

January 2017

**QUALIFIED SERVICE PROVIDER
(Family Home Care Provider)**

Handbook

Enrollment Process & Required Standards



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

**Issued By:
Medical Services/HCBS Division
Department of Human Services
600 East Boulevard Ave, Dept. 325
Bismarck, ND 58505-0250**



Provider Enrollment questions

Call

1-800-755-2604,

First, select Option “1”, then Option “3”

Or

701- 328-4602

Forms can be emailed to:

DSHCBS@ND.GOV

or Faxed to: 701-328-4875

**All Enrollment Forms must be
completed with a pen or typed, signed
and sent to the following address:**

Medical Services/HCBS Division
North Dakota Department of Human Services
600 E Boulevard Ave. Dept. 325
Bismarck ND 58505-0250

INTRODUCTION

Family Home Care (FHC)

The purpose of Family Home Care is to assist individuals to remain with their family members and in their own communities. It provides an option for an individual who is experiencing functional impairments, which contribute to his/her inability to accomplish activities of daily living.

The Home and Community-Based Services (HCBS) case manager meets with the potential FHC client to complete an assessment to determine if a client qualifies and what tasks need to be authorized.

NOTE:

- **A Family Home Care application is filled out only if the potential FHC client is approved through the County Social Service agency.**
- **“FHC” means the provision of room, board, supervisory care, and personal services to an eligible elderly or disabled person by the spouse or by one of the following relatives, or the current or former spouse of one of the following relatives: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew.**

Family Home Care is care provided by a spouse or family member who is enrolled as a Qualified Service Provider for FHC. The care may include help with Activities of Daily Living (ADL) such as bathing, dressing, transferring, toileting, assistance with eating, etc. and in some cases supervision is also provided. The care is provided in either the client’s home or the QSP’s home. QSP and client must be living together.

This Handbook includes:

The standards a Qualified Service Provider (QSP) must meet to provide Family Home Care (FHC).

You will receive a separate packet that includes the forms. They must be completed for individuals enrolling as a QSP for FHC.

If you are enrolling for Family Personal Care, **this is not** the correct handbook. You need the Qualified Service Provider Handbook for Individual Providers.

BACKGROUND INFORMATION

The North Dakota Department of Human Services (Department) funds and administers Home and Community-Based Services (HCBS) for individuals who are aged and disabled. Family Home Care is one of these services. Other services include Adult Day Care, Adult Foster Care, Chore Service, Homemaker Service, Non-Medical Transportation, Personal Care Service, Respite Care, Residential, Transitional, and Supported Employment, Environmental Modification, and Specialized Equipment.

- If interested in enrolling as a QSP for another service, contact the QSP enrollment administrator for extra forms or handbook. 701-328-4602.

1. Definitions:

Authorization to Provide Service (SFN 1699, 633, 404): 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, the maximum amount of service authorized per month, and lists the tasks the QSP is authorized to provide (brief descriptions are printed on back of the form).

Case Management: HCBS case management is a service that provides specialized assistance to aged and disabled individuals who desire and need help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired individuals to remain in the community in the most cost effective manner.

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

Individual Provider: A self-employed person who has been approved by the Department as a QSP.

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

Provider Number: Number assigned to the enrolled QSP.

Respite Care: Temporary relief to the individual's 24-hour primary caregiver for a specified period of time. The goal is to provide the caregiver a break from the stress and demands of day-to-day care.

Service: Work done by a provider for payment.

SFN: **S**tate **F**orm **N**umber, located on the upper-left side of a form.

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

STEP 1: ENROLLMENT

INSTRUCTIONS TO ENROLL AS A QUALIFIED SERVICE PROVIDER FOR FAMILY HOME CARE

Complete and send the forms in your Family Home Care Forms Packet to HCBS Medical Services. (Instructions included in Forms Packet)

- SFN 1604 Request to be a Qualified Service Provider for Family Home Care
- SFN 433 Child Abuse and Neglect Background Inquiry
- SFN 1168 Ownership/Controlling Interest and Conviction Information
- SFN 615 Medicaid Program Provider Agreement
- W-9 Request for Taxpayer Identification Number and Certification

A COPY OF A FORM OF AN OFFICIAL IDENTITY DOCUMENT MUST BE SENT TO THE DEPARTMENT WITH YOUR APPLICATION FOR APPROVAL AS A QSP. For example: driver's license, tribal ID card etc.



SEND THE COMPLETED FORMS TO:

North Dakota Department of Human Services
600 East Boulevard Ave. Dept 325
Bismarck, North Dakota 58505-0250

STANDARDS FOR FAMILY HOME CARE PROVIDERS

Service	Standard	Required Documentation or Competency Level
1. FHC	Have basic ability to read, write and verbally communicate	Assurance checked indicating educational level or demonstrated ability.
2. FHC	<ul style="list-style-type: none"> • Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider • Have not been abusive or neglectful to someone • Have not stolen from someone 	<ul style="list-style-type: none"> • Statement attesting to his/her status regarding conviction of a misdemeanor, felony, or probation. • Statement attesting to his/her status regarding having been physically, verbally, mentally, or sexual abusive, or neglectful of someone. • Statement attesting to his/her status regarding having stolen from someone.
3. FHC	Uphold confidentiality	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Agree to NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance marked agreeing to maintain confidentiality.
4. FHC	<ul style="list-style-type: none"> • Not have an infectious or contagious disease • Be physically capable of performing the service 	<ul style="list-style-type: none"> • Statement about having or not having an infectious or contagious disease • Statement that provider has the physical ability to perform the authorized tasks/service
5. FHC	Client and provider mutually agree to the arrangement	Client states to HCBS case management agency the selection of the caregiver and included in documentation completed by HCBS case manager.

6. FHC	Eligible relative relationship	Meets one of the relative relationships identified in N.D.C.C. 50-06.2-02(4) – spouse or by one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew.
7. FHC	24-hour per day service	The FHC provider is responsible for the 24-hour care of the FHC client. If the client can be left alone for routine temporary periods of time without negative impact to the client’s welfare and safety, and the client agrees to be left alone, there must be a documented plan to assure the client’s welfare and safety.

STEP 2: AFTER QSP APPROVAL

- As a Qualified Service Provider (QSP), you are **not** an employee of the North Dakota Department of Human Services.
- **You are a self-employed, independent contractor.** QSP's provide service and are paid for the authorized services that are delivered.
- The Department **does not** withhold or pay any social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments you received as a QSP. Withholding and paying taxes on QSP payments is your responsibility as a self-employed individual. Information on the tax responsibilities of independent contractors can be found at www.IRS.gov.
- **You are also responsible to keep your Remittance Advice (RA) (the papers showing the payments you have received) and provide copies if income verification as needed for loans, housing enrollment etc.**
- A packet of information is sent to you by the North Dakota Department of Human Services Division.
- Included in that packet is
 - your QSP provider number,
 - further need to know information,
 - rules about record keeping, and
 - billing instructions.
- After the client is determined eligible for FHC, and has chosen their FHC QSP, and you are enrolled as the FHC QSP, the HCBS case manager will give you an Authorization to Provide Service Form (SFN 1699). This form describes the tasks you must provide to receive payment. You can only bill for days of service for the dates on the SFN 1699.
- You must complete the tasks marked on the authorization form. You cannot assign someone else to do them.
- You must keep records of the services provided. The records must include:
 - your name,
 - the client's name,
 - the date of the service,
 - the service code – 00001, and
 - tasks performed.
 - please document one month per sheet.
- Refer to the sample documentation included with your information packet from the Department after enrollment is approved.

- You **must** have a current **SFN 1699 Authorization to Provide Services** in your possession for each client before providing services and to be eligible for payment by the North Dakota Department of Human Services.
- Payment can be made only for the days the client is receiving care in his or her own residence.
 - You need to keep records if there is a break in service, such as a hospital stay.
 - You need to document when the client left the home and when the client returns home.
 - You cannot bill for the day the client is admitted to the hospital. You can bill for the day the client returns home.
 - You also must write down the hours a respite care provider is with the client.
 - Payment may be claimed when cares are provided on the day of death if the client is receiving care at home.
- Your payment from the Department will not include any client liability or cost sharing (some clients are responsible for a portion of their service costs).
 - The client is responsible to pay you directly for any client liability/cost sharing, and/or room and board (if the client lives in your home).
- The North Dakota Department of Human Services can request a refund or process adjustments to take back payments made to a you, **if** you do not keep appropriate records, if you do not send service records upon request, if you do not provide the service, if you bill over the authorized amount, if you use the wrong billing codes, or if you otherwise make billing errors.
- 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 the Department received the notice of a request for review to make a decision.

Address Changes:

- **You must inform HCBS Medical Services within 14 days of any address changes by contacting the HCBS office.**

Please Note:

- 1. If you have been found guilty of or pled no contest to an offense identified in ND Admin Code 75-03-23-07, your application may be taken to a Department team meeting to determine if you are sufficiently rehabilitated.**
- 2. According to ND Admin Code 75-03-23-07, 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.**

OIG Referrals:

All individuals that provide care to public pay clients must meet the provider standards and agreements in ND Administrative Code 75-03-23 -07. Please be aware, if an individual is terminated or denied enrollment as a QSP with the State Medicaid Agency because of professional competence, professional performance, financial integrity issues, or certain criminal convictions, federal law requires that the Department refers its final decision to exclude them from participating in the State Medicaid Program to the Office of the Inspector General (OIG).

Once the OIG receives this referral, they make an independent decision based on their own criteria about whether or not the individual will be excluded from participation in any capacity in Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

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

QSP Audits:

A request may be made for a formal review (audit) of an individual QSP at any time. When you enrolled as a QSP, you agreed to participate in any audit requests and agreed to provide records and any other information requested by the Department.

If errors are found, the Department is required to recoup all funds paid for services that were not delivered in accord with Department policies and procedures per NDAC 75-03-23-10.

Failure to comply with a request to send records, provider information, or to pay back funds paid in error, may lead to the termination of your QSP status and a referral to the OIG for possible exclusion in any capacity in Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

This does not impact your ability to receive public benefits.

Report Medicaid Fraud and Other Fraud

Anyone suspecting Medicaid fraud, waste, or abuse is encouraged to report it.

Examples of Fraud can include:

- Billing for services not performed
- Billing duplicate times for one service
- Billing outside the allowable limits
- Billing without an authorization to provide the service

To report suspected Medicaid Fraud, please call, 1-800-755-2604 and select 6 to speak with an attendant, or email: medicaidfraud@nd.gov

To report other program fraud, call the Fraud Hotline at 1-800-472-2622 or email abramussen@nd.gov

The Following Forms Are Attached For Review:

1. Working Together for Home Fire Safety
2. Exposing an Invisible Killer, Dangers of Carbon Monoxide
3. Authorization to Provide Services SFN 1699

STEP 3: QSP RENEWAL

Renewal is required every two years to maintain enrollment as a QSP.

A renewal notice and the required forms are usually sent from the HCBS office about six weeks prior to your QSP enrollment expiration date.

Your client must still qualify for Family Home Care. If you want to provide another HCBS service, please check with the HCBS office to determine if you can and what forms are needed.

To renew your QSP enrollment, you must complete and send to Medical Services/HCBS the **following newly completed forms and needed documentation.**

- SFN 1604 - Request to be a Qualified Service Provider for Family Home Care
- SFN 433 - Child Abuse and Neglect Background Inquiry
- SFN 1168 - Ownership/Controlling Interest and Conviction Information
- W9 – Request for Taxpayer Identification Number and Certification
- SFN 615 - Medicaid Program Provider Agreement

LINKS TO FORMS

- **SFN 1604** Request to be a Qualified Service Provider for Family Home Care
<http://www.nd.gov/eforms/Doc/sfn01604.pdf>
- **SFN 615** Medicaid Program Provider Agreement
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- **W-9** Taxpayer Identification Number and Certification
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- **SFN 1168** Ownership/Controlling Interest and Conviction Information
<http://www.nd.gov/eforms/Doc/sfn01168.pdf>
- **SFN 433** Child Abuse and Neglect Background Inquiry
<http://www.nd.gov/eforms/Doc/sfn00433.pdf>

You are responsible to review the following information sheets.

- Home Fire Safety
- Carbon Monoxide Fact Sheet

Family Home Care Qualified Service Provider (QSP) Handbook link:
www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-family-home-care.pdf



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
Emmitsburg, MD 21727

or

Visit the USFA Web site:
www.usfa.fema.gov



Homeland Security



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
Emmitsburg, MD 21727

or

Visit the USFA Web site:
www.usfa.fema.gov



Homeland Security

AUTHORIZATION TO PROVIDE SERVICES
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES/HCBS
SFN 1699 (8-2019)

By accepting this Authorization to Provide Services, the Provider agrees to provide the services in accordance with the standards and conditions agreed to in the Medical Assistance Program Provider Agreement as a designated Qualified Service Provider or Basic Home Assistance Provider. If an authorization is for multiple providers, the monthly total authorized units for a client may not be exceeded by the combined providers. This authorization is time limited and is not a guarantee of payment for services. Client eligibility for Medicaid can be verified by calling VERIFY at 1-800-428-4140 or 701-328-2891. Client may be responsible for recipient liability that is payable to the Provider. Provider is responsible for maintaining documentation by task supporting services provided.

1. **Authorization to Provide Services Form SFN 1699**

2. **Client/Member ID number**

3. **Authorization Period/Six Month Review Authorization Period**

4. **Service, Procedure Code, Units, Amount**

5. **Personal Care Services Tasks Authorized**

Qualified Service Provider(s) Name and Number and Physical Address		Client Name: Last		First	Middle
Member ID Number ND		Telephone Number		Physical Address	
Client agrees to pay a SPED Service Fee of \$ _____ / month		City		State	ZIP Code
Rural D# (Residential Tier)	Date RD Removed				
Authorization Period From: _____ To: _____	Six Month Review Authorization Period From: _____ To: _____				
Write-in Service being authorized	Service	Procedure Code	Units	Amount	
	Service	Procedure Code	Units	Amount	
Personal care services tasks authorized. Check all that apply (An explanation of the tasks is printed on the back of the form.) ** Provider must carry a global endorsement to provide this task *** 1 or more of these tasks must be authorized and provided on a daily basis before daily rate can be used.					
Activities of Daily Living (ADL)		Other			
<input checked="" type="checkbox"/> Bathing	10 Units	<input type="checkbox"/> Eye Care			
<input type="checkbox"/> Dress/Undress **		<input type="checkbox"/> Hair Care/Shaving			
<input type="checkbox"/> Feeding **		<input type="checkbox"/> Community Integration			
<input type="checkbox"/> Incontinence **		<input type="checkbox"/> Skin Care			
<input type="checkbox"/> Mobility (Inside) **		<input type="checkbox"/> Teeth, Mouth, Denture Care			
<input type="checkbox"/> Toileting **		<input type="checkbox"/> Mobility (Outside)			
<input type="checkbox"/> Transferring/Turning/Positioning **		<input type="checkbox"/> Communication			
Meal Prep		<input type="checkbox"/> Money Management			
<input type="checkbox"/> Meal Preparation **		<input type="checkbox"/> Exercises *			
Med Assist		<input type="checkbox"/> Hoyer Lift *			
<input type="checkbox"/> Medication Assistance **		<input type="checkbox"/> Indwelling Bladder Catheter *			
Ldry/Shp/Hsk		<input type="checkbox"/> Medical Gases *			
<input type="checkbox"/> Laundry		<input type="checkbox"/> Prosthesis/Othotics *			
<input type="checkbox"/> Shopping		<input type="checkbox"/> Suppository *			
<input type="checkbox"/> Housekeeping		<input type="checkbox"/> Ted Socks *			
Client Specific Endorsement		<input type="checkbox"/> Temp/Pulse/Respiration/Blood Pressure *			
<input type="checkbox"/> Apnea Monitor	<input type="checkbox"/> Postural/Bronchial Drainage	Individual to be contacted for readings			
<input type="checkbox"/> Jobst Stockings	<input type="checkbox"/> Rik Bed Care	<input type="checkbox"/> Cognitive Supervision			
<input type="checkbox"/> Ostomy Care		<input type="checkbox"/> Transportation Mileage			
		<input type="checkbox"/> Transportation Escort			
Authorization (Case Manager's Signature, County/HSC, Date)		Six Month Review: If no change in tasks or units is needed, authorization to provide services is continued for the specified period.			
Authorization Canceled (Case Manager's Signature, County/HSC, Date)		Case Manager's Signature, County/HSC, Date			

Distribution: Original - Qualified Service Provider Copy - Client's Case File Copy - Client Copy - State Office

- 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.
(Must include the ND with the numbers on the billing form)
- 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