

# **Qualified Service Provider (Agency Provider)**

## **Handbook**

**January 2011**

**Required Standards  
&  
Enrollment Procedures**

**Issued by:**

**Medical Services/HCBS  
Department of Human Services  
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# INTRODUCTION

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

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

## **Contained in this handbook**

- Explanation of the conditions/standards a QSP must meet when delivering Home and Community Based Services (HCBS) to the aged and disabled.
- Also included in this Handbook is the material that **must** be completed by Agencies seeking the designation of QSP.

## **Upon designation as a QSP:**

- A packet of information is sent to the provider by the Medical Services/HCBS Division, Department of Human Services (Department). Included in that packet is the provider number and instructions.
- The agency is added to the list maintained by the Department and distributed to each County Social Service office and provided to the public upon request.
- As Case Management agency, the County Social Service office, will determine the client's need for services.
- After the client has selected their provider (from the list of QSPs), the County Social Service office will issue SFN 1699/663, Authorization To Provide Service, to the client's selected QSP.
- The QSP will receive and review the SFN 1699/663, Authorization to Provide Service. The tasks the QSP is authorized to provide are checked on this form and definitions of these tasks are located on the back of this form.
- A QSP **must** have a current SFN 1699/663 Authorization to Provide Services in their possession before providing services to a client and to be eligible for payment by the Department of Human Services.
- **The QSP must maintain records of the services provided. The record must include the 1-name of the client, 2-name of the provider (and employee who performed the task), 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, and 6-tasks performed.**

- The QSP will bill the Department directly for services provided.
- Payment by the Department will be minus any client liability or cost sharing (some clients are responsible for a portion of their service costs).
- It is the responsibility of the client to pay the QSP directly for any client liability/cost sharing.
- The Department can request a refund or process adjustments to take back payment made to a provider if the provider does not provide the requested records or keep appropriate records.
- Nonmedical Transportation Providers are responsible to check with their insurance carrier to assure they have insurance coverage for providing transportation to clients.

## SECTION A

### HOME AND COMMUNITY BASED SERVICES FOR THE AGED AND DISABLED

**1-** The North Dakota Department of Human Services funds and administers home and community-based services (HCBS) for the aged and disabled including: Adult Day Care, Adult Family Foster Care, Chore Service, Family Home Care, Homemaker Service, Non-Medical Transportation, Personal Care Service, Respite Care, Residential, Transitional, Supported Employment, Environmental Modification, Specialized Equipment, Case Management, Nurse Management and Attendant Care Services.

**2-** This handbook contains the requirements for providers delivering the following services:

- Homemaker Service
- Non-Medical Transportation
- Personal Care Service
- Chore Service (Emergency Response Systems (ERS) are included under Chore Service)
- Respite Care

**3-** Agencies interested in providing the following services will need to contact the QSP Enrollment Administrator at Medical Services/HCBS for specific instructions. Materials and required forms included in this book, along with assurances related to the service, will be required.

- Adult Day Care
- Attendant Care Services
- Environmental Modification
- Home Delivered Meals
- Nurse Management
- Specialized Equipment and Supplies
- Transitional Care Services
- Adult/TBI Residential
- Case Management
- Extended Personal Care
- Nurse Educator
- Respite Care
- Supported Employment

**4-** 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 encompasses both health and social services needed to insure the optimal functioning of the individual.
- Agency Provider: An agency that enrolls with the Department of Human Services as a QSP, which allows that agency to bill the Department of Human Services for services rendered within the authorized amount.

- 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 an Unlicensed Assistive Person enrolled and in good standing with the ND Board of Nursing. 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 1699/663): A state form sent to the QSP by the County 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 which are checked on the form (brief definitions are printed on back).
- Case Management Service: HCBS Case Management is the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired persons remain in the community in the most cost effective manner. The specialized assistance is based on the results of a comprehensive assessment
- Chore Service: Tasks that are on an intermittent or occasional basis which would enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, snow removal, and emergency response systems. 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.
- Documentation: written records of the start time, end time and the specific service\ task provided for a client.
- Endorsement: A task that requires special skill and approval.
  - Global Endorsement: These endorsements will apply to all clients requiring this endorsement for which you provide care.
  - Client Specific Endorsement: These endorsements require client specific instruction for each individual client for whom you provide care requiring this endorsement.
- Environmental Modification: Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home.
- Extended Personal Care: Hands on care of a medical nature that is specific to the needs of and eligible individual. Approval to complete these tasks is provided by the nurse educator to the Extended Personal Care service provider.

- Home Delivered Meals: The provision of a well-balanced meal to individuals who live alone and are unable to prepare an adequate meal for them self, or who live with an individual who is unable or not available to prepare an adequate meal for the recipient.
- Homemaker Service: Intermittent non-personal care tasks such as housekeeping, laundry and shopping.
- Individual Provider: A self employed person who has been designated by the Department of Human Services as a QSP.
- Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.
- 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 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.
- Non-Medical Transportation: Transportation that enables individuals to access 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: Driver with vehicle is considered as solely transporting the client. It is taking the client to and from his/her home and points of destination. *As a transportation provider the provider is responsible to make sure that their insurance is up to date for coverage of any individuals that are transported.*
  - Non-Medical Transportation Escort: is solely accompanying the client for the purpose of assisting in boarding and exiting as well as during transport in order that the client may complete the activity for which (non-medical) transportation is authorized.
- Personal Care Service: Assistance with bathing, dressing, toileting, incontinence, medication assistance (limited to definition of the task on back of SFN 1699/663), 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 County HCBS Case Manager.
- Provider Number: Number assigned to the enrolled QSP.
- Qualified Service Provider (QSP): An individual or agency that has met all the standards/requirements and has been designated by the Department of Human Services as a provider.

- Residential Care: Service provided in a facility in which at least five (5) unrelated adults reside, and in which personal care, therapeutic, social and recreational programming is provided in conjunction with residing in the facility. This service includes 24-hour on-site response staff to meet scheduled and unpredictable needs and to provide supervision, safety, and security.
- Respite Care: Temporary relief to the individual's primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily care.
- Service: Work done by a provider for payment.
- SFN: State Form Number, located on the upper left side of a form.
- Specialized Equipment and Supplies: Specialized equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.
- Supported Employment Extended Services: Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision, and training relating to the person's disability. This would not include supervisory or training activities provided in a typical business setting. This service is conducted in a work setting, mainly in a work site in which persons without disabilities are employed.
- Transitional Living Service: Provision of training an individual to live with greater independence in the individual's home. This includes training, supervision, or assistance to the individual with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living, and mobility.

## SECTION B

### INSTRUCTIONS FOR ENROLLMENT AND RENEWAL OF ENROLLMENT

#### 1- AGENCY Qualified Service Providers:

- **Agency Initial Enrollment:**

- Agencies must show evidence of meeting the standards at the time of requesting QSP status in order to be designated as a QSP. See page 21 for a list of required forms and documentation.
- Evidence of how the agency will assure their staff meets the requirements for the service/activity they provide. See page 24 for instructions.

- **Enrollment Criteria for all staff:**

- Agencies having QSP designation must maintain documentation of the standards being met by each employee delivering the service.
- An employee cannot deliver the service until it is documented and on file that he/she meets the required standards. The QSP Handbooks which includes the Standards and instructions at the following website:  
<http://www.nd.gov/dhs/services/adultsaging/providers.html>
- Each staff person must assure they do not have any history of abuse/neglect and in addition the agency must ask each staff person who provide services to public pay clients to sign a Child Abuse and Neglect Background Inquiry form SFN 433. Any report of child abuse/neglect was found, contact the HCBS Administrator to discuss action required.  
<http://www.nd.gov/eforms/Doc/sfn00433.pdf>
- You are required to maintain a copy of the current Handbook in your file.
- Assure all employees meet the provider standards and agreements in N.D. Admin Code 75-03-23-07 when they are serving public pay clients located at the following website: <http://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf>

See the following citations from the Administrative Code:

1. The Agency will not assign an employee to provide services to public pay clients if the employee has been found guilty of, pled guilty to, or pled no contest to an offense described in N. D. Administrative Code 75-03-23-07(2)(b)(1).

An offense described in North Dakota Century Code chapter 12.1-16, homicide; 12.1-17, assaults-threats-coercion-harassment; or 12.1-18, kidnapping; North Dakota Century Code section 12.1-20-03, gross sexual imposition; 12.1-20-03.1, continuous sexual abuse of a child; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or solicitation of minors; 12.1-20-06, sexual abuse of wards; 12.1-20-06.1, sexual exploitation by therapist; 12.1-20-07, sexual assault; 12.1-22-01, robbery; or 12.1-22-02, burglary, if a class B felony under subdivision b of subsection 2 of that section; North Dakota Century Code chapter 12.1-27.2, sexual performances by children; or North Dakota Century Code section 12.1-29-01, promoting prostitution; 12.1-29-02,

facilitating prostitution; 12.1-31-05, child procurement; 12.1-31-07, endangering a vulnerable adult; or 12.1-31-07.1, exploitation of a vulnerable adult; or an offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the enumerated North Dakota statutes; except that a person found guilty of misdemeanor simple assault described in North Dakota Century Code section 12.1-17-01, or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction may be considered rehabilitated if the requirements of subparagraph a or b of paragraph 2 of subdivision b of subsection 2 are met.

(1) The Agency will not assign an employee to provide services to public pay clients if the employee has been found guilty of, pled guilty to, or pled no contest to an offense, other than a direct bearing offense identified in N.D. Administrative Code 75-03-23-07(2)(b)(1), if the Department has not determined that the individual has been sufficiently rehabilitated as outlined in N. D. Administrative Code 75-03-23-07(2)(b)(2).

- (a) 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 has elapsed, or sufficient evidence is provided of completion of any relevant rehabilitation program.
- (b) An individual's completion of a period of three years after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent charge or conviction, is prima facie evidence of sufficient rehabilitation.

(2) The Agency needs to contact the Department for the determination.

- **Required Record Keeping:**

- The Agency must have procedures in place to accurately document the provision of furnished services for public pay clients and that they have trained the individuals furnishing services in their responsibility to report the furnished services properly and accurately.
  - As a QSP you must keep records of the services provided. The record must include the QSP Agency name (and the employee who performed the task), client name, the date of service, amount of time (start and end including a.m. and p.m. of the task provided), units of service for each of the tasks performed, and the tasks performed.
  - Also maintain in your file a copy of the Authorization to Provide Service form SFN 1699/663. This form lists the tasks that you are authorized to perform. The definitions of the tasks are located on the back of the form and the tasks you are approved to provide are restricted to the definitions.

- The Department of Human Services can request a refund or process adjustments to take back payments made to a provider if the provider does not keep appropriate records, does not provide the service, bills over the authorized amount, uses the wrong billing codes, or makes any other type of 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 received the notice of a request for review to make a decision.

#### Website List

1. ☐ District State Court website for court information,  
<http://www.ndcourts.gov/publicsearch/contactsearch.aspx>
  - a. Staff members must meet the provider standards and agreements at all times during their employment, see N.D. Admin. Code 75-03-23-07 at <http://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf>
  - b. Individuals who do not meet these standards are not eligible to serve public pay clients.
    - i. **For questions regarding an individual who has been found guilty to or pled no contest to an offense identified in ND Admin Code 75-903-23-07 and if the department would or would not determine an individual as being sufficiently rehabilitated Call- 328-4602.**
2. ☐ Sex offender registry checked to assure applicant is not registered on this list, <http://www.sexoffender.nd.gov/>
  - a. Individuals who are on this list are not eligible to serve clients.
3. ☐ HHS Office of Inspector General, to check for debarment,  
<http://exclusions.oig.hhs.gov/search.aspx>
  - a. Individuals/Staff/Management/, who are on this list are not eligible to serve clients and/ or if an individual with direct or indirect ownership of more than 5% in your agency is on this list, the Agency must contact the Department of Human Services to evaluate their QSP enrollment status.
4. ☐ Certified Nurse Assistant registry checked to verify applicant's credentials and or any complaints or judgments against applicant,  
[http://www.health.state.nd.us/HF/North\\_Dakota\\_certified\\_nurse\\_aide.htm](http://www.health.state.nd.us/HF/North_Dakota_certified_nurse_aide.htm)
  - a. Individuals must be on this list to verify they have a current CNA certificate and do not have any judgments & limits placed on their certification

5. ☐ Board of Nursing-checked to verify applicant's credentials and or any complaints or judgments against applicant,  
[https://www.ndbon.org/verify\\_renew/verify\\_default.asp](https://www.ndbon.org/verify_renew/verify_default.asp)
    - a. Individuals must be on this list to verify they have a current RN/LPN Licensure and do not have any judgments & limits placed on their licensure.
  6. ☐ Board of Nursing's listing checked to verify credentials of individual certifying the Documentation of Competency,  
[https://www.ndbon.org/verify\\_renew/verify\\_default.asp](https://www.ndbon.org/verify_renew/verify_default.asp)
    - a. Individuals must be on this list to verify they have a current RN/LPN Licensure and do not have any judgments & limits placed on their licensure.
  7. ☐ Board of Medical Examiner checked to verify credentials of the individual certifying the Documentation of Competency,  
<http://www.ndbomex.com/SearchPage.asp>
    - a. Individuals must be on this list to verify they have a current physician's license and do not have any judgments & limits placed on their licensure.
- Specific Enrollment Criteria for Personal Care, Extended Personal Care, Respite Care, Adult Day Care, Residential Care, and Transitional Care staff:
    - At the time of initial hiring of staff and for existing staff, the employee's personnel file must contain verification that the employee is either a current CNA, RN, LPN, OT, PT (copy of certificate/license), **OR** meets competency standards verified on the Documentation of Competency (SFN 750) form.
    - Personal Care, Respite Care, Adult Day Care, Residential Care, and Transitional Care staff providing services that require endorsements must have verification of their ability to provide endorsements on file.
      - Global endorsements (SFN 750) Documentation of Competency Form.
      - Client specific endorsements (SFN 830) Request for Client Specific Endorsements.
  - Specific Enrollment Criteria for Attendant Care Service and Extended Personal Care Services:
    - The agency must contact the Department to obtain the specific agreement/instructions related to the provision of Attendant Care Service or Extended Personal Care Service.
    - The agency is responsible to send to the Department a copy of the agreement/instructions signed by each staff member who is providing either, Nurse Management, Nurse Educator, Extended Personal Care Service or Attendant Care Service.
    - The agency is responsible to send a copy of the nurses' license to the Department for each staff member who is providing Nurse Management or Nurse Education.

- Home Delivered Meals
  - Verification of current contract DHS/Aging Services Division as a OAA Nutrition Provider or contact the Department for more information on criteria for enrollment.
- Respite Care in an Adult Family Foster Care Home
  - Providing Respite Care in an Adult Family Foster Care Home (AFFC) requires a background check to be completed by the Department. You must contact the Department prior to starting to provide services in an Adult Family Foster Care home.
- Adding Additional Services:
  - The agency must send a request in writing to the Department requesting the specific service to be added.
- Agency Renewal: **Renewal is required every two years** to maintain designation as a Qualified Service Agency Provider.
  - See page 21 for a list of required forms and documentation.
- Renewal Criteria for all Staff:
  - For each year after a staff person has been hired and initial verification of competency established, no additional documentation of competency is required if the employee receives acceptable annual performance evaluations. Maintain documentation in the employee's file verifying the Website List was checked as part of the annual performance evaluation.
  - There must be verification in the employee's personnel file that he/she is free from any communicable infections/diseases that would constitute a public health threat to others and this must be updated by the employee every 2 years.
  - Evidence of how the agency will meet this requirement must be explained in the request for the designation as a QSP.

**Failure to maintain records for employees and records of service provision may result in automatic termination of QSP status.**

## **2- Hospitals and Nursing Homes**

- Requesting QSP status for the delivery of institutional Respite Care Service are not required to meet the standards identified in this section as long as they can show proof of a valid license issued for that facility by the North Dakota State Department of Health.

## SECTION C

### STANDARDS AND ALLOWABLE TASKS/ACTIVITIES

**SERVICES ARE:**  
 CHORE – Chore Services  
 HM – Homemaker  
 NMT – Non-Medical Transportation

EM- Environmental Modification  
 PCS– Personal Care Services  
 D/V – Required for Driver with Vehicle

RC – Respite Care  
 ADC- Adult Day Care  
 TC- Transitional Care

| APPLICABLE TO SERVICES                                                                 | STANDARD                                                                                                                                                                                                                                                                           | REQUIRED DOCUMENTATION of COMPETENCY LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LIMITED TO TASKS                               |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1. All Providers                                                                       | Have basic ability to communicate.                                                                                                                                                                                                                                                 | Assurance checked indicating educational level or demonstrated ability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |
| 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 and be in compliance with ND Administrative Code 75-03-23-07.<br><br>(B) Have not been abusive or neglectful of someone.<br><br>(C) Have not stolen from someone. | Statement attesting to his/her status regarding conviction of a felony or misdemeanor that would jeopardize the health and safety of the service recipient.<br><br>Statement attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone.<br><br>Statement attesting to his/her status regarding having stolen from someone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |
| 3. All Providers                                                                       | Not have infectious or contagious disease and be physically capable of performing the service.                                                                                                                                                                                     | Assurance checked attesting to the status of having an infectious contagious disease and assurance checked stating having the physical capability to perform the service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |
| 4. All Providers                                                                       | Practice Confidentiality.                                                                                                                                                                                                                                                          | Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Will NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance signed agreeing to maintain confidentiality.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |
| 5. HM, PCS, RC, NMT (escort), RDC, TC, 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), RDC, TC, ADC, Chore –(except provider for snow removal)  | Keep generally accepted practice of handling and disposing of body fluids.                                                                                                                                                                                                         | Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, plastic aprons, and proper disposal of both body fluids and items used.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gloves must be used when handling body fluids. |
| 7. PCS, RC, RDC, TC, ADC                                                               | Know generally accepted practice in bathing techniques: bed, tub, shower.                                                                                                                                                                                                          | 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 perinea 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. |                                                |

| APPLICABLE TO SERVICES                  | STANDARD                                                                                        | REQUIRED DOCUMENTATION of COMPETENCY LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LIMITED TO TASKS                               |
|-----------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 8. PCS, RC, RDC, TC, ADC                | Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.        | <p><u>Bed shampoo:</u> 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.</p> <p><u>Sink shampoo:</u> 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.</p> <p><u>Shaving:</u> 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.</p> |                                                |
| 9. PCS, RC, RDC, TC, 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, RDC, TC, 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 <u>undress</u> , do the reverse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |
| 11. PCS, RC, RDC, TC, ADC, NMT (escort) | Know generally accepted practice in assisting with toileting.                                   | <p><u>Bedpan:</u> 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.</p> <p><u>Commode or Toilet Stool:</u> 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | For assisting with suppository. Endorsement D. |
| 12. PCS, RC, RDC, TC, 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. |

| APPLICABLE TO SERVICE         | STANDARD                                                                                       | REQUIRED DOCUMENTATION or COMPETENCY LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LIMITED TO TASKS                                                                                                                                                                                                                                 |
|-------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13. PCS, RC, RDC, TC, 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.                                                                                                                                                                                                                   |
| 14. HM, PCS, RC, RDC, TC, ADC | Have knowledge of basic meal planning and preparation.                                         | <p><u>Planning:</u> Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods.</p> <p><u>Shopping/Purchasing:</u> 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.</p> <p><u>Preparing the Meal:</u> 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.</p> | Does <b>NOT</b> include canning of produce or baking of such items as cookies, cakes & bread.                                                                                                                                                    |
| 15. PCS, RC, RDC, TC, ADC     | Know generally accepted practice for routine eye care.                                         | 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. Wash hands.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Routine regimen non prescription eye drops, ointment, eye pad after a well established routine of care has been set forth for the client.                                                                                                        |
| 16. PCS, RC, RDC, TC, ADC     | Know generally accepted practice in proper care of nails.                                      | <u>Nail Care:</u> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.                                                                                                                                |
| 17. PCS, RC, RDC, TC, ADC     | Know generally accepted practice for assisting client with self-administration of medications. | 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/labeled, 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.                                                                                                                                                                                                                 | Assisting client in <u>self</u> 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. |

| APPLICABLE TO SERVICE                   | STANDARD                                                                                              | REQUIRED DOCUMENTATION or COMPETENCY LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LIMITED TO TASKS                                                                                                                                                                                                                                                                                     |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. PCS, RC, RDC, TC, ADC               | Know generally accepted practice of caring for skin including giving back rub.                        | <p>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.</p> <p><u>Back Rub:</u> 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.</p>                                                                                                                                                                                                                                                             | <p>Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems.</p> <p>Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.</p> |
| 19. PCS, RC, RDC, TC, ADC               | Know generally accepted procedure for turning and positioning client in bed.                          | <p>Maintained body alignment, kept spine straight and supported head.</p> <p><u>For Sitting Up:</u> Placed pillows as needed for comfort, if hospital bed – raised backrest to desired position.</p> <p><u>In Positioning on Back:</u> 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.</p> <p><u>In Turning Client Toward You/Away From You:</u> 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).</p> |                                                                                                                                                                                                                                                                                                      |
| 20. NMT (escort), PCS, RC, RDC, TC, ADC | Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair. | <p><u>Transfer Belt:</u> 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.</p> <p><u>To Standard Sit:</u> 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.</p> <p><u>Bed to Wheelchair:</u> 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.</p>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                      |

| APPLICABLE TO SERVICE                   | STANDARD                                                                                                                         | REQUIRED DOCUMENTATION or COMPETENCY LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LIMITED TO TASKS                                                                                                                                                                    |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21. NMT (escort), PCS, RC, RDC, TC, ADC | Know generally accepted practice of assisting client with ambulation.                                                            | <p><u>Cane:</u> 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.</p> <p><u>Crutches:</u> 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.</p> <p><u>Walker:</u> 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.</p>                                                                                                                                                                                                                                                                                                                    | Assisting client to walk, use wheelchair, walker, crutches or cane.                                                                                                                 |
| 22. HM, PCS, RC, RDC, TC, ADC           | Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition. | <p><u>Dusting:</u> Dampened cloth with water or commercial spray; moved cloth across surface to gather dust.</p> <p><u>Floor Care:</u> Vacuumed rugs or carpets; mopped tile or linoleum floors; small rugs were shaken or washed.</p> <p><u>Cleaning Kitchen:</u> 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.</p> <p><u>Cleaning Bathroom:</u> Wiped out tub/shower after each use to keep mildew free; cleaned sink regularly; scrubbed out toilet bowl with soap or detergent regularly.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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. |
| 23. HM, PCS, RC, RDC, TC, ADC           | Know generally accepted procedure of making beds.                                                                                | <p><u>Closed Bed:</u> 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.</p> <p><u>Open Bed:</u> Made closed bed, then folded top of covers to foot of bed; smoothed sides into folds; placed pillow on bed.</p> <p><u>Occupied Bed:</u> 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.</p> | See Endorsements section for mechanical or therapeutic devices.                                                                                                                     |

| APPLICABLE TO SERVICE         | STANDARD                                                                                                                                             | REQUIRED DOCUMENTATION or COMPETENCY LEVEL                                                                                                                                                                                                                                                                                                                 | LIMITED TO TASKS                                                                     |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 24. HM, PCS, RC, RDC, TC, 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,TC                | 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.                                               |
| 26. NMT (D/V)                 | Possess an appropriate <u>valid</u> driver's license for the state of physical residence.                                                            | Photocopy of driver's license that included the license number and expiration date.                                                                                                                                                                                                                                                                        |                                                                                      |
| 27. NMT (D/V)                 | Have liability insurance.                                                                                                                            | Photocopy of insurance records that show coverage and effective date.                                                                                                                                                                                                                                                                                      |                                                                                      |
| 28. NMT (D/V)                 | No DUI (driving under influence) <u>conviction</u> within the past three (3) years.                                                                  | Statement obtained by staff 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.                                                                                                                                  |                                                                                      |
| 29. NMT (D/V)                 | No more than two moving violations in past three (3) years.                                                                                          | Statement obtained by staff 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).                                                                                                                                                           |                                                                                      |
| 30. NMT (D/V)                 | Safe vehicle (road worthy).                                                                                                                          | Self-declaration statement regarding condition of vehicle to be used for transportation. No unresolved citations for deficient equipment per statement in number 29 above.                                                                                                                                                                                 |                                                                                      |
| 31. CHORE                     | Know generally accepted snow removal procedures.                                                                                                     | Ability to use snow removal equipment.                                                                                                                                                                                                                                                                                                                     |                                                                                      |
| 32. CHORE                     | Know generally accepted procedure for installation of ERS System.                                                                                    | Agency enrolled qualified service provider of ERS Service.                                                                                                                                                                                                                                                                                                 |                                                                                      |
| 33. CHORE                     | Know generally accepted procedure for seasonal cleaning or unusual/heavy cleaning.<br><br>Know generally accepted procedure for pest extermination.  | Ability to follow manufacturer's instructions for supplies used and equipment needed to complete specific chore tasks.<br><br>Professional exterminator/company.                                                                                                                                                                                           |                                                                                      |
| 34. EM                        | Contractor's license filed with Secretary of States office, current contractor's insurance, and good standing with Workforce, Safety, and Insurance. | Provide a copy of license, bids, insurance, bonding, and current standing with Workforce, Safety, and Insurance.                                                                                                                                                                                                                                           |                                                                                      |

## SECTION D

### GLOBAL AND CLIENT SPECIFIC ENDORSEMENTS

#### 1- Enrollment Information

- Global and Client Specific endorsements (Standards A-N) are NOT required of all Agency QSPs (or of all staff of an Agency Provider).
- Staff must first meet qualifications for Respite Care, Extended Personal Care, Attendant Care Service, Personal Care Service, Adult Day Care, Transitional Care, or Residential Care
- Each endorsement is considered separately so that a QSP may opt to meet the standards for any or all of the endorsements.

2- The following endorsements (A-I) are Global Endorsements. The competency for each of these endorsements will apply to all clients for whom you may provide care.

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases-Limited to oxygen
- D. Suppository-non-prescription
- E. Cognitive/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

#### Forms required to enroll for Global Endorsements

- See page 27 to determine the endorsements accepted for staff members that have the following current licenses or certifications and exceed the Department of Human Services competency standards: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, Certified Nurse Assistant,
- **Or**  
Have on file a DOCUMENTATION OF COMPETENCY Form (SFN 750) to certify competency in these endorsements for staff members who do not have a license or certification that exceeds the Department of Human Services competency standards.

3- The following Client Specific Endorsements (J-N) requires verification of the providers ability to provide the service for each client requiring the specified endorsement.

- J. Ostomy Care
- K. Postural Bronchial Drainage
- L. Jobst stockings (compression stockings)
- M. Rik/Specialty Bed Care
- N. Apnea Monitoring (is only available to a staff member meeting the standards for Respite Care)

#### Form required to enroll to provide Client Specific Endorsements

- Send the completed Request for Client Specific Endorsement SFN 830 to Medical/HCBS Services and to the County HCBS Case Manager.

#### 4-Standard A-I Global Endorsements

| APPLICABLE TO THE PROCEDURE | STANDARD                                                                                                                                                           | REQUIRED DOCUMENTATION or COMPETENCY LEVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LIMITED TO TASKS                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. MAINTENANCE EXERCISE     | Know generally accepted practice of how to perform maintenance exercise regimens.                                                                                  | 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.                                                                                                                     | 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 <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking. |
| B. CATHETER                 | Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.                                                                | 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 <u>NOT</u> 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.                                                                                                                        | Limited to general maintenance care <u>after</u> a well established routine of care has been set forth for the client.<br>NO CATHETERIZATION OF CLIENT ALLOWED.                                                                                                                                                                                                                                                             |
| C. MEDICAL GASES            | Know generally accepted practice to administer medical gases.                                                                                                      | Client specific monitored only as specifically recommended for client.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Limited to monitoring or routine assistance. Limited to oxygen only.                                                                                                                                                                                                                                                                                                                                                        |
| D. SUPPOSITORY              | Know generally accepted practice of how to assist with suppository and maintain bowel program.                                                                     | Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Non-prescription suppository only.                                                                                                                                                                                                                                                                                                                                                                                          |
| E. COGNITIVE SUPERVISION    | Know generally accepted practice of caring for cognitively impaired person, and persons who require supervision or a structured environment on a continuous basis. | 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.<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                             |

| APPLICABLE TO THE PROCEDURE                                      | STANDARD                                                                                                     | REQUIRED DOCUMENTATION or COMPETENCY LEVEL                                                                                                                                                                                                                                                              | LIMITED TO TASKS                                                                                              |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| F. TEMPERATURE/<br>BLOOD PRESSURE/<br>PULSE/<br>RESPIRATION RATE | Know generally accepted practice for <u>taking</u> temperature, blood pressure, pulse, and respiration rate. | 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. | QSP will be notified by case manager who is to be notified of readings. (This is determined in care planning) |
| G. TED SOCKS<br>(surgical stockings)                             | Know generally accepted procedure of applying surgical stockings.                                            | Gathered appropriate supplies: Applied surgical stockings according to manufacturers instructions.                                                                                                                                                                                                      |                                                                                                               |
| H. PROTHESIS/<br>ORTHOTICS/<br>ADAPTIVE DEVICES                  | Know generally accepted procedure for usage of prosthesis/orthotics/adaptive devices.                        | Is able to assist client to apply or put on prosthesis/ orthotics/adaptive devices and remove.                                                                                                                                                                                                          |                                                                                                               |
| I. HOYER LIFT<br>MECHANIZED<br>BATH CHAIRS                       | Know generally accepted procedures for use of a client's Hoyer lift/mechanized bath chair.                   | Is able to safely transfer client using a Hoyer lift or mechanical chair.                                                                                                                                                                                                                               |                                                                                                               |

### Standard J-N Client Specific Endorsements

| APPLICABLE TO THE PROCEDURE               | 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; 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. | General maintenance care which may include emptying, cleaning, and reapplying the appliance <u>after</u> a well established routine of care has been set forth for the client. |
| K. POSTURAL/<br>BRONCHIAL<br>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. JOBST SOCKS<br>(compression stockings) | Know generally accepted procedure of applying compression stockings.               | Gathered appropriate supplies; applied compression stockings as directed for the client.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Routine care for chronic conditions.                                                                                                                                           |
| M. RIK / SPECIALTY<br>BEDS                | Know generally accepted procedures for use of a client's Specialty Bed.            | Is able to assist client in the use of the Specialty Bed as directed for the client.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Routine care for chronic conditions.                                                                                                                                           |
| N. APNEA<br>(Respite Care Provider)       | Know generally accepted procedure for apnea monitoring.                            | Evidence of having hospital-based training equivalent to what the primary caregiver has received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                |

## SECTION E

### 1- AGENCY REQUESTING DESIGNATION AS QSP:

#### I. Initial Agency Enrollment-The following forms must be completed and submitted to meet requirements for designation as an Agency QSP:

- SFN 749 Agency Request to be a Qualified Service Provider
- SFN 615 Medicaid Program Provider Agreement
- SFN 1168 Ownership/Controlling Interest and Conviction Information
- W-9 Request for Taxpayer Identification Number and Certification
- Submit the required information about your Agency see page 24 for instructions.
- Adult Resident and Adult Day Care Providers
- See the Rate Determination, page 23, for further information that may need to be submitted with the application.

The following forms may be used to certify competency, global endorsements, and/or client specific endorsements.

- SFN 750 Documentation of Competency
- SFN 830 Request for Client Specific Endorsements

#### II. Agency Renewal: The following forms must be completed and information submitted.

- SFN 749 Agency Request to be a Qualified Service Provider
- Changes in Policies and Procedures since initial enrollment or most recent renewal
- Verification of license
- Verification of unemployment insurance
- Verification of Workers Compensation insurance

## 2- OUTLINES THE INSTRUCTIONS TO COMPLETE FORMS AND INFORMATION REQUIRED FOR AGENCIES SEEKING QSP DESIGNATION:

### I. Instruction to Complete SFN 749-AGENCY REQUEST TO BE A QUALIFIED SERVICE PROVIDER

**Section (A):** Mark the “Assisted Living Facility/Provider” box if the agency will be delivering care as an assisted living facility as defined in North Dakota Century Code. Complete name, address, Employer ID Number, Contact (Phone) Number, etc.

**Section (B):** Check in Column 1 the services (example: Personal Care, Chore, Homemaker, Respite Care, Non-medical Transportation, etc) the agency seeks to provide as a QSP and in Column 2 state in which county(s) the service(s) would be provided. Services must be provided in an entire county except as noted under Required Agency Information, question number 10.

**Section (C):** Agencies must check the Global Endorsements(s) they are requesting to provide.

**Section (D):** For each license, certificate and accreditation held by the agency, identify in the first column whether it is a L=license, C=certificate, or A=accreditation that the agency holds and in subsequent columns provide the name of the license/certificate/accreditation, its number, expiration date and by whom it was issued; attach copy of document.

**Section (E):** Listed are the assurances that must be agreed to by the Agency QSP.

**Section (F):** The signature and title of the authorized representative of the agency attests that the information being submitted applies to the Agency seeking QSP status.

## **II. RATE DETERMINATION**

- Agency QSP's requesting a 15-minute unit rate will be assigned a flat fee for service rate.
- Reminder: QSP's may not charge the Department more than they charge "private pay" clients.
- If you plan to change your private pay rate, you must notify the Department of the change and the new amount prior to billing that amount.
- You may also choose to charge less than fee for service rate per unit. (Contact the Department for current rate information-1-800-755-2604)
- Other services, such as Non-Medical Transportation (Driver with Vehicle, Escort) services, specific Chore services, may have a specific rate that will be assigned by the Department.

### **Adult Day Care Providers**

- Prospective Adult Day Care Providers must complete the Statement of Actual Costs for Adult Day Care, this form can be obtained by contacting Medical Services/HCBS/QSP Enrollment at 1-800-755-2604.
- Adult Day Care Providers who are licensed by Health Facilities or enrolled in BCAP the rate is established by the Department.
- HOSPITAL/SWING BED, NURSING FACILITIES OR BASIC CARE FACILITIES Cost are determined by the cost report submitted to Medical Services if their Adult Day Care Program uses the same facility staff, space, and the Adult Day Care participants are co-mingled with the facility residents
- If the Agency does not share staff or co-mingled clients, the Agency must complete the a Statement of Actual Costs for Adult Day Care, this form can be obtained by contacting Medical Services/HCBS/QSP Enrollment at 1-800-755-2604.

### **Adult Residential Providers**

- Must provide a current financial statement for the Adult Residential Program.

### **DD Providers**

- Must include their DD cost report and supporting information.

### **III. Required Agency Information (All Agencies)**

1. Organizational Structure—Provide an organizational chart with key positions and a historical review of experience as a service provider. Provide date and purpose of incorporation or type of partnership. Provide the Agencies Secretary of State license/certificate.
2. Staffing—Provide a copy of job descriptions AND personnel policies for direct care/service staff, and management staff (included in indirect cost).
  - Include the procedures for documentation of staff meeting the required standards at the level of competency set forth in SECTION C.
  - Assurance that the employee has the endorsements or credentials to complete any special tasks in SECTION D.
  - Assurance that the employee assures that employees who provide services to public pay clients are age 18 or over.
  - An infectious/contagious self-declaration for employees is on file and will be updated every two years.
  - Process used to assure that a staff member has not been convicted of an offense that has a direct bearing on the employee's fitness to provide care and the process used to assure that all employees meet the provider standards and agreements in N.D. Admin Code 75-03-23-07 when they are serving public pay clients.
  - Process used to assure staff providing transportation meet the requirements for Non-medical transportation set forth in SECTION C.
  - An outline of the training provided for staff who provide services for programs designed for clients in special diagnostic categories i.e. TBI Residential, TBI Transitional and Adult Residential.
3. Specifically highlight in the Agency's personnel policies or elsewhere what the Agency's policy is regarding employees:
  - Soliciting or accepting gifts and money from the client, smoking, consuming alcoholic beverages, conducting personal business in the client's home, consuming the client's food, and use of the client's property.
  - Supervision of Staff—Describe relationship between supervisor(s) and staff including who (classification or job title) will supervise direct care staff; how the supervision takes place and frequency (e.g. in client's home, at office, by phone).
4. Service Delivery System—Describe the following:
  - Timeliness of service delivery upon receipt of referral (emergency and routine referrals);
  - Procedure for staff absence (vacation or sick leave);
  - Response to requirement for seven (7) day per week service coverage for Personal Care Service and Respite Care Service.
5. Submit a listing of your fee schedule for private pay services.

6. Reports and Records—Provide a copy of procedures, including forms, required of staff to account for service time and tasks performed per client. Explain how procedures will assure accuracy of billing.
7. The Department of Human Services requires that records be maintained for each client visit that show:
  - Agencies name
  - Clients name
  - Date of service,
  - Beginning and ending time (include am and pm) of the service tasks performed
  - Description of tasks performed
  - Name of staff member who provided the service.
  - Records must be retained for a period of 42 months from the close of the Federal Fiscal Year (October 1 – September 30) in which the services were delivered.
8. Client Confidentiality—Describe how client information is kept confidential.
9. Client Complaints—Describe how client complaints are or will be handled.
10. Service Area—Provide information on current service area and length of time services have been provided and, if applicable, how new geographical area would be served.

An entire county is the smallest geographical unit that an Agency, OR AGENCIES COLLECTIVELY, is permitted to designate as the service delivery area. A copy of the interagency agreement that identifies what portion of the county, or by what other means the agencies involved have agreed to assure service in the entire county, must accompany each agency's request for designation as a QSP.

11. Provide copy of unemployment insurance & Workers Compensation insurance.
12. Adult Day Care Services- (if provided by a Hospital/Swing Bed, Nursing Facility or Basic Care Facility), provide a description of how the facility utilizes staff and space in relation to both current residents and the Adult Day Care participants and whether or not the Adult Day Care Participants are co-mingled with the facility residents.
13. A Residential Facility must be a licensed Basic Care Facility.
  - Describe how the building is conducive to the care of the target population; include a floor plan of the building.
  - Describe admission and discharge policies.
  - Describe the provision for food, laundry, housekeeping, and transportation service.
  - Provide information regarding the facilities program related to: overall goals to meet the needs of a client, tools used to assess the needs of a client, how plans of care will be prepared and implemented, and the type of program activities that will be available to a client.

14. For TBI Residential Facilities – describe the process used to develop an Individual Program Plan.
15. Transitional Living Care agency provider must have programming available to meet an individual's needs evidenced by a description of the process used to develop an Individual Program Plan.
16. Supported Employment Extended Services providers must meet NDAC 75-04-01, or be CARF accredited. Provider rates will be determined through the Division of Developmental Disabilities.
17. Environmental Modification – provide current up to date verifications of contractor's license, liability insurance, bonding and current standing with Workforce, Safety and Insurance.
18. Home Delivered Meals – provide a food establishment, hospital, nursing home, basic care license, or proof that the entity has a current contract with DHS-Medical Services Division to provide services as an OAA nutrition provider.

## INSTRUCTIONS & INFORMATION TO COMPLETE FORMS: SFN 750 AND SFN 830

### I. Instructions for completion: SFN 750 DOCUMENTATION OF COMPETENCY

**ATTENTION:** Agency staff that have the following current licenses or certifications need not complete the Documentation of Competency (SFN 750) and are considered to meet or exceed the Department of Human Services competency standards: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, Certified Nurse Assistant a copy of a current applicable license/certificate must be on file at the Agency to verify competency.

Certificates or other forms of acknowledgment of completion of a training or education program that focuses on in-home care will be considered if the programs curriculum includes standards 5 through 25, and the training program is provided by a health care professional. If the program does not have in place a renewal process every two years the Agency can use the SFN 750, DOCUMENTATION OF COMPETENCY to comply with renewal requirements.

- **Name:** Enter your Name
- **Standard:** Complete column (1) by checking the standard for which competency must be established. (Standards 5-25 are all required and must be met)
- **Global Endorsements:** Global endorsements are not required and therefore are considered separately. Indicate the endorsement sought by circling the letter in front of the requested endorsement (A-I) and have the health care professional determine the competency level. Global endorsements apply to all clients for whom you may provide care.
- **Professional Health Care Providers verification of competency**
  - Health Care Professional's signature is required.
  - See page 28 for instructions on Professionals authorized to approve Global Endorsements.

**(Continued) Instructions to complete the SFN 750**

**APPROVED HEALTH CARE PROVIDERS TO PERFORM AND AUTHORIZE GLOBAL ENDORSEMENTS**

| ENDORSEMENTS                     | As performed by: |               |             |               |             |               |             |               |             |               |             |               |
|----------------------------------|------------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|
|                                  | PHYSICIAN        |               | RN          |               | LPN         |               | CNA         |               | OT          |               | PT          |               |
|                                  | Can Perform      | Can Authorize | Can Perform | Can Authorize | Can Perform | Can Authorize | Can Perform | Can Authorize | Can Perform | Can Authorize | Can Perform | Can Authorize |
| Maintenance Exercise             | X                | X             | X           | X             | X           | X             | X           | N/A           | X           | X             | X           | X             |
| Catheter                         | X                | X             | X           | X             | X           | X             | X           | N/A           | X           |               | X           |               |
| Medical Gases                    | X                | X             | X           | X             | X           | X             | X           | N/A           | X           |               | X           |               |
| Suppository                      | X                | X             | X           | X             | X           | X             | X           | N/A           | X           |               | X           |               |
| Cognitive                        | X                | X             | X           | X             | X           | X             | X           | N/A           | X           | X             | X           | X             |
| Taking BP/TPR                    | X                | X             | X           | X             | X           | X             | X           | N/A           | X           | X             | X           | X             |
| Ted Socks (surgical stockings)   | X                | X             | X           | X             | X           | X             | X           | N/A           | X           | X             | X           | X             |
| Prosthesis/Orthotics             | X                | X             | X           | X             | X           | X             | X           | N/A           | X           | X             | X           | X             |
| Hoyer Lift/Mechanized Bath Chair | X                | X             | X           | X             | X           | X             | X           | N/A           | X           | X             | X           | X             |

## **II. Instructions for completion SFN 830 REQUEST FOR CLIENT SPECIFIC ENDORSEMENT:**

A currently enrolled Agency QSP of Respite Care, Adult Day Care, Residential Care, Transitional Care, and/or Personal Care that has an employee who has met the criteria to provide these services and 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 County Medical/HCBS Services for each client for which the service is provided

This form only needs to be completed only if your Agency is providing a client specific endorsement.

- **Name:**
  - Enter the Name of your agency under **AGENCY QSP** if you are an Agency and enter the Employee's name that is seeking approval to provide a client specific endorsement.
- **Clients Name and Address:** Enter the clients name and address. Client specific endorsements are specific to each client; therefore each clients name must be listed on a separate form.
- **Client Specific Endorsements Requested:** Client specific endorsements are not required and therefore are considered separately. Indicate the endorsement sought by circling the letter in front of the requested endorsement (J-N) and have the health care professional determine the competency level. Client Specific endorsements apply to individual clients for whom you may provide care.
- **Certification of Competency:** The person signing and certifying the Documentation of Competency must be one of the following health care professionals: physician, nurse practitioner, physician's assistant, registered nurse, licensed practical nurse, physical therapist, occupational therapist or other person with a professional degree in specialized areas of in-home care (instructions for the Health Care Professional are located on the back side of the SFN 830).

## SECTION F.

FORMS APPENDIX (these forms are available on eforms)

- SFN **749** AGENCY REQUEST TO BE A QUALIFIED SERVICE PROVIDER  
<http://www.nd.gov/eforms/Doc/sfn00749.pdf>
- SFN **750** DOCUMENTATION OF COMPETENCY  
<http://www.nd.gov/eforms/Doc/sfn00750.pdf>
- SFN **830** REQUEST FOR CLIENT SPECIFIC ENDORSEMENTS  
<http://www.nd.gov/eforms/Doc/sfn00830.pdf>
- SFN **615** MEDICAID PROGRAM PROVIDER AGREEMENT  
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- SFN **1168** OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION  
<http://www.nd.gov/eforms/Doc/sfn01168.pdf>
- SFN **433** CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY  
<http://www.nd.gov/eforms/Doc/sfn00433.pdf>
- QSP Handbooks following website:  
<http://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-agency-provider.pdf>

The materials must be completed with a pen or typed and submitted to the Medical Services/HCBS Division, Department of Human Services, 600 E Boulevard Ave., Dept. 325, Bismarck ND 58505-0250.