

AUGUST 2020

AGENCY PROVIDER Qualified Service Provider Handbook

Enrollment Procedures & Required Standards



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

Issued by:

**Medical Services / QSP Enrollment
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>

**Agency 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.

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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: DHSHCBS@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

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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.

HCBS Recipient's Right of Privacy, Dignity and Respect, and Freedom from Coercion and Restraint: 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 County Social Service Boards 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.

QSP agency providers may be eligible to provide the following services: Adult Day Care, Adult Residential Service, Attendant Care, Case Management, Chore Service, Community Transition Service, Extended Personal Care Services, Environmental Modification, Home Delivered Meals, Homemaker, Non-Medical Transportation, Nurse Educator, Nurse Management, Nursing Assessment, Personal Care, Respite Care, Specialized Equipment, Supervision, Supported Employment and Transitional Living.

Rate Information

- Agency QSP's requesting a 15-minute unit rate will be assigned a flat fee rate.
- QSP's may not charge the Department more than they charge private pay clients.
 - If you plan to change your private pay rate, you must notify the Department of the change and the new amount prior to billing the changed amount.
- You may also choose to charge less than the fee for service rate per unit.
- Contact the Department for current rate information 1-800-755-2604.

Rural Differential Rates

- A higher unit rate is offered to QSP's that provide services to clients who reside in rural areas of ND.
- The Human Service Zone case manager assesses the need and applies the criteria for rural differential rates as indicated on the individuals care plan.
- If appropriate, the case manager will authorize the rural differential rate, and subsequently issue a service authorization to the provider.
- To qualify for rural differential rates, the travel must be at least 21 miles round trip.
- QSP's are not paid travel time but are reimbursed at higher rates for providing services to clients who reside in rural areas.
- QSP's can only charge the higher unit rate for services provided on days of actual travel.

Definitions:

- Abuse: Provider practices that are inconsistent with sound fiscal, business, or medical practice, and results in unnecessary cost to the Medicaid program or payment for services that are not medically necessary or fail to meet professionally recognized health care standards.
- Adaptive Equipment: Equipment and supplies, which enable recipients to increase their abilities to perform ADLs. See also "Specialized Equipment and Supplies".
- Adult Day Care (ADC): A program of non-residential activities provided at least three (3) hours per day on a regularly scheduled basis, one or more days per week and encompasses both health and social services needed to ensure the optimal functioning of the individual.
- Adult Residential Care (ARS): Service provided in a facility in which at least five (5) unrelated adults reside, and in which personal care, therapeutic, social and recreational programming is provided in conjunction with residing in the facility. This service includes 24-hour on-site response staff to meet scheduled and unpredictable needs and to provide supervision, safety, and security.
- Agency Provider: An agency that enrolls with the Department of Human Services as a QSP, which allows that agency to bill the Department of Human Services for services rendered within the authorized amount.
- Attendant Care Services (ACS): Hands on care, of both a supportive and medical nature, specific to a client who is ventilator dependent for a minimum of 20 hours per day. Service is provided by a QSP, who is an unlicensed assistive person enrolled and in good standing with the ND Board of Nursing. The services are provided under the direction of a licensed nurse who is enrolled with the Department of Human Services to provide Nurse Management.
- Authorization to Provide Service (SFN 1699/663/410): A state form sent to the QSP by the HCBS Case Manager, authorizing the QSP to provide services. This form lists the time frame in which the service can be provided; maximum amount of service authorized per month, and the tasks the QSP is authorized to provide which are checked on the form (brief definitions are printed on back).
- Case Management Service (CM): Case Management is the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired persons to remain in the community in the most cost-effective manner. The specialized assistance is based on the results of a comprehensive assessment.
- Chore Service: Tasks that are on an intermittent or occasional basis which would enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, snow removal, and emergency response systems. The task must be the responsibility of the client and not the responsibility of the landlord.
- Client: An individual who meets the eligibility requirements and is receiving services from the Department.

- Community Support Service: Community supports is formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community. Community Supports 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. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.
- Community Transition Services (CTS): To assist eligible individuals transitioning from an institution or another provider-operated living arrangement (to include skilled nursing facility, adult residential, adult foster care, basic care, and assisted living) to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses and needs non-recurring set-up expenses.
- Companionship Services: Non-medical care, supervision and socialization, provided to a waiver recipient who lives alone or with an individual who is not capable or obligated to provide the service. Companions may assist or supervise the participant with such tasks as meal preparation, laundry and shopping but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. This service must be provided in accordance with a therapeutic goal in the service plan.
- Competency Level: The skills and abilities required to do something well or to a required standard.
- Documentation: Written records of the start time, end time and the specific service/task provided for a client.
- Endorsement: A task that requires special skill and approval.
 - Global Endorsement: These endorsements will apply to all clients requiring this endorsement.
 - Client Specific Endorsement: These endorsements require client specific instruction for each individual client for whom you provide care requiring this endorsement.
- Environmental Modification (EM): Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home. The home must be owned by the recipient or the recipient's family member.
- Extended Personal Care (EPCS): Hands on care of a medical nature that is specific to the needs of an eligible individual. Approval to complete these tasks is provided by the Nurse Educator to the Extended Personal Care service provider.
- 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.

- Home Delivered Meals (HDM): The provision of a well-balanced meal to individuals who live alone and are unable to prepare an adequate meal for themselves, or who live with an individual who is unable or not available to prepare an adequate meal for the recipient.
- Homemaker Service (HMKR): Intermittent, non-personal care tasks such as housekeeping, laundry and shopping.
- Individual Program Plan (IPP): An individualized plan that describes the tasks or training that will be done for a client receiving Transitional Living Services or Community Transitions Services. The IPP shows how the QSP will work toward the client's goals.
- Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.
- Non-Medical Transportation (NMT): Transportation that enables individuals to access essential community services such as grocery, pharmacy, banking, post office, laundromat, utility company, and social security office, in order to maintain themselves in their home.
- Non-Medical Transportation Driver with Vehicle (NMT-D/V): Driver with vehicle is considered as only transporting the client. It is taking the client to and from his/her home and points of destination for essential services.
 - NMT Providers are responsible to maintain employee records throughout employment to show continuous, current proof of vehicle insurance. This information must be kept in your employee personnel files only. You do not need to submit this information to the Department unless requested during an audit.
 - If the provider plans to use a vehicle they do not own, written permission from the owner of the vehicle is required to use for services of Non-Medical Transportation.
- Non-Medical Transportation Escort (NMT-E): An escort may be authorized to accompany a client who uses public transportation IF the client requires assistance in boarding and exiting as well as while being transported AND the escort must be needed by the client in completing the activity. A QSP cannot be reimbursed for escort services while driving.
- Nurse Educator (NE): A service to include nurse assessment, care planning, training of nursing tasks for a client who is receiving services provided by a QSP enrolled to provide Extended Care Services. This service is provided by a QSP employee who is a nurse licensed by and in good standing with the ND Board of Nursing.
- Nurse Management (NM): A service to include nurse assessment, care planning, delegation of nursing tasks, and monitoring quality of care to a client receiving services by a QSP enrolled to provide Attendant Care Services. Service is provided by a QSP who is licensed by and in good standing with the ND Board of Nursing.
- Nursing Assessment (NA): This service is used in conjunction with the Community Transition Services to provide an assessment to individuals with a medical need.
- Personal Care Service (PC): Assistance with bathing, dressing, toileting, incontinence, medication assistance (limited to definition of the task on back of SFN 1699/663/410), transferring, mobility in the home, eating, personal hygiene (e.g. fingernail care, skin and mouth care and exercises). This service may include assistance with environmental activities as authorized by the Human Service Zone Case Manager.
- Provider Number: Number assigned to the enrolled QSP.

- Residential Habilitation: Formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community. Residential Habilitation 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. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.
- Respite Care (RC): Temporary relief to the individual's primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily care. Requires cognitive endorsement.
- Qualified Service Provider (QSP): An individual or agency that has met all the standards/requirements and has been designated by the Department of Human Services as a provider.
- Service: Work done by a provider for payment.
- SFN: **S**tate **F**orm **N**umber, located on the upper left side of a form.
- Specialized Equipment Supplies: Specialized equipment, supplies, safety devices, or assistive technology that enable individuals to increase their abilities to perform activities of daily living or to perceive, control or communicate with their environment. Coverage for services provided under the HCBS or Technology Dependent waiver may include the cost of set up, maintenance, and upkeep of equipment, and may also include the cost of training the participant or caregivers in the operation and/or maintenance of the equipment.
- Specialized Equipment/Assistive Technology Assessment: This service is only covered under the HCBS and Technology Dependent Medicaid waivers. It includes a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device.
Assistive technology includes:
 - The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;
 - Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants;
 - Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant;
 - Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.

- Supervision (SUPV): An individual could be considered to have a need for supervision if because of their impairment, they require human intervention to safeguard the individual from harm. Requires cognitive endorsement.
- Supported Employment Extended Services: Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision, and training relating to the person's disability. This would not include supervisory or training activities provided in a typical business setting. This service is conducted in a work setting, mainly in a work site in which persons without disabilities are employed.
- Transition Coordination: Assists an individual to procure one-time moving costs and/or arrange for all non-Medicaid services necessary to assist the individual with the actual coordination and implementation of their individualized plan to move back to the community.
- Transitional Living Service (TL): Provision of training an individual to live with greater independence in the individual's home. This includes training, supervision or assistance to the individual with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living, and mobility.
- Universal Precautions: Caregivers who have direct individual contact are required to follow certain guidelines to prevent the spread of infectious diseases. They include work practices to avoid contamination by blood, body fluids, secretions, excretions (except for sweat), nonintact skin, mucous membranes, dried blood, and other body substances including saliva.
- Waste: Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.

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>

Phone: 1.800.755.2604 or 701.328.4024
Email medicaidfraud@nd.gov
Fax 701.325.1544

OR Mail to:

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

STEP 1: 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.

****PLEASE NOTE:**

ND Administrative Code 33-03-10.1-03, prohibits name combinations for QSP Agencies from the use of terms “home health agency” or “home health services”.

Additional documents related to the specific services that your agency provides may be required. Please refer to “Services Requiring Additional Information” on Pages 14 - 19 of this handbook for further information.

Required Forms

- ☐ **SFN 1606** - Agency Request to be a Qualified Service Provider
<http://www.nd.gov/eforms/Doc/sfn01606.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>
- ☐ Agency Employee Verification Checklist (included on Page 21)
 - All employees that provide direct services to public pay clients must be listed.

Required Documents

- ☐ 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 39.
- ☐ Standards, Policies, Procedures:
 - 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 staff to accurately document time and tasks for services provided and how to read an Authorization to Provide Services.
 - SFN 1699/663/410 - Forms 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.
- Plan to meet the requirement for seven (7) day per week service coverage for Personal Care Service and Respite Care Service.
- Procedure for coverage for clients during employee absence (vacation/sick leave).
- Confidentiality of client information.
- How client complaints are handled.

Enrollment Criteria for Agency Direct Service Employee(s)

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

- There can be no less than two direct service staff 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.
- Staff members 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>
- Staff must review the following fact sheets found in the appendix, on Pages 41 - 45.
 - Working Together for Home Fire Safety.
 - Carbon Monoxide Fact sheet (Exposing an Invisible Killer).
 - How to read an authorization to provide services form.
- Provider screening. All providers agree to screen their employees and contractors 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 of the employee or contractor.
 - 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 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.
- Agency Employee Verification Checklist – (See Page 21)
 - All employees that provide direct services to public pay clients must be listed.

- 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.
- Do not include employee members that are not providing direct services to public pay clients such as janitorial, administration, etc.
- 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 staff 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 shown on any of these lists, contact the Department for approval.

- 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/medicalsev/medicaid/docs/prov-exclusion-list.pdf>
- System for Award Management (SAM)
 - Click on Search Records tab <https://www.sam.gov/SAM/>
- 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.

- SFN 750 - Documentation of Competency
 - Complete this form for all staff that provide direct services to HCBS Clients (unless staff 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.
- For Residential Habilitation and Community Supports provide proof of completed training requirements for all direct care staff. That would include the Minot State Medication Modules, CARES Dementia Modules and the TBI Modules.
- ☐ Fraud Waste and Abuse Training completion. See instructions under Fraud Waste and Abuse in Handbook

SERVICES REQUIRING ADDITIONAL INFORMATION

To be approved for the following services, additional information and/or forms are required as listed on the following pages. Contact the QSP Enrollment Administrator at 701-328-4602 for additional information.

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Adult Day Care (ADC)

- ☐ SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only and submitted with the enrollment forms to determine the rate if the Adult Day Care is a free-standing facility and not connected to a hospital, nursing home or basic care facility that participates in Basic Care Assistance Program (BCAP). (A similar form may be used if all information is provided).
- ☐ ADC Providers who are licensed by Health Facilities or enrolled in BCAP, will have their rate established by the Department and must send proof of Adult Day Care designation from the Department of Health.
- ☐ For Hospital/Swing Bed, Nursing Facility or Basic Care Facility, provide a description of how the facility utilizes staff and space in relation to both current residents and the Adult Day Care participants, and whether the Adult Day Care Participants are co-mingled with the facility residents.
- ☐ ADC requires a site visit before enrollment can be finalized to assure compliance with the CMS HCBS Settings final rule (MS 2249-F/2296-F). A site visit is required at the time of initial enrollment and renewal. See Page 38 for further information.
- ☐ Medication Error Waiver Form - Contact the Department to obtain this required form, to be submitted with enrollment forms. This form is required at initial enrollment and renewal.
 - **NOTE:** A Medicaid waiver recipient cannot be provided ADC in a hospital or nursing home.
- ☐ Agency staff must meet all Non-Medical Transportation, Driver with Vehicle standards for enrollment if providing transportation services.
- ☐ Staff must have cognitive endorsement on the SFN 750 - Documentation of Competency or hold a current CNA/RN/LPN certification or licensure.
- ☐ Description of services provided in the ADC; ex: transportation, recreation program, PC, etc., Provide number of maximum participants, hours of operation.
- ☐ Lease agreement at initial enrollment.

Adult Residential Care - Memory Care or Traumatic Brain Injury (TBI)

- ☐ SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.
- ☐ Must be a licensed Basic Care Facility.

- ☐ Provide copies of the following policies/information:
 - Describe admission and discharge policies.
 - Describe how the building is conducive to the care of the target population; include a floor plan of the building.
 - Describe the provision for food, laundry, housekeeping, and transportation service.
 - Provide information regarding the facilities program related to: overall goals to meet the needs of a client, tools used to assess the needs of a client, how plans of care will be prepared and implemented, and the type of program activities that will be available to a client.
 - Provide an outline of the staff training for programs designed for clients in special diagnostic categories i.e. TBI Residential, TBI Transitional, and Adult Residential.
 - TBI Residential Facilities: describe the process used to develop an Individual Program Plan.
 - TBI Residential Facilities: describe the agencies restraint policy. Restraint policy must comply with NDCC 50-10.2-02(1).
- ☐ Staff must have cognitive endorsement on the SFN 750 - Documentation of Competency or hold a current CNA/RN/LPN certification or licensure.
- ☐ Medication Error Waiver Form - Contact the Department to obtain this required form, to be submitted with enrollment forms. This form is required at initial enrollment and renewal.
- ☐ Adult Residential Services requires a site visit before enrollment can be finalized to assure compliance with CMS HCBS Setting final rule (MS 2249-F/2296-F). A site visit is required at time of enrollment and with subsequent reenrollments. See Page 38 for further information.

Assisted Living Facility as a QSP

- ☐ Assisted Living Facilities providing services to public paying clients require a site visit before enrollment can be finalized to assure compliance with CMS HCBS Setting final rule (MS 2249-F/2296-F). A site visit is required at time of enrollment and with subsequent reenrollments.

Attendant Care Services

- ☐ Contact the Department at 701-328-4602 to verify eligibility to provide this service.
- ☐ SFN 644 - Attendant Care agreement. Must be signed by each staff person, and the Nurse Manager. This is required at the time of initial enrollment and renewal.
- ☐ SFN 643 - Nurse Management Agreement. Must be signed by the Nurse Manager and submitted with the enrollment forms. This is required at the time of initial enrollment and renewal.

Case Management

- ☐ Requires staff person with one of the following (send copy of licensure):
 - Licensed Baccalaureate Social Worker (LBSW).
 - Licensed Master Social Worker (LMSW).
 - Licensed Clinical Social Worker (LCSW).
- ☐ Must sign Memorandum of Understanding (MOU) of Waiver Function assurance requirements (Contact the Department for required form).
- ☐ Required to complete training on Department policy. Training is provided by HCBS state Staff. Contact the Department to schedule.

Chore Services

- ☐ Emergency Response

- SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.
- A signed, dated statement including the following must be provided by each employee providing the service (at initial enrollment and renewal).
 - Attest to the knowledge of generally accepted procedure for installation of ERS system.
- ☐ Professional Extermination
 - A signed, dated statement including the following must be provided by each employee providing the service (at initial enrollment and renewal).
 - Attest to the knowledge of generally accepted procedure for pest extermination.
 - Provide a copy of the exterminator's current license.
- ☐ Labor
 - A statement must be provided by a minimum of two employees providing the service, attesting to the knowledge and ability of:
 - Properly follow manufacturer's instructions for supplies used and equipment needed to complete specific chore tasks,
 - Generally accepted procedure for seasonal or unusual/heavy cleaning.
 - The statement must be signed and dated by each employee and provided at initial enrollment and renewal.
- ☐ Snow Removal
 - A statement must be provided by a minimum of two employees providing the service, attesting to the knowledge and ability to use snow removal equipment. The statement must be signed and dated by each employee and provided at initial enrollment and renewal.

Community Support Service

- ☐ Agency QSPs enrolled under NDAC 75-03-23 may include Agency Adult Foster Care Facilities licensed according to proposed NDAC 75-03-21.1 and DD Providers Licensed for Residential Habilitation licensed according to NDAC 75-04-01. Refer to the Agency Foster Home for Adults (AFHA) Handbook to enroll in this service.
- ☐ Provider must ensure that staff are adequately trained and qualified as evidenced by:
 - Written job descriptions for employees that include plans for participation in training and include requirements for education, experience, and skills;
 - SFN 750/CNA/RN/LPN or employed by a Licensed DD provider
 - In-service training to direct contact staff by the program coordinator on implementation of individual's programs and observation of implementation in the service setting.
 - Provide proof of completed training requirements for all direct care staff. Must include the Minot State Medication Modules, CARES Dementia Modules and the TBI Modules.
 - Contact the Aging Services Division 1-855-462-5465 to speak with the program administrator for instructions on how to access these education modules.
- ☐ Allowable Settings:
 - Private family dwelling, or
 - AFHA enrolled provider (Agency Foster Home for Adults). Refer to the AFHA Handbook for more information.
- ☐ Rate Information
 - Daily Rate
 - Payment does not include room & board or the cost of facility maintenance & upkeep.
 - Providers are not required to charge a room and board rate and may choose to charge less than the maximum rate.
 - Refer to the AFHA Handbook for more information.

Community Transition Service

- ☐ Completion of an associate or bachelor's degree in sociology, social services, social work, nursing, or a field related to programmatic needs from an accredited university. Staff with an associate degree must also have at least one year of progressively responsible experience in programs related to the task.
- ☐ SFN 576 - Extended Personal Care Agreement signed by staff providing the service. Provided at initial enrollment and renewal.

Companionship Service

- ☐ Agency enrolled as a Qualified Service Provider (QSP) NDAC 75-03-23-07
- ☐ Organizations enrolled as a QSP that provide companion service under the Corporation for National and Community Service Senior Companion Programs
 - Employees of organizations cannot use an employee who is identified as a relative of the recipient
 - Organization providers must meet all the standards established by the Corporation for National and Community Service National and Community Service Senior Companion program grantees.
 - Verification of organization credentials is done by the national corporation.
- ☐ Employees of agency providers must carry the Cognitive endorsement. Organization employees/volunteers do not need this endorsement.

Environmental Modification

- ☐ Provide copy of current contractor's license.
- ☐ Provide liability insurance and bonding.

Extended Personal Care Services

- ☐ SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.

Home Delivered Meals

- ☐ Provide one of the following:
 - Verification of current contract with DHS/Aging Services Division as an Older Americans Act (OAA) Nutrition Provider.
 - Provide copy of food establishment license per N.D.C.C. 23-09.
 - Must be hospital, nursing home, or basic care facility and include copy of license.
- ☐ Provide copy of license with the Department of Agriculture.
- ☐ Provide information on how you meet all applicable federal, state, and local laws and regulations. (NDAC 33-33-04 Safe food handling).

Non-Medical Transportation

- ☐ Signed statement on page three of SFN 1606 to affirm that the vehicle(s) used to provide transportation is/are in good operating order, including the brakes, lights, tires and seatbelts and agrees that the State of North Dakota shall not be liable for any damages that may arise out of or resulting from operating of vehicle(s).

- ☐ Employee must have a current, valid driver's license, in good standing with the State of residency.
 - A current proof of valid license must always be kept in employee personnel file and submitted to the State at the time of initial enrollment and renewal.
- ☐ Employees with a DUI (Driving Under the Influence) conviction within the past three (3) years are not eligible to provide this service.
- ☐ For each employee providing this service (a minimum of two employees required), provide the following information at initial enrollment and renewal:
 - Current official comprehensive driving record from the Department of Transportation <http://dot.nd.gov/divisions/driverslicense/recordservices-suspensions.htm>
 - **Please note: The limited record option does not provide adequate information. The comprehensive report is required.**
 - For a comprehensive copy of your driving record, you must complete [SFN 51386](#) and mail payment to: Driver's License Division, 608 E. Blvd Ave, Bismarck ND 58505-0750.
- ☐ Employee statement, signed and dated, kept in employee file to attest to:
 - If the employee is providing their own personal vehicle to transport clients, attest that the vehicle is in good operating order, including the brakes, lights, tires and seatbelts.
 - Employee agrees that the State shall not be liable for any damages which may arise out of or result from the operation of the vehicle.
- ☐ The following information should be kept in your employee personnel record. This does not need to be sent to the State unless requested during an audit:
 - Employee must have a valid vehicle insurance policy or if driving an agency vehicle, the agency must have adequate coverage. Copy of employee insurance records that show continuous coverage and effective date must be kept in employee personnel file only. This information does not need to be submitted unless requested during an audit.

Non-Medical Transportation (Carrier-bus, taxi)

- ☐ SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.
- ☐ Provide copies of the documentation required for staff providing non-medical transportation for public pay clients (see above).

Nurse Educator

- ☐ SFN 55 - Statement of Actual Costs, must be completed on initial enrollment only.
- ☐ SFN 576 - Extended Personal Care Agreement for each staff member at initial hire and renewal.
- ☐ SFN 577 – Nurse Educator Nursing Plan of Care at initial hire and renewal.

Nurse Management

- ☐ Contact the Department at 701-328-4602 to check if eligible to provide this service.
- ☐ SFN 643 – Nurse Management Agreement / Nursing Plan of Care at initial hire and renewal.

Nursing Assessment

To be used to provide an assessment for clients with a medical need that are utilizing the Community Transition program.

- ☐ SFN 576 - Extended Personal Care Agreement for each staff member at initial hire and renewal.
- ☐ SFN 577 – Nurse Educator Nursing Plan of Care at initial hire and renewal.

Residential Habilitation

- ☐ Agency QSPs enrolled under NDAC 75-03-23 may include Agency Adult Foster Care Facilities (AFHA) licensed according to proposed NDAC 75-03-21.1 and DD Providers Licensed for Residential Habilitation licensed according to NDAC 75-04-01. Refer to the AFHA Handbook to enroll in this service.
- ☐ Providers must ensure that staff are adequately trained and qualified as evidenced by:
 - Written job descriptions for employees that include plans for participation in training and include requirements for education, experience, and skills;
 - SFN 750/CNA/RN/LPN or employed by a Licensed DD provider
 - In-service training to direct contact staff by the program coordinator on implementation of individual's programs and observation of implementation in the service setting.
 - Provide proof of completed training requirements for all direct care staff. Must include the Minot State Medication Modules, CARES Dementia Modules and the TBI Modules.
 - Contact the Aging Services Division 1-855-462-5465 to speak with the program administrator for instructions on how to access these education modules.
- ☐ Allowable Settings:
 - Private family dwelling, or
 - Enrolled as an AFHA (Agency Foster Home for Adults)
- ☐ Rate Information
 - Daily Rate
 - Providers are not required to charge a room and board rate and may choose to charge less than the maximum rate.

Respite Care

- ☐ Staff must carry the cognitive endorsement.
- ☐ Institutional Respite (Only in Memory Care)
 - Medication Error Waiver Form - Contact the Department to obtain, required at initial enrollment and renewal.
- ☐ Respite in an Adult Foster Care Home / Facility (AFC)
 - Requires a separate background check to be completed by the Aging Services Division before providing services in an Adult Foster Care home.
 - SFN 466 – Background Check Address Disclosure.
 - SFN 467 – Personal Authorization for Criminal Record Inquiry – Foster Care.

Specialized Equipment & Supplies

- ☐ Requires prior approval.
- ☐ Provide cost of Bid and/or bonding.
- ☐ Provide copy of Accreditation by CMS to provide specialized equipment.

Supported Employment

- ☐ Must meet NDAC 75-04-01 or have accreditation from the Commission of Accreditation of Rehabilitation Facilities (CARF).

Transitional Living Service

- ☐ Provide a description of the process used to develop a care plan. Describe your person-centered care planning process and the development of client goals to achieve or maintain independence.
- ☐ Describe staff expertise and experience that will assist in fostering client independence in ADL's, IADL's, and social, behavioral, and adaptive skills.
- ☐ List staff experience with supervision, training or assistance with the self-care of individuals who have cognitive impairment or a traumatic brain injury (TBI).
- ☐ List the type of education and training you provide to your employees who work with individuals with cognitive impairment or a TBI.
- ☐ Agency must complete an Individual Program Plan (IPP) within 30 days of client services beginning.
 - An IPP is a plan that describes the training that will be done for the client to live with greater independence in his/her home. To be completed by the QSP.
- ☐ See Chart on Pages 22 - 26 for further requirements.

Enrollment Requirements for New and Renewals

QSP Agency Services & Licenses	SFN 1606	SFN 615	SFN 1168	SFN 55 (if New)	W9	Facility License	Organizational Structure	Secretary of State Registration (If New)	Private Pay/Rate Determination	Unemployment Insurance	Workforce Safety Insurance	Driver's License of owners/managers	Job Descriptions	Policies as listed on Page 10	Incident Medication form	Documentation forms to be used	Staff Checklist	SFN 433 Child Abuse Form	SFN 750 Documentation (if applicable)	C NA/Nurse licenses if applicable	Requires Site Visit	Check for additional requirements – Chart A	Contractor's license
Adult Day Care	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Adult Residential Services	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	
Emergency Response System	x	x	x	x	x		x	x	x	x	x	x		x								x	
Environmental Modifications	x	x	x		x			x		x	x	x		x									x
Home Delivered Meals	x	x	x		x	x	x	x	x	x	x	x	x	x								x	
Institutional Respite Care	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Non-Medical Transportation (Carrier/Bus/Taxi)	x	x	x		x		x	x	x	x	x	x	x	x		x	x	x	x				
Supported Employment Extended Services	x	x	x		x		x	x		x	x	x	x	x		x	x	x	x	x			
Transitional Living Service	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x			
Basic Care	x	x	x		x		x		x	x	x	x											
Home Health	x	x	x		x		x		x	x	x	x	x	x		x	x	x	x	x			
Hospitals	x	x	x		x		x		x	x	x	x											
Nursing Facilities	x	x	x		x		x		x	x	x	x											
Swing Bed	x	x	x		x		x		x	x	x	x											

AGENCY EMPLOYEE VERIFICATION CHECKLIST															
															Check all names used by employee in the last seven years/maiden names/aliases Staff Name (Last, First)
															Date of Employee Hire (MM/DD/YYYY)
															Most recent date websites checked (MM/DD/YYYY)
															http://publicsearch.ndcourts.gov/default.aspx (Check Criminal/Traffic only)
															http://www.nsopw.gov/
															http://www.sexoffender.nd.gov/OffenderWeb/search/publiclist and https://attorneygeneral.nd.gov/public-safety/sex-offender-information
															https://www.sam.gov/SAM/
															http://exclusions.oig.hhs.gov/Default.aspx
															http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list.pdf
															Verification of age 18+/driver's license (Keep in personnel file)
															Statement: free of contagious infections disease (Keep in personnel file)
															Required for NMT-D/V ONLY Vehicle insurance verification if driving clients (Keep in personnel file)
															Required for NMT-D/V ONLY Employee statement of vehicle condition used to drive clients (Keep in personnel file)
															Required for NMT-D/V ONLY: Copy of Driver's License SEND COPY TO STATE
															Required for NMT-D/V ONLY: Comprehensive Driving Record SEND COPY TO STATE
															Employee Statement - Chore-Labor and/or Snow SEND COPY TO STATE
															SFN 433 SEND COPY TO STATE
															SFN 750 OR Nurse Licensure/CNA Certification --- SEND COPY TO STATE
															SFN 576 ²³ Required for Extended Personal Care Only SEND COPY TO STATE
															SFN 577 - Required for Nurse Educator Only SEND COPY TO STATE

CHART A

STANDARDS AND ALLOWABLE TASKS/ACTIVITIES

SERVICES ARE: ADC- Adult Day Care CHORE – Chore EM- Environmental Modification
 HM – Homemaker PC– Personal Care NMT-E - Non-Medical Transportation Escort
 RC – Respite Care SUPV-Supervision TL- Transitional Living

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
1. All Providers	Have basic ability to read, write and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	
2. All Providers	<p>(A) Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider and be in compliance with ND Administrative Code 75-03-23-07.</p> <p>(B) Have not been abusive or neglectful of someone.</p> <p>(C) Have not stolen from someone.</p>	<p>Statement attesting to his/her status regarding conviction of a felony or misdemeanor that would jeopardize the health and safety of the service recipient.</p> <p>Statement attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone.</p> <p>Statement attesting to his/her status regarding having stolen from someone.</p>	
3. All Providers	Must be physically and mentally capable of performing the service.	Assurance checked attesting to the status of having an infectious contagious disease and assurance checked stating having the physical capability to perform the service.	
4. All Providers	Practice Confidentiality.	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Will NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance signed agreeing to maintain confidentiality.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
5. All Providers	Know the guidelines and practice universal/standard precautions.	<p>Guidelines for universal/standard precautions:</p> <ol style="list-style-type: none"> Wash hands: <ul style="list-style-type: none"> Before, during and after preparing food. Before eating food. Before and after caring for someone who is sick with vomiting or diarrhea. Before and after treating a cut or a wound. After using the toilet. After changing incontinent care products. After blowing your nose, coughing, or sneezing. After touching an animal, animal feed or animal waste. After handling pet food or pet treats. After touching garbage. After you have been in a public place and touched an item or surface that is touched by other people. Before touching your eyes, nose, or mouth. When hands are visibly soiled. Immediately after removal of any personal protective equipment (example: gloves, gown, masks). Before providing any direct personal cares. Use of Personal Protective Equipment (PPE): <ul style="list-style-type: none"> Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc. Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids. Mask – Due to the prevalence of COVID-19 spread without symptoms, it is expected that providers will always wear a facemask when interacting with clients. Use during care activities where close contact with a client is unavoidable. Clean hands with soap and water or hand sanitizer before touching the mask. Mask can be worn throughout tasks and does not need to be changed between them if it is not soiled. Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided. <ul style="list-style-type: none"> Do not recap needles or remove needles from syringe. After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal. Clean equipment used for the individual before and after each use. 	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
<p>6. ADC, Chore (except for snow removal), HM, NMT-E, PCS, RC, SUPV, TL, Res Hab, Comm Supp</p>	<p>Know generally accepted practice of infection control guidelines/proper hand hygiene.</p>	<p>Follow these steps when washing your hands every time:</p> <ul style="list-style-type: none"> • Wet your hands with clean, running water, turn off the tap and apply soap. • Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails. • Scrub your hands for at least 20 seconds. • Rinse your hands well under clean running water. • Dry your hands using a clean towel or air dry them. • Turn off faucet with paper towel to avoid recontamination of hands. <p>If soap and water are not available:</p> <ul style="list-style-type: none"> • Use an alcohol-based hand sanitizer that contains at least 60% alcohol. <p>Follow these steps when using hand sanitizer:</p> <ul style="list-style-type: none"> • Apply the gel product to the palm of one hand in the correct amount. • Rub your hands together. • Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds. 	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
<p>7. ADC, Chore (except snow removal), HM, NMT–E, PCS, RC, SUPV, TL, Res Hab, Comm Supp</p>	<p>Keep generally accepted practice of universal precautions and the use of personal protective equipment (PPE) when handling and disposing of body fluids.</p>	<p>Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, gowns and proper disposal of both body fluids and items used. <u>Use of Personal Protective Equipment (PPE):</u> Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, in continence products, etc.</p> <ul style="list-style-type: none"> • Perform hand hygiene prior to putting on gloves. • Remove jewelry, cover abrasions then wash and dry hands. • Ensure gloves are intact without tears or imperfections. • Fit gloves, adjusting at the cuffs. • Remove by gripping at cuffs. • Immediately dispose of gloves in waste basket. • Wash hands after removing gloves. • Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated. • DO NOT reuse gloves, they should be changed after contact with each individual. <p>Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids.</p> <ul style="list-style-type: none"> • Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. • Tie all the ties on the gown behind the neck and waist. • Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement. • Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body. • Dispose the gown in waste basket. • Perform hand hygiene after removing gowns. <p>Mask – Due to the prevalence of COVID-19 spread without symptoms, it is expected that providers will always wear a facemask when interacting with clients. Use during care activities where close contact with a client is unavoidable. Clean hands with soap and water or hand sanitizer before touching the mask. Mask can be worn throughout tasks and does not need to be changed between them if it is not soiled.</p> <ul style="list-style-type: none"> • Secure ties or elastic bands at middle of head and neck • Fit flexible band to nose bridge. • Fit snug to face and below chin. • With clean hands, untie or break ties at back of head. • Removed mask by only handling at the ties, then discard in waste basket. • Wash hands. • Homemade masks can be used as a last resort. These should be washed/disinfected daily. • Do not reuse face masks 	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
8. ADC, HM, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Have knowledge of basic meal planning and preparation.	<p><u>Planning:</u> Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods.</p> <p><u>Shopping/Purchasing:</u> Read food labels; identified ingredients (this is critical for special diets (e.g. salt free, low in sugar); considered cost; used seasonal food when possible.</p> <p><u>Preparing the Meal:</u> Washed hands and applied gloves and facemask; 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. Removed gloves and facemask and washed hands.</p>	Does NOT include canning of produce or baking of such items as cookies, cakes & bread.
9. ADC, HM, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Routine Housework. Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition.	<p>Washed hands and applied gloves and facemask.</p> <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/carpets; mopped tile/linoleum floors; small rugs shaken/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> <p>Removed gloves and facemask and washed hands.</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.
10. ADC, HM, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Wrinkle Free Bed. Know generally accepted procedure of making beds.	<p>Washed hands and applied gloves and facemask.</p> <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> <p>Removed gloves and facemask and washed hands.</p>	See Endorsements section for mechanical or therapeutic devices.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
11. ADC, HM, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice – in laundry techniques; (include mending).	<p>Washed hands and applied gloves and facemask.</p> <p>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.</p> <p>Removed gloves and facemask and washed hands.</p>	Includes washing, drying, folding, putting away ironing, mending, and related tasks.
12. HM, PCS, TL, Res Hab, Comm Supp	Knowledge of generally accepted practice of assisting with bill paying, balancing a checkbook and managing a home budget.	<p>Demonstrated ability to add, subtract, accurately record expenses/deposits and balance a checkbook. Know process to pay bills; set up a home budget within the available income of client to include such items as food, utilities, rent and essential supplies.</p>	Monthly budgeting and/or paying bills.
13.. ADC, NMT-E, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice in assisting with toileting.	<p>Washed hands and applied gloves and facemask.</p> <p><u>Bedpan</u>: Assembled supplies and equipment (e.g. toilet paper; bedpan, commode), ensured privacy. Put on gloves, assists client to properly cleanse elimination area, always wipe from front to back. Puts supplies and equipment in proper storage. Removes gloves and washes hand. Assists client with washing hands.</p> <p><u>Commode or Toilet Stool</u>: Gathers supplies and equipment commode, toilet tissue. If not going into bathroom, ensure privacy, assists client with transferring onto commode or toilet stool, supply toilet tissue, leave client for 5 minutes, apply gloves, assist client with cleansing elimination area, always wipe from front to back, cleansed and disinfected commode or flush toilet, removed gloves, washed hands, and assisted client with washing hands.</p> <p>Removed gloves and facemask and washed hands.</p>	
14. ADC, NMT-E, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice of caring for an incontinent client	<p>Washed hands and applied gloves and facemask. 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. Removed gloves and facemask and washed hands after all cares.</p>	For assisting with suppository. Endorsement D.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
15. ADC, NMT-E, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.	<p>Washed hands and applied gloves and facemask.</p> <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> <p>Removed gloves and facemask and washed hands.</p>	
16. ADC, NMT-E, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice of assisting client with ambulation.	<p>Washed hands and applied gloves and facemask.</p> <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> <p>Removed gloves and facemask and washed hands.</p>	Assisting client to walk, use wheelchair, walker, crutches or cane.
17. ADC, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice in bathing techniques: bed, tub, shower.	<p>Washed hands and applied gloves and facemask. 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. Changed gloves between cares. 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). Removed gloves and facemask and washed hands. Clean bath or shower.</p>	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
18. ADC, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	<p>Washed hands and applied gloves and facemask.</p> <p><u>Bed shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), pail, bucket, chair); placed pail/bucket on chair at head of bed; checked for appropriate water temperature; protected mattress and chair with plastic or towel; used plastic drainable trough; used cup or pitcher to pour water; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for another client.</p> <p><u>Sink shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), washcloth); placed towel on client's shoulders; used washcloth to cover eyes; had client lean toward sink, wet hair; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for another client.</p> <p><u>Shaving:</u> Gathered necessary supplies and equipment (e.g. electric razor, safety blade (no straight-edged razor), towel(s), lotion); had client in sitting position or on back; applies warm washcloth and then shaving cream or gel if using safety blade; held skin tautly; shaved in direction of hair growth; rinsed shaven area; applied shaving lotion, if desired; cleaned up. No sharing of razor blades.</p> <p>Removed gloves and facemask and washed hands after all cares.</p>	
19. ADC, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.	Washed hands and applied gloves and facemask; 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. Removed gloves and facemask and washed hands.	
20. ADC, PCS, RC, SUPV, TL, Res Hab, Comm Supp	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 undress, do the reverse.	
21. ADC, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice of how to feed or assist client with eating.	Washed hands and applied gloves and facemask; 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. Removed gloves and facemask and washed hands.	Does NOT include tube feeding.
22. ADC, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice for routine eye care.	Washed hands and applied gloves and facemask. Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and gloves if there is drainage coming from eye. Wash hands and apply gloves if necessary. Instill solution according to manufacturer's guidelines. Remove gloves and facemask and wash hands.	Routine regimen prescription and non-prescription eye drops, ointment, eye pad after a well-established routine of care has been set forth for the client.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
23.ADC, PCS, RC, SUPV, TL, Res Hab, Comm Supp	Know generally accepted practice in proper care of nails.	<u>Nail Care:</u> Washed hands and applied gloves and facemask. Gathered necessary supplies and equipment (towel, water basin, nail file, nail clipper); filled wash basin with warm water, soaked client's fingernails approximately 20 minutes; cleaned under fingernails; clipped fingernails straight across; shaped with nail file; cleaned up/replaced equipment/supplies; washed hands. Properly disposed of nail clippings. Removed gloves and facemask and washed hands.	Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.
24. ADC, PCS, RC, TC	<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>The client must be able to self-direct their own care and understand the medication, route, purpose, dose, and side effects of their medications.</p> <p>This does not include injectable medications.</p>	<p>Washed hands and applied gloves and facemask. 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. Removed gloves and facemask and washed hands. 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>

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED to TASKS
24. Res Hab, Comm Supp	<p>For clients who can self-direct their own care and understand the medication, route, purpose, dose, and side effects of their medications.</p> <p>This does not include injectable medications.</p> <p>QSP must know the generally accepted practice for assisting a client with self-administration of prescription and over-the-counter medications.</p> <p>For the clients who are unable to self-direct their own care and don't understand the medication, route, purpose, dose and side effects of their medications: QSPs must have completed the MSU medication modules which would allow them to administer routine medications to consumers who cannot self direct. QSP to follow the directions provided by the Agency Nurse, employed or contracted with the enrolled QSP agency.</p>	<p>Wash hands and applied gloves and facemask. 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. Removed gloves and facemask and washed hands. 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>
25. ADC, PCS, RC, SUPV, TL, Res Hab, Comm Supp	<p>Know generally accepted practice of caring for skin.</p>	<p>Washed hands and applied gloves and facemask, 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. Removed gloves and facemask and washed hands.</p>	<p>Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems.</p>
26. ADC, PCS, RC, SUPV, TL, Res Hab, Comm Supp	<p>Know generally accepted procedure for turning and positioning client in bed.</p>	<p>Washed hands and applied gloves and facemask.</p> <p>Maintained body alignment, kept spine straight and supported head.</p> <p><u>For Sitting Up:</u> Placed pillows 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 elevated, move client to side of bed near you; cross client's arms over chest and nearest leg over farthest leg; place one of your hands on client's shoulder, one on hip; gently roll client toward you or push client away from you; place pillows as appropriate for comfort/ support (against back, under head and shoulder, in front of bottom leg, top leg on pillow, under client's arm/hand). Removed gloves and facemask and washed hands.</p>	

CHART B (RELATED TO SFN 750)

APPROVED HEALTH CARE PROVIDERS TO COMPLETE SFN 750 FOR STAFF OR
PERFORM STANDARD CARES AND GLOBAL ENDORSEMENTS

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

CHART C – GLOBAL ENDORSEMENTS

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
A. MAINTENANCE EXERCISE	Know generally accepted practice of how to perform maintenance exercise regimens.	Exercises are maintenance oriented and client specific. Assisted client to complete exercises which have been taught to client – neck, shoulders, elbows, wrists, fingers, hips, knees, ankles, toes. Follow only exercise regimen recommended for the client; i.e. the performance of the repetitive exercise required to maintain function, improve gait, maintain strength, or endurance; passive exercise maintain motion in paralyzed extremities, not related to a specific loss of function, and assistive walking.	Limited to general observation of exercises which have been taught to the client; including the actual carrying out of maintenance program, the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance, passive exercises to <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands and applied gloves and facemask, 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; removed gloves and facemask and washed hands.	Limited to general maintenance care <u>after</u> 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. Prior to assisting client with suppository, hands are washed, and gloves and facemask are applied. After task is complete, removed gloves and facemask and washed hands.	Non-prescription suppository only.
E. COGNITIVE SUPERVISION Required for ADC, ARS, RC, SUPV & COMPANIONSHIP.	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/knowledge of cognitive impairments due to included but not limited 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, non verbal communication techniques; observing for difficulty eating, chewing and/or swallowing; techniques used with wandering behavior. Show evidence/ knowledge of the role of supervision and observation for a client who needs supervision continuously, except for brief periods of time, for health/safety, cognitive and/or behavioral reasons.	

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
F. TEMPERATURE/ BLOOD PRESSURE/ PULSE/ RESPIRATION RATE	Know generally accepted practice for <u>taking</u> temperature, blood pressure, pulse, and respiration rate.	Able to identify average normal adult rates. Washed hands, gathered necessary equipment (thermometer, blood pressure cuff, watch with minute hand), assisted client to sit or stand in comfortable position, obtained the measure/rate, cleaned and replaced equipment to proper storage, washed hands.	QSP will be notified by case manager who is to be notified of readings. (This is determined in care planning)
G. TED SOCKS (surgical stockings)	Know generally accepted procedure of applying surgical stockings.	Gathered appropriate supplies: Applied surgical stockings according to manufacturer's instructions.	
H. PROTHESIS/ ORTHOTICS/ ADAPTIVE DEVICES	Know generally accepted procedure for usage of prosthesis/orthotics/adaptive devices.	Is able to assist client to apply or put on prosthesis/ orthotics/adaptive devices and remove.	
I. HOYER LIFT MECHANIZED BATH CHAIRS	Know generally accepted procedures for use of a client's Hoyer lift/mechanized bath chair.	Is able to safely transfer client using a Hoyer lift or mechanical chair.	

GLOBAL ENDORSEMENTS

- Competency for a global endorsement applies to any client for whom a staff person provides care.
- An agency/staff person may choose to meet the standards for any or all of the endorsements. Staff competencies must match the endorsements needed per client for payment to be claimed.
- Staff 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 staff of an Agency Provider. You must have a minimum of two staff members 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 | F. Taking Blood Pressure, Pulse, Temperature, Respiration Rate |
| B. Catheter Care | G. Ted Stockings (surgical stockings) |
| C. Medical Gases-Limited to oxygen | H. Prosthesis/Orthotics/Adaptive Devices |
| D. Suppository-non-prescription | I. Hoyer Lift/Mechanized Bath Chair |
| E. Cognitive/Supervision –
REQUIRED to enroll for Adult Residential, Respite Care or Supervision | |

Requirements for Global Endorsements

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

- | | |
|----------------------------|-----------------------------|
| • Registered Nurse | • Occupational Therapist |
| • Licensed Practical Nurse | • Certified Nurse Assistant |
| • Physical Therapist | |

If staff do 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 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 and applied gloves and facemask; gathered supplies needed (bedpan, towel(s), bed protector, clean ostomy bag, toilet tissue, warm water, washcloth, soap, cleanser-lubricant, cream, deodorant); assured privacy, covered client with bath towel, opened ostomy belt; replaced if dirty; removed soiled stoma bag; placed in bedpan, wiped area around stoma; washed gently entire stoma area; patted dry; applied lubricant or cream if needed; fitted clean belt and stoma bag on client; applied deodorant if desired; cleaned up; replaced all equipment and supplies to proper storage; washed hands and removed gloves and facemask.	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.	

STEP 2: AFTER QSP APPROVAL

- As an enrolled QSP agency, you are not employed by the ND Department of Human Services.
- As an agency, you will provide authorized services and are paid for the services delivered.
- A packet of information will be sent to you by the Medical Services/QSP Enrollment Office, Department of Human Services (Department). Some of the information provided includes:
 - Agency provider number,
 - Additional provider responsibilities,
 - Billing instructions.
- The agency enrollment information is added to the list kept by the Department and distributed to each Human Service Zone office / case management agency.
- The case management agency, usually the Human Service Zone office, 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 contact you and give you an SFN 1699/663/410, Authorization to Provide Services.
- You must then review the SFN 1699/663/410, for the following information:
 - Effective date of authorized services. Ensure you are enrolled for any services you have been authorized & contact the Enrollment Administrator if you need to add a service to 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 15 minutes)
 - The definitions of the tasks are located on the back of the authorization. Tasks are limited to these definitions.
- A QSP **must** have a current SFN 1699/663/410 Authorization to Provide Services in their possession before providing services to a client and to be eligible for payment by the Department of Human Services.
- **The QSP must maintain 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.
- Documentation must be created at the time of the visit. Creating documentation after or prior to the visit day is not acceptable.

- 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 Agency employee can only provide services to a public pay client in the client's home when the client is present.
- The QSP will bill the Department directly for services provided.
- Payment by the Department will be minus any client liability or cost sharing (some clients are responsible for a portion of their service costs). 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.

QSP RENEWAL

Renewal is required a minimum of every two years to maintain enrollment.

A notice of renewal is sent from the QSP Enrollment Office approximately 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.**

- Some services such as Extended Personal Care, Nurse Educator, Chore, Non-Medical Transportation etc., require additional forms to complete renewal. You must submit all required additional forms.

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 staff understands 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_q1bVT12Yg

Criminal Convictions & Direct Bearing Offenses:

Any individual who has plead guilty or no contest to an offense identified in ND Admin Code 75-903-23-07, must be pre-approved by the Department prior to providing services to public pay clients.

Refer to ND Administrative Code which outlines the standards for all Qualified Service Providers:

<https://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf>

An individual employed by, or providing care for your agency, may not have been found guilty of, pled guilty to, or pled no contest to:

- 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;

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.
- Is selected by the individual from among setting options.
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes autonomy and independence in making life choices.
- Facilitates choice regarding services and who provides them.
- Ensure that staff 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.

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 and Adult Residential Care services.

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.

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

- ✓ The individual must provide a lease or legally enforceable agreement that complies with ND landlord-tenant laws (NDCC chapter 47-32).

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;

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)

- 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 Human Service Zone 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 case manager within 24 hours of the incident.
 - The case manager will forward it to the Department.
 - If the 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 case manager that a client is in the hospital due to a stroke, a critical incident report is not required because neither the 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).

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.

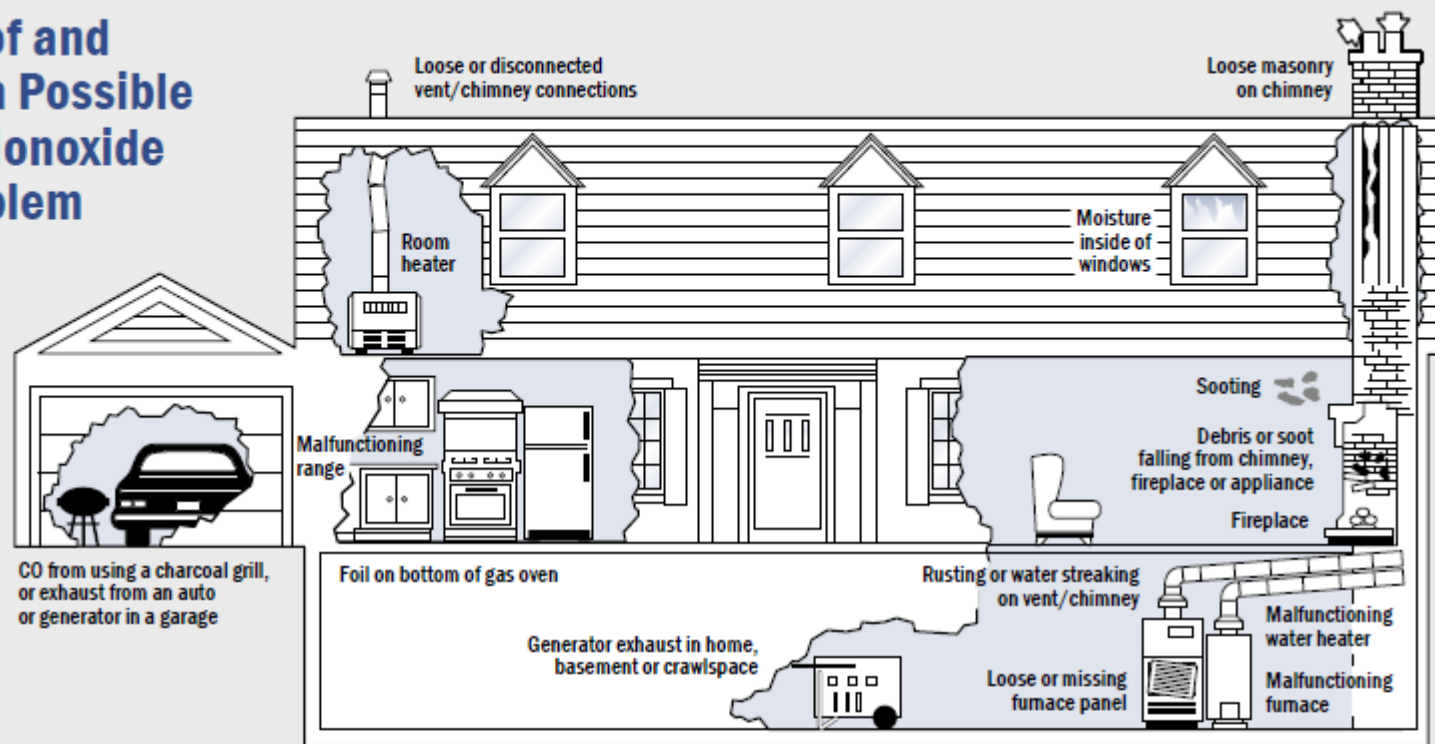
Get medical attention immediately and inform medical staff that CO poisoning is suspected. Call the Fire Department to determine when it is safe to reenter the home.



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.

AUTHORIZATION TO PROVIDE PERSONAL CARE SERVICES
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES/HCSB
SFN 663 (4/2017)

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

1. Qualified Service Provider(s) Name and Number and Physical Address

2. Client Name: Last, First, Middle

3. Medicaid ID Number

4. Telephone Number

5. Client Physical Address

6. Date of Admit to Basic Care

7. City

8. State

9. ZIP Code

10. Authorization Period

11. From

12. To

13. Six Month Review Authorization Period

14. From

15. To

16. Procedure Code for Billing

17. Total of Authorized Units per Task Category

18. Authorized Units per Task Category per month

19. Daily Rate Code

20. Daily Rate Cost

21. Unit Rate Code

22. Basic Care Code

23. Personal care services tasks authorized. Check all that apply. An explanation of the tasks is printed on the back of this form.

24. * Provider must carry a global endorsement to provide this task.

25. ** Tasks marked with an asterisk must be authorized and provided on a daily basis before daily rate can be used.

26. Activities of Daily Living (ADL)

27. Other

28. Rural Differential Rate

29. Date RD Removed

30. Authorization (Case Manager's Signature, County/HSC, Date)

31. Authorization Canceled (Case Manager's Signature, County/HSC, Date)

32. Six Month Review: If no change in tasks or units is needed, authorization to provide services is continued for the specified period.

33. Case Manager's Signature, County/HSC, Date

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

Instructions for MSP Authorizations

- Authorization to Provide Personal Care Services - SFN 663** - You must have this form before providing services for Procedure Codes T1019 or T1020.
- Medicaid ID Number** - The client ID number you will put on the billing document when billing.
- Authorization Period/Six Month Review Authorization Period** - The days you can provide services. You cannot bill or be paid for days that are not included in these periods.
- Service** - Only provide services that are marked.
 - **Procedure Code** – The code you use to bill on the turnaround document (Codes T1019 or T1020).
 - **Total of Authorized Units per Task Category** – The total amount of units you can provide and bill up to, if you actually provide the services in a month. DO NOT bill over the unit amounts.
 - **Authorized Units per Task Category** – The amount of units per task category you can provide and bill up to, if you actually provide the services in a month. If there is more than one provider listed on this form, the total amount provided by all providers together, cannot go over this amount.
- Activities of Daily Living (ADL), Meal Prep, Med Assist, Ldry/Shp/Hsk, Other:** As a QSP, you are only authorized to provide the tasks marked. 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 Human Service Zone Case Manager.
- Rural Differential Rate:** IF this is checked, it will include the amount you can bill the Department per unit for this client only. This rate is based on where the client lives.

AUTHORIZATION TO PROVIDE SERVICES FOR SPED/ExSPED
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 1699 (4-2019)

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 or Basic Case Assistance Provider. If an authorization is for multiple providers, the monthly total authorized units for a client may not be exceeded by the combined providers. This authorization is time limited and is not a guarantee of payment for services. Client eligibility for Medicaid can be verified by calling VERIFY at 1-800-428-4140 or 701-325-2951. Client may be responsible for copayment liability that is payable to the Provider. Provider is responsible for maintaining documentation by task supporting services provided.

Qualified Service Provider(s) Name and Number and Physical Address: _____ Client Name: Last _____ First _____ Middle _____

Client Identification Number (ND Number): **ND** _____ Telephone Number: _____

Client Physical Address: _____

Client agrees to pay a HCBS Service Fee of _____ %

Rural Differential Tier: _____ Date RD Removed: _____ City: _____ State: _____ ZIP Code: _____

Authorization Period: From: _____ To: _____ Six Month Review Authorization Period: From: _____ To: _____

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

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

Activities of Daily Living (ADLs)

<input checked="" type="checkbox"/> Bathing	10 Units
<input type="checkbox"/> Dress/Undress **	
<input type="checkbox"/> Feeding **	
<input type="checkbox"/> Incontinence **	
<input type="checkbox"/> Mobility (Inside) **	
<input type="checkbox"/> Toileting **	
<input type="checkbox"/> Transferring/Turning/Positioning **	

Meal Prep

<input type="checkbox"/> Meal Preparation **	
--	--

Med Assist

<input type="checkbox"/> Medication Assistance **	
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Laundry/Chp/Hsk

<input type="checkbox"/> Laundry	
<input type="checkbox"/> Shopping	
<input type="checkbox"/> Housekeeping	

Client Specific Endorsement

<input type="checkbox"/> Apnea Monitor	<input type="checkbox"/> Postural/Bronchial Drainage
<input type="checkbox"/> Jobst Stockings	<input type="checkbox"/> RIK Bed Care
<input type="checkbox"/> Ostomy Care	

Other

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

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

Authorization Cancelled (Case Manager's Signature and Date): _____ Case Manager's Signature and Date: _____

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

1. **Authorization to Provide Services Form SFN 1699:** 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.

3. **Authorization Period/Six Month Review Authorization Period:** These are the days you can provide services. You cannot bill or be paid for days that are not included in these periods.

4. **Service:** Only provide services that are marked. **Procedure 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. **Personal Care Services 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 Human Service Zone Case Manager.

1 AUTHORIZATION TO PROVIDE MEDICAID WAIVER SERVICES
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES-HOME AND COMMUNITY BASED SERVICES
SFN 410 (3-2019)

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 (see instructions) City State ZIP Code
Authorization Period From: To: Six Month Review Authorization Period From: To:

Service(s) 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	T5000	\$		\$	<input type="checkbox"/> Specialized Equipment	00032	\$		\$
<input type="checkbox"/> Equipment/Mod	00031	\$		\$	<input type="checkbox"/> Supervision	S5135	\$		\$
<input type="checkbox"/> Family Personal Care	S5138	\$		\$	<input type="checkbox"/> Supported Employment	00068	\$		\$
					<input type="checkbox"/> Transitional Living	00079	\$		\$

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"/> Jost Stokings	<input type="checkbox"/> Ostomy Care	<input type="checkbox"/> Postural/Bronchial Drainage	<input type="checkbox"/> Rik Bed Care
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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 Human Service Zone Case Manager.

Guidelines for Universal Precautions

Wash hands:

- Before, during and after preparing food
- Before eating food
- Before and after caring for someone who is sick with vomiting or diarrhea
- Before and after treating a cut or a wound
- After using the toilet
- After changing incontinent care products
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed or animal waste
- After handling pet food or pet treats
- After touching garbage
- After you have been in a public place and touched an item or surface that is touched by other people
- Before touching your eyes, nose, or mouth
- When hands are visibly soiled
- Immediately after removal of any personal protective equipment (example: gloves, gown, masks)
- Before and after providing any direct personal cares



Follow these steps when wash your hands every time:

www.ndhealth.gov/disease/Documents/faqs/handwashposter.pdf



If soap and water are not available:

- Use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Follow these steps when using hand sanitizer:

- Apply the gel product to the palm of one hand in the correct amount.
- Rub your hands together.
- Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.
- Once you are back on-site ALWAYS wash your hands for 20 seconds with soap and water.



Use of Personal Protective Equipment (PPE):

Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.

- Perform hand hygiene prior to putting on gloves.
- Remove jewelry, cover abrasions then wash and dry hands
- Ensure gloves are intact without tears or imperfections
- Fit gloves, adjusting at the cuffs
- Remove by gripping at cuffs
- Immediately dispose of gloves in waste basket
- Wash hands after removing gloves
- Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated
- **DONOT** reuse gloves, they should be changed after contact with each individual



Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids.



- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Tie all the ties on the gown behind the neck and waist.
 - Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
 - Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
 - Dispose the gown in waste basket.
 - Perform hand hygiene after removing gowns.
-



Mask – Due to the prevalence of COVID-19 spread without symptoms, providers are always expected to wear a face mask when interacting with clients.

- Clean hands with soap and water or hand sanitizer before touching the mask
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- With clean hands, untie or break ties at back of head
- Removed mask by only handling at the ties, then discard in waste basket
- Wash hands
- Homemade masks can be used as a last resort. These should be washed/disinfected daily.
- DO NOT reuse face masks

Full PPE- includes gloves, gown, mask and goggles or face shield.

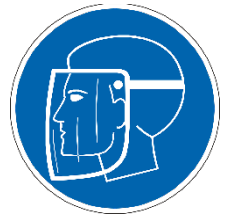
- Recommended if there is a suspected or confirmed positive COVID-19 case
- Use goggles or face shield to protect the eyes, nose and mouth during patient care activities that are likely to generate splashes or sprays of body fluids, blood, secretions or excretions.

Refer to these guidelines for full PPE, donning of PPE and doffing of PPE

https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf

Donning of PPE <https://www.youtube.com/watch?v=HjQUBABhI>

Doffing of PPE <https://www.youtube.com/watch?v=PQxOc13Dx0I#action=share>



Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided.

- Do not recap needles or remove needles from syringe
- After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal.



Clean the equipment used for the individual before and after each use.

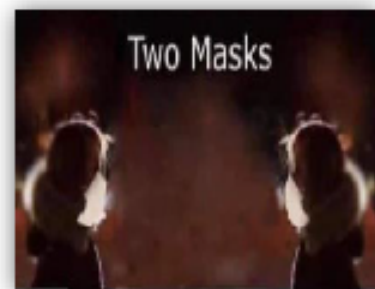
WHY WE WEAR MASKS

All QSPs are now required to wear a mask in your home for your protection and safety.

COVID-19 can be spread by people who may not know they have symptoms and do not know they are ill.

Face masks prevent droplets from coughing, sneezing, or talking from traveling into the air to other people.

Face masks, frequent handwashing, social distancing and checking for fever, cough and shortness of breath can help stop the spread of COVID-19.



BY WORKING TOGETHER, WE CAN ALL STAY SAFE!

WWW.HEALTH.ND.GOV/MASKUPND
