

April 2022

ADULT FOSTER CARE (AFC) Handbook

Enrollment Procedures & Required Standards

Issued By:



All QSP Handbooks can be found at the following website:
<http://www.nd.gov/dhs/services/adultsaging/providers.html>

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

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

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

701-277-6933

Forms must be completed with a pen or typed.

Send completed packets by email, fax or mail to:

Email: QSPEnrollment@noridian.com

Fax: 701-277-6635

Mail:

Noridian Healthcare Solutions
Attn: ND Medicaid Provider Enrollment QSP
PO Box 6055
Fargo, ND 58108-6055

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BACKGROUND 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/Adult Foster Care providers in their county to provide the service(s) needed by the eligible aged or disabled client.
- **Effective April 1, 1999, all providers of Adult Foster Care (AFC) must meet standards of competency for designation as a Qualified Service Provider (QSP).**

Potential Adult Family Foster Care providers and Respite Care Providers for adult family foster care homes must:

- **Complete the licensure process through the County Social Service Office.**
- **Contact the County Social Service Office for a Home Study**
- **Complete a background check through the Department of Human Services.**
- **Requires finger-printing if has lived outside of the state of North Dakota in the last 11 years.**
- **Initial AFC licensure is valid for no longer than 12 months form the date of issuance.**
- **After the initial Licensing period has expired, an AFC License is valid no longer than 24 months from the date of issuance or the date of expiration of the provider's status as a QSP, whichever comes first.**
- **New Background checks are needed if an AFC closes and reapplies.**

For those interested in being Qualified Service Providers for other HCBS services, contact QSP Enrollment for information and a copy of the Qualified Service Provider (Individual Provider) Handbook.

If there are two licensed AFC providers in the home, AFC providers can also apply for individual QSP.

Definitions:

- Adult Foster Home: An occupied private residence in which adult family foster care is regularly provided by the owner or lessee thereof to four or fewer adults who are not related by blood or marriage to the owner or lessee, for hire or compensation.
- Adult Foster Care: The provision of food, shelter, security and safety, guidance and comfort on a twenty four hour per day basis, in the home of the caregiver, to a person age eighteen or older, who is unable, neglects, or refuses to provide for the person's own care.
- Adult Foster Care- Respite Care: The provision of food, shelter, security and safety, guidance and comfort provided in another licensed Adult Foster Care Home.
- Authorization to Provide Service (SFN 1699/663): A state form sent to the AFC/QSP provider by the HCBS Case Manager, authorizing the AFC/QSP provider 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 AFC/QSP provider is authorized to provide (brief definitions are printed on back of the form).
- Case Management: 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 persons to remain in the community in the most cost effective manner.
- Competency Level: The skills and abilities required to do something well or to a required standard.
- 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 each individual client who requires the extra endorsement(s).
- Limited to Tasks: Limits and cautions placed on tasks provided by AFC/QSP.
- Provider Number: Number assigned to the enrolled AFC/QSP provider.
- 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. QSPs 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.

- Respite Care: Temporary care provided to an AFC home resident to provide the AFC provider relief from the stress and demands associated with continuous daily care. (QSP must have background checks prior to providing respite care. Forms SFN 466 & SFN 467)
- Service: Work done by a provider for payment.
- SFN: (State Form Number), located on the upper left side of each form.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.

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

AFC

AFC Respite Care

STEP 1: ENROLLMENT

All required information must be received and completed correctly before the Department can finalize enrollment or renewal.

- Copy of Government Issued Identification (i.e. driver's license, tribal ID, etc.)
- SFN 1606 – Individual Request to be a Qualified Service Provider/AFC Provider
- SFN 750 – Documentation of Competency OR Copy of License/Certification
 - This form is required unless you are registered as an RN, LPN, PT, OT, or CNA
 - Documentation of license/certification must be submitted, if applicable.
- SFN 433 – Child Abuse and Neglect Background Inquiry
- SFN 615 – Medicaid Program Provider Agreement
- W-9 – Request for Taxpayer Identification Number and Certification
- Fraud, Waste and Abuse (FWA) Training
 - Use the following link to access the online training on our website:
 - <http://www.nd.gov/dhs/services/adultsaging/providers.html>
 - Scroll down the page to the RESOURCES heading
 - Click on ONLINE TRAINING – Fraud, Waste and Abuse
 - Once you've completed the training, enter your name in the required field.
 - A certificate of completion will be generated; this certificate should be included your enrollment documents.
- SFN 467 – Personal Authorization for Criminal Record Inquiry
- SFN 466 – Background Check Address Disclosure

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 QSP Enrollment for further requirements prior to enrollment.

Criminal Convictions

Court papers regarding criminal history including misdemeanor and felony offenses both in-state and out-of-state, not including minor traffic violations, need to be submitted to the Department.

Criminal convictions may not prevent enrollment but needs to be reviewed to determine if standards for enrollment are met.

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 may be further evaluated to determine if you are sufficiently rehabilitated.
2. According to ND Admin Code 75-03-23-07, the department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole or other form of community corrections or imprisonment without subsequent charge or conviction has elapsed, unless sufficient evidence is provided of rehabilitation.

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

CHART A

STANDARDS AND ALLOWABLE TASKS/ACTIVITIES

AFFC – Adult Family Foster Care

RC – Respite Care

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
1. AFC, RC	Have basic ability to read, write, and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	
2. AFC, RC	(A) Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider. (B) Have not been abusive or neglectful of someone in your care. (C) Have not stolen from someone in your care.	Statement attesting to his/her status regarding conviction of a felony or misdemeanor that would jeopardize the health and safety of the service recipient. Statement attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone in your care. Statement attesting to his/her status regarding having stolen from someone in your care.	
3. AFC, RC	Not have infectious or contagious disease and be physically capable of performing the service.	Assurance checked attesting to the status of having an infectious contagious disease and assurance checked stating having the physical capability to perform the service.	
4. AFC, RC	Uphold Confidentiality.	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Will NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance signed agreeing to maintain confidentiality.	
5. AFC, RC	Know generally accepted practice of infection control/proper hand washing methods.	Washed hands before and after each task, rinsed soap bar before and after washing, used enough soap to lather, rubbed skin to eliminate germs, rinsed under running water above wrists to fingertips. Turned faucet off with paper towel to avoid recontamination of hands.	
6. AFC, RC	Keep generally accepted practice of handling and disposing of body fluids.	Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, plastic aprons, and proper disposal of both body fluids and items used.	Gloves must be used when handling body fluids.
7. AFC, RC	Know generally accepted practice in bathing techniques: bed, tub, and shower.	Gathered necessary supplies/equipment (e.g. soap, wash cloth, towel); assured privacy; checked for appropriate water temperature; made mitten out of washcloth; (began with cleanest part of body). For bed bath: washed, rinsed, and patted dry one part of body at a time and only exposed the part of body being washed; observe for unusual changes in skin condition. For clients needing assistance with washing, follow procedure for bed bath/sponge bath using gloves if client has open areas on skin or if providing perineal care. Instruct client to use safety bars when getting in and out of tub. Caregiver to provide necessary assistance with transfer to prevent fall. For client who is unsteady, drain tub water prior to client attempting to get out. Assist with transfer from tub or	

		shower. Make sure all skin areas are thoroughly dry. Inspect skin for any changes (see Standard #18). Remove gloves and wash hands. Cleanse bath or shower.	
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APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
8. AFC, RC	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. AFC, RC	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. AFC, RC	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. AFC, RC	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. AFC, RC	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. AFC, RC	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. AFC, RC	Have knowledge of basic meal planning and preparation.	<u>Planning:</u> Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods. <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. <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.	Does NOT include canning of produce or baking of such items as cookies, cakes & bread.
15. AFC, RC	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. AFC, RC	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. AFC, RC	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	Assisting client in <u>self</u> administration by doing the following - opening container, assisting the client with proper position for taking

		taken on appropriate day and time of day. Provide drinking fluid to swallow medication, assist client to close container and store medication properly.	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. AFC, RC	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.AFC, RC	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. AFC, RC	Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.	<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><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. AFC, RC	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. AFC, RC	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. AFC, RC	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>	See Endorsements section for mechanical or therapeutic devices.

		<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>	
APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
24. AFC, RC	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. AFC, RC	Background checks.	All AFC applicants/providers are subject to mandatory state and nationwide background checks. Individuals who provide respite care in the home of an AFC provider or those acting as substitute caregivers are also subject to the state and nationwide background check requirement.	
26. AFC	Licensing standards	All AFC applicants/providers must meet all other licensing standards.	

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

- They are not required to enroll as a QSP.
- They may be required to provide care for some clients.
- They apply to any clients for whom you provide care that require them.
- A QSP may choose to meet the standards for any or all of the 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**)
- 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 see CHART B to determine the global endorsements for which you automatically qualify: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, 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 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 NOT hold up so that urine runs back into the bladder; cleaned meatus and catheter with other hand; wiped from meatus toward anus; patted area dry; applied lotion as necessary; observed for redness, swelling or discharge; disposed of waste; cleaned up; returned supplies to proper storage; washed hands.	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.	

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 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.	

CHART D – CLIENT SPECIFIC ENDORSEMENT

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 Service 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; 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.	

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
- Once approved, a separate correspondence will be e-mailed (or mailed if no e-mail address is provided) with the password and instructions for logging in and utilizing Therap. (Not applicable for Family Personal Care)
- 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 an authorization to provide services will be created in Therap. You cannot provide services without an Authorization. For Family Personal Care, the HCBS case manager will provide an authorization.
 - You must then review the 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 **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.** Therap does NOT replace this requirement. 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 and ID of the client/member**
 2. **Name and ID 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**
 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.

If you are audited, these records are what you would submit for review.

- You bill the Department directly for services provided for Family Personal Care only. All other services are billed through Therap. You must be enrolled for the services before you can bill for them. You can only bill for services that are authorized and provided.
- Payment by the Department will be minus any client liability or cost sharing (some clients are responsible for a portion of their service costs). The client is responsible to pay 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.**

Name Changes:

- **Proof of name change (Social Security Card and government issued ID), updated W-9 are required to be submitted.**

Conviction History Changes:

- 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.

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 organization 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 30 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 Department of Human Services
Appeals Supervisor
State Capital – Judicial Wing
600 E Boulevard Ave
Bismarck, ND 58505

Fraud, Waste & 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
- ❖ 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>

Report Medicaid Fraud and Other Fraud

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

Examples of Fraud can include:

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

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

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

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.

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 program participant.”

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 a 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.
9. Changes in health or behavior that may jeopardize continued services.
10. Illnesses or injuries that resulted from unsafe or unsanitary conditions.

How to Submit a Critical Incident Report:

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.

When a provider finds out about a critical incident, follow these steps:

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

Step 2: Fill out a critical incident report using the General Event Report (GER) within the Therap case management system.

Step 3: If the QSP does not have access to Therap, the GER offline forms will be used to complete the critical incident report. The completed forms are then sent to the HCBS case manager.

- The offline forms can be found here:
https://help.therapservices.net/app/answers/detail/a_id/2039/kw/offline%20forms#OfflineForms-GER
- The GER Event Report along with the GER Event Type form (e.g. medication error, injury, etc.) are completed and submitted together.

- Contact the HCBS case manager if you need assistance filling out the form. The completed critical incident needs to be entered into the Therap system or the GER offline form needs to be sent to the HCBS case manager within 24 hours of the incident.

Step 4: The HCBS case manager and program administrator will receive the incident report once it is submitted for review in Therap. If the GER offline form is used, the HCBS Case Manager will fax the form to (701) 328-4875 or email: dhscbs@nd.gov. The Program administrator will then enter the GER Event Report and Event Type into Therap.

If an incident involves abuse, neglect or exploitation, a provider must submit **both**, the incident report **and** report to Vulnerable Adult Protective Services (VAPs).

To file a VAPS report, there are two options:

1. Use the online reporting system.
 - Using Internet Explorer, visit:
<https://fw2.harmonyis.net/NDLiveIntake/>
 - To add the client, scroll down to the bottom of the report and choose “add.”
2. Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at www.nd.gov/eforms/Doc/sfn01607.pdf

Examples of Critical Incidents

Example 1: If a client falls while the QSP is in the room, but the client didn’t sustain injury or require medical attention, a critical incident report is not required.

Example 2: If a family member informs the case manager that a client is in the hospital due to a stroke, a critical incident report is not required because the case manager nor QSP witnessed or responded to the event.

Example 3: If a QSP comes to a client’s home and the client is found on the floor and the QSP calls 911 so the client may receive medical attention, a critical incident report is required because the client required medical attention AND the QSP responded to the event (fall).

Example 4: If a QSP is present while the client is participating in illegal activity (e.g. drug use), a critical incident is required as the behavior may jeopardize services.

Example 5: If the QSP finds bed bugs in the client's bed and notices the client has bug bites resulting in the need to seek medical attention, a critical incident would be required as this is an unsanitary condition resulting in illness or injury.

Remediation Plan

A remediation plan is required to be developed and implemented for each incident except for death by natural causes. The department will be responsible to monitor and follow up as necessary to assure the remediation plan was implemented.

The remediation plan will include corrective actions taken, a plan of future corrective actions, and a timeline to complete the plan if applicable. The HCBS case manager and program administrator are responsible to follow up with the QSP to ensure the remediation plan is acceptable.

LINKS TO FORMS

- **SFN 1603** – Individual Request to be a Qualified Service Provider
<http://www.nd.gov/eforms/Doc/sfn01603.pdf>
- **SFN 750** – Document 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** - Taxpayer Identification Number and Certification
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

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 HCBS Case Manager 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.

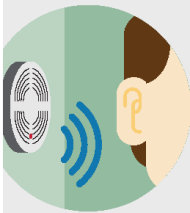
Fire Safety Checklist for Caregivers of Older Adults

Older adults are more likely to die in home fires because they may move slower or have trouble hearing the smoke alarm. Make sure the people you know are prepared and safe.

Put a check in front of each statement that is true for your home.

Smoke Alarms

- Smoke alarms are on every level of the home.
- Smoke alarms are inside and outside sleeping areas.
- Smoke alarms are tested each month.
- Smoke alarm batteries are changed as needed.
- Smoke alarms are less than 10 years old.
- People can hear smoke alarms from any room.



Can everyone hear the alarm?

If not, consider another type of smoke alarm – like one that has a different sound or one that comes with a bed shaker or strobe light.

Cooking Safety

- The cooking area has no items that can burn.
- People stay in the kitchen when they are frying, grilling, boiling, or broiling food.

Smoking Safety

If they smoke, make sure they are a fire-safe smoker:

- People only smoke outside and never in bed.
- People put cigarettes out safely in an ashtray with a wide base that will not tip over.
- People never smoke around medical oxygen.

Heating Safety

- Space heaters are least 3 feet away from anything that can burn.
- People blow out candles before leaving the room.

Escape Plan

- There is a fire escape plan that shows 2 ways out of every room.
- Exits are always clear and not blocked with furniture or other items.
- Everyone knows where the safe meeting place is outside the home.
- The escape plan works for everyone, including people who use a wheelchair, a hearing aid, or glasses.
- There is a phone near the bed to call a local emergency number in case of a fire.



Can everyone get out?

Make sure people who use a wheelchair or a cane can get to them and get out quickly. Tell them to keep glasses or hearing aids next to the bed.

Carbon Monoxide Alarms

- Carbon monoxide alarms are located on each level of the home.
- Carbon monoxide alarms are less than 7 years old.

Electrical and Appliance Safety

- No electrical cords run under rugs.
- All electrical cords are in good condition and not broken or cut.
- People clean the dryer of lint after every use.
- All plug outlets are safe and do not feel warm when you touch them. (If they are warm, call the landlord or an electrician.)

Learn more about fire prevention:
www.usfa.fema.gov

U.S. Fire
Administration



FEMA



The "Invisible" KILLER

Carbon Monoxide (CO) is the "invisible" killer. Carbon monoxide is a colorless and odorless gas. Every year more than 100 people in the United States die from unintentional exposure to carbon monoxide associated with consumer products.

What is carbon monoxide?

Carbon monoxide is produced by burning fuel. Therefore, any fuel-burning appliance in your home is a potential CO source.

When cooking or heating appliances are kept in good working order, they produce little CO. Improperly operating appliances can produce fatal CO concentrations in your home.

Running a car or generator in an attached garage can cause fatal CO poisoning in the home. So can running a generator or burning charcoal in the basement, crawlspace, or living area of the home.

What should you do?

Proper installation, operation, and maintenance of fuel-burning appliances in the home is the most important factor in reducing the risk of CO poisoning.

Make sure appliances are installed according to the manufacturer's instructions and the local codes. Most appliances should be installed by professionals.

Always follow the appliance manufacturer's directions for safe operation.

Have the heating system (including chimneys and vents) inspected and serviced annually by a trained service technician.

Examine vents and chimneys regularly for improper connections, visible cracks, rust or stains.

Look for problems that could indicate improper appliance operations:

- Decreased hot water supply
- Furnace unable to heat house or runs continuously
- Sooting, especially on appliances and vents
- Unfamiliar, or burning odor
- Increased moisture inside of windows

Operate portable generators outdoors and away from open doors, windows, and vents that could allow CO to come indoors.

In addition, install battery-operated CO alarms or plug-in CO alarms with battery back-up in your home. Every home should have a CO alarm in the hallway near the bedrooms in each separate sleeping area. The CO alarms should be certified to the requirements of the most recent UL, IAS, or CSA standard for CO alarms. Test your CO alarms frequently and replace dead batteries. A CO alarm can provide added protection, but is no substitute for proper installation, use and upkeep of appliances that are potential CO sources.

Symptoms of CO poisoning

The initial symptoms of CO poisoning are similar to the flu (but without the fever) They include:

- Headache
- Fatigue
- Shortness of breath
- Nausea
- Dizziness

If you suspect that you are experiencing CO poisoning, get fresh air immediately. Leave the home and call for assistance from a neighbor's home. You could lose consciousness and die from CO poisoning if you stay in the home.

Get medical attention immediately and inform medical staff that CO poisoning is suspected. Call the Fire Department to determine when it is safe to reenter the home.

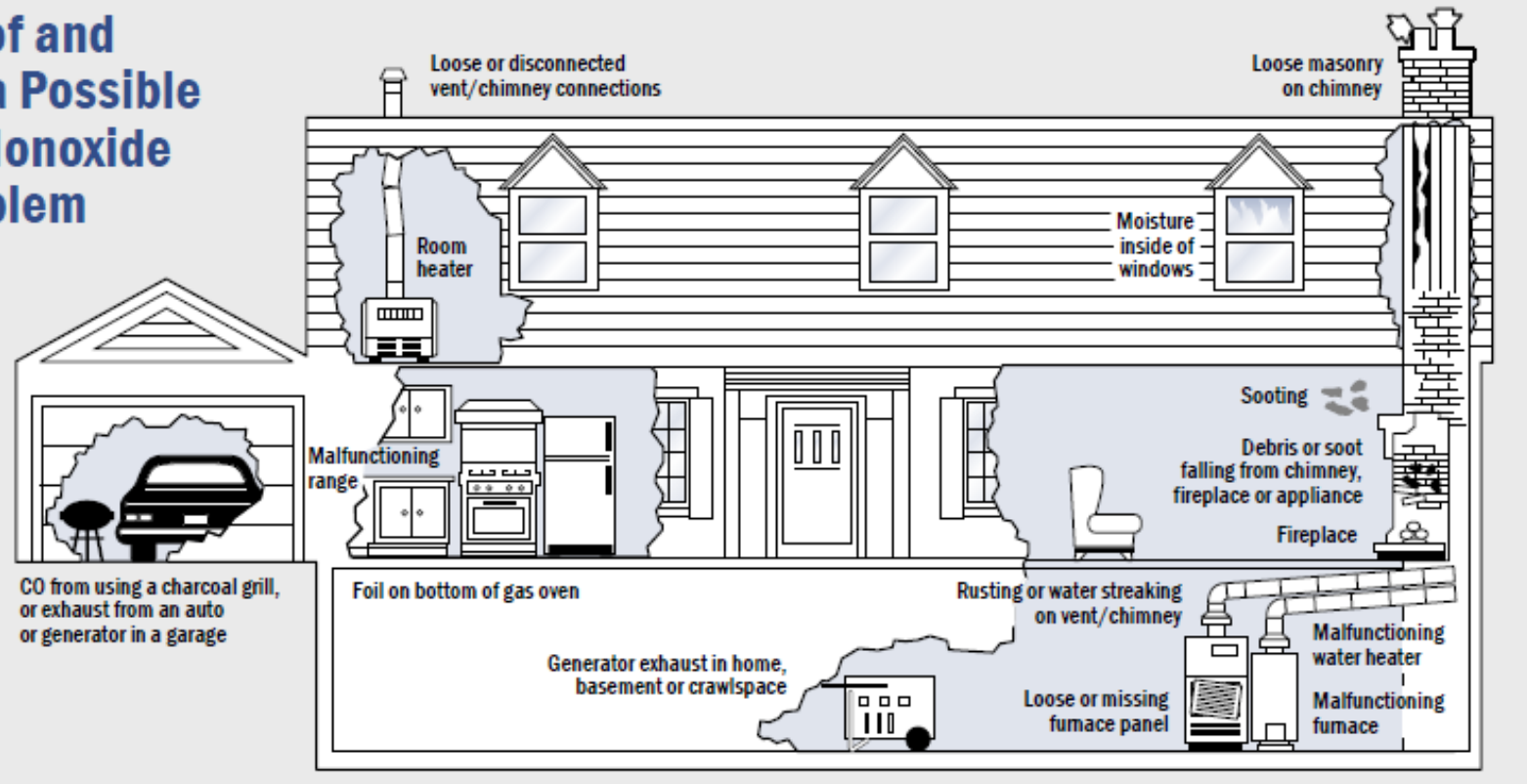


To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270.

Consumers can obtain recall information at CPSC's web site at <http://www.cpsc.gov>. Consumers can report product hazards to info@cpsc.gov.

**U.S. Consumer Product Safety Commission
Washington, DC 20207**

Sources of and Clues to a Possible Carbon Monoxide (CO) Problem



Carbon monoxide clues you can see...

- Rusting or water streaking on vent/chimney
- Loose or missing furnace panel
- Sooting
- Debris or soot falling from chimney, fireplace, or appliances
- Loose or disconnected vent/chimney, fireplace or appliance
- Loose masonry on chimney
- Moisture inside of windows

Carbon monoxide clues you cannot see...

- Internal appliance damage or malfunctioning components

- Improper burner adjustments
- Hidden blockage or damage in chimneys

Only a trained service technician can detect hidden problems and correct these conditions!

- CO poisoning symptoms have been experienced when you are home, but they lessen or disappear when you are away from home.

Warnings...

- Never leave a car running in a garage even with the garage door open.
- Never run a generator in the home, garage, or crawlspace. Opening doors and windows or

using fans will NOT prevent CO build-up in the home. When running a generator outdoors, keep it away from open windows and doors.

- Never burn charcoal in homes, tents, vehicles, or garages.
- Never install or service combustion appliances without proper knowledge, skills, and tools.
- Never use a gas range, oven, or dryer for heating.
- Never put foil on bottom of a gas oven because it interferes with combustion.
- Never operate an unvented gas-burning appliance in a closed room or in a room in which you are sleeping.

Guidelines for Universal Precautions

Handwashing:

- 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

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):

Gloves - wear 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 or the hair or face, or when contaminated
- DO NOT reuse gloves, they should be changed after contact with each individual

Gowns - 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.

Masks – 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.

Goggles/Face Shields - used to protect the eyes, nose and mouth during patient care activities that are likely to generate splashes or sprays of body fluids, blood, or excretions.

Refer to these guidelines for PPE: https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf

Donning of PPE: <https://www.youtube.com/watch?v=H4jQUBAIBrl>

Doffing of PPE: <https://www.youtube.com/watch?v=PQxOc13DxvQ#action=share>

Sharps:

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 any equipment used for the individual before and after each use.

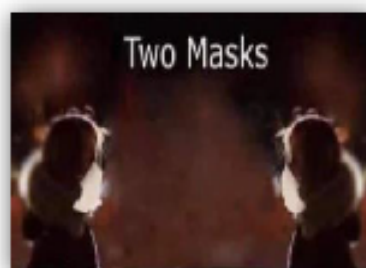
WHY WE WEAR MASKS

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.



BY WORKING TOGETHER, WE CAN ALL STAY SAFE!
WWW.HEALTHND.GOV/MASKUPND
