

JANUARY 2017

**AGENCY PROVIDER
Qualified Service Provider
Handbook**

Enrollment Procedures & Required Standards



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

Issued by:

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

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

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

<h2 style="margin: 0;">TABLE OF CONTENTS</h2> <h3 style="margin: 0;">AGENCY QUALIFIED SERVICE PROVIDER HANDBOOK</h3>
--

BACKGROUND INFORMATION 5

STEP 1- ENROLLMENT OR RENEWAL 10

Rates..... 11

Agency Employee Verification Requirements and Checklist..... 14-20

CHART A: Standard Definitions, Requirements, and Limits..... 22

GLOBAL ENDORSEMENTS..... 29

CHART B: Related to SFN 750 30

CHART C: Global Endorsements 31

CHART D: Client Specific Endorsement 34

SERVICE SPECIFIC ENROLLMENT REQUIREMENTS 33-36

CMS Settings Rule 36

Audit Requirements..... 43

STEP 2: AFTER QSP APPROVAL 45

STEP 3: QSP RENEWAL..... 47

FORMS APPENDIX 48

ENROLLMENT REQUIREMENT CHART (NEW & RENEWAL) 35

Working together for Home Fire Safety 49

Exposing an Invisible Killer..... 50

Instructions to complete form SFN 1699 Authorization to provide services..... 51

Instructions to complete form SFN 404 Authorization to provide services..... 53

Instructions to complete form SFN 663 Authorization to provide services..... 52

For Provider Enrollment questions call
1-800-755-2604, Option 1 or 701-328-4602

The materials must be **completed with a pen or typed.**

BACKGROUND INFORMATION

The North Dakota Department of Human Services funds and administers 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) that offer competitively priced services.
- The law also states that County Social Service Boards must inform each eligible client of the available QSPs in their county to provide the service(s) needed by the eligible aged or disabled client.

Home and Community Based Services include: Adult Day Care, Adult Foster Care, Chore Service, Family Home Care, Homemaker Service, Non-Medical Transportation, Personal Care Service, Respite Care, Supervision, Residential, Transitional, Supported Employment, Environmental Modification, Specialized Equipment, Case Management, Nurse Management and Attendant Care Services.

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 ensure the optimal functioning of the individual.
- Agency Provider: An agency that enrolls with the Department of Human Services as a QSP, which allows that agency to bill the Department of Human Services for services rendered within the authorized amount.
- 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 an Unlicensed Assistive Person enrolled and in good standing with the ND Board of Nursing. 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 1699/663/404): A state form sent to the QSP by the HCBS Case Manager, authorizing the QSP to provide services. This form lists the time frame in which the service can be provided; 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).

- 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 to remain in the community in the most cost effective manner. The specialized assistance is based on the results of a comprehensive assessment
- 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.
- Documentation: Written records of the start time, end time and the specific service/task provided for a client.
- Endorsement: A task that requires special skill and approval.
 - Global Endorsement: These endorsements will apply to all clients requiring this endorsement.
 - 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 an eligible individual. Approval to complete these tasks is provided by the Nurse Educator to the Extended Personal Care service provider.
- Home Delivered Meals: The provision of a well-balanced meal to individuals who live alone and are unable to prepare an adequate meal for themselves, or who live with an individual who is unable or not available to prepare an adequate meal for the recipient.
- Homemaker Service: Intermittent, non-personal care tasks such as housekeeping, laundry and shopping.

- Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.
- Non-Medical Transportation: 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 only transporting the client. It is taking the client to and from his/her home and points of destination for essential services.
 - Nonmedical Transportation Providers are responsible to check with their insurance carrier to assure their insurance coverage is up to date and includes providing transportation to clients.
 - **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 coverage is up to date for the provider to drive the vehicle and transport clients.
- Non-Medical Transportation Escort: Escort is only traveling with the client to assist 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 Care Services. This service is provided by QSP who is a nurse licensed by and in good standing with the ND 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 a QSP who is a nurse licensed by and in good standing with the ND 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 or agency that has met all the standards/requirements and has been designated by the Department of Human Services as a provider.
- Residential Care: Service provided in a facility in which at least five (5) unrelated adults reside, and in which personal care, therapeutic, social and recreational programming is provided in conjunction with residing in the facility. This service includes 24-hour on-site response staff to meet scheduled and unpredictable needs and to provide supervision, safety, and security.
- 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.
- Specialized Equipment and Supplies: Specialized equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.
- Supervision: An individual could be considered to have a need for supervision if because of their impairment, they require human intervention to safeguard the individual from harm.
- Supported Employment Extended Services: Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision, and training relating to the person's disability. This would not include supervisory or training activities provided in a typical business setting. This service is conducted in a work setting, mainly in a work site in which persons without disabilities are employed.
- Transitional Living Service: Provision of training an individual to live with greater independence in the individual's home. This includes training, supervision, or assistance to the individual with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living, and mobility.

This handbook contains the requirements for providers delivering the following services for which they want to receive public pay for HCBS clients. (Refer to Charts in this handbook)

- Homemaker Service
- Non-Medical Transportation
- Personal Care Service
- Chore Service (Emergency Response Systems (ERS) are included under Chore Service)
- Respite Care
- Supervision

For Agencies interested in providing the **following services**, additional information is listed on pages 33-36 of the handbook. If you have further questions, contact the HCBS department by calling 701-328-4602.

- Adult Day Care
- Attendant Care Services
- Environmental Modification
- Home Delivered Meals
- Nurse Management (must be providing services to a ventilator client)
- Specialized Equipment and Supplies
- Transitional Care Services
- Adult/TBI Residential
- Extended Personal Care
- Nurse Educator
- Respite Care
- Supported Employment
- Case Management

STEP 1: ENROLLMENT or RENEWAL

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

Refer to the **SUMMARY CHART** on page 48 to help determine additional requirements your agency is required to send based on the services provided and agency licenses.

AGENCY Qualified Service Providers (QSP)

The following must be completed and submitted to meet requirements for enrollment as an Agency QSP. Please use as a checklist for all requirements.

1. Forms to be included with application. These can be found on nd.gov/eforms or request a forms booklet.
 - SFN 1606 - Agency Request to be a Qualified Service Provider
 - SFN 615 - Medicaid Program Provider Agreement
 - SFN 1168 - Ownership/Controlling Interest and Conviction Information
 - W-9 - Request for Taxpayer Identification Number and Certification (Use the agency name and not an individual name)
 - Attach a **voided deposit slip or check blank if you are requesting direct deposit.**
 - Valid form of ID (copy)
 - Official photo identification card must be sent to the Department for each individual with an ownership or controlling interest* in the Agency current agents* and/or managing employees*.
 - Reference page 4 of the SFN 1168 Ownership /Controlling Interest and Conviction Information form for definitions of the terms.
 - Examples of acceptable identity: driver's license, SSN card, passport, tribal ID
2. Organizational Structure:
 - Provide an organizational chart with key positions (to include names of staff)
 - Provide the number of years of experience as a service provider.
 - Provide date and purpose of incorporation or type of partnership.
 - If there is a board of directors for a non-government agency, provide their names, addresses, date of birth, and social security number as they are considered managing employees per SFN 1168 Ownership/Controlling Interest and Conviction.
3. Verification of registration with ND Secretary of State Office (Only on initial enrollment).
4. Private pay service fee schedule.

5. Registration for unemployment insurance. (Unemployment Insurance must be current to become a QSP agency).
 - New Agencies must register for an unemployment number as you must have at minimum two direct care staff/employees to become a QSP.
6. Registration/current payment with North Dakota Work Force Safety and Insurance. (Certificate of Premium Payment)
7. Job Descriptions of each staff position
8. Policy regarding the following items: (Renewals may indicate no change in policy or only send policies that have changed).
 - Agency policy showing how the agency verifies that employees who provide services to public pay clients are age 18 or over.
 - Personnel policies on direct care/service provision
 - Soliciting or accepting gifts and money from the client
 - Smoking
 - Consuming Alcoholic beverages
 - Conducting personal business in the client's home
 - Consuming the client's food
 - Using the client's property
 - Supervision of Staff
 - Who (classification or job title) will supervise direct care staff
 - How the supervision takes place (e.g. in client's home, at office, by phone)
 - Frequency of supervision
 - Timeliness of service delivery upon receipt of referral—include routine and emergency referrals
 - Procedure for coverage for clients during staff absence (vacation/sick leave).
 - Confidentiality of client information
 - How client complaints will be handled
 - Handling of the client's money.

9. Plan to meet the requirement for seven (7) day per week service coverage for Personal Care Service and Respite Care Service.
- Staff must be hired to allow a true backup/contingency plan of care.

10. Service Area:

- On the SFN 1606 Provide a list of the Counties your agency will serve.

NOTE: An entire county is the smallest geographical unit that an Agency is permitted to have as the service delivery area.

11. Documentation / Reports and Records:

- Agency procedures, including forms, used by staff to document the time spent providing services/tasks per client.
- Plan for training staff about the responsibility to accurately document time and tasks for HCBS clients.
 - This includes training on how to read An Authorization for Service (SFN 1699/663/404). Forms attached
 - Explain how your procedures will ensure accuracy of HCBS billing.

NOTE: The Department of Human Services requires that service records be kept for each client visit.

- The records **must** contain the following.
 - Agency name
 - Client name
 - Date of service,
 - Beginning and ending time (include am and pm) of time spent doing the authorized tasks – by procedure code or by task category
 - Description of tasks performed
 - Name of staff member who provided the service.
- You are also required to maintain in your file a copy of the Authorizations to Provide Service SFN 1699, 663, or 404
 - This form lists the tasks that you are authorized to perform.
 - The definitions of the tasks are located on the back of the form.
 - The tasks you are approved to provide are restricted to the definitions.
- Records must be kept for a period of 42 months from the close of the Federal Fiscal Year (October 1 –September 30) in which the services were delivered.

NOTE: Regarding Rates

- Agency QSP's requesting a 15 minute unit rate will be assigned a flat fee for service rate.
- QSP may not charge the Department more than they 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 the changed amount.
- You may also choose to charge less than the fee for service rate per unit. (Contact the Department for current rate information 1-800-755-2604).

NOTE: Regarding Rural Differential Rates

- A higher rate is offered to QSP's who are willing to provide greater access to home and community based services for clients that reside in rural areas of ND.
- Travel must be at least 21 miles round trip.
- QSP's are not paid travel time but are reimbursed at higher rates for providing services.
- Rural differential rates need to be authorized by the program administrator.

Enrollment Criteria for Agency Direct Service Staff

- A staff check list or similar list must be sent with the application** indicating that all background checks have been checked.
- Please note**, only send to the state the indicated forms on the checklist. The background checks and other forms are to be kept in your personnel files.
- Any positive findings when completing the checklist and background checks must be sent to the Department.
- Background checks, competency, and abuse and neglect forms must be done every two years.**

NOTE:

- To enroll as an agency, there can be no less than two direct service staff that can provide backup as needed for clients. They should have the same global endorsements and client specific endorsements as needed to serve your clients.
- Staff members must meet the provider standards and agreements at all times during their employment, see N.D. Admin. Code 75-03-23-07 at <http://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf> .
- A staff person **cannot deliver the service** until it is verified and documented in the employee's file that he/she meets the required standards. Individuals who do not meet these standards are not eligible to serve public pay clients.

IMPORTANT: The following verifications and documentation are needed before staff can deliver services to public pay clients:

- Complete Staff Check list (See Staff Check List on Page 21) ----**The agency must check each of the following websites listed below (also on check list) for each direct service staff upon initial enrollment and/or initial hire and then on a two year cycle.**
 - Contact the QSP Enrollment Administrator for approval for the agency to substitute a different background check process.
 - Check all names used by the employee in the last seven years. (Include maiden name, aliases, etc.)
 - **Documentation showing that each site was checked for all direct service staff must be included with the enrollment forms.**
- Send Completed Staff Check List chart and copies only if indicated

NOTE:

- Each staff person, who will provide direct services to public pay clients, must sign a Child Abuse and Neglect Background Inquiry SFN 433. **(Read Instructions Carefully as incomplete forms will hold up the process).**
 - The form must include HCBS with the Agency name.
 - Include full legal name
 - QSP Enrollment Administrator will contact you if need to discuss the action required if there are any findings. **(Copies of this completed check for all current direct service staff must be included with the enrollment forms.)**
 - Complete all staff checks including the SFN 433 form for any new hires and maintain a copy in your personnel file.
 - In the event of an audit, the Department will ask you for these records and will recoup funds paid for services rendered by agency staff that does not have the required verifications.
 - **These checks must be done every two years for all direct service staff.**

Website List

1. District State Court website for criminal history/court information. Check State of North Dakota – criminal/traffic category only. Contact the QSP Enrollment Administrator if there are any guilty findings for misdemeanors or felonies.
<http://publicsearch.ndcourts.gov/default.aspx>
2. Sex offender registry to assure employee is not registered on this list:
<http://www.nsopw.gov> - Enter name on National Sex Offender Quick Search
 - a. Individuals on this list are not eligible to serve clients.
3. ND Sex Offender registry to assure employee is not registered on this list.
<http://www.sexoffender.nd.gov/OffenderWeb/search/basic>
4. ND Sex Offender registry to assure employee is not registered as an offender against children. (Check the box “Offenders Against Children”
<http://www.sexoffender.nd.gov/OffenderWeb/search/publiclist>

5. ND Medicaid Exclusions list:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list>
6. System for Award Management (SAM):
<https://www.sam.gov/portal/public/SAM/> - click on Search Records tab
 - a. Individuals/Staff/Management on this list is not eligible to serve clients.
7. HHS Office of Inspector General, to check for debarment:
<http://exclusions.oig.hhs.gov/Default.aspx>
 - a. Individuals/Staff/Management who is on this list is not eligible to serve clients. If an individual with direct or indirect ownership of more than 5% in your agency is on this list you must contact the Department of Human Services to evaluate the QSP enrollment status.

According to the citations from the Administrative Code:

1. The Agency will *not* assign an employee to provide services to public pay clients if the employee has been found guilty of, pled guilty to, or pled no contest to an offense described in N. D. Administrative Code 75-03-23-07(2)(b)(1).
 - (1) An offense described in North Dakota Century Code Chapter 12.1-16, homicide; 12.1-17, assaults - threats - Coercion - harassment; or 12.1-18, kidnapping; North Dakota Century Code section 12.1-20-03, gross sexual Imposition; 12.1-20-03.1, continuous sexual abuse of a child; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or Solicitation of minors; 12.1-20-06, sexual abuse of wards; 12.1-20-06.1, sexual exploitation by therapist; 12.1-20-07, Sexual assault; 12.1-22-01, robbery; or 12.1-22-02, burglary, If a class B felony under subdivision b of subsection 2 of that section; North Dakota Century Code chapter 12.1-27.2, sexual performances by children; or North Dakota Century Code section 12.1-29-01, promoting prostitution; 12.1-29-02, facilitating prostitution; 12.1-31-05, child procurement; 12.1-31-07, endangering a vulnerable adult; 12.1-31-07.1, exploitation of a vulnerable adult; subsection 1 of section 19-03.1-23, manufacture, deliver, or possess with intent to deliver a controlled substance, or to deliver, distribute, or dispense a controlled substance by means of the internet; or subsection 1 of section 26.1-02.1-02.1, fraudulent insurance acts; or an offense under the laws of another jurisdiction which requires proof of substantially similar

elements as required for conviction under any of the enumerated North Dakota statutes; except that a person found guilty of misdemeanor simple assault described in North Dakota Century Code section 12.1-17-01, or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction may be considered rehabilitated if the requirements of subparagraph a or b of paragraph 2 of subdivision b of subsection 2 are met;

2. The Agency will not assign an employee to provide services to public pay clients if the employee has been found guilty of, pled guilty to, or pled no contest to an offense, other than a direct bearing offense identified in N.D. Administrative Code 75-03-23-07(2)(b)(1), if the Department has not determined that the individual has been sufficiently rehabilitated as outlined in N. D. Administrative Code 75-03-23-07(2)(b)(2).
 - (a) The department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole, or other form of community corrections or imprisonment without subsequent charge or conviction has elapsed, or sufficient evidence is provided of completion of any relevant rehabilitation program.
 - (b) An individual's completion of a period of three years after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent charge or conviction, is prima facie evidence of sufficient rehabilitation;

Please Note:

1. **If you find that an individual has been found guilty of or pled no contest to an offense identified in ND Admin Code 75-903-23-07 you must call 701- 328-4602 to find out if the department would determine if the individual is sufficiently rehabilitated.**

OIG Referrals:

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

Once the OIG receives this referral, they make an independent decision based on their own criteria about whether or not the individual will be excluded from participation in any capacity in 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 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.

STAFF COMPETENCY:

Agencies enrolling to provide the following services- Personal Care, Respite Care, Extended Personal Care, Nurse Educator, Adult Day Care, Residential Care, Transitional Care, and Supervision- must document that direct service staff meet the following competency standards.

- At the time of initial enrollment, and at time of initial hire of any new staff, the agency must verify that direct service staff is a current Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, or Certified Nurse Assistant (**must be ND CNA**) by having a copy of certificate/license in the employee's personnel file.
- **OR**
- The employee must meet the competency standards #5-25 on the Documentation of Competency (SFN 750). (**See Chart A** for further information.)
- Certificates, or other forms acknowledging completion of a training or education program that focuses on in-home care, will be **considered if** the program's curriculum includes standards 5 through 25 (on SFN 750), and the training program is provided by a health care professional. The program must also have a renewal process every two years to meet competency standards.
- A listing of all staff with CNA's, LPN's or RN's with their license number must be sent with written verification that their licenses are current.
- Copies of licenses/certifications or SFN 750's must be sent for direct service staff with enrollment forms.

Verification of Staff Signing the Documentation of Competency

The following websites must be checked to verify credentials of the staff person **or** the health care professional signing the SFN 750, or for staff holding that credential.

1. Certified Nurse Assistant Registry - verifies staff's credentials and or any complaints or judgments against staff.
http://www.health.state.nd.us/HF/North_Dakota_certified_nurse_aide.htm
 - b. Individuals must be on this list to verify they have a current CNA certificate and do not have any disciplinary actions on their certification.
 - c. CNA's must be registered in the State of North Dakota.
2. Board of Nursing- verifies employee's credentials and or any complaints or judgments against applicant.
https://www.ndbon.org/verify_renew/verify_default.asp
 - a. Individuals must be on this list to verify they have a current RN/LPN Licensure and do not have any judgments & limits placed on their licensure.
3. Board of Nursing's listing checked to verify credentials of individual certifying the Documentation of Competency SFN 750.
https://www.ndbon.org/verify_renew/verify_default.asp
 - a. Individuals must be on this list to verify they have a current RN/LPN Licensure and do not have any judgments & limits placed on their licensure.
4. Board of Medical Examiner checked to verify credentials of the individual certifying the Documentation of Competency SFN 750.
<http://www.ndbomex.com/SearchPage.asp>
 - a. Individuals must be on this list to verify they have a current physician's license and do not have any judgments & limits placed on their licensure.

Contact the HCBS Enrollment administrator to verify licensure for an OT or PT.

Additional Competency and Training:

- Send an outline of the training for staff that provides services for programs designed for clients in special diagnostic categories i.e. TBI Residential, TBI Transitional, and Adult Residential.
- Staff providing services in settings with memory care must have the cognitive endorsement.

Please Note:

- A copy of required staff checklist must be sent for all direct service employees who provide public pay services at time of initial enrollment and renewal.**
- This includes copies of designated items on check list.**
- The documentation must be collected for each new employee hired and kept in the Agency personnel files**
- Documentation of Competency and the Abuse and Neglect form must be updated and kept in Agency personnel file at hire and every two years.**
- NOTE: HCBS Office may request this documentation as part of the audit process.**

Failure to maintain records for employees and records of service provision may result in termination of QSP status.

CHART A

STANDARDS AND ALLOWABLE TASKS/ACTIVITIES

SERVICES ARE:

CHORE – Chore Services

HM – Homemaker

NMT – Non-Medical Transportation

NMT-E Non-Medical Transportation Escort

EM- Environmental Modification

PCS– Personal Care Services

D/V – Required for Driver with Vehicle

SUPV-Supervision

RC – Respite Care

ADC- Adult Day Care

TC- Transitional Care

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED To TASKS
1. All Providers	Have basic ability to read, write and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	
2. All Providers	(A) Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider and be in compliance with ND Administrative Code 75-03-23-07. (B) Have not been abusive or neglectful of someone. (C) Have not stolen from someone.	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. Statement attesting to his/her status regarding having stolen from someone. <ul style="list-style-type: none"> • All websites shown on Pg. 9 & 10 must be checked prior to approval. 	
3. All Providers	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. All Providers	Practice 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. HM, PCS, RC, NMT (escort), RDC, TC, ADC, Chore –(except provider for snow removal), SUPV	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. HM, PCS, RC, NMT –E, RDC, TC, ADC, SUPV Chore –(except snow removal)	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. PCS, RC, RDC, TC, ADC, SUPV	Know generally accepted practice in bathing techniques: bed, tub, 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.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
8. PCS, RC, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, NMT (escort), SUPV	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, RDC, TC, ADC, NMT (escort), SUPV	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, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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 NOT include canning of produce or baking of such items as cookies, cakes & bread.
15. PCS, RC, RDC, TC, ADC, SUPV	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. 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, RDC, TC, ADC, SUPV	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.	Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.
17. PCS, RC, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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, RDC, TC, ADC, SUPV	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, TC	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 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 from the Driver's License Division – Department of Transportation, or the Driver's 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 State's 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.	

GLOBAL ENDORSEMENTS

- Competency for a global endorsement applies to any client for whom a staff person provides care.
- An agency/staff person may choose to meet the standards for any, or all, of the endorsements. Staff competencies must match the endorsements needed per client for payment to be claimed.
- Staff must first meet standards for personal care to add a global endorsement.
- Global Endorsements (Standards A-N) are NOT required to enroll as an Agency QSP, and are not required for all staff of an Agency Provider.
- They may be required to provide care for some clients according to the Authorizations for Services.

The Global Endorsements are:

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases-Limited to oxygen
- D. Suppository-non-prescription
- E. Cognitive/Supervision – **(REQUIRED TO ENROLL FOR RESPITE CARE & SUPERVISION)**
- F. Taking Blood Pressure, Pulse, Temperature, Respiration Rate
- G. Ted Stockings (surgical stockings)
- H. Prosthesis/Orthotics/Adaptive Devices
- I. Hoyer Lift/Mechanized Bath Chair

Requirements for Global Endorsements

- If staff has the following current licenses or certifications see CHART B to determine the global endorsements for which the staff automatically qualifies. Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, Certified Nurse Assistant.
- If staff do not have any of the above listed licenses or certifications the staff person must send a DOCUMENTATION OF COMPETENCY Form (SFN 750) to certify competency in the global endorsements. (SEE CHART C)

CHART B (RELATED TO SFN 750)

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

CHART C – 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 & supervision.	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.	

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

CLIENT SPECIFIC ENDORSEMENT FORM 830

NOTE: This form is not required to be filled out at enrollment. Authorization and prior approval is obtained by the county.

- This form is initiated by the HCBS Case Manager
- This form is only completed if a client is authorized for a client specific endorsement
- Staff must first meet standards #5 --#25 on the SFN 750 Documentation of Competency or are a health care professional that does not require a SFN 750.
- This is "client specific" so the form is only valid for one client.
- A form must be completed for each client who requires it.
- Competency is signed by a Health Care Professional.

The endorsement showing that competency has been verified by a health care professional is sent to HCBS Medical Services for approval. HCBS will process and if approved, send a copy to the case manager and keep a copy at Medical Service/HCBS.

This approval will be good for as long as the client is served by the agency and will not need to be renewed.

CHART D – CLIENT SPECIFIC ENDORSEMENTS

CHART D: Client Specific Endorsements

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) is only available to a staff member meeting the standards for Respite Care	Know generally accepted procedure for apnea monitoring.	Evidence of having hospital-based training equivalent to what the primary caregiver has received.	

Enrollment Requirements for New and Renewals

	SFN 1606	SFN 615	SFN 1168	SFN 55 (if New)	W9	Facility License	Organizational Structure	Secretary of State Registration (If New)	Private Pay/Rate Determination	Unemployment Insurance	Workforce Safety Insurance	Driver's License of owners/managers	Job Descriptions	POLICIES AS LISTED PAGE 811 NEW OR STATE NO change	Incident Medication form	Documentation forms to be used	Staff Checklist	SFN 433 Child Abuse Form	SFN 750 Documentation (if applicable)	C NA/Nurse licenses if applicable	Requires Site Visit	Check for additional requirements pg. 31-33	Contractor's license
QSP Agency Services & Licenses																							
Adult Day Care	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx		xx	xx	xx	xx	xx	xx	xx	
Adult Residential Services	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx		xx	xx	xx	xx	xx	xx	xx	
Emergency Response System	xx	xx	xx	xx	xx		xx	xx	xx	xx	xx	xx										xx	
Environmental Modifications	xx	xx	xx		xx			xx		xx	xx											xx	Xx
Home Delivered Meals	xx	xx	xx		xx	xx	xx	xx	xx	xx	xx	xx	xx									xx	
Institutional Respite Care	xx	xx	xx		xx		xx		xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx		xx	
Non-Medical Transportation (Carrier/Bus/Taxi)	xx	xx	xx		xx		xx	xx	xx	xx	xx	xx	xx			xx	xx	xx	xx			xx	
Supported Employment Extended Services	xx	xx	xx		xx		xx	xx		xx	xx	xx	xx	xx		xx	xx	xx	xx	xx			
Transitional Living Care	xx	xx	xx		xx		xx	xx		xx	xx	xx	xx	xx			xx	xx	xx	xx			
Basic Care	xx	xx	xx		xx		xx		xx	xx	xx	xx											
Home Health	xx	xx	xx		xx		xx		xx	xx	xx	xx	xx	xx		xx	xx	xx	xx	xx			
Hospitals	xx	xx	xx		xx		xx		xx	xx	xx	xx											
Nursing Facilities	xx	xx	xx		xx		xx		xx	xx	xx	xx											
Swing Bed	xx	xx	xx		xx		xx		xx	xx	xx	xx											

SERVICE SPECIFIC ENROLLMENT REQUIREMENTS

Additional forms, if required, can be obtained by calling HCBS Medical Services at 1-800-755-2694.

Adult Day Care

- Statement of Actual Costs SFN 55 needs to be completed on initial enrollment only and submitted with the enrollment forms to determine the rate if the Adult Day Care is a free standing facility and not connected to a hospital, nursing home or basic care facility that participates in BCAP. (A similar form may be used if all information is provided).
- Adult Day Care Providers who are licensed by Health Facilities or enrolled in BCAP will have their rate established by the Department.
- For Hospital/Swing Bed, Nursing Facility or Basic Care Facility - provide a description of how the facility utilizes staff and space in relation to both current residents and the Adult Day Care participants, and whether or not the Adult Day Care Participants are co-mingled with the facility residents.
- Adult Day Care requires a site visit before enrollment can be finalized to assure compliance with the **CMS HCBS Settings final rule (MS 2249-F/2296-F)**. (At initial and renewal)
- Contact the Department for a Medication Error agreement form that needs to be signed and sent with enrollment forms. At initial enrollment and renewal.
- NOTE:** A Med waiver recipient cannot be provided ADC in a hospital or nursing home.

Assisted Living Facility as a QSP

- Assisted Living Facilities providing services to public paying clients require a site visit before enrollment can be finalized to assure compliance with CMS HCBS Setting final rule. (At initial and renewal)
(CMS HCBS Settings final rule (MS 2249-F/2296-F).

Adult Residential Services (Memory Care or TBI/Traumatic Brain Injury)

- Statement of Actual Costs SFN 55 needs to be completed on initial enrollment only and submitted with the enrollment forms to determine the rate. (A similar form may be used if all information is provided).
- Must be a licensed Basic Care Facility.
- Describe how the building is conducive to the care of the target population; include a floor plan of the building.

- Describe admission and discharge policies
- Describe the provision for food, laundry, housekeeping, and transportation service.
- Provide information regarding the facilities program related to: overall goals to meet the needs of a client, tools used to assess the needs of a client, how plans of care will be prepared and implemented, and the type of program activities that will be available to a client.
- Staff must have cognitive endorsement on Documentation of Competency or be a CN A or nurse.
- Contact the Department for a Medication Error agreement form that needs to be signed and sent with enrollment forms. At initial enrollment and renewal.
- TBI Residential Facilities: describe the process used to develop an Individual Program Plan
- Send an outline of the training for staff that provides services for programs designed for clients in special diagnostic categories i.e. TBI Residential, TBI Transitional, and Adult Residential.
- Adult Residential Services requires a site visit before enrollment can be finalized to assure compliance with **CMS HCBS Setting final rule (CMS HCBS Settings final rule (MS 2249-F/2296-F).** (At initial and renewal)

Attendant Care Services

- Contact the Department at 328-4602 to check if eligible to provide this service.
- Sign the SFN 644 Attendant Care agreement that must be signed by each staff person and returned with enrollment forms.
- Nurse to sign the Nurse Management Agreement SFN 643.**

Case Management

- Requires staff person with LSW or LICSW (send licensure)
- Must sign MOU of Waiver assurance requirements (Contact the Department for a copy).
- Must complete training on policy. Training provided by HCBS state Staff, contact the Department to schedule.

- Must complete all staff website check and the SFN 433 Child Abuse Neglect Inquiry upon initial enrollment and reenrollment because they have direct client contact.

Emergency Response System Installation & Monthly Rate

- Statement of Actual Cost (SFN 55 must be completed and sent with the enrollment forms. (Costs to include monthly rate and activation fee. How much does the unit cost your agency, is staff time built in, and all costs related to providing the ERS service).). (A similar form may be used if all information is provided).

Environmental Modification

- Provide current up to date verifications of contractor's license
- Provide liability insurance and bonding
- Provide current standing with Workforce Safety and Insurance

Extended Personal Care Services

- SFN 576 Extended Personal Care Services agreement (can be printed off nd.gov/eforms). It must be signed by each staff person providing the service and returned with the enrollment forms. Also need to send verification that staff person is CNA, LPN, RN or has SFN 750 with standards 5-25.
- Prior Approval is required for this service

Home Delivered Meals

- Verification must be provided if a current contract with DHS/Aging Services Division as an OAA Nutrition Provider.
OR
- Provide a food establishment license per N.D.C.C. 23-09
OR
- Are a hospital, nursing home, or basic care facility.
- Provide copy of license with the Department of Agriculture
- Provide information on how you meet all applicable federal, state, and local laws and regulations. (NDAC 33-33-04 Safe food handling)
- Provide private pay rates for meals.
- Contact Department for further regulations

Institutional Respite Care (Only in Memory Care)

- Contact the Department for a Medication Error agreement form that needs to be signed and sent with enrollment forms. At initial enrollment and renewal.

Non-Medical Transportation

- Send copies of the documentation required for staff providing non-medical transportation for public pay clients. (**See Chart A - # 26-30.**)

Non-Medical Transportation (Carrier-bus, taxi)

- Statement of Actual Costs (SFN 55) must be completed and sent with enrollment information.
- Send copies of the documentation required for staff providing non-medical transportation for public pay clients. (**See Chart A - # 26-30.**)

Nurse Management

- Contact the Department for an agreement that must be signed by **each nurse** who is providing Nurse Management at initial hire and for initial enrollment or renewal.

Nurse Educator

- Statement of Actual Costs SFN 55 must be completed on initial enrollment only and sent with enrollment forms to set the rate.). (A similar form may be used if all information is provided).
- Sign SFN 476 and SFN 477 at initial hire and renewal.

Respite Care in an Adult Family Foster Care Home (AFFC)

- Requires a separate background check to be completed by the (Aging Services) Division. You must contact the Department before providing services in an Adult Family Foster Care home.

Specialized Equipment

- Requires prior approval
- Provide cost of Bid and/or bonding
- Accredited by CMS to provide specialized equipment

Supported Employment

- Must meet NDAC 75-04-01, or be CARF accredited.

Transitional Living Care (Agency only)

- Agency provider must have programming available to meet an individual's needs evidenced by a description of the process used to develop a care plan. Describe your person centered care planning process and the development of client goals to achieve or maintain independence.
- Describe your expertise and experience that will assist in fostering client independence in ADL's, IADL's, and social, behavioral, and adaptive skills.
- List experience with supervision, training or assistance with the self-care of individuals who have cognitive impairment or a traumatic brain injury (TBI).
- List the type of education and training you provide to your employees who work with individuals with cognitive impairment or a TBI.

Settings Rule (CMS 2249-F/2296-F):

The settings rule was published in the Federal Register on January 16, 2014 and applies to settings where HCBS or Technology Dependent waiver services are provided.

The purpose of the rule is to ensure that individuals receiving long-term services and supports through Home and Community Based programs have full access to benefits of community living and opportunity to receive services in the most integrated setting appropriate.

The settings rule requires that all home and community based waiver settings meet certain qualifications. These include and not limited to:

- The setting is integrated in and supports full access to the greater community
- Is selected by the individual from among setting options
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimizes autonomy and independence in making life choices
- Facilitates choice regarding services and who provides them
- Ensure that staffs have adequate training in person-centered planning and unsafe wandering or exit-seeking.
- Person centered services involve knowing individuals, conditions, needs, and history to utilize this knowledge to create strategies assure the individuals are free to interact with others and the community in the most integrated way possible and still prevent injury for those who wander or exit-seek unsafely.

The rule includes additional requirements for provider-owned or controlled home and community-based residential settings. These additional rules apply to but are not limited to Adult Foster Care and Adult Residential Care services.

Waiver services cannot be provided in the following settings:

A nursing facility; (Institutional Respite care is excluded from this requirement)

An institution for mental diseases; or

an intermediate care facility for individuals with intellectual disabilities; or a hospital.

The rule includes requirements for provider-owned or controlled home and community-based residential settings.

- The individual must provide a lease or legally enforceable agreement that complies with ND landlord-tenant laws (NDCC chapter 47-32).

QSP Audits

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

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

Failure to comply with a request to send records, provider information, or pay back funds paid in error, may lead to the termination of your Agency QSP status and a referral to the OIG 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.

You are required to keep records of the services provided. The records must include:

1. Name of the client
2. Name of the provider
3. Name of the staff providing care (If using initials, a signature of staff providing care must be on the page). Signatures cannot be photo copied from page to page.
4. Date of Service
5. Start time and end time (including a.m. and p.m.)While in client's home. Services cannot be provided if client is not home.
6. Description of tasks performed and starts and stops time of each task. (Use task name as listed on the authorization).
7. Number of units of service for each task performed.

The Department of Human Services can request a refund or process adjustments to take back payment made to you.

This is a list of possible findings but is not an all-inclusive list.

1. If you do not keep appropriate records,
2. If you do not provide the service,
3. If you do not provide service records to the Department upon request,
4. If you bill over the authorized amount,
5. If you use the wrong billing codes,
6. If you photo copy records, indicating service records were not done at the time of service,
7. If you bill for an authorized task that is utilized in an unreasonable time frame. For example, you are authorized 80 units for meal prep for the month and you use all the units in 2 weeks, Or, if 1 unit is authorized for mobility and it takes 3 units to complete. Or,
8. If you otherwise make any other type of billing error.

Documentation must be created at the time of the visit. Creating documentation after or prior to the visit day is not acceptable.

Records cannot be copied or cloned with dates or months changed.

Signatures cannot be copied.

Staff must complete and sign the day the service was rendered.

FRAUD

If you suspect fraud, waste, abuse, or mismanagement of Federal, State, or County funds, it should be reported.

How to Report:

- To report suspected **Medicaid Fraud**, please call, **1-800-755-2604** and select Option 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 e-mail amarshall@nd.gov

STEP 2: AFTER QSP APPROVAL

- As an enrolled QSP agency, you are not employed by the ND Department of Human Services.
- As an agency, you will provide authorized services and are paid for the services delivered.
- A packet of information is sent to you by the Medical Services/HCBS Division, Department of Human Services (Department). Included in that packet is:
 - Agency provider number
 - Further need to know information
 - Billing instructions
- The agency enrollment information is added to the list kept by the Department and distributed to each County Social Service office/ case management entity.
- The case management agency, usually the County Social Service office, will determine the client's need for services. The client then selects their QSP (from the list).
- If you are chosen as a QSP, the case manager will contact you and give you a SFN 1699/663/404, Authorization to Provide Service.
- You must then review the SFN 1699/663/404, Authorization to Provide Service. It provides:
 - The tasks the agency is 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 this form. Tasks are limited to these definitions.
- A QSP **must** have a current SFN 1699/663/404 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 QSP must maintain service records which must include:**
 1. Name of the client
 2. Name of the provider (and employee who performed the task)
 3. Date of the service
 4. Start time and end time (including a.m. and p.m.)
 5. Units of service, by procedure code, or if T1019 by task category
 6. Tasks performed (use task name as listed on the authorization)
 7. Start time and end time of each task provided.
- The Agency employee can only provide services to a public pay client in the client's home when the client is present.

- The QSP will bill the Department directly for services 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 the QSP directly for any client liability/cost sharing.
- The Department can request a refund or process adjustments to take back payment 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 otherwise makes billing errors.
- Per ND Admin. Code 75-03-23-12, if you disagree with any action regarding provider reimbursement you may submit a written request for formal review. You must submit a request for formal review in writing within 10 days after you receive 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. The request for formal review must identify each item that you dispute and the reason or basis for your disagreement. Within 30 days of requesting a formal review, you shall provide to the Department all documents, written statements, exhibits, and other written information that supports your request for formal 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 receive the request for formal review to make a decision.
- If your Agency hasn't billed in 24 months, your QSP status may be closed due to inactivity.

Required Record Keeping:

Keep in your files:

- A copy of the SFN 1699/663/404 Authorization to Provide Service for each client.
- Service records must be kept for a period of 42 months from the close of the Federal Fiscal Year (October 1 – September 30) in which the services were delivered.
- Periodic reviews/audits are completed and records must be sent upon request.

QSP RENEWAL

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

A notice of renewal is usually sent from the HCBS office about 6-8 weeks prior to your QSP enrollment expiration date.

Please Note: If there are ownership changes for the Agency, the Department must be given a written notice, 30 days in advance of the change.

To renew, you must complete and send to Medical Services/HCBS a complete new packet. **The most current version of the forms must be used.**

Contact the HCBS Enrollment administrator to verify licensure for an OT or PT.

- For other services such as EPCS, Nurse Educator, Chore, Non-Medical Transportation etc. that require additional forms you must send **new** forms at the time of renewal.

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

If you haven't billed for twenty four months, your QSP enrollment may be closed due to inactivity.

FORMS APPENDIX

These forms are available on e-forms.

- **SFN 1606** AGENCY REQUEST TO BE A QUALIFIED SERVICE PROVIDER
<http://www.nd.gov/eforms/Doc/sfn01606.pdf>
- **SFN 750** DOCUMENTATION OF COMPETENCY
<http://www.nd.gov/eforms/Doc/sfn00750.pdf>
- **SFN 830** REQUEST FOR CLIENT SPECIFIC ENDORSEMENTS
<http://www.nd.gov/eforms/Doc/sfn00830.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 1168** OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION
<http://www.nd.gov/eforms/Doc/sfn01168.pdf>
- **SFN 433** CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
<http://www.nd.gov/eforms/Doc/sfn00433.pdf>

STAFF SHOULD REVIEW THE FOLLOWING FACT SHEETS

- Working Together for Home Fire Safety:
- Carbon Monoxide Fact sheet (Exposing an Invisible Killer)
- How to read an authorization form

QSP Handbook is on the following website:

<http://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-agency-provider.pdf>



Working Together for Home Fire Safety

A Factsheet on Home Fire Prevention

More than 4,000 Americans die each year in fires and 20,000 are injured. An overwhelming number of fires occur in the home. There are time-tested ways to prevent and survive a fire. It's not a question of luck. It's a matter of planning ahead.

EVERY HOME SHOULD HAVE AT LEAST ONE WORKING SMOKE ALARM

Buy a smoke alarm at any hardware or discount store. It's inexpensive protection for you and your family. Install a smoke alarm on every level of your home. A working smoke alarm can double your chances of survival. Test it monthly, keep it free of dust and replace the battery at least once a year. Smoke alarms themselves should be replaced after ten years of service, or as recommended by the manufacturer.

PREVENT ELECTRICAL FIRES

Never overload circuits or extension cords. Do not place cords and wires under rugs, over nails or in high traffic areas. Immediately shut off and unplug appliances that sputter, spark or emit an unusual smell. Have them professionally repaired or replaced.

USE APPLIANCES WISELY

When using appliances follow the manufacturer's safety precautions. Overheating, unusual smells, shorts and sparks are all warning signs that appliances need to be shut off, then replaced or repaired. Unplug appliances when not in use. Use safety caps to cover all unused outlets, especially if there are small children in the home.



ALTERNATE HEATERS

- Portable heaters need their space. Keep anything combustible at least three feet away.
- Keep fire in the fireplace. Use fire screens and have your chimney cleaned annually. The creosote buildup can ignite a chimney fire that could easily spread.
- Kerosene heaters should be used only where approved by authorities. Never use gasoline or camp-stove fuel. Refuel outside and only after the heater has cooled.

AFFORDABLE HOME FIRE SAFETY SPRINKLERS

When home fire sprinklers are used with working smoke alarms, your chances of surviving a fire are greatly increased. Sprinklers are affordable--they can increase property value and lower insurance rates.

PLAN YOUR ESCAPE

Practice an escape plan from every room in the house. Caution everyone to stay low to the floor when escaping from fire and never to open doors that are hot. Select a location where everyone can meet after escaping the house. Get out then call for help.

CARING FOR CHILDREN

Children under five are naturally curious about fire. Many play with matches and lighters. Tragically, children set over 20,000 house fires every year. Take the mystery out of fire play by teaching your children that fire is a tool, not a toy.

CARING FOR OLDER PEOPLE

Every year over 1,200 senior citizens die in fires. Many of these fire deaths could have been prevented. Seniors are especially vulnerable because many live alone and can't respond quickly.

For more information contact:

The U. S. Fire Administration
16825 South Seton Avenue
Emmitsburg, MD 21727

or

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



Homeland Security



Exposing an Invisible Killer

A Factsheet on the Dangers of Carbon Monoxide

Each year in America, unintentional carbon monoxide (CO) poisoning claims more than 400 lives and sends another 20,000 people to hospital emergency rooms for treatment.

The U. S. Fire Administration (USFA) and the National Association of Home Builders (NAHB) would like you to know that there are simple steps you can take to protect yourself from deadly carbon monoxide fumes.

UNDERSTANDING THE RISK

WHAT IS CARBON MONOXIDE?

Carbon monoxide is an odorless, colorless and toxic gas. Because it is impossible to see, taste or smell the toxic fumes, CO can kill you before you are aware it is in your home. At lower levels of exposure, CO causes mild effects that are often mistaken for the flu. These symptoms include headaches, dizziness, disorientation, nausea and fatigue. The effects of CO exposure can vary greatly from person to person depending on age, overall health and the concentration and length of exposure.

WHERE DOES CARBON MONOXIDE COME FROM?

CO gas can come from several sources: gas-fired appliances, charcoal grills, wood-burning furnaces or fireplaces and motor vehicles.

WHO IS AT RISK?

Everyone is at risk for CO poisoning. Medical experts believe that unborn babies, infants, children, senior citizens and people with heart or lung problems are at even greater risk for CO poisoning.

WHAT ACTIONS DO I TAKE IF MY CARBON MONOXIDE ALARM GOES OFF?

What you need to do if your carbon monoxide alarm goes off depends on whether anyone is feeling ill or not.

IF NO ONE IS FEELING ILL:

1. Silence the alarm.
2. Turn off all appliances and sources of combustion (i.e. furnace and fireplace).
3. Ventilate the house with fresh air by opening doors and windows.
4. Call a qualified professional to investigate the source of the possible CO buildup.

IF ILLNESS IS A FACTOR:

1. Evacuate all occupants immediately.
2. Determine how many occupants are ill and determine their symptoms.
3. Call your local emergency number and when relaying information to the dispatcher, include the number of people feeling ill.
4. Do not re-enter the home without the approval of a fire department representative.
5. Call a qualified professional to repair the source of the CO.

PROTECT YOURSELF AND YOUR FAMILY FROM CO POISONING

- Install at least one carbon monoxide alarm with an audible warning signal evaluated by a nationally recognized laboratory, such as Underwriters Laboratories (UL), near the sleeping areas and outside individual bedrooms. Carbon monoxide alarms measure levels of CO over time and are designed

to sound an alarm before an average, healthy adult would experience symptoms. It is very possible that you may not be experiencing symptoms when you hear the alarm. This does not mean that CO is not present.

- Have a qualified professional check all fuel burning appliances, furnaces, venting and chimney systems at least once a year.
- Never use your range or oven to help heat your home and never use a charcoal grill or hibachi in your home or garage.
- Never keep a car running in a garage. Even if the garage doors are open, normal circulation will not provide enough fresh air to reliably prevent a dangerous buildup of CO.
- When purchasing an existing home, have a qualified technician evaluate the integrity of the heating and cooking systems, as well as the sealed spaces between the garage and house. The presence of a carbon monoxide alarm in your home can save your life in the event of CO buildup.

For more information contact:

The U. S. Fire Administration
16825 South Seton Avenue
Emmitsburg, MD 21727

or

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



Homeland Security

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

By accepting this Authorization to Provide Services, the Provider agrees to provide the services in accordance with the terms and conditions agreed to in signing the Medical Assistance Program Provider Agreement as a designated Qualified Service Provider or Basic State Assistance Provider. If an authorization is for multiple providers, the monthly total authorized units for a client may not be exceeded by the combined providers. This authorization is time limited and is not a guarantee of payment for services. Client eligibility for Medicaid can be verified by calling VERIFY at 1-800-428-4140 or 701-328-2881. Client may be responsible for recipient liability that is payable to the Provider. Provider is responsible for maintaining documentation by task supporting services provided.

Qualified Service Provider(s) Name and Number and Physical Address		Client Name: Last First Middle		
		Member ID Number ND		Telephone Number
		Street Physical Address		
Client agrees to pay a SPED Service Fee of \$ _____				
Rural Differential: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Date RD Removed	City	State	ZIP Code
Authorization Period From: _____ To: _____		Six Month Review Authorization Period From: _____ To: _____		
Write-in Service being authorized	Service	Procedure Code	Units	Amount
	Service	Procedure Code	Units	Amount

Personal care services tasks authorized. Check all that apply (An explanation of the tasks is printed on the back of this form.)
 * Provider must carry a physical assessment to provide this task.
 ** 1 or more of these tasks must be authorized and provided on a daily basis before daily rate can be used.

<input checked="" type="checkbox"/> Bathing	10 Units	<input type="checkbox"/> Eye Care	
<input type="checkbox"/> Dress/Undress **		<input type="checkbox"/> Hair Care/Shaving	
<input type="checkbox"/> Feeding **		<input type="checkbox"/> Community Integration	
<input type="checkbox"/> Incontinence **		<input type="checkbox"/> Skin Care	
<input type="checkbox"/> Mobility (Inside) **		<input type="checkbox"/> Teeth, Mouth, Denture Care	
<input type="checkbox"/> Toileting **		<input type="checkbox"/> Mobility (Outside)	
<input type="checkbox"/> Transferring/Turning/Positioning **		<input type="checkbox"/> Communication	
Meal Prep		<input type="checkbox"/> Money Management	
<input type="checkbox"/> Meal Preparation **		<input type="checkbox"/> Exercises *	
Med Assist		<input type="checkbox"/> Hoyer Lift *	
<input type="checkbox"/> Medication Assistance **		<input type="checkbox"/> Indwelling Bladder Catheter *	
Laundry/Shop/Hsk		<input type="checkbox"/> Medical Gases *	
<input type="checkbox"/> Laundry		<input type="checkbox"/> Prosthesis/Orthotics *	
<input type="checkbox"/> Shopping		<input type="checkbox"/> Suppository *	
<input type="checkbox"/> Housekeeping		<input type="checkbox"/> Ted Socks *	
Client Specific Endorsement		<input type="checkbox"/> Temp/Pulse/Respiration/Blood Pressure *	
<input type="checkbox"/> Apnea Monitor	<input type="checkbox"/> Postural/Bronchial Drainage	Individual to be contacted for readings	
<input type="checkbox"/> Jobst Stockings	<input type="checkbox"/> Risk Bed Care	<input type="checkbox"/> Cognitive Supervision	
<input type="checkbox"/> Ostomy Care		<input type="checkbox"/> Transportation Mileage	
		<input type="checkbox"/> Transportation Escort	

Authorization (Case Manager's Signature, County/HSC, Date) _____
 Six Month Review: If no change in tasks or units is needed, authorization to provide services is continued for the specified period.
 Authorization Canceled (Case Manager's Signature, County/HSC, Date) _____
 Case Manager's Signature, County/HSC, Date _____

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

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

2. **Client/Member ID number:** This is the client ID number that you put on the HCBS/DD Billing form when billing. You must include the preceding “ND” with the number on the billing form.

3. **Authorization Period/Six Month Review Authorization Period:** These are the days you can provide services. You cannot bill or be paid for days that are not included in these periods.

4. **Service:** Only provide services that are marked. **Procedure Code:** This is the code you use to bill on the HCBS/DD Billing form. **Units/Dollar Amount:** This is the amount of units you can provide and bill up to, if you actually provide the services within a month. **DO NOT** bill over the dollar or unit amounts. If there is more than one provider listed on this form or marked as shared, the total amount provided by all the providers together cannot go over this amount.

5. **Personal Care Services Tasks Authorized:** As a QSP you are only authorized to provide the tasks marked. The number of units written after each marked task is the most you may provide. Document by listing tasks performed. On the back of the form is a description of what is included in each task. If you have a question about whether or not you can perform the task, contact the County Case Manager.

AUTHORIZATION TO PROVIDE PERSONAL CARE SERVICES
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES/HCBS
 SFN 663 (4/20)

By accepting this authorization to Provide Personal Care Services, the Provider agrees to provide the services in accordance with standards and conditions agreed to in signing the Medicaid Waiver Program Provider Agreement as a designated Qualified Service Provider or Basic Care Assistance Provider. If an authorization is for multiple providers, the monthly total authorized units for a client may not be exceeded by the combined providers. This authorization is time limited and is not a guarantee of payment for services. Client eligibility for Medicaid can be verified by calling VERIFY at 1-800-426-4140 or 701-328-2391. Client may be responsible for resident liability for services to the Provider. Provider is responsible for maintaining documentation for task supporting services provided.

1. Qualified Service Provider(s) Name and Number and Physical Address

2. Client Name: Last, First, Middle
 Medicaid ID Number: ND Telephone Number
 Client Physical Address

3. Date of Admit to Basic Care

4. City, State, ZIP Code

5. Authorization Period: From, To
 Six Month Review Authorization Period: From, To

6. Procedure Code for Billing: T1020
 Total of Authorized Units per Task Category
 Authorized Units per Task Category per month

Daily Rate Code: T1020
 Daily Rate Code Per Day \$
 Unit Rate Code: T1019
 Basic Care Code: 4

Personal care services tasks authorized. Check all tasks for which an explanation of the tasks is printed on the back of this form.
 * Provider must carry a global endorsement to provide this task.
 ** License endorsement must be authorized and provided on a daily basis before daily rate can be used.

Activities of Daily Living (ADL):
 Bathing
 Dress/Undress **
 Feeding **
 Incontinence **
 Mobility (Inside) **
 Toileting **
 Transferring/Turning/Positioning **
 Meal Prep
 Meal Preparation **
 Med Assist
 Medication Administration **
 Ldry/Shp/Hsk
 Laundry
 Shopping
 Housekeeping

Other:
 Eye Care
 Hair Care/Shaving
 Fingernail Care
 Skin Care
 Teeth, Mouth, Denture Care
 Mobility (Outside)
 Communication
 Money Management
 Exercises *
 Hoist/Lift *
 Indwelling Bladder Catheter *
 Medical Gases *
 Prostheses/Orthotics *
 Suppository *
 Tact Socks *
 Temp/Pulse/Respiration/Blood Pressure *
 Individual to be contacted for readings
 Client Specific Endorsement (Identify)

Rural Differential Rate:
 RD 1 - Unit Rate
 RD 2 - Unit Rate
 RD 3 - Unit Rate
 Date RD Removed

Authorization (Case Manager's Signature, County/HSC, Date)
 Authorization Canceled (Case Manager's Signature, County/HSC, Date)

Six Month Review: If no change in tasks or units is needed, authorization to provide services is continued for the specified period.
 Case Manager's Signature, County/HSC, Date

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

- Authorization to Provide Personal Care Services Form SFN 663 - You must have this form before providing services for Procedure Codes T1019 or T1020 for clients authorized for Medicaid State Plan.**
- Client/Member ID number:** This is the client ID number that you put on the HCBS/DD Billing form when billing. You must include the preceding “ND” with the number on the billing form.
- Authorization Period/Six Month Review Authorization Period -** The days you can provide services. You cannot bill or be paid for days that are not included in these periods.
- Service -** Only provide services that are marked.
 - **Procedure Code** – The code you use to bill on the turnaround document (Codes T1019 or T1020).
 - **Total of Authorized Units per Task Category** – The total amount of units you can provide and bill up to, if you actually provide the services in a month. **DO NOT** bill over the unit amounts.
 - **Authorized Units per Task Category** – The amount of units per task category you can provide and bill up to, if you actually provide the services in a month. If there is more than one provider listed on this form, the total amount provided by all providers together, cannot go over this amount.
- Activities of Daily Living (ADL), Meal Prep, Med Assist, Ldry/Shp/Hsk, Other:** As a QSP, you are only authorized to provide the tasks marked. On the back of the form is a description of what is included in each task. If you have a question about whether or not you can perform the task, contact the County Case Manager.
- Rural Differential Rate:** IF this is checked, it will include the amount you can bill the Department per unit for this client only. This rate is based on where the client lives.

SFN 404 (6-2017)
Page 2 of 10

Member Name _____ Member ID _____

SECTION VI. AUTHORIZATION OF WAIVER SERVICES

By accepting this Authorization to Provide Services the Provider agrees to provide the services in accordance with standards and conditions agreed to in signing the Medical Assistance Program Provider Agreement as a designated Qualified Service Provider. If an authorization is for multiple providers the monthly total authorized dollar(s)/units for a client may not be exceeded by the combined providers. **This authorization is not a guarantee of payment for service. Providers can verify client eligibility for Medicaid by contacting VERIFY at 1-800-428-4140 or 701-328-2891. Clients may be responsible for a recipient liability or service fee that is payable to the Qualified Service Provider.**

Qualified Service Provider(s) Name (Last, First) _____ QSP Number _____ Client Name (Last) _____ First Name _____

Physical Address of QSP Providing Service _____ Recipient ID Number _____

City _____ State _____ ZIP Code _____ Address _____ Telephone Number _____

Rural Differential Per (Person/Day) _____ City _____ State _____ ZIP Code _____

Authorization Period: From: _____ To: _____ Authorization Not to Exceed Interim Unit Rate: \$ _____ Authorization Not to Exceed Daily Rate of: \$ _____

SECTION VIII.
Service(s) Authorized: Please check service, indicate procedure code, units authorized, and record dollar amount for the service.

Service	Procedure Code	Units	Dollar Amount	Service	Procedure Code	Units	Dollar Amount
<input type="checkbox"/> Adult Day Care		\$		<input type="checkbox"/> Family Personal Care			\$
<input type="checkbox"/> Adult Foster Care		\$		<input type="checkbox"/> Homemaker			\$
<input type="checkbox"/> Adult Residential Service		\$		<input type="checkbox"/> Home Delivered Meals			\$
<input type="checkbox"/> Attendant Care		\$		<input type="checkbox"/> Supervision			\$
<input type="checkbox"/> Chore Costs - Total		\$		<input type="checkbox"/> Respite Care Service			\$
ERS		\$		<input type="checkbox"/> Specialized Equipment			\$
Chore Task (Describe Below)		\$		<input type="checkbox"/> Transitional			\$
<input type="checkbox"/> Environmental Modification (Attach Approved Estimate)		\$		<input type="checkbox"/> Non-Medical Transportation			\$
<input type="checkbox"/> Extended Personal Care		\$		Driver/Vehicle			\$
				Mileage			\$
				Escort			\$
				Other (Describe Below)			\$

SECTION IX.
Task(s) Authorized: Please all authorized tasks. (An explanation of the tasks is printed on the back of this form.)

<input type="checkbox"/> Bathing	<input type="checkbox"/> Feeding	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Nail (Finger) Care	<input type="checkbox"/> Toileting
<input type="checkbox"/> Communication	<input type="checkbox"/> Hair Care/Shaving	<input type="checkbox"/> Medication Assistance	<input type="checkbox"/> Shopping	<input type="checkbox"/> Transferring/Turning/Positioning
<input type="checkbox"/> Community Integration	<input type="checkbox"/> Housework	<input type="checkbox"/> Mobility - Inside	<input type="checkbox"/> Skin Care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Dress/Undress	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Mobility - Outside	<input type="checkbox"/> Social Appropriateness	
<input type="checkbox"/> Eye Care	<input type="checkbox"/> Laundry	<input type="checkbox"/> Money Management	<input type="checkbox"/> Teeth, Mouth, Denture Care	

GLOBAL ENDORSEMENTS: Only a provider who carries a global endorsement may provide these activities and tasks. Refer to the QSP list to determine which global endorsements the provider is approved to provide.

<input type="checkbox"/> Cognitive/Supervision	<input type="checkbox"/> Hoyer Lift	<input type="checkbox"/> Medical Gases	<input type="checkbox"/> Suppository	<input type="checkbox"/> Temp/Pulse/Respiration/ Blood Pressure (Individual to be contacted for readings)
<input type="checkbox"/> Exercises	<input type="checkbox"/> Indwelling Bladder Catheter	<input type="checkbox"/> Prosthesis/Orthotics	<input type="checkbox"/> Ted Socks	

CLIENT SPECIFIC ENDORSEMENTS: Documentation by a health care provider required verifying client specific instructions.

<input type="checkbox"/> Apnea Monitor	<input type="checkbox"/> Jobs/Stockings	<input type="checkbox"/> Ostomy Care	<input type="checkbox"/> Postural/Bronchial Drainage	<input type="checkbox"/> Rik Bed Care
--	---	--------------------------------------	---	---------------------------------------

Annual/Initial Authorization (Case Manager's Signature/Date) _____ Provider Signature _____

Authorization Canceled (Case Manager's Signature/Date) _____

Send to Department _____

- 1. Authorization of Waiver Services Form SFN 404:** You must have this form before providing services.
- 2. Client/Member ID number:** This is the client ID number that you put on the HCBS/DD Billing form when billing. You must include the preceding "ND" with the number on the billing form.
- 3. Authorization Period:** These are the days you can provide services. You cannot bill or be paid for days that are not included in this period.
- 4. Service:** Only provide services that are marked. **Procedure Code:** This is the code you use to bill on the HCBS/DD Billing form. **Units/Dollar Amount:** This is the amount of units you can provide and bill up to, if you actually provide the services within a month. **DO NOT** bill over the dollar or unit amounts. If there is more than one provider listed on this form or marked as shared, the total amount provided by all the providers together cannot go over this amount.
- 5. Tasks Authorized:** As a QSP, you are only authorized to provide the tasks marked. The number of units written after each marked task is the most you may provide. Document by listing tasks performed. On the back of the form is a description of what is included in each task. If you have a question about whether or not you can perform the task, contact the County Case Manager.