AUTHORIZATION TO PROVIDE SERVICES FOR SPED/ExSPED

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 1699 (8-2018)

Clear Fields

By accepting this Authorization to Provide Services, the Provider agrees to provide the services in accordance with standards and conditions agreed to in signing the Medical Assistance Program Provider Agreement as a designated Qualified Service Provider or Basic Care Assistance Provider. If an authorization is for multiple providers, the monthly total authorized units for a client may not be exceeded by the combined providers. This authorization is time limited and is not a guarantee of payment for services. Client eligibility for Medicaid can be verified by calling VERIFY at 1-800-428-4140 or 701-328-2891. Client may be responsible for recipient liability that is payable to the Provider. Provider is responsible for maintaining documentation by task supporting services provided.

Qualified Service Provider(s) Name and Number and Physical Address	Client Name: Last	First	Middle
	Client Identification Number (ND Number) **ND**	Telephone Number	
	Client Physical Address		
Client agrees to pay a SPED Service Fee of %			
Rural Differential Tier ☐ 1 ☐ 2 ☐ 3 / Date RD Removed	City	State	ZIP Code
Authorization Period From: To:	**Six Month Review Authorization Period From: To:**		

Write-in Service being authorized	Service	Procedure Code	Unit/Daily Rate	Units	Amount
	Service	Procedure Code	Unit/Daily Rate	Units	Amount

Personal care services tasks authorized. Check all that apply (An explanation of the tasks is printed on the back of this form.)
* Provider must carry a global endorsement to provide this task
** 1 or more of these tasks must be authorized and provided on a daily basis before daily rate can be used.

Activities of Daily Living (ADLs)

☐ Bathing	
☐ Dress/Undress **	
☐ Feeding **	
☐ Incontinence **	
☐ Mobility (Inside) **	
☐ Toileting **	
☐ Transferring/Turning/ Positioning **	

Meal Prep

☐ Meal Preparation **	

Med Assist

☐ Medication Assistance **	

Ldry/Shp/Hsk

☐ Laundry	
☐ Shopping	
☐ Housekeeping	

Client Specific Endorsement

☐ Apnea Monitor ☐ Postural/Bronchial Drainage
☐ Jobst Stockings ☐ RIK Bed Care
☐ Ostomy Care

Other

☐ Eye Care	
☐ Hair Care/Shaving	
☐ Community Integration	
☐ Skin Care/Nail Care	
☐ Teeth, Mouth, Denture Care	
☐ Mobility (Outside)	
☐ Communication	
☐ Money Management	
☐ Exercises *	
☐ Hoyer Lift *	
☐ Indwelling Bladder Catheter *	
☐ Medical Gases *	
☐ Prosthesis/Orthotics *	
☐ Suppository *	
☐ TED Socks *	
☐ Temp/Pulse/Respiration/Blood Pressure *	
Individual to be contacted for readings	
☐ Cognitive Supervision	
☐ Transportation Mileage	
☐ Transportation Escort	

Authorization (Case Manager's Signature and Date)	Six Month Review: If no change in tasks or units is needed, authorization to provide services is continued for the specified period.
Authorization Cancelled (Case Manager's Signature and Date)	Case Manager's Signature and Date

Distribution: **Original** - Qualified Service Provider **Copy** - Client's Case File **Copy** - Client or Legal Representative **Copy** - Aging Services/HCBS

AUTHORIZED SERVICE ACTIVITIES

BATHING assisting a client with tub/shower/bed bath, dressing after the bath, and bathroom cleanup.
COMMUNICATION limited to assisting the client in using the telephone, and client directed reading of mail and sending mail related to obtaining and managing essential services.
COMMUNITY INTEGRATION support and training provided to promote community involvement and access to services (limited to adult residential services and transitional care services.)
DRESS/UNDRESS assisting a client in getting dressed and undressed.
EYE CARE limited to routine regimen of eye drops, ointment, eye pad. **Does not include prescription eye drops or prescription ointment.**
FEEDING assisting a client to eat who is unable to eat without assistance. **Does not include tube feedings.**
HAIR CARE assisting a client with washing/combing hair and shaving.
HOUSEWORK routine light cleaning that includes dusting, vacuuming, floor care, garbage removal, changing linens, dishwashing, and other similar tasks in rooms occupied or used by the client. **Must be done when the client is at home.**
INCONTINENCE assisting the client with routine care associated with incontinence.
LAUNDRY includes washing, drying, folding, putting away, ironing, mending and other similar tasks. **Must be done in the client's home or a laundromat. Client must be home when the service is provided.**
MEAL PREPARATION includes planning, preparing and serving the meal(s). **Does not include canning of produce or baking of such items as cookies, cakes, bread. Meals must be prepared in the client's home.**
MEDICATION ASSISTANCE limited to assisting with client self administration of routine oral medications 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.
MOBILITY assisting the client to walk, use wheelchair, walker, crutches or cane for essential services, not walks or socialization.
MONEY MANAGEMENT limited to assistance with monthly budgeting or bill paying.
NAIL CARE limited to routine fingernail care to persons who do **NOT** have diabetes, heart disease (excluding controlled hypertension or hypercholesterolemia), fungus, or circulatory disease problems. **Cutting of toenails is not allowed.**
SHOPPING limited to purchasing items for clients.
SKIN CARE limited to prophylactic (preventative) and palliative (relief or relieving) skin care, including application of creams or lotions for minor skin problems. **Does not include prescription ointment, prescription lotion or other prescription topicals, or wound care or care of skin lesions**.
SOCIAL APPROPRIATENESS support and training provided to promote and develop relationships, and participate in the social life of the community (adult residential services and transitional care services.)
TEETH, MOUTH, DENTURE CARE assisting a client with oral hygiene, brushing teeth, and cleaning dentures.
TOILETING assisting the client with all aspects of routine regime for toileting.
TRANSFERRING/TURNING/POSITIONING assisting the client with routine sitting up or positioning on back while in bed, transferring needs, using transfer belt, standard sit, bed to wheelchair, etc.
TRANSPORTATION limited to adult foster care (AFC), adult residential services (ARS) and clients receiving non-medical transportation service (NMT).

GLOBAL ENDORSEMENTS (Only a provider who carries a global endorsement may provide these activities and tasks.)
COGNITIVE/SUPERVISION assisting a client who needs supervision continuously, except for brief periods of time, for health/safety, cognitive and/or behavioral reasons. (not applicable to Medicaid State Plan personal care services.)
EXERCISES limited to assisting with routine exercises, which have been recommended in writing by a therapist for a client, to maintain or improve physical functioning that was lost or decreased due to an injury or a chronic disabling condition (i.e., multiple sclerosis, Parkinson's, stroke, etc.). Exercise does not include physical activity that generally should be an aspect of a wellness program for any individual (i.e., walking for weight control, general wellness, etc.)
HOYER LIFT/MECHANIZED BATH CHAIRS assistance with routine use of mechanized bath chair or hoyer lift used by client.
INDWELLING BLADDER CATHETER limited to general maintenance care after a well-established routine of care has been established for the client. **No catheterization of client allowed.**
MEDICAL GASES limited to routine assistance with medical gases after a regimen of therapy has been established. Limited to oxygen use only.
PROSTHESIS/ORTHOTICS/ADAPTIVE DEVICES assist to apply and remove.
SUPPOSITORY limited to assisting with suppository only to maintain bowel program. **Does not include prescription suppositories.**
TED SOCKS apply TED socks according to manufacturer instructions. Limited to routine care for chronic conditions, TED socks only.
TEMPERATURE/BLOOD PRESSURE/PULSE/RESPIRATION RATE limited to taking the routine measurements. Vital signs, including temp/ pulse/respiration/blood pressure, can be authorized upon the written recommendation of a health care provider which outlines the requirements for monitoring, reason vital signs should be monitored, and the frequency. When the tasks of temp/pulse/ respiration/blood pressure are authorized, the individual to be contacted for readings must be listed on the authorization.

CLIENT SPECIFIC ENDORSEMENTS (These activities and tasks may be provided only by a personal, respite,adult foster care or transitional care service provider who has demonstrated competency.)
APNEA MONITOR limited to routine assistance with apnea monitoring. Evidence of having training equivalent to what a primary caregiver has received for this specific client.
JOBST STOCKINGS routine care for chronic conditions. Evidence of having training equivalent to what a primary caregiver has received for this specific client.
OSTOMY CARE limited to general maintenance care after a well established routine of care has been set forth for the client. Evidence of having training equivalent to what a primary caregiver has received for this specific client.
POSTURAL/BRONCHIAL DRAINAGE limited to routine procedure established for client. Must have received specific training from a therapist who specializes in this procedure.
RIK/SPECIALTY BED CARE limited to client specific requirements. Evidence of having training equivalent to what a primary caregiver has received for this specific client.