

# **QUALIFIED SERVICE PROVIDER HANDBOOK**

## **Family Home Care**

**Issued By**

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

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# INTRODUCTION

## Family Home Care (FHC)

- The provision of supervisory care and personal care services daily, to an eligible elderly or disabled person by a qualified service provider (QSP), in the home of the client or the home of the QSP.

## Contained in this Handbook

- Explanation of the conditions/standards a Qualified Service Provider (QSP) must meet when providing Family Home Care (FHC).
- Also included in this Handbook is the material that **must** be completed for individuals seeking the designation of QSP for FHC NOT Family Personal Care.

The materials must be completed with a pen or typed, signed, and submitted to the Medical Services/HCBS Division, Department of Human Services, 600 E Boulevard Ave., Dept. 325, Bismarck ND 58505-0250.

## Upon approval as a Qualified Service Provider (QSP)

- The Medical Services/HCBS Division, Department of Human Services, sends a packet of information to the provider. Included in that packet is the provider number, billing information, and instructions.
- The County Social Service Case Manager will determine the client's eligibility and need for services.
- After the client has selected their FHC provider, the County Social Service office will issue an SFN 1699, Authorization to Provide Service, to the client's selected FHC QSP.
- The FHC QSP will receive and review the SFN 1699, Authorization To Provide Service. The tasks the QSP is authorized to provide are checked on the SFN 1699 form and definitions of these tasks are located on the reverse side of this form.
- **The QSP must maintain records of the services provided. The records must include the QSP's name, client's name, date of the service, and tasks performed.**
  - A single monthly written note that list all "routine tasks" completed on a daily basis for a calendar month meets the documentation requirements for FHC.
  - Payment can be made only for the days the client is receiving care in his or her own residence. If there is a break in service, such as a hospital stay, the QSP (FHC) provider cannot bill for that time frame. When the client returns home the QSP (FHC) provider will need to record when the client returns home and the service provided.
  - Providers can bill for services provided on the day of "admission" into the home where the FHC services will be provided but not the day of "discharge" from the home.
  - Payment may be claimed when cares are provided on the day of death.
- The QSP will bill the Department of Human Services directly for services provided.

- Payment to the QSP by the Department of Human Services will be minus any client liability or cost sharing (some clients are responsible for a portion of their service costs).
- It is the responsibility of the client to pay the QSP directly for any client liability/cost sharing and room and board (if the client lives in the provider's home).
- The Department can request a refund or process adjustments to take back payment made to a provider if the provider does not provide the requested records or keep appropriate records.

## SECTION A

### HOME AND COMMUNITY-BASED SERVICES FOR THE AGED AND DISABLED

1. The North Dakota Department of Human Services funds and administers home and community-based services for the aged and disabled including: Adult Day Care, Adult Family Foster Care, Chore Service, Family Home Care, Homemaker Service, Non-Medical Transportation, Personal Care Service, Respite Care, Residential, Transitional, and Supported Employment, Environmental Modification, and Specialized Equipment.
2. For those interested in becoming a QSP of another HCBS program please contact the local County Social Service Office for information and a copy of the QSP Handbook for that program. For Family Personal Care Services please apply using the QSP Individual Provider Handbook (contact your local County Social Services Office for information).

### 3. Definitions:

Authorization to Provide Service (SFN 1699): A state form sent to the QSP by the County 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 of the form).

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

Family Home Care Service: The provision of supervisory care and daily personal care to an eligible elderly or disabled individual residing with the client in the home of the provider or the home of the client.

Individual Provider: A self employed person who has been approved by the Department of Human Services as a QSP which allows that person to bill the Department of Human Services for the provision of authorized services.

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 primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily 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.

## SECTION B

### INSTRUCTIONS FOR ENROLLMENT AND RENEWAL OF ENROLLMENT FOR A QUALIFIED SERVICE PROVIDER OF FAMILY HOME CARE

1. **Initial Enrollment:** The following information must be completed and submitted when seeking designation as a QSP of FHC:

- SFN 615 North Dakota Department of Human Services Medical Assistance Program Provider Agreement\
- SFN 1168 Ownership/Controlling Interest and Conviction Information
- W – 9 Request for Taxpayer Identification Number and Certification

(SFN 615 – DHS Medical Assistance Program Provider Agreement and the W-9 Taxpayer Identification Number and Certification forms are inserts to this handbook.)

- SFN 541 REQUEST TO BE A QUALIFIED SERVICE PROVIDER FOR FAMILY HOME CARE. See page 7, for instruction on completion of this form

2. **Renewal:** Renewal is required every two years to maintain designation as a QSP of FHC. The following information must be completed and submitted with the renewal request:

- SFN 541 REQUEST TO BE A QUALIFIED SERVICE PROVIDER FOR FAMILY HOME CARE See page 7, for instruction on completion of this form

**Submit completed information to:**

**Medical Services/HCBS Division  
600 East Boulevard Ave. Dept 325  
Bismarck, North Dakota 58505-0250**

## SECTION C

### STANDARDS FOR SERVICE DELIVERY – FAMILY HOME CARE (FHC)

#### STANDARDS FOR FAMILY HOME CARE PROVIDERS

FHC – Family Home Care		
Service	Standard	Required Documentation or Competency Level
1. FHC	Have basic ability to communicate	Assurance checked indicating educational level or ability to communicate
2. FHC	<ul style="list-style-type: none"> <li>• Not have been convicted of an offense that has a direct bearing on the individual’s fitness to be a provider</li> <li>• Have not been abusive or neglectful of someone</li> <li>• Have not stolen from someone</li> </ul>	<ul style="list-style-type: none"> <li>• Statement attesting to his/her status regarding conviction of a felony or misdemeanor that would jeopardize the client’s health and safety</li> <li>• Statement attesting to status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone.</li> <li>• Statement attesting to status regarding having stolen from someone</li> </ul>
3. FHC	Not have infectious or contagious disease and be physically capable of performing the service	Statement attesting to the status of having an infectious contagious disease and assurance checked and signed having the physical capability to perform the service
4. FHC	Willing and capable of meeting care needs	Assurance checked and signed verifying physical ability to provide services and supported by documentation through interview completed by County HCBS Case Manager

5. FHC	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
6. FHC	Client agrees to the relative as the caregiver	Client verifies to HCBS Case Management Agency the selection of a relative caregiver
7. FHC	24 hour per day service	The relative caregiver is responsible for the 24 hour care of the eligible client of Family Home Care. If the relative caregiver is absent from the home for any part of the day, a documented plan to assure the client’s welfare and safety must be identified
9. FHC	Practice Confidentiality	Assurance checked and signed verifying agreement to maintain confidentiality of client information and client’s care needs

## SECTION D

**Instructions for completion of:  
SFN (541) REQUEST TO BE A QUALIFIED SERVICE PROVIDER FOR FAMILY  
HOME CARE (this form is available on eforms)**

This form must be completed and submitted by an individual initially and upon renewal seeking designation as an enrolled QSP for Family Home Care.

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

**Section (B):** List the client(s) to be served, your relationship to the client served, and the client's county of service.

**Section (C):** Check last grade you completed and answer the following questions.

**Section (D):** Answer **all** questions in this section.

**Section (E):** Listed are assurances that must be met by the QSP. This information is provided so that you know what is expected. Please read each item carefully before initialing.

**Section (F):** Your signature is evidence and attests that you have prepared the information, assures it is correct, and that you are aware this is a public document.

## SECTION E

### FORMS APPENDIX (these forms are available on e-forms)

The following forms have been included in this packet, complete and submit these forms:

- **SFN 541** REQUEST TO BE A QUALIFIED SERVICE PROVIDER FOR FAMILY HOME CARE  
<http://www.nd.gov/eforms/Doc/sfn00541.pdf>
- **SFN 615** DHS MEDICAL ASSISTANCE PROGRAM PROVIDER AGREEMENT – INSERT  
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- **W-9** TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION –INSERT  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- **SFN 1168** OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION  
[\(form will be available on web in the near future\)](#)

Submit completed information to:

**Medical Services/HCBS Division  
600 East Boulevard Ave. Dept 325  
Bismarck, North Dakota 58505-0250**

The following optional form is also included in your packet for your convenience:

- **SFN 661** ELECTRONIC FUNDS TRANSFER (EFT) FORM  
<http://www.nd.gov/eforms/Doc/sfn00661.pdf>

ADDITIONAL INFORMATION CAN BE FOUND ON THE FOLLOWING WEBSITES:

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