REQUEST FOR CLIENT SPECIFIC ENDORSEMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HCBS
SFN 830 (4-2019)

Clear Fields

REQUEST FOR QUALIFIED SERVICE PROVIDER TO PROVIDE CLIENT SPECIFIC ENDORSEMENTS.

A currently enrolled **Individual Qualified Service Provider** of Respite Care, Adult Day Care, Personal Care, or Adult Family 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 County and Medical Services/HCBS for each client for which the service is provided.

If a currently enrolled **Agency Qualified Service Provider** of Respite Care, Personal Care, Adult Day Care, Residential Care, or Transitional Care has an employee who has demonstrated the ability to provide a Client Specific Endorsement for a specific client, they can provide that service. The competency to provide the endorsement must be verified (for each employee providing the service) and on file with the County and Medical Services/HCBS for each client for which the service is provided.

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

AGENCY QSP	Agency Name	Provider Number	Employee Name		
Mailing Address			City	State	ZIP Code

Client's Name		Client 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 North Dakota Department of Human Services Qualified Service Provider 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	Date		Telephone Number
Position/Title	License Number	State	E-Mail Address

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.

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION OF COMPETENCY LEVEL	LIMITED TO TASKS
J. Ostomy Care	Know generally accepted practice of techniques for routine regimen of ostomy care.	Washed hands; gathered supplies needed (bedpan, towel(s), bed protector, clean ostomy bag, toilet tissue, warm water, wash cloth, soap, cleanser-lubricant, cream, deodorant); assured privacy, covered client with bath towel, opened ostomy belt; replaced if dirty; removed soiled stoma bag; placed in bedpan, wiped area around stoma; washed gently entire stoma area, patted dry; applied lubricant or cream if needed, fitted clean belt and stoma bag on client; applied deodorant if desired; cleaned up; replaced all equipment and supplies to proper storage; washed hands.	General maintenance care which may include emptying, cleaning and reapplying the appliance after well established ~~rout~~ine of care has been set forth for the client.
K. Postural/ Bronchial Drainage **or** **Nebulizer**	Know generally accepted practice of how to perform procedure.	**Postural/bronchial drainage** Demonstratation of the procedure for postural/bronchial drainage from a therapist who specializes in this. **Nebulizer** Demonstration of the procedure for adding premixed medication and care and cleaning of the equipment.	Must have received specific training.
L. Jobst Stockings (Compression Stockings)	Know generally accepted procedure of applying compression stockings.	Gathered appropriate supplies; applied compression stockings as prescribed for the client.	Routine care of chronic conditions.
M. Rik/ Specialty Bed	Know generally accepted procedures for use of a client's specialty bed.	Is able to assist client in the use of the RIK/Speciality Bed as prescribed.	Routine care of chronic conditions.
N. Apnea Monitoring **or** **CPAP Machine Care**	Know generally accepted procedure for monitoring and care of machine.	Evidence of training equivalent to what the primary caregiver has received.	Evidence of training equivalent to what the primary caregiver has received.