November 2019

AGENCY PROVIDER
Qualified Service Provider Handbook

Enrollment Procedures & Required Standards

STOP

You must also have a Forms Booklet to complete your application.

Issued by:

Medical Services/HCBS
Department of Human Services
600 E Boulevard Ave, Dept 325
Bismarck, ND 58505-0250

Additional information regarding QSPs and all QSP Handbooks can be found at the following website: http://www.nd.gov/dhs/services/adultsaging/providers.html

Agency QSP's are required to have a copy of the most current Handbook on file.

This handbook contains the requirements for you to enroll as a provider delivering services for public pay clients. If you plan to work for private pay clients only, you do not have to enroll as a Qualified Service Provider.
Provider Enrollment questions?

Call

1-800-755-2604
First, select Option “1”, then Option “3”

Or
701-328-4602

Forms must be completed with a pen or typed.

Send completed packets by email, fax or mail to:

Email: DHSHCBS@ND.GOV

Fax: 701-328-4875

Mail:
Medical Services/HCBS Division
North Dakota Department of Human Services
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250
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Home & Community Based Services (HCBS) Information

The North Dakota Department of Human Services funds and oversees Home and Community Based Services (HCBS) for the elderly and disabled. Clients are assessed by a case manager to determine if they are eligible for HCBS programs. The assessment includes both Functional Eligibility and Financial Eligibility.

HCBS Recipient’s Right of Privacy, Dignity and Respect, and Freedom from Coercion and Restraint: Individuals receiving HCBS have a right of privacy, dignity, and respect when receiving services. The use of coercion, seclusion, and restraint of recipients in all settings with the exception of the limited use of restraints in adult residential service settings as described in NDCC 50-10.2-02 (1) is prohibited.

Once the client is found eligible, the following law applies:

Effective July 1, 1989, state law requires that each person eligible for services under Chapter 50-06.2 of the North Dakota Century Code (this includes HCBS), or the person’s representative, must be free to choose among available qualified service providers (QSP’s) that offer competitively priced services.

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

QSP agency providers may be eligible to provide the following services: Adult Day Care, Adult Residential Service, Attendant Care, Case Management, Chore Service, Community Transition Service, Extended Personal Care Services, Environmental Modification, Home Delivered Meals, Homemaker, Non-Medical Transportation, Nurse Educator, Nurse Management, Nursing Assessment, Personal Care, Respite Care, Specialized Equipment, Supervision, Supported Employment and Transitional Living.

Rate Information

- Agency QSP’s requesting a 15-minute unit rate will be assigned a flat fee rate.
- QSP’s may not charge the Department more than they 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 changed amount.
- You may also choose to charge less than the fee for service rate per unit.
- Contact the Department for current rate information 1-800-755-2604.

Rural Differential Rates

- A higher unit rate is offered to QSP’s that provide services to clients who reside in rural areas of ND.
- The county case manager assesses the need and applies the criteria for rural differential rates as indicated on the individuals care plan.
- If appropriate, the county case manager will authorize the rural differential rate, and subsequently issue a service authorization to the provider.
- To qualify for rural differential rates, the travel must be at least 21 miles round trip.
- QSP’s are not paid travel time but are reimbursed at higher rates for providing services to clients who reside in rural areas.
- QSP’s can only charge the higher unit rate for services provided on days of actual travel.
Definitions:

- **Abuse**: Provider practices that are inconsistent with sound fiscal, business, or medical practice, and results in unnecessary cost to the Medicaid program or payment for services that are not medically necessary or fail to meet professionally recognized health care standards.

- **Adaptive Equipment**: Equipment and supplies, which enable recipients to increase their abilities to perform ADLs. See also “Specialized Equipment and Supplies”.

- **Adult Day Care (ADC)**: A program of non-residential activities provided at least three (3) hours per day on a regularly scheduled basis, one or more days per week and encompasses both health and social services needed to ensure the optimal functioning of the individual.

- **Adult Residential Care (ARS)**: Service provided in a facility in which at least five (5) unrelated adults reside, and in which personal care, therapeutic, social and recreational programming is provided in conjunction with residing in the facility. This service includes 24-hour on-site response staff to meet scheduled and unpredictable needs and to provide supervision, safety, and security.

- **Agency Provider**: An agency that enrolls with the Department of Human Services as a QSP, which allows that agency to bill the Department of Human Services for services rendered within the authorized amount.

- **Attendant Care Services (ACS)**: Hands on care, of both a supportive and medical nature, specific to a client who is ventilator dependent for a minimum of 20 hours per day. Service is provided by a QSP, who is an unlicensed assistive person enrolled and in good standing with the ND Board of Nursing. The services are provided under the direction of a licensed nurse who is enrolled with the Department of Human Services to provide Nurse Management.

- **Authorization to Provide Service (SFN 1699/663/410)**: A state form sent to the QSP by the HCBS Case Manager, authorizing the QSP 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 QSP is authorized to provide which are checked on the form (brief definitions are printed on back).

- **Case Management Service (CM)**: 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. The specialized assistance is based on the results of a comprehensive assessment.

- **Chore Service**: Tasks that are on an intermittent or occasional basis which would enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, snow removal, and emergency response systems. The task must be the responsibility of the client and not the responsibility of the landlord.

- **Client**: An individual who meets the eligibility requirements and is receiving services from the Department.
Community Transition Services (CTS): To assist eligible individuals transitioning from an institution or another provider-operated living arrangement (to include skilled nursing facility, adult residential, adult foster care, basic care, and assisted living) to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses and needs non-recurring set-up expenses.

Competency Level: The skills and abilities required to do something well or to a required standard.

Documentation: Written records of the start time, end time and the specific service/task provided for a client.

Endorsement: A task that requires special skill and approval.
  o Global Endorsement: These endorsements will apply to all clients requiring this endorsement.
  o Client Specific Endorsement: These endorsements require client specific instruction for each individual client for whom you provide care requiring this endorsement.

Environmental Modification (EM): Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home. The home must be owned by the recipient or the recipient’s family member.

Extended Personal Care (EPCS): Hands on care of a medical nature that is specific to the needs of an eligible individual. Approval to complete these tasks is provided by the Nurse Educator to the Extended Personal Care service provider.

Fraud: A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.

Home Delivered Meals (HDM): The provision of a well-balanced meal to individuals who live alone and are unable to prepare an adequate meal for themselves, or who live with an individual who is unable or not available to prepare an adequate meal for the recipient.

Homemaker Service (HMKR): Intermittent, non-personal care tasks such as housekeeping, laundry and shopping.

Individual Program Plan (IPP): An individualized plan that describes the tasks or training that will be done for a client receiving Transitional Living Services or Community Transitions Services. The IPP shows how the QSP will work toward the client’s goals.

Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.

Non-Medical Transportation (NMT): Transportation that enables individuals to access essential community services such as grocery, pharmacy, banking, post office, laundromat, utility company, and social security office, in order to maintain themselves in their home.
• **Non-Medical Transportation Driver with Vehicle (NMT-D/V):** Driver with vehicle is considered as only transporting the client. It is taking the client to and from his/her home and points of destination for essential services.
  
  o NMT Providers are responsible to maintain employee records throughout employment to show continuous, current proof of vehicle insurance. This information must be kept in your employee personnel files only. You do not need to submit this information to the Department unless requested during an audit.
  
  o If the provider plans to use a vehicle they do not own, written permission from the owner of the vehicle is required to use for services of Non-Medical Transportation.

• **Non-Medical Transportation Escort (NMT-E):** An escort may be authorized to accompany a client who uses public transportation if the client requires assistance in boarding and exiting as well as while being transported AND the escort must be needed by the client in completing the activity. A QSP cannot be reimbursed for escort services while driving.

• **Nurse Educator (NE):** A service to include nurse assessment, care planning, training of nursing tasks for a client who is receiving services provided by a QSP enrolled to provide Extended Care Services. This service is provided by a QSP employee who is a nurse licensed by and in good standing with the ND Board of Nursing.

• **Nurse Management (NM):** A service to include nurse assessment, care planning, delegation of nursing tasks, and monitoring quality of care to a client receiving services by a QSP enrolled to provide Attendant Care Services. Service is provided by a QSP who is licensed by and in good standing with the ND Board of Nursing.

• **Nursing Assessment (NA):** This service is used in conjunction with the Community Transition Services to provide an assessment to individuals with a medical need.

• **Personal Care Service (PC):** Assistance with bathing, dressing, toileting, incontinence, medication assistance (limited to definition of the task on back of SFN 1699/663/410), transferring, mobility in the home, eating, personal hygiene (e.g. fingernail care, skin and mouth care and exercises). This service may include assistance with environmental activities as authorized by the County HCBS Case Manager.

• **Provider Number:** Number assigned to the enrolled QSP.

• **Respite Care (RC):** Temporary relief to the individual’s primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily care. Requires cognitive endorsement.

• **Qualified Service Provider (QSP):** An individual or agency that has met all the standards/requirements and has been designated by the Department of Human Services as a provider.

• **Service:** Work done by a provider for payment.

• **SFN:** **S**tate **F**orm **N**umber, located on the upper left side of a form.
• **Specialized Equipment Supplies**: Specialized equipment, supplies, safety devices, or assistive technology that enable individuals to increase their abilities to perform activities of daily living or to perceive, control or communicate with their environment. Coverage for services provided under the HCBS or Technology Dependent waiver may include the cost of set up, maintenance, and upkeep of equipment, and may also include the cost of training the participant or caregivers in the operation and/or maintenance of the equipment.

• **Specialized Equipment/Assistive Technology Assessment**: This service is only covered under the HCBS and Technology Dependent Medicaid waivers. It includes a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device.

    Assistive technology includes:
    o The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;
    o Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;
    o Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
    o Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant;
    o Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

• **Standard**: A level of quality or excellence that is accepted as the norm for a specific task.

• **Supervision (SUPV)**: An individual could be considered to have a need for supervision if because of their impairment, they require human intervention to safeguard the individual from harm. Requires cognitive endorsement.

• **Supported Employment Extended Services**: Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision, and training relating to the person’s disability. This would not include supervisory or training activities provided in a typical business setting. This service is conducted in a work setting, mainly in a work site in which persons without disabilities are employed.

• **Transition Coordination**: Assists an individual to procure one-time moving costs and/or arrange for all non-Medicaid services necessary to assist the individual with the actual coordination and implementation of their individualized plan to move back to the community.

• **Transitional Living Service (TL)**: Provision of training an individual to live with greater independence in the individual’s home. This includes training, supervision or assistance to the individual with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living, and mobility.

• **Waste**: Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.
Fraud, Waste, & Abuse
The Department’s mission is to provide quality, efficient, and effective human services, which improve the lives of people. Healthcare fraud is one of the most common fraud areas in the US. While an individual is wasting and/or abusing the Medicaid services and supports, the funding for another individual will be unavailable. Detecting fraud, waste, and abuse requires diligence from everyone involved with the Medicaid program. Educating both providers and the general public is an essential measure to the prevention of Fraud, Waste, and Abuse (FWA).

Medicaid provides healthcare coverage to qualifying low-income and/or disabled individuals, children, and families. HCBS services are part of those services. Fraud can be committed by Medicaid providers (including QSPs) or clients. The Department does not tolerate misspent or wasted resources.

By enforcing fraud and abuse efforts:
- Medicaid providers receive the best possible rates for the services they provide to Medicaid recipients.
- Medicaid recipients are assured that their out-of-pocket costs are as low as possible.
- Tax dollars are properly spent.
- Medicaid recipients receive necessary healthcare services (including HCBS).

The Department mandates training at initial enrollment and upon renewal for fraud, waste, and abuse to be completed by a designated individual from each agency. The designated agency representative will be responsible for printing and maintaining a copy of the certificate of completion. The certificate must be provided at initial enrollment and renewal. The online training is available at DHS QSP site https://www.nd.gov/dhs/services/adultsaging/providers.html.

The designated agency representative is responsible for training the agency staff. The agency must keep a list of all employees who have completed the training, including the date of completion, and submit upon initial enrollment and renewal.

What is Fraud?
A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.

- Example: Knowingly submitting claims for services that were not rendered.

What is Waste?
Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.

- Example: Costs incurred when an individual is receiving more units or hours of service than needed, e.g., when an individual’s health improves but their intensity of supports remains the same.

What is Abuse?
Abuse is when provider practices are inconsistent with sound fiscal, business, or medical practices that result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or services that fail to meet professional recognized standards for healthcare.
Abuse may also include recipient practices that result in unnecessary costs to the Medicaid programs.

- Example: A QSP provider bills for services during an individual’s institutional stay. This is abuse because the QSP provider should have been aware of the rules, which specify that services cannot be billed during an institutional stay.

**Biggest difference between Fraud vs. Waste and Abuse:**
- Intent to deceive.

**What is my role in helping prevent Medicaid fraud and abuse?**

REPORT any instance of suspected fraud or abuse. Anyone can and should report suspected fraud, waste, and abuse. You can identify yourself or report FWA anonymously. If you are reporting anonymously, be sure to report enough information so that a proper investigation can be completed.

**How do you report:**

- Complete SFN 20 Surveillance and Utilization Review
- Call 1.800.755.2604 or 701.328.4024
- Email medicaidfraud@nd.gov
- Fax 701.325.1544
- Send a letter to:

  Surveillance Utilization Review Administrator  
c/o Medical Services Division  
600 E Boulevard Ave Dept 325  
Bismarck, ND 58505-0250
STEP 1: ENROLLMENT

All required information must be received and completed correctly before the Department can finalize enrollment or renewal. Agency renewals require the same documentation as an initial enrollment. Please use the next few pages as a checklist to meet all requirements.

**PLEASE NOTE:
ND Administrative Code 33-03-10.1-03, prohibits name combinations for QSP Agencies from the use of terms “home health agency” or “home health services”.

Additional documents related to the specific services that your agency provides may be required. Please refer to “Services Requiring Additional Information” on Pages 14 - 19 of this handbook for further information.

Required Forms

☐ SFN 1606 - Agency Request to be a Qualified Service Provider

☐ SFN 615 - Medicaid Program Provider Agreement

☐ SFN 1168 - Ownership/Controlling Interest and Conviction Information

☐ W-9 - Request for Taxpayer Identification Number and Certification

☐ Agency Employee Verification Checklist (included on Page 21)
  • All employees that provide direct services to public pay clients must be listed.

Required Documents

☐ Agency Organizational structure
  • Provide an organizational chart with key positions (include names of staff).
  • Provide the number of years of experience as a service provider.
  • Provide date and purpose of incorporation or type of partnership.
  • If there is a board of directors for a non-government agency, provide their names, addresses, date of birth and social security number as they are considered managing employees and should be listed on the SFN 1168.

☐ Job descriptions of each employee position.

☐ Valid form of ID (copy) for individuals listed on the SFN 1168.
  • Examples of acceptable identity: driver’s license, SSN card, passport, tribal ID.

☐ Direct Deposit (Electronic Funds Transfer - EFT).
  • Attach a voided check or documentation from your financial institution.
  • Direct Deposit is required for Agency enrollment.

☐ Private pay service fee schedule.

☐ Verification of registration with ND Secretary of State Office.

☐ Current license(s) if applicable (e.g. Basic Care License/contractor license).
Current verification of Unemployment insurance.
- New agencies with a lower number of employees can request voluntary coverage. Please contact ND Job Service for more information.

Current verification of Workforce Safety and Insurance coverage.

Agency compliance program.
- Additional information on compliance program structure available in appendix Page 36.

Standards, Policies, Procedures:
- Annual training: Employee/contractor education on FWA detection and reporting.
  - Agency representative who has completed training must provide a copy of the certificate of completion at initial enrollment and renewal.
  - Submit checklist of employee(s) participation at initial enrollment and renewal.
- Reporting suspected FWA – Include process for notifying the Department when:
  - An employee has been terminated for suspected fraudulent behavior.
  - A new or existing employee is flagged/identified on the required initial, routine, and/or ongoing criminal background checks.
- Employee/contractor screening: initial, routine, and ongoing.
- Reporting Critical incidents to the Department.
- An example of your documentation must be provided and include:
  - Client name and ID number.
  - Agency name and ID number.
  - Individual employee providing the service.
  - Date format to include MM/DD/YYYY.
  - Location of service.
  - Service provided including start and stop times.
- Provide plan for training staff to accurately document time and tasks for services provided and how to read an Authorization to Provide Services.
  - SFN 1699/663/410 - Forms attached at the end of this handbook.
  - Internal documentation review/audit of employee service records.
- Smoking – to include e-cigarettes/vaping.
- Consuming alcoholic beverages and/or illegal drugs.
- Soliciting or accepting gifts and money from the client.
- Conducting personal business in the client’s home.
- Consuming the client’s food.
- Using the client’s property.
- Handling of the client’s money.
- Supervision of employee including:
  - Who (classification or job title) supervises direct care employees.
  - How the supervision takes place (e.g. in client home, at office, by phone).
  - Frequency of supervision.
- Timeliness of service delivery upon receipt of referral.
  - Include routine and emergency referrals.
- Plan to meet the requirement for seven (7) day per week service coverage for Personal Care Service and Respite Care Service.
- Procedure for coverage for clients during employee absence (vacation/sick leave).
- Confidentiality of client information.
- How client complaints are handled.
Enrollment Criteria for Agency Direct Service Employee(s)
The following pages detail the information that is required for each staff person providing direct services to HCBS Clients.

- There can be no less than two direct service staff that can provide backup as needed for clients. Employees should have the same global endorsements and client specific endorsements as needed to serve your clients.
- Staff members must always meet the provider standards and agreements during their employment if providing services to public pay clients.
- Information regarding Direct Bearing Offenses and provider standards found in ND Administrative Code 75-03-23-07 can be found at the following website: http://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf
- Staff must review the following fact sheets found in the appendix, on Pages 41 - 45.
  - Working Together for Home Fire Safety.
  - Carbon Monoxide Fact sheet (Exposing an Invisible Killer).
  - How to read an authorization to provide services form.
- Provider screening. All providers agree to screen their employees and contractors per Federal Regulations under 42 CFR 455.436. To ensure that program standards are met, the provider will:
  - Prior to an employee providing services to public pay clients:
    - Confirm the identity of the employee or contractor.
    - Search all websites required on the Employee Verification Checklist by all names of any individual or entity.
    - Contact the Department for prior approval if any employee is identified on any of the required sites during your screening process.
  - Ongoing:
    - Continue to screen employees/contractors on a routine basis and immediately report any findings to the Department.
    - The Department requires employee checks on an ongoing basis. If at any time, an employee is found not to meet the standards outlined, funds may be recouped from your agency for noncompliance with program standards.

☑ Agency Employee Verification Checklist – (See Page 21)
- All employees that provide direct services to public pay clients must be listed.
- All information must be completed on the checklist for each employee at initial hire and updated noting most recent date of ongoing routine background site checks.
- A copy of the verification checklist must be submitted to the Department at initial enrollment and renewal.
- Do not include employee members that are not providing direct services to public pay clients such as janitorial, administration, etc.
- Check all names used by the employee in the past (Include maiden names/aliases).
- The checklist indicates which information should be kept in your personnel files and what must be submitted with your enrollment. Please provide only the required documents. Information not required with your application should be kept in your employee personnel files.
In the event of an audit, the Department may ask you for these records. If the documents cannot be provided, the Department may recoup funds paid for services rendered by agency staff that do not have the required verifications.

- **Required website verifications for employees.**
  - **If an employee or an owner with direct or indirect ownership of more than 5% in your agency is shown on any of these lists, contact the Department for approval.**
    - District State Court website for criminal history/court information.
      - State of North Dakota – criminal/traffic category only. Contact the QSP Enrollment Administrator if there are any guilty findings or if the individual is currently on probation. [http://publicsearch.ndcourts.gov/default.aspx](http://publicsearch.ndcourts.gov/default.aspx)
    - **Individuals on the following lists are not eligible to serve public pay clients:**
      - National sex offender registry
        - Enter name on National Sex Offender Quick Search. [http://www.nsopw.gov](http://www.nsopw.gov)
      - ND Sex Offender registry
        - Check the box “All Offenders” [http://www.sexoffender.nd.gov/OffenderWeb/search/publiclist](http://www.sexoffender.nd.gov/OffenderWeb/search/publiclist)
      - ND Sex Offender registry
        - Scroll to the “Offenders Against Children” link [https://attorneygeneral.nd.gov/public-safety/sex-offender-information](https://attorneygeneral.nd.gov/public-safety/sex-offender-information)
      - ND Medicaid Exclusions list [http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list.pdf](http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list.pdf)
      - System for Award Management (SAM)
        - Click on Search Records tab [https://www.sam.gov/SAM/](https://www.sam.gov/SAM/)
      - HHS Office of Inspector General

- **SFN 433 – Child Abuse & Neglect Background Inquiry**
  - Complete this form for all staff that provide direct services to HCBS Clients. Form must be completed and processed prior to providing services to public pay clients.
  - Send all forms directly to Children & Family Services (CFS). Mailing, fax and email information is found at the bottom of the form.
  - Please allow 4 – 6 weeks for processing of this form once you submit it to CFS.
  - **This form is not considered complete until CFS has signed it and returned the completed form to your agency.**
  - The form is valid for two years once signed by CFS. A new form must be completed prior to expiration of document.
  - New agencies should send all SFN 433’s completed by CFS to HCBS along with your other application forms.
  - Renewing agencies should send a copy of the most recent, valid form at the time of renewal request. Submit a new form to CFS only if the current form on file is nearing the two-year expiration.
  - If this form is returned by CFS and shows a Services Required finding – at any time, you are **REQUIRED** to submit the form to HCBS.
    - HCBS will collect information and determine if the employee can provide services to HCBS Clients.
The agency cannot make the determination on their own. If a determination is made without HCBS approval, your agency could be required to pay back any funds paid to you for services the employee provided.

- Until a determination is made by HCBS, the employee cannot provide services to HCBS clients.
- If you are given approval by HCBS for an employee, this record will be provided in writing and should be kept in your employee personnel file.

- Employee Competency
  
  Competency can be demonstrated with an SFN 750, CNA, RN or LPN.
  
  - SFN 750 - Documentation of Competency
    - Complete this form for all staff that provide direct services to HCBS Clients (unless staff has a current CNA, RN or LPN). Form must be completed prior to providing services to public pay clients.
    - The form is valid for two years. A new form must be completed prior to expiration of document.
    - It is important that the SFN 750 is completed correctly. Forms that have missing or incomplete information will not be accepted, and a new form will be required.
    - Certificates or other forms acknowledging completion of a training or education program that focuses on in-home care, will be considered if the curriculum includes standards 5 through 25 (on SFN 750), and the training program is provided by a licensed health care professional. The program must also have a renewal process every two years.
    - Verification of Employee Signing the Documentation of Competency. A qualified individual with current licensure must sign the SFN 750 for your employee. A qualified provider is defined as:
      - Physician, Physician’s Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Physical Therapist (PT), Occupational Therapist (OT), Chiropractor.
    - To verify licensure of individual signing the SFN 750:
      - Board of Occupational Therapy. Checked to verify credentials of the individual certifying the SFN 750. [https://www.ndotboard.com/](https://www.ndotboard.com/)
      - Board of Physical Therapy. Checked to verify credentials of the individual certifying the SFN 750. [https://www.ndbpt.org/verify.asp](https://www.ndbpt.org/verify.asp)
      - Board of Chiropractic Examiners. Check to verify credentials of the individual certifying the SFN 750: [https://www.ndsbce.org/](https://www.ndsbce.org/)
  
  - Competency verified by CNA/RN/LPN
    - Include a copy of the license or certificate.
  
  - Verify employee’s credentials and or any complaints or judgments against employee.
    - Certified Nurse Assistant Registry – CNA.
      - [http://www.health.state.nd.us/HF/North_Dakota_certified_nurse_aide.htm](http://www.health.state.nd.us/HF/North_Dakota_certified_nurse_aide.htm)
      - Individuals must be on this list to verify they have a current certificate and do not have any disciplinary actions.
    - Board of Nursing LPN/RN [https://www.ndbon.org/verify_renew/verify_default.asp](https://www.ndbon.org/verify_renew/verify_default.asp)
      - Individuals must be on this list to verify they have a current license and do not have any disciplinary actions.
      - Board of Nursing’s listing checked to verify credentials of individual certifying the SFN 750.
SERVICES REQUIRING ADDITIONAL INFORMATION
To be approved for the following services, additional information and/or forms are required as listed on the following pages. Contact the QSP Enrollment Administrator at 701-328-4602 for additional information.

- Adult Day Care ................................................................................................................. 15
- Adult Residential Care ...................................................................................................... 15
- Assisted Living Facility ................................................................................................. 16
- Attendant Care ................................................................................................................ 16
- Case Management .......................................................................................................... 16
- Chore ................................................................................................................................ 16 - 17
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- Environmental Modification .......................................................................................... 17
- Extended Personal Care ................................................................................................. 17
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- Nurse Educator .............................................................................................................. 18
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- Respite Care .................................................................................................................... 18 - 19
- Specialized Equipment and Supplies ........................................................................... 20
- Supported Employment ................................................................................................... 20
- Transitional Living ........................................................................................................... 20
Adult Day Care (ADC)

- SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only and submitted with the enrollment forms to determine the rate if the Adult Day Care is a free-standing facility and not connected to a hospital, nursing home or basic care facility that participates in Basic Care Assistance Program (BCAP). (A similar form may be used if all information is provided).

- ADC Providers who are licensed by Health Facilities or enrolled in BCAP, will have their rate established by the Department and must send proof of Adult Day Care designation from the Department of Health.

- For Hospital/Swing Bed, Nursing Facility or Basic Care Facility, provide a description of how the facility utilizes staff and space in relation to both current residents and the Adult Day Care participants, and whether the Adult Day Care Participants are co-mingled with the facility residents.

- ADC requires a site visit before enrollment can be finalized to assure compliance with the CMS HCBS Settings final rule (MS 2249-F/2296-F). A site visit is required at the time of initial enrollment and renewal. See Page 38 for further information.

- Medication Error Waiver Form - Contact the Department to obtain this required form, to be submitted with enrollment forms. This form is required at initial enrollment and renewal.
  - **NOTE:** A Medicaid waiver recipient cannot be provided ADC in a hospital or nursing home.

- Agency staff must meet all Non-Medical Transportation, Driver with Vehicle standards for enrollment if providing transportation services.

- Staff must have cognitive endorsement on the SFN 750 - Documentation of Competency or hold a current CNA/RN/LPN certification or licensure.

- Description of services provided in the ADC; ex: transportation, recreation program, PC, etc., Provide number of maximum participants, hours of operation.

- Lease agreement at initial enrollment.

Adult Residential Care - Memory Care or Traumatic Brain Injury (TBI)

- SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.

- Must be a licensed Basic Care Facility.

- Provide copies of the following policies/information:
  - Describe admission and discharge policies.
  - Describe how the building is conducive to the care of the target population; include a floor plan of the building.
  - Describe the provision for food, laundry, housekeeping, and transportation service.
  - Provide information regarding the facilities program related to: overall goals to meet the needs of a client, tools used to assess the needs of a client, how plans of care will be prepared and implemented, and the type of program activities that will be available to a client.
  - Provide an outline of the staff training for programs designed for clients in special diagnostic categories i.e. TBI Residential, TBI Transitional, and Adult Residential.
  - TBI Residential Facilities: describe the process used to develop an Individual Program Plan.
  - TBI Residential Facilities: describe the agencies restraint policy. Restraint policy must comply with NDCC 50-10.2-02(1).
- Staff must have cognitive endorsement on the SFN 750 - Documentation of Competency or hold a current CNA/RN/LPN certification or licensure.

- Medication Error Waiver Form - Contact the Department to obtain this required form, to be submitted with enrollment forms. This form is required at initial enrollment and renewal.

- Adult Residential Services requires a site visit before enrollment can be finalized to assure compliance with CMS HCBS Setting final rule (MS 2249-F/2296-F). A site visit is required at time of enrollment and with subsequent reenrollments. See Page 38 for further information.

**Assisted Living Facility as a QSP**

- Assisted Living Facilities providing services to public paying clients require a site visit before enrollment can be finalized to assure compliance with CMS HCBS Setting final rule (MS 2249-F/2296-F). A site visit is required at time of enrollment and with subsequent reenrollments.

**Attendant Care Services**

- Contact the Department at 701-328-4602 to verify eligibility to provide this service.

- SFN 644 - Attendant Care agreement. Must be signed by each staff person, and the Nurse Manager. This is required at the time of initial enrollment and renewal.

- SFN 643 - Nurse Management Agreement. Must be signed by the Nurse Manager and submitted with the enrollment forms. This is required at the time of initial enrollment and renewal.

**Case Management**

- Requires staff person with one of the following (send copy of licensure):
  - Licensed Baccalaureate Social Worker (LBSW).
  - Licensed Master Social Worker (LMSW).
  - Licensed Clinical Social Worker (LCSW).

- Must sign Memorandum of Understanding (MOU) of Waiver Function assurance requirements (Contact the Department for required form).

- Required to complete training on Department policy. Training is provided by HCBS state Staff. Contact the Department to schedule.

**Chore Services**

- **Emergency Response**
  - SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.
  - A signed, dated statement including the following must be provided by each employee providing the service (at initial enrollment and renewal).
    - Attest to the knowledge of generally accepted procedure for installation of ERS system.

- **Professional Extermination**
  - A signed, dated statement including the following must be provided by each employee providing the service (at initial enrollment and renewal).
    - Attest to the knowledge of generally accepted procedure for pest extermination.
    - Provide a copy of the exterminator’s current license.
☐ **Labor**
• A statement must be provided by a minimum of two employees providing the service, attesting to the knowledge and ability of:
  o Properly follow manufacturer’s instructions for supplies used and equipment needed to complete specific chore tasks,
  o Generally accepted procedure for seasonal or unusual/heavy cleaning.
• The statement must be signed and dated by each employee and provided at initial enrollment and renewal.

☐ **Snow Removal**
• A statement must be provided by a minimum of two employees providing the service, attesting to the knowledge and ability to use snow removal equipment. The statement must be signed and dated by each employee and provided at initial enrollment and renewal.

**Community Transition Service**

☐ Enrollment in Case Management is required.

☐ Completion of an associate or bachelor’s degree in sociology, social services, social work, nursing, or a field related to programmatic needs from an accredited university. Staff with an associate degree must also have at least one year of progressively responsible experience in programs related to the task.

☐ SFN 576 - Extended Personal Care Agreement signed by staff providing the service. Provided at initial enrollment and renewal.

**Environmental Modification**

☐ Provide copy of current contractor’s license.

☐ Provide liability insurance and bonding.

**Extended Personal Care Services**

☐ SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.

**Home Delivered Meals**

☐ Provide one of the following:
  • Verification of current contract with DHS/Aging Services Division as an Older Americans Act (OAA) Nutrition Provider.
  • Provide copy of food establishment license per N.D.C.C. 23-09.
  • Must be hospital, nursing home, or basic care facility and include copy of license.

☐ Provide copy of license with the Department of Agriculture.

☐ Provide information on how you meet all applicable federal, state, and local laws and regulations. (NDAC 33-33-04 Safe food handling).

**Non-Medical Transportation**

☐ Signed statement on page three of SFN 1606 to affirm that the vehicle(s) used to provide transportation is/are in good operating order, including the brakes, lights, tires and seatbelts and agrees that the State of North Dakota shall not be liable for any damages that may arise out of or resulting from operating of vehicle(s).

☐ Employee must have a current, valid driver’s license, in good standing with the State of residency.
- A current proof of valid license must always be kept in employee personnel file and submitted to the State at the time of initial enrollment and renewal.

- Employees with a DUI (Driving Under the Influence) conviction within the past three (3) years are not eligible to provide this service.

- For each employee providing this service (a minimum of two employees required), provide the following information at initial enrollment and renewal:
  - Current official comprehensive driving record from the Department of Transportation [http://dot.nd.gov/divisions/driverslicense/recordservices-suspensions.htm](http://dot.nd.gov/divisions/driverslicense/recordservices-suspensions.htm)
    o Please note: The limited record option does not provide adequate information. The comprehensive report is required.
  - For a comprehensive copy of your driving record, you must complete SFN 51386 and mail payment to: Driver’s License Division, 608 E. Blvd Ave, Bismarck ND 58505-0750.

- Employee statement, signed and dated, kept in employee file to attest to:
  - If the employee is providing their own personal vehicle to transport clients, attest that the vehicle is in good operating order, including the brakes, lights, tires and seatbelts.
  - Employee agrees that the State shall not be liable for any damages which may arise out of or result from the operation of the vehicle.

- The following information should be kept in your employee personnel record. This does not need to be sent to the State unless requested during an audit:
  - Employee must have a valid vehicle insurance policy or if driving an agency vehicle, the agency must have adequate coverage. Copy of employee insurance records that show continuous coverage and effective date must be kept in employee personnel file only. This information does not need to be submitted unless requested during an audit.

**Non-Medical Transportation (Carrier-bus, taxi)**

- SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.

- Provide copies of the documentation required for staff providing non-medical transportation for public pay clients (see above).

**Nurse Educator**

- SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.

- SFN 576 - Extended Personal Care Agreement for each staff member at initial hire and renewal.

- SFN 577 – Nurse Educator Nursing Plan of Care at initial hire and renewal.

**Nurse Management**

- Contact the Department at 701-328-4602 to check if eligible to provide this service.

- SFN 643 – Nurse Management Agreement / Nursing Plan of Care at initial hire and renewal.

**Nursing Assessment**

To be used to provide an assessment for clients with a medical need that are utilizing the Community Transition program.

- SFN 576 - Extended Personal Care Agreement for each staff member at initial hire and renewal.

- SFN 577 – Nurse Educator Nursing Plan of Care at initial hire and renewal.
Respite Care

□ Staff must carry the cognitive endorsement.

□ Institutional Respite (Only in Memory Care)
  • Medication Error Waiver Form - Contact the Department to obtain, required at initial enrollment and renewal.

□ Respite in an Adult Foster Care Home / Facility (AFC)
  • Requires a separate background check to be completed by the Aging Services Division before providing services in an Adult Foster Care home.
  • SFN 466 – Background Check Address Disclosure.
  • SFN 467 – Personal Authorization for Criminal Record Inquiry – Foster Care.

Specialized Equipment & Supplies

□ Requires prior approval.

□ Provide cost of Bid and/or bonding.

□ Provide copy of Accreditation by CMS to provide specialized equipment.

Supported Employment

□ Must meet NDAC 75-04-01 or have accreditation from the Commission of Accreditation of Rehabilitation Facilities (CARF).

Transitional Living Service

□ Provide a description of the process used to develop a care plan. Describe your person-centered care planning process and the development of client goals to achieve or maintain independence.

□ Describe staff expertise and experience that will assist in fostering client independence in ADL’s, IADL’s, and social, behavioral, and adaptive skills.

□ List staff experience with supervision, training or assistance with the self-care of individuals who have cognitive impairment or a traumatic brain injury (TBI).

□ List the type of education and training you provide to your employees who work with individuals with cognitive impairment or a TBI.

□ Agency must complete an Individual Program Plan (IPP) within 30 days of client services beginning.
  • An IPP is a plan that describes the training that will be done for the client to live with greater independence in his/her home. To be completed by the QSP.

□ See Chart on Pages 22 - 26 for further requirements.
<p>| QSP Agency Services &amp; Licenses | SFN 1606 | SFN 615 | SFN 1168 | SFN 55 (if New) | Wg | Facility License | Organizational Structure | Secretary of State Registration (if New) | Private Pay/Rate Determination | Unemployment Insurance | Workforce Safety Insurance | Driver's License of owners/managers | Job Descriptions | Policies as listed on Page 10 | Incident Medication form | Documentation forms to be used | Staff Checklist | SFN 433 Child Abuse Form | SFN 750 Documentation (if applicable) | CNA/Nurse licenses if applicable | Requires Site Visit | Check for additional requirements – Chart A | Contractor's license |
|------------------------------|----------|---------|---------|----------------|----|-----------------|--------------------------|-------------------------------|-------------------------------|-------------------------|-----------------------------|-------------------------------|-----------------|-----------------------------|----------------------|--------------------------|----------------|--------------------------|-------------------------------|-----------------------------|----------------|----------------------------------|
| Adult Day Care               | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Adult Residential Services   | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Emergency Response System    | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Environmental Modifications  | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Home Delivered Meals         | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Institutional Respite Care   | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Non-Medical Transportation   | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| (Carrier/Bus/Taxi)           | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Supported Employment Extended| x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Services                    | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Transitional Living Service  | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Basic Care                   | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Home Health                  | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Hospitals                    | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Nursing Facilities           | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |
| Swing Bed                    | x        | x       | x       | x              | x  | x               | x                        | x                             | x                             | x                        | x                          | x                             | x               | x                              | x                    | x                       | x             | x                        | x                             | x                         | x             | x                               |</p>
<table>
<thead>
<tr>
<th>AGENCY EMPLOYEE VERIFICATION CHECKLIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check all names used by employee in the last seven years/maiden names/aliases</td>
</tr>
<tr>
<td>Staff Name (Last, First)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Date of Employee Hire (MM/DD/YYYY)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Most recent date websites checked (MM/DD/YYYY)</td>
</tr>
<tr>
<td><a href="http://publicsearch.ndcourts.gov/default.aspx">http://publicsearch.ndcourts.gov/default.aspx</a>  (Check Criminal/Traffic only)</td>
</tr>
<tr>
<td><a href="http://www.nsopw.gov/">http://www.nsopw.gov/</a></td>
</tr>
<tr>
<td><a href="http://www.sexoffender.nd.gov/OffenderWeb/search/publiclist">http://www.sexoffender.nd.gov/OffenderWeb/search/publiclist</a> and</td>
</tr>
<tr>
<td><a href="https://attorneygeneral.nd.gov/public-safety/sex-offender-information">https://attorneygeneral.nd.gov/public-safety/sex-offender-information</a></td>
</tr>
<tr>
<td><a href="https://www.sam.gov/SAM/">https://www.sam.gov/SAM/</a></td>
</tr>
<tr>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list.pdf">http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list.pdf</a></td>
</tr>
<tr>
<td>Verification of age 18+/driver's license (Keep in personnel file)</td>
</tr>
<tr>
<td>Statement: free of contagious infections disease (Keep in personnel file)</td>
</tr>
<tr>
<td>Required for NMT-D/V ONLY Vehicle insurance verification if driving clients</td>
</tr>
<tr>
<td>(Keep in personnel file)</td>
</tr>
<tr>
<td>Required for NMT-D/V ONLY Employee statement of vehicle condition used to drive clients</td>
</tr>
<tr>
<td>(Keep in personnel file)</td>
</tr>
<tr>
<td>Required for NMT-D/V ONLY: Copy of Driver's License SEND COPY TO STATE</td>
</tr>
<tr>
<td>Required for NMT-D/V ONLY: Comprehensive Driving Record SEND COPY TO STATE</td>
</tr>
<tr>
<td>Employee Statement - Chore-Labor and/or Snow SEND COPY TO STATE</td>
</tr>
<tr>
<td>SFN 433</td>
</tr>
<tr>
<td>SFN 750 OR Nurse Licensure/CNA Certification --- SEND COPY TO STATE</td>
</tr>
<tr>
<td>SFN 576 - Required for Extended Personal Care Only SEND COPY TO STATE</td>
</tr>
<tr>
<td>SFN 577 - Required for Nurse Educator Only SEND COPY TO STATE</td>
</tr>
<tr>
<td>SUPPLEMENTARY DOCUMENTS</td>
</tr>
<tr>
<td>SFN 433</td>
</tr>
<tr>
<td>SFN 750 OR Nurse Licensure/CNA Certification ---</td>
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<tr>
<td>SFN 577 - Required for Nurse Educator Only</td>
</tr>
</tbody>
</table>
# CHART A

## STANDARDS AND ALLOWABLE TASKS/ACTIVITIES

SERVICES ARE:
- ADC - Adult Day Care
- HM - Homemaker
- RC - Respite Care
- CHORE – Chore
- PC – Personal Care
- SUPV-Supervision
- EM - Environmental Modification
- NMT-E - Non-Medical Transportation Escort
- TL - Transitional Living

### APPLICABLE TO SERVICES

<table>
<thead>
<tr>
<th>APPLICABLE TO SERVICES</th>
<th>STANDARD</th>
<th>REQUIRED DOCUMENTATION of COMPETENCY LEVEL</th>
<th>LIMITED to TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All Providers</td>
<td>Have basic ability to read, write and verbally communicate.</td>
<td>Assurance checked indicating educational level or demonstrated ability.</td>
<td></td>
</tr>
<tr>
<td>2. All Providers</td>
<td>(A) Not have been convicted of an offense that has a direct bearing on the individual’s fitness to be a provider and be in compliance with ND Administrative Code 75-03-23-07.</td>
<td>Statement attesting to his/her status regarding conviction of a felony or misdemeanor that would jeopardize the health and safety of the service recipient.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(B) Have not been abusive or neglectful of someone.</td>
<td>Statement attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(C) Have not stolen from someone.</td>
<td>Statement attesting to his/her status regarding having stolen from someone.</td>
<td></td>
</tr>
<tr>
<td>3. All Providers</td>
<td>Have no infectious or contagious disease and be physically capable of performing the service.</td>
<td>Assurance checked attesting to the status of having an infectious contagious disease and assureance checked stating having the physical capability to perform the service.</td>
<td></td>
</tr>
<tr>
<td>4. All Providers</td>
<td>Practice Confidentiality.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>5. ADC, Chore (except for snow removal), HM, NMT–E, PCS, RC, SUPV, TL</td>
<td>Know generally accepted practice of infection control/proper hand washing methods.</td>
<td>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.</td>
<td>Gloves must be used when handling body fluids.</td>
</tr>
<tr>
<td>6. ADC, Chore (except snow removal), HM, NMT–E, PCS, RC, SUPV, TL</td>
<td>Keep generally accepted practice of handling and disposing of body fluids.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>7. ADC, HM, PCS, RC, SUPV, TL</td>
<td>Have knowledge of basic meal planning and preparation.</td>
<td>Planning: Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods. Shopping/Purchasing: 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. Preparing the Meal: 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. Does NOT include canning of produce or baking of such items as cookies, cakes &amp; bread.</td>
<td></td>
</tr>
<tr>
<td>APPLICABLE TO SERVICE</td>
<td>STANDARD</td>
<td>REQUIRED DOCUMENTATION or COMPETENCY LEVEL</td>
<td>LIMITED TO TASKS</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>-----------------</td>
</tr>
</tbody>
</table>
| 8. ADC, HM, PCS, RC, SUPV, TL | Routine Housework. Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition. | **Dusting:** Dampered cloth with water or commercial spray; moved cloth across surface to gather dust.  
**Floor Care:** Vacuumed rugs/carpet; mopped tile/linoleum floors; small rugs shaken/washed.  
**Cleaning Kitchen:** 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.  
**Cleaning Bathroom:** Wiped out tub/shower after each use to keep mildew free; cleaned sink regularly; scrubbed out toilet bowl with soap or detergent regularly. | 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. |
| 9. ADC, HM, PCS, RC, SUPV, TL | Wrinkle Free Bed. Know generally accepted procedure of making beds. | **Closed Bed:** 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.  
**Open Bed:** Made closed bed, then folded top of covers to foot of bed; smoothed sides into folds; placed pillow on bed.  
**Occupied Bed:** 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. | See Endorsements section for mechanical or therapeutic devices. |
| 10. ADC, HM, PCS, RC, SUPV, TL | 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. |
| 11. HM, PCS, TL | Knowledge of generally accepted practice of assisting with bill paying, balancing a checkbook and managing a home budget. | Demonstrated ability to add, subtract, accurately record expenses/deposits and balance a checkbook. Know process to pay bills; set up a home budget within the available income of client to include such items as food, utilities, rent and essential supplies. | Monthly budgeting and/or paying bills. |
| 12. ADC, NMT-E, PCS, RC, SUPV, TL | Know generally accepted practice in assisting with toileting. | **Bedpan:** 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.  
**Commode or Toilet Stool:** 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. | For assisting with suppository. Endorsement D. |
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<tr>
<th>APPLICABLE TO SERVICE</th>
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<tr>
<td>13. ADC, NMT-E, PCS, RC, SUPV, TL</td>
<td>Know generally accepted practice of caring for an incontinent client</td>
<td>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.</td>
<td>For assisting with suppository. Endorsement D.</td>
</tr>
</tbody>
</table>
| 14. ADC, NMT-E, PCS, RC, SUPV, TL | Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair. | Transfer Belt: 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.  
To Standard Sit: 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.  
Bed to Wheelchair: 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. | |
| 15. ADC, NMT-E, PCS, RC, SUPV, TL | Know generally accepted practice of assisting client with ambulation. | Cane: 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.  
Crutches: 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.  
Walker: 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. | Assisting client to walk, use wheelchair, walker, crutches or cane. |
<p>| 16. ADC, PCS, RC, SUPV, TL | 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 perinea 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. Clean bath or shower. | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>17. ADC, PCS, RC, SUPV, TL</td>
<td>Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.</td>
<td><strong>Bed shampoo:</strong> 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 another client. <strong>Sink shampoo:</strong> 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 another client. <strong>Shaving:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td>18. ADC, PCS, RC, SUPV, TL</td>
<td>Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>19. ADC, PCS, RC, SUPV, TL</td>
<td>Know generally accepted practice in how to dress/undress client.</td>
<td>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 undress, do the reverse.</td>
<td>Does NOT include tube feeding.</td>
</tr>
<tr>
<td>20. ADC, PCS, RC, SUPV, TL</td>
<td>Know generally accepted practice of how to feed or assist client with eating.</td>
<td>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. Routine regimen non-prescription eye drops, ointment, eye pad after a well-established routine of care has been set forth for the client.</td>
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</tr>
<tr>
<td>21. ADC, PCS, RC, SUPV, TL</td>
<td>Know generally accepted practice for routine eye care.</td>
<td>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 fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.</td>
<td></td>
</tr>
<tr>
<td>22. ADC, PCS, RC, SUPV, TL</td>
<td>Know generally accepted practice in proper care of nails.</td>
<td>Nail Care: 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.</td>
<td></td>
</tr>
<tr>
<td>APPLICABLE TO SERVICE</td>
<td>STANDARD</td>
<td>REQUIRED DOCUMENTATION or COMPETENCY LEVEL</td>
<td>LIMITED TO TASKS</td>
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<tr>
<td>23. ADC, PCS, RC, TC</td>
<td>The QSP must know the generally accepted practice for assisting a client with self-administration of prescription and over-the-counter medications. The client must be able to self-direct their own care and understand the medication, route, purpose, dose, and side effects of their medications. This does not include injectable medications.</td>
<td>Wash hands. Assist the client who can self-direct, to proper position for self-administration of medication. Assist the client with opening container, positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, dose and time medication should be taken. Verify the name of the individual on the prescription medication label is that of the client. If medication has been set up in medication container or planner by nurse, family, or pharmacy make sure it is clearly marked/labeled. Make sure medication is taken on appropriate day and time of day. Assist client with opening container. Provide drinking fluid to swallow medication, assist client to close container and store medication properly. The QSP may assist the client by placing the oral medication in the client’s mouth and may assist with the application of prescription eye drops or prescription ointments. The QSP must follow the critical incident policy for medication errors and omissions. (HCBS Policy 525-05-42).</td>
<td>Assisting the client in self-administration by doing the following - open container, assist client with proper position for taking medication or placing the oral medication in the client’s mouth, assist in giving client drinking fluid to swallow medication, recap container. Assist with the application of prescription eye drops/ointment. The QSP may remind the client when it is time to take routine medications with the exception of narcotics.</td>
</tr>
<tr>
<td>24. ADC, PCS, RC, SUPV, TL</td>
<td>Know generally accepted practice of caring for skin including giving back rub.</td>
<td>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.</td>
<td>Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems.</td>
</tr>
<tr>
<td>25. ADC, PCS, RC, SUPV, TL</td>
<td>Know generally accepted procedure for turning and positioning client in bed.</td>
<td>Maintained body alignment, kept spine straight and supported head. <strong>For Sitting Up:</strong> Placed pillows for comfort, if hospital bed, raised backrest to desired position. <strong>In Positioning on Back:</strong> 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. <strong>In Turning Client Toward You/Away From You:</strong> Lower head of bed if elevated, move client to side of bed near you; cross client’s arms over chest and nearest leg over farthest leg; place one of your hands on client’s shoulder, one on hip; gently roll client toward you or push client away from you; place pillows as appropriate for comfort/support (against back, under head and shoulder, in front of bottom leg, top leg on pillow, under client’s arm/hand).</td>
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</table>
**CHART B**  (RELATED TO SFN 750)

**APPROVED HEALTH CARE PROVIDERS TO COMPLETE SFN 750 FOR STAFF OR PERFORM STANDARD CARES AND GLOBAL ENDORSEMENTS**

<table>
<thead>
<tr>
<th>ENDORSEMENTS</th>
<th>PHYSICIAN</th>
<th>RN</th>
<th>LPN</th>
<th>CNA</th>
<th>OT</th>
<th>PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance Exercise</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Catheter</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Medical Gases</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Suppository</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Cognitive</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Taking BP/TPR</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Ted Socks (surgical stockings)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Prosthesis/Orthotics</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Hoyer Lift/Mechanized Bath Chair</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
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<tr>
<td>A. MAINTENANCE EXERCISE</td>
<td>Know generally accepted practice of how to perform maintenance exercise regimens.</td>
<td>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.</td>
<td>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 maintain range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.</td>
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<tr>
<td>B. CATHETER</td>
<td>Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.</td>
<td>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 NOT 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.</td>
<td>Limited to general maintenance care after a well-established routine of care has been set forth for the client. NO CATHETERIZATION OF CLIENT ALLOWED.</td>
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<tr>
<td>C. MEDICAL GASES</td>
<td>Know generally accepted practice to administer medical gases.</td>
<td>Client specific monitored only as specifically recommended for client.</td>
<td>Limited to monitoring or routine assistance. Limited to oxygen only.</td>
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<tr>
<td>D. SUPPOSITORY</td>
<td>Know generally accepted practice of how to assist with suppository and maintain bowel program.</td>
<td>Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed.</td>
<td>Non-prescription suppository only.</td>
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<tr>
<td>E. COGNITIVE SUPERVISION</td>
<td>Know generally accepted practice of caring for cognitively impaired person, and persons who require supervision or a structured environment on a continuous basis.</td>
<td>Show evidence/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/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.</td>
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<td>F. TEMPERATURE/ BLOOD PRESSURE/ PULSE/ RESPIRATION RATE</td>
<td>Know generally accepted practice for taking temperature, blood pressure, pulse, and respiration rate.</td>
<td>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.</td>
<td>QSP will be notified by case manager who is to be notified of readings. (This is determined in care planning)</td>
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<tr>
<td>G. TED SOCKS (surgical stockings)</td>
<td>Know generally accepted procedure of applying surgical stockings.</td>
<td>Gathered appropriate supplies: Applied surgical stockings according to manufacturer’s instructions.</td>
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<tr>
<td>H. PROTHESIS/ ORTHOTICS/ ADAPTIVE DEVICES</td>
<td>Know generally accepted procedure for usage of prosthesis/orthotics/adaptive devices.</td>
<td>Is able to assist client to apply or put on prosthesis/orthotics/adaptive devices and remove.</td>
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<tr>
<td>I. HOYER LIFT MECHANIZED BATH CHAIRS</td>
<td>Know generally accepted procedures for use of a client’s Hoyer lift/mechanized bath chair.</td>
<td>Is able to safely transfer client using a Hoyer lift or mechanical chair.</td>
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GLOBAL ENDORSEMENTS

- Competency for a global endorsement applies to any client for whom a staff person provides care.

- An agency/staff person may choose to meet the standards for any or all of the endorsements. Staff competencies must match the endorsements needed per client for payment to be claimed.

- Staff must first meet standards for personal care to add a global endorsement.

- Global Endorsements are NOT required to enroll as an Agency QSP and are not required for all staff of an Agency Provider. You must have a minimum of two staff members competent in each global endorsement you are seeking enrollment for.

- May be required to provide care for some clients according to the Authorization for Services.

Available Global Endorsements are:

A. Maintenance Exercise
B. Catheter Care
C. Medical Gases-Limited to oxygen
D. Suppository-non-prescription
E. Cognitive/Supervision – **REQUIRED** to enroll for Adult Residential, Respite Care or 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

Requirements for Global Endorsements
If staff has the following current licenses or certifications, see CHART B to determine the global endorsements for which the staff automatically qualifies:

- Registered Nurse
- Licensed Practical Nurse
- Physical Therapist
- Occupational Therapist
- Certified Nurse Assistant

If staff do not have any of the above listed licenses or certifications, the agency must provide an SFN 750 – Documentation of Competency to certify competency in the global endorsements. (SEE CHART C).
SFN 830 Client Specific Endorsement is provided to you by the Case Manager if required for a specific client. You do not need to submit this form unless requested by the Case Manager.

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<tbody>
<tr>
<td>J. OSTOMY</td>
<td>Know generally accepted practice of techniques for routine regimen of ostomy care.</td>
<td>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.</td>
<td>General maintenance care which may include emptying, cleaning, and reapplying the appliance after a well-established routine of care has been set forth for the client.</td>
</tr>
<tr>
<td>K. POSTURAL/BRONCHIAL DRAINAGE OR NEBULIZER TREATMENT</td>
<td>Know generally accepted practice of how to perform postural/bronchial drainage.</td>
<td><strong>Postural/bronchial drainage</strong> Demonstrates the procedure for postural/bronchial drainage from a therapist who specializes in this. <strong>Nebulizer</strong> Demonstration of the procedure for adding premixed medication, monitoring, and care and cleaning of the equipment.</td>
<td>Must have received specific training from a therapist who specializes in this procedure.</td>
</tr>
<tr>
<td>L. JOBST SOCKS (compression stockings)</td>
<td>Know generally accepted procedure of applying compression stockings.</td>
<td>Gathered appropriate supplies; applied compression stockings as directed for the client.</td>
<td>Routine care for chronic conditions.</td>
</tr>
<tr>
<td>M. RIK / SPECIALTY BEDS</td>
<td>Know generally accepted procedures for use of a client’s Specialty Bed.</td>
<td>Is able to assist client in the use of the Specialty Bed as directed for the client.</td>
<td>Routine care for chronic conditions.</td>
</tr>
<tr>
<td>N. APNEA (Respite Care Provider) is only available to a staff member meeting the standards for Respite Care</td>
<td>Know generally accepted procedure for apnea monitoring.</td>
<td>Evidence of having hospital-based training equivalent to what the primary caregiver has received.</td>
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</tbody>
</table>
STEP 2: AFTER QSP APPROVAL

- As an enrolled QSP agency, you are not employed by the ND Department of Human Services.
- As an agency, you will provide authorized services and are paid for the services delivered.
- A packet of information will be sent to you by the Medical Services/HCBS Division, Department of Human Services (Department). Some of the information provided includes:
  - Agency provider number,
  - Additional provider responsibilities,
  - Billing instructions.
- The agency enrollment information is added to the list kept by the Department and distributed to each County Social Service office / case management agency.
- The case management agency, usually the County Social Service office, will determine the client’s need for services. The client selects their QSP from a list.
- If you are chosen as a QSP, the case manager will contact you and give you an SFN 1699/663/410, Authorization to Provide Services.
- You must then review the SFN 1699/663/410, for the following information:
  - Effective date of authorized services. Ensure you are enrolled for any services you have been authorized & contact the Enrollment Administrator if you need to add a service to your enrollment.
    - If you provide a service you are not enrolled for, payment cannot be guaranteed.
  - The tasks the agency is authorized and expected to provide.
  - The maximum number of units you can provide/bill.
    - (a unit is 15 minutes)
  - The definitions of the tasks are located on the back of the authorization. Tasks are limited to these definitions.
- A QSP must have a current SFN 1699/663/410 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 QSP must maintain service records for a period of 42 months from the close of the Federal Fiscal Year (October 1 – September 30) in which the services were delivered. Records must be kept, even if your status as a QSP closes.
  All records must include:
  - Name and ID # of the client
  - Name and ID # of the provider
  - Name of the employee who performed the task.
  - Date of the service  MM/DD/YYYY
  - Location of the service
  - Start time and end time (including a.m. and p.m.)
  - Number of units of service, (Use task name as listed on the authorization).
  - Tasks performed (use task name as listed on the authorization)
  - Start time and end time of each task provided.
- Documentation must be created at the time of the visit. Creating documentation after or prior to the visit day is not acceptable.
• Records cannot be copied or cloned with dates or months changed.

• Sample documentation will be sent in the information packet after enrollment is approved.

• The Agency employee can only provide services to a public pay client in the client's home when the client is present.

• The QSP will bill the Department directly for services provided.

• Payment by the Department will be minus any client liability or cost sharing (some clients are responsible for a portion of their service costs). The client is responsible to pay the QSP directly for any client liability/cost sharing.

• The Department will 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, bills over the authorized amount, uses the wrong billing codes, or otherwise makes billing errors.

**QSP Audits, State Exclusion & OIG Referrals**
The Department of Human Services is required to complete provider reviews of QSPs to ensure that clients are receiving the services they need and to assure the services provided meet standards set by the Department. When you enrolled as a QSP, you agreed to assist the Department in completing these reviews and you agreed to submit documentation upon request.

The Department is required to recoup all funds paid for services that were not delivered in accordance with policies and procedures per NDAC (ND Administrative Code) 75-03-23-10. For example, if the provider does not keep appropriate records, does not provide the service, bills over the authorized amount, uses the wrong billing codes, or makes any other type of billing errors.

**Audit findings for possible OIG Referral: (not all-inclusive)**
- Failure to keep appropriate records.
- If you did not provide the service, however billed the department and received payment for services not rendered.
- Billing over the authorized amount or billing the wrong code.
- Photocopied records, indicating service records were not completed at the time of service.
- Billing for an authorized task that is utilized in an unreasonable time frame.
- Fail to comply with a request to send records or information.
- Fail to set up payment arrangements or pay back funds paid in error.
- Professional incompetence or poor performance.
- Financial integrity issues.
- Certain criminal convictions.

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.
Requests for formal reviews should be sent to:
ND DHS Medical Services Division
600 E Boulevard Ave
Dept 325 - HCBS
Bismarck, ND 58505-0250

If you are denied enrollment or terminated as a QSP and/or placed on the State Exclusion list for any of the possible findings listed below (this list is not all-inclusive), you may be referred to the OIG (Office of Inspector General) for possible exclusion in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act. This means that you could not work for any business that receives Medicare or Medicaid funds. Once the OIG receives this referral, they make an independent decision based on their own criteria if the individual will be excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

This means that you could not work for any business that receives Medicare or Medicaid funds. Please be aware this does not impact your eligibility to receive Medicaid or Medicare benefits.

If an excluded individual wishes to again participate as a provider in the Medicare, Medicaid and all Federal health care programs, they must apply for reinstatement and receive authorized notice from OIG that reinstatement has been granted.

If denied or terminated, you have a right to request an administrative hearing in accordance with N.D. Admin Code §75-03-23-13:

An applicant or provider may appeal a decision to deny or revoke a qualified service provider enrollment by filing a written appeal with the Department within ten days of receipt of written notice of the denial or revocation. Upon receipt of a timely appeal, an administrative hearing may be conducted in the manner provided in chapter 75-01-03. A provider or applicant who receives notice of termination or denial of the individual’s qualified service provider status and requests a timely review of that decision is not eligible to provide services until a final decision has been made by the Department that reverses the decision to terminate or deny the qualified service provider status.

Should you choose to request a hearing, your written appeal request must be received by the North Dakota Department of Human Services/Appeals Supervisor within ten days of your receipt of denial or termination notice. You may appeal the decision by sending a written request to:

Appeals Supervisor
Department 325
600 East Boulevard Ave
Bismarck, ND 58502-1250
Renewal is required a minimum of every two years to maintain enrollment.

A notice of renewal is sent from the HCBS office approximately 90 days prior to your QSP enrollment expiration date. Your renewal information must be received by the Department no later than 30 days prior to your expiration date to allow sufficient time for processing.

To renew, you must complete and submit a complete, new packet and all required additional documentation. The most current version of all forms must be used.

- Some services such as Extended Personal Care, Nurse Educator, Chore, Non-Medical Transportation etc., require additional forms to complete renewal. You must submit all required additional forms.

Failure to renew QSP enrollment may result in automatic closure of your QSP enrollment.

If you have not provided services to a public paying client or provided services in which the HCBS department is billed within the last 24 months, your QSP status may be closed.

Please Note: Any ownership changes within the Agency must be sent to the Department in writing within 30 days of the change. Additional documentation will be required.
Compliance Program
A compliance program consists of agency internal policies and procedures to help your agency comply with the law. The Office of Inspector General (OIG) provides Compliance Program Guidance (CPGs); information that offers principles to apply to your unique agency. There is not a standard template; however, OIG indicates that there are seven basic elements that are fundamental to any compliance program.

The Department requires QSP agencies submit copies of their compliance program upon initial enrollment, renewal, or by request.

Compliance Program Requirements
- Standards, Policies, and Procedures.
  - These should be updated periodically as your organization grows and changes.

- Designated Compliance Officer.
  - An agency representative responsible for staying up to date with federal and state compliance requirements and recommendations.

- Conduct effective training to educate your employees and ensure staff understands program policies.

- Means of communication between the compliance officer and the employees.
  - Example: Comment boxes, anonymous hotlines or an open-door policy.

- Internal monitoring process.
  - Who will conduct audits to evaluate compliance efforts?

- Enforce your standards
  - How will you ensure employees are following standards?
  - What action will be taken for noncompliance?

- Response to issues
  - How quickly will reports of misconduct be addressed?

Additional resources regarding compliance programs:
- Compliance Program Basics – YouTube [https://www.youtube.com/watch?v=bFT2KDTEjAk](https://www.youtube.com/watch?v=bFT2KDTEjAk)
- Tips for Implementing an Effective Compliance Program – YouTube [https://www.youtube.com/watch?v=w_q1bVT12Yg](https://www.youtube.com/watch?v=w_q1bVT12Yg)
Direct Bearing Offenses:
Any individual who has plead guilty or no contest to an offense identified in ND Admin Code 75-903-23-07, must be pre-approved by the Department prior to providing services to public pay clients.

Refer to ND Administrative Code which outlines the standards for all Qualified Service Providers: https://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf

The Agency will not assign an employee to provide services to public pay clients if the employee has been found guilty of, pled guilty to, or pled no contest to an offense described in N. D. Administrative Code 75-03-23-07(2)(b)(1).

(1) An offense described in North Dakota Century Code chapter 12.1-16, homicide; 12.1-17, assaults - threats - coercion - harassment; or 12.1-18, kidnapping; North Dakota Century Code section 12.1-20-03, gross sexual imposition; 12.1-20-03.1, continuous sexual abuse of a child; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or solicitation of minors; 12.1-20-06, sexual abuse of wards; 12.1-20-06.1, sexual exploitation by therapist; 12.1-20-07, sexual assault; 12.1-22-01, robbery; or 12.1-22-02, burglary, if a class B felony under subdivision b of subsection 2 of that section; North Dakota Century Code chapter 12.1-27.2, sexual performances by children; or North Dakota Century Code section 12.1-29-01, promoting prostitution; 12.1-29-02, facilitating prostitution; 12.1-31-05, child procurement; 12.1-31-07, endangering a vulnerable adult; 12.1-31-07.1, exploitation of a vulnerable adult; subsection 1 of section 26.1-02.1-02.1, fraudulent insurance acts; or an offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the enumerated North Dakota statutes; except that a person found guilty of misdemeanor simple assault described in North Dakota Century Code section 12.1-17-01, or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction may be considered rehabilitated if the requirements of subparagraph a or b of paragraph 2 of subdivision b of subsection 2 are met; or

The Agency will not assign an employee to provide services to public pay clients if the employee has been found guilty of, pled guilty to, or pled no contest to an offense, other than a direct bearing offense identified in N.D. Administrative Code 75-03-23-07(2)(b)(1), if the Department has not determined that the individual has been sufficiently rehabilitated as outlined in N. D. Administrative Code 75-03-23-07(2)(b)(2).

(a) The department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole, or other form of community corrections or imprisonment without subsequent charge or conviction has elapsed, or sufficient evidence is provided of completion of any relevant rehabilitation program.
(b) An individual's completion of a period of three years after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent charge or conviction, is prima facie evidence of sufficient rehabilitation;
CMS Settings Rule (CMS 2249-F/2296-F)

The settings rule was published in the Federal Register on January 16, 2014 and applies to settings where HCBS or Technology Dependent waiver services are provided.

The purpose of the rule is to ensure that individuals receiving long-term services and supports through HCBS programs have full access to benefits of community living and opportunity to receive services in the most integrated setting appropriate.

The settings rule requires that all home and community-based waiver settings meet certain qualifications. These include and are not limited to the following:

- The setting is integrated in and supports full access to the greater community.
- Is selected by the individual from among setting options.
- Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes autonomy and independence in making life choices.
- Facilitates choice regarding services and who provides them.
- Ensure that staff have adequate training in person-centered planning and unsafe wandering or exit-seeking.
- Person centered services involve knowing individual’s condition(s), needs, and history to create strategies to assure the individual is free to interact with others and the community in the most integrated way possible and still prevent injury for those who wander or exit-seek unsafely.

The rule includes additional requirements for provider-owned or controlled home and community-based residential settings. These additional rules apply to but are not limited to Adult Day Care, Adult Foster Care and Adult Residential Care services.

Waiver services cannot be provided in the following settings:

- A skilled nursing facility; (Institutional Respite care is excluded from this requirement);
- An institution for mental diseases;
- An intermediate care facility for individuals with intellectual disabilities; or a hospital.

The rule includes requirements for provider-owned or controlled home and community-based residential settings.

- The individual must provide a lease or legally enforceable agreement that complies with ND landlord-tenant laws (NDCC chapter 47-32).
High Risk Provider Guidelines and Additional Requirements
Qualified Service Providers (QSPs) will be classified as High Risk if any of the following criteria apply:

- You have had a payment suspension within the last ten years associated with a credible allegation of fraud, waste or abuse.
- You have been excluded on the OIG exclusion list within the last ten years.
- You have an existing overpayment of funds of $1500 or greater and all the following:
  - The balance is more than 30 days old.
  - Has not been repaid at the time application was filed.
  - Is not currently being appealed.
  - Is not part of an approved extended repayment schedule for entire outstanding overpayment.

If you believe you may be a High-Risk provider or applicant, please contact the Department at 701-328-4602 for further information.

What is a VAPS Report?
VAPS is Vulnerable Adult Protective Services. QSPs are required to file a VAPS report if an incident involves abuse, neglect or exploitation of a client. Any QSP who is with a client and is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

How to file a VAPS report

Option 1:
- Use the online reporting system.
- Using Internet Explorer, visit: https://fw2.harmonyis.net/NDLiveIntake/
- To add the client, scroll down to the bottom of report and choose “Add.”

Option 2:
- Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at www.nd.gov/eforms/Doc/sfn01607.pdf

Critical Incident Reporting
Qualified Service Providers (QSPs) are required by federal law to report all critical incidents involving people they care for. A critical incident is “any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a waiver participant.”

Incidents that need to be reported are:
- Abuse (physical, emotional, sexual), neglect, or exploitation;
- Rights violations through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation, or policy;

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1 In accordance with the North Dakota Medicaid Waiver for Home and Community Based Services under the authority of §1915(c) of the Social Security Act, ND Century Code 50-25.2-03(4)
• Serious injury or medical emergency, which would not be routinely provided by a primary care provider;
• Wandering or elopement;
• Restraint violations;
• Death of client and cause (including death by suicide);
• Report of all medication errors or omissions; and
• Any event that could harm client’s health, safety or security if not corrected.

How to report a Critical Incident

Step 1
• Report it to the Home and Community Based Services (HCBS) case manager and;

Step 2:
• Fill out an incident report
  o SFN 53601 – Risk Management Medical Services Incident Report
  o Contact the HCBS case manager if you need help filling out the form.
  o The completed SFN 53601 must be sent to the HCBS case manager within 24 hours of the incident.
  o The HCBS case manager will forward it to the Department.
  o If the HCBS case manager has first-hand knowledge of a critical incident, he or she will forward the completed SFN 53601 to the Department.

• Example 1
  If a client falls while a provider is in the room, but the client didn’t have an injury or need medical attention, a critical incident report is not required.

• Example 2
  If a family member tells the HCBS case manager that a client is in the hospital due to a stroke, a critical incident report is not required because neither the HCBS case manager or provider saw or responded to the event.

• Example 3
  If a provider comes to a client’s home and the client is on the floor and 911 is called for medical attention, a critical incident report is required because the client required medical attention AND the provider responded to the event (fall).
Working Together for Home Fire Safety

A Factsheet on Home Fire Prevention

More than 4,000 Americans die each year in fires and 20,000 are injured. An overwhelming number of fires occur in the home. There are time-tested ways to prevent and survive a fire. It's not a question of luck. It's a matter of planning ahead.

Every Home Should Have At Least One Working Smoke Alarm

Buy a smoke alarm at any hardware or discount store. It's inexpensive protection for you and your family. Install a smoke alarm on every level of your home. A working smoke alarm can double your chances of survival. Test it monthly, keep it free of dust and replace the battery at least once a year. Smoke alarms themselves should be replaced after ten years of service, or as recommended by the manufacturer.

Prevent Electrical Fires

Never overload circuits or extension cords. Do not place cords and wires under rugs, over nails or in high traffic areas. Immediately shut off and unplug appliances that sputter, spark or emit an unusual smell. Have them professionally repaired or replaced.

Use Appliances Wisely

When using appliances follow the manufacturer's safety precautions. Overheating, unusual smells, shorts and sparks are all warning signs that appliances need to be shut off, then replaced or repaired. Unplug appliances when not in use. Use safety caps to cover all unused outlets, especially if there are small children in the home.

Alternate Heaters

- Portable heaters need their space. Keep anything combustible at least three feet away.
- Keep fire in the fireplace. Use fire screens and have your chimney cleaned annually. The creosote buildup can ignite a chimney fire that could easily spread.
- Kerosene heaters should be used only where approved by authorities. Never use gasoline or camp-stove fuel. Refuel outside and only after the heater has cooled.

Affordable Home Fire Safety Sprinklers

When home fire sprinklers are used with working smoke alarms, your chances of surviving a fire are greatly increased. Sprinklers are affordable—they can increase property value and lower insurance rates.

Plan Your Escape

Practice an escape plan from every room in the house. Caution everyone to stay low to the floor when escaping from fire and never to open doors that are hot. Select a location where everyone can meet after escaping the house. Get out then call for help.

Caring for Children

Children under five are naturally curious about fire. Many play with matches and lighters. Tragically, children set over 20,000 house fires every year. Take the mystery out of fire play by teaching your children that fire is a tool, not a toy.

Caring for Older People

Every year over 1,200 senior citizens die in fires. Many of these fire deaths could have been prevented. Seniors are especially vulnerable because many live alone and can't respond quickly.

For more information contact:
The U.S. Fire Administration
16825 South Seton Avenue
Broomfield, MD 21727
or
Visit the USFA Web site:
www.usfa.fema.gov

Homeland Security

March 2006
Exposing an Invisible Killer
A Factsheet on the Dangers of Carbon Monoxide

Each year in America, unintentional carbon monoxide (CO) poisoning claims more than 400 lives and sends another 20,000 people to hospital emergency rooms for treatment.

The U.S. Fire Administration (USFA) and the National Association of Home Builders (NAHB) would like you to know that there are simple steps you can take to protect yourself from deadly carbon monoxide fumes.

UNDERSTANDING THE RISK

What is carbon monoxide?
Carbon monoxide is an odorless, colorless and toxic gas. Because it is impossible to see, taste or smell the toxic fumes, CO can kill you before you are aware it is in your home. At lower levels of exposure, CO causes mild effects that are often mistaken for the flu. These symptoms include headaches, dizziness, disorientation, nausea and fatigue. The effects of CO exposure can vary greatly from person to person depending on age, overall health and the concentration and length of exposure.

Where does carbon monoxide come from?
CO gas can come from several sources: gas-fired appliances, charcoal grills, wood-burning furnaces or fireplaces and motor vehicles.

Who is at risk?
Everyone is at risk for CO poisoning. Medical experts believe that unborn babies, infants, children, senior citizens and people with heart or lung problems are at even greater risk for CO poisoning.

WHAT ACTIONS DO I TAKE IF MY CARBON MONOXIDE ALARM GOES OFF?
What you need to do if your carbon monoxide alarm goes off depends on whether anyone is feeling ill or not.

If no one is feeling ill:
1. Silence the alarm.
2. Turn off all appliances and sources of combustion (i.e. furnace and fireplace).
3. Ventilate the house with fresh air by opening doors and windows.
4. Call a qualified professional to investigate the source of the possible CO buildup.

If illness is a factor:
1. Evacuate all occupants immediately.
2. Determine how many occupants are ill and determine their symptoms.
3. Call your local emergency number and when relaying information to the dispatcher, include the number of people feeling ill.
4. Do not re-enter the home without the approval of a fire department representative.
5. Call a qualified professional to repair the source of the CO.

Protect yourself and your family from CO poisoning
- Install at least one carbon monoxide alarm with an audible warning signal evaluated by a nationally recognized laboratory, such as Underwriters Laboratories (UL), near the sleeping areas and outside individual bedrooms. Carbon monoxide alarms measure levels of CO over time and are designed to sound an alarm before an average, healthy adult would experience symptoms. It is very possible that you may not be experiencing symptoms when you hear the alarm. This does not mean that CO is not present.
- Have a qualified professional check all fuel burning appliances, furnaces, venting and chimney systems at least once a year.
- Never use your range or oven to help heat your home and never use a charcoal grill or hibachi in your home or garage.
- Never keep a car running in a garage. Even if the garage doors are open, normal circulation will not provide enough fresh air to reliably prevent a dangerous buildup of CO.
- When purchasing an existing home, have a qualified technician evaluate the integrity of the heating and cooking systems, as well as the sealed spaces between the garage and house. The presence of a carbon monoxide alarm in your home can save your life in the event of CO buildup.

For more information contact:
The U.S. Fire Administration
16825 South Seton Avenue
Baltimore, MD 21227
or
Visit the USFA Web site:
www.usfa.fema.gov

May 2010
Instructions for MSP Authorizations

1. **Authorization to Provide Personal Care Services - SFN 663** - You must have this form before providing services for Procedure Codes T1019 or T1020.

2. **Medicaid ID Number** - The client ID number you will put on the billing document when billing.

3. **Authorization Period/Six Month Review Authorization Period** - The days you can provide services. You cannot bill or be paid for days that are not included in these periods.

4. **Service** - Only provide services that are marked.
   - **Procedure Code** – The code you use to bill on the turnaround document (Codes T1019 or T1020).
   - **Total of Authorized Units per Task Category** – The total amount of units you can provide and bill up to, if you actually provide the services in a month. DO NOT bill over the unit amounts.
   - **Authorized Units per Task Category** – The amount of units per task category you can provide and bill up to, if you actually provide the services in a month. If there is more than one provider listed on this form, the total amount provided by all providers together, cannot go over this amount.

5. **Activities of Daily Living (ADL), Meal Prep, Med Assist, Ldry/Shp/Hsk, Other**: As a QSP, you are only authorized to provide the tasks marked. On the back of the form is a description of what is included in each task. If you have a question about whether or not you can perform the task, contact the County Case Manager.

6. **Rural Differential Rate**: IF this is checked, it will include the amount you can bill the Department per unit for this client only. This rate is based on where the client lives.
1. **Authorization to Provide Services Form SFN 1699:** You must have this form before providing services.

2. **Client/Member ID number:** This is the client ID number that you put on the HCBS/DD Billing form when billing.

3. **Authorization Period/Six Month Review Authorization Period:** These are the days you can provide services. You cannot bill or be paid for days that are not included in these periods.

4. **Service:** Only provide services that are marked. **Procedure Code:** This is the code you use to bill on the HCBS/DD Billing form. **Units/Dollar Amount:** This is the amount of units you can provide and bill up to, if you actually provide the services within a month. DO NOT bill over the dollar or unit amounts. If there is more than one provider listed on this form or marked as shared, the total amount provided by all the providers together cannot go over this amount.

5. **Personal Care Services Tasks Authorized:** As a QSP you are only authorized to provide the tasks marked. The number of units written after each marked task is the most you may provide. Document by listing tasks performed. On the back of the form is a description of what is included in each task. If you have a question about whether or not you can perform the task, contact the County Case Manager.
1. **Authorization to Provide Medicaid Waiver Services Form SFN 410:** You must have this form before providing services.

2. **Client/Member ID number:** This is the client ID number that you put on the HCBS/DD Billing form when billing. You must include the preceding “ND” with the number on the billing form.

3. **Authorization Period:** These are the days you can provide services. You cannot bill or be paid for days that are not included in this period.

4. **Service:** Only provide services that are marked. **Code:** This is the code you use to bill on the HCBS/DD Billing form. **Units/Dollar Amount:** This is the amount of units you can provide and bill up to, if you actually provide the services within a month. DO NOT bill over the dollar or unit amounts. If there is more than one provider listed on this form or marked as shared, the total amount provided by all the providers together cannot go over this amount.

5. **Tasks Authorized:** As a QSP, you are only authorized to provide the tasks marked. The number of units written after each marked task is the most you may provide. Document by listing tasks performed. On the back of the form is a description of what is included in each task. If you have a question about whether or not you can perform the task, contact the County Case Manager.