

**AUGUST 2020**

**Individual Provider  
Qualified Service Provider  
Handbook**

**Enrollment Procedures & Required Standards**



**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**

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 which you want to receive public pay.*



## **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: [DSHCBS@ND.GOV](mailto:DSHCBS@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.

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.

Home and Community Based Services provided by an Individual Provider include: Adult Day Care, Adult Family Foster Care, Chore Service, Extended Personal Care Services, Family Home Care, Homemaker, Non-Medical Transportation, Personal Care, Respite Care, Nurse Educator, Nurse Management and Attendant Care.

- **If you plan to work for private pay clients only, you do not have to enroll as a Qualified Service Provider.**
- **If you have not provided services to a public paying client or provided services in which the HCBS department is billed within the last 12 months, your QSP status may be closed.**

### **Definitions:**

- **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 includes both health and social services needed to insure the ideal functioning of the individual.
- **Attendant Care Services (AC):** 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 approved to provide this service. 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, 633, or SFN 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 (brief descriptions are printed on back of the form).

- Case Management (CM): HCBS Case Management is a social work process 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.
- Chore Service: tasks that are on an intermittent or occasional basis which enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, and snow removal. The task must be the responsibility of the client and not the responsibility of the landlord.
- Community Transition Services: Assisting eligible individuals in 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.
- Endorsement: A task that requires special skill and approval.
  - Global Endorsement: These QSP endorsements apply for all clients
  - Client Specific Endorsement: These endorsements require specific instruction for an individual client who requires the extra endorsement(s).
- Environmental Modification (EM): Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or which enables the client to function with greater independence in his/her home.
- Extended Personal Care (EXPC): Hands on care of a medical nature that is specific to the needs of an eligible client. Training to complete tasks is provided by a nurse educator.
- Family Personal Care (FPC): Personal care that is provided to an individual by their legal spouse. The spouse must be enrolled as a personal care service provider and the client must be pre-approved by the Case Manager.
- Homemaker Service (HMKR): Occasional non-personal care tasks such as housekeeping, laundry and shopping.
- Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.

- Non-Medical Transportation (NMT): Transportation that allows individuals to use 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): Driving the client to and from his/her home and points of destination.
  - Non-Medical Transportation Escort (NMT-E): Going with the client to assist in entering and exiting as well as helping during transport so the client may complete the activity for which (non-medical) transportation is authorized.
- 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 Personal Care Services. This service is provided by QSP who is 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 QSP who is licensed by and in good standing with the ND Board of Nursing.
- Nursing Assessment: 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 1699/404), transferring, mobility in the home, eating, personal hygiene (e.g. finger nail care, skin and mouth care); and exercises. This service may include assistance with environmental activities as authorized by the HCBS Case Manager.
- Provider Number: Number assigned to the enrolled QSP.
- Qualified Service Provider (QSP): A self-employed individual that has met all the standards/requirements and has enrolled with the Department of Human Services as a provider.
- Respite Care (RC): Temporary care, for a set period of time, provided to a client so their primary caregiver has relief from the stress and demands of ongoing daily care.
- Respite Home Care (RHC): Temporary care, for a set period of time, provided to a client so their primary caregiver has relief from the stress and demands of ongoing daily care. This service is provided in your own residence.
- 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.
- Supervision (SUPV): An individual could be considered to have a need for supervision if because of their impairment, human intervention is required to safeguard the individual from harm.
- Universal Precautions: Caregivers who have direct individual contact are required to follow certain guidelines to prevent the spread of infectious diseases. They include work practices to avoid contamination by blood, body fluids, secretions, excretions (except for sweat), nonintact skin, mucous membranes, dried blood, and other body substances including saliva.

This handbook contains the requirements for you to be a provider delivering the following services for which you want to receive public pay.

## **SERVICES REQUIRING ADDITIONAL INFORMATION**

Applicants requesting enrollment for the following services, must send all required additional information listed below. You will not be approved for the following services without all required information. Additional forms, if required, can be obtained by calling the QSP Enrollment Administrator at 701-328-4602 or at the following website:

<https://www.nd.gov/eforms>.

- Adult Day Care
  - Requires SFN 1703
  - Must meet all standards for NMT-D/V
- Attendant Care Services
  - Requires SFN 644 and an eligible recipient receiving ventilator services.
- Case Management
  - Must have a current license to practice Social Work in the State of ND
  - Please contact the Enrollment Administrator at 701-328-4602 for further information.
- Chore Labor & Snow Removal Service
  - Refer to Chart A
- Environmental Modification
  - Requires a contractor license
- Extended Personal Care
  - Requires SFN 576
- Non-Medical Transportation

- Signed statement on SFN 1603, Page 2
- Current copy of Driver's License
- Current copy of comprehensive official driving record obtained from the Department of Transportation of the licensing state
- Refer to Chart A
  
- Nurse Educator
  - Requires SFN 577
  
- Nurse Management
  - Requires SFN 643 and an eligible recipient receiving ventilator services.
  
- Nursing Assessment
  - Must have current nursing license through ND Board of Nursing
  - Requires SFN 576 and SFN 577
  
- Respite Care
  - Requires Cognitive Endorsement
  
- Respite Home Care
  - Requires Cognitive Endorsement
  - Requires SFN 659
  - Requires Site Visit
  
- Supervision
  - Requires Cognitive Endorsement

For the HCBS services of **Adult Foster Care** and **Family Home Care**, contact the local County Social Service office for information and a copy of the QSP Handbook for that service.

**HCBS Recipient's Right of Privacy, Dignity and Respect, and Freedom from Coercion and Restraint:**

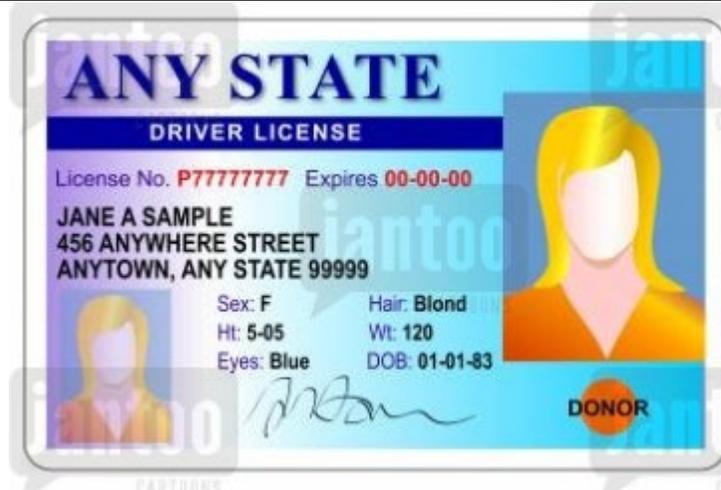
Individuals receiving HCBS have a right of privacy, dignity, and respect when receiving services. The use of coercion, seclusion, and restraint of recipients in all settings with the exception of the limited use of restraints in adult residential service settings as described in NDCC 50-10.2-02 (1) is prohibited.

## STEP 1: ENROLLMENT

All required information must be received and completed correctly before the Department can finalize enrollment or renewal. Agency renewals require all the same information as an initial enrollment.

- SFN 1603 – INDIVIDUAL REQUEST TO BE A QUALIFIED SERVICE PROVIDER
- 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
- SFN 750 – DOCUMENTATION OF COMPETENCY
  - This form is required to show competency unless you are licensed as a nurse, certified as a CNA, Registered Physical Therapist, or Registered Occupational Therapist:

**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.**



## **Fraud, Waste, & Abuse**

The Department mandates that fraud, waste and abuse training be completed at initial enrollment and upon renewal.

The online training is available at DHS QSP site. See instructions below to access the training:

1. Use the following link to access the training on our website.  
<http://www.nd.gov/dhs/services/adultsaging/providers.html>
2. Scroll down the page to the RESOURCES heading
3. Click the link for: ONLINE TRAINING – Fraud, Waste and Abuse
4. Once you've completed the training, enter your name in the required field.
5. A certificate of completion will be generated; this certificate should be included your enrollment documents.

## **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 of 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 Enrollment Administrator at 701-328-4602 for further requirements prior to enrollment.***

### **Please note:**

**You are required to notify the department if your conviction history changes.**

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 enrollment status or application will 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...



APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
5. All Providers	Know the guidelines and practice universal/standard precautions.	<p>Guidelines for universal/standard precautions:</p> <ol style="list-style-type: none"> <li>1. Wash hands: <ul style="list-style-type: none"> <li>• Before, during and after preparing food.</li> <li>• Before eating food.</li> <li>• Before and after caring for someone who is sick with vomiting or diarrhea.</li> <li>• Before and after treating a cut or a wound.</li> <li>• After using the toilet.</li> <li>• After changing incontinent care products.</li> <li>• After blowing your nose, coughing, or sneezing.</li> <li>• After touching an animal, animal feed or animal waste.</li> <li>• After handling pet food or pet treats.</li> <li>• After touching garbage.</li> <li>• After you have been in a public place and touched an item or surface that is touched by other people.</li> <li>• Before touching your eyes, nose, or mouth.</li> <li>• When hands are visibly soiled.</li> <li>• Immediately after removal of any personal protective equipment (example: gloves, gown, masks).</li> <li>• Before providing any direct personal cares.</li> </ul> </li> <li>2. Use of Personal Protective Equipment (PPE): <ul style="list-style-type: none"> <li>• Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.</li> <li>• Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids.</li> <li>• Mask – <b>Due to the prevalence of COVID-19 spread without symptoms, it is expected that providers will always wear a face mask when interacting with clients.</b> Use during care activities where close contact with client is unavoidable. Clean hands with soap and water or hand sanitizer before touching mask. Mask can be worn throughout tasks and does not need to be changed between them if it is not soiled.</li> </ul> </li> <li>3. Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided. <ul style="list-style-type: none"> <li>• Do not recap needles or remove needles from syringe.</li> <li>• After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal.</li> </ul> </li> <li>4. Clean equipment used for the individual before and after each use.</li> </ol>	QSPs who live with the client or who are caring for relatives are not required to wear a face mask.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
<p>6. HM, PCS, RC, NMT (escort), ADC, Chore – (except provider for snow removal)</p>	<p>Know generally accepted practice of infection control guidelines/proper hand hygiene.</p>	<p>Follow these steps when wash your hands every time:</p> <ul style="list-style-type: none"> <li>• Wet your hands with clean, running water, turn off the tap and apply soap.</li> <li>• Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails.</li> <li>• Scrub your hands for at least 20 seconds.</li> <li>• Rinse your hands well under clean running water.</li> <li>• Dry your hands using a clean towel or air dry them.</li> </ul> <p>If soap and water are not available:</p> <ul style="list-style-type: none"> <li>• Use an alcohol-based hand sanitizer that contains at least 60% alcohol.</li> </ul> <p>Follow these steps when using hand sanitizer:</p> <ul style="list-style-type: none"> <li>• Apply the gel product to the palm of one hand in the correct amount.</li> <li>• Rub your hands together.</li> <li>• Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.</li> </ul>	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
<p>7. HM, PCS, RC, NMT (escort), ADC, Chore (except provider for snow removal)</p>	<p>Keep generally accepted practice of universal precautions and the use of personal protective equipment (PPE) when handling and disposing of body fluids.</p>	<p>Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, gowns and proper disposal of both body fluids and items used.</p> <p><u>Use of Personal Protective Equipment (PPE):</u> Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.</p> <ul style="list-style-type: none"> <li>• Perform hand hygiene prior to putting on gloves.</li> <li>• Remove jewelry, cover abrasions then wash and dry hands.</li> <li>• Ensure gloves are intact without tears or imperfections.</li> <li>• Fit gloves, adjusting at the cuffs.</li> <li>• Remove by gripping at cuffs.</li> <li>• Immediately dispose of gloves in waste basket.</li> <li>• Wash hands after removing gloves.</li> <li>• Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated.</li> <li>• DO NOT reuse gloves, they should be changed after contact with each individual.</li> </ul> <p>Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids.</p> <ul style="list-style-type: none"> <li>• Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.</li> <li>• Tie all the ties on the gown behind the neck and waist.</li> <li>• Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.</li> <li>• Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.</li> <li>• Dispose the gown in waste basket.</li> <li>• Perform hand hygiene after removing gowns.</li> </ul> <p><b>Mask – Due to the prevalence of COVID-19 spread without symptoms, it is expected that providers will always wear a facemask when interacting with clients.</b> Use during care activities where close contact with a client is unavoidable. Clean hands with soap and water or hand sanitizer before touching the mask. Mask can be worn throughout tasks and does not need to be changed between them if it is not soiled.</p> <ul style="list-style-type: none"> <li>• Secure ties or elastic bands at middle of head and neck</li> <li>• Fit flexible band to nose bridge.</li> <li>• Fit snug to face and below chin.</li> <li>• With clean hands, untie or break ties at back of head.</li> <li>• Removed mask by only handling at the ties, then discard in waste basket.</li> <li>• Wash hands.</li> <li>• Homemade masks can be used as a last resort. These should be washed/disinfected daily.</li> </ul> <p>Do not reuse facemasks.</p>	<p>QSPs who live with the client or who are caring for relatives are not required to wear a face mask.</p>

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
8. PCS, RC, ADC	Know generally accepted practice in bathing techniques: bed, tub, and shower.	Washed hands and applied gloves and facemask. 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. Changed gloves between cares. 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). Removed gloves and facemask and washed hands. Cleanse bath or shower.	
9. PCS, RC, ADC	Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	<p>Washed hands and applied gloves and facemask.</p> <p><u>Bed shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), pail, bucket, chair); placed pail/bucket on chair at head of bed; checked for appropriate water temperature; protected mattress and chair with plastic or towel; used plastic drainable trough; used cup or pitcher to pour water; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Sink shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), washcloth); placed towel on client's shoulders; used washcloth to cover eyes; had client lean toward sink, wet hair; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Shaving:</u> Gathered necessary supplies and equipment (e.g. electric razor, safety blade (no straight-edged razor), towel(s), lotion); had client in sitting position or on back; applies warm washcloth and then shaving cream or gel if using safety blade; held skin tautly; shaved in direction of hair growth; rinsed shaven area; applied shaving lotion, if desired; cleaned up. No sharing of razor blades.</p> <p>Removed gloves and facemask and washed hands.</p>	
10. PCS, RC, ADC	Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.	Washed hands and applied gloves and facemask; 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. Removed gloves and facemask and washed hands.	
11. PCS, RC, ADC	Know generally accepted practice in how to dress/undress client.	Washed hands and applied gloves and facemask. Assembled clothing; assisted client to proper position for dressing; put on underwear; then trousers or pajamas; shirt or over-the-head clothing; socks or stockings, slippers or shoes. For <u>undress</u> , do the reverse. Removed gloves and facemask and washed hands.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
12. PCS, RC, ADC, NMT (escort)	Know generally accepted practice in assisting with toileting.	<p>Washed hands and applied gloves and facemask.</p> <p><u>Bedpan:</u> Assembled supplies and equipment (e.g. toilet paper, bedpan, commode), ensured privacy. Put on gloves, assists client to properly cleanse elimination area, always wipe from front to back. Puts supplies and equipment in proper storage. Removes gloves and washes hands. Assists client with washing hands.</p> <p><u>Commode or Toilet Stool:</u> Gathers supplies and equipment commode, toilet tissue. If not going into bathroom, ensure privacy, assists client with transferring onto commode or toilet stool, supply toilet tissue, leave client for 5 minutes, apply gloves, assist client with cleansing elimination area, always wipe from front to back, cleansed and disinfected commode or flush toilet, removed gloves and facemask, washed hands, and assisted client with washing hands.</p>	For assisting with suppository. Endorsement D.
13. PCS, RC, ADC, NMT (escort)	Know generally accepted practice of caring for incontinent client	Washed hands and applied gloves and facemask. 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. -Removed gloves and facemask and washed hands after all cares.	For assisting with suppository. Endorsement D.
14. PCS, RC, ADC	Know generally accepted practice of how to feed or assist client with eating.	Washed hands and applied gloves and facemask; 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. Removed gloves and facemask and washed hands.	Does NOT include tube feeding.
15. HM, PCS, RC, ADC	Have knowledge of basic meal planning and preparation.	<p><u>Planning:</u> Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods.</p> <p><u>Shopping/Purchasing:</u> Read food labels; identified ingredients (this is critical for special diets (e.g. salt free, low in sugar); considered cost; used seasonal food when possible.</p> <p><u>Preparing the Meal:</u> Washed hands and applied gloves and facemask; 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. Removed gloves and facemask and washed hands.</p>	Does <b>NOT</b> include canning of produce or baking of such items as cookies, cakes & bread.
16. PCS, RC, ADC	Know generally accepted practice for routine eye care.	Washed hands and applied gloves and facemask. 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. Removed gloves and facemask and washed hands.	Routine regimen prescription and non-prescription eye drops, ointment, eye pad after a well established routine of care has been set forth for the client.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
17. PCS, RC, ADC	Know generally accepted practice in proper care of nails.	<u>Nail Care:</u> Washed hands and applied gloves and facemask. 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. Removed gloves and facemask and washed hands.	Routine fingemil care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.
18. PCS, RC, ADC	Know generally accepted practice for assisting client with self-administration of medications.	Washed hands and applied gloves and facemask, assisted client to proper position for self-administration of medication. Assisting the client with opening container, assisting with positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, and dose and time medication should be taken. If medication has been set up in medication container or planner by nurse or family, make sure it is clearly marked/labeled, assist client with opening container making sure medication is taken on appropriate day and time of day. Provide drinking fluid to swallow medication, assist client to close container and store medication properly. Removed gloves and facemask and washed hands.	Assisting client in self administration by doing the following - opening container, assisting the client with proper position for taking medication, assist with giving client drinking fluid to swallow medication, recap the container.
19. PCS, RC, ADC	Know generally accepted practice of caring for skin.	Washed hands and applied gloves and facemask, 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. Removed gloves and facemask and washed hands.	Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems.  Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.
20. PCS, RC, ADC	Know generally accepted procedure for turning and positioning client in bed.	Maintained body alignment, kept spine straight and supported head.  <u>For Sitting Up:</u> Placed pillows as needed for comfort, if hospital bed – raised backrest to desired position.  <u>In Positioning on Back:</u> Supported non-functional body parts with folded/rolled towels/pillows (shoulder blade, hip, hand, arm/elbows, leg) to promote blood circulation; did not place pillows, rolled or folded towels under knees when lying on back, loosened top sheet to prevent pressure from toes.  <u>In Turning Client Toward You/Away From You:</u> Lower head of bed if evaluated, move client to side of bed near you; crossed client's arms over chest and nearest leg over farthest leg; placed one of your hands on client's shoulder, one on hip; gently rolled client toward you or push client away from you; placed pillows as appropriate for comfort and support (against back, under head and shoulder, in front of bottom leg, top leg on pillow, under client's arm/hand).	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
21. NMT (escort), PCS, RC, ADC	Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.	<p>Washed hands and applied gloves and facemask.</p> <p><u>Transfer Belt:</u> Assisted client to sit; applied belt; stood in front of client; client's hands on your shoulders; grasped belt, had your knees braced against client's; had your feet block client's; raised and lowered client.</p> <p><u>To Standard Sit:</u> Put client's hands on chair arms, one of your knees between clients; other knee braced client's knee; held client at center of gravity; instructed client to stand. Reversed procedure to sit.</p> <p><u>Bed to Wheelchair:</u> Positioned wheelchair; locked the wheels; assisted client to dangle legs; instructed client to stand, reach for wheelchair arm, pivot and sit; supported and guided client. Reversed procedure to return to bed.</p> <p>Removed gloves and facemask and washed hands.</p>	
22. NMT (escort), PCS, RC, ADC	Know generally accepted practice of assisting client with ambulation.	<p>Washed hands and applied gloves and facemask.</p> <p><u>Cane:</u> Assisted client to stand, cane was held on correct side (single point cane usually held on strong side of body; 3 or 4 point cane usually held on weak side of body); cane was moved forward by client; feet were moved forward by client; assisted as necessary.</p> <p><u>Crutches:</u> Assisted client to stand. For swing-through gait; client placed crutches 6" to 12" ahead, lifted and swung body just ahead of crutches, repeated. For 4-point gait: moved right crutch forward 6" to 8"; moved left foot forward; repeated for left crutch and right foot. For going up or down steps: DOWN – crutches on the step first, strong leg down first, then weak leg, repeat; UP – crutches and strong leg on same step, strong leg up first, repeat.</p> <p><u>Walker:</u> Assisted client to stand. Placed walker 6" to 12" in front of client. Client moved feet forward while holding walker in hands. Assist as necessary.</p> <p>Removed gloves and facemask and washed hands.</p>	Assisting client to walk, use wheelchair, walker, crutches or cane.
23. HM, PCS, RC, ADC	Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition.	<p>Washed hands and applied gloves and facemask.</p> <p><u>Dusting:</u> Dampened cloth with water or commercial spray; moved cloth across surface to gather dust.</p> <p><u>Floor Care:</u> Vacuumed rugs or carpets; mopped tile or linoleum floors; small rugs were shaken or washed.</p> <p><u>Cleaning Kitchen:</u> Cleaned up after each meal; wiped out refrigerator regularly; wiped down small appliances as necessary; wiped off countertops; kept surfaces uncluttered; proper disposal of garbage.</p> <p><u>Cleaning Bathroom:</u> Wiped out tub/shower after each use to keep mildew free; cleaned sink regularly; scrubbed out toilet bowl with soap or detergent regularly.</p> <p>Removed gloves and facemask and washed hands.</p>	Includes dusting, vacuuming (which may include moving furniture), floor care, garbage removal, changing linens, and other similar tasks in the room occupied or used by the client.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
24. HM, PCS, RC, ADC	Know generally accepted procedure of making beds.	<p>Washed hands and applied gloves and facemask.</p> <p><u>Closed Bed:</u> Gathered necessary linens; hung sheet evenly over bed; tucked bottom sheet under at head of bed; placed top sheet on bed with large hem even with head of bed; placed blanket and bedspread on bed; hanging evenly on both sides; folded top sheet, blanket and bedspread under at foot of bed; folded top sheet approximately 4" over bedspread and blanket; placed pillowcase on pillow.</p> <p><u>Open Bed:</u> Made closed bed, then folded top of covers to foot of bed; smoothed sides into folds; placed pillow on bed.</p> <p><u>Occupied Bed:</u> Gathered linens and bath towel; covered client with bath towel; removed top covers; moved client to one side of bed; assured client's safety, untucked bottom sheet and draw sheet; folded up against client; placed clean bottom sheet on bed; tucked in as appropriate; moved client over to side with clean sheet; removed dirty sheets; placed dirty sheets in a hamper; pulled bottom sheet to other edge; tucked in as appropriate; changed pillow case; placed clean top sheet over client; removed bath towel; placed clean blanket and bedspread over top sheet, tucked top sheet, blanket and bedspread at foot of bed; assured sheets were not tight across client's toes.</p> <p>Removed gloves and facemask and washed hands.</p>	See Endorsements section for mechanical or therapeutic devices.
25. HM, PCS, RC, ADC	Know generally accepted practice – in laundry techniques; (include mending).	<p>Washed hands and applied gloves and facemask.</p> <p>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.</p> <p>Removed gloves and facemask and washed hands.</p>	Includes washing, drying, folding, putting away ironing, mending, and related tasks.
26. HM, PCS, RC	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, essential supplies.	Monthly budgeting and/or paying bills.
27. NMT (Driver w/ vehicle)	Have a <u>valid</u> driver's license for the state of physical residence.	Photo copy of driver's license that includes the license number and expiration date.	
28. NMT (D/V)	Signed statement to provide safe vehicle and ensure adequate insurance coverage	SFN 1603, Page 2	
29. NMT (D/V)	No DUI (driving under influence) <u>conviction</u> within the past three (3) years.	Driving Record from the Drivers' License Division – Department of Transportation, 608 East Boulevard, Bismarck, ND 58505, or the Drivers License Division from the State in which the individual is licensed.	
30. NMT (D/V)	No more than two moving violations in past three (3) years.	Official Driving Record from the Drivers' License Division – Department of Transportation, or the Drivers License Division from the State in which the individual is licensed (See 28 above).	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
31. CHORE (Snow removal)	Knowledge of generally accepted snow removal procedures and use of snow removal equipment.	Provide written, signed statement.	
32. CHORE (Labor)	<p>Knowledge of generally accepted procedure for seasonal cleaning or unusual/heavy cleaning.</p> <p>Know generally accepted procedure for pest extermination.</p>	<p>Provide written, signed statement of ability to follow manufacturer's instructions for supplies used and equipment needed to complete specific chore tasks and proper use of chemicals. Summary of any training, education or previous experience or written documentation of performance from previous employer, supervisors.</p> <p>Professional exterminator/company.</p>	
33. Environmental Modification	Contractor's license filed with Secretary of States office, current contractor's insurance, and good standing with Workforce, Safety, and Insurance.	Provide a copy of license, bids, insurance, bonding, and current standing with Workforce, Safety, and Insurance.	

**CHART B**

**GLOBAL ENDORSEMENTS A HEALTH CARE PROVIDER CAN PERFORM AND/OR AUTHORIZE**

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

# GLOBAL ENDORSEMENTS

## GLOBAL ENDORSEMENTS

- Not required to enroll as a QSP unless enrolling for Respite Care or Supervision
- May be required to provide care for some clients according to their authorization.
- Are specific to each client that may need assistance with additional services.
- A QSP may choose to meet the standards for any or all of the endorsements but will not be approved unless competency is shown on either the SFN 750 or given through CNA/RN/LPN/OT/PT endorsements.

The Global Endorsements are:

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases-Limited to oxygen
- D. Suppository-non-prescription
- E. Cognitive/Supervision (**REQUIRED for RESPITE CARE & 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 you have any of the following current licenses or certifications, you automatically qualify for all Global Endorsements:
  - Registered Nurse,
  - Licensed Practical Nurse,
  - Registered Physical Therapist,
  - Registered Occupational Therapist, and
  - Certified Nurse Assistant.
- If you do not have any of the above listed licenses or certifications, you must send a completed DOCUMENTATION OF COMPETENCY (SFN 750) to be given any and/or all of these endorsements.

## CHART C – GLOBAL ENDORSEMENTS

ENDORSEMENT	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
A. MAINTENANCE EXERCISE	Know generally accepted practice of how to perform maintenance exercise regimens.	Exercises are maintenance oriented and client specific. Assisted client to complete exercises <b>which have been taught to client</b> – neck, shoulders, elbows, wrists, fingers, hips, knees, ankles, toes. Follow only exercise regimen recommended for the client; i.e. the performance of the repetitive exercise required to maintain function, improve gait, maintain strength, or endurance; passive exercise maintain motion in paralyzed extremities, not related to a specific loss of function, and assistive walking.	Limited to general observation of exercises which have been taught to the client; including the actual carrying out of maintenance program, the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance, passive exercises to <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands and applied gloves and facemask, 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 <b>NOT</b> 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; removed gloves and facemask and washed hands.	Limited to general maintenance care <u>after</u> a well-established routine of care has been set forth for the client. <b>NO CATHETERIZATION OF CLIENT ALLOWED.</b>
C. MEDICAL GASES	Know generally accepted practice to administer medical gases.	Client specific monitored only as specifically recommended for client.	Limited to monitoring or routine assistance. Limited to oxygen only.
D. SUPPOSITORY	Know generally accepted practice of how to assist with suppository and maintain bowel program.	Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed. Prior to assisting client with suppository, hands are washed and gloves and facemask are applied. After task is complete, removed gloves and washed hands.	Non-prescription suppository only.
E. COGNITIVE SUPERVISION (REQUIRED FOR RESPITE CARE SUPERVISION & COMPANIONSHIP)	Know generally accepted practice of caring for cognitively impaired person, and persons who require supervision or a structured environment on a continuous basis.	Show evidence of knowledge of cognitive impairments included but not limited to Alzheimer's, Parkinson's and Multi-Infarct (dementia), as well as the unique needs of caring for a person that is so impaired. Address issues, such as care staff reaction to repetitive and/or inappropriate behavior, nonverbal communication techniques; observing for difficulty eating, chewing and/or swallowing; techniques used with wandering behavior. Show evidence of knowledge of the role of supervision and observation for a client who needs supervision continuously, except for brief periods of time, for health/safety, cognitive and/or behavioral reasons.	

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

## CHART D – CLIENT SPECIFIC ENDORSEMENTS

The following Client Specific Endorsements (J-N) require verification of the provider’s ability to provide the service for a **particular** client who requires the endorsement.

Note: Send the completed Request for Client Specific Endorsement, SFN 830 to Medical/HCBS Services **only** if the client’s case manager has authorized service for that endorsement.

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

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
J. OSTOMY	Know generally accepted practice of techniques for routine regimen of ostomy care.	Washed hands and applied gloves and facemask; 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 and removed gloves and facemask.	General maintenance care which may include emptying, cleaning, and reapplying the appliance <u>after</u> a well-established routine of care has been set forth for the client.
K. POSTURAL/ BRONCHIAL DRAINAGE	Know generally accepted practice of how to perform postural/bronchial drainage.	Demonstrates the procedure for postural/bronchial drainage.	Must have received specific training from a therapist who specializes in this procedure.
L. JOBST SOCKS (compression stockings)	Know generally accepted procedure of applying compression stockings.	Gathered appropriate supplies; applied compression stockings as directed for the client.	Routine care for chronic conditions.
M. RIK / SPECIALTY BEDS	Know generally accepted procedures for use of a client’s Specialty Bed.	Is able to assist client in the use of the Specialty Bed as directed for the client.	Routine care for chronic conditions.
N. APNEA (Respite Care Provider)	Know generally accepted procedure for apnea monitoring.	Evidence of having hospital-based training equivalent to what the primary caregiver has received.	

## STEP 2: AFTER QSP APPROVAL

- As a Qualified Service Provider (QSP), you are **not** an employee of the Department of Human Services.
- You are a self-employed, independent contractor. QSP's provide a 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 receive 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: <https://www.irs.gov/>
- Once approved, a packet of information will be sent to you by the Medical Services Division, Department of Human Services (Department).  
Included in the packet:
  - Your QSP provider number,
  - Rules about keeping service records,
  - Billing instructions
  - A copy of the annual QSP newsletter,
  - Phone List of who to call with any questions
- Your enrollment information is added to a list kept by the Department and distributed to each County Social Service office. Your name is only given to clients etc. if you requested to be on the public list.
- The HCBS case manager determines the client's need for services. The client then selects their QSP (from the list of QSP's).
- If you are the chosen QSP, the HCBS case manager will contact you and give you an authorization to provide services (SFN 1699, SFN 633, or SFN 410). You cannot provide services without an Authorization.
- You must then review the SFN 1699, SFN 633, or SFN 410 Authorization to provide services. .It contains the following information.
  - The tasks you are authorized and expected to provide,
  - The maximum number of units you are allowed to provide/bill (a unit is 15 minutes),
  - The definitions of the tasks are located on the back of the authorization.
- You **must** have a current **SFN 663, SFN 1699 or SFN 410 Authorization to Provide Services** in your possession for each client before providing services and to be eligible for payment by the Department of Human Services.
- You can only provide services in a home when the client/member is there.

- You are required to **keep records** of the services provided. The records must be kept a minimum of 42 months after services have ended - **EVEN IF YOUR STATUS AS A QSP IS STOPPED**. All records must include:
  1. **Name of the client/member**
  2. **Name of the provider (you)**
  3. **Date of the service**
  4. **Start time and end time (including a.m. and p.m.) in the client home,**
  5. **Units of service, by procedure code, or if T1019, by task category**
  6. **Tasks performed (use task name as listed on the authorization)**

**Refer to the sample documentation sent in the information packet after enrollment is approved.**

- You are also responsible to keep your remittances (the papers showing the payments you have received) and provide copies if income verification is needed for loans, housing enrollment etc.
- You bill the Department directly for services provided. You can only bill for services that are authorized and provided. You must be enrolled for the services before you can bill for them.
- 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 you directly for any client liability/cost sharing.

**Adding Additional Services:**

- Contact the Department or the client's Case Manager to request additional services be added to your enrollment.

**Address Changes:**

- **You must inform HCBS Medical Services within 14 days of any address changes**
- **If you cannot be reached by mail after two attempts, your status as a QSP may be closed.**

**Please Note:** You are required to notify the department if your conviction history changes.

- **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.**
- **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.....**

## Rural Differential Rate

The purpose of the Rural Differential Rate is to create greater access to HCBS Services for clients who live in rural areas of ND by offering a higher rate to QSPs who travel to provide services. QSPs that travel at least 21 miles round trip to provide care to authorized individuals in rural areas will be reimbursed at a higher rate for those cares.

QSPs are not paid for the time they drive to or from the clients' home. The rural differential rate may only be used for the time spent actually providing Services.

QSPs may only charge the increased rate on the days of travel. Example: If the QSP drives to the client's community and stays over a weekend or multiple days, then returns to their own home, the QSP can only charge the increased rate on the days they actually traveled. The standard billing rate would apply for all other days.

Only certain services are authorized under the Rural Differential Rate (RD). Please consult your Case Manager for more details.

If you are approved for RD for a client, please be advised of the following:

- Billing for this rate is closely checked every month
- You can only charge the RD rate on the days you are actually traveling.
- You are required to prove your physical address
- You are required to tell both your Case Manager and the Department within 14 days of any address change. Failure to do so may result in a temporary stop of authorized services and/or a repayment of money for services provided
- If an error is found in billing or you are unable to provide proof of your physical address when requested, **any payments made during this time may have to be paid back**
- There are increased documentation requirements if approved for the RD Rate.

## **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 that 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.

**If you are denied enrollment or terminated as a QSP and/or placed on the State Exclusion list for any of the following possible findings (this list is not all-inclusive),** Federal law requires that we refer our final decision to exclude the provider from participating in the State Medicaid Program to the Office of the Inspector General (OIG).

**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.**

- Failure to keep appropriate records,
- If you did not provide the service,
- 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

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.

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.

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

## Fraud & Abuse

The North Dakota Department of Human Services' mission is to provide quality, efficient, and effective human services, which improve the lives of people.

Medicaid provides healthcare coverage to qualifying low-income, disabled individuals and 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;
- ❖ North Dakota Medicaid recipients receive necessary healthcare services (including HCBS).

### What is Fraud?

Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to them or some other person.

### 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.

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

REPORT any instance of suspected fraud or abuse.

### How do I report Medicaid fraud or abuse?

- ❖ By completing the Surveillance and Utilization Review Section (SURS) Referral (SFN 20)
- ❖ By calling 1.800.755.2604 or 701.328.4024
- ❖ By email at [medicaidfraud@nd.gov](mailto:medicaidfraud@nd.gov)
- ❖ By fax at 701.325.1544
- ❖ By letter at:

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

To learn more about fraud and abuse visit the Department's website at:  
<http://www.nd.gov/dhs/services/medicalserv/medicaid/fraud-abuse.html>

## How to report a Critical Incident for Qualified Service Providers

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.”<sup>1</sup>

Incidents that need to be reported are:

1. Abuse (physical, emotional, sexual), neglect, or exploitation;
  2. 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;
  3. Serious injury or medical emergency, which would not be routinely provided by a primary care provider;
  4. Wandering or elopement;
  5. Restraint violations;
  6. Death of client and cause (including death by suicide);
  7. Report of all medication errors or omissions; and
  8. Any event that could harm client’s health, safety or security if not corrected.
- 
1. If an incident involves abuse, neglect or exploitation, a provider must report to Vulnerable Adult Protective Services (VAPS). To file a report, there are two options:
    2. **Option 1:**
      1. Use the online reporting system.
      2. Using Internet Explorer, visit: <https://fw2.harmonyis.net/NDLiveIntake/>
      3. To add the client, scroll down to the bottom of report and choose “Add.”
    3. **Option 2:**
      1. Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at [www.nd.gov/eforms/Doc/sfn01607.pdf](http://www.nd.gov/eforms/Doc/sfn01607.pdf)
      2. A copy of the form is included (Attachment 1).
- 
1. Critical Incident Reporting Requirements:
    1. 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.
    2. When a provider finds out about a critical incident, follow these steps:
      1. **Step 1**
        3. Report it to the Home and Community Based Services (HCBS) case manager and

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<sup>1</sup> 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)

## 1. Step 2

4. Fill out an incident report (SFN 53601 – Risk Management Medical Services Incident Report) from the HCBS case manager or online at <https://www.nd.gov/eforms/Doc/sfn53601.pdf>.
2. A copy of the form is included (Attachment 2).
  1. Contact the HCBS case manager if you need help filling out the form.
  2. The completed SFN 53601 needs to be sent to the HCBS case manager within 24 hours of the incident.
  3. The HCBS case manager will forward it to the North Dakota Department of Human Services Aging Services Division.
  4. If the HCBS case manager has first-hand knowledge of a critical incident, he or she will forward the completed SFN 53601 to the Aging Services Division within 24 hours.

## 2. Example 1

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.

## 3. Example 2

1. 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.

## 4. Example 3

1. 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).

## STEP 3: QSP RENEWAL

**Renewal is required a minimum of every two years to maintain enrollment.**

Enrollment length is determined by the effective and expiration dates of your enrollment forms, Documentation of Competency and/or your CNA/LPN/RN licensure if used to enroll.

A renewal notice and required forms are sent from the HCBS office about 4-6 weeks prior to your QSP enrollment expiration date. It is the QSPs responsibility to ensure all forms are correct and returned in a timely manner for processing.

To renew your QSP enrollment, you must complete and return all of the **following newly completed forms and documentation to the correct address/fax/email listed on Page 3 of this handbook.**

- SFN 1603 – Individual Request to be a Qualified Service Provider
- SFN 433 – Child Abuse & Neglect Background Inquiry
- SFN 1168 – Ownership/Controlling Interest & Conviction Information
- SFN 615 – Medicaid Program Provider Agreement
- W9 – Request for Taxpayer Identification Number & Certification
- SFN 750 - Documentation of Competency or a current CNA/RN/LPN
  - This form must be signed and dated before your current expiration date to ensure no break in enrollment spans.

For the services listed below, additional forms or information must be sent again at the time of renewal:

- Chore Labor & Snow Removal – Refer to Chart A
- Extended Personal Care - Requires SFN 576
- Nurse Educator — Requires SFN 577
- Environmental Modification — Requires a contractor license
- Non-Medical Transportation:
  - Signed statement on SFN 1603, Page 2
  - Current copy of Driver's License
  - Current copy of official comprehensive driving record obtained from the DOT
  - Please see the chart on Page 16 of this handbook for further information regarding this service.

**Failure to renew QSP enrollment may result in automatic closure of your QSP enrollment. If renewal forms have not been received within three weeks following your QSP enrollment expiration date, you may have to reenroll and there may be days of service for which you cannot bill.**

**If you haven't billed for twelve months, your QSP enrollment may be closed due to inactivity, unless a valid explanation is approved by HCBS Staff.**

## Forms available at <https://www.nd.gov/eforms>

- SFN **1603** - INDIVIDUAL REQUEST TO BE A QUALIFIED SERVICE PROVIDER <http://www.nd.gov/eforms/Doc/sfn01603.pdf>
- SFN **750** - DOCUMENTATION OF COMPETENCY <http://www.nd.gov/eforms/Doc/sfn00750.pdf>
- SFN **433** - CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
- <http://www.nd.gov/eforms/Doc/sfn00433.pdf>
- SFN **615** - MEDICAID PROGRAM PROVIDER AGREEMENT
- <http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- SFN **1168** - OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION <http://www.nd.gov/eforms/Doc/sfn01168.pdf>
- **W-9** - REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION <http://www.irs.gov/pub/irs-pdf/fw9.pdf> (Found on IRS website)

**The following optional form is available at the link provided:**

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

**The following form is specific to your client and will be given to you by the county if needed:**

- SFN **830** REQUEST FOR CLIENT SPECIFIC ENDORSEMENT <http://www.nd.gov/eforms/Doc/sfn00830.pdf>

### **QSP Individual Handbook:**

<http://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-individual-provider.pdf>. This link will always have the most current handbook.

### **The following forms are attached for review:**

- Working Together for Home Fire Safety
- Exposing an Invisible Killer, Dangers of Carbon Monoxide
- Authorization to Provide Services SFN 1699/410/663



# Working Together for Home Fire Safety

A Factsheet on Home Fire Prevention

**M**ore 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

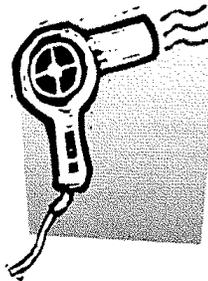
Buy a smoke alarm at any hardware or discount store. It's inexpensive protection for you and your family. Install a smoke alarm on every level of your home. A working smoke alarm can double your chances of survival. Test it monthly, keep it free of dust and replace the battery at least once a year. Smoke 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](http://www.usfa.fema.gov)



Homeland  
Security



# Exposing an Invisible Killer

A Factsheet on the Dangers of Carbon Monoxide

**E**ach 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](http://www.usfa.fema.gov)



**Homeland Security**

May 2010

**AUTHORIZATION TO PROVIDE SERVICES**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 MEDICAL SERVICES/HCBS  
 SFN 1699 (8-2015)

By accepting this Authorization to Provide Services, the Provider agrees to provide the services in accordance with the standards and conditions agreed to in signing the Medical Assistance Program Provider Agreement as a designated Qualified Service Provider or Basic Care 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.

Qualified Service Provider(s) Name and Number and Physical Address		Client Name: Last		First	Middle
		Member ID Number <b>ND</b>		Telephone Number	
		Street Physical Address			
Client agrees to pay a SPED Service Fee of % Rural Differential: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Date RD Removal		City	State ZIP Code
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 this form.) * Provider must carry a valid license 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 *			
Ldy/Shp/Hsk		<input type="checkbox"/> Medical Gases *			
<input type="checkbox"/> Laundry		<input type="checkbox"/> Prosthesis/Orthotics *			
<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 * Individual to be contacted for readings			
<input type="checkbox"/> Apnea Monitor	<input type="checkbox"/> Postural/Bronchial Drainage	<input type="checkbox"/> Cognitive Supervision			
<input type="checkbox"/> Jobst Stockings	<input type="checkbox"/> Rik Bed Care	<input type="checkbox"/> Transportation Mileage			
<input type="checkbox"/> Ostomy Care		<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 - Clients Case File Copy - Client Copy - State Office

- Authorization to Provide Services Form SFN 1699:** You must have this form before providing services.
- 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)
- 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.
- 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.
- 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.



**AUTHORIZATION TO PROVIDE PERSONAL CARE SERVICES**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 MEDICAL SERVICES/HCBS  
 SFN 663(4/2011)

By accepting this authorization to Provide Personal Care Services, the Provider agrees to provide the services in accordance with standard conditions agreed to in signing the Medicaid Assistance Program Provider Agreement as a designated Qualified Service Provider or Basic Care 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 for any payment to the Provider. Provider is responsible for maintaining documentation by task supporting services provided.

Qualified Service Provider(s) Name and Number and Physical Address		Client Name: Last		First	Middle
		Medicaid ID Number		Telephone Number	
		ND			
		Client Physical Address			
Date of Admit to Basic Care		City		State	ZIP Code
<b>Authorization Period</b>		<b>Six Month Review Authorization Period</b>			
From: _____ To: _____		From: _____ To: _____			
Procedure Code for Billing	Total of Authorized Units per Task Category	Authorized Units per Task Category per month			
Daily Rate Code T1020		ADL	Medicare	Medicaid	Other
Daily Rate Cost Per Day \$					
Unit Rate Code T1019					
Basic Care Code 4					
Personal care services tasks authorized. Check the box for an explanation of the task (is printed on the back of this form). * Provider must carry a global endorsement to provide this task. ** If a person is to be authorized and provided on a daily basis before daily rate can be used.					
<b>Activities of Daily Living (ADL)</b>		<b>Other</b>			
<input type="checkbox"/> Bathing	<input type="checkbox"/> Dress/Undress **	<input type="checkbox"/> Eye Care			
<input type="checkbox"/> Feeding **	<input type="checkbox"/> Incontinence **	<input type="checkbox"/> Hair Care/Shaving			
<input type="checkbox"/> Mobility (Inside) **	<input type="checkbox"/> Toileting **	<input type="checkbox"/> Fingernail Care			
<input type="checkbox"/> Transferring/Turning/Positioning **		<input type="checkbox"/> Skin Care			
		<input type="checkbox"/> Teeth, Mouth, Denture Care			
		<input type="checkbox"/> Mobility (Outside)			
		<input type="checkbox"/> Communication			
<input type="checkbox"/> Meal Prep		<input type="checkbox"/> Money Management			
<input type="checkbox"/> Meal Preparation **		<input type="checkbox"/> Exercises *			
<input type="checkbox"/> Med Assist		<input type="checkbox"/> Hoist/Lift *			
<input type="checkbox"/> Medication Assistance **		<input type="checkbox"/> Indwelling Bladder Catheter *			
<input type="checkbox"/> Ldry/Shp/Hsk		<input type="checkbox"/> Medical Gases *			
<input type="checkbox"/> Laundry		<input type="checkbox"/> Prosthesis/Orthotics *			
<input type="checkbox"/> Shopping		<input type="checkbox"/> Suppository *			
<input type="checkbox"/> Housekeeping		<input type="checkbox"/> Tied Socks *			
		<input type="checkbox"/> Temp/Pulse/Respiration/Blood Pressure *			
		<input type="checkbox"/> Individual to be contacted for readings			
		<input type="checkbox"/> Client Specific Endorsement (Identify)			
Rural Differential Rate					
<input type="checkbox"/> RD 1 - Unit Rate _____	Date RD Removed _____				
<input type="checkbox"/> RD 2 - Unit Rate _____					
<input type="checkbox"/> RD 3 - Unit Rate _____					
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

### Instructions for MSP Authorizations

1. **Authorization to Provide Personal Care Services Form 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 turnaround document when billing. (Must include the ND with the numbers on the billing form)
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.

# Guidelines for Universal Precautions

## Wash hands:

- Before, during and after preparing food
- Before eating food
- Before and after caring for someone who is sick with vomiting or diarrhea
- Before and after treating a cut or a wound
- After using the toilet
- After changing incontinent care products
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed or animal waste
- After handling pet food or pet treats
- After touching garbage
- After you have been in a public place and touched an item or surface that is touched by other people
- Before touching your eyes, nose, or mouth
- When hands are visibly soiled
- Immediately after removal of any personal protective equipment (example: gloves, gown, masks)
- Before and after providing any direct personal cares



Follow these steps when wash your hands every time:

[www.ndhealth.gov/disease/Documents/faqs/handwashposter.pdf](http://www.ndhealth.gov/disease/Documents/faqs/handwashposter.pdf)



## If soap and water are not available:

- Use an alcohol-based hand sanitizer that contains at least 60% alcohol.

## Follow these steps when using hand sanitizer:

- Apply the gel product to the palm of one hand in the correct amount.
- Rub your hands together.
- Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.
- Once you are back on-site ALWAYS wash your hands for 20 seconds with soap and water.



## Use of Personal Protective Equipment (PPE):

*Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.*

- Perform hand hygiene prior to putting on gloves.
- Remove jewelry, cover abrasions then wash and dry hands
- Ensure gloves are intact without tears or imperfections
- Fit gloves, adjusting at the cuffs
- Remove by gripping at cuffs
- Immediately dispose of gloves in waste basket
- Wash hands after removing gloves
- Replace gloves after sneezing, coughing, touching of the hair or face, or when contaminated
- **DONOT** reuse gloves, they should be changed after contact with each individual



*Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids.*



- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Tie all the ties on the gown behind the neck and waist.
- Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
- Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
- Dispose the gown in waste basket.
- Perform hand hygiene after removing gowns.

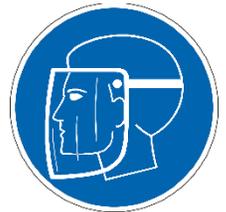


**Mask – Due to the prevalence of COVID-19 spread without symptoms, providers are always expected to wear a face mask when interacting with clients.**

- Clean hands with soap and water or hand sanitizer before touching the mask
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- With clean hands, untie or break ties at back of head
- Removed mask by only handling at the ties, then discard in waste basket
- Wash hands
- Homemade masks can be used as a last resort. These should be washed/disinfected daily.
- **DO NOT** reuse face masks

**Full PPE- includes gloves, gown, mask and goggles or face shield.**

- Recommended if there is a suspected or confirmed positive COVID-19 case
- Use goggles or face shield to protect the eyes, nose and mouth during patient care activities that are likely to generate splashes or sprays of body fluids, blood, secretions or excretions.



Refer to these guidelines for full PPE [https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19\\_PPE\\_illustrations-p.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf)

Donning of PPE <https://www.youtube.com/watch?v=HjCLBAIB1>

Doffing of PPE <https://www.youtube.com/watch?v=PQxOc13DxQ#action=share>

**Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided.**

- Do not recap needles or remove needles from syringe.
- After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal.



**Clean the equipment used for the individual before and after each use.**

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# WHY WE WEAR MASKS

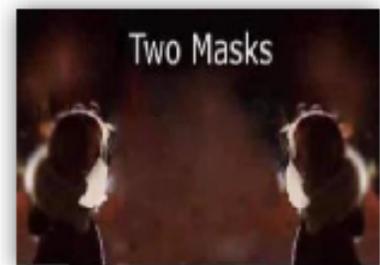
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All QSPs are now required to wear a mask in your home for your protection and safety.

COVID-19 can be spread by people who may not know they have symptoms and do not know they are ill.

Face masks prevent droplets from coughing, sneezing, or talking from traveling into the air to other people.

Face masks, frequent handwashing, social distancing and checking for fever, cough and shortness of breath can help stop the spread of COVID-19.



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**BY WORKING TOGETHER, WE CAN ALL STAY SAFE!**

[WWW.HEALTH.ND.GOV/MASKUPND](http://WWW.HEALTH.ND.GOV/MASKUPND)

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