self-employed individual. Information on the tax responsibilities of independent contractors can be found at www.IRS.gov.

SECTION A

HOME AND COMMUNITY-BASED SERVICES FOR THE AGED AND DISABLED

1- The North Dakota Department of Human Services funds and administers home and community-based services (HCBS) for the aged and disabled including: Adult Day Care, Adult Family Foster Care, Chore Service, Family Home Care, Homemaker Service, Non-Medical Transportation, Personal Care Service, Respite Care, Residential, Transitional, Supported Employment, Environmental Modification, Specialized Equipment, Nurse Management, Case Management, and Attendant Care Services.

2- This Handbook contains the requirements for AFFC/QSP or AFFC respite care providers. **Potential Adult Family Foster Care providers and Respite Care Providers for adult family foster care homes must:**

- **Complete the licensure process through the County Social Service Office.**
- **Complete a background check through the Department of Human Services.**

3- For those interested in being Qualified Service Providers of another HCBS program, contact the local County Social Service Office for information and a copy of the Qualified Service Provider (Individual Provider) Handbook for that program.

4- Definitions:

- Adult Family Foster Care (AFFC): An occupied private residence in which adult family foster care is regularly provided by the owner or lessee thereof to four or fewer adults who are not related by blood or marriage to the owner or lessee, for hire or compensation.
- Authorization to Provide Service (SFN 1699/663): A state form sent to the AFFC/QSP provider by the County HCBS Case Manager, authorizing the AFFC/QSP provider to provide services. This form lists the time frame in which the service can be provided; maximum amount of service authorized per month, and the tasks the AFFC/QSP provider is authorized to provide which are checked on the form (brief definitions are printed on back of the form).
- Case Management Service: HCBS Case Management is the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired persons to remain in the community in the most cost effective manner.
- Competency Level: The skills and abilities required to do something well or to a required standard.
- Endorsement: A task that requires special skill and approval.
 - Global Endorsement: These endorsements will apply to all clients requiring this endorsement for which you provide care.

- Client Specific Endorsement: These endorsements require client specific instruction for each individual client for whom you provide care requiring this endorsement.
- Individual Provider: A **self-employed** person who has been designated by the Department of Human Services as an AFFC/QSP or AFFC respite provider, which allows that person to bill the Department of Human Services for services authorized.
- Limited to Tasks: Limits and cautions placed on tasks provided by AFFC/QSP or AFFC respite provider.
- Provider Number: Number assigned to the enrolled AFFC/QSP provider or AFFC respite provider.
- Qualified Service Provider (QSP): An individual that has met all the standards/requirements and has been designated by the Department of Human Services as a provider. QSPs are not employees of the Department of Human Services. They are self-employed, independent contractors. QSP's provide service and are paid for the authorized services that were rendered. The Department does not withhold or pay any social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments received as a QSP. Withholding and paying taxes on QSP payments is the responsibility of the self-employed individual. Information on the tax responsibilities of independent contractors can be found at [www. IRS.gov](http://www.IRS.gov).
- Respite Care: Temporary relief to the AFFC provider for a specified period of time. The AFFC provider is relieved of the stress and demands associated with continuous daily care.
- Service: Work done by a provider for payment.
- SFN (State Form Number): The number is located on the upper left side of each form.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.

SECTION B

ENROLLMENT as an AFFC/QSP or AFFC Respite Care Provider

Effective April 1, 1999, all providers of AFFC must meet standards of competency for designation as a Qualified Service Provider (QSP).

Initial QSP Enrollment: Individuals must show evidence of meeting the standards (Section C and D) at the time of requesting QSP status in order to be designated as a QSP. See Section E for a list of required forms and documentation.

1. AFFC applicants are required to complete and send in all the following forms to the County Social Service Office:

- SFN 467 - PERSONAL AUTHORIZATION FOR CRIMINAL RECORD INQUIRY - Available from the County Social Service Office.
- SFN 466 - BACKGROUND CHECK ADDRESS DISCLOSURE - Available from the County Social Service Office.
- IF REQUIRED, TWO FINGERPRINTING CARDS - Available from the Aging Services Division Office. *(Generally required for individuals who have not lived in ND for 11 years continuously.)*
- SFN 615 – MEDICAID PROGRAM PROVIDER AGREEMENT
- W-9 – REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
- SFN 750 - DOCUMENTATION OF COMPETENCY
- SFN 830 - REQUEST FOR CLIENT SPECIFIC ENDORSEMENTS
- SFN 980 – INDIVIDUAL REQUEST TO BE AN AFFC/QUALIFIED SERVICE PROVIDER

(Contact the local County Social Service Office for additional information and application forms to complete the AFFC Provider licensure and enrollment process.)

2. AFFC Respite Care Provider applicants must complete and send in the following forms to the County Social Service Office.

- SFN 466 – BACKGROUND CHECK ADDRESS DISCLOSURE - Available from the County Social Service Office.
- SFN 467 – PERSONAL AUTHORIZATION FOR CRIMINAL RECORD INQUIRY - Available from the County Social Service Office.

- IF REQUIRED, TWO FINGERPRINTING CARDS - Available from the Aging Services Division Office. (*Generally required for individuals who have not lived in ND for 11 years continuously.*)
- SFN 615 - MEDICAID PROGRAM PROVIDER AGREEMENT
- W-9 – REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
- SFN 750 – DOCUMENTATION OF COMPETENCY
- SFN 980 – INDIVIDUAL REQUEST TO BE AN AFFC/QUALIFIED SERVICE PROVIDER

RENEWAL of AFFC/QSP or AFFC Respite Care Provider Enrollment

AN **INITIAL AFFC LICENSE** IS VALID FOR NO LONGER THAN 12 MONTHS FROM THE DATE OF ISSUANCE.

AFTER THE INITIAL LICENSING PERIOD HAS EXPIRED, AN **AFFC LICENSE** IS VALID FOR NO LONGER THAN 24 MONTHS FROM THE DATE OF ISSUANCE OR THE DATE OR EXPIRATION OF THE PROVIDER'S STATUS AS A QSP, WHICHEVER COMES FIRST.

RENEWAL FOR AN **AFFC RESPITE CARE PROVIDER** IS REQUIRED EVERY TWO YEARS.

To renew AFFC licensing and/or QSP enrollment, the individual must complete and send to Aging Services the following completed forms and documentation:

- SFN 980 Individual Request to be a Qualified Service Provider – AFFC Provider
- SFN 750 Documentation of Competency (or a copy of an applicable license, certificate or accreditation that requires renewal every two years)

Failure to renew AFFC/QSP enrollment may result in automatic closure of AFFC license and QSP Status.

FORMS AND INFORMATION REQUIRED FOR INDIVIDUALS SEEKING AFFC/QSP OR AFFC RESPITE CARE PROVIDER DESIGNATION:

1. Instructions for Completion of SFN 980, INDIVIDUAL REQUEST TO BE AN ADULT FAMILY FOSTER CARE/QUALIFIED SERVICE PROVIDER

Section (A): Complete Name, Date of Birth, Address, Social Security Number, Phone Number etc.

Section (B):

- In Column 1 check the service the individual seeks to provide
- In Column 2 state which county(s) and/or individual(s) you would serve
- In Column 3 you can choose to charge either the current QSP rate or less. Enter the amount in this column (AFFC Respite Care Providers only). Contact the Department for current rate information 1-800-755-2604.
- **Reminder:** AFFC/QSP respite providers may not charge the Department more than they charge “Private Pay” clients.
- Enter the amount you charge private pay clients. If you plan to change your private pay rate, you must notify the Department of the change and the new amount prior to billing the new rate.

Section (C):

- If want to be on the county’s list of QSPs check “Yes” but if you are planning to care for one specific client and do not want to be on the list check “No”.

Section (D):

- If you plan to provide services listed under Global Endorsements and your ability to provide the endorsement(s) has been verified by a health care professional on the Documentation of Competency (SFN 750), check the Global Endorsement(s) you are requesting.

Section (E):

- For each license, certificate and accreditation you hold, identify in the first column whether it is an L = License, C = Certificate, or A = Accreditation and in the other columns provide the name of the license/certificate/accreditation, it’s number, expiration date, and by whom it was issued. **Attach copy of document to the application.**

Section (F): The information requested in this section will meet the documentation required for Standards 1, 2 and 3 in SECTION C, STANDARDS AND ALLOWABLE TASKS/ACTIVITIES.

1. Check last grade completed and answer the following questions (a) (b)
2. Answer questions 2 (a) (b) (c),
3. Answer questions 3 and 4.

Section (G):

- This section asks about your experience in providing in home care (services) to the elderly and physically disabled. Answer all questions as designated for AFFC and AFFC respite providers.

Section (H):

Listed are conditions that **must** be met by the AFFC/QSP OR AFFC respite provider. **Please read each item carefully before initialing.**

Section (I): Your signature is evidence and attests that you have prepared the information being submitted.

2. Instructions for Completion: SFN 750, DOCUMENTATION OF COMPETENCY

ATTENTION: AFFC/QSP or AFFC respite care applicants that have the following current licenses or certifications need not complete the SFN 750, DOCUMENTATION OF COMPETENCY and are considered to meet or exceed the Department of Human Services Competency standards: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, Certified Nurse Assistant (see page 8). **A copy of a current applicable license/certificate must be included in your application to verify competency.**

Certificates or other forms of acknowledgment of completion of a training or education program that focuses on in-home care will be considered if the programs curriculum includes standards 5 through 25, and the training program is provided by a health care professional. If the program does not have in place a renewal process every two years the AFFC/QSP and AFFC respite care provider can use the SFN 750, DOCUMENTATION OF COMPETENCY to comply with renewal requirements.

- **Name:** Enter your Name
- **Standard:** For AFFC/QSP and AFFC respite care provider, the health care professional must complete column (3) and (4) by checking the standards by which competency must be established.
- **Global Endorsements:** Global endorsements are not required and therefore are considered separately. Indicate the endorsement sought by circling the letter in front of the requested endorsement (A through I) and have the health care professional determine the competency level. Global endorsements apply to all clients for whom you may provide care.
- **Professional Health Care Providers Verification of Competency**
Health Care Professional's signature is required (instructions for the Health Care Professional are located on the back side of the SFN 750).
See page 8 for instructions on Professionals authorized to approve Global Endorsements.

3. Instructions for completion SFN 830, REQUEST FOR CLIENT SPECIFIC ENDORSEMENT:

A currently enrolled **AFFC/QSP Provider or AFFC respite care provider** who has demonstrated the ability to provide a Client Specific Endorsement for a specific client may provide that service. The competency to provide the endorsement must be verified and on file with the County and Medical Services/HCBS for each client for which the service is provided.

This form needs to be completed only if you are providing a specific skill/task (endorsement) for a particular client(s).

- **Name:**
 - A. If you are an AFFC/QSP or AFFC respite care provider (self-employed provider) enter your name and address in **INDIVIDUAL QSP section**.
 - B. Skip **AGENCY QSP section**.
- **Client's Name and Address:** Enter the client's name and address. Client specific endorsements are specific to each client; therefore use a separate form for each client.
- **Client Specific Endorsements Requested:** Client specific endorsements are not required and therefore are considered separately. Indicate the endorsement sought by circling the letter in front of the requested endorsement (J-N) and have the health care professional determine the competency level. Client Specific endorsements apply to individual clients for whom you may provide care.
- **Certification of Competency:** The person signing and certifying the Documentation of Competency must be one of the following health care professionals: physician, nurse practitioner, physician's assistant, registered nurse, licensed practical nurse, physical therapist, occupational therapist or other person with a professional degree in specialized areas of in-home care (instructions for the Health Care Professional are located on the back side of the SFN 830).

SECTION C

STANDARDS FOR STAFF AND ALLOWABLE TASKS/ACTIVITIES

AFFC – Adult Family Foster Care

RC – Respite Care

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
1. AFFC, RC	Have basic ability to communicate.	Assurance checked indicating educational level or demonstrated ability.	
2. AFFC, RC	(A) Not have been convicted of an offense in last three years that has a direct bearing on the individual's fitness to be a provider. (B) Have not been abusive or neglectful of someone in your care. (C) Have not stolen from someone in your care.	Statement attesting to his/her status regarding conviction of a felony or misdemeanor that would jeopardize the health and safety of the service recipient. Statement attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone in your care. Statement attesting to his/her status regarding having stolen from someone in your care.	
3. AFFC, RC	Not have infectious or contagious disease and be physically capable of performing the service.	Assurance checked attesting to the status of having an infectious contagious disease and assurance checked stating having the physical capability to perform the service.	
4. AFFC, RC	Practice Confidentiality.	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Will NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance signed agreeing to maintain confidentiality.	
5. AFFC, RC	Know generally accepted practice of infection control/proper hand washing methods.	Washed hands before and after each task, rinsed soap bar before and after washing, used enough soap to lather, rubbed skin to eliminate germs, rinsed under running water above wrists to fingertips. Turned faucet off with paper towel to avoid recontamination of hands.	
6. AFFC, RC	Keep generally accepted practice of handling and disposing of body fluids.	Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, plastic aprons, and proper disposal of both body fluids and items used.	Gloves must be used when handling body fluids.
7. AFFC, RC	Know generally accepted practice in bathing techniques: bed, tub, shower.	Gathered necessary supplies/equipment (e.g. soap, wash cloth, towel); assured privacy; checked for appropriate water temperature; made mitten out of washcloth; (began with cleanest part of body). For bed bath: washed, rinsed, and patted dry one part of body at a time and only exposed the part of body being washed; observe for unusual changes in skin condition. For clients needing assistance with washing, follow procedure for bed bath/sponge bath using gloves if client has open areas on skin or if providing perineal care. Instruct client to use safety bars when getting in and out of tub. Caregiver to provide necessary assistance with transfer to prevent fall. For client who is unsteady, drain tub water prior to client attempting to get out. Assist with transfer from tub or shower. Make sure all skin areas are thoroughly dry. Inspect skin for any changes (see Standard #18). Remove gloves and wash hands. Cleanse bath or shower.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
8. AFFC, RC	Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	<p><u>Bed shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), pail, bucket, chair); placed pail/bucket on chair at head of bed; checked for appropriate water temperature; protected mattress and chair with plastic or towel; used plastic drainable trough; used cup or pitcher to pour water; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Sink shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), washcloth); placed towel on client's shoulders; used washcloth to cover eyes; had client lean toward sink, wet hair; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Shaving:</u> Gathered necessary supplies and equipment (e.g. electric razor, safety blade (no straight-edged razor), towel(s), lotion); had client in sitting position or on back; applies warm washcloth and then shaving cream or gel if using safety blade; held skin tautly; shaved in direction of hair growth; rinsed shaven area; applied shaving lotion, if desired; cleaned up. No sharing of razor blades.</p>	
9. AFFC, RC	Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.	Washed hands; gathered necessary supplies (e.g. toothbrush; toothpaste; small water basin); applied toothpaste to toothbrush; gave client toothbrush if able to brush own teeth, or brushed using gentle motion; brushed teeth thoroughly throughout the mouth; offered rinse water; offered mouth wash; wiped client's mouth; observed for bleeding and pressure areas in mouth from dentures; replaced to storage; cleaned up.	
10. AFFC, RC	Know generally accepted practice in how to dress/undress client.	Assembled clothing; assisted client to proper position for dressing; put on underwear; then trousers or pajamas; shirt or over-the-head clothing; socks or stockings, slippers or shoes. For <u>undress</u> , do the reverse.	
11. AFFC, RC	Know generally accepted practice in assisting with toileting.	<p><u>Bedpan:</u> Assembled supplies and equipment (e.g. toilet paper; bedpan, commode), ensured privacy. Put on gloves, assists client to properly cleanse elimination area, always wipe from front to back. Puts supplies and equipment in proper storage. Removes gloves and washes hands. Assists client with washing hands.</p> <p><u>Commode or Toilet Stool:</u> Gathers supplies and equipment commode, toilet tissue. If not going into bathroom, ensure privacy, assists client with transferring onto commode or toilet stool, supply toilet tissue, leave client for 5 minutes, apply gloves, assist client with cleansing elimination area, always wipe from front to back, cleansed and disinfected commode or flush toilet, removed gloves, washed hands, and assisted client with washing hands.</p>	For assisting with suppository. Endorsement D.
12. AFFC, RC	Know generally accepted practice of caring for incontinent client	Assembled necessary supplies (e.g. incontinence supply, washcloth, powder); provided for privacy; used correct positioning techniques; removed soiled materials/clothing; cleaned area; dried area; observed for unusual skin conditions; applied appropriate lotions/powder, if necessary; applied clean incontinence supply item. Properly dispose of soiled material and other consumable supplies. Use gloves throughout activity and washed hands afterward.	For assisting with suppository. Endorsement D.

APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
13. AFFC, RC	Know generally accepted practice of how to feed or assist client with eating.	Washed hands; gathered utensils (e.g. napkin, tray); placed napkin near client, on client's chest or under chin, if appropriate; told client what foods are served; alternated solids and liquids; used a spoon for safety; used a short straw if client could not drink from a cup or glass, wiped client's mouth with napkin; cleaned up as appropriate; offered oral hygiene.	Does NOT include tube feeding.
14. AFFC, RC	Have knowledge of basic meal planning and preparation.	<p><u>Planning:</u> Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods.</p> <p><u>Shopping/Purchasing:</u> Read food labels; identified ingredients (this is critical for special diets (e.g. salt free, low in sugar); considered cost; used seasonal food when possible.</p> <p><u>Preparing the Meal:</u> Washed hands; followed the menu; followed recipes; know food substitutions, allowed for special diet if a food item is not available; prepared one-dish meals as appropriate or for foods which may be reheated, prepared for proper storage and reheating for future servings; used proper size pans; used correct burner size; when using oven, prepared more than one item at a time; when possible, use toaster/microwave for small meals, conventional oven for big meals, cleaned up; wash dishes.</p>	Does NOT include canning of produce or baking of such items as cookies, cakes & bread.
15. AFFC, RC	Know generally accepted practice for routine eye care.	Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and gloves if there is drainage coming from eye. Wash hands and apply gloves if necessary. Instill solution according to manufacturer's guidelines. Remove gloves and wash hands.	Routine regimen non prescription eye drops, ointment, eye pad after a well established routine of care has been set forth for the client.
16. AFFC, RC	Know generally accepted practice in proper care of nails.	<u>Nail Care:</u> Gathered necessary supplies and equipment (towel, water basin, nail file, nail clipper); filled wash basin with warm water, soaked client's fingernails approximately 20 minutes; cleaned under fingernails; clipped fingernails straight across; shaped with nail file; cleaned up/replaced equipment/supplies; washed hands. Properly disposed of nail clippings. Wash hands.	Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.
17. AFFC, RC	Know generally accepted practice for assisting client with self-administration of medications.	Washed hands, assisted client to proper position for self-administration of medication. Assisting the client with opening container, assisting with positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, and dose and time medication should be taken. If medication has been set up in medication container or planner by nurse or family, make sure it is clearly marked/labeled, assist client with opening container making sure medication is taken on appropriate day and time of day. Provide drinking fluid to swallow medication, assist client to close container and store medication properly.	Assisting client in <u>self</u> administration by doing the following - opening container, assisting the client with proper position for taking medication, assist with giving client drinking fluid to swallow medication, recap the container.

APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
18. AFFC, RC	Know generally accepted practice of caring for skin including giving back rub.	<p>Washed hands, identified pressure points (bony areas of body); changed client's position every two hours; kept linens wrinkle-free and dry, used powder where skin comes together; washed and dried client's skin promptly if urine or feces are present and have now been removed, applied lotion as necessary for dry skin, observed for skin breakdown.</p> <p><u>Back Rub:</u> Gathered supplies (e.g. towel(s), lotion); assisted client to turn on side or abdomen, uncovered client's back; placed small amount of lotion on palm of your hand; applied to client's back using long strokes, used circular motion, rubbed one to three minutes, dried client's back, assisted to dress client; replaced supplies to proper storage, washed hands.</p>	<p>Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems.</p> <p>Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.</p>
19. AFFC, RC	Know generally accepted procedure for turning and positioning client in bed.	<p>Maintained body alignment, kept spine straight and supported head.</p> <p><u>For Sitting Up:</u> Placed pillows as needed for comfort, if hospital bed – raised backrest to desired position.</p> <p><u>In Positioning on Back:</u> Supported non-functional body parts with folded/rolled towels/pillows (shoulder blade, hip, hand, arm/elbows, leg) to promote blood circulation; did not place pillows, rolled or folded towels under knees when lying on back, loosened top sheet to prevent pressure from toes.</p> <p><u>In Turning Client Toward You/Away From You:</u> Lower head of bed if evaluated, move client to side of bed near you; crossed client's arms over chest and nearest leg over farthest leg; placed one of your hands on client's shoulder, one on hip; gently rolled client toward you or push client away from you; placed pillows as appropriate for comfort and support (against back, under head and shoulder, in front of bottom leg, top leg on pillow, under client's arm/hand).</p>	
20. AFFC, RC	Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.	<p><u>Transfer Belt:</u> Assisted client to sit; applied belt; stood in front of client; client's hands on your shoulders; grasped belt, had your knees braced against client's; had your feet block client's; raised and lowered client.</p> <p><u>To Standard Sit:</u> Put client's hands on chair arms, one of your knees between clients; other knee braced client's knee; held client at center of gravity; instructed client to stand. Reversed procedure to sit.</p> <p><u>Bed to Wheelchair:</u> Positioned wheelchair; locked the wheels; assisted client to dangle legs; instructed client to stand, reach for wheelchair arm, pivot and sit; supported and guided client. Reversed procedure to return to bed.</p>	

APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
21. AFFC, RC	Know generally accepted practice of assisting client with ambulation.	<p><u>Cane:</u> Assisted client to stand, cane was held on correct side (single point cane usually held on strong side of body; 3 or 4 point cane usually held on weak side of body); cane was moved forward by client; feet were moved forward by client; assisted as necessary.</p> <p><u>Crutches:</u> Assisted client to stand. For swing-through gait; client placed crutches 6" to 12" ahead, lifted and swung body just ahead of crutches, repeated. For 4-point gait: moved right crutch forward 6" to 8"; moved left foot forward; repeated for left crutch and right foot. For going up or down steps: DOWN – crutches on the step first, strong leg down first, then weak leg, repeat; UP – crutches and strong leg on same step, strong leg up first, repeat.</p> <p><u>Walker:</u> Assisted client to stand. Placed walker 6" to 12" in front of client. Client moved feet forward while holding walker in hands. Assist as necessary.</p>	Assisting client to walk, use wheelchair, walker, crutches or cane.
22. AFFC, RC	Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition.	<p><u>Dusting:</u> Dampened cloth with water or commercial spray; moved cloth across surface to gather dust.</p> <p><u>Floor Care:</u> Vacuumed rugs or carpets; mopped tile or linoleum floors; small rugs were shaken or washed.</p> <p><u>Cleaning Kitchen:</u> Cleaned up after each meal; wiped out refrigerator regularly; wiped down small appliances as necessary; wiped off countertops; kept surfaces uncluttered; proper disposal of garbage.</p> <p><u>Cleaning Bathroom:</u> Wiped out tub/shower after each use to keep mildew free; cleaned sink regularly; scrubbed out toilet bowl with soap or detergent regularly.</p>	Includes dusting, vacuuming (which may include moving furniture), floor care, garbage removal, changing linens, and other similar tasks in the room occupied or used by the client.
23. AFFC, RC	Know generally accepted procedure of making beds.	<p><u>Closed Bed:</u> Gathered necessary linens; hung sheet evenly over bed; tucked bottom sheet under at head of bed; placed top sheet on bed with large hem even with head of bed; placed blanket and bedspread on bed; hanging evenly on both sides; folded top sheet, blanket and bedspread under at foot of bed; folded top sheet approximately 4" over bedspread and blanket; placed pillowcase on pillow.</p> <p><u>Open Bed:</u> Made closed bed, then folded top of covers to foot of bed; smoothed sides into folds; placed pillow on bed.</p> <p><u>Occupied Bed:</u> Gathered linens and bath towel; covered client with bath towel; removed top covers; moved client to one side of bed; assured client's safety, untucked bottom sheet and draw sheet; folded up against client; placed clean bottom sheet on bed; tucked in as appropriate; moved client over to side with clean sheet; removed dirty sheets; placed dirty sheets in a hamper; pulled bottom sheet to other edge; tucked in as appropriate; changed pillow case; placed clean top sheet over client; removed bath towel; placed clean blanket and bedspread over top sheet, tucked top sheet, blanket and bedspread at foot of bed; assured sheets were not tight across client's toes.</p>	See Endorsements section for mechanical or therapeutic devices.

APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
24. AFFC, RC	Know generally accepted practice – in laundry techniques; (include mending).	Able to make necessary minor repairs to client's clothing or bedding or linens (sew button or hem); separated clothing per label instructions considering color, fabric, soiled, dry clean only; pretreated spots/stains; followed washing machine instructions for detergent and type of load, dried clothing, ironed/folded, returned to proper storage.	Includes washing, drying, folding, putting away ironing, mending, and related tasks.
25. AFFC, RC	Background checks.	All AFFC applicants/providers are subject to mandatory state and nationwide background checks. Individuals who provide respite care in the home of an AFFC provider or those acting as substitute caregivers are also subject to the state and nationwide background check requirement.	
26. AFFC	Licensing standards	All AFFC applicants/providers must meet all other licensing standards.	

SECTION D

GLOBAL AND CLIENT SPECIFIC ENDORSEMENTS

1- Enrollment Information

- Global and Client Specific endorsements (Standards A-N) are NOT required of all AFFC/QSP or AFFC respite care providers.
- An individual must first meet qualifications for Adult Family Foster Care and AFFC Respite Care.
- Each endorsement is considered separately so that an AFFC/QSP or AFFC respite care provider may opt to meet the standards for any or all of the endorsements.

2- The following endorsements (A-I) are Global Endorsements. The competency for each of these endorsements will apply to all clients for whom you may provide care.

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases-Limited to oxygen
- D. Suppository-Non-prescription
- E. Cognitive/Supervision
- F. Taking: Blood Pressure, Pulse, Temperature, Respiration Rate
- G. Ted Stockings (Surgical stockings)
- H. Prosthesis/Orthotics/Adaptive Devices
- I. Hoyer Lift/Mechanized Bath Chair

Forms required to enroll for Global Endorsements

- See page 18 to determine the endorsements accepted for individual members that have the following current licenses or certifications and exceed the Department competency standards: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, Certified Nurse Assistant.

Or

Have on file a DOCUMENTATION OF COMPETENCY Form (SFN 750) to certify competency in these endorsements for individuals who do not have a license or certification that exceeds the Department competency standards.

3- The following Client Specific Endorsements (J-N) requires verification of the provider's ability to provide the service for each client requiring the specified endorsement.

- J. Ostomy Care
- K. Postural Bronchial Drainage
- L. Jobst stockings (compression stockings)
- M. RIK/Specialty Bed Care
- N. Apnea Monitoring (is only available to a provider meeting the standards for Respite Care)

Form required to enroll to provide Client Specific Endorsements

- Send the completed Request for Client Specific Endorsement SFN 830 to Aging Services and to the County HCBS Case Manager.

Instructions for Completion: SFN 750 DOCUMENTATION OF COMPETENCY

APPROVED HEALTH CARE PROVIDERS TO PERFORM AND AUTHORIZE GLOBAL ENDORSEMENTS

ENDORSEMENTS	As performed by:											
	PHYSICIAN		RN		LPN		CNA		OT		PT	
	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize
Maintenance Exercise	X	X	X	X	X	X	X	N/A	X	X	X	X
Catheter	X	X	X	X	X	X	X	N/A	X		X	
Medical Gases	X	X	X	X	X	X	X	N/A	X		X	
Suppository	X	X	X	X	X	X	X	N/A	X		X	
Cognitive	X	X	X	X	X	X	X	N/A	X	X	X	X
Taking BP/TPR	X	X	X	X	X	X	X	N/A	X	X	X	X
Ted Socks (surgical stockings)	X	X	X	X	X	X	X	N/A	X	X	X	X
Prosthesis/Orthotics	X	X	X	X	X	X	X	N/A	X	X	X	X
Hoyer Lift/Mechanized Bath Chair	X	X	X	X	X	X	X	N/A	X	X	X	X

4-Standard A-I GLOBAL ENDORSEMENTS

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
A. MAINTENANCE EXERCISE	Know generally accepted practice of how to perform maintenance exercise regimens.	Exercises are maintenance oriented and client specific. Assisted client to complete exercises which have been taught to client – neck, shoulders, elbows, wrists, fingers, hips, knees, ankles, toes. Follow only exercise regimen recommended for the client; i.e. the performance of the repetitive exercise required to maintain function, improve gait, maintain strength, or endurance; passive exercise maintain motion in paralyzed extremities, not related to a specific loss of function, and assistive walking.	Limited to general observation of exercises which have been taught to the client; including the actual carrying out of maintenance program, the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance, passive exercises to <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands, gathered all necessary supplies (basin of warm water, mild soap, washcloth, plastic bag for waste, disposable gloves); provided for client privacy; held catheter with one hand; do <u>NOT</u> hold up so that urine runs back into the bladder; cleaned meatus and catheter with other hand; wiped from meatus toward anus; patted area dry; applied lotion as necessary; observed for redness, swelling or discharge; disposed of waste; cleaned up; returned supplies to proper storage; washed hands.	Limited to general maintenance care <u>after</u> a well established routine of care has been set forth for the client. NO CATHETERIZATION OF CLIENT ALLOWED.
C. MEDICAL GASES	Know generally accepted practice to administer medical gases.	Client specific monitored only as specifically recommended for client.	Limited to monitoring or routine assistance. Limited to oxygen only.
D. SUPPOSITORY	Know generally accepted practice of how to assist with suppository and maintain bowel program.	Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed.	Non-prescription suppository only.
E. COGNITIVE SUPERVISION	Know generally accepted practice of caring for cognitively impaired person, and persons who require supervision or a structured environment on a continuous basis.	Show evidence of knowledge of cognitive impairments due to Alzheimer's, Parkinson's and Multi-Infarct (dementia) as well as the unique needs of caring for a person that is so impaired. Address issues, such as care staff reaction to repetitive and/or inappropriate behavior, nonverbal communication techniques; observing for difficulty eating, chewing and/or swallowing; techniques used with wandering behavior. Show evidence of knowledge of the role of supervision and observation for a client who needs supervision continuously, except for brief periods of time, for health/safety, cognitive and/or behavioral reasons.	

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
F. TEMPERATURE/ BLOOD PRESSURE/ PULSE/ RESPIRATION RATE	Know generally accepted practice for <u>taking</u> temperature, blood pressure, pulse, and respiration rate.	Able to identify average normal adult rates. Washed hands, gathered necessary equipment (thermometer, blood pressure cuff, watch with minute hand), assisted client to sit or stand in comfortable position, obtained the measure/rate, cleaned and replaced equipment to proper storage, washed hands.	QSP will be notified by case manager who is to be notified of readings. (This is determined in care planning)
G. TED SOCKS (surgical stockings)	Know generally accepted procedure of applying surgical stockings.	Gathered appropriate supplies: Applied surgical stockings according to manufacturers instructions.	
H. PROTHESIS/ ORTHOTICS/ ADAPTIVE DEVICES	Know generally accepted procedure for usage of prosthesis/orthotics/adaptive devices.	Is able to assist client to apply or put on prosthesis/ orthotics/adaptive devices and remove.	
I. HOYER LIFT MECHANIZED BATH CHAIRS	Know generally accepted procedures for use of a client's Hoyer lift/mechanized bath chair.	Is able to safely transfer client using a Hoyer lift or mechanical chair.	

Standard J-N CLIENT SPECIFIC ENDORSEMENTS

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
J. OSTOMY	Know generally accepted practice of techniques for routine regimen of ostomy care.	Washed hands; gathered supplies needed (bedpan, towel(s), bed protector, clean ostomy bag, toilet tissue, warm water, washcloth, soap, cleanser-lubricant, cream, deodorant); assured privacy, covered client with bath towel, opened ostomy belt; replaced if dirty; removed soiled stoma bag; placed in bedpan, wiped area around stoma; washed gently entire stoma area; patted dry; applied lubricant or cream if needed; fitted clean belt and stoma bag on client; applied deodorant if desired; cleaned up; replaced all equipment and supplies to proper storage; washed hands.	General maintenance care which may include emptying, cleaning, and reapplying the appliance <u>after</u> a well established routine of care has been set forth for the client.
K. POSTURAL/ BRONCHIAL DRAINAGE	Know generally accepted practice of how to perform postural/bronchial drainage.	Demonstrates the procedure for postural/bronchial drainage.	Must have received specific training from a therapist who specializes in this procedure.
L. JOBST SOCKS (compression stockings)	Know generally accepted procedure of applying compression stockings.	Gathered appropriate supplies; applied compression stockings as directed for the client.	Routine care for chronic conditions.
M. RIK / SPECIALTY BEDS	Know generally accepted procedures for use of a client's Specialty Bed.	Is able to assist client in the use of the Specialty Bed as directed for the client.	Routine care for chronic conditions.
N. APNEA (Respite Care Provider)	Know generally accepted procedure for apnea monitoring.	Evidence of having hospital-based training equivalent to what the primary caregiver has received.	

SECTION E

FORMS APPENDIX: (These forms are available on eforms)

- **SFN 615** MEDICAID PROGRAM PROVIDER AGREEMENT
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- **W-9** REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
<http://www.irs.gov/pub/irs-pdf9.pdf>
- **SFN 980** REQUEST TO BE AN ADULT FAMILY FOSTER CARE/QUALIFIED SERVICE PROVIDER
<http://www.nd.gov/eforms/Doc/sfn00980.pdf>
- **SFN 750** DOCUMENTATION OF COMPETENCY
<http://www.nd.gov/eforms/Doc/sfn00750.pdf>
- **SFN 830** REQUEST FOR CLIENT SPECIFIC ENDORSEMENTS
<http://www.nd.gov/eforms/Doc/sfn00830.pdf>
- **SFN 433** CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
<http://nd.gov/eforms/Doc/sfn00615.pdf>
- **SFN 1168** OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION
<http://www.nd.gov/eforms/Doc/sfn01168.pdf>

ADDITIONAL INFORMATION CAN BE FOUND ON THE FOLLOWING WEBSITES:

- Home Fire Safety:
<http://www.usfa.dhs.gov/downloads/pdf/fswy11.pdf>
- Carbon Monoxide Fact sheet
<http://www.usfa.dhs.gov/downloads/pdf/fswy17.pdf>
- QSP Handbooks following website:
<http://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-individualprovider>

Forms must be completed with a pen or typed and submitted to:

**Aging Services Division
Department of Human Services
1237 W. Divide Ave., Suite 6
Bismarck, ND 58501**