August 2017

Qualified Service Provider (Individual Provider) Handbook

Enrollment Process & Required Standards

STOP

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

Issued by:

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

Call

1-800-755-2604,
First, select Option “1”, then Option “3”

Or

701-328-4602

Forms must be completed with a pen or typed. Send completed packets by email, fax or mail to:

Email: DHSHCBS@ND.GOV

Fax: 701-328-4875

Mail:
Medical Services/HCBS Division
North Dakota Department of Human Services
600 E Boulevard Ave. Dept. 325
Bismarck ND 58505-0250
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BACKGROUND INFORMATION

The North Dakota Department of Human Services funds and oversees Home and Community Based Services (HCBS) for the elderly and disabled. Clients are assessed by a case manager to determine if they are eligible for HCBS programs. The assessment includes both Functional Eligibility and Financial Eligibility.

Once the client is found eligible the following law applies.

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

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

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

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

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

Definitions:

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

- Attendant Care Services: Hands on care, of both a supportive and medical nature, specific to a client who is ventilator dependent for a minimum of 20 hours per day. Service is provided by a QSP who is approved to provide this service. The services are provided under the direction of a licensed nurse who is enrolled with the Department of Human Services to provide Nurse Management.

- Authorization to Provide Service (SFN 1699, 633, or SFN 404): A state form sent to the QSP by the HCBS Case Manager, authorizing the QSP to provide services. This form lists the time frame in which the service can be provided; maximum amount of service authorized per month, and the tasks the QSP is authorized to provide (brief descriptions are printed on back of the form).
• **Case Management:** HCBS Case Management is a social work process that provides specialized assistance to aged and disabled individuals who desire and need help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired individuals to remain in the community in the most cost effective manner.

• **Chore Service:** tasks that are on an intermittent or occasional basis which enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, and snow removal. The task must be the responsibility of the client and not the responsibility of the landlord.

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

• **Endorsement:** A task that requires special skill and approval.
  - **Global Endorsement:** These QSP endorsements apply for all clients
  - **Client Specific Endorsement:** These endorsements require specific instruction for an individual client who requires the extra endorsement(s).

• **Environmental Modification:** Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or which enables the client to function with greater independence in his/her home.

• **Extended Personal Care:** Hands on care of a medical nature that is specific to the needs of an eligible client. Training to complete tasks is provided by a nurse educator.

• **Family Personal Care:** Personal care that is provided to an individual by their legal spouse. The spouse must be enrolled as a personal care service provider and be pre-approved by the Case Manager to provide the service.

• **Homemaker Service:** Occasional non-personal care tasks such as housekeeping, laundry and shopping.

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

• **Non-Medical Transportation:** Transportation that allows individuals to use essential community services such as grocery, pharmacy, banking, post office, laundromat, utility company, and social security office, in order to maintain themselves in their home.
  - **Non-Medical Transportation Driver with Vehicle:** Driving the client to and from his/her home and points of destination.
  - **Non-Medical Transportation Escort:** Going with the client to assist in entering and exiting as well as helping during transport so the client may complete the activity for which (non-medical) transportation is authorized.
• Nurse Educator: A service to include nurse assessment, care planning, training of nursing tasks for a client who is receiving services provided by a QSP enrolled to provide Extended Personal Care Services. This service is provided by QSP who is a nurse licensed by and in good standing with the ND Board of Nursing.

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

• Personal Care Service: Assistance with bathing, dressing, toileting, incontinence, medication assistance (limited to definition of the task on back of SFN 1699/404), transferring, mobility in the home, eating, personal hygiene (e.g. finger nail care, skin and mouth care); and exercises. This service may include assistance with environmental activities as authorized by the HCBS Case Manager.

• Provider Number: Number assigned to the enrolled QSP.

• Qualified Service Provider (QSP): A self-employed individual that has met all the standards/requirements and has enrolled with the Department of Human Services as a provider.

• Respite Care: Temporary care, for a set period of time, provided to a client so their primary caregiver has relief from the stress and demands of ongoing daily care.

• Service: Work done by a provider for payment.

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

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

(The Definitions of the tasks are also printed on the back of the authorizations.)
This handbook contains the requirements for you to be a provider delivering the following services for which you want to receive public pay.

- Homemaker Service
- Respite Care - Requires Cognitive global endorsement
- Personal Care Service
- Non-Medical Transport-Escort
- Supervision — Requires Cognitive global endorsement
- Family Personal Care (must be caring for legal definition of spouse)

You will not be approved for the following services without the required additional forms or information:

- Chore Service – Refer to Chart A
- Snow Removal — Refer to Chart A
- Extended Personal Care - Requires SFN 576
- Nurse Educator — Requires SFN 577
- Environmental Modification — Requires a contractor license
- Non-Medical Transportation:
  - Signed statement on SFN 1603
  - Current copy of Driver's License
  - Provide and maintain current, continuous proof of vehicle insurance with Department
  - Current copy of Vehicle Registration at time of enrollment/renewal
  - Current copy of driving record obtained from the DOT at time of enrollment/renewal
  - Please see the chart on Page 16 of this handbook for further information regarding this service.

If you are interested in providing the following services, you must contact the QSP Enrollment Administrator at Medical Services/HCBS for extra forms/information that must be completed. 701-328-4602

- Adult Day Care
- Case Management
- Nurse Management
- Attendant Care Services
- Respite Home Care

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

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

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

Complete and send the Forms in your Forms Packet to HCBS Medical Services. (Instructions included in Forms Packet)

- SFN 1603 – INDIVIDUAL REQUEST TO BE A QUALIFIED SERVICE PROVIDER
- SFN 433 - CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
- SFN 1168 – OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION
- SFN 615 – MEDICAID PROGRAM PROVIDER AGREEMENT
- W-9 – REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

The following form is required to show competency unless licensed as a nurse, certified as a CNA, Registered Physical Therapist, or Registered Occupational Therapist:

- SFN 750 - Documentation of Competency

A COPY OF A FORM OF AN OFFICIAL IDENTITY DOCUMENT MUST BE SENT TO THE DEPARTMENT WITH YOUR APPLICATION FOR APPROVAL AS A QSP. For example: driver’s license, tribal ID card etc.

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

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

2. According to ND Admin Code 75-03-23-07, the department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole or other form of community corrections or imprisonment without subsequent charge or conviction...
High Risk Provider Guidelines and Additional Requirements

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

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

If you believe you may be a High Risk provider or applicant, please contact the Enrollment Administrator at 701-328-4602 for further requirements prior to enrollment.
# Chart A

## Standards and Allowable Tasks/Activities

<table>
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<tr>
<th>Services Are:</th>
<th>Chores – Chore Services</th>
<th>RC – Respite care</th>
<th>EM – Environmental Modification</th>
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<td>HM – Homemaker</td>
<td>NMT – Non-Medical Transportation</td>
<td>PCS – Personal Care Services</td>
<td>ADC – Adult Day Care</td>
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### Applicable to Services

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<th>Required Documentation of Competency Level</th>
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<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. |
<p>| 5. HM, PCS, RC, NMT (escort), ADC, Chore – (except provider for snow removal) | Know generally accepted practice of infection control/proper hand washing methods. | Washed hands before and after each task, rinsed soap bar before and after washing, used enough soap to lather, rubbed skin to eliminate germs, rinsed under running water above wrists to fingertips. Turned faucet off with paper towel to avoid recontamination of hands. |
| 6. HM, PCS, RC, NMT (escort), ADC, Chore – (except provider for snow removal) | Keep generally accepted practice of handling and disposing of body fluids. | Gathered necessary supplies/equipment (e.g. soap, wash cloth, towel); assured privacy; checked for appropriate water temperature; made mitten out of washcloth; (began with cleanest part of body). For bed bath: washed, rinsed, and patted dry one part of body at a time and only exposed the part of body being washed; observe for unusual changes in skin condition. For clients needing assistance with washing, follow procedure for bed bath/sponge bath using gloves if client has open areas on skin or if providing perineal care. Instruct client to use safety bars when getting in and out of tub. Caregiver to provide necessary assistance with transfer to prevent fall. For client who is unsteady, drain tub water prior to client attempting to get out. Assist with transfer from tub or shower. Make sure all skin areas are thoroughly dry. Inspect skin for any changes (see Standard #18). Remove gloves and wash hands. Cleanse bath or shower. |
| 7. PCS, RC, ADC | Know generally accepted practice in bathing techniques: bed, tub, and shower. | Gloves must be used when handling body fluids. |</p>
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| 8. PCS, RC, ADC | Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving. | 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. | |
| 9. PCS, RC, ADC | Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures. | Washed hands; gathered necessary supplies (e.g. toothbrush; toothpaste; small water basin); applied toothpaste to toothbrush; gave client toothbrush if able to brush own teeth, or brushed using gentle motion; brushed teeth thoroughly throughout the mouth; offered rinse water; offered mouth wash; wiped client’s mouth; observed for bleeding and pressure areas in mouth from dentures; replaced to storage; cleaned up. | |
| 10. PCS, RC, ADC | Know generally accepted practice in how to dress/undress client. | Assembled clothing; assisted client to proper position for dressing; put on underwear, then trousers or pajamas; shirt or over-the-head clothing; socks or stockings, slippers or shoes. For undress, do the reverse. | |
| 11. PCS, RC, ADC, NMT (escort) | Know generally accepted practice in assisting with toileting. | 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 toilet stool, supply toilet tissue, leave client for 5 minutes, apply gloves, assist client with cleansing elimination area, always wipe from front to back, cleansed and disinfected commode or flush toilet, removed gloves, washed hands, and assisted client with washing hands. | For assisting with suppository. Endorsement D. |
<p>| 12. PCS, RC, ADC, NMT (escort) | Know generally accepted practice of caring for incontinent client | Assembled necessary supplies (e.g. incontinence supply, washcloth, powder); provided for privacy; used correct positioning techniques; removed soiled materials/clothing; cleaned area; dried area; observed for unusual skin conditions; applied appropriate lotions/powder, if necessary; applied clean incontinence supply item. Properly dispose of soiled material and other consumable supplies. Use gloves throughout activity and washed hands afterward. | For assisting with suppository. Endorsement D. |
| 13. PCS, RC, ADC | Know generally accepted practice of how to feed or assist client with eating. | Washed hands; gathered utensils (e.g. napkin, tray); placed napkin near client, on client’s chest or under chin, if appropriate; told client what foods are served; alternated solids and liquids; used a spoon for safety; used a short straw if client could not drink from a cup or glass, wiped client’s mouth with napkin; cleaned up as appropriate; offered oral hygiene. | Does NOT include tube feeding. |</p>
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<tr>
<td>14. HM, PCS, RC, ADC</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.</td>
<td>Does NOT include canning of produce or baking of such items as cookies, cakes &amp; bread.</td>
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<td>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.</td>
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<td>Preparing the Meal: Washed hands; followed the menu; followed recipes; know food substitutions, allowed for special diet if a food item is not available; prepared one-dish meals as appropriate or for foods which may be reheated, prepared for proper storage and reheating for future servings; used proper size pans; used correct burner size; when using oven, prepared more than one item at a time; when possible, use toaster/microwave for small meals, conventional oven for big meals, cleaned up; wash dishes.</td>
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<td>15. PCS, RC, ADC</td>
<td>Know generally accepted practice for routine eye care.</td>
<td>Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and gloves if there is drainage coming from eye. Wash hands and apply gloves if necessary. Instill solution according to manufacturer’s guidelines. Remove gloves and wash hands.</td>
<td>Routine regimen non prescription eye drops, ointment, eye pad after a well established routine of care has been set forth for the client.</td>
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<td>Nail Care: Gathered necessary supplies and equipment (towel, water basin, nail file, nail clipper); filled wash basin with warm water, soaked client’s fingernails approximately 20 minutes; cleaned under fingernails; clipped fingernails straight across; shaped with nail file; cleaned up/replaced equipment/supplies; washed hands. Properly disposed of nail clippings. Wash hands.</td>
<td>Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.</td>
</tr>
<tr>
<td>16. PCS, RC, ADC</td>
<td>Know generally accepted practice in proper care of nails.</td>
<td>Washed hands, assisted client to proper position for self-administration of medication. Assisting the client with opening container, assisting with positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, and dose and time medication should be taken. If medication has been set up in medication container or planner by nurse or family, make sure it is clearly marked/labelled, 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.</td>
<td>Assisting client in self administration by doing the following - opening container, assisting the client with proper position for taking medication, assist with giving client drinking fluid to swallow medication, recap the container.</td>
</tr>
<tr>
<td>17. PCS, RC, ADC</td>
<td>Know generally accepted practice for assisting client with self-administration of medications.</td>
<td>Washed hands, identified pressure points (bony areas of body); changed client’s position every two hours; kept linens wrinkle-free and dry, used powder where skin comes together; washed and dried client’s skin promptly if urine or feces are present and have now been removed, applied lotion as necessary for dry skin, observed for skin breakdown.</td>
<td>Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems.</td>
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<td>Back Rub: Gathered supplies (e.g. towel(s), lotion); assisted client to turn on side or abdomen, uncovered client’s back; placed small amount of lotion on palm of your hand; applied to client’s back using long strokes, used circular motion, rubbed one to three minutes, dried client’s back, assisted to dress client; replaced supplies to proper storage, washed hands.</td>
<td>Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.</td>
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<tr>
<td>18. PCS, RC, ADC</td>
<td>Know generally accepted practice of caring for skin including giving back rub.</td>
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| 19. PCS, RC, ADC      | Know generally accepted procedure for turning and positioning client in bed. | 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). |  |
| 20. NMT (escort), PCS, RC, ADC | Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair. | 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. |  |
| 21. NMT (escort), PCS, RC, ADC | Know generally accepted practice of assisting client with ambulation. | 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. | Assisting client to walk, use wheelchair, walker, crutches or cane.  
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. |
| 22. HM, PCS, RC, ADC | Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition. | 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. |  |
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| 23. HM, PCS, RC, ADC  | Know generally accepted procedure of making beds. | 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. |
| 24. HM, PCS, RC, ADC  | Know generally accepted practice – in laundry techniques; (include mending). | Able to make necessary minor repairs to client’s clothing or bedding or linens (sew button or hem); separated clothing per label instructions considering color, fabric, soiled, dry clean only; pretreated spots/stains; followed washing machine instructions for detergent and type of load, dried clothing, ironed/folded, returned to proper storage. | Includes washing, drying, folding, putting away ironing, mending, and related tasks. |
| 25. HM, PCS, RC       | Knowledge of generally accepted practice of assisting with bill paying, balancing a checkbook and managing a home budget. | Demonstrated ability to add, subtract, accurately record expenses/deposits and balance a checkbook. Know process to pay bills; set up a home budget within the available income of client to include such items as food, utilities, rent, essential supplies. | Monthly budgeting and/or paying bills. |
See below for additional required documentation for the services listed.

<table>
<thead>
<tr>
<th>APPLICABLE TO SERVICE</th>
<th>STANDARD</th>
<th>REQUIRED DOCUMENTATION or COMPETENCY LEVEL</th>
<th>LIMITED TO TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. NMT (Driver w/ vehicle)</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>
<td></td>
</tr>
<tr>
<td>27. NMT (D/V)</td>
<td>Have liability insurance.</td>
<td>Photocopy of insurance records that show continuous coverage and effective date must be provided throughout enrollment to maintain coverage.</td>
<td></td>
</tr>
<tr>
<td>28. NMT (D/V)</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>
<td></td>
</tr>
<tr>
<td>29. NMT (D/V)</td>
<td>No more than two moving violations in past three (3) years.</td>
<td>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>
<td></td>
</tr>
<tr>
<td>30. NMT (D/V)</td>
<td>Safe vehicle (road worthy).</td>
<td>Signed assurance on SFN 1603, Page 2.</td>
<td></td>
</tr>
<tr>
<td>31. CHORE (Snow removal)</td>
<td>Know generally accepted snow removal procedures.</td>
<td>Ability to use snow removal equipment.</td>
<td></td>
</tr>
<tr>
<td>32. CHORE (ERS)</td>
<td>Know generally accepted procedure for installation of ERS System.</td>
<td>Agency enrolled qualified service provider of ERS Service.</td>
<td></td>
</tr>
<tr>
<td>33. CHORE (Labor)</td>
<td>Know generally accepted procedure for seasonal cleaning or unusual/heavy cleaning.</td>
<td>Ability to follow manufacturer’s instructions for supplies used and equipment needed to complete specific chore tasks. Self-declaration from QSP of formal training, education or previous experience or written documentation of performance from previous employer, supervisors.</td>
<td></td>
</tr>
<tr>
<td>34. Environmental Modification</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>
<td></td>
</tr>
</tbody>
</table>
## CHART B

### GLOBAL ENDORSEMENTS A HEALTH CARE 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Can Perform</td>
<td>Can Perform</td>
<td>Can Perform</td>
<td>Can Perform</td>
<td>Can Perform</td>
<td>Can Perform</td>
</tr>
<tr>
<td>Maintenance Exercise</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Catheter</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Medical Gases</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Suppository</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cognitive</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Taking BP/TPR</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ted Socks (surgical stockings)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Prosthesis/Orthotics</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hoyer Lift/Mechanized Bath Chair</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
GLOBAL ENDORSEMENTS

- Are not required to enroll as a QSP unless you check Respite Care or Supervision as one of your services.
- They may be required to provide care for some clients.
- They apply to any clients for whom you provide care that require them.
- A QSP may choose to meet the standards for any or all of the endorsements.

The Global Endorsements are:

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

Requirements for Global Endorsements

- If you have any of the following current licenses or certifications see CHART B to determine the global endorsements for which you automatically qualify: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, and Certified Nurse Assistant.

- If you do not have any of the above listed licenses or certifications you must send a completed DOCUMENTATION OF COMPETENCY (SFN 750) to be given any and/or all of these endorsements.
### CHART C – GLOBAL ENDORSEMENTS

<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><strong>A. MAINTENANCE EXERCISE</strong></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 which have been taught to client – neck, shoulders, elbows, wrists, fingers, hips, knees, ankles, toes. Follow only exercise regimen recommended for the client; i.e. the performance of the repetitive exercise required to maintain function, improve gait, maintain strength, or endurance; passive exercise maintain motion in paralyzed extremities, not related to a specific loss of function, and assistive walking.</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><strong>B. CATHETER</strong></td>
<td>Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.</td>
<td>Washed hands, gathered all necessary supplies (basin of warm water, mild soap, washcloth, plastic bag for waste, disposable gloves); provided for client privacy; held catheter with one hand; do NOT hold up so that urine runs back into the bladder; cleaned meatus and catheter with other hand; wiped from meatus toward anus; patted area dry; applied lotion as necessary; observed for redness, swelling or discharge; disposed of waste; cleaned up; returned supplies to proper storage; washed hands.</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><strong>C. MEDICAL GASES</strong></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><strong>D. SUPPOSITORY</strong></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.</td>
<td>Non-prescription suppository only.</td>
</tr>
<tr>
<td><strong>E. COGNITIVE SUPERVISION</strong></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 due to Alzheimer’s, Parkinson’s and Multi-Infarct (dementia) as well as the unique needs of caring for a person that is so impaired. Address issues, such as care staff reaction to repetitive and/or inappropriate behavior, nonverbal communication techniques; observing for difficulty eating, chewing and/or swallowing; techniques used with wandering behavior. Show evidence of knowledge of the role of supervision and observation for a client who needs supervision continuously, except for brief periods of time, for health/safety, cognitive and/or behavioral reasons.</td>
<td></td>
</tr>
<tr>
<td>ENDORSEMENT</td>
<td>STANDARD</td>
<td>REQUIRED DOCUMENTATION or COMPETENCY LEVEL</td>
<td>LIMITED TO TASKS</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>F. TEMPERATURE/</td>
<td>Know generally accepted practice for taking temperature, blood pressure,</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>BLOOD PRESSURE/</td>
<td>pulse, and respiration rate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PULSE/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESPIRATION RATE</td>
<td></td>
<td></td>
<td></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 manufacturers instructions.</td>
<td></td>
</tr>
<tr>
<td>H. PROTHESIS/</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>ORTHOTICS/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADAPTIVE DEVICES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. HOYER LIFT</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>
<tr>
<td>MECHANIZED BATH CHAIRS</td>
<td></td>
<td></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; 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.</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>

23
STEP 2: AFTER QSP APPROVAL

- As a Qualified Service Provider (QSP) you are **not** an employee of the Department of Human Services.

- You are a self-employed, independent contractor. QSP’s provide service and are paid for the authorized services that are delivered.

- The Department **does not** withhold or pay any social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments you receive as a QSP. Withholding and paying taxes on QSP payments is your responsibility as a self-employed individual. Information on the tax responsibilities of independent contractors can be found at www.IRS.gov.

- A packet of information is sent to you by the Medical Services Division, Department of Human Services (Department). Included in that packet is:
  - your QSP provider number,
  - further need to know information,
  - rules about keeping service records,
  - billing instructions, and
  - a copy of the annual QSP newsletter.

- Your enrollment information is added to the list kept by the Department and distributed to each County Social Service office. Your name is only given to clients etc. if you marked that you want to be on the public list.

- The HCBS case manager determines the client’s need for services. The client then selects their QSP (from the list of QSP’s).

- If you are the chosen QSP, the HCBS case manager will contact you and give you an authorization to provide services (SFN 1699, SFN 633, or SFN 404). You cannot provide services without an Authorization.

- You must then review the SFN 1699, SFN 633, or SFN 404 Authorization to provide services.

  - It contains the following information.
    - The tasks you are authorized and expected to provide,
    - The maximum number of units you are allowed to provide/bill- (a unit is 15 minutes),
    - The definitions of the tasks are located on the back of this form.

- You **must** have a current **SFN 663, SFN 1699 or SFN 404 Authorization to Provide Services** in your possession for each client before providing services and to be eligible for payment by the Department of Human Services.

- You can only provide services in a home when the client/member is there.
• You are required to keep records of the services provided. The records must include:
  1. name of the client/member
  2. name of the provider (you)
  3. date of the service
  4. start time and end time (including a.m. and p.m.) in the clients home,
  5. units of service, by procedure code, or if T1019 by task category
  6. tasks performed (use task name as listed on the authorization)

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

• You are also responsible to keep your remittances (the papers showing the payments you have received) and provide copies if income verification is needed for loans, housing enrollment etc.

• You bill the Department directly for services provided. You can only bill for services that are authorized and provided. Also you must be enrolled for the services before you can bill for them.

• Payment by the Department will be minus any client liability or cost sharing (some clients are responsible for a portion of their service costs). The client is responsible to pay you directly for any client liability/cost sharing.

• The Department of Human Services can request a refund or process adjustments to take back payments made to a you, if you do not keep appropriate records, if you do not send service records upon request, if you do not provide the service, if you bill over the authorized amount, if you use the wrong billing codes, or if you otherwise make billing errors.

• Per ND Admin Code 75-03-23-12 if you disagree with any action regarding provider reimbursement you may submit a formal written request for review. Formal requests must be made in writing within 10 days of notification of the adjustment or request for refund. Notification may be contained in the remittance advice or may be included in a document sent to you by the Department. Within 30 days of requesting a review, you shall provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review. A provider may not request a formal review of the rate paid for each disputed item. The Department has 75 days from the date we receive the request for review to make a decision

• Non-Medical Transportation, Driver with Vehicle
  The following information is required to maintain this service throughout your enrollment:
  o Provide and maintain continuous, current proof of vehicle insurance with Department at all times.
  o Failure to provide this information can result in a denial for payment.
  o It is the responsibility of the QSP to provide this information to the Department.
• **Rural Differential Rate**
The purpose of the Rural Differential Rate is to create greater access to Home & Community Based 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.

Those 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.

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

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

- Billing for this rate will be closely checked every month
- You will be 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.

**Adding Additional Services:**
- You must contact the Department to request that additional services be added to your enrollment.

**Address Changes:**
- You must inform HCBS Medical Services within 14 days of any address changes

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

1. **If you have been found guilty of or pled no contest to an offense identified in ND Admin Code 75-03-23-07, your application may be taken to a department team meeting to determine if you are sufficiently rehabilitated.**

2. **According to ND Admin Code 75-03-23-07, the department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole, or other form of community corrections or imprisonment without subsequent charge or conviction…….**
**OIG Referrals:**

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

Once the OIG receives this referral they make an independent decision based on their own criteria about whether or not the individual will be excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

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

**QSP Audits:**

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

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

Failure to comply with a request to send records, provider information, or to pay back funds paid in error, may lead to the termination of your QSP status and a referral to the OIG for possible exclusion in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

**The Following Forms Are Attached For Review:**

1. Working Together for Home Fire Safety
2. Exposing an Invisible Killer, Dangers of Carbon Monoxide
3. Authorization to Provide Services SFN 1699
4. Authorization of Waiver Services SFN 404
5. Authorization to Provide Personal Care Services SFN 663
STEP 3: QSP RENEWAL

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

A renewal notice and the required forms are usually sent from the HCBS office about 6 weeks prior to your QSP enrollment expiration date.

To renew your QSP enrollment, you must complete and send to Medical Services/HCBS the following newly completed forms and needed documentation.

- SFN 1603 – INDIVIDUAL REQUEST TO BE A QUALIFIED SERVICE PROVIDER
- SFN 433 - CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
- SFN 1168 – OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION
- SFN 615 – MEDICAID PROGRAM PROVIDER AGREEMENT

The following form may be required to show competency:

- SFN 750 - Documentation of Competency

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

Failure to renew QSP enrollment may result in automatic closure of your QSP enrollment. (If renewal forms are not received within 6 weeks of your QSP enrollment expiration date, you will have to reenroll and there may be days of service for which you cannot bill.)

For Renewal Applications----Documentation of Competency must be signed before end date of current enrollment or expiration date to ensure no break in enrollment span.

If you haven’t billed for twelve months, your QSP enrollment may be closed due to inactivity.
FORMS AVAILABLE ON E-FORMS

- **SFN 1603** - INDIVIDUAL REQUEST TO BE A QUALIFIED SERVICE PROVIDER

- **SFN 750** - DOCUMENTATION OF COMPETENCY

- **SFN 433** - CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY

- **SFN 615** - MEDICAID PROGRAM PROVIDER AGREEMENT

- **W-9** - REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

- **SFN 1168** - OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION

The following optional form is available at the link provided:

- **SFN 661** ELECTRONIC FUNDS TRANSFER (EFT) FORM

The following form will be given to you by the county if needed:

- **SFN 830** REQUEST FOR CLIENT SPECIFIC ENDORSEMENT

QSP Individual Handbook link: [http://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-individual-provider.pdf](http://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-individual-provider.pdf). This link will always have the most current handbook.
More than 4,000 Americans die each year in fires and 20,000 are injured. An overwhelming number of fires occur in the home. There are time-tested ways to prevent and survive a fire. It’s not a question of luck. It’s a matter of planning ahead.

**EVERY HOME SHOULD HAVE AT LEAST ONE WORKING SMOKE ALARM**

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

**PREVENT ELECTRICAL FIRES**

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

**USE APPLIANCES WISELY**

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

**ALTERNATE HEATERS**

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

**AFFORDABLE HOME FIRE SAFETY SPRINKLERS**

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

**PLAN YOUR ESCAPE**

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

**CARING FOR CHILDREN**

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

**CARING FOR OLDER PEOPLE**

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

For more information contact:
The U.S. Fire Administration
16825 South Seton Avenue
Brummitburg, MD 21727
or Visit the USFA Web site:
www.usfa.fema.gov

March 2006
Exposing an Invisible Killer
A Factsheet on the Dangers of Carbon Monoxide

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

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

UNDERSTANDING THE RISK

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

WHERE DOES CARBON MONOXIDE COME FROM?
CO gas can come from several sources: gas-fired appliances, charcoal grills, wood-burning furnaces or fireplaces and motor vehicles.

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

WHAT ACTIONS DO I TAKE IF MY CARBON MONOXIDE ALARM GOES OFF?
What you need to do if your carbon monoxide alarm goes off depends on whether anyone is feeling ill or not.

IF NO ONE IS FEELING ILL:
1. Silence the alarm.
2. Turn off all appliances and sources of combustion (i.e. furnace and fireplace).
3. Ventilate the house with fresh air by opening doors and windows.
4. Call a qualified professional to investigate the source of the possible CO buildup.

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

PROTECT YOURSELF AND YOUR FAMILY FROM CO POISONING
• Install at least one carbon monoxide alarm with an audible warning signal evaluated by a nationally recognized laboratory, such as Underwriters Laboratories (UL), near the sleeping areas and outside individual bedrooms. Carbon monoxide alarms measure levels of CO over time and are designed to sound an alarm before an average, healthy adult would experience symptoms. It is very possible that you may not be experiencing symptoms when you hear the alarm. This does not mean that CO is not present.
• Have a qualified professional check all fuel burning appliances, furnaces, venting and chimney systems at least once a year.
• Never use your range or oven to help heat your home and never use a charcoal grill or hibachi in your home or garage.
• Never keep a car running in a garage. Even if the garage doors are open, normal circulation will not provide enough fresh air to reliably prevent a dangerous buildup of CO.
• When purchasing an existing home, have a qualified technician evaluate the integrity of the heating and cooking systems, as well as the sealed spaces between the garage and house. The presence of a carbon monoxide alarm in your home can save your life in the event of CO buildup.

For more information contact:
The U.S. Fire Administration
16815 South Seton Avenue
Broomfield, CO 80021
or
Visit the USFA Web site:
www.usfa.fema.gov

Homeland Security

May 2010
Instructions for MSP Authorizations

1. Authorization to Provide Personal Care Services Form SFN 663 - You must have this form before providing services for Procedure Codes T1019 or T1020.

2. Medicaid ID Number - The client ID number you will put on the turnaround document when billing.

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

4. Service - Only provide services that are marked.
   - Procedure Code – The code you use to bill on the turnaround document (Codes T1019 or T1020).
   - Total of Authorized Units per Task Category – The total amount of units you can provide and bill up to, if you actually provide the services in a month. DO NOT bill over the unit amounts.
   - Authorized Units per Task Category – The amount of units per task category you can provide and bill up to, if you actually provide the services in a month. If there is more than one provider listed on this form, the total amount provided by all providers together, cannot go over this amount.

5. Activities of Daily Living (ADL), Meal Prep, Med Assist, Ldry/Shp/Hsk, Other: As a QSP, you are only authorized to provide the tasks marked. On the back of the form is a description of what is included in each task. If you have a question about whether or not you can perform the task, contact the County Case Manager.

6. Rural Differential Rate: IF this is checked, it will include the amount you can bill the Department per unit for this client only. This rate is based on where the client lives.
1. **Authorization to Provide Services Form SFN 1699:** You must have this form before providing services.

2. **Client/Member ID number:** This is the client ID number that you put on the HCBS/DD Billing form when billing. (Must include the ND with the numbers on the billing form)

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

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

5. **Personal Care Services Tasks Authorized:** As a QSP you are only authorized to provide the tasks marked. The number of units written after each marked task is the most you may provide. Document by listing tasks performed. On the back of the form is a description of what is included in each task. If you have a question about whether or not you can perform the task, contact the County Case Manager.
1. **Authorization of Waiver Services Form SFN 404**: You must have this form before providing services.

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

3. **Authorization Period**: These are the days you can provide services. You cannot bill or be paid for days that are not included in this period.

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

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