June 2022

QUALIFIED SERVICE PROVIDER
Agency Handbook

Enrollment Procedures & Required Standards

Issued by:

NORTH Dakota Human Services

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.

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

This handbook contains the requirements for you to enroll as a provider delivering services for which you want to receive public pay.
Provider Enrollment Contact Information

Forms must be completed with a pen or typed.

Send completed packets by email, fax or mail to:

Email: QSPEnrollment@noridian.com

Phone: 701-277-6933

Fax: 701-277-6635

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

The Department has partnered with the University of North Dakota to provide QSP assistance with completing the application forms if needed.

You can contact them at:

Phone: (701) 777-3432

Email: info@ndqsphub.org

Please refer to page 64 for further information.
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Home & Community Based Services (HCBS) Information

The North Dakota Department of Human Services funds and oversees Home and Community Based Services (HCBS) for the elderly and disabled, which includes services essential and appropriate to sustain individuals in their homes and communities and to delay or prevent institutional care. Clients are assessed by a case manager to determine if they are eligible for HCBS programs. The assessment includes both Functional Eligibility and Financial Eligibility.

Once the client is found eligible, the following law applies:

- Effective July 1, 1989, state law requires that each person eligible for services under Chapter 50-06.2 of the North Dakota Century Code (this includes HCBS), or the person’s representative, must be free to choose among available qualified service providers (QSP’s) that offer competitively priced services.

- The law also states that HCBS Case Managers must inform each eligible client of the available QSPs in their service area to provide the service(s) needed by the eligible aged or disabled client.

QSP agency providers may be eligible to provide the following services: Adult Day Care, Adult Residential Service, Attendant Care, Case Management, Chore Service, Community Support Services, Companionship, Emergency Response System, Environmental Modification, Extended Personal Care (Nurse and Non-Nurse), Home Delivered Meals, Homemaker, Non-Medical Transportation (Driver and Escort), Nurse Education, Nurse Management, Nursing Assessment, Personal Care, Residential Habilitation, Respite Care, Specialized Equipment, Supervision, Supported Employment, Transition Coordination, and Transitional Living.

- If you plan to work for private pay clients only, you do not have to enroll as a Qualified Service Provider.

- If you have not provided services to a public paying client or provided services in which the HCBS department is billed within the last 12 months, your QSP status may be closed.
Definitions:

- **Abuse**: Any willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation to or of a vulnerable adult.

- **Adaptive Equipment**: Equipment and supplies, which enable recipients to increase their abilities to perform ADLs. See also “Specialized Equipment and Supplies”.

- **Adult Day Care (ADC)**: A program of non-residential activities provided at least three (3) hours per day on a regularly scheduled basis, one or more days per week and encompasses both health and social services needed to ensure the optimal functioning of the individual.

- **Adult Residential Care (ARS)**: 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.

- **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.

- **Aggregator**: supports claims integration and claims auditing, allowing payers to connect adjudication to visit verification data in real time.

- **Attendant Care (AC)**: Hands on care, of both a supportive and medical nature, specific to a client who is ventilator dependent for a minimum of 20 hours per day. Service is provided by a QSP, who is 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.

- **Case Management Service (CM)**: 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.

- **Case Manager (CM)**: An agency staff member who is a Licensed Social Worker (LBSW) and who is responsible for completing a comprehensive assessment, developing and implementing of client’s plan of care for service.

- **Chore**: 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.

- **Client:** An individual who meets the eligibility requirements and is receiving services from the Department.

- **Client Share (also known as Service Fee, Cost Share, or Recipient Liability):** Amount a client required to pay towards the cost of HCBS Services. This amount is deducted from the QSP’s payment prior to payment being issued. The QSP then collects this amount from the client.

- **Community Support (CS):** Community supports is formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant’s ability to independently reside and participate in an integrated community. Community Supports may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.

- **Community Transition (CT):** To assist eligible individuals transitioning from an institution or another provider-operated living arrangement (to include skilled nursing facility, adult residential, adult foster care, basic care, and assisted living) to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses and needs non-recurring set-up expenses.

- **Companionship (COMP):** Non-medical care, supervision and socialization, provided to a waiver recipient who lives alone or with an individual who is not capable or obligated to provide the service. Companions may assist or supervise the participant with such tasks as meal preparation, laundry and shopping but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. This service must be provided in accordance with a therapeutic goal in the service plan.

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

- **Cost Share:** (see Client Share)

- **Critical Incidents:** any actual or alleged event or situation that created a significant risk of substantial or serious harm to the physical or mental health, safety, or wellbeing of any client receiving HCBS.

- **Documentation:** Written records of the start time, end time and the specific service/task provided for a client.
• **Electronic Visit Verification (EVV):** is a Federal requirement from the 21st Century Cures Act that will impact QSPs. EVV is a system that uses a mobile device application in a phone, tablet, or laptop that records the beginning and ending time of services provided to individuals in their homes by providers. This electronically verifies that the service was provided at a particular location where the service is authorized as required by the law. This will be effective January 1, 2020 and can be used for billing and payment of services.

• **Endorsement:** A task that requires special skill and approval.
  
  o **Global Endorsement:** These endorsements will apply to all clients requiring this endorsement.
  
  o **Client Specific Endorsement:** These endorsements require client specific instruction for each individual client for whom you provide care requiring this endorsement.

• **Emergency Response System and Installation (ERS):** Installation and monthly monitoring of an electronic device enabling the client to secure help in an emergency by activating the “help” button they are wearing. The system is connected to the client’s phone and programmed to signal a response center once a “help” button is activated.

• **Environmental Modification (EM):** 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. The home must be owned by the recipient or the recipient’s family member.

• **Extended Personal Care Nurse/Non-Nurse (ExPC):** 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.

• **Financial Exploitation:** Use or receipt of services provided by the vulnerable adult without just compensation, the taking, acceptance, misappropriation, or misuse of property or resources of a vulnerable adult by means of undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful or improper means.

• **Fraud:** A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.

• **Home Delivered Meals (HDM):** 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 (HM):** Intermittent, non-personal care tasks such as housekeeping, laundry and shopping.

• **Individual Program Plan (IPP):** An individualized plan that describes the tasks or training that will be done for a client receiving Transitional Living Services or Community Transitions Services. The IPP shows how the QSP will work toward the client’s goals.

• **Limited to Tasks:** Limits and cautions placed on tasks provided by QSPs.

• **Medical Services Division/The Department:** A Division within the Department of Human Services with administrative responsibility to enroll QSPs, conduct audits, and set rates for HCBS Services.

• **Mental Anguish:** Means psychological or emotional damage that requires medical treatment or care or is characterized by behavioral change or physical symptoms.

• **National Provider Identifier Number (NPI):** An NPI is a unique identification number for covered health care providers, created to improve the efficiency and effectiveness of electronic transmission of health information.

• **Non-Medical Transportation (NMT):** 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.

• **Neglect:** The failure of a caregiver to provide essential services necessary to maintain the physical and mental health of a vulnerable adult, or the inability or lack of desire of the vulnerable adult to provide essential services necessary to maintain and safeguard the vulnerable adult's own physical and mental health.

• **Non-Medical Transportation Driver with Vehicle (NMT-D):** 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.

  - NMT Providers are responsible to maintain employee records throughout employment to show continuous, current proof of vehicle insurance. This information must be kept in your employee personnel files only. You do not need to submit this information to the Department unless requested during an audit.

  - If the provider plans to use a vehicle they do not own, written permission from the owner of the vehicle is required to use for services of Non-Medical Transportation.

• **Non-Medical Transportation Escort (NMT-E):** An escort may be authorized to accompany a client who uses public transportation IF the client requires assistance in boarding and exiting as well as while being transported AND the escort must be needed by the client in completing the activity. A QSP cannot be reimbursed for escort services while driving.
• North Dakota Health Enterprise MMIS Portal: The North Dakota Medicaid system in which payment for QSP Services is processed.

• Nurse Educator (NE): A service to include nurse assessment, care planning, training of nursing tasks for a client who is receiving services provided by a QSP enrolled to provide Extended Care Services. This service is provided by a QSP employee who is a nurse licensed by and in good standing with the ND Board of Nursing.

• Nurse Management (NM): A service to include nurse assessment, care planning, delegation of nursing tasks, and monitoring quality of care to a client receiving services by a QSP enrolled to provide Attendant Care Services. Service is provided by a QSP who is licensed by and in good standing with the ND Board of Nursing.

• Nursing Assessment (NA): This service is used in conjunction with the Community Transition Services to provide an assessment to individuals with a medical need.

• Personal Care Service (PC): Assistance with bathing, dressing, toileting, incontinence, medication assistance, transferring, mobility in the home, eating, personal hygiene (e.g. fingernail care, skin and mouth care and exercises). This service may include assistance with environmental activities as authorized by the HCBS Case Manager.

• Physical Injury: Damage to bodily tissue caused by nontherapeutic conduct, which includes fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness, or impairment of physical function.

• Provider Number: Number assigned to the enrolled QSP.

• Quality Improvement (QI) Program: A program that identifies, addresses, and mitigates harm to individuals being served. Agencies are required to meet five core standards.

• Recipient Liability: (see Client Share)

• Remittance Advice (RA): A document created in MMIS that lists the claims submitted, including the days billed, amount billed, amount paid, or amount denied for that payment period. It also includes the payment total for the past year. If the claim was paid less than submitted, it will include the reason and the reason for denial.

• Residential Habilitation (RH): Formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant’s ability to independently reside and participate in an integrated community. Residential Habilitation may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private
residence owned or leased by a participant. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.

- **Respite Care (RC):** 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. Requires cognitive endorsement.

- **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.

- **Service:** Work done by a provider for payment.

- **Service Authorization (SA):** A state form created 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.

- **Service Fee:** (see Client Share)

- **Sexual Abuse or Exploitation:** Includes those sex offenses defined in sections 12.1-20-02, 12.1-20-03, 12.1-20-04, 12.1-20-05, 12.1-20-06, 12.1-20-07, and 12.1-20-11.

- **SFN:** State Form Number, located on the upper left side of a form.

- **Specialized Equipment Supplies:** Specialized equipment, supplies, safety devices, or assistive technology that enable individuals to increase their abilities to perform activities of daily living or to perceive, control or communicate with their environment. Coverage for services provided under the HCBS or Technology Dependent Medicaid waiver may include the cost of set up, maintenance, and upkeep of equipment, and may also include the cost of training the participant or caregivers in the operation and/or maintenance of the equipment.

- **Specialized Equipment/Assistive Technology Assessment:** This service is only covered under the HCBS and Technology Dependent Medicaid waivers. It includes a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device.

  Assistive technology includes:
  
  o The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;

  o Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;

  o Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
o Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant;

o Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

• Standard: A level of quality or excellence that is accepted as the norm for a specific task.

• Supervision (SUP): 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. Requires cognitive endorsement.

• Supported Employment (SE): 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.

• Transition Coordination (TC): Assists an individual to procure one-time moving costs and/or arrange for all non-Medicaid services necessary to assist the individual with the actual coordination and implementation of their individualized plan to move back to the community.

• Transitional Living Service (TL): 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.

• Universal Precautions: Caregivers who have direct individual contact are required to follow certain guidelines to prevent the spread of infectious diseases. They include work practices to avoid contamination by blood, body fluids, secretions, excretions (except for sweat), nonintact skin, mucous membranes, dried blood, and other body substances including saliva.

• Vulnerable Adult: An adult who has substantial mental or functional impairment.

• Waste: Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.
List of Required Policies & Procedures

The following policies and procedures must be established by all Agencies including Emergency Response Services, Home Delivered Meals, Environmental Modification, and Specialized Equipment. These policies must be established prior to initial enrollment and reviewed and updated with each renewal. These are not required to be submitted but must be available upon request.

☐ Agency Compliance Program (see Page 52 for more information)

☐ Process of Reporting suspected FWA
  o Include process for notifying the Department when an agency employee has been terminated for suspected fraudulent behavior

Additional policies and procedures must be developed by all other agency providers. See appendix, Page 53 for Quality Improvement (QI) Program requirements.
**STEP 1: ENROLLMENT**

All required information must be received and completed correctly before the Department can finalize enrollment or renewal. If assistance is needed with the enrollment process, the QSP Hub is an available resource. Information for contacting the QSP Hub is available in the Appendix section of this handbook. Agency renewals require the same documentation as an initial enrollment. Please use the next few pages as a checklist to meet all requirements.

**PLEASE NOTE:**

ND Administrative Code 33-03-10.1-03, prohibits name combinations for QSP Agencies from the use of terms “home health agency” or “home health services”.

**Services:**

It is important to first determine which services your agency will be providing. Additional documents related to the specific services that your agency provides may be required or waived. Please refer to “Services Requiring Additional Information” on Pages 17-24 and “Specific Service Enrollment Requirements” on Page 31 of this handbook for further information.

**Required Forms**

- **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
  

- □ Copy of a voided check or documentation from financial institution for direct deposit

- **SFN 583** – North Dakota Medicaid Electronic Remittance Advice (835) Enrollment
  

- □ Agency Employee Verification Checklist (See Page 32 for additional details)
  
  - All employees that provide direct services to public pay clients must be listed.

The following forms are needed for each employee that will be providing QSP Services to Public Pay clients:

- **SFN 433** – Child Abuse and Neglect Background Inquiry (See Pages 15-18 for additional details)
  

- **SFN 750** – Documentation of Competency OR Copy of License/Certification (See Pages 15-18 for additional details)
  
Required Documents

☐ Organizational Chart with key positions (include names of staff)
  ◦ 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 and should be listed on the SFN 1168

☐ Job descriptions of each employee position

☐ Copy of Government issued ID for individuals listed on the SFN 1168
  ◦ Include current agents, managing employees, and/or board of directors

☐ Private pay service fee schedule

☐ Current Verification of Unemployment Insurance coverage

☐ Current Verification of Workforce Safety and Insurance coverage

☐ Verification of Registration with ND Secretary of State Office

☐ Fraud, Waste and Abuse Training Completion Certificate of designated training employee
Agency Employee Requirements

The following pages detail the information that is required for each staff person providing direct services to HCBS Clients. To ensure that program standards are met, all providers agree to screen their employees and contractors per Federal Regulations.

A copy of the Agency Employee Verification Checklist is found on page 31.

Prior to an employee providing services to public pay clients:
- Confirm the identity of the employee or contractor.
- Search all websites required on the Employee Verification Checklist
- Contact the Department for prior approval if any employee is identified on any of the required sites during your screening process.

Ongoing throughout enrollment:
- Continue to screen employees/contractors on a routine basis and immediately report any findings to the Department. If at any time, an employee is found not to meet the standards outlined, funds may be recouped from your agency for noncompliance with program standards.

• There can be no less than two direct service staff that can provide backup as needed for clients. Employees should have the same global endorsements and client specific endorsements as needed to serve your clients.

• Staff members must always meet the provider standards and agreements during their employment if providing services to public pay clients.

• Information regarding Direct Bearing Offenses and provider standards found in ND Administrative Code 75-03-23-07 can be found at the following website: http://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf

• Staff must review the following fact sheets found in the appendix, on Pages 58-63
  - Fire Safety Fact Sheet
  - Carbon Monoxide Fact Sheet
  - Guidelines for Universal Precautions
  - Why We Wear Masks

• All employees that provide direct services to public pay clients must be listed.
• All information must be completed on the checklist for each employee at initial hire and updated noting most recent date of ongoing routine background site checks.
• A copy of the verification checklist must be submitted to the Department at initial enrollment and renewal.
• Do not include employees that are not providing direct services to public pay clients such as janitorial, administration, etc.
• Check all names used by the employee in the past (Include maiden names/aliases).
• The checklist indicates which information should be kept in your personnel files and what must be submitted with your enrollment. Please provide only the required documents. Information not required with your application should be kept in your employee personnel files.
• In the event of an audit, the Department may ask you for these records. If the documents cannot be provided, the Department may recoup funds paid for services rendered by agency staff that do not have the required verifications.

• Required website verifications for employees.
  If an employee or an owner with direct or indirect ownership of more than 5% in your agency is shown on any of these lists, contact the Department for approval.

  • District State Court website for criminal history/court information
    o http://publicsearch.ndcourts.gov/default.aspx
    o State of North Dakota – criminal/traffic category only. Contact the QSP Enrollment Administrator if there are any guilty findings or if the individual is currently on probation.

Individu...
- Box 2 – Indicates the individual is listed on the ND Child Abuse/Neglect Information Index and has a finding of Services Required.
- If this box is checked, the agency must contact the Human Service Zone(s) listed in Part IV to obtain additional information related to the finding of Services Required. The completed SFN 433 must be included in this correspondence. The agency cannot make a determination on their own. If a determination is made without prior approval from the Department, the agency is responsible for paying back any funds paid to you provided by that employee.
- The completed SFN 433 and additional requested information must then be forwarded to The Department for further review to determine if this employee meets the standards to provide QSP Services. Until a determination is made, the employee cannot provide services to HCBS clients.
- If you are given approval by the Department for an employee, this will be provided in writing by email or mail and should be kept in your employee personnel file.

  - The finalized form is valid for two years once signed by CFS. A new form must be completed prior to expiration of document.
  - New agencies should send all SFN 433’s completed by CFS to QSP Enrollment Office along with your other application forms.
  - Renewing agencies should send a copy of the most recent, valid form at the time of renewal request. Submit a new form to CFS only if the current form on file is nearing the two-year expiration.

- **SFN 750 – Documentation of Competency OR CNA/LPN/RN Certification/Licensure**

  - Complete this form for all staff that provide direct services to HCBS Clients (unless staff has a current CNA, RN or LPN). Form must be completed prior to providing services to public pay clients.
  - The form is valid for two years. A new form must be completed prior to expiration of document.
  - It is important that the SFN 750 is completed correctly. Forms that have missing or incomplete information will not be accepted, and a new form will be required.
  - Certificates or other forms acknowledging completion of a training or education program that focuses on in-home care, will be considered if the curriculum includes standards 5 through 25 (on SFN 750), and the training program is provided by a licensed health care professional. The program must also have a renewal process every two years.
  - Verification of Employee Signing the Documentation of Competency. A qualified individual with current licensure must sign the SFN 750 for your employee. A qualified provider is defined as:
    - Physician, Physician’s Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Physical Therapist (PT), Occupational Therapist (OT), Chiropractor.
    - To verify licensure of individual signing the SFN 750:
      - Board of Occupational Therapy. Checked to verify credentials of the individual certifying the SFN 750. [https://www.ndotboard.com/](https://www.ndotboard.com/)
      - Board of Physical Therapy. Checked to verify credentials of the individual certifying the SFN 750. [https://www.ndbpt.org/verify.asp](https://www.ndbpt.org/verify.asp)
      - Board of Chiropractic Examiners. Check to verify credentials of the individual certifying the SFN 750: [https://www.ndsbce.org/](https://www.ndsbce.org/)
• Competency verified by CNA/RN/LPN
  o Include a copy of the license or certificate.
  o Verify employee’s credentials and or any complaints or judgments against employee.
    ▪ Certified Nurse Assistant Registry – CNA.
      ▪ [http://www.health.state.nd.us/HF/North_Dakota_certified_nurse_aide.htm](http://www.health.state.nd.us/HF/North_Dakota_certified_nurse_aide.htm)
      ▪ Individuals must be on this list to verify they have a current certificate and do not have any disciplinary actions.
    ▪ Board of Nursing LPN/RN
      [https://www.ndbon.org/verify_renew/verify_default.asp](https://www.ndbon.org/verify_renew/verify_default.asp)
      ▪ Individuals must be on this list to verify they have a current license and do not have any disciplinary actions.
      ▪ Board of Nursing’s listing checked to verify credentials of individual certifying the SFN 750.
SERVICES REQUIRING ADDITIONAL INFORMATION
To be approved for the following services, additional information and/or forms are required as listed on the following pages. Contact QSP Enrollment at QSPEnrollment@noridian.com or (701) 277-6933 for additional information.

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Adult Day Care (ADC)

☐ SFN 55 - Statement of Actual Costs – must be completed on initial enrollment only.
  - Must be completed on initial enrollment only 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 Basic Care Assistance Program (BCAP)
  - ADC Providers who are licensed by Health Facilities or enrolled in BCAP, will have their rate established by the Department and must send proof of ADC designation from the Department of Health. (Change requested through Department of Health)
  - Nursing or Basic Care facilities cost is determined by the cost report submitted to Medical Services if their ADC Program uses the same facility staff, space, and the ADC participants are co-mingled with the facility residents. A copy of this current rate must be submitted.
- DD Providers who are designated as an ADC provider must include their DD cost report and additional supporting information.

☐ 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 the Adult Day Care Participants are co-mingled with the facility residents.

☐ ADC requires a site visit before enrollment can be finalized to assure compliance with the CMS HCBS Settings final rule (MS 2249-F/2296-F).
  - Please contact the ARDL Intake Line to connect with a Program Administrator to start the enrollment process at 1-855-462-5465
    - This form is completed by the Department and will submit this form to QSP Enrollment when completed
  - A site visit is also required at renewal.

☐ Medication Error Waiver Form - Contact the Department to obtain this required form, to be submitted with enrollment forms. This form is required at initial enrollment and renewal.
  - NOTE: A Medicaid waiver recipient cannot be provided ADC in a hospital or nursing home.

☐ Agency staff must meet all Non-Medical Transportation, Driver with Vehicle standards for enrollment if providing transportation services.

☐ Staff must have cognitive endorsement on the SFN 750 - Documentation of Competency or hold a current CNA/RN/LPN certification or licensure.

☐ Description of services provided in the ADC; ex: transportation, recreation program, PC, etc., Provide number of maximum participants, hours of operation.

☐ Copy of lease agreement at initial enrollment.

☐ Required: Quality Improvement Program (refer to appendix)

**Adult Residential Care (ARC) - Memory Care or Traumatic Brain Injury (TBI)**

☐ SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.

☐ Must submit copy of Basic Care Facility license.

☐ Requires a site visit before enrollment can be finalized to assure compliance with the CMS HCBS Settings final rule (MS 2249-F/2296-F).
  - Please contact the ARDL Intake Line to connect with a Program Administrator to start the enrollment process at 1-855-462-5465
    - This form is completed by the Department and will submit this form to QSP Enrollment when completed
  - A site visit is also required at renewal.

☐ Provide copies of the following policies/information:
  - Describe admission and discharge policies.
  - Describe how the building is conducive to the care of the target population; include a floor plan of the building.
  - 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.
• Provide an outline of the staff training for programs designed for clients in special diagnostic categories i.e. TBI Residential, TBI Transitional, and Adult Residential.
• TBI Residential Facilities:
  o Describe the process used to develop an Individual Program Plan.
  o Describe the agencies restraint policy - must comply with NDCC 50-10.2-02(1).

□ Staff must have cognitive endorsement on the SFN 750 - Documentation of Competency or hold a current CNA/RN/LPN certification or licensure.

□ Medication Error Waiver Form - Contact the Department to obtain this required form, to be submitted with enrollment forms. This form is required at initial enrollment and renewal.

□ If any current contracts, review to determine if the facility has any stop gaps that would not enable them to be a QSP (example: have a current contract that states the facility will not seek any more federal funding of beds). Submit statement confirming these contracts have been reviewed.

□ No other HCBS service would be combined with Adult Residential Care Services. The agency can enroll in other services, but those services must be provided in a separate unit in their facility.

□ ARS Waiver Form - Contact the Department to obtain this required form, to be submitted with enrollment forms. This form is required at initial enrollment and renewal.

□ Required: Quality Improvement Program (refer to appendix)

**Assisted Living Personal Care (PC-AL)**

□ Must submit copy of Assisted Living Facility license.

□ Required: Quality Improvement Program (refer to appendix)

**Attendant Care Services (AC)**

□ Contact the Department at 701-328-4602 to verify eligibility to provide this service.

□ SFN 644 - Attendant Care agreement. Must be signed by each staff person, and the Nurse Manager. This is required at the time of initial enrollment and renewal.

□ SFN 643 - Nurse Management Agreement. Must be signed by the Nurse Manager and submitted with the enrollment forms. This is required at the time of initial enrollment and renewal.

□ Required: Quality Improvement Program (refer to appendix)

**Case Management (CM)**

□ Requires staff person with one of the following (send copy of licensure):
  • Licensed Baccalaureate Social Worker (LBSW).
  • Licensed Master Social Worker (LMSW).
• Licensed Clinical Social Worker (LCSW).

☐ Required to complete training on Department policy. Training is provided by HCBS state Staff. Please contact the ADRL Intake Line to connect with a Program Administrator to start the process at 1-855-462-5465

☐ Signed Memorandum of Understanding (MOU) of Waiver Function assurance requirements. Please contact the Department to obtain this required form.

☐ Copy of confidentiality agreement. Contact the Department to obtain this required form.

☐ For Indian Tribal Organizations, please contact the ADRL Intake Line to connect with a Program Administrator at 1-855-462-5465

Chore Services

☐ Professional Extermination
  • A signed, dated statement including the following must be provided by each employee providing the service (at initial enrollment and renewal).
    o Attest to the knowledge of generally accepted procedure for pest extermination.
    o Provide a copy of the exterminator’s current license.

☐ Labor/Snow Removal
  • A signed, dated statement including the following must be provided by each employee providing the service (at initial enrollment and renewal).
    o Properly follow manufacturer’s instructions for supplies used and equipment needed to complete specific chore tasks
    o Generally accepted procedure for seasonal or unusual/heavy cleaning
  • Contact the Department to obtain this required form.

Community Support Service

☐ Contact the ARDL Intake Line to connect with a Program Administrator to begin training for this service at 1-855-462-5465
  • Providers must ensure that staff are adequately trained and qualified as evidenced by:
    • Written job descriptions for employees that include plans for participation in training and include requirements for education, experience, and skills
    • In-service training to direct contact staff by the program coordinator on implementation of individual's programs and observation of implementation in the service setting
    • All staff must complete Department approved modules of Medication Administration, TBI and Dementia training
    • The agency must complete Level 1 Council on Quality and Leadership (CQL) accreditation
    • Agency must name a Program Coordinator with at least a bachelor’s degree in a human service field or RN license and a minimum of one year experience working directly with people with physical disabilities

☐ Licensed DD providers are exempt from submitting the SFN 750/CNA/RN/LPN

☐ Agency QSPs enrolled under NDAC 75-03-23 may include Agency Foster Home for Adults Facilities (AFHA) licensed according to proposed NDAC 75-03-21.1 and DD Providers
Licensed for Community Support licensed according to NDAC 75-04-01. If providing service to clients in home, this license would not be needed.
- Instead, please refer to the AFHA Handbook to enroll in this service if the agency wishes to provide this service in this setting

☐ Required: Quality Improvement Program (refer to appendix)

**Community Transition Service (CT)**

☐ Associate or bachelor’s degree in sociology, social services, social work, nursing, or a field related to programmatic needs from an accredited university.
- Staff with an associate degree must also have at least one year of progressively responsible experience in programs related to the task.

☐ Required: Quality Improvement Program (refer to appendix)

**Companionship Service**

☐ Organizations enrolled as a QSP that provide companion service under the Corporation for National and Community Service Senior Companion Programs
- Organization providers must meet all the standards established by the Corporation for National and Community Service National and Community Service Senior Companion program grantees.
- Verification of organization credentials is done by the national corporation.
- Organization employees/volunteers do not need to submit the SFN 750 or carry the Cognitive/Supervision global endorsement otherwise required.

☐ Employees of agency without the above enrollment must carry the Cognitive/Supervision global endorsement on the SFN 750.

☐ Agency employees that are identified as a relative of the recipient cannot provide this service.

☐ Required: Quality Improvement Program (refer to appendix)

**Emergency Response Services (ERS)**

☐ SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.

☐ If only providing this service, the following documentation is NOT required to be submitted:
- Agency Employee Verification Checklist and corresponding forms

**Environmental Modification**

☐ Provide copy of current specialty license (i.e. general contractor, electrician, plumbing, etc.)
- If the agency is not licensed and intends on only accepting jobs and/or projects under $4,000, this is not required.
- Instead, a letter of professional reference relevant to your ability to complete the necessary work must be submitted

☐ Provide liability insurance and bonding.

☐ If only providing this service, the following documentation is NOT required to be submitted:
- Agency Employee Verification Checklist and corresponding forms
If the agency subcontracts this service out, the agency must retain the following information from the subcontractor in their files prior to providing this service:

- A copy of the subcontractor’s specialty license, if applicable, (i.e. general contractor, electrician, plumbing, etc.)
  - Or, a letter of professional reference relevant to their ability to complete the necessary work for any unlicensed handyman/contractor/tradesman
- Registration with the North Dakota Secretary of State
- Verification of good standing with Workforce Safety and Insurance (WSI)
- Proof of liability insurance and bonding

Extended Personal Care – Nurse & Non-Nurse

- SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.
  - If enrolling in both Non-Nurse and Nurse, a separate form must be completed for each service type.

- The following forms must be completed by each employee providing the service:
  - If employee is a Non-Nurse: SFN 576 – Extended Personal Care Service Provider Agreement
  - If employee is a Nurse: SFN 577 – Nurse Educator Nursing Plan of Care (NPOC)
    - Copy of nursing license

Home Delivered Meals

- Provide one of the following:
  - Verification of current contract with DHS/Aging Services Division as an Older Americans Act (OAA) Nutrition Provider.
  - Copy of food establishment license
  - Must be hospital, nursing home, or basic care facility and include copy of license.

- Provide information on how you meet all applicable federal, state, and local laws and regulations. (NDAC 33-33-04 Safe food handling).

Non-Medical Transportation - Driver

- Signed statement on page three of SFN 1606 to affirm that the vehicle(s) used to provide transportation is/are in good operating order, including the brakes, lights, tires, and seatbelts; and agrees that the State of North Dakota shall not be liable for any damages that may arise out of or resulting from operating of vehicle(s).

- Employee must have a current, valid driver's license, in good standing with the State of residency.
  - A current proof of valid license must always be kept in employee personnel file and submitted to the State at the time of initial enrollment and renewal.

- Employees with a DUI (Driving Under the Influence) conviction within the past three (3) years are not eligible to provide this service.
For each employee providing this service, provide the following information at initial enrollment and renewal:

- Current official comprehensive driving record from the Department of Transportation [http://dot.nd.gov/divisions/driverslicense/recordservices-suspensions.htm](http://dot.nd.gov/divisions/driverslicense/recordservices-suspensions.htm)
  
  Please note: The limited record option does not provide adequate information. The comprehensive report is required.

- For a comprehensive copy of your driving record, you must complete SFN 51386 – Request for Driver Abstract and mail payment to: Driver’s License Division, 608 E. Blvd Ave, Bismarck ND 58505-0750.

Employee statement, signed and dated, kept in employee file to attest to:

- If the employee is providing their own personal vehicle to transport clients, attest that the vehicle is in good operating order, including the brakes, lights, tires and seatbelts.

- Employee agrees that the State shall not be liable for any damages which may arise out of or result from the operation of the vehicle.

The following information should be kept in your employee personnel record. This does not need to be sent to the State unless requested during an audit:

- Employee must have a valid vehicle insurance policy or if driving an agency vehicle, the agency must have adequate coverage. Copy of employee insurance records that show continuous coverage and effective date must be kept in employee personnel file. This information does not need to be submitted unless requested during an audit.

If the client needs to use a specially adapted vehicle and the provider plans to use a vehicle they do not own, the provider must obtain written permission from the owner of the vehicle to use the vehicle for the services of Non-Medical Transportation. The provider and owner are responsible to check with the insurance carrier to assure they have coverage for providing transportation to clients.

Required: Quality improvement Program (refer to appendix)

**Nurse Educator**

- SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.

- SFN 577 – Nurse Educator Nursing Plan of Care, must be completed by each employee providing the service at initial hire and renewal

- Copy of nursing license

Required: Quality Improvement Program (see appendix)

**Nurse Management**

- Contact the Department at to check if eligible to provide this service.

- SFN 643 – Nurse Management Agreement / Nursing Plan of Care at initial hire and renewal.

Required: Quality Improvement Program (see appendix)
Residential Habilitation

- Contact the ARDL Intake Line to connect with a Program Administrator to begin training for this service at 1-855-462-5465
  - Providers must ensure that staff are adequately trained and qualified as evidenced by:
    - Written job descriptions for employees that include plans for participation in training and include requirements for education, experience, and skills
    - In-service training to direct contact staff by the program coordinator on implementation of individual's programs and observation of implementation in the service setting
    - All staff must complete Department approved modules of Medication Administration, TBI and Dementia training
    - The agency must complete Level 1 Council on Quality and Leadership (CQL) accreditation
    - Agency must name a Program Coordinator with at least a bachelor's degree in a human service field or RN license and a minimum of one year experience working directly with people with physical disabilities

- Licensed DD providers are exempt from submitting the SFN 750/CNA/RN/LPN

- Agency QSPs enrolled under NDAC 75-03-23 may include Agency Foster Home for Adults Facilities (AFHA) licensed according to proposed NDAC 75-03-21.1 and DD Providers Licensed for Community Support licensed according to NDAC 75-04-01. If providing service to clients in home, this license would not be needed.
  - Instead, please refer to the AFHA Handbook to enroll in this service if the agency wishes to provide this service in this setting

Respite Care

- Employees of agency must carry the Cognitive/Supervision global endorsement on the SFN 750.

  Institutional Respite Care:

- Does not need all agency requirements, only the following:
  - SFN 1606
  - SFN 615
  - SFN 1168
  - W-9
  - Workforce Safety Insurance Verification
  - Unemployment Insurance Verification
  - Copy of Government issued ID for individuals listed on the SFN 1168

- Copy of nursing home or hospital license
- Minimum requirement of overnight stay for client
- Cannot exceed licensed or approved capacity
Medication Error Waiver Form - Contact the Department to obtain this required form, to be submitted with enrollment forms. This form is required at initial enrollment and renewal.

Rate will be Swing Bed rate

Required: Quality Improvement Program (refer to appendix)

Respite in an Adult Foster Care

Requires a separate background check upon initial enrollment only to be completed by Aging Services before providing services in an Adult Foster Care home. The following forms must be submitted to Aging Services (address is listed on each form)

- SFN 466 – Background Check Address Disclosure
- SFN 467 – Personal Authorization for Criminal Record Inquiry – Foster Care

Specialized Equipment

Must meet all enrollment requirements listed in the QSP Handbook except:

- Organizational chart
- Job descriptions
- Private pay service fee schedule
- Agency compliance program
- Plan of staff training
- Agency Employee Verification Checklist and corresponding documentation

Proof of bonding.

Copy of accreditation by CMS to provide specialized equipment.

Verification of agency’s Medicare certification and surety bond

Supported Employment

Agency employees must meet all Non-Medical Transportation Driver standards

Must meet NDAC 75-04-01 or have accreditation from the Commission of Accreditation of Rehabilitation Facilities (CARF).

Required: Quality Improvement Program (refer to appendix)

Transitional Living Service

Medication Error Waiver Form - Contact the Department to obtain this required form, to be submitted with enrollment forms. This form is required at initial enrollment and renewal.

Provide 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 staff expertise and experience that will assist in fostering client independence in ADL’s, IADL’s, and social, behavioral, and adaptive skills.
□ List staff 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.

□ Required: Quality Improvement Program (refer to appendix)
High Risk Provider Guidelines and Additional Requirements

Qualified Service Providers (QSPs) will be classified as High Risk if any of the following criteria apply:

✓ You have had a payment suspension within the last ten years associated with a credible allegation of fraud, waste or abuse
✓ You have been excluded on the OIG exclusion list within the last ten years
✓ You have an existing overpayment of funds of $1500 or greater and all of the following:
  o The balance is more than 30 days old
  o Has not been repaid at the time application was filed
  o Is not currently being appealed
  o Is not part of an approved extended repayment schedule for entire outstanding overpayment

If you believe you may be a High-Risk provider or applicant, please contact QSP Enrollment for further requirements prior to enrollment.

Criminal Convictions

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

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

1. If you have been found guilty of or pled no contest to an offense identified in ND Admin Code 75-03-23-07, your enrollment status or application may be further evaluated to determine if you are sufficiently rehabilitated.

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

You are required to notify the department if your conviction history changes.
Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) is a system that uses a mobile device application on a phone, tablet, or laptop that records the beginning and ending time of services provided to individuals in their homes by providers. This electronically verifies that the service was provided at a particular location where the service is authorized as required by the law. This will be effective January 1, 2020 and will be used for billing and payment of services.

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<th>Services Subject to EVV:</th>
<th>Services NOT Subject to EVV:</th>
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<td>Specialized Equipment</td>
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<tr>
<td>Transitional Living</td>
<td>Respite Care - Institutional</td>
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</table>

EVV Systems Must Verify:
- **Type** of service performed;
- **Individual receiving** the service;
- **Date** of the service;
- **Location** of service delivery;
- **Individual providing** the service;
- **Time** the service begins and ends.

All QSP agencies will be required to participate in an EVV system if they enroll in at least one of the services subject to EVV. Agencies and their employees must have access to a phone, tablet, or laptop to utilize this system. This is necessary to check in and out when providing services, receiving service authorizations, and submitting claims electronically, as paper claims will no longer be accepted.

The Department has a contract with Therap to provide the EVV system, which includes billing and is available to QSP agencies free of charge. You may choose a different EVV provider but will be responsible for setup and any fees associated with usage. You are required to notify the Department of the system you will be utilizing on the SFN 1606. If no alternative system is indicated, you will automatically be enrolled with Therap.

Providers are not required to use the EVV system selected for billing. They have the option to select a different billing system or submit a professional claim electronically through MMIS. If agencies choose to use an alternate system for billing, they must indicate this system prior to enrollment on the SFN 1606. If the agency chooses to submit a professional claim through MMIS, it must include EVV data when applicable to the service provided.

An Aggregator system is used in conjunction with the EVV system. This will be used to support claims integration and claims auditing, allowing payers to connect adjudication to visit verification data in real time. This system will aggregate EVV data from both Therap and third-party vendors.
If a third-party billing and/or EVV system other than Therap is selected by the agency, the company providing the system must contact Sandata, the state’s selected aggregator system, prior to enrollment to ensure the systems are compatible.

If you choose to use Therap for billing, you are required to submit an SFN 583 – North Dakota Medicaid Electronic Remittance Advice (835) Enrollment form online. To submit this form electronically, visit: https://www.nd.gov/eforms/Doc/sfn00583.pdf

If you are using another third-party system for billing, you will need to contact them to determine if this form is required. If required, this form will still need to be submitted electronically. If you are submitting your own professional claims, this form is not required.

For more information about the EVV system, visit: https://youtu.be/SCUvxoZXAwY

Once enrolled, if your agency is utilizing Therap, Therap will reach out to you directly to begin orientation to the program.

If further assistance is needed regarding Therap, you can contact them by e-mail at ndsupport@therapservices.net or you can visit their website for more information: http://www.therapevv.net/nd
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<th>Staff License and/or degree (i.e. nursing, social work, etc.)</th>
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### CHART A

**STANDARDS AND ALLOWABLE TASKS/ACTIVES**

**SERVICES ARE:**
- CHORE – Chore Services
- HM – Homemaker
- NMT – Non-Medical Transportation
- RC – Respite Care
- PCS – Personal Care Services
- D/V – Required for Driver with Vehicle
- EM – Environmental Modification
- ADC – Adult Day Care

<table>
<thead>
<tr>
<th>APPLICABLE TO SERVICES</th>
<th>STANDARD</th>
<th>REQUIRED DOCUMENTATION of COMPETENCY LEVEL</th>
<th>LIMITED TO TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All Providers</td>
<td>Have the basic ability to read, write and verbally communicate.</td>
<td>Assurance checked indicating educational level or demonstrated ability.</td>
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</tbody>
</table>
| 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.  
                          (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.  
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. |                  |
| 3. All Providers        | Not have infectious or contagious disease.  
                          Be physically capable of performing the service. | Assurance marked declaring if have any infectious contagious disease.  
Assurance checked stating having the physical capability to perform the service. |                  |
| 4. All Providers        | Uphold confidentiality. | Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery.  
Agree to NOT reveal client personal information except as necessary to comply with law and to deliver services.  
Assurance marked agreeing to maintain confidentiality |                  |
| 5. All Providers        | Know the guidelines and practice universal/standard precautions. | Guidelines for universal/standard precautions:  
1. Wash hands:  
   - Before, during and after preparing food.  
   - Before eating food.  
   - Before and after caring for someone who is sick with vomiting or diarrhea.  
   - Before and after treating a cut or a wound.  
   - After using the toilet.  
   - After changing incontinent care products.  
   - After blowing your nose, coughing, or sneezing.  
   - After touching an animal, animal feed or animal waste.  
   - After handling pet food or pet treats.  
QSPs who live with the client or who are caring for relatives are not required to wear a face mask. |                  |
| 1.  | After touching garbage.  
|     | After you have been in a public place and touched an item or  
|     | surface that is touched by other people.  
|     | Before touching your eyes, nose, or mouth.  
|     | When hands are visibly soiled.  
|     | Immediately after removal of any personal protective equipment  
|     | (example: gloves, gown, masks).  
|     | Before providing any direct personal cares.  
| 2.  | **Use of Personal Protective Equipment (PPE):**  
|     | Wear clean gloves when touching blood, body fluids, secretions,  
|     | excretions, and soiled items like linens, incontinence products, etc.  
|     | Gowns (if needed) – should be worn during cares that are likely to  
|     | produce splashes of blood or other body fluids.  
|     | Mask – *Due to the prevalence of COVID-19 spread without*  
|     | *symptoms, it is expected that providers will always wear a face*  
|     | *mask when interacting with clients.* Use during care activities  
|     | where close contact with client is unavoidable. Clean hands with soap  
|     | and water or hand sanitizer before touching mask. Mask can be worn  
|     | throughout tasks and does not need to be changed between them if it  
|     | is not soiled.  
| 3.  | Prevent injuries from used equipment like needles and other sharp instruments  
|     | or devices during cares provided.  
|     | Do not recap needles or remove needles from syringe.  
|     | After use, place disposable syringes and needles and other sharp  
|     | items in a puncture-resistant container for disposal.  
| 4.  | Clean equipment used for the individual before and after each use.  
| 6.  | **Use of Personal Protective Equipment (PPE):**  
|     | Wear clean gloves when touching blood, body fluids, secretions,  
|     | excretions, and soiled items like linens, incontinence products, etc.  
|     | Do not recap needles or remove needles from syringe.  
|     | After use, place disposable syringes and needles and other sharp  
|     | items in a puncture-resistant container for disposal.  
| 7.  | Keep generally accepted practice of universal precautions and the use of personal protective equipment (PPE) when handling and disposing of body fluids.  
|     | Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, gowns and proper disposal of both body fluids and items used.  
|     | **Use of Personal Protective Equipment (PPE):**  
|     | QSPs who live with the client or who are caring for relatives are not required to wear a face mask.  

**6. HM, PCS, RC, NMT (escort), ADC, Chore (except provider for snow removal)**  
Know generally accepted practice of infection control guidelines/proper hand hygiene.  

Follow these steps when wash your hands every time:  
- Wet your hands with clean, running water, turn off the tap and apply soap.  
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails.  
- Scrub your hands for at least 20 seconds.  
- Rinse your hands well under clean running water.  
- Dry your hands using a clean towel or air dry them.  

If soap and water are not available:  
- Use and alcohol-based hand sanitizer that contains at least 60% alcohol.  

Follow these steps when using hand sanitizer:  
- Apply the gel product to the palm of one hand in the correct amount.  
- Rub your hands together.  
- Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.  

**7. HM, PCS, RC, NMT (escort), ADC, Chore (except provider for snow removal)**  
Keep generally accepted practice of universal precautions and the use of personal protective equipment (PPE) when handling and disposing of body fluids.  

Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, gowns and proper disposal of both body fluids and items used.  

**Use of Personal Protective Equipment (PPE):**  
QSPs who live with the client or who are caring for relatives are not required to wear a face mask.
Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.

- Perform hand hygiene prior to putting on gloves.
- Remove jewelry, cover abrasions then wash and dry hands.
- Ensure gloves are intact without tears or imperfections.
- Fit gloves, adjusting at the cuffs.
- Remove by gripping at cuffs.
- Immediately dispose of gloves in waste basket.
- Wash hands after removing gloves.
- Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated.
- DO NOT reuse gloves, they should be changed after contact with each individual.

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

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- Tie all the ties on the gown behind the neck and waist.

- Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
- Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
- Dispose the gown in waste basket.
- Perform hand hygiene after removing gowns.

Mask – **Due to the prevalence of COVID-19 spread without symptoms, it is expected that providers will always wear a facemask when interacting with clients.**

Use during care activities where close contact with a client is unavoidable. Clean hands with soap and water or hand sanitizer before touching the mask. Mask can be worn throughout tasks and does not need to be changed between them if it is not soiled.

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge.
- Fit snug to face and below chin.
- With clean hands, untie or break ties at back of head.
- Removed mask by only handling at the ties, then discard in waste basket.
- Wash hands.

- Homemade masks can be used as a last resort. These should be washed/disinfected daily.

Do not reuse facemasks.

Know generally accepted practice in bathing techniques: bed, tub, and shower.

Washed hands and applied gloves and facemask. Gathered necessary supplies/equipment (e.g. soap, wash cloth, towel); assured privacy; checked for appropriate water temperature; made mitten out of washcloth; (began with cleanest part of body). For bed bath: washed, rinsed, and patted dry one part of body at a time and only exposed the part of body being washed; observe for unusual changes in skin condition. For clients needing assistance with washing, follow procedure for bed bath/sponge bath using gloves. Changed gloves between cares. Instruct client to use
safety bars when getting in and out of tub. Caregiver to provide necessary assistance with transfer to prevent fall. For client who is unsteady, drain tub water prior to client attempting to get out. Assist with transfer from tub or shower. Make sure all skin areas are thoroughly dry. Inspect skin for any changes (see Standard #18). Removed gloves and facemask and washed hands. Cleanse bath or shower.

9. PCS, RC, ADC

Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.

Washed hands and applied gloves and facemask.

Bed shampoo: 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.

Sink shampoo: 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.

Shaving: 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.

Removed gloves and facemask and washed hands.

10. PCS, RC, ADC

Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.

Washed hands and applied gloves and facemask; gathered necessary supplies (e.g. toothbrush; toothpaste; small water basin); applied toothpaste to toothbrush; gave client toothbrush if able to brush own teeth, or brushed using gentle motion; brushed teeth thoroughly throughout the mouth; offered rinse water; offered mouth wash; wiped client’s mouth; observed for bleeding and pressure areas in mouth from dentures; replaced to storage; cleaned up. Removed gloves and facemask and washed hands.

11. PCS, RC, ADC

Know generally accepted practice in how to dress/undress client.

Washed hands and applied gloves and facemask. Assembled clothing; assisted client to proper position for dressing; put on underwear; then trousers or pajamas; shirt or over-the-head clothing; socks or stockings, slippers or shoes. For undress, do the reverse. Removed gloves and facemask and washed hands.

12. PCS, RC, ADC, NMT (escort)

Know generally accepted practice in assisting with toileting.

Washed hands and applied gloves and facemask.

Bedpan: 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.

Commode or Toilet Stool: Gathers supplies and equipment commode, toilet tissue. If not going into bathroom, ensure privacy, assists client with transferring onto commode or

For assisting with suppository. Endorsement D.
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<td><strong>toilet stool, supply toilet tissue, leave client for 5 minutes, apply gloves, assist client with cleansing elimination area, always wipe from front to back, cleansed and disinfected commode or flush toilet, removed gloves and facemask, washed hands, and assisted client with washing hands.</strong></td>
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<tr>
<td><strong>13. PCS, RC, ADC, NMT (escort)</strong></td>
<td>Know generally accepted practice of caring for incontinent client</td>
<td>Washed hands and applied gloves and facemask. Assembled necessary supplies (e.g. incontinence supply, washcloth, powder); provided for privacy; used correct positioning techniques; removed soiled materials/clothing; cleaned area; dried area; observed for unusual skin conditions; applied appropriate lotions/powder, if necessary; applied clean incontinence supply item. Properly dispose of soiled material and other consumable supplies. Removed gloves and facemask and washed hands after all cares. For assisting with suppository. Endorsement D.</td>
</tr>
<tr>
<td><strong>14. PCS, RC, ADC</strong></td>
<td>Know generally accepted practice of how to feed or assist client with eating.</td>
<td>Washed hands and applied gloves and facemask; gathered utensils (e.g. napkin, tray); placed napkin near client, on client’s chest or under chin, if appropriate; told client what foods are served; alternated solids and liquids; used a spoon for safety; used a short straw if client could not drink from a cup or glass, wiped client’s mouth with napkin; cleaned up as appropriate; offered oral hygiene. Removed gloves and facemask and washed hands. Does NOT include tube feeding.</td>
</tr>
<tr>
<td><strong>15. HM, PCS, RC, ADC</strong></td>
<td>Have knowledge of basic meal planning and preparation.</td>
<td>Planning: Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods. Shopping/Purchasing: 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. Preparing the Meal: Washed hands and applied gloves and facemask; followed the menu; followed recipes; know food substitutions, allowed for special diet if a food item is not available; prepared one-dish meals as appropriate or for foods which may be reheated, prepared for proper storage and reheating for future servings; used proper size pans; used correct burner size; when using oven, prepared more than one item at a time; when possible, use toaster/microwave for small meals, conventional oven for big meals, cleaned up; wash dishes. Removed gloves and facemask and washed hands. Does NOT include canning of produce or baking of such items as cookies, cakes &amp; bread. Routine regimen prescription and non-prescription eye drops, ointment, eye pad after a well established routine of care has been set forth for the client.</td>
</tr>
<tr>
<td><strong>16. PCS, RC, ADC</strong></td>
<td>Know generally accepted practice for routine eye care.</td>
<td>Washed hands and applied gloves and facemask. Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and gloves if there is drainage coming from eye. Wash hands and apply gloves if necessary. Instill solution according to manufacturer’s guidelines. Removed gloves and facemask and washed hands. Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.</td>
</tr>
<tr>
<td><strong>17. PCS, RC, ADC</strong></td>
<td>Know generally accepted practice in proper care of nails.</td>
<td>Nail Care: Washed hands and applied gloves and facemask. Gathered necessary supplies and equipment (towel, water basin, nail file, nail clipper); filled wash basin with warm water, soaked client's fingernails approximately 20 minutes; cleaned under fingernails; clipped fingernails straight across; shaped with nail file; cleaned up/replaced equipment/supplies; washed hands. Properly disposed of nail clippings. Removed gloves and facemask and washed hands.</td>
</tr>
<tr>
<td>18. PCS, RC, ADC</td>
<td>Know generally accepted practice for assisting client with self-administration of medications.</td>
<td>Washed hands and applied gloves and facemask, assisted client to proper position for self-administration of medication. Assisting the client with opening container, assisting with positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, and dose and time medication should be taken. If medication has been set up in medication container or planner by nurse or family, make sure it is clearly marked/labeled, assist client with opening container making sure medication is taken on appropriate day and time of day. Provide drinking fluid to swallow medication, assist client to close container and store medication properly. Removed gloves and facemask and washed hands.</td>
</tr>
<tr>
<td>19. PCS, RC, ADC</td>
<td>Know generally accepted practice of caring for skin.</td>
<td>Washed hands and applied gloves and facemask, identified pressure points (bony areas of body): changed client’s position every two hours; kept linens wrinkle-free and dry, used powder where skin comes together; washed and dried client’s skin promptly if urine or feces are present and have now been removed, applied lotion as necessary for dry skin, observed for skin breakdown. Removed gloves and facemask and washed hands.</td>
</tr>
<tr>
<td>20. PCS, RC, ADC</td>
<td>Know generally accepted procedure for turning and positioning client in bed.</td>
<td>Maintained body alignment, kept spine straight and supported head. For Sitting Up: Placed pillows as needed for comfort, if hospital bed – raised backrest to desired position. In Positioning on Back: 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. In Turning Client Toward You/Away From You: 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).</td>
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<tr>
<td>21. NMT (escort), PCS, RC, ADC</td>
<td>Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.</td>
<td>Washed hands and applied gloves and facemask. Transfer Belt: 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. To Standard Sit: 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. Bed to Wheelchair: 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. Removed gloves and facemask and washed hands.</td>
</tr>
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</table>
22. NMT (escort), PCS, RC, ADC

### Assist client with ambulation

- **Washed hands and applied gloves and facemask.**
- **Cane:** 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.
- **Crutches:** 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.
- **Walker** 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.

Removed gloves and facemask and washed hands.

### Assisting client to walk, use wheelchair, walker, crutches or cane.

23. HM, PCS, RC, ADC

### Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition.

- **Washed hands and applied gloves and facemask.**
- **Dusting:** Dampened cloth with water or commercial spray; moved cloth across surface to gather dust.
- **Floor Care:** Vacuumed rugs or carpets; mopped tile or linoleum floors; small rugs were shaken or washed.
- **Cleaning Kitchen:** 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.
- **Cleaning Bathroom:** Wiped out tub/shower after each use to keep mildew free; cleaned sink regularly; scrubbed out toilet bowl with soap or detergent regularly.

Removed gloves and facemask and washed hands.

### 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.

24. HM, PCS, RC, ADC

### Know generally accepted procedure of making beds.

- **Washed hands and applied gloves and facemask.**
- **Closed Bed:** 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.
- **Open Bed:** Made closed bed, then folded top of covers to foot of bed; smoothed sides into folds; placed pillow on bed.
- **Occupied Bed:** 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.

See Endorsements section for mechanical or therapeutic devices.
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<td><strong>25. HM, PCS, RC, ADC</strong></td>
<td>Know generally accepted practice – in laundry techniques; (include mending).</td>
<td>Washed hands and applied gloves and facemask. 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. Removed gloves and facemask and washed hands. Includes washing, drying, folding, putting away ironing, mending, and related tasks.</td>
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<tr>
<td><strong>26. HM, PCS, RC</strong></td>
<td>Knowledge of generally accepted practice of assisting with bill paying, balancing a checkbook and managing a home budget.</td>
<td>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.</td>
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<tr>
<td><strong>27. NMT (Driver w/ vehicle)</strong></td>
<td>Have a valid driver’s license for the state of physical residence.</td>
<td>Photocopy of driver’s license that includes the license number and expiration date.</td>
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<tr>
<td><strong>28. NMT (D/V)</strong></td>
<td>Signed statement to provide safe vehicle and ensure adequate insurance coverage</td>
<td>SFN 1603, Page 2</td>
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<tr>
<td><strong>29. NMT (D/V)</strong></td>
<td>No DUI (driving under influence) conviction within the past three (3) years.</td>
<td>Driving Record from the Drivers’ License Division – Department of Transportation, 608 East Boulevard, Bismarck, ND 58505, or the Drivers License Division from the State in which the individual is licensed.</td>
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<tr>
<td><strong>30. NMT (D/V)</strong></td>
<td>No more than two moving violations in past three (3) years.</td>
<td>Official Driving Record from the Drivers’ License Division – Department of Transportation, or the Drivers License Division from the State in which the individual is licensed (See 28 above).</td>
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<tr>
<td><strong>31. CHORE (Snow removal)</strong></td>
<td>Knowledge of generally accepted snow removal procedures and use of snow removal equipment.</td>
<td>Provide written, signed statement.</td>
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<tr>
<td><strong>32. CHORE (Labor)</strong></td>
<td>Knowledge of generally accepted procedure for seasonal cleaning or unusual/heavy cleaning. Know generally accepted procedure for pest extermination.</td>
<td>Provide written, signed statement of ability to follow manufacturer’s instructions for supplies used and equipment needed to complete specific chore tasks and proper use of chemicals. Summary of any training, education or previous experience or written documentation of performance from previous employer, supervisors. Professional exterminator/company.</td>
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<tr>
<td><strong>33. Environmental Modification</strong></td>
<td>Contractor’s license filed with Secretary of States office, current contractor’s insurance, and good standing with Workforce, Safety, and Insurance.</td>
<td>Provide a copy of license, bids, insurance, bonding, and current standing with Workforce, Safety, and Insurance.</td>
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# CHART B – Global Endorsements a Healthcare Provider can Perform and/or Authorize

<table>
<thead>
<tr>
<th>ENDORSEMENTS</th>
<th>PHYSICIAN</th>
<th>RN</th>
<th>LPN</th>
<th>CNA</th>
<th>OT</th>
<th>PT</th>
<th>Chiropractor</th>
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<tr>
<td>Maintenance Exercise</td>
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<td>Catheter Care</td>
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<td>Cognitive</td>
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<td>Taking BP/TPR</td>
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<td>Ted Socks (surgical stockings)</td>
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<td>Prosthesis/Orthotics</td>
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<td>Hoyer Lift/Mechanized Bath Chair</td>
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GLOBAL ENDORSEMENTS

GLOBAL ENDORSEMENTS

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

The Global Endorsements are:

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

Requirements for Global Endorsements

- If you have any of the following current licenses or certifications, you automatically qualify for all Global Endorsements:
  - Registered Nurse,  
  - Licensed Practical Nurse,  
  - Registered Physical Therapist,  
  - Registered Occupational Therapist, and  
  - Certified Nurse Assistant.

- If you do not have any of the above listed licenses or certifications, you must send a completed DOCUMENTATION OF COMPETENCY (SFN 750) to be given any and/or all global endorsements.
<table>
<thead>
<tr>
<th>ENDORSEMENT</th>
<th>STANDARD</th>
<th>REQUIRED DOCUMENTATION or COMPETENCY LEVEL</th>
<th>LIMITED TO TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. MAINTENANCE EXERCISE</td>
<td>Know generally accepted practice of how to perform maintenance exercise regimens.</td>
<td>Exercises are maintenance oriented and client specific. Assisted client to complete exercises <strong>which have been taught to client</strong> – 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.</td>
<td>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 maintain range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.</td>
</tr>
<tr>
<td>B. CATHETER</td>
<td>Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.</td>
<td>Washed hands and applied gloves and facemask, gathered all necessary supplies (basin of warm water, mild soap, washcloth, plastic bag for waste, disposable gloves); provided for client privacy; held catheter with one hand, do <strong>NOT</strong> hold up so that urine runs back into the bladder; cleaned meatus and catheter with other hand; wiped from meatus toward anus; patted area dry; applied lotion as necessary; observed for redness, swelling or discharge; disposed of waste; cleaned up; returned supplies to proper storage; removed gloves and facemask and washed hands.</td>
<td>Limited to general maintenance care after a well-established routine of care has been set forth for the client. NO CATHETERIZATION OF CLIENT ALLOWED.</td>
</tr>
<tr>
<td>C. MEDICAL GASES</td>
<td>Know generally accepted practice to administer medical gases.</td>
<td>Client specific monitored only as specifically recommended for client.</td>
<td>Limited to monitoring or routine assistance. Limited to oxygen only.</td>
</tr>
<tr>
<td>D. SUPPOSITORY</td>
<td>Know generally accepted practice of how to assist with suppository and maintain bowel program.</td>
<td>Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed. Prior to assisting client with suppository, hands are washed and gloves and facemask are applied. After task is complete, removed gloves and washed hands.</td>
<td>Non-prescription suppository only.</td>
</tr>
<tr>
<td>E. COGNITIVE SUPERVISION</td>
<td>Know generally accepted practice of caring for cognitively impaired person, and persons who require supervision or a structured environment on a continuous basis.</td>
<td>Show evidence of knowledge of cognitive impairments included but not limited to Alzheimer’s, Parkinson’s and Multi-Infarct (dementia), as well as the unique needs of caring for a person that is so impaired. Address issues, such as care staff reaction to repetitive and/or inappropriate behavior, nonverbal communication techniques; observing for difficulty eating, chewing and/or swallowing; techniques used with wandering behavior. Show evidence of knowledge of the role of supervision and observation for a client who needs supervision continuously, except for brief periods of time, for health/safety, cognitive and/or behavioral reasons.</td>
<td>QSP will be notified by case manager who is to be notified of readings. (This is determined in care planning)</td>
</tr>
<tr>
<td>F. TEMPERATURE/ BLOOD PRESSURE/ PULSE/ RESPIRATION RATE</td>
<td>Know generally accepted practice for taking temperature, blood pressure, pulse, and respiration rate.</td>
<td>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.</td>
<td>QSP will be notified by case manager who is to be notified of readings. (This is determined in care planning)</td>
</tr>
<tr>
<td>G. TED SOCKS (surgical stockings)</td>
<td>Know generally accepted procedure of applying surgical stockings.</td>
<td>Gathered appropriate supplies: Applied surgical stockings according to manufacturer’s instructions.</td>
<td></td>
</tr>
<tr>
<td>H. PROTHESIS/ ORTHOTICS/ ADAPTIVE DEVICES</td>
<td>Know generally accepted procedure for usage of prosthesis/orthotics/adaptive devices.</td>
<td>Is able to assist client to apply or put on prosthesis/orthotics/adaptive devices and remove.</td>
<td></td>
</tr>
<tr>
<td>I. HOYER LIFT MECHANIZED BATH CHAIRS</td>
<td>Know generally accepted procedures for use of a client’s Hoyer lift/mechanized bath chair.</td>
<td>Is able to safely transfer client using a Hoyer lift or mechanical chair.</td>
<td></td>
</tr>
</tbody>
</table>
The following **Client Specific Endorsements** (J-N) require verification of the provider’s ability to provide the service for a **particular** client who requires the endorsement.

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

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

<table>
<thead>
<tr>
<th>APPLICABLE TO THE PROCEDURE</th>
<th>STANDARD</th>
<th>REQUIRED DOCUMENTATION or COMPETENCY LEVEL</th>
<th>LIMITED TO TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. OSTOMY</td>
<td>Know generally accepted practice of techniques for routine regimen of ostomy care.</td>
<td>Washed hands and applied gloves and facemask; gathered supplies needed (bedpan, towel(s), bed protector, clean ostomy bag, toilet tissue, warm water, washcloth, soap, cleanser-lubricant, cream, deodorant); assured privacy, covered client with bath towel, opened ostomy belt; replaced if dirty; removed soiled stoma bag; placed in bedpan, wiped area around stoma; washed gently entire stoma area; patted dry; applied lubricant or cream if needed; fitted clean belt and stoma bag on client; applied deodorant if desired; cleaned up; replaced all equipment and supplies to proper storage; washed hands and removed gloves and facemask.</td>
<td>General maintenance care which may include emptying, cleaning, and reapplying the appliance after a well-established routine of care has been set forth for the client.</td>
</tr>
<tr>
<td>K. POSTURAL/BRONCHIAL DRAINAGE</td>
<td>Know generally accepted practice of how to perform postural/bronchial drainage.</td>
<td>Demonstrates the procedure for postural/bronchial drainage.</td>
<td>Must have received specific training from a therapist who specializes in this procedure.</td>
</tr>
<tr>
<td>L. JOBST SOCKS (compression stockings)</td>
<td>Know generally accepted procedure of applying compression stockings.</td>
<td>Gathered appropriate supplies; applied compression stockings as directed for the client.</td>
<td>Routine care for chronic conditions.</td>
</tr>
<tr>
<td>M. RIK/SPECIALTY BEDS</td>
<td>Know generally accepted procedures for use of a client’s Specialty Bed.</td>
<td>Is able to assist client in the use of the Specialty Bed as directed for the client.</td>
<td>Routine care for chronic conditions.</td>
</tr>
<tr>
<td>N. APNEA (Respite Care Provider)</td>
<td>Know generally accepted procedure for apnea monitoring.</td>
<td>Evidence of having hospital-based training equivalent to what the primary caregiver has received.</td>
<td></td>
</tr>
</tbody>
</table>
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 will be sent to you after approval. Some of the information provided includes:
  - Agency provider number
  - Additional provider responsibilities
  - Billing instructions
- The agency enrollment information is added to the list kept by the Department and distributed to each Human Service Zone office / case management agency.
- The case management agency will determine the client’s need for services. The client selects their QSP from a list.
- If your agency is chosen as a QSP, the case manager will contact you and an Authorization to Provide Services will be created informing you of the services and tasks approved for that client.
- You must then review the Authorization to Provide Services for the following information:
  - Effective date of authorized services. Ensure you are enrolled for any services you have been authorized & contact the Enrollment Administrator if you need to add a service to your enrollment.
    - If you provide a service your agency is not enrolled in, payment cannot be guaranteed.
  - The tasks the agency is authorized and expected to provide.
  - The maximum number of units you can provide/bill.
    - (a unit is 15 minutes)
- A QSP must have a current 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 for a period of 42 months from the close of the Federal Fiscal Year (October 1 – September 30) in which the services were delivered. Records must be kept, even if your status as a QSP closes. All records must include:
  - Name and ID # of the client
  - Name and ID # of the provider
  - Name of the employee who performed the task.
  - Date of the service MM/DD/YYYY
  - Location of the service
  - Start time and end time (including a.m. and p.m.)
  - Number of units of service, (Use task name as listed on the authorization).
  - Tasks performed (use task name as listed on the authorization)
- 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.
• Sample documentation will be sent in the information packet after enrollment is approved.

• The Agency employee can only provide services to a public pay client in the client’s home when the client is present.

• 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 will 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.

• Many services require participation in Electronic Visit Verification (EVV), which requires staff to check in and out when providing services to clients. Please refer to pages 29 - 30 for more information regarding EVV and billing for services provided.

• If your agency chooses to use the state contracted EVV system, Therap, you can contact them at ndsupport@therapservices.net to get started on their onboarding process.

Rural Differential Rate

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

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

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

Only certain services are authorized under the Rural Differential Rate (RD) and is only approved on a case-by-case basis depending on the location of the client. You may be authorized for a RD rate for one client and not another client under the same service. Please consult your Case Manager for more details.

Agency QSP’s requesting a 15-minute unit rate will be assigned a flat fee rate.

QSP’s 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.
Current rate information is available at
https://www.nd.gov/dhs/services/adultsaging/providers.html

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

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

**QSP Audits, State Exclusion & OIG Referrals**

The Department of Human Services is required to complete provider reviews of QSPs to ensure that clients are receiving the services they need and to assure that the services provided meet standards set by the Department. When you enrolled as a QSP, you agreed to assist the Department in completing these reviews and you agreed to submit documentation upon request.

The Department is required to recoup all funds paid for services that were not delivered in accordance with policies and procedures per ND Administrative Code 75-03-23-10. For example, if the provider does not keep appropriate records, does not provide the service, bills over the authorized amount, uses the wrong billing codes, or makes any other type of billing errors.

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

This means that you could not work for any business that receives Medicare or Medicaid funds. Please be aware this does not impact your eligibility to receive Medicaid or Medicare benefits.

- Failure to keep appropriate records,
- If you did not provide the service,
- Billing over the authorized amount or billing the wrong code,
- Photocopied records, indicating service records were not completed at the time of service,
- Billing for an authorized task that is utilized in an unreasonable time frame,
- Fail to comply with a request to send records or information,
- Fail to set up payment arrangements or pay back funds paid in error,
- Professional incompetence or poor performance,
- Financial integrity issues,
- Certain criminal convictions

You may be referred to the OIG (Office of Inspector General) for possible exclusion in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act. This means that you could not work for any organization that receives Medicare or Medicaid funds.

Once the OIG receives this referral, they make an independent decision based on their own criteria if the individual will be excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

If an excluded individual wishes to again participate as a provider in the Medicare, Medicaid and all Federal health care programs, they must apply for reinstatement and receive authorized notice from OIG that reinstatement has been granted.

Per ND Admin Code 75-03-23-12, if you disagree with any action regarding provider reimbursement, you may submit a formal written request for review. Formal requests must be made in writing within 30 days of notification of the adjustment or request for refund. Notification may be contained in the remittance advice or may be included in a document sent to you by the Department. Within 30 days of requesting a review, you shall provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review. A provider may not request a formal review of the rate paid for each disputed item. The Department has 75 days from the date we received the notice of a request for review to make a decision.

**Requests for formal reviews should be sent to:**

ND Department of Human Services  
Appeals Supervisor  
State Capital – Judicial Wing  
600 E Boulevard Ave  
Bismarck, ND 58505
The North Dakota Department of Human Services' mission is to provide quality, efficient, and effective human services, which improve the lives of people.

Medicaid provides healthcare coverage to qualifying low-income, disabled individuals and children, and families. HCBS services are part of those services. Fraud can be committed by Medicaid providers (including QSPs) or clients. The Department does not tolerate misspent or wasted resources.

By enforcing fraud and abuse efforts:
- Medicaid providers receive the best possible rates for the services they provide to Medicaid recipients;
- Medicaid recipients are assured that their out-of-pocket costs are as low as possible;
- Tax dollars are properly spent;
- North Dakota Medicaid recipients receive necessary healthcare services (including HCBS).

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

What is Abuse?
Abuse is when provider practices are inconsistent with sound fiscal, business, or medical practices that result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or services that fail to meet professional recognized standards for healthcare.

Abuse may also include recipient practices that result in unnecessary costs to the Medicaid programs.

What is my role in helping prevent Medicaid fraud and abuse?
REPORT any instance of suspected fraud or abuse.

How do I report Medicaid fraud or abuse?
- By completing the Surveillance and Utilization Review Section (SURS) Referral (SFN 20)
- By calling 1.800.755.2604 or 701.328.4024
- By email at medicaidfraud@nd.gov
- By fax at 701.325.1544
- By letter at:
  Surveillance Utilization Review Administrator
c/o Medical Services Division
600 E Boulevard Ave
Dept 325
Bismarck ND 58505-0250

To learn more about fraud and abuse visit the Department’s website at:
http://www.nd.gov/dhs/services/medicalserv/medicaid/fraud-abuse.html
Report Medicaid Fraud and Other Fraud

Anyone suspecting Medicaid fraud, waste, or abuse is encouraged to report it. Examples of Fraud can include:

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

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

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

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

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

A notice of renewal is sent from the QSP Enrollment Office approximately 90 days prior to your QSP enrollment expiration date. Your renewal information must be received by the Department no later than 30 days prior to your expiration date to allow sufficient time for processing.

To renew, you must complete and submit a complete, new packet and all required additional documentation. **The most current version of all forms must be used.**

- Some services such as Extended Personal Care, Nurse Educator, Chore, Non-Medical Transportation etc., require additional forms to complete renewal. You must submit all required additional forms.

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

If you have not billed the Department for QSP services in a 24-month period or are not providing services to a public paying client, your QSP status may be closed.

**Please Note:** Any ownership changes within the Agency must be sent to the Department in writing within 30 days of the change. Additional documentation will be required.
Compliance Program
A compliance program consists of agency internal policies and procedures to help your agency comply with the law. The Office of Inspector General (OIG) provides Compliance Program Guidance (CPGs); information that offers principles to apply to your unique agency. There is not a standard template; however, OIG indicates that there are seven basic elements that are fundamental to any compliance program. The Department requires QSP agencies submit copies of their compliance program upon initial enrollment, renewal, or by request.

For more information, visit https://oig.hhs.gov/compliance/compliance-guidance/index

Requirements:

- Standards, Policies, and Procedures
  - These should be updated periodically as your organization grows and changes.

- Designated Compliance Officer
  - An agency representative responsible for staying up to date with federal and state compliance requirements and recommendations.

- Conduct effective training to educate your employees and ensure staff understands program policies.

- Means of communication between the compliance officer and the employees.
  - Example: Comment boxes, anonymous hotlines or an open-door policy.

- Internal monitoring process
  - Who will conduct audits to evaluate compliance efforts?

- Enforce your standards
  - How will you ensure employees are following standards?
  - What action will be taken for noncompliance?

- Response to issues
  - How quickly will reports of misconduct be addressed?

Additional Resources:

Compliance Program Basics – YouTube
https://www.youtube.com/watch?v=bFT2KDTEjAk

Measuring Compliance Program Effectiveness: A Resource Guide

Tips for Implementing an Effective Compliance Program – YouTube
https://www.youtube.com/watch?v=w_q1bVT12Yg
Quality Improvement Program

A Quality Improvement (QI) Program identifies, addresses, and mitigates harm to individuals being served under Home and Community Based Services (HCBS).

The QI Program is not required for the following services ONLY:
- Emergency Response Services
- Home Delivered Meals
- Environmental Modification
- Specialized Equipment

Standard 1: The QSP implements policies and procedures that identify, address, and mitigate harm.

Required Policies & Procedures:

The following policies and procedures must be established by the Agency prior to initial enrollment and reviewed and updated with each renewal. These are not required to be submitted but must be available upon request.

- Process of Reporting Critical incidents to the Department
- Employee/contractor screening: initial, routine, and ongoing
- Supervision of employee including:
  - Who (classification or job title) supervises direct care employees
  - How the supervision takes place (e.g., in individual’s home, at office, by phone)
  - Frequency of supervision
- Smoking to include e-cigarettes/vaping, consuming alcoholic beverages and/or illegal drugs
- Soliciting or accepting gifts and money from the individual
- Conducting personal business in an individual’s home
- Consuming the individual’s food, using the individual’s property, and/or handling the individual’s money
- Timeliness of service delivery upon receipt of referral including routine and emergency referrals
- Plan to meet the requirement for seven (7) day per week service coverage (if applicable)
- Procedure for coverage for individuals during employee absence (vacation/sick leave)
- Confidentiality of individual’s information
- How complaints are handled for individuals being supported
The QSP analyzes data on abuse, neglect, mistreatment, and exploitation for the presence of patterns or trends. The policy defines how the QSP responds to issues identified through this analysis in a timely manner.

**Standard 2: QSP staff know how to prevent, identify, mitigate, and report allegations of abuse, neglect, mistreatment, and exploitation**

- Onboarding and annual training
  - Employee education on Fraud, Waste, Abuse detection and reporting
  - Staff training in strategies to prevent, identify, and mitigate harm, and on the process of reporting
    - Reporting processes are clearly outlined and include to who to report, what information needs to be reported, and what staff are responsible for doing.
    - Staff training on identifying and reporting critical incidents
  - Staff demonstrate competency in prevention, identification, and mitigation or harm as well as procedures to report harm;
  - The organization maintains internal documentation (available for state review/audit) of staff training;
  - Staff training is frequent enough to keep people safe from harm (recommended annually);
  - Staff training on required policies and procedures in Standard 1.

**Standard 3: People receiving services from a QSP know how to recognize and report allegations of abuse, neglect, mistreatment, and exploitation**

- People receiving services, and families where applicable, are provided information on recognizing and reporting possible incidents of harm (abuse, neglect, mistreatment, and exploitation)

- People receiving services, and families where applicable, are given information on their rights and responsibilities as a service recipient. This includes the right to be free from harm as well as the right to privacy, dignity and respect, freedom from coercion, freedom from restraint, and freedom to choose their QSP.

- People receiving services, and families where applicable, are given information on how to share feedback/grievances. The information is presented in an easy-to-understand manner.

- The QSP provides a mechanism for service recipients, and their families when applicable, to provide anonymous feedback.
  - Indicate if you have a process for collecting feedback i.e. through satisfaction survey

- The QSP shares results of investigations and its responses with people entitled to the information, including the alleged victim based on confidentiality rules.
Alleged victims of harm (abuse, neglect, mistreatment, and/or exploitation received supports to mitigate the effects of ANME.

The alleged victim is protected from harm when an allegation is made, and while an investigation is occurring.
  o Indicate process to investigate and substantiate incidents.

**Standard 4: The QSP maintains a system to promote open communication with case management entities**

  o QSP staff document any noted changes in health conditions or support needs of service recipient.
    o Provide evidence of how this is documented.

  o Changes in health condition or support needs are communicated timely with case management.

  o The QSP has a system in place to ensure necessary support needs changes are responded to in a timely manner.

  o The QSP is provided with sufficient information from the case management entity prior to engaging in services to ensure they can support the persona and keep them, and their employees, safe from harm
    o Provide evidence of intake process (e.g. do you meet with the individual first, collect information from the health care provider, etc.)

**Standard 5: The QSP maintains documentation of services provided**

  o Refer to Step 2: After QSP Enrollment on page 45-46 of the QSP handbook for all documentation requirements.

  o Plan of staff training to accurately document time and tasks

  o Include documentation guidelines, how your procedures assure accuracy of billing, an example of your documentation, and internal documentation review/audit of employee service records
Criminal Convictions

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

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

3. If you have been found guilty of or pled no contest to an offense identified in ND Admin Code 75-03-23-07, your enrollment status or application may be further evaluated to determine if you are sufficiently rehabilitated.

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

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

CMS 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 HCBS 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 are not limited to the following:

- The setting is integrated in and supports full access to the greater community.
- Is selected by the individual from among setting options.
- Ensures an individual’s rights of privacy, dignity and respect, and freedom form coercion and restraint.
- Optimizes autonomy and independence in making life choices.
- Facilitates choice regarding services and who provides them.
- Ensure that staff have adequate training in person-centered planning and unsafe wandering or exit-seeking.
- Person centered services involve knowing individual’s condition(s), needs, and history to create strategies to assure the individual is 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 Day Care, Adult Foster Care and Adult Residential Care services.

Waiver services cannot be provided in the following settings:
• A skilled nursing facility; (Institutional Respite care is excluded from this requirement);
• An institution for mental diseases;
• 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).

High Risk Provider Guidelines and Additional Requirements

Qualified Service Providers (QSPs) will be classified as High Risk if any of the following criteria apply:

✓ You have had a payment suspension within the last ten years associated with a credible allegation of fraud, waste or abuse
✓ You have been excluded on the OIG exclusion list within the last ten years
✓ You have an existing overpayment of funds of $1500 or greater and all of the following:
  o The balance is more than 30 days old
  o Has not been repaid at the time application was filed
  o Is not currently being appealed
  o Is not part of an approved extended repayment schedule for entire outstanding overpayment

If you believe you may be a High-Risk provider or applicant, please contact QSP Enrollment for further requirements prior to enrollment.

What is a VAPS Report?

VAPS is Vulnerable Adult Protective Services. QSPs are required to file a VAPS report if an incident involves abuse, neglect or exploitation of a client. Any QSP who is with a client and is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

How to file a VAPS report

Option 1:
• Use the online reporting system.
• Using Internet Explorer, visit: https://fw2.harmonyis.net/NDLivelIntake/
• To add the client, scroll down to the bottom of report and choose “Add.”

Option 2:
• Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at www.nd.gov/eforms/Doc/sfn01607.pdf
How to report a Critical Incident for Qualified Service Providers

Qualified Service Providers (QSPs) are required by federal law to report all critical incidents involving people they care for.

A critical incident is “any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a program participant.”

Incidents that need to be reported are:

1. Abuse (physical, emotional, sexual), neglect, or exploitation;
2. Rights violations through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation, or policy;
3. Serious injury or medical emergency, which would not be routinely provided by a primary care provider;
4. Wandering or elopement;
5. Restraint violations;
6. Death of a client and cause (including death by suicide);
7. Report of all medication errors or omissions; and
8. Any event that could harm client’s health, safety or security if not corrected.
9. Changes in health or behavior that may jeopardize continued services.
10. Illnesses or injuries that resulted from unsafe or unsanitary conditions.

How to Submit a Critical Incident Report:

Any QSP who is with a client and is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

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

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

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

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

- The offline forms can be found here: https://help.therapservices.net/app/answers/detail/a_id/2039/kw/offline%20forms#OfflineForms-GER
- The GER Event Report along with the GER Event Type form (e.g. medication error, injury, etc.) are completed and submitted together.
• Contact the HCBS case manager if you need assistance filling out the form. The completed critical incident needs to be entered into the Therap system or the GER offline form needs to be sent to the HCBS case manager within 24 hours of the incident.

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

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

To file a VAPS report, there are two options:

1. Use the online reporting system.
   - Using Internet Explorer, visit: https://fw2.harmonyis.net/NDLiveIntake/
   - To add the client, scroll down to the bottom of the report and choose “add.”

2. Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at www.nd.gov/eforms/Doc/sfn01607.pdf

**Examples of Critical Incidents**

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

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

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

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

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

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

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

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

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

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

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

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

Smoking Safety
If they smoke, make sure they are a fire-safe smoker:
☐ People only smoke outside and never in bed.
☐ People put cigarettes out safely in an ashtray with a wide base that will not tip over.
☐ People never smoke around medical oxygen.

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

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

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

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

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

Learn more about fire prevention: www.usfa.fema.gov U.S. Fire Administration

FEMA

March 2006
What should you do?

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

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

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

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

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

Look for problems that could indicate improper appliance operation:

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

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

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

Symptoms of CO poisoning

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

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

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

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

To report a dangerous product or a product-related injury, call CPSC’s hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270. Consumers can obtain recall information at CPSC’s web site at http://www.cpsc.gov. Consumers can report product hazards to info@epic.gov.

U.S. Consumer Product Safety Commission
Washington, DC 20207
Sources of and Clues to a Possible Carbon Monoxide (CO) Problem

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

Carbon monoxide clues you cannot see...
- Internal appliance damage or malfunctioning components

- Improper burner adjustments
- Hidden blockage or damage in chimneys
  Only a trained service technician can detect hidden problems and correct these conditions!
- CO poisoning symptoms have been experienced when you are home, but they lessen or disappear when you are away from home.

Warnings...
- Never leave a car running in a garage even with the garage door open.
- Never run a generator in the home, garage, or crawlspace. Opening doors and windows or using fans will NOT prevent CO build-up in the home. When running a generator outdoors, keep it away from open windows and doors.
- Never burn charcoal in homes, tents, vehicles, or garages.
- Never install or service combustion appliances without proper knowledge, skills, and tools.
- Never use a gas range, oven, or dryer for heating.
- Never put foil on bottom of a gas oven because it interferes with combustion.
- Never operate an unvented gas-burning appliance in a closed room or in a room in which you are sleeping.
Guidelines for Universal Precautions

**Handwashing:**

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

*Follow these steps when wash your hands every time:*

If soap and water are not available:
- Use and alcohol-based hand sanitizer that contains at least 60% alcohol.

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

**Use of Personal Protective Equipment (PPE):**

**Gloves - wear when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.**

- Perform hand hygiene prior to putting on gloves.
- Remove jewelry, cover abrasions then wash and dry hands
- Ensure gloves are intact without tears or imperfections
- Fit gloves, adjusting at the cuffs
- Remove by gripping at cuffs
- Immediately dispose of gloves in waste basket
- Wash hands after removing gloves
- Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated
• DO NOT reuse gloves, they should be changed after contact with each individual

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

Masks – Due to the prevalence of COVID-19 spread without symptoms, providers are always expected to wear a face mask when interacting with clients.
• Clean hands with soap and water or hand sanitizer before touching the mask.
• Secure ties or elastic bands at middle of head and neck
• Fit flexible band to nose bridge
• Fit snug to face and below chin
• With clean hands, untie or break ties at back of head
• Removed mask by only handling at the ties, then discard in waste basket
• Wash hands
• Homemade masks can be used as a last resort. These should be washed/disinfected daily.
• DO NOT reuse face masks

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

Recommended if there is a suspected or confirmed positive COVID-19 case.

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


Donning of PPE: https://www.youtube.com/watch?v=H4jQUBAIbrl

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

Sharps:

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

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

Clean any equipment used for the individual before and after each use.
WHY WE WEAR MASKS

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

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

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

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

BY WORKING TOGETHER, WE CAN ALL STAY SAFE!
WWW.HEALTH.ND.GOV/MAKUPND
Who We Are
The North Dakota Qualified Service Provider Hub serves the state of North Dakota and is located at the Center for Rural Health, University of North Dakota.

Purpose of the ND QSP Hub
To create a network that provides support, educational tools, and training opportunities to walk QSPs and QSP agencies through all stages of the QSP process.

Services/Assistance Provided by the ND QSP Hub
- One-on-one individualized support via email, phone, or video conferencing to assist with:
  - Enrollment
  - Service authorizations
  - Electronic visit verification (Therap)
  - Documentation
  - Billing processes
  - Renewal
  - Business operations and processes
- Library of easy-to-understand tip sheets and guides
- Create a mentoring network for QSPs and QSP agencies
- Create awareness of home and community-based service policy changes and updates

North Dakota QSP Hub
Center for Rural Health, University of North Dakota, 1301 N Columbia Rd, Stop 9037, Grand Forks, ND 58202-9037