



RESIDENTIAL HABILITATION AND COMMUNITY SUPPORT SERVICES PROVIDER TRAINING PROCEDURE AGREEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADULT AND AGING SERVICES
SFN 585 (4-2025)

Only use this form for QSPs who will be trained to provide medical tasks under a reasonable modification approval.

Member Name	Member Medicaid ID Number
Nurse	Telephone Number
Case Manager	Telephone Number

PROVIDER AGREEMENT

If a modification is approved under the Residential Habilitation or Community Support program to complete tasks that are medical in nature and that are specific to the needs of an eligible individual, a Registered Nurse must complete an assessment to determine if the tasks will be completed by the RN or trained to the QSP agency staff. This assessment must be included in the Individual Program Plan (IPP).

Approval to complete these tasks is provided by the QSP agency RN who has completed training to QSP agency staff. The QSP agency must be enrolled with the Department of Health and Human Services to provide Residential Habilitation and Community Support services. Or, if a necessary medical task is too complex to be taught to a QSP agency staff, the nurse may provide the service directly to the client.

This service may include medical or nursing care to the extent permitted by state law that will maintain the health and well-being of the individual and will allow the individual to remain in the community. These are services that an individual without a functional disability would customarily and personally perform without the assistance of a licensed health care provider, such as catheter irrigation, administration of medications, wound care or other tasks as approved by the state program administrator.

Providers must immediately report all critical incidents.

A critical incident is any actual or alleged event or situation that creates a significant risk or substantial or serious harm to the physical or mental health, safety or well-being of a client receiving HCBS services.

Reportable incidents include:

1. **Abuse (physical, emotional, sexual), neglect, or exploitation.** The agency QSP must also fill out an adult protective services report.
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. **Restrain violations** (Use of restraints not documented in care planning.)
6. **Death** of a client and cause (including death by suicide).
7. Report of all **medication errors** or omissions.
8. Any event that has the potential to jeopardize the client's health, safety or security if left uncorrected.
9. Changes in health or behavior that may jeopardize continued services.
10. Illnesses or injuries that resulted from unsafe or unsanitary conditions.

The QSP agency must complete a General Event Report (GER) within Therap, or use the GER offline forms if the QSP does not have access to Therap. The GER must be submitted within 24 hours of the incident and notify the HCBS case manager.

The QSP agency staff must notify the HCBS case manager and the nurse with the agency if the client is not home at the scheduled time for service. If there is an observed change in the clients physical, cognitive, emotional or environmental condition, or there is a change in the amount or type of service that may be needed by the client.

Education is provided to the QSP caregiver in the presence of a client who is competent to make their own decisions or in the presence of their legal representative.

Agency QSPs are required to identify a backup plan or provider in the event they are not able to provide services.

Tasks approved under a reasonable modification request are provided in accordance with the Individual Program Plan (IPP) developed by the client and home and community based services (HCBS) case manager. The Individual Program Plan (IPP) is developed by the client and the agency QSP RN. The QSP staff must contact the nurse for training prior to administering new medication or treatments for which training has not been provided. The nurse will send training documentation to the case manager and state nurse administrator. The training documentation must be signed by the nurse and the QSP staff.

The QSP agency is provided an authorization for services by the HCBS case manager in which reimbursable tasks are listed. Documentation with training is provided by the nurse to the QSP staff approving identified nursing tasks. The nurse must provide documentation to the QSP staff which describes the nursing tasks approved. Payment is limited to the services described in the Authorization to Provide Services.

The QSP agency is required to maintain records related to: (1) the written instructions for completing the authorized tasks provided by the nurse educator; and (2) incidents that result in client injury or require medical care.

Documentation must include:

- QSP caregiver's name
- Client's name
- Date service provided
- Start and end time of the tasks performed including AM and PM
- Tasks performed (i.e. medication administration, wound care or eye drops)

PROCEDURE AND TRAINING

The QSP staff has been taught the task and has been evaluated using the following steps:

<input type="checkbox"/> Reason for task/risks of task	<input type="checkbox"/> Proper Procedure
<input type="checkbox"/> Observation of client response	<input type="checkbox"/> Nurse demonstration
<input type="checkbox"/> Possible side effects to client and response	<input type="checkbox"/> Return demonstration/Procedural guidance provided

Instructions/steps (contingency plan) for approved nursing tasks, contraindications, risks, precautions and reportable incidents; including instructions in case of emergency. Document here or indicate if separate sheet attached.

(1) Client Assessment: I have assessed the client and have determined that his/her condition is stable and predictable. The nature and complexity of the task and safety issues for the client have been considered.

(2) The care provider(s) has been instructed and observed in the performance of these tasks with the client. The care provider **can safety and accurately** perform this task of nursing care.

I have been taught this task(s) and understand the task(s) is client-specific and is not transferable to another client or care provider. I understand the task(s) reportable incidents and risks involved and that I am to contact the nurse, case manager or other health care professional. **I have been instructed on the reportable incidents listed on the Reportable Incidents form.**

Your signature verifies agreement and compliance with the information listed above. This form is due annually.

Trained QSP (Printed Name)	Signature	Date
Trained QSP (Printed Name)	Signature	Date
Trained QSP (Printed Name)	Signature	Date
Trained QSP (Printed Name)	Signature	Date
Trained QSP (Printed Name)	Signature	Date
Signature of Nurse		Date