

April 2020

**Agency Foster Home for Adults (AFHA)
Qualified Service Provider
Handbook**

Enrollment Procedures & Required Standards



You must also have a Forms Booklet to complete your application.

Issued by:

**Medical Services/HCBS
Department of Human Services
600 E Boulevard Ave, Dept 325
Bismarck, ND 58505-0250**

Additional information regarding QSPs and all QSP Handbooks can be found at the following website: <http://www.nd.gov/dhs/services/adultsaging/providers.html>

QSP's are required to have a copy of the most current Handbook on file.

This handbook contains the requirements for you to enroll as a provider delivering services for public pay clients. If you plan to work for private pay clients only, you do not have to enroll as a Qualified Service Provider.

Provider Enrollment questions?

Call

1-800-755-2604

First, select Option “1”, then Option “3”

Or

701-328-4602

Forms must be completed with a pen or typed.

**Send completed packets by
email, fax or mail to:**

Email: DSHCBS@ND.GOV

Fax: 701-328-4875

Mail:

Medical Services/QSP Enrollment
North Dakota Department of Human Services
600 E Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250

TABLE OF CONTENTS

HCBS INFORMATION	5
SERVICES AVAILABLE	5
DEFINITIONS	6 - 8
FRAUD & ABUSE	8 - 9
ENROLLMENT	10
REQUIRED STANDARDS	11 - 12
EMPLOYEE SCREENING	12 - 16
AGENCY EMPLOYEE VERIFICATION CHECKLIST	17
CHART A: Standards & Allowable Tasks/Activities	19 - 23
CHART B: Related to SFN 750	24
GLOBAL ENDORSEMENTS.....	25
CHART C: Global Endorsements	26
CHART D: Client Specific Endorsement	27
AFTER QSP APPROVAL.....	28 - 30
QSP Audits, State Exclusion & OIG Referrals.....	31 - 32
QSP RENEWAL	33
APPENDIX	34
Compliance Program	34
CMS Settings Rule.....	35
High Risk Provider Guidelines	36
VAPS & Critical Incident Reporting	36 - 37
Authorization Education	38
Working together for Home Fire Safety.....	39
Exposing an Invisible Killer	41 - 42

Home & Community Based Services (HCBS) Information

The North Dakota Department of Human Services funds and oversees Home and Community Based Services (HCBS) for the elderly and disabled. Clients are assessed by a case manager to determine if they are eligible for HCBS programs. The assessment includes both Functional Eligibility and Financial Eligibility.

Individuals receiving HCBS have a right of privacy, dignity, and respect when receiving services. The use of coercion, seclusion, and restraint of recipients in all settings with the exception of the limited use of restraints in adult residential service settings as described in NDCC 50-10.2-02 (1) is prohibited.

Once the client is found eligible, the following law applies:

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

The law also states that the HCBS Case manager must inform each eligible client of the available QSPs in their county to provide the service(s) needed by the eligible aged or disabled client.

Services Available

The only services available in an Agency Foster Home for Adults (AFHA) are listed below. Both services can be provided in an AFHA, but a client can only receive one of these services at a time.

- Community Support Services
 - Targeted population – Individuals with physical disabilities and complex health needs and would not benefit from training.
- Residential Habilitation
 - Targeted population – Individuals with a cognitive impairment such as Traumatic Brain Injury (TBI) and early stage dementia.
 - The client should have the ability to maintain or improve their skills through training.

Some requirements to provide these services include:

- All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
- The agency must complete Level 1 Council on Quality and Leadership (CQL) training prior to receiving their license.

Definitions:

- **Abuse** - Any willful act or omission by an individual which result in physical injury, mental anguish, unreasonable confinement, sexual abuse, or exploitation to or of a resident.
- **Agency** - An organization which operates the facility.
- **Agency Foster Home for Adults (AFHA)** - A residential home in which residential habilitation or community supports is regularly provided exclusively to Medicaid waiver recipients by professional staff trained to provide services to older adults or adults with a disability, to four or fewer adults who are not related by blood or marriage to the owner or lessee, for hire or compensation.
- **Applicant** - The agency completing and submitting to the department an application to be licensed to provide agency foster care for adults.
- **Authorization to Provide Service (SFN 410)**: A state form sent to the AFHA/QSP provider by the HCBS Case Manager, authorizing the AFHA/QSP provider 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 AFHA/QSP provider is authorized to provide (brief definitions are printed on back of the form).
- **Care** - The provision of residential habilitation or community support services, as defined by chapter 75-03-23, in an agency foster care for adults.
- **Case Management**: HCBS Case Management is a social work process that provides specialized assistance to aged and disabled individuals who desire and need help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired persons to remain in the community in the most cost-effective manner.
- **Community Support Services**: Community supports is provided to eligible individuals who require some level of ongoing daily support and may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. The participant must be able to benefit from one or more of the following care coordination, community integration/inclusion, adaptive skill development, assistance with activities of daily living, instrumental activities of daily living, social and leisure skill development, medication administration, homemaking, protective oversight supervision, and transportation.
- **Competency Level**: The skills and abilities required to do something well or to a required standard.
- **Council on Quality and Leadership (CQL)**: Council on Quality and Leadership (CQL) assists communities, systems and organizations to help people discover and define their own quality of life, measure personal quality of life for individuals, organizations and systems and improve the quality of life for people with disabilities, people with mental illness and older adults — and the people, organizations and communities that support them.
- **Department** - The North Dakota department of human services (DHS).
- **Endorsement**: A task that requires special skill and approval.
 - **Global Endorsement**: These QSP endorsements apply for all clients.
 - **Client Specific Endorsement**: These endorsements require specific instruction for each individual client who requires the extra endorsement(s).

- Facility - A licensed agency foster care home for adults providing residential habilitation or community support services.
- Financial exploitation – Use or receipt of services provided by the vulnerable adult without just compensation, the taking, acceptance, misappropriation, or misuse of property or resources of a vulnerable adult by undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful/improper means.
- Home and community-based setting experience interview - An instrument used to record information about a resident's experiences in the facility.
- License - A document issued by the department authorizing an applicant to operate a facility.
- Limited to Tasks: Limits and cautions placed on tasks provided by AFHA/QSP.
- Mental anguish - Psychological or emotional damage that requires medical treatment or medical care or is characterized by behavioral changes or physical symptoms.
- Monitoring - Overseeing the care provided to a resident by a provider and verifying compliance with laws, rules, and standards pertaining to care and the resident's rights related to the facility.
- Neglect - The failure of the provider to provide the goods or services necessary to avoid subjecting a resident to physical harm, mental anguish, or mental illness.
- Person-centered service plan - A plan that describes the Medicaid waiver recipient resident's assessed needs, outcomes, and goals and how the services and natural supports provided will assist the resident in achieving their outcomes and live safely and successfully in the community.
- Provider - An agency enrolled to operate the facility whose employees have documented qualifications in providing care and is enrolled as a qualified service provider agency.
- Provider Number - Number assigned to the enrolled AFHA/QSP provider.
- Qualified service provider agency - An organization that has met all standards and requirements for that status established under chapter 75-03-23.
- Resident - Any adult who is receiving care in a facility for compensation up to twenty-four-hour per day.
- Residential Habilitation - Residential Habilitation is formalized training and supports provided to eligible individuals who require some level of ongoing daily support and may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. The participant must be able to benefit from skills training, restoration or maintenance and could also benefit from one or more of the following: care coordination, community integration/inclusion, adaptive skill development, assistance with activities of daily living, instrumental activities of daily living, social and leisure skill development, medication administration, homemaking, protective oversight supervision, and transportation.
- Service: Work done by a provider for payment.

- Sexual abuse - Conduct directed against a resident which constitutes any of those sex offenses defined in North Dakota Century Code sections 12.1-20-02, 12.1-20-03, 12.1-20-03.1, 12.1-20-04, 12.1-20-05, 12.1-20-06, 12.1-20-06.1, 12.1-20-07, 12.1-20-11, 12.1-20-12.1, and 12.1-20-12.2, and North Dakota Century Code chapter 12.1-41.
- SFN: (State Form Number) - located on the upper left side of each form.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.

Fraud, Waste, & Abuse

The Department's mission is to provide quality, efficient, and effective human services, which improve the lives of people. Healthcare fraud is one of the most common fraud areas in the US. While an individual is wasting and/or abusing the Medicaid services and supports, the funding for another individual will be unavailable. Detecting fraud, waste, and abuse requires diligence from everyone involved with the Medicaid program. Educating both providers and the general public is an essential measure to the prevention of Fraud, Waste, and Abuse (FWA).

Medicaid provides healthcare coverage to qualifying low-income and/or disabled individuals, children, and families. HCBS services are part of those services. Fraud can be committed by Medicaid providers (including QSPs) or clients. The Department does not tolerate misspent or wasted resources.

By enforcing fraud and abuse efforts:

- Medicaid providers receive the best possible rates for the services they provide to Medicaid recipients.
- Medicaid recipients are assured that their out-of-pocket costs are as low as possible.
- Tax dollars are properly spent.
- Medicaid recipients receive necessary healthcare services (including HCBS).

The Department mandates that fraud, waste and abuse training be completed at initial enrollment and upon renewal. The AFHA Agency must designate a representative that is responsible for conducting the training, printing and maintaining a copy of the certificate of completion. The representative is also responsible for maintaining a list of all employees that have completed the training, to include the completion date. That roster is required to be submitted upon initial enrollment and renewal. The online training is available at DHS QSP site. See instructions below to access the training:

1. Use the following link to access the training on our website.
<http://www.nd.gov/dhs/services/adultsaging/providers.html>
2. Scroll down the page to the RESOURCES heading
3. Click the link for: ONLINE TRAINING – Fraud, Waste and Abuse
4. Once you've completed the training, enter your name in the required field.
5. A certificate of completion will be generated; this certificate should be included your enrollment documents.

What is Fraud?

A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.

- Example: Knowingly submitting claims for services that were not rendered.

What is Waste?

Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.

- Example: Costs incurred when an individual is receiving more units or hours of service than needed, e.g., when an individual's health improves but their intensity of supports remains the same.

What is Abuse?

Abuse is when provider practices are inconsistent with sound fiscal, business, or medical practices that result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or services that fail to meet professional recognized standards for healthcare.

Abuse may also include recipient practices that result in unnecessary costs to the Medicaid programs.

- Example: A QSP bills for services during an individual's institutional stay. This is abuse because the QSP should have been aware of the rules, which specify that services cannot be billed during an institutional stay.

Biggest difference between Fraud vs. Waste and Abuse:

- Intent to deceive.

What is my role in helping prevent Medicaid fraud and abuse?

REPORT any instance of suspected fraud or abuse. Anyone can and should report suspected fraud, waste, and abuse. You can identify yourself or report FWA anonymously. If you are reporting anonymously, be sure to report enough information so that a proper investigation can be completed.

How do you report:

- Complete SFN 20 Surveillance and Utilization Review
<https://www.nd.gov/eforms/Doc/sfn00020.pdf>
- Call 1.800.755.2604 or 701.328.4024
- Email medicaidfraud@nd.gov
- Fax 701.325.1544
- Send a letter to:

Surveillance Utilization Review Administrator
c/o Medical Services Division
600 E Boulevard Ave Dept 325
Bismarck, ND 58505-0250

ENROLLMENT

All required information must be received and completed correctly before the Department can finalize enrollment or renewal. Agency renewals require the same documentation as an initial enrollment. Please use the next few pages as a checklist to meet all requirements.

Prior to enrollment approval, you must receive licensing through the Department.

- ☐ **Contact the HCBS Case Manager to start the licensing process at 1-855-462-5465**
 - Initial AFHA licensure and enrollment is valid for no longer than 12 months from the date of issuance.
 - After the initial licensing period has expired, an AFHA License is valid no longer than 24 months from the date of issuance or the date of expiration of the provider's status as a QSP, whichever comes first.
- ☐ **Contact Aging Services Nursing Program Administrator at 1-800-366-6888 to complete the required background check**
 - Requires fingerprinting if lived outside of North Dakota in the last 11 years.
 - This is required for all owners (direct or indirect ownership of more than 5% in your agency), managers and employees.
 - New Background checks are needed if an AFHA closes and reapplies.
 - Contact Aging Services for additional requirements.
- ☐ **Contact the QSP Enrollment Office at 701-328-4602 for the required documents to enroll.**
 - **SFN 1619** - Request to be a Qualified Service Provider/Agency for Foster Home for Adults/AFHA <https://www.nd.gov/eforms/Doc/sfn01619.pdf>
 - **SFN 615** - Medicaid Program Provider Agreement <http://www.nd.gov/eforms/Doc/sfn00615.pdf>
 - **SFN 1168** - Ownership/Controlling Interest and Conviction Information <http://www.nd.gov/eforms/Doc/sfn01168.pdf>
 - **W-9** - Request for Taxpayer Identification Number and Certification <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
 - Completion certificate for Fraud, Waste & Abuse Training – https://www.cnd.nd.gov/STLPCatalog/325/PUBLICCOURSESPOSTEDONWEBSITES/QSPFraudWasteAbuse/story_html5.html

Enrollment Criteria for Agency Direct Service Employee(s)

The following pages detail the information that is required for each employee providing direct services to HCBS Clients.

There can be no less than two direct service employees that can provide backup as needed for clients. Employees should have the same global endorsements and client specific endorsements as needed to serve your clients.

The direct service provider employee shall:

- Be literate and capable of understanding instructions and communicating in the English language;
- Be in good physical health, emotionally, and functionally stable, and not abusing drugs or alcohol;
 - Direct service provider employees shall undergo a medical examination, psychological evaluation, or substance abuse evaluation when requested by the department or human service zone when there is reason to believe that such an examination or evaluation is reasonably necessary.
- Successfully complete criminal background check requirements as specified in North Dakota Century Code sections 50-11-02.4 and 50-11-06.8;
 - **Verification of Background Screening completion should be kept in your employee personnel files for each employee. It is the responsibility of the Agency to ensure the employee meets Department standards at all times. Please be aware that if it is found the employee has not met the standards, your agency could be required to repay any funds paid for services provided during the time the employee was not eligible.**
- Employees must always meet the provider standards and agreements during their employment if providing services to public pay clients.
 - Information regarding Direct Bearing Offenses and provider standards found in ND Administrative Code 75-03-23-07 can be found at the following website:
<http://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf>
- Employees must review the following fact sheets found in the appendix, on Pages 33 – 37.
 - Working Together for Home Fire Safety.
 - Carbon Monoxide Fact sheet (Exposing an Invisible Killer).
 - How to read an authorization to provide services form.

Required Standards, Policies and Procedures

- ☐ Agency Organizational structure
- ☐ Provide an organizational chart with key positions (include names of staff).
- ☐ Provide the number of years of experience as a service provider.
- ☐ Provide date and purpose of incorporation or type of partnership.
- ☐ If there is a board of directors for a non-government agency, provide their names, addresses, date of birth and social security number as they are considered managing employees and should be listed on the SFN 1168.
- ☐ Job descriptions of each employee position.
- ☐ Valid form of ID (copy) for individuals listed on the SFN 1168.
- ☐ Examples of acceptable identity: driver's license, SSN card, passport, tribal ID.
- ☐ Direct Deposit (Electronic Funds Transfer - EFT).
- ☐ Attach a voided check or documentation from your financial institution.
- ☐ Direct Deposit is required for Agency enrollment.
- ☐ Private pay service fee schedule.
- ☐ Verification of registration with ND Secretary of State Office.
- ☐ Current license(s) if applicable (e.g. Basic Care License/contractor license).
- ☐ Current verification of Unemployment insurance.
- ☐ New agencies with a lower number of employees can request voluntary coverage.
- ☐ Please contact ND Job Service for more information.

- ☐ Current verification of Workforce Safety and Insurance coverage.
- ☐ Agency compliance program.
- ☐ Additional information on compliance program structure available in appendix Page 36.
- ☐ Annual training: Employee/contractor education on FWA detection and reporting.
 - Agency representative who has completed training must provide a copy of the certificate of completion at initial enrollment and renewal.
 - Submit checklist of employee(s) participation at initial enrollment and renewal.
- ☐ Reporting suspected FWA – Include process for notifying the Department when:
 - An employee has been terminated for suspected fraudulent behavior.
 - A new or existing employee is flagged/identified on the required initial, routine, and/or ongoing criminal background checks.
- ☐ Employee/contractor screening: initial, routine, and ongoing.
- ☐ Reporting Critical incidents to the Department.
- ☐ An example of your documentation must be provided and include:
 - Client name and ID number.
 - Agency name and ID number.
 - Individual employee providing the service.
 - Date format to include MM/DD/YYYY .
 - Location of service.
 - Service provided including start and stop times.
- ☐ Provide plan for training employees to accurately document time and tasks for services provided and how to read an Authorization to Provide Services.
 - SFN 410 - Form attached at the end of this handbook.
 - Internal documentation review/audit of employee service records.
- ☐ Smoking – to include e-cigarettes/vaping.
- ☐ Consuming alcoholic beverages and/or illegal drugs.
- ☐ Soliciting or accepting gifts and money from the client.
- ☐ Conducting personal business in the client's home.
- ☐ Consuming the client's food.
- ☐ Using the client's property.
- ☐ Handling of the client's money.
- ☐ Supervision of employee including:
 - Who (classification or job title) supervises direct care employees.
 - How the supervision takes place (e.g. in client home, at office, by phone).
 - Frequency of supervision.
- ☐ Timeliness of service delivery upon receipt of referral.
 - Include routine and emergency referrals.
- ☐ Providing staff up to 24 hours per day.
- ☐ Procedure for coverage for clients during employee absence (vacation/sick leave).
- ☐ Confidentiality of client information.
- ☐ How client complaints are handled.

Employee Screening

All providers agree to screen their employees per Federal Regulations under 42 CFR 455.436. To ensure that program standards are met, the provider will:

- Prior to an employee providing services to public pay clients:
 - Confirm the identity and age of the employee. Employees must be age 18 or over.
 - Search all websites required on the Employee Verification Checklist by all names of any individual or entity.

- Contact the Department for prior approval if any employee is identified on any of the required sites during your screening process.
- Ongoing:
 - Continue to screen new and current employees/contractors on a routine basis and immediately report any findings to the Department.
 - The Department requires employee checks on an ongoing basis. If at any time, an employee is found not to meet the standards outlined, funds may be recouped from your agency for noncompliance with program standards.
 - All employees must complete Department approved modules of Medication Administration, TBI and Dementia training.
- Agency Employee Verification Checklist – (See Page 17)
 - All employees that provide direct services to public pay clients must have an employee verification conducted and documented on the checklist.
 - All information must be completed on the checklist for each employee at initial hire and updated noting most recent date of ongoing routine background site checks.
 - A copy of the verification checklist must be submitted to the Department at initial enrollment and renewal.
 - Check all names used by the employee in the past (Include maiden names/aliases).
 - The checklist indicates which information should be kept in your personnel files and what must be submitted with your enrollment. Please provide only the required documents. Information not required with your application should be kept in your employee personnel files.
 - In the event of an audit, the Department may ask you for these records. If the documents cannot be provided, the Department may recoup funds paid for services rendered by agency employees that do not have the required verifications.
- Required website verifications for employees.
If an employee or an owner with direct or indirect ownership of more than 5% in your agency is on any of these lists, contact the Department.
 - District State Court website for criminal history/court information.
 - State of North Dakota – criminal/traffic category only. Contact the QSP Enrollment Administrator if there are any guilty findings or if the individual is currently on probation. <http://publicsearch.ndcourts.gov/default.aspx>
 - Individuals on the following lists are not eligible to serve public pay clients:
 - National sex offender registry
Enter name on National Sex Offender Quick Search. <http://www.nsopw.gov>
 - ND Sex Offender registry
Check the box “All Offenders”
<http://www.sexoffender.nd.gov/OffenderWeb/search/publiclist>
 - ND Sex Offender registry
Scroll to the “Offenders Against Children” link <https://attorneygeneral.nd.gov/public-safety/sex-offender-information>
 - ND Medicaid Exclusions list
<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list.pdf>
 - System for Award Management (SAM)
Click on Search Records tab <https://www.sam.gov/SAM/>
 - Health & Human Services (HHS) Office of Inspector General
<http://exclusions.oig.hhs.gov/Default.aspx>

- SFN 433 – Child Abuse & Neglect Background Inquiry
 - Complete this form for all employees that provide direct services to HCBS Clients. Form must be completed and processed by Children & Family Services (CFS) prior to providing services to public pay clients.
 - Send all forms directly to Children & Family Services (CFS). Mailing, fax and email information is found at the bottom of the form.
 - Please allow 48 – 72 hours for processing of this form once you submit it to CFS.
 - This form is not considered complete until CFS has signed it and returned the finalized form to your agency.
 - The finalized form will have one of the two boxes in Part III checked:
 - Box 1 – Indicates the individual listed on the form was not listed on the ND Child Abuse/Neglect information index.
 - If this box is checked, the employee has passed this screening requirement and does not have a “services required” finding.
 - Box 2 – Indicates the individual is listed on the ND Child Abuse/Neglect Information Index and DOES HAVE A FINDING OF SERVICES REQUIRED.
 - If this box is checked, further information is necessary to determine if this individual is eligible to provide services to HCBS clients.
 - You **MUST** contact the Department for review and potential approval.
 - The finalized form is valid for two years once signed by CFS. A new form must be completed prior to expiration of document.
 - New agencies should send all SFN 433's completed by CFS to QSP Enrollment Office along with your other application forms.
 - Renewing agencies should send a copy of the most recent, valid form at the time of renewal request. Submit a new form to CFS only if the current form on file is nearing the two-year expiration.
 - If this form is returned by CFS and shows a Services Required finding – at any time, you are REQUIRED to submit the form to the QSP Enrollment Office.
 - The QSP Enrollment Office will collect information and determine if the employee can provide services to HCBS Clients.
 - The agency cannot make the determination on their own. If a determination is made without prior approval, your agency could be required to pay back any funds paid to you for services the employee provided.
 - Until a determination is made by the Department, the employee cannot provide services to HCBS clients.
 - If you are given approval by the Department for an employee, this will be provided in writing by email or mail and should be kept in your employee personnel file.
 - If the Department denies approval for an employee, the agency must wait a minimum of six months before requesting another review or approval for the same individual.
- Employee Competency

Competency can be demonstrated with an SFN 750, CNA, RN or LPN.

 - If employed by a licensed Developmental Disabilities (DD) agency, documentation of current employment can be used to substitute for this requirement.
 - Employee is required to complete TBI and Dementia training.
 - SFN 750 - Documentation of Competency
 - Complete this form for all employees that provide direct services to HCBS Clients (unless employee has a current CNA, RN or LPN). Form must be completed prior to providing services to public pay clients.
 - The form is valid for two years. A new form must be completed prior to expiration of document.

- It is important that the SFN 750 is completed correctly. Forms that have missing or incomplete information will not be accepted, and a new form will be required.
- Certificates or other forms acknowledging completion of a training or education program that focuses on in-home care, will be considered if the curriculum includes standards 5 through 25 (on SFN 750), and the training program is provided by a licensed health care professional. The program must also have a renewal process every two years.
- Verification of Employee Signing the Documentation of Competency. A qualified individual with current licensure must sign the SFN 750 for your employee. A qualified provider is defined as:
 - Physician, Physician's Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Physical Therapist (PT), Occupational Therapist (OT), Chiropractor.
 - To verify licensure of individual signing the SFN 750:
 - Board of Medical Examiners. Checked to verify credentials of the individual certifying the SFN 750. <http://www.ndbomex.com/SearchPage.asp>
 - Board of Occupational Therapy. Checked to verify credentials of the individual certifying the SFN 750. <https://www.ndotboard.com/>
 - Board of Physical Therapy. Checked to verify credentials of the individual certifying the SFN 750. <https://www.ndbpt.org/verify.asp>
 - Board of Chiropractic Examiners. Check to verify credentials of the individual certifying the SFN 750: <https://www.ndsbce.org/>
- Competency verified by CNA/RN/LPN
 - Include a copy of the license or certificate.
- Verify employee's credentials and or any complaints or judgments against employee.
 - Certified Nurse Assistant Registry – CNA.
 - http://www.health.state.nd.us/HF/North_Dakota_certified_nurse_aide.htm
 - Individuals must be on this list to verify they have a current certificate and do not have any disciplinary actions.
 - Board of Nursing LPN/RN https://www.ndbon.org/verify_renew/verify_default.asp
 - Individuals must be on this list to verify they have a current license and do not have any disciplinary actions.
 - Board of Nursing's listing checked to verify credentials of individual certifying the SFN 750.

Criminal Convictions & Direct Bearing Offenses

Effect on licensure and operation of a facility

An individual employed by, or providing care in, a facility may not have been found guilty of, pled guilty to, or pled no contest to:

A provider or an individual seeking designation as a qualified service provider:

- b. Must not be an individual who has been found guilty of, pled guilty to, or pled no contest to:
 - (1) An offense described in North Dakota Century Code chapter 12.1-16, homicide; 12.1-18, kidnapping; 12.1-27.2, sexual performances by children; or 12.1-41, Uniform Act on Prevention of and Remedies for Human Trafficking; or North Dakota Century Code section 12.1-17-01, simple assault, if a class C felony under subdivision a of subsection 2 of that section; 12.1-17-01.1, assault; 12.1-17-01.2, domestic violence; 12.1-17-02, aggravated assault; 12.1-17-03, reckless endangerment; 12.1-17-04, terrorizing; 12.1-17-06, criminal coercion; 12.1-17-07.1, stalking; 12.1-17-12, assault or homicide while fleeing peace officer; 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; 12.1-20-05.1, luring minors by computer or other electronic means; 12.1-20-06, sexual abuse of wards; 12.1-20-06.1, sexual exploitation by therapist; 12.1-20-07, sexual assault; 12.1-20-12.3, sexual extortion; 12.1-21-01, arson; 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 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; 12.1-31-07.1, exploitation of a vulnerable adult; 14-09-22, abuse of a child; 14-09-22.1, neglect of a child; subsection 1 of section 26.1-02.1-02.1, fraudulent insurance acts; 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 or

(2) An offense, other than a direct-bearing offense identified in paragraph 1 of subdivision b of subsection 2, if the department determines that the individual has not been sufficiently rehabilitated.

(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 unless 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;

c. In the case of an offense described in North Dakota Century Code section 12.1-17-01, simple assault, if a felony; 12.1-17-01.1, assault; 12.1-17-01.2, domestic violence, if a misdemeanor; 12.1-17-03, reckless endangerment; 12.1-17-04, terrorizing; 12.1-17-06, criminal coercion; 12.1-17-07.1, stalking; 12.1-18-03, unlawful imprisonment; 12.1-20-05, corruption or solicitation of minors, if a misdemeanor; 12.1-20-07, sexual assault, if a misdemeanor; or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction, the department may determine that the individual has been sufficiently rehabilitated if five years have elapsed after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent convictions;

****Every employee must meet the required standards at all times. Your agency must have a policy in place that ensures compliance with this requirement. Failure to meet these standards could result in a recoupment of funds paid.**

AGENCY EMPLOYEE VERIFICATION CHECKLIST																	
																Staff Name (Last, First) Each staff member should be listed on one line.	**Instructions: For boxes that request a date, enter the full date. For all other boxes, use a check mark to indicate the required verification has been completed. An electronic or excel version of this file is available.
																Date of Employee Hire (DD/MM/YYYY)	
																Most recent date websites checked (DD/MM/YYYY) (Subject to Department audits)	
																http://publicsearch.ndcourts.gov/default.aspx Check Criminal/Traffic only. Not required at initial agency enrollment. Print results & keep in employee file.	
																Background Check Required at initial agency enrollment/employee hire.	
																http://www.nsopw.gov/ Print results & keep in employee file.	
																http://www.sexoffender.nd.gov/OffenderWeb/search/publiclist and https://attorneygeneral.nd.gov/public-safety/sex-offender-information Print results & keep in employee file.	
																https://www.sam.gov/SAM/ Print results & keep in employee file.	
																http://exclusions.oig.hhs.gov/Default.aspx Print results & keep in employee file.	
																http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list.pdf Print results & keep in employee file.	
																Verification of 18+ (Valid driver's license) Keep copy in employee personnel file.	
																SFN 433 Send copy signed by CFS to State.	
																SFN 750 OR Nurse Licensure/CNA Certification Send copy to State.	

CHART A – Standards & Allowable Tasks/Activities for Community Supports & Residential Habilitation

STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
Have basic ability to read, write, and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	
Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider. Have not been abusive or neglectful of someone in your care. Have not stolen from someone in your care.	Documentation attesting to his/her status regarding conviction of a felony or misdemeanor that would jeopardize the health and safety of the service recipient. Documentation attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone in your care. Documentation attesting to his/her status regarding having stolen from someone in your care.	
Be physically & mentally capable of performing the service.	Assurance checked attesting to having the physical & mental capability to perform the service.	
Uphold 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.	
Know generally accepted practice of proper hand washing methods.	Washed hands before and after each task, 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. If soap and water are not available, you should use an alcohol-based hand sanitizer.	
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.
Know generally accepted practice in bathing techniques: bed, tub, and 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 perineal 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.	
Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	<u>Bed shampoo:</u> Gathered supplies/equipment (shampoo, towel(s), pail, bucket, chair); place pail or bucket on chair at head of bed; check for appropriate water temperature; protect mattress & chair with plastic or towel; use plastic drainable trough cup or pitcher to pour water; shampoo, rinse, dry hair; clean up. If a shampoo board is used, the board must be completely sanitized before being used for the next client. <u>Sink shampoo:</u> Gather necessary supplies/equipment (shampoo, towel(s), washcloth); place towel on client's shoulders; use washcloth to cover eyes; have client lean toward sink, wet hair; shampoo, rinse, dry hair; clean up. If a shampoo board is used, the board must be completely sanitized before being used for the next client. <u>Shaving:</u> Gather necessary supplies/equipment (electric razor, safety blade (no straight-edged razor), towel(s), lotion); have client in sitting position or on back; apply warm washcloth and then shaving cream or gel if using safety blade; hold skin tautly; shave in direction of hair growth; rinse shaven area; apply shaving lotion, if desired; clean up. No sharing of razor blades.	

STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
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.	
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.	
Know generally accepted practice in assisting with toileting.	<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. <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.	For assisting with suppository. Endorsement D.
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.
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.
Have knowledge of basic meal planning and preparation.	<u>Planning</u> : Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods. <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. <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.	Does NOT include canning of produce or baking of such items as cookies, cakes & bread.
Know generally accepted practice for routine eye care.	Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and wear gloves. Wash hands and apply gloves if necessary. Instill solution according to manufacturer's guidelines. Remove gloves and wash hands.	Routine regimen eye drops, ointment, eye pad after a well-established routine of care has been set forth for the client.
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 and wear gloves. Properly disposed of nail clippings. Wash hands.	Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.

STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
<p>For clients who can self-direct their own care and understand the medication, route, purpose, dose, and side effects of their medications. This does not include injectable medications.</p> <p>The QSP must know the generally accepted practice for assisting a client with self-administration of prescription and over-the-counter medications.</p>	<p>Wash hands. Assist the client who can self-direct, to proper position for self-administration of medication. Assist the client with opening container, positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, dose and time medication should be taken. Verify the name of the individual on the prescription medication label is that of the client. If medication has been set up in medication container or planner by nurse, family, or pharmacy make sure it is clearly marked/labeled. Make sure medication is taken on appropriate day and time of day. Assist client with opening container. Provide drinking fluid to swallow medication, assist client to close container and store medication properly. The QSP may assist the client by placing the oral medication in the client's mouth and may assist with the application of prescription eye drops or prescription ointments. The QSP must follow the critical incident policy for medication errors and omissions. (HCBS Policy 525-05-42).</p>	<p>Assisting the client in self-administration by doing the following - open container, assist client with proper position for taking medication or placing the oral medication in the client's mouth, assist in giving client drinking fluid to swallow medication, recap container. Assist with the application of prescription eye drops/ointment.</p> <p>The QSP may remind the client when it is time to take routine medications with the exception of narcotics.</p>
<p>QSP Administration of prescription medication and over-the-counter medication assistance to individuals unable to self-direct their own care.</p> <p>An employee of a QSP agency who has completed department approved training on the administration of routine meds, under the direction and training of a licensed RN, shall administer routine medications other than the parenteral route.</p>	<p>Follow the policies and procedures of the department approved training. NDAC 50-24.1-18 and Nurse Practice Act 43-12.1-04</p>	<p>May administer medications to individuals or groups of individuals with stable, predictable conditions according to facility policies and procedures.</p> <p>CLIENT SPECIFIC ENDORSEMENTS:</p> <p>May administer medications when specifically delegated by a licensed nurse or a specific person by the gastrostomy, jejunostomy, Sub-Q and premeasured injectable meds for allergic reactions.</p>
<p>Know generally accepted practice of caring for skin.</p>	<p>Wash 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>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>

STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
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>	
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>	
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.
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.

STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
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.
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.
Background checks.	All AFHA applicants/providers are subject to mandatory state and nationwide background checks.	
Licensing standards	All AFHA applicants/providers must meet all other licensing standards.	

CHART B – Global Endorsements a Healthcare Provider can Perform and/or Authorize

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

GLOBAL ENDORSEMENTS

- Competency for a global endorsement applies to any client for whom an employee provides care.
- An agency/employee may choose to meet the standards for any or all of the endorsements. Employee competencies must match the endorsements needed per client for payment to be claimed.
- Employee must first meet standards for personal care to add a global endorsement.
- Global Endorsements are NOT required to enroll as an Agency QSP and are not required for all employees of an Agency Provider. You must have a minimum of two employees competent in each global endorsement you are seeking enrollment for.
- May be required to provide care for some clients according to the Authorization for Services.

Available Global Endorsements are:

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases-Limited to oxygen
- D. Suppository-non-prescription
- E. Cognitive/Supervision – REQUIRED to enroll for Adult Residential, Respite Care or 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

Requirements for Global Endorsements

If an employee has the following current licenses or certifications, see CHART B to determine the global endorsements for which the employee automatically qualifies:

- Registered Nurse
- Licensed Practical Nurse
- Physical Therapist
- Occupational Therapist
- Certified Nurse Assistant
- Chiropractor

If employee does not have any of the above listed licenses or certifications, the agency must provide an SFN 750 – Documentation of Competency to certify competency in the global endorsements. (SEE CHART C).

CHART C – GLOBAL ENDORSEMENTS

ENDORSEMENT	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 maintain range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER CARE	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 NOT 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 after a well-established routine of care has been set forth for the client. 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. 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.	
F. TEMPERATURE/ BLOOD PRESSURE/PULSE/RESPIRATION RATE	Know generally accepted practice for taking temperature, blood pressure, pulse, and respiration rate.	Able to identify average normal adult rates. Wash hands and gather 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 (surgical stockings)	Know generally accepted procedure of applying surgical stockings.	Gathered appropriate supplies: Applied surgical stockings according to manufacturer's instructions.	Jobst stockings requires Client specific endorsement. (Form 830)
H. PROTHESIS/ORTHOTICS/ ADAPTIVE DEVICES	Know generally accepted procedure for usage of prosthesis/orthotics/adaptive devices.	Can assist client to apply or put on prosthesis/ orthotics/adaptive devices and remove.	
I. HOYER LIFT Mechanized Bath Chairs	Know generally accepted procedures for use of a client's Hoyer lift/mechanized bath chair.	Can safely transfer client using a Hoyer lift or mechanical chair.	

CHART D – CLIENT SPECIFIC ENDORSEMENTS

SFN 830 Client Specific Endorsement is provided to you by the Case Manager if required for a specific client. You do not need to submit this form unless requested by the Case Manager.

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/ BRONCHIAL DRAINAGE OR NEBULIZER TREATMENT	Know generally accepted practice of how to perform postural/bronchial drainage.	Postural/bronchial drainage Demonstrates the procedure for postural/bronchial drainage from a therapist who specializes in this. Nebulizer Demonstration of the procedure for adding premixed medication, monitoring, and care and cleaning of the equipment.	Must have received specific training from a therapist who specializes in this procedure.
L. JOBST SOCKS (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 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 (Respite Care Provider) is only available to a staff member meeting the standards for Respite Care	Know generally accepted procedure for apnea monitoring.	Evidence of having hospital-based training equivalent to what the primary caregiver has received.	

AFTER QSP APPROVAL

- Upon hire of any new employees and prior to the employee providing any services:
 - Contact the Aging Services Nursing Program Administrator for AFHA to complete the required background check
 - Employees cannot provide any services until all required screenings are complete.
 - Employees must complete Department approved modules of Medication Administration, TBI and Dementia training.
- As an enrolled QSP agency, you are not employed by the Department of Human Services.
- The Department **does not** withhold or pay any social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments you receive as a QSP. Withholding and paying taxes on QSP payments is your responsibility. Information on the tax responsibilities of independent contractors can be found at www.IRS.gov.
- You are also responsible to keep your remittances (the papers showing the payments you have received) and provide copies if income verification is needed for loans, housing enrollment, etc. If providing this information, ensure that all private client information is redacted.
- As an agency, you can only provide authorized services and will be paid for the services delivered.
- A packet of information will be sent to you by the Medical Services/QSP Enrollment. Some of the information provided includes:
 - Agency provider number,
 - Additional provider responsibilities,
 - Billing instructions.
- Your agency enrollment information is added to the list kept by the Department and distributed to each case management agency.
- The case management agency will determine the client's need for services. The client selects their QSP from a list.
- If you are chosen as a QSP, the case manager will give you an SFN 410, Authorization to Provide Services. You must have this form in your possession before providing services.
- You must then review the SFN 410, for the following information:
 - Ensure that the service you are being asked to provide are consistent with how you are enrolled.
 - You may not provide or bill for services not associated with your enrollment.
 - If you provide a service you are not enrolled for, payment cannot be guaranteed.
 - The tasks the agency is authorized and expected to provide.
 - The maximum number of units you can provide/bill. (a unit is one day)

- The definitions of the tasks are located on the back of the authorization. Tasks are limited to these definitions.

Access to records

- The applicant shall affirm the right of duly authorized representatives of the department to inspect the records of the applicant, to facilitate verification of the information submitted with an application for licensure, and to determine the extent to which the applicant is in compliance with the rules of the department and North Dakota Century Code chapter 50-11.

Denial of access to facilities and records

- Any applicant or agency which denies the department or human service zone access to a facility or its records, shall have its license revoked or its application denied.

The provider:

- Shall permit a representative of the department, human service zone, or other individual or organization serving a resident entry into the facility without prior notice;
- Shall provide information about the residents to the department, human service zone, or other individual or organization serving a resident with reasonable promptness;
- Shall report illness, hospitalization or unusual behavior of resident to the individual or organization serving the resident and to the resident's legal representative, whichever is appropriate;
- Shall assure that information related to the resident is kept confidential, except as may be necessary in the planning or provision of care or medical treatment, as related to an investigation or license review under this chapter, required or permitted by law, or as authorized by the resident;
- May not practice, condone, facilitate, or collaborate with any form of illegal discrimination on the basis of race, color, sex, age, religion, national origin, marital status, political belief, or mental or physical disability;
- Shall accept direction, advice, and suggestions concerning the care of residents from the department, human service zone, or other individual or organization serving a resident;
- Shall assure that residents receiving care are not subjected to abuse, sexual abuse, neglect, or financial exploitation by the provider, employees, or volunteers;
- Shall coordinate and facilitate the release of a report of any examination or evaluation, required (subsection 3 of section 75-03-21.1-29) to the Department;
- Shall immediately report changes in the identity or number of individuals living in the facility to the department;
- Shall immediately report an inability to provide care to the resident to the department;
- Shall allow a representative of the Department to enter the premises, examine the facility, and interview the residents, provider, and employees in order to evaluate compliance with this chapter and North Dakota Century Code chapter 50-11;
- Shall cooperate with the department or human service zone in inspections, complaint investigations, planning for the care of a resident, application procedures, and other

necessary activities, and allow access of the department, human service zone, ombudsman, or other authorized individuals to the facility and its residents;

- Shall provide twenty-four-hour care and supervision of all residents residing in the facility, unless otherwise documented and justified in the person-centered service plan or service.

- **The QSP must maintain service records** for a period of 42 months from the close of the Federal Fiscal Year (October 1 – September 30) in which the services were delivered.

Records must be kept, **even if your status as a QSP closes.**

All records must include:

- Name and ID # of the client
 - Name and ID # of the provider
 - Name of the employee who performed the task.
 - Date of the service MM/DD/YYYY
 - Location of the service
 - Start time and end time (including a.m. and p.m.)
 - Number of units of service, (Use task name as listed on the authorization).
 - Tasks performed (use task name as listed on the authorization)
 - Start time and end time of each task provided.
- Services provided must be documented prior to or shortly after providing them. Service documentation may not be created in advance or in anticipation of services you will provide.
 - Records cannot be copied or cloned with dates or months changed.
 - Sample documentation will be sent in the information packet after enrollment is approved.
 - The QSP Agency 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). The client is responsible to pay the QSP directly for any client liability/cost sharing.
 - The Department will request a refund or process adjustments to take back payment 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 otherwise makes billing errors.

QSP Audits, State Exclusion & OIG Referrals

The Department is required to complete provider reviews of QSPs to ensure that clients are receiving the services they need and to assure the services provided meet standards set by the Department. When you enrolled as a QSP, you agreed to assist the Department in completing these reviews and you agreed to submit documentation upon request.

The Department is required to recover all funds paid for services that were not delivered in accordance with policies and procedures per NDAC (ND Administrative Code) 75-03-23-10. Example, if the provider does not keep appropriate records, does not provide the service, bills over authorized amount, uses the wrong billing codes or makes any other type of billing errors.

Provider Appeals

A QSP may request a review of denial of payment in accordance with ND Century Code 50-24.1-24, by filing a written request for review with the department within thirty days of the date of the department's denial of payment. The written request for review must include the notice of recoupment or adjustment and a statement of each disputed item with the reason or basis for the dispute. A provider may not request review under this section of the rate paid for a particular service or for a full or partial denial, recoupment, or adjustment of a claim due to required federal or state changes, payment system defects, or improper claims submission.

Within 30 days after requesting a review, a provider shall provide to the department all documents, written statements, exhibits and other written information that support the providers request for review, together with a computation and the dollar amount that reflects the providers claim as to the correct computation and dollar amount for each disputed item.

The Department shall make and issue a decision within seventy-five days, or as soon thereafter as possible, of receipt of the notice of request for review.

Requests for formal reviews shall be sent to:

ND Department of Human Services - Appeals Supervisor
600 East Boulevard Ave
Bismarck, ND 58505

If you are denied enrollment or terminated as a QSP, you may be placed on the State Exclusion list. If you are on the state exclusion list, any businesses that receive Medicaid funding are prohibited from employing you.

You may also be referred to the OIG (Office of Inspector General) for possible exclusion in any capacity in Medicare, Medicaid and all federal health programs as defined in Section 1128(b)(5) of the Social Security Act. If you are placed on the OIG exclusion list, you could not work for any business that receives Medicaid or Medicare funding.

Any of the following Audit findings could result in being placed on the State Exclusion list and/or referral to the OIG for possible exclusions. This list is not all-inclusive.

- Inappropriate records.
- Billing and being paid for services not provided.
- Billing over the authorized amount or billing the wrong code.
- Photocopied records, indicating records were not completed at the time of service.
- Billing for an authorized task that is utilized in an unreasonable time frame.
- Failure to comply with a request to send records or information.
- Failure to set up payment arrangements or pay back funds paid in error.
- Professional incompetence or poor performance.
- Financial integrity issues.
- Certain criminal convictions.

Renewal of AFHA License & QSP Enrollment

- AN INITIAL AFHA LICENSE IS VALID FOR NO LONGER THAN 12 MONTHS FROM THE DATE OF ISSUANCE.
- AFTER THE INITIAL LICENSING PERIOD HAS EXPIRED, AN AFHA LICENSE IS VALID FOR NO LONGER THAN 24 MONTHS FROM THE DATE OF ISSUANCE OR THE DATE OF EXPIRATION OF THE PROVIDER'S STATUS AS A QSP, WHICHEVER COMES FIRST.
- Contact the HCBS Case Manager to start the AFHA Licensing renewal process.
- A notice of renewal is sent from the QSP Enrollment office approximately 60 - 90 days prior to your QSP enrollment expiration date. Your renewal information must be received by the Department no later than 30 days prior to your expiration date to allow sufficient time for processing.
- To renew, you must complete and submit a complete, new packet and all required additional documentation. The most current version of all forms must be used.
- Failure to renew QSP enrollment may result in automatic closure of your QSP enrollment.
- If you have not billed the Department for QSP services in a 24-month period or are not providing services to a public paying client, your QSP status may be closed.
- Please Note: Any ownership changes within the Agency must be sent to the Department in writing within 30 days of the change. Additional documentation will be required.

APPENDIX

Compliance Program

A compliance program consists of agency internal policies and procedures to help your agency comply with the law. The Office of Inspector General (OIG) provides Compliance Program Guidance (CPGs); information that offers principles to apply to your unique agency. There is not a standard template; however, OIG indicates that there are seven basic elements that are fundamental to any compliance program.

The Department requires QSP agencies submit copies of their compliance program upon initial enrollment, renewal, or by request.

Compliance Program Requirements

- Standards, Policies, and Procedures.
 - These should be updated periodically as your organization grows and changes.
- Designated Compliance Officer.
 - An agency representative responsible for staying up to date with federal and state compliance requirements and recommendations.
- Conduct effective training to educate your employees and ensure employees understand program policies.
- Means of communication between the compliance officer and the employees.
 - Example: Comment boxes, anonymous hotlines or an open-door policy.
- Internal monitoring process.
 - Who will conduct audits to evaluate compliance efforts?
- Enforce your standards
 - How will you ensure employees are following standards?
 - What action will be taken for noncompliance?
- Response to issues
 - How quickly will reports of misconduct be addressed?

Additional resources regarding compliance programs:

- Compliance Program Basics – YouTube
<https://www.youtube.com/watch?v=bFT2KDTEjAk>
- Measuring Compliance Program Effectiveness: A Resource Guide
<https://oig.hhs.gov/compliance/compliance-resource-portal/files/HCCA-OIG-Resource-Guide.pdf>
- Tips for Implementing an Effective Compliance Program – YouTube
https://www.youtube.com/watch?v=w_g1bVT12Yg

CMS Settings Rule (CMS 2249-F/2296-F)

The settings rule was published in the Federal Register on January 16, 2014 and applies to settings where HCBS or Technology Dependent waiver services are provided.

The purpose of the rule is to ensure that individuals receiving long-term services and supports through HCBS programs have full access to benefits of community living and opportunity to receive services in the most integrated setting appropriate.

The settings rule requires that all home and community-based waiver settings meet certain qualifications. These include and are not limited to the following:

- The setting is integrated in and supports full access to the greater community. Provides opportunities to seek employment, work in competitive integrated settings, engage in community life, control personal resources and ensures that individuals receiving services in the community to the same degree of access as individuals not receiving HCBS.
- Is selected by the individual from among setting options, including non-disability specific settings and options for a private unit in a residential setting. Person-centered service plans document the options based on the individual's needs, preferences, and for residential settings resources for room and board.
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes autonomy and independence in making life choices including, but not limited to, daily activities, physical environment and with whom to interact.
- Facilitates individual choice regarding services and supports and who provides them.
- Ensure that employees have adequate training in person-centered planning and unsafe wandering or exit-seeking.
- Person centered services involve knowing individual's condition(s), needs, and history to create strategies to assure the individual is free to interact with others and the community in the most integrated way possible and still prevent injury for those who wander or exit-seek unsafely.
- Resident's right to control their own schedules and activities.
- Resident's right to have visitors of their choosing at any time, including overnight guests.

The rule includes additional requirements for provider-owned or controlled home and community-based residential settings. These additional rules apply to but are not limited to Adult Day Care, Adult Foster Care, Adult Residential Care services, Residential Habilitation and Community Supports provided in an Agency Adult Foster Home for Adults.

Waiver services cannot be provided in the following settings:

- A skilled nursing facility; (Institutional Respite care is excluded from this requirement);
- An institution for mental diseases;
- An intermediate care facility for individuals with intellectual disabilities; or a hospital.
- Other locations that have qualities of an institutional setting as determined by the Secretary.

The rule includes requirements for provider-owned or controlled home and community-based residential settings.

- The provider must submit a lease or legally enforceable agreement that complies with ND landlord-tenant laws (NDCC chapter 50-11-03) and NDAC Chapter 75-03-21-12. 1-3.

High Risk Provider Guidelines and Additional Requirements

Qualified Service Providers (QSPs) will be classified as High Risk if any of the following criteria apply:

- You have had a payment suspension within the last ten years associated with a credible allegation of fraud, waste or abuse.
- You have been excluded on the OIG exclusion list within the last ten years.
- You have an existing overpayment of funds of \$1500 or greater and all the following:
 - The balance is more than 30 days old.
 - Has not been repaid at the time application was filed.
 - Is not currently being appealed.
 - Is not part of an approved extended repayment schedule for entire outstanding overpayment.

If you believe you may be a High-Risk provider or applicant, please contact the Department at 701-328-4602 for further information.

What is a VAPS Report?

VAPS is Vulnerable Adult Protective Services. QSPs are required to file a VAPS report if an incident involves abuse, neglect or exploitation of a client. Any QSP who is with a client and is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

How to file a VAPS report

Option 1:

- Use the online reporting system.
- Using Internet Explorer, visit: <https://fw2.harmonyis.net/NDLiveIntake/>
- To add the client, scroll down to the bottom of report and choose “Add.”

Option 2:

- Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at www.nd.gov/eforms/Doc/sfn01607.pdf

Critical Incident Reporting

Qualified Service Providers (QSPs) are required by federal law to report all critical incidents involving people they care for. A critical incident is “any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a waiver participant.”¹

Incidents that need to be reported are:

- Abuse (physical, emotional, sexual), neglect, or exploitation;
- Rights violations through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation, or policy;
- Serious injury or medical emergency, which would not be routinely provided by a primary care provider;
- Wandering or elopement;
- Restraint violations;
- Death of client and cause (including death by suicide);
- Report of all medication errors or omissions; and
- Any event that could harm client’s health, safety or security if not corrected.

How to report a Critical Incident

Step 1

- Report it to the Home and Community Based Services (HCBS) case manager and;

Step 2:

- Fill out an incident report
 - SFN 53601 – Risk Management Medical Services Incident Report
<https://www.nd.gov/eforms/Doc/sfn53601.pdf>
 - Contact the HCBS case manager if you need help filling out the form.
 - The completed SFN 53601 must be sent to the HCBS case manager within 24 hours of the incident.
 - The HCBS case manager will forward it to the Department.
 - If the HCBS case manager has first-hand knowledge of a critical incident, he or she will forward the completed SFN 53601 to the Department.

Example 1

If a client falls while a provider is in the room, but the client didn’t have an injury or need medical attention, a critical incident report is not required.

Example 2

If a family member tells the HCBS case manager that a client is in the hospital due to a stroke, a critical incident report is not required because neither the HCBS case manager or provider saw or responded to the event.

Example 3

If a provider comes to a client’s home and the client is on the floor and 911 is called for medical attention, a critical incident report is required because the client required medical attention AND the provider responded to the event (fall).

¹ In accordance with the North Dakota Medicaid Waiver for Home and Community Based Services under the authority of §1915(c) of the Social Security Act, ND Century Code 50-25.2-03(4)

AUTHORIZATION TO PROVIDE MEDICAID WAIVER SERVICES
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES-HOME AND COMMUNITY BASED SERVICES
SFN 410 (1-2019)

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

Qualified Service Provider(s) Name (Last, First) _____ QSP Number _____ Client Name (Last) _____ First Name _____
Physical Address of QSP Providing Service _____ Client Identification Number (ND Number) _____
City _____ State _____ ZIP Code _____ Address _____ Telephone Number _____
Rural Differential? ☐ Yes ☐ No ☐ 2 ☐ 3 RD Removed Date _____ City _____ State _____ ZIP Code _____
Authorization Period From: _____ To: _____ Six Month Review Authorization Period From: _____ To: _____

Services Authorized
Please ☒ all authorized services, unit/daily rate, units and record dollar amount for the service(s).

Service	Code	Unit/Daily Rate	Units	Not to Exceed Total	Service	Code	Unit/Daily Rate	Units	Not to Exceed Total
<input type="checkbox"/> Adult Day Care	00041	\$		\$	<input type="checkbox"/> Extended Personal Care	S5115	\$		\$
<input type="checkbox"/> Adult Foster Care	00026	\$		\$	<input type="checkbox"/> Nurse Education	00005	\$		\$
<input type="checkbox"/> Adult Residential Svcs	00042	\$		\$	<input type="checkbox"/> Home Delivered Meals	S5170	\$		\$
<input type="checkbox"/> Attendant Care	S5125	\$		\$	<input type="checkbox"/> Homemaker	00010	\$		\$
<input type="checkbox"/> Chore (describe below)		\$		\$	<input type="checkbox"/> Non-medical Trans Escort	00039	\$		\$
<input type="checkbox"/> ERS	00045	\$		\$	<input type="checkbox"/> NMT Driver/Vehicle	00028	\$		\$
<input type="checkbox"/> ERS Install	00023	\$		\$	<input type="checkbox"/> NMT Mileage	00018	\$		\$
<input type="checkbox"/> Transition Coordination	T2038	\$		\$	<input type="checkbox"/> Respite	00012	\$		\$
<input type="checkbox"/> Community Transition Services Set up Exp	T5900	\$		\$	<input type="checkbox"/> Specialized Equipment	00032	\$		\$
<input type="checkbox"/> Equipment Inst Mod	00031	\$		\$	<input type="checkbox"/> Supervision	S5130	\$		\$
<input type="checkbox"/> Family Personal Care	S5138	\$		\$	<input type="checkbox"/> Supported Employment	00068	\$		\$
					<input type="checkbox"/> Transitional Living	00078	\$		\$

Task(s) Authorized
Please ☒ all authorized tasks. An explanation of the tasks is printed on the back of this form.

<input type="checkbox"/> Bathing	<input type="checkbox"/> Feeding	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Nail (Finger) Care	<input type="checkbox"/> Toileting
<input type="checkbox"/> Communication	<input type="checkbox"/> Hair Care/Shaving	<input type="checkbox"/> Medication Assistance	<input type="checkbox"/> Shopping	<input type="checkbox"/> Transferring/Turning/Positioning
<input type="checkbox"/> Community Integration	<input type="checkbox"/> Housework	<input type="checkbox"/> Mobility - Inside	<input type="checkbox"/> Skin Care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Dress/Undress	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Mobility - Outside	<input type="checkbox"/> Social Appropriateness	
<input type="checkbox"/> Eye Care	<input type="checkbox"/> Laundry	<input type="checkbox"/> Money Management	<input type="checkbox"/> Teeth, Mouth, Denture Care	

GLOBAL ENDORSEMENTS: Only a provider who carries a global endorsement may provide these activities and tasks. Refer to the QSP list to determine which global endorsements the provider is approved to provide.

<input type="checkbox"/> Cognitive/Supervision	<input type="checkbox"/> Hoyer Lift	<input type="checkbox"/> Medical Gases	<input type="checkbox"/> Suppository	<input type="checkbox"/> Temp/Pulse/Respiration/Blood Pressure (Individual to be contacted for readings)
<input type="checkbox"/> Exercises	<input type="checkbox"/> Indwelling Bladder Catheter	<input type="checkbox"/> Prosthesis/Orthotics	<input type="checkbox"/> Ted Socks	

CLIENT SPECIFIC ENDORSEMENTS: Documentation by a health care provider required verifying client specific instructions.

<input type="checkbox"/> Apnea Monitor	<input type="checkbox"/> Joint Stockings	<input type="checkbox"/> Ostomy Care	<input type="checkbox"/> Postural/Bronchial Drainage	<input type="checkbox"/> Risk Bed Care
--	--	--------------------------------------	--	--

Annual/Initial Authorization (Case Manager Signature) _____ Date _____ Six Month Review: If no change in tasks or units is needed, authorization to provide services is continued for the specified period.

Provider's Signature _____ Date _____ Six Month Authorization (Case Manager's Signature) _____ Date _____

Authorization Cancelled (Case Manager's Signature) _____ Date _____ Provider's Signature _____ Date _____

Distribution: Original - Qualified Service Provider Copy - Client's Case File Copy - Client Copy - State Office

1. **Authorization to Provide Medicaid Waiver Services Form SFN 410:** You must have this form before providing services.

2. **Client/Member ID number:** This is the client ID number that you put on the HCBS/DD Billing form when billing. You must include the preceding "ND" with the number on the billing form.

3. **Authorization Period:** These are the days you can provide services. You cannot bill or be paid for days that are not included in this period.

4. **Service:** Only provide services that are marked. **Code:** This is the code you use to bill on the HCBS/DD Billing form. **Units/Dollar Amount:** This is the amount of units you can provide and bill up to, if you actually provide the services within a month. DO NOT bill over the dollar or unit amounts. If there is more than one provider listed on this form or marked as shared, the total amount provided by all the providers together cannot go over this amount.

5. **Tasks Authorized:** As a QSP, you are only authorized to provide the tasks marked. The number of units written after each marked task is the most you may provide. Document by listing tasks performed. On the back of the form is a description of what is included in each task. If you have a question about whether or not you can perform the task, contact the County Case Manager.

Fire Safety Checklist for Caregivers of Older Adults

Older adults are more likely to die in home fires because they may move slower or have trouble hearing the smoke alarm. Make sure the people you know are prepared and safe.

☒ Put a check in front of each statement that is true for your home.

Smoke Alarms

- ☐ Smoke alarms are on every level of the home.
- ☐ Smoke alarms are inside and outside sleeping areas.
- ☐ Smoke alarms are tested each month.
- ☐ Smoke alarm batteries are changed as needed.
- ☐ Smoke alarms are less than 10 years old.
- ☐ People can hear smoke alarms from any room.



Can everyone hear the alarm?

If not, consider another type of smoke alarm – like one that has a different sound or one that comes with a bed shaker or strobe light.

Cooking Safety

- ☐ The cooking area has no items that can burn.
- ☐ People stay in the kitchen when they are frying, grilling, boiling, or broiling food.

Smoking Safety

If they smoke, make sure they are a fire-safe smoker:

- ☐ People only smoke outside and never in bed.
- ☐ People put cigarettes out safely in an ashtray with a wide base that will not tip over.
- ☐ People never smoke around medical oxygen.

Heating Safety

- ☐ Space heaters are least 3 feet away from anything that can burn.
- ☐ People blow out candles before leaving the room.

Escape Plan

- ☐ There is a fire escape plan that shows 2 ways out of every room.
- ☐ Exits are always clear and not blocked with furniture or other items.
- ☐ Everyone knows where the safe meeting place is outside the home.
- ☐ The escape plan works for everyone, including people who use a wheelchair, a hearing aid, or glasses.
- ☐ There is a phone near the bed to call a local emergency number in case of a fire.



Can everyone get out?

Make sure people who use a wheelchair or a cane can get to them and get out quickly. Tell them to keep glasses or hearing aids next to the bed.

Carbon Monoxide Alarms

- ☐ Carbon monoxide alarms are located on each level of the home.
- ☐ Carbon monoxide alarms are less than 7 years old.

Electrical and Appliance Safety

- ☐ No electrical cords run under rugs.
- ☐ All electrical cords are in good condition and not broken or cut.
- ☐ People clean the dryer of lint after every use.
- ☐ All plug outlets are safe and do not feel warm when you touch them. (If they are warm, call the landlord or an electrician.)

Learn more about fire prevention: www.usfa.fema.gov U.S. Fire Administration



FEMA



The "Invisible" KILLER

Carbon Monoxide (CO) is the "invisible" killer. Carbon monoxide is a colorless and odorless gas. Every year more than 100 people in the United States die from unintentional exposure to carbon monoxide associated with consumer products.

What is carbon monoxide?

Carbon monoxide is produced by burning fuel. Therefore, any fuel-burning appliance in your home is a potential CO source.

When cooking or heating appliances are kept in good working order, they produce little CO. Improperly operating appliances can produce fatal CO concentrations in your home.

Running a car or generator in an attached garage can cause fatal CO poisoning in the home. So can running a generator or burning charcoal in the basement, crawlspace, or living area of the home.

What should you do?

Proper installation, operation, and maintenance of fuel-burning appliances in the home is the most important factor in reducing the risk of CO poisoning.

Make sure appliances are installed according to the manufacturer's instructions and the local codes. Most appliances should be installed by professionals.

Always follow the appliance manufacturer's directions for safe operation.

Have the heating system (including chimneys and vents) inspected and serviced annually by a trained service technician.

Examine vents and chimneys regularly for improper connections, visible cracks, rust or stains.

Look for problems that could indicate improper appliance operations:

- Decreased hot water supply
- Furnace unable to heat house or runs continuously
- Sooting, especially on appliances and vents
- Unfamiliar, or burning odor
- Increased moisture inside of windows

Operate portable generators outdoors and away from open doors, windows, and vents that could allow CO to come indoors.

In addition, install battery-operated CO alarms or plug-in CO alarms with battery back-up in your home. Every home should have a CO alarm in the hallway near the bedrooms in each separate sleeping area. The CO alarms should be certified to the requirements of the most recent UL, IAS, or CSA standard for CO alarms. Test your CO alarms frequently and replace dead batteries. A CO alarm can provide added protection, but is no substitute for proper installation, use and upkeep of appliances that are potential CO sources.

Symptoms of CO poisoning

The initial symptoms of CO poisoning are similar to the flu (but without the fever) They include:

- Headache
- Fatigue
- Shortness of breath
- Nausea
- Dizziness

If you suspect that you are experiencing CO poisoning, get fresh air immediately. Leave the home and call for assistance from a neighbor's home. You could lose consciousness and die from CO poisoning if you stay in the home.

Get medical attention immediately and inform medical staff that CO poisoning is suspected. Call the Fire Department to determine when it is safe to reenter the home.

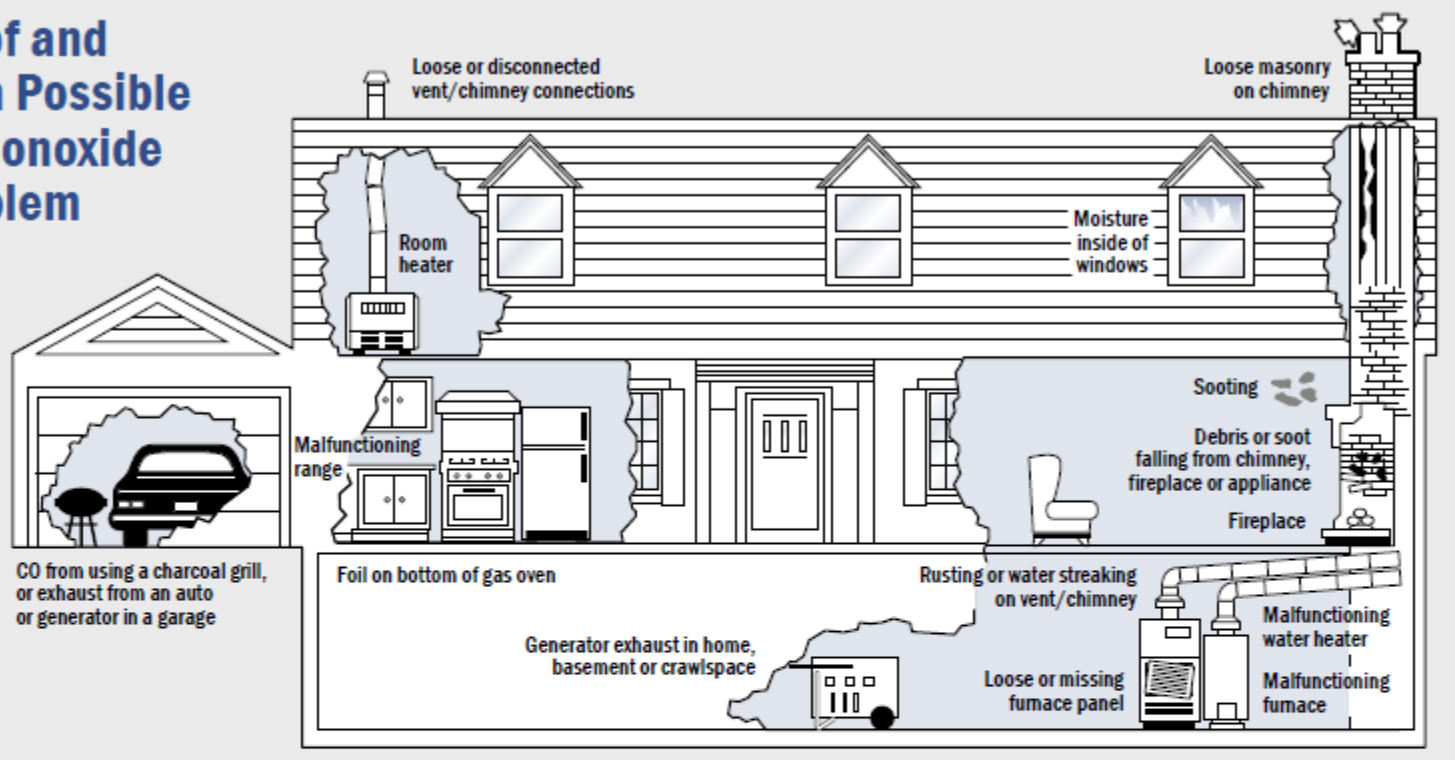


To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270.

Consumers can obtain recall information at CPSC's web site at <http://www.cpsc.gov>. Consumers can report product hazards to info@cpsc.gov.

**U.S. Consumer Product Safety Commission
Washington, DC 20207**

Sources of and Clues to a Possible Carbon Monoxide (CO) Problem



Carbon monoxide clues you can see...

- Rusting or water streaking on vent/chimney
- Loose or missing furnace panel
- Sooting
- Debris or soot falling from chimney, fireplace, or appliances
- Loose or disconnected vent/chimney, fireplace or appliance
- Loose masonry on chimney
- Moisture inside of windows

Carbon monoxide clues you cannot see...

- Internal appliance damage or malfunctioning components

- Improper burner adjustments
- Hidden blockage or damage in chimneys

Only a trained service technician can detect hidden problems and correct these conditions!

- CO poisoning symptoms have been experienced when you are home, but they lessen or disappear when you are away from home.

Warnings...

- Never leave a car running in a garage even with the garage door open.
- Never run a generator in the home, garage, or crawlspace. Opening doors and windows or

using fans will NOT prevent CO build-up in the home. When running a generator outdoors, keep it away from open windows and doors.

- Never burn charcoal in homes, tents, vehicles, or garages.
- Never install or service combustion appliances without proper knowledge, skills, and tools.
- Never use a gas range, oven, or dryer for heating.
- Never put foil on bottom of a gas oven because it interferes with combustion.
- Never operate an unvented gas-burning appliance in a closed room or in a room in which you are sleeping.