

**Qualified Service Provider  
(Individual Provider)**

**Handbook**

**January 2012**

**Required Standards  
&  
Enrollment Procedures**

**Issued by:**

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



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**For Provider Enrollment questions**  
**call**  
**1-800-755-2604 and Press 3 for HCBS**  
**or call**  
**701- 328-4602**

# INTRODUCTION

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

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

## **Contained in this handbook**

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

## **Once approved as a QSP:**

- A packet of information is sent to the QSP by the Medical Services Division, Department of Human Services (Department). Included in that packet is the provider number and instructions.
- The QSP is added to the list maintained by the Department and distributed to each County Social Service office.
- As Case Management agency, the County Social Service office will determine the client's need for services.
- After the client has selected their QSP (from the list of QSP's), the County Social Service office will issue SFN 1699/663, Authorization to Provide Service, to the client's selected QSP.
- The QSP will receive and review the SFN 1699/663, Authorization to Provide Service. The tasks the QSP is authorized to provide are checked on this form and definitions of these tasks are located on the back of these form.
- A QSP **must** have a current SFN 1699/663 Authorization to Provide Services in their possession before providing services to a client and to be eligible for payment by the Department of Human Services.
- The authorized service(s) must be provided by the Qualified Service Provider listed on the Authorization to Provide Services.
- **The QSP must maintain records of the services provided. The record must include the 1-name of the client, 2-name of the provider, 3-date of the service, 4-start time and end time (including a.m. and p.m.) in the clients home, 5-units of service, and 6-tasks performed.**

- The QSP can only provide services in a client's home when the client is at home.
- The QSP will bill the Department directly for services provided.
- Qualified Service Providers' (QSP) are not employees of the Department of Human Services. They are self-employed, independent contractors. QSP's provide service and are paid for the authorized services that were rendered. The Department does not withhold or pay any social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments received as a QSP. Withholding and paying taxes on QSP payments is the responsibility of the self employed individual. Information on the tax responsibilities of independent contractors can be found at [www. IRS.gov](http://www.IRS.gov).
- Payment by the Department will be minus any client liability or cost sharing (some clients are responsible for a portion of their service costs).
- It is the responsibility of the client to pay the QSP directly for any client liability/cost sharing.
- The Department of Human Services can request a refund or process adjustments to take back payments made to a provider if the provider does not keep appropriate records, does not provide the service, bills over the authorized amount, uses the wrong billing codes, or makes any other type of billing errors.
- Per ND Admin Code 75-03-23-12 if you disagree with any action regarding provider reimbursement you may submit a formal written request for review. Formal requests must be made in writing within 10 days of notification of the adjustment or request for refund. Notification may be contained in the remittance advice or may be included in a document sent to you by the Department. Within 30 days of requesting a review, you shall provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review. A provider may not request a formal review of the rate paid for each disputed item. The Department has 75 days from the date we received the notice of a request for review to make a decision
- Nonmedical Transportation Providers are responsible to check with their insurance carrier to assure they have insurance coverage for providing transportation to clients. The provider must own the vehicle.
- If the provider plans to use a vehicle they do not own, the provider must obtain written permission from the owner of the vehicle to use the vehicle for the services of Non-Medical Transportation. The provider and owner are responsible to check with the insurance carrier to assure they have coverage for providing transportation for clients.

# SECTION A

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

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

2- This handbook contains the requirements for a QSP delivering the following in-home **services**:

- Chore Service
- Family Personal Care
- Personal Care Service
- Homemaker Service
- Non-Medical Transportation
- Respite Care Service

3- Individuals interested in providing the following services will need to contact the QSP Enrollment Administrator at Medical Services/HCBS for specific instructions. Materials and required forms included in this book, along with assurances related to the service, will be required.

- Adult Day Care
- Case Management
- Extended Personal Care
- Nurse Management
- Attendant Care Services
- Environmental Modification
- Nurse Educator
- Respite Care Service

4- For those interested in being a QSP of other HCBS programs, i.e. Adult Family Foster Care, Family Home Care, please contact the local County Social Service Board for information and a copy of the QSP Handbook for that program.

5- Definitions:

- Adult Day Care: A program of non-residential activities provided at least three (3) hours per day on a regularly scheduled basis one or more days per week and encompasses both health and social services needed to insure the optimal functioning of the individual.
- Attendant Care Services: 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 1699/663): A state form sent to the QSP by the County HCBS Case Manager, authorizing the QSP to provide services. This form lists the time frame in which the service can be provided; maximum amount of service authorized per month, and the tasks the QSP is authorized to

provide which are checked on the form (brief definitions are printed on back of the form).

- Case Management Service: HCBS Case Management is the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired persons remain in the community in the most cost effective manner.
- Chore Service: tasks that are on an intermittent or occasional basis which would enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, snow removal, and emergency response systems. The task must be the responsibility of the client and not the responsibility of the landlord.
- Competency Level: The skills and abilities required to do something well or to a required standard.
- Endorsement: A task that requires special skill and approval.
  - Global Endorsement: These endorsements will apply to all clients requiring this endorsement for which you provide care.
  - Client Specific Endorsement: These endorsements require client specific instruction for each individual client for whom you provide care requiring this endorsement.
- Environmental Modification: Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home.
- Extended Personal Care: Hands on care of a medical nature that is specific to the needs of and eligible individual. Approval to complete these tasks is provided by the nurse educator to the Extended Personal Care service provider.
- Family Personal Care: Extraordinary personal care that is provided to a individual by their legal spouse. The spouse must be enrolled as a personal care service provider and be pre-approved by the Case Manager to provide the service.
- Homemaker Service: Intermittent non-personal care tasks such as housekeeping, laundry and shopping.
- Individual Provider: A **self employed** person who has been designated by the Department of Human Services as a QSP which allows that person to bill the Department of Human Services for services authorized.
- Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.

- Non-Medical Transportation: Transportation that enables individuals to access essential community services such as grocery, pharmacy, banking, post office, laundromat, utility company, and social security office, in order to maintain themselves in their home.
  - Non-Medical Transportation Driver with Vehicle: Driver with vehicle is considered as solely transporting the client. It is taking the client to and from his/her home and points of destination. *As a transportation provider the provider is responsible to make sure that their insurance is up to date for coverage of any individuals that are transported.*
  - Non-Medical Transportation Escort: is solely accompanying the client for the purpose of assisting in boarding and exiting as well as during transport in order that the client may complete the activity for which (non-medical) transportation is authorized.
- Nurse Educator: 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 a nurse licensed by and in good standing with the N D Board of Nursing.
- Nurse Management: 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 a nurse licensed by and in good standing with the N D Board of Nursing.
- Personal Care Service: Assistance with bathing, dressing, toileting, incontinence, medication assistance (limited to definition of the task on back of SFN 1699/663), 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 County HCBS Case Manager.
- Provider Number: Number assigned to the enrolled QSP.
- Qualified Service Provider (QSP): An individual that has met all the standards/requirements and has been designated by the Department of Human Services as a provider.
- Respite Care: Temporary relief to the individual's primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily care.
- Service: Work done by a provider for payment.
- SFN: **S**tate **F**orm **N**umber, located on the upper left side of a form.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.



## SECTION B

### INSTRUCTIONS ENROLLMENT AND RENEWAL OF ENROLLMENT

#### 1- INDIVIDUAL QSP's:

- **Initial Enrollment:** Individuals must show evidence of meeting the standards (Section C and D) at the time of requesting QSP status in order to be designated as a QSP.

See Section E for a list of required forms and documentation.

- **Respite Care in an Adult Family Foster Care Home**
  - Providing Respite Care in an Adult Family Foster Care Home (AFFC) requires a background check to be completed by the Department. You must contact the Department prior to starting to provide services in an Adult Family Foster Care home.
- **Adding Additional Services:**
  - The QSP must send a request in writing to the Department requesting the specific service to be added
- **Renewal is required every two years to maintain designation as a QSP.**

To renew QSP enrollment, the individual must complete and send to Medical Services/HCBS the following newly completed forms and documentation:

  - Individual Request to be a Qualified Service Provider SFN 748.
  - If you are providing Personal Care, Nurse Manager, Nurse Educator, Adult Day Care, Respite Care, Homemaker, Extended Personal Care, Family Personal Care, Attendant Care, SFN 750 Documentation of Competency (or a copy of an applicable license or certificate that requires renewal every two years) is needed.
  - Other services such as Chore, Non-Medical Transportation etc, documentation of ability and skills to provide the service tasks requested (see Section C and D) i.e. documentation of skills to complete snow removable, heavy housework, etc.

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





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

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

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

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

APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
24. HM, PCS, RC, ADC	Know generally accepted practice – in laundry techniques; (include mending).	Able to make necessary minor repairs to client's clothing or bedding or linens (sew button or hem); separated clothing per label instructions considering color, fabric, soiled, dry clean only; pretreated spots/stains; followed washing machine instructions for detergent and type of load, dried clothing, ironed/folded, returned to proper storage.	Includes washing, drying, folding, putting away ironing, mending, and related tasks.
25. HM, PCS,	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.
26. NMT (D/V)	Possess an appropriate <u>valid</u> driver's license for the state of physical residence.	Photocopy of driver's license that included the license number and expiration date.	
27. NMT (D/V)	Have liability insurance.	Photocopy of insurance records that show coverage and effective date.	
28. NMT (D/V)	No DUI (driving under influence) <u>conviction</u> within the past three (3) years.	Statement obtained by staff 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.	
29. NMT (D/V)	No more than two moving violations in past three (3) years.	Statement obtained by staff 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).	
30. NMT (D/V)	Safe vehicle (road worthy).	Self-declaration statement regarding condition of vehicle to be used for transportation. No unresolved citations for deficient equipment per statement in number 29 above.	
31. CHORE	Know generally accepted snow removal procedures.	Ability to use snow removal equipment.	
32. CHORE	Know generally accepted procedure for installation of ERS System.	Agency enrolled qualified service provider of ERS Service.	
33. CHORE	Know generally accepted procedure for seasonal cleaning or unusual/heavy cleaning.  Know generally accepted procedure for pest extermination.	Ability to follow manufacturer's instructions for supplies used and equipment needed to complete specific chore tasks.  Professional exterminator/company.	
34. EM	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.	

## SECTION D

### GLOBAL AND CLIENT SPECIFIC ENDORSEMENTS

#### 1- Enrollment Information

- Global and Client Specific endorsements (Standards A-N) are NOT required of all individual QSP's.
- An individual must first meet qualifications for Respite, Personal Care Service, Adult Day Care, and Family Personal Care.
- Each endorsement is considered separately so that a QSP may opt to meet the standards for any or all of the endorsements.

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

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

#### Forms required to enroll for Global Endorsements

- See page 20 to determine the endorsements accepted for individuals members that have the following current licenses or certifications and exceed the Department competency standards: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, Certified Nurse Assistant,

**Or**

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

3- The following Client Specific Endorsements (J-N) requires verification of the provider's ability to provide the service for each client requiring the specified endorsement. Send the completed Request for Client Specific Endorsement SFN 830 to Medical/HCBS Services and to the County HCBS Case Manager.

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

#### 4-Standard A-I Global Endorsements

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

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

### Standard J-N Client Specific Endorsements

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

## SECTION E

### 1. PROCEDURE FOR DESIGNATION AS A QSP

**I. Individuals (self employed) seeking enrollment as a QSP are required to complete and submit all the following forms:**

- SFN 748 – 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

The following forms may be used to certify competency, global endorsements, and/or client specific endorsements.

- SFN 750 - Documentation of Competency
- SFN 830 - Request for Client Specific Endorsements

**QSPs that plan to provide the following services need to provide the following additional information:**

**Chore Service:**

- Evidence of meeting standards for chore service must be verified by documentation of formal training, education or previous applicable experience. Requires written documentation of performance by previous employers or supervisors or self-declaration of skill to provide the service. See SECTION C for required Standards.

**Homemaker Service:**

- SFN 750–DOCUMENTATION OF COMPETENCY. See SECTION C for required Standards including numbers 1-2-3-4-5-6-14-22-23-24-25.

**Non-Medical Transportation Service:**

- Driver with Vehicle. See SECTION C for required Standards.
- Escort: See SECTION C for required Standards.

**Personal Care Service, Family Personal Care, Extended Personal Care, Adult Day Care, and/or Respite Care Service:**

- SFN 750–DOCUMENTATION OF COMPETENCY. 19 outlines instructions to complete this form. See SECTION C for required Standards.
- Applicants that have a related health care license/certification please see page 20 for specific direction.

## 2. OUTLINES THE INSTRUCTIONS TO COMPLETE FORMS AND INFORMATION REQUIRED FOR INDIVIDUALS SEEKING QSP DESIGNATION:

### I. Instructions for Completion of SFN 748 – Individual request to be a QSP

**Section (A):** Complete Name, Address, Date of Birth, Social Security Number, Phone Number etc. **Provide a copy of a form of official identity.**

**Section (B):**

In Column 1: Check the services the individual seeks to provide as a QSP. Services include: **Chore, Homemaker, Personal Care, Respite, Non-medical Transportation, Adult Day Care, Attendant Care, Case Management, Environmental Modification, Extended Personal Care, Nurse Educator, Family Personal Care, Nurse Management, Respite Home Care.**

- Enrollment for a service will be considered when the required documentation for the specific service is included with the application packet. If you do not receive confirmation of enrollment for a service you requested, contact the Department for instructions.

In Column 2: Enter the name of the county(s) you plan to provide service in. If you do not enter the name of a county, the county that will be chosen for you will be the county you live in.

In Column 3:

- QSP's using a 15-minute unit rate will be assigned a flat fee for service rate.
- You may also choose to charge less than fee for service rate per unit. Enter the amount in Column 3. (Contact the Department for current rate information- 1-800-755-2604)
- If you are providing services under a daily rate please write in "daily rate" in this column.
- Reminder: QSP's may not charge the Department more than they charge "private pay" clients. Enter the amount you charge private pay clients. If you plan to change your private pay rate, you must notify the Department of the change and the new amount prior to billing that amount.
- Other services, such as Non-Medical Transportation (Driver with Vehicle, Escort) services, specific Chore services, may have a specific rate that will be assigned by the Department.

**Section (C):**

If you want to be on the county's list of QSPs, check yes but if you are planning to care for one specific client and do not want to be on the list, check no.

**Section (D):**

If you plan to provide global endorsements and your ability to provide the endorsements has been verified by a health care professional on the Documentation of Competency SFN 750 check the Global Endorsement(s) you are requesting.

**Section (E):**

For each license, certificate and accreditation you hold attach copy of document.

**Section (F):** The information requested in this section will meet the documentation required for Standards 1, 2, and 3 in SECTION C.

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

**Section (G):**

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

**Section (H):**

Listed are conditions that must be met by the QSP. Please read each item carefully before initialing.

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

## II. Instructions for completion: SFN 750 DOCUMENTATION OF COMPETENCY

**ATTENTION:** QSP applicants that have the following current licenses or certifications need not complete the Documentation of Competency SFN 750 and are considered to meet or exceed the Department of Human Services competency standards: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, Certified Nurse Assistant, (see page 20). A copy of a current applicable license/certificate must be included in your application to verify competency.

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

- **Name:** Enter your Name
- **Standard:** The health care professional must complete column (3) and (4) by checking the standard for which competency must be established.
- **Global Endorsements:** Global endorsements are not required and therefore are considered separately. Indicate the endorsement sought by circling the letter in front of the requested endorsement (A-I) and have the health care professional determine the competency level. Global endorsements apply to all clients for whom you may provide care.
- **Professional Health Care Providers verification of competency**
  - Health Care Professional's signature is required (instructions for the Health Care Professional are located on the back side of the SFN 750).
  - See page 20 for instructions on Professionals authorized to approve Global Endorsements.

(Continued)

Instructions for completion: SFN 750 DOCUMENTATION OF COMPETENCY

APPROVED HEALTH CARE PROVIDERS TO PERFORM AND AUTHORIZE GLOBAL ENDORSEMENTS

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

### **III. Instructions for completion SFN 830 REQUEST FOR CLIENT SPECIFIC ENDORSEMENT:**

A currently enrolled Individual QSP of Respite Care, Adult Day Care, and/or Personal Care who has demonstrated the ability to provide a Client Specific Endorsement for a specific client may provide that service.

The competency to provide the endorsement must be verified and on file with the County and Medical Services/HCBS for each client for which the service is provided.

This form only needs to be completed only if you are providing a client specific endorsement.

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

**IV. Instruction for the completion of the SFN 1168**  
**OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION**

The following instructions apply to those QSPs that are self employed and not working under the direction of an agency or another business entity.

- I. Identifying Information.
  - Name of entity- QSP's first and last name
  - Doing business as- write in "N/A" (for "not applicable")
  - Street address- write your street address in, cannot use post office boxes
  - City- city applicable to your address
  - State- state that you reside in
  - Zip code- zip code for the city you report
  - County- county that you live in
  - Provider number- the QSP provider number assigned to you
  - NPI Number- write in "N/A"
  - Telephone number- number where you can be reached
  
- II. Direct/Indirect Ownership Information
  - Name- write in "N/A"
  
- III. Ownership/Controlling interest Information
  - Name- write in "N/A"
  
- IV. Changes in Provider Status
  - Put an X in the three boxes if No
  - Name- write in "N/A"
  
- V. Facility Information
  - Put an X in the four boxes if No
  
- VI. Conviction Information
  - Have you ever been convicted of or plead guilty to a criminal offense related to your involvement in such programs established by titles XIX or XXI (federal programs such as Medicaid and Medicare)? If yes, put a check to the left of "yes" and include your name, address and provider number below.
  
- VII. Multiple Owner Information
  - If you have ownership rights or are a member of a board for a facility that provides services billed to Medicaid or Medicare include that information here. The provider number would be the number associated with that facility.

VIII. Additional Information

- You may use this box to elaborate on any items mentioned before where there may not have been enough space to provide all of the information requested.

IX. Signature

- Type or print your name under the Name of Authorized Representative box.
- Title- write in "N/A"
- Signature- sign the document with your signature
- Date- put in the date this form was completed

## SECTION F

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

- SFN **748** INDIVIDUAL REQUEST TO BE A QUALIFIED SERVICE PROVIDER  
<http://www.nd.gov/eforms/Doc/sfn00748.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>
- W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- SFN **830** REQUEST FOR CLIENT SPECIFIC ENDORSEMENT  
<http://www.nd.gov/eforms/Doc/sfn00830.pdf>
- SFN **1168** OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION  
<http://www.nd.gov/eforms/Doc/sfn01168.pdf>

ADDITIONAL INFORMATION CAN BE FOUND ON THE FOLLOWING WEBSITES:

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

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