REQUEST FOR CLIENT SPECIFIC ENDORSEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES/HCBS
SFN 830 (8-2023)

Clear Fields

REQUEST FOR QUALIFIED SERVICE PROVIDER (QSP) TO PROVIDE CLIENT SPECIFIC ENDORSEMENTS.

A currently enrolled **Individual QSP** of Respite Care, Adult Day Care, Personal Care, or Adult Foster Care who has demonstrated the ability to provide a Client Specific Endorsement for a specific client may provide that service. The competency to provide the endorsement must be verified and on file with the HCBS Case Manager/Program Administrator and Medical Services for each consumer for which the service is provided.

A currently enrolled **Agency QSP** of Respite Care, Adult Day Care, Personal Care, or Adult Foster Care who has demonstrated the ability to provide a Client Specific Endorsement for a specific client may provide that service. The competency to provide the endorsement must be verified (for each employee providing the service) and on file with the HCBS Case Manager/Program Administrator and Medical Services for each consumer for which the service is provided.

INDIVIDUAL QSP	Provider Name		Provider Number	
Mailing Address		City	State	ZIP Code

AGENCY QSP	Agency Name		Provider Number	
Mailing Address		City	State	ZIP Code
Employee Name (First, Last)				

Consumer Name		Medicaid ID Number	Date of Birth	
Mailing Address		City	State	ZIP Code

Client Specific Endorsement Requested (to be completed by a health care professional)	Competent	
	Yes	No
J. Ostomy **(routine regimen)**	☐	☐
K. Bronchial: Postural/drainage **(must have received specific training from a respiratory therapist).** Nebulizer Treatment (evidence of training required).	☐	☐
L. Jobst Stockings (compression stockings) **(used for routine care of chronic conditions)**	☐	☐
M. RIK/Specialty Bed **(routine care of chronic conditions)**	☐	☐
N. Apnea Monitor or CPAP Machine. **(send training documentation)**	☐	☐

I certify that the above named individual is competent in the identified endorsement checked 'YES'. The competency is based on the standards outlined in the Department of Health and Human Services QSP Handbook, and I have determined competency by observation of the procedure being performed by the provider.

Further, I certify that I have met the professional degree or have experience in the specialized area required. (Instructions on back of this form.)

Signature	Typed Signature	Date
Position/Title	License Number	State
Email Address		Telephone Number

INSTRUCTIONS

INSTRUCTIONS FOR HEALTH CARE PROFESSIONAL CERTIFYING INDIVIDUAL REQUESTING CLIENT SPECIFIC ENDORSEMENTS.

The person signing the Documentation of Competency must be one of the following health care professionals: physician, nurse practitioner, registered nurse, licensed practical nurse, physical therapist, occupational therapist or other person with a professional degree in specialized areas of in-home care.

Client Specific Endorsement: The endorsement(s) checked are those the individual has identified as requesting approval to provide.

Competent: Place an 'X' in the 'Yes' box if the individual is found competent in this standard or mark 'No' if the individual did not meet the requirement for competency. Competency of the standard is determined by observation of the procedure being performed by the provider.

Client Specific Endorsements

The following Client Specific Endorsements require verification of the QSPs ability to provide the service for a specific client who requires the endorsement.

To qualify for one of the following endorsements:

- You must have a current consumer that specifically needs one of the services listed below.
- Have a licensed healthcare provider complete an SFN 830 - Request for Client Specific Endorsement approving you as competent to provide the specific endorsement.
- Submit the completed SFN 830 to the consumer's HCBS Case Manager.

ENDORSEMENT	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
J. OSTOMY	Know generally accepted practice of techniques for routine regimen of ostomy care.	Washed hands and applied gloves; 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.	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.
K. POSTURAL/ BRONCHIAL DRAINAGE	Know generally accepted practice of how to perform postural/bronchial drainage.	Demonstrates the procedure for postural/ bronchial drainage.	Must have received specific training from a therapist who specializes in this procedure.
L. COMPRESSION GARMENT OR DEVICE	Know generally accepted procedure of applying compression garment or device.	Gathered appropriate supplies; applied compression garment or device as directed for the client.	Routine care for chronic conditions
M. RIK / SPECIALTY BEDS	Know generally accepted procedures for use of a client's Specialty Bed.	Able to assist client in the use of the Specialty Bed as directed for the client.	Routine care for chronic conditions
N. APNEA	Know generally accepted procedure for apnea monitoring.	Evidence of having hospital-based training equivalent to what the primary caregiver has received.	Only available to QSP meeting Respite Care standards