

# **Qualified Service Provider Handbook**

## **Agency Provider**

**Includes  
Standards for Practice  
&  
Enrollment Procedures**

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

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# INTRODUCTION

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

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

## Contained in this handbook

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

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

## Upon designation as a QSP:

- A packet of information is sent to the provider by the Medical Services/HCBS Division, Department of Human Services (Department). Included in that packet is the provider number and instructions.
- The agency is added to the list maintained by the Department and distributed to each County Social Service office.
- As Case Management agency, the County Social Service office will determine the client's need for services.
- After the client has selected their provider (from the list of QSPs), the County Social Service office will issue SFN 1699/663, Authorization To Provide Service, to the client's selected QSP.
- The QSP will receive and review the SFN 1699/663, Authorization to Provide Service. The tasks the QSP is authorized to provide are checked on this form and definitions of these tasks are located on the back of this form.
- A QSP **must** have a current SFN 1699/663 Authorization to Provide Services in their possession before providing services to a client and to be eligible for payment by the Department of Human Services.
- **The QSP must maintain records of the services provided. The record must include the name of the client, date of the service, start time and end time in the clients home (units of service), and tasks performed.**
- The QSP will bill the Department directly for services provided.
- Payment by the Department will be minus any client liability or cost sharing (some clients are responsible for a portion of their service costs).
- It is the responsibility of the client to pay the QSP directly for any client liability/cost sharing.

# SECTION A

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

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

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

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

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

:

- Adult Day Care
- Attendant Care Services
- Environmental Modification
- Nurse Management
- Supportive Employment Extended Services
- Adult/TBI Residential
- Case Management
- Specialized Equipment and Supplies
- Respite Home Care
- Transitional Care Service
- Other

## 4- Definitions:

- Adult Day Care: A program of non-residential activities provided at least three (3) hours per day on a regularly scheduled basis one or more days per week and encompasses both health and social services needed to insure the optimal functioning of the individual.
- Agency Provider: An agency that enrolls with the Department of Human Services as a QSP, which allows that agency to bill the Department of Human Services for services rendered within the authorized amount.

- Attendant Care Services: Hands on care, of both a supportive and medical nature, specific to a client who is ventilator dependent for a minimum of 20 hours per day. Service is provided by a QSP who is an Unlicensed Assistive Person enrolled and in good standing with the ND Board of Nursing. The services are provided under the direction of a licensed nurse who is enrolled with the Department of Human Services to provide Nurse Management.
- Authorization to Provide Service (SFN 1699/663): A state form sent to the QSP by the County HCBS Case Manager, authorizing the QSP to provide services. This form lists the time frame in which the service can be provided; maximum amount of service authorized per month, and the tasks the QSP is authorized to provide which are checked on the form (brief definitions are printed on back).
- Case Management Service: HCBS Case Management is the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired persons remain in the community in the most cost effective manner. The specialized assistance is based on the results of a comprehensive assessment
- Chore Service: tasks that are on an intermittent or occasional basis which would enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, snow removal, and emergency response systems. The task must be the responsibility of the client and not the responsibility of the landlord.
- Competency Level: The skills and abilities required to do something well or to a required standard.
- Endorsement: A task that requires special skill and approval.
  - Global Endorsement: These endorsements will apply to all clients requiring this endorsement for which you provide care.
  - Client Specific Endorsement: These endorsements require client specific instruction for each individual client for whom you provide care requiring this endorsement.
- Environmental Modification: Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home.
- Homemaker Service: Intermittent non-personal care tasks such as housekeeping, laundry and shopping.
- Individual Provider: A self employed person who has been designated by the Department of Human Services as a QSP.
- Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.

- Nurse Management: A service to include nurse assessment, care planning, delegation of nursing tasks, and monitoring quality of care to a client receiving services by a QSP enrolled to provide Attendant Care Services. Service is provided by QSP who is a nurse licensed by and in good standing with the ND Board of Nursing.
- Non-Medical Transportation: Transportation that enables individuals to access essential community services such as grocery, pharmacy, banking, post office, laundromat, utility company, and social security office, in order to maintain themselves in their home.
  - Non-Medical Transportation Driver with Vehicle: Driver with vehicle is considered as solely transporting the client. It is taking the client to and from his/her home and points of destination.
  - Non-Medical Transportation Escort: is solely accompanying the client for the purpose of assisting in boarding and exiting as well as during transport in order that the client may complete the activity for which (non-medical) transportation is authorized.
- Personal Care Service: Assistance with bathing, dressing, toileting, incontinence, medication assistance (limited to definition of the task on back of SFN 1699/663), transferring, mobility in the home, eating, personal hygiene (e.g. finger nail care, skin and mouth care); and exercises. This service may include assistance with environmental activities as authorized by the County HCBS Case Manager.
- Provider Number: Number assigned to the enrolled QSP.
- Qualified Service Provider (QSP): An individual or agency that has met all the standards/requirements and has been designated by the Department of Human Services as a provider.
- Residential Care : Service provided in a facility in which at least five (5) unrelated adults reside, and in which personal care, therapeutic, social and recreational programming is provided in conjunction with residing in the facility. This service includes 24-hour on-site response staff to meet scheduled and unpredictable needs and to provide supervision, safety, and security.
- Respite Care: Temporary relief to the individual's primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily care.
- Service: Work done by a provider for payment.
- SFN: **S**tate **F**orm **N**umber, located on the upper left side of a form.

- Specialized Equipment and Supplies: Specialized equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.
- Supported Employment Extended Services: Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision, and training relating to the person's disability. This would not include supervisory or training activities provided in a typical business setting. This service is conducted in a work setting, mainly in a work site in which persons without disabilities are employed.
- Transitional Living Service: Provision of training an individual to live with greater independence in the individual's home. This includes training, supervision, or assistance to the individual with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living, and mobility.

## SECTION B

# INSTRUCTIONS FOR ENROLLMENT AND RENEWAL OF ENROLLMENT

### 1- AGENCY Qualified Service Providers:

- **Agency Initial Enrollment:**
  - Agencies must show evidence of meeting the standards at the time of requesting QSP status in order to be designated as a QSP. See page 17 for a list of required forms and documentation.
  - Evidence of how the agency will assure their staff meets the requirements for the service/activity they provide. See page 22 for instructions.
- **Agency Renewal:** Renewal is required every two years to maintain designation as a Qualified Service Agency Provider.
  - See page 17 for a list of required forms and documentation.
- **Initial Enrollment Criteria** for all staff:
  - Agencies having QSP designation must maintain documentation of the standards being met by each employee delivering the service.
  - An employee cannot deliver the service until it is documented and on file that he/she meets the required standards. See Standards in Section C and D. Evidence of how the agency will meet the requirements, must be documented using the instructions required from the Agency enrolling as a QSP (page 22).
- **Specific Enrollment Criteria for Personal Care, Respite Care, Adult Day Care, Residential Care, and Transitional Care staff:**
  - At the time of initial hiring of staff and for existing staff, the employee's personnel file must contain verification that the employee is either a current CNA, Unlicensed Assistive Person, RN, LPN, OT, PT (copy of certificate/license), **OR** meets competency standards verified on the Documentation of Competency ([SFN 750](#)) form.
  - Personal Care, Respite Care, Adult Day Care, Residential Care, and Transitional Care staff providing services that require endorsements must have verification of their ability to provide endorsements on file.
    - Global endorsements ([SFN 750](#)) Documentation of Competency Form.
    - Client specific endorsements ([SFN 830](#)) Request for Client Specific Endorsements.

- Renewal Criteria for all Staff:
  - For each year after the initial hire of staff, no additional documentation of competency is required if the employee receives acceptable annual performance evaluations. (continued on next page)
  
  - There must be verification in the employee's personnel file that he/she is free from any communicable infections/diseases that would constitute a public health threat to others and this must be updated by the employee every 2 years.
  - Evidence of how the agency will meet this requirement must be explained in the request for the designation as a QSP.

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

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

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

# SECTION C

## STANDARDS FOR STAFF AND ALLOWABLE TASKS/ACTIVITIES

CHORE – Chore Services

HM – Homemaker

NMT – Non-Medical Transportation

RC – Respite Care

PCS– Personal Care Services

D/V – Required for Driver with Vehicle

EM- Environmental Modification RDC-Residential Care

ADC- Adult Day Care

TC- Transitional Care

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
1. All Providers	Have basic ability to communicate.	Assurance checked indicating educational level or demonstrated ability.	
2. All Providers	(A) Not have been convicted of an offense in last three years that has a direct bearing on the individual's fitness to be a provider.  (B) Have not been abusive or neglectful of someone in your care.  (C) Have not stolen from someone in your care.	Statement attesting to his/her status regarding conviction of a felony or misdemeanor that would jeopardize the health and safety of the service recipient.  Statement attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone in your care.  Statement attesting to his/her status regarding having stolen from someone in your care.	
3. All Providers	Not have infectious or contagious disease and be physically capable of performing the service.	Assurance checked attesting to the status of having an infectious contagious disease and assurance checked stating having the physical capability to perform the service.	
4. All Providers	Practice Confidentiality.	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Will NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance signed agreeing to maintain confidentiality.	
5. HM, PCS, RC, NMT (escort), RDC, TC, ADC, Chore – (except provider for snow removal)	Know generally accepted practice of infection control/proper hand washing methods.	Washed hands before and after each task, rinsed soap bar before and after washing, used enough soap to lather, rubbed skin to eliminate germs, rinsed under running water above wrists to fingertips. Turned faucet off with paper towel to avoid recontamination of hands.	
6. HM, PCS, RC, NMT (escort), RDC, TC, ADC, Chore –(except provider for snow removal)	Keep generally accepted practice of handling and disposing of body fluids.	Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, plastic aprons, and proper disposal of both body fluids and items used.	Gloves must be used when handling body fluids.
7. PCS, RC, RDC, TC, ADC	Know generally accepted practice in bathing techniques: bed, tub, shower.	Gathered necessary supplies/equipment (e.g. soap, wash cloth, towel); assured privacy; checked for appropriate water temperature; made mitten out of washcloth; (began with cleanest part of body). For bed bath: washed, rinsed, and patted dry one part of body at a time and only exposed the part of body being washed; observe for unusual changes in skin condition. For clients needing assistance with washing, follow procedure for bed bath/sponge bath using gloves if client has open areas on skin or if providing perineal care. Instruct client to use safety bars when getting in and out of tub. Caregiver to provide necessary assistance with transfer to prevent fall. For client who is unsteady, drain tub water prior to client attempting to get out. Assist with transfer from tub or shower. Make sure all skin areas are thoroughly dry. Inspect skin for any changes (see Standard #18). Remove gloves and wash hands. Cleanse bath or shower.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
8. PCS, RC, RDC, TC, ADC	Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	<p><u>Bed shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), pail, bucket, chair); placed pail/bucket on chair at head of bed; checked for appropriate water temperature; protected mattress and chair with plastic or towel; used plastic drainable trough; used cup or pitcher to pour water; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Sink shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), washcloth); placed towel on client's shoulders; used washcloth to cover eyes; had client lean toward sink, wet hair; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Shaving:</u> Gathered necessary supplies and equipment(e.g. electric razor, safety blade (no straight-edged razor), towel(s), lotion); had client in sitting position or on back; applies warm washcloth and then shaving cream or gel if using safety blade; held skin tautly; shaved in direction of hair growth; rinsed shaven area; applied shaving lotion, if desired; cleaned up. No sharing of razor blades.</p>	
9. PCS, RC, RDC, TC, ADC	Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.	Washed hands; gathered necessary supplies (e.g. toothbrush; toothpaste; small water basin); applied toothpaste to toothbrush; gave client toothbrush if able to brush own teeth, or brushed using gentle motion; brushed teeth thoroughly throughout the mouth; offered rinse water; offered mouth wash; wiped client's mouth; observed for bleeding and pressure areas in mouth from dentures; replaced to storage; cleaned up.	
10. PCS, RC, RDC, TC, ADC	Know generally accepted practice in how to dress/undress client.	Assembled clothing; assisted client to proper position for dressing; put on underwear; then trousers or pajamas; shirt or over-the-head clothing; socks or stockings, slippers or shoes. For <u>undress</u> , do the reverse.	
11. PCS, RC, RDC, TC, ADC, NMT (escort)	Know generally accepted practice in assisting with toileting.	<p><u>Bedpan:</u> Assembled supplies and equipment (e.g. toilet paper; bedpan, commode), ensured privacy. Put on gloves, assists client to properly cleanse elimination area, always wipe from front to back. Puts supplies and equipment in proper storage. Removes gloves and washes hands. Assists client with washing hands.</p> <p><u>Commode or Toilet Stool:</u> Gathers supplies and equipment commode, toilet tissue. If not going into bathroom, ensure privacy, assists client with transferring onto commode or toilet stool, supply toilet tissue, leave client for 5 minutes, apply gloves, assist client with cleansing elimination area, always wipe from front to back, cleansed and disinfected commode or flush toilet, removed gloves, washed hands, and assisted client with washing hands.</p>	For assisting with suppository. Endorsement D.
12. PCS, RC, RDC, TC, ADC, NMT (escort)	Know generally accepted practice of caring for incontinent client	Assembled necessary supplies (e.g. incontinence supply, washcloth, powder); provided for privacy; used correct positioning techniques; removed soiled materials/clothing; cleaned area; dried area; observed for unusual skin conditions; applied appropriate lotions/powder, if necessary; applied clean incontinence supply item. Properly dispose of soiled material and other consumable supplies. Use gloves throughout activity and washed hands afterward.	For assisting with suppository. Endorsement D.

APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
13. PCS, RC, RDC, TC, ADC	Know generally accepted practice of how to feed or assist client with eating.	Washed hands; gathered utensils (e.g. napkin, tray); placed napkin near client, on client's chest or under chin, if appropriate; told client what foods are served; alternated solids and liquids; used a spoon for safety; used a short straw if client could not drink from a cup or glass, wiped client's mouth with napkin; cleaned up as appropriate; offered oral hygiene.	Does NOT include tube feeding.
14. HM, PCS, RC, RDC, TC, ADC	Have knowledge of basic meal planning and preparation.	<p><u>Planning:</u> Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods.</p> <p><u>Shopping/Purchasing:</u> Read food labels; identified ingredients (this is critical for special diets (e.g. salt free, low in sugar); considered cost; used seasonal food when possible.</p> <p><u>Preparing the Meal:</u> Washed hands; followed the menu; followed recipes; know food substitutions, allowed for special diet if a food item is not available; prepared one-dish meals as appropriate or for foods which may be reheated, prepared for proper storage and reheating for future servings; used proper size pans; used correct burner size; when using oven, prepared more than one item at a time; when possible, use toaster/microwave for small meals, conventional oven for big meals, cleaned up; wash dishes.</p>	Does <b>NOT</b> include canning of produce or baking of such items as cookies, cakes & bread.
15. PCS, RC, RDC, TC, ADC	Know generally accepted practice for routine eye care.	Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and gloves if there is drainage coming from eye. Wash hands and apply gloves if necessary. Instill solution according to manufacturer's guidelines. Remove gloves and wash hands. Wash hands.	Routine regimen non prescription eye drops, ointment, eye pad after a well established routine of care has been set forth for the client.
16. PCS, RC, RDC, TC, ADC	Know generally accepted practice in proper care of nails.	<u>Nail Care:</u> Gathered necessary supplies and equipment (towel, water basin, nail file, nail clipper); filled wash basin with warm water, soaked client's fingernails approximately 20 minutes; cleaned under fingernails; clipped fingernails straight across; shaped with nail file; cleaned up/replaced equipment/supplies; washed hands. Properly disposed of nail clippings.	Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.
17. PCS, RC, RDC, TC, ADC	Know generally accepted practice for assisting client with self-administration of medications.	Washed hands, assisted client to proper position for self-administration of medication. Assisting the client with opening container, assisting with positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, and dose and time medication should be taken. If medication has been set up in medication container or planner by nurse or family, make sure it is clearly marked/labeled, assist client with opening container making sure medication is taken on appropriate day and time of day. Provide drinking fluid to swallow medication, assist client to close container and store medication properly.	Assisting client in <u>self</u> administration by doing the following - opening container, assisting the client with proper position for taking medication, assist with giving client drinking fluid to swallow medication, recap the container.

APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
18. PCS, RC, RDC, TC, ADC	Know generally accepted practice of caring for skin including giving back rub.	<p>Washed hands, identified pressure points (bony areas of body); changed client's position every two hours; kept linens wrinkle-free and dry, used powder where skin comes together; washed and dried client's skin promptly if urine or feces are present and have now been removed, applied lotion as necessary for dry skin, observed for skin breakdown.</p> <p><u>Back Rub:</u> Gathered supplies (e.g. towel(s), lotion); assisted client to turn on side or abdomen, uncovered client's back; placed small amount of lotion on palm of your hand; applied to client's back using long strokes, used circular motion, rubbed one to three minutes, dried client's back, assisted to dress client; replaced supplies to proper storage, washed hands.</p>	<p>Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems.</p> <p>Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.</p>
19. PCS, RC, RDC, TC, ADC	Know generally accepted procedure for turning and positioning client in bed.	<p>Maintained body alignment, kept spine straight and supported head.</p> <p><u>For Sitting Up:</u> Placed pillows as needed for comfort, if hospital bed – raised backrest to desired position.</p> <p><u>In Positioning on Back:</u> Supported non-functional body parts with folded/rolled towels/pillows (shoulder blade, hip, hand, arm/elbows, leg) to promote blood circulation; did not place pillows, rolled or folded towels under knees when lying on back, loosened top sheet to prevent pressure from toes.</p> <p><u>In Turning Client Toward You/Away From You:</u> Lower head of bed if evaluated, move client to side of bed near you; crossed client's arms over chest and nearest leg over farthest leg; placed one of your hands on client's shoulder, one on hip; gently rolled client toward you or push client away from you; placed pillows as appropriate for comfort and support (against back, under head and shoulder, in front of bottom leg, top leg on pillow, under client's arm/hand).</p>	
20. NMT (escort), PCS, RC, RDC, TC, ADC	Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.	<p><u>Transfer Belt:</u> Assisted client to sit; applied belt; stood in front of client; client's hands on your shoulders; grasped belt, had your knees braced against client's; had your feet block client's; raised and lowered client.</p> <p><u>To Standard Sit:</u> Put client's hands on chair arms, one of your knees between clients; other knee braced client's knee; held client at center of gravity; instructed client to stand. Reversed procedure to sit.</p> <p><u>Bed to Wheelchair:</u> Positioned wheelchair; locked the wheels; assisted client to dangle legs; instructed client to stand, reach for wheelchair arm, pivot and sit; supported and guided client. Reversed procedure to return to bed.</p>	

APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
21. NMT (escort), PCS, RC, RDC, TC, ADC	Know generally accepted practice of assisting client with ambulation.	<p><u>Cane:</u> Assisted client to stand, cane was held on correct side (single point cane usually held on strong side of body; 3 or 4 point cane usually held on weak side of body); cane was moved forward by client; feet were moved forward by client; assisted as necessary.</p> <p><u>Crutches:</u> Assisted client to stand. For swing-through gait; client placed crutches 6" to 12" ahead, lifted and swung body just ahead of crutches, repeated. For 4-point gait: moved right crutch forward 6" to 8"; moved left foot forward; repeated for left crutch and right foot. For going up or down steps: DOWN – crutches on the step first, strong leg down first, then weak leg, repeat; UP – crutches and strong leg on same step, strong leg up first, repeat.</p> <p><u>Walker:</u> Assisted client to stand. Placed walker 6" to 12" in front of client. Client moved feet forward while holding walker in hands. Assist as necessary.</p>	Assisting client to walk, use wheelchair, walker, crutches or cane.
22. HM, PCS, RC, RDC, TC, ADC	Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition.	<p><u>Dusting:</u> Dampened cloth with water or commercial spray; moved cloth across surface to gather dust.</p> <p><u>Floor Care:</u> Vacuumed rugs or carpets; mopped tile or linoleum floors; small rugs were shaken or washed.</p> <p><u>Cleaning Kitchen:</u> Cleaned up after each meal; wiped out refrigerator regularly; wiped down small appliances as necessary; wiped off countertops; kept surfaces uncluttered; proper disposal of garbage.</p> <p><u>Cleaning Bathroom:</u> Wiped out tub/shower after each use to keep mildew free; cleaned sink regularly; scrubbed out toilet bowl with soap or detergent regularly.</p>	Includes dusting, vacuuming (which may include moving furniture), floor care, garbage removal, changing linens, and other similar tasks in the room occupied or used by the client.
23. HM, PCS, RC, RDC, TC, ADC	Know generally accepted procedure of making beds.	<p><u>Closed Bed:</u> Gathered necessary linens; hung sheet evenly over bed; tucked bottom sheet under at head of bed; placed top sheet on bed with large hem even with head of bed; placed blanket and bedspread on bed; hanging evenly on both sides; folded top sheet, blanket and bedspread under at foot of bed; folded top sheet approximately 4" over bedspread and blanket; placed pillowcase on pillow.</p> <p><u>Open Bed:</u> Made closed bed, then folded top of covers to foot of bed; smoothed sides into folds; placed pillow on bed.</p> <p><u>Occupied Bed:</u> Gathered linens and bath towel; covered client with bath towel; removed top covers; moved client to one side of bed; assured client's safety, untucked bottom sheet and draw sheet; folded up against client; placed clean bottom sheet on bed; tucked in as appropriate; moved client over to side with clean sheet; removed dirty sheets; placed dirty sheets in a hamper; pulled bottom sheet to other edge; tucked in as appropriate; changed pillow case; placed clean top sheet over client; removed bath towel; placed clean blanket and bedspread over top sheet, tucked top sheet, blanket and bedspread at foot of bed; assured sheets were not tight across client's toes.</p>	See Endorsements section for mechanical or therapeutic devices.

APPLICABLE TO SERVICE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
24. HM, PCS, RC, RDC, TC, ADC	Know generally accepted practice – in laundry techniques; (include mending).	Able to make necessary minor repairs to client’s clothing or bedding or linens (sew button or hem); separated clothing per label instructions considering color, fabric, soiled, dry clean only; pretreated spots/stains; followed washing machine instructions for detergent and type of load, dried clothing, ironed/folded, returned to proper storage.	Includes washing, drying, folding, putting away ironing, mending, and related tasks.
25. HM, PCS,TC	Knowledge of generally accepted practice of assisting with bill paying, balancing a checkbook and managing a home budget.	Demonstrated ability to add, subtract, accurately record expenses/deposits and balance a checkbook. Know process to pay bills; set up a home budget within the available income of client to include such items as food, utilities, rent, essential supplies.	Monthly budgeting and/or paying bills.
26. NMT (D/V)	Possess an appropriate <u>valid</u> driver’s license for the state of physical residence.	Photocopy of driver’s license that included the license number and expiration date.	
27. NMT (D/V)	Have liability insurance.	Photocopy of insurance records that show coverage and effective date.	
28. NMT (D/V)	No DUI (driving under influence) <u>conviction</u> within the past three (3) years.	Statement obtained by staff from the Drivers License Division – Department of Transportation, 608 East Boulevard, Bismarck, ND 58505, or the Drivers License Division from the State in which the individual is licensed.	
29. NMT (D/V)	No more than two moving violations in past three (3) years.	Statement obtained by staff from the Drivers License Division – Department of Transportation, or the Drivers License Division from the State in which the individual is licensed (See 28 above).	
30. NMT (D/V)	Safe vehicle (road worthy).	Self-declaration statement regarding condition of vehicle to be used for transportation. No unresolved citations for deficient equipment per statement in number 29 above.	
31. CHORE	Know generally accepted snow removal procedures.	Ability to use snow removal equipment.	
32. CHORE	Know generally accepted procedure for installation of ERS System.	Agency enrolled qualified service provider of ERS Service.	
33. CHORE	Know generally accepted procedure for seasonal cleaning or unusual/heavy cleaning.  Know generally accepted procedure for pest extermination.	Ability to follow manufacturer’s instructions for supplies used and equipment needed to complete specific chore tasks.  Professional exterminator/company.	
34. EM	Contractor’s license filed with Secretary of States office, current contractor’s insurance, and good standing with Workforce, Safety, and Insurance.	Provide a copy of license, bids, insurance, bonding, and current standing with Workforce, Safety, and Insurance.	

## SECTION D

### GLOBAL AND CLIENT SPECIFIC ENDORSEMENTS

#### 1- Enrollment Information

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

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

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases-Limited to oxygen
- D. Suppository-non-prescription
- E. Cognitive/Supervision
- F. Taking: Blood Pressure, Pulse, Temperature, Respiration Rate
- G. Ted Stockings (surgical stockings)
- H. Prosthesis/Orthotics/Adaptive Devices
- I. Hoyer Lift/Mechanized Bath Chair

#### Forms required to enroll for Global Endorsements

- See page 25 to determine the endorsements accepted for staff members that have the following current licenses or certifications and exceed the Department of Human Services competency standards: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, Certified Nurse Assistant, Unlicensed Assistive Person.

**Or**

Have on file a DOCUMENTATION OF COMPETENCY Form ([SFN 750](#)) to certify competency in these endorsements for staff members who do not have a license or certification that exceeds the Department of Human Services competency standards.

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

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

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

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

4-Standard A-I Global Endorsements

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
A. MAINTENANCE EXERCISE	Know generally accepted practice of how to perform maintenance exercise regimens.	Exercises are maintenance oriented and client specific. Assisted client to complete exercises which have been taught to client – neck, shoulders, elbows, wrists, fingers, hips, knees, ankles, toes. Follow only exercise regimen recommended for the client; i.e. the performance of the repetitive exercise required to maintain function, improve gait, maintain strength, or endurance; passive exercise maintain motion in paralyzed extremities, not related to a specific loss of function, and assistive walking.	Limited to general observation of exercises which have been taught to the client; including the actual carrying out of maintenance program, the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance, passive exercises to <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands, gathered all necessary supplies (basin of warm water, mild soap, washcloth, plastic bag for waste, disposable gloves); provided for client privacy; held catheter with one hand; do <u>NOT</u> hold up so that urine runs back into the bladder; cleaned meatus and catheter with other hand; wiped from meatus toward anus; patted area dry; applied lotion as necessary; observed for redness, swelling or discharge; disposed of waste; cleaned up; returned supplies to proper storage; washed hands.	Limited to general maintenance care <u>after</u> a well established routine of care has been set forth for the client. NO CATHETERIZATION OF CLIENT ALLOWED.
C. MEDICAL GASES	Know generally accepted practice to administer medical gases.	Client specific monitored only as specifically recommended for client.	Limited to monitoring or routine assistance. Limited to oxygen only.
D. SUPPOSITORY	Know generally accepted practice of how to assist with suppository and maintain bowel program.	Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed.	Non-prescription suppository only.
E. COGNITIVE SUPERVISION	Know generally accepted practice of caring for cognitively impaired person, and persons who require supervision or a structured environment on a continuous basis.	Show evidence of knowledge of cognitive impairments due to Alzheimer's, Parkinson's and Multi-Infarct (dementia) as well as the unique needs of caring for a person that is so impaired. Address issues, such as care staff reaction to repetitive and/or inappropriate behavior, nonverbal communication techniques; observing for difficulty eating, chewing and/or swallowing; techniques used with wandering behavior. Show evidence of knowledge of the role of supervision and observation for a client who needs supervision continuously, except for brief periods of time, for health/safety, cognitive and/or behavioral reasons.	

<b>APPLICABLE TO THE PROCEDURE</b>	<b>STANDARD</b>	<b>REQUIRED DOCUMENTATION or COMPETENCY LEVEL</b>	<b>LIMITED TO TASKS</b>
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 manufacturers 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.	

### Standard J-N Client Specific Endorsements

<b>APPLICABLE TO THE PROCEDURE</b>	<b>STANDARD</b>	<b>REQUIRED DOCUMENTATION or COMPETENCY LEVEL</b>	<b>LIMITED TO TASKS</b>
J. OSTOMY	Know generally accepted practice of techniques for routine regimen of ostomy care.	Washed hands; gathered supplies needed (bedpan, towel(s), bed protector, clean ostomy bag, toilet tissue, warm water, washcloth, soap, cleanser-lubricant, cream, deodorant); assured privacy, covered client with bath towel, opened ostomy belt; replaced if dirty; removed soiled stoma bag; placed in bedpan, wiped area around stoma; washed gently entire stoma area; patted dry; applied lubricant or cream if needed; fitted clean belt and stoma bag on client; applied deodorant if desired; cleaned up; replaced all equipment and supplies to proper storage; washed hands.	General maintenance care which may include emptying, cleaning, and reapplying the appliance <u>after</u> a well established routine of care has been set forth for the client.
K. POSTURAL/ BRONCHIAL DRAINAGE	Know generally accepted practice of how to perform postural/bronchial drainage.	Demonstrates the procedure for postural/bronchial drainage.	Must have received specific training from a therapist who specializes in this procedure.
L. JOBST SOCKS (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)	Know generally accepted procedure for apnea monitoring.	Evidence of having hospital-based training equivalent to what the primary caregiver has received.	

## SECTION E

### 1- AGENCY REQUESTING DESIGNATION AS QSP:

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

- SFN [615](#) MEDICAID PROGRAM PROVIDER AGREEMENT
- W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
- [SFN 749](#) AGENCY REQUEST TO BE A QUALIFIED SERVICE PROVIDER
- [SFN 55](#) STATEMENT OF ACTUAL COSTS
  - Adult Day Care Providers licensed by another authority, do not complete the [SFN 55](#) Statement of Actual Costs.
    - DD Providers must include their DD cost report and supporting information.
    - Nursing Facilities or Basic Care Facilities cost is determined by the cost report submitted to Medical Services if their Adult Day Care Program uses the same facility staff, space, and the Adult Day Care participants are co-mingled with the facility residents.
- Instructions: Required information from agency enrolling as a QSP (page 22)

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

- [SFN 750](#) DOCUMENTATION OF COMPETENCY
- [SFN 830](#) REQUEST FOR CLIENT SPECIFIC ENDORSEMENTS

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

- [SFN 749](#) AGENCY REQUEST TO BE A QUALIFIED SERVICE PROVIDER,
- Changes in Policies and Procedures since initial enrollment or most recent renewal.

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

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

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

**Section (B):** Enter in Column 1 the services the agency seeks to provide as a QSP and in Column 2 state in which county(s) the service(s) would be provided. Services must be provided in an entire county except as noted under Agency Required Documentation, (8) Service Area, in this section.

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

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

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

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

**ADDENDUM**  
**Effective 07-01-07**

**Agency QSP Enrollment and Rate Setting**

Effective July 1, 2007

With the exception of Adult Day Care and Residential Services, Form SFN 55, Statement of Actual Costs-in-Home Services is no longer required (pages 19-21).

Rate Determination:

- Reminder: Agency QSP's may not charge the Department more than they charge "private pay" clients.
- Agency QSP's using a 15-minute unit rate will be assigned \$4.68 per unit.
- You may also choose to charge less than \$4.68 per unit.
- Other services, such as Non-Medical Transportation (Driver with Vehicle, Escort) services, specific Chore services, may have a specific rate that will be assigned by the Department.

Please submit to the Department a dated, signed letter indicating your private pay rate. If your Agency does not have a private pay rate or if your private pay rate is greater than \$4.68 per unit, your agency will be assigned a rate of \$4.68 per unit.

If you choose to charge less than \$4.68 per unit or if you plan to charge your private pay rate, you must notify the Department of the change prior to billing that amount.

## II. Instructions to Complete SFN 55 -Statement of Actual Costs – In-Home Services

### **RATE DETERMINATION FOR IN-HOME SERVICES PROVIDED BY AGENCY ENROLLED AS QSP**

The Statement of Actual Costs is used to determine the rate for agency QSP's. Do NOT include the costs of Non-Medical Transportation or the costs of other activities performed by the same staff that also does in-home cares.

Cost figures for all of the services can be submitted together on one Statement of Actual Costs IF the same employees deliver all the services. A separate Statement of Actual Costs must be completed for each service having staff limited to delivery of a specific service.

The Agency may elect any 12-month time frame for reporting. Figures are to be rounded to the nearest whole dollar and must be actual costs incurred during the time frame reported unless otherwise noted. When estimates are used, an explanation of how the estimate was determined and why it was used must be documented on page two of the [SFN 55](#) or provided as a separate attachment.

**ALLOWABLE COSTS OF CARING FOR CLIENT** are separated into:

- **“Direct Cost of Providing Care”** (column b), are the salaries and benefits paid to/for the staff who provide the care to the client.
- **“Supervision & Other Costs of Providing Care.”** (Column c), are the costs incurred by the staff in conjunction with delivery of the care as well as supervision of that staff in delivery of the service(s) covered by this report. The amount allocated to the supervision of staff should be based on the percent of time involved in supervising.
- **“Administrative Costs to Agency”** (column d), are those costs not reportable in columns b and c but are a cost of delivering the service(s); e.g. telephone, billing, office costs. The amounts in this column should be prorated based on the percent of time involved or the percent of space used by the service(s) operations. Costs in excess of 15% of care delivery (columns b and c) will be excluded in calculating the rate.

## Explanation of Line Items On Statement of Actual Costs

Line 01: Salaries -- All salaries paid to staff performing the service(s) covered by this cost statement. "All salaries" includes those paid for sick leave, annual leave, training time; all time paid by the employer related to delivery of the services covered by this cost statement. Do NOT include the costs/time of the employee doing other work (e.g. receptionist, parent aide, medical model home health aid). Indicate on page two the number of full-time and part-time employees and their hourly salaries for staff engaged in direct care giving as well as for supervisor(s).

If a supervisor provides direct care as well as supervision, the cost of the supervisor's time in direct care should be listed under **Direct Cost of Providing Care** (column b); the cost of time spent in supervisory responsibility is shown under **Supervision & Other Cost of Providing Care** (column c). If the supervisor has other duties, such as performs skilled nursing, the time and related costs of those duties are not included in this report.

Line 02: Social Security  
Line 03: Unemployment Insurance  
Line 04: Worker's Compensation } Based on the percentage of time engaged in service operations, prorated dollar amounts of employer's responsibility.

Line 05: Medical Insurance  
Line 06: Retirement Benefits } Prorated amounts paid to or for the employees doing care covered by this report.

Line 07: Other Benefits -- If agency pays for benefits not reported in other categories above, report the costs here. Prorate amounts paid to or for the employees doing care covered by this report.

Line 08: Travel to/from Client's Home -- Mileage paid to in-home care workers (employees) in travel to/from the client's home to perform care. If applicable salaries are NOT included in this figure; all salaries are reported on Line 01. On page 2 show the total number of miles and rate per mile the employee is reimbursed for mileage. If the Agency provides a vehicle for staff to use, see Line 9; leave Line 08 blank.

Line 09: Vehicle Costs -- On page 2, show the actual costs, including depreciation, for vehicle(s) used by staff going to/from client's home. If the vehicle(s) is not used exclusively for providing service, the actual mileage for travel to/from the client's home must be provided along with total vehicle miles driven during the period for which expenses are being reported.

Line 10: Travel, Other -- Identify on page 2, the purpose of this travel, number of miles and title of staff performing the activity(s). Do NOT include salaries or benefits in this category.

Line 11: Recruitment Staff -- Cost is limited to advertising to recruit staff who provide care in the client's home. Other advertising such as notifying the public of the service(s) available or being approved as a QSP, are NOT allowable costs.

- Line 12: Employee Expenses -- Include in this category the cost of disposable gloves and aprons needed due to contact with body fluids, the cost of shots (e.g. hepatitis) and other expenses incurred by the employer to protect the health of the staff. Itemize on page 2.
- Line 13: Office Supplies -- Stationery, postage, forms, photocopying, duplication supplies, rental equipment, etc. needed in the administration of the service(s). The amount must be prorated based on usage for carrying out services. On page 2, list item/category and dollar amount included in the total entered here.
- Line 14: Telephone -- Local, long-distance and fax telephone costs. Costs for cellular phones can be included IF used by the staff. Prorate the cost based on the amount of time used by the staff and/or the supervisor. *It does NOT include yellow page or like telephone advertising.*
- Line 15: Office Space }  
 Line 16: Utilities } Prorate based on space occupied by and percentage of  
 Line 17: Janitorial } time used by in-home service(s) operation.
- Line 18: Accounting -- Costs of doing payroll and billing for payment of the services covered by the cost report.
- Line 19: Bonding -- Although not required, bonding is encouraged and therefore an allowable cost.
- Line 20: Liability Insurance -- Although not required, liability insurance is encouraged and therefore an allowable cost. On page 2, provide the name of company and level of coverage.
- Line 21: Other Costs -- Use this line to report agency costs attributable to the delivery of service(s) **not** included above. Provide information about the 'other costs' on the Supplement.
- Line 22: Operating Margin -- Leave blank. A three percent (3%) operating margin will be added to actual costs allowed by the Department.
- Line 23: Total hours of service provided by direct care staff -- This is the number of billable (revenue generating) hours. It is the total amount of time employees spent providing the service(s) covered by this cost statement.

### **III. Instructions: Required Information from Agency Enrolling as a QSP**

1. Organizational Structure—Provide an organizational chart with key positions and a historical review of experience as a service provider. Provide date and purpose of incorporation or type of partnership.
2. Staffing—Provide a copy of job descriptions AND personnel policies for direct care/service staff, and management staff (included in indirect cost).
  - Include the procedures for documentation of staff meeting the required standards at the level of competency set forth in SECTION C.
  - Assurance that the employee has the endorsements or credentials to complete any special tasks in SECTION D.
  - An infectious/contagious self-declaration on file.
  - Process used to assure that staff have not been convicted of an offense in the last three years that has a direct bearing on the employees fitness to be a provider.
  - Process used to assure staff providing transportation meet the requirements for Non-medical transportation set forth in SECTION C.
  - An outline of the training provided for staff who provide services for programs designed for clients in special diagnostic categories i.e. TBI Residential, TBI Transitional and Adult Residential.
3. Specifically highlight in the Agency's personnel policies or elsewhere what the Agency's policy is regarding employees:
  - Soliciting or accepting gifts and money from the client; smoking, consuming alcoholic beverages, or conducting personal business in the client's home; whether there is prohibition against the employee consuming the client's food; when an employee may use the client's property, such as car.
  - Supervision of Staff—Describe relationship between supervisor(s) and staff including who (classification or job title) will supervise direct care staff; how the supervision takes place and frequency (e.g. in client's home, at office, by phone).
4. Service Delivery System—Describe the following:
  - Timeliness of service delivery upon receipt of referral (emergency and routine referrals);
  - Procedure for staff absence (vacation or sick leave);
  - Response to requirement for seven (7) day per week service coverage for Personal Care Service and Respite Care Service.
5. Reports and Records—Provide a copy of procedures, including forms, required of staff to account for service time and tasks performed per client. Explain how procedures will assure accuracy of billing.

The Department of Human Services requires that records be maintained per client visit that show the clients name, date of service, beginning and ending time of the service tasks performed during that time, and by whom. Such records must be retained for a period of 42 months from the close of the Federal Fiscal Year (October 1 – September 30) in which the services were delivered.

6. Client Confidentiality—Describe how client information is kept confidential.
7. Client Complaints—Describe how client complaints are or will be handled.
8. Service Area—Provide information on current service area and length of time services have been provided and, if applicable, how new geographical area would be served.

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

9. A Residential Facility must be a licensed Basic Care Facility.
  - Describe how the building is conducive to the care of the target population; include a floor plan of the building.
  - Describe admission and discharge policies.
  - Describe the provision for food, laundry, housekeeping, and transportation service.
  - Provide information regarding the facilities program related to: overall goals to meet the needs of a client, tools used to assess the needs of a client, how plans of care will be prepared and implemented, and the type of program activities that will be available to a client.
10. For TBI Residential Facilities – describe the process used to develop an Individual Program Plan.
11. Transitional Living Care agency provider must have programming available to meet an individual's needs evidenced by a description of the process used to develop an Individual Program Plan.
12. Supported Employment Extended Services providers must meet NDAC 75-04-01, or be CARF accredited. Provider rates will be determined through the Division of Developmental Disabilities.
13. Environmental Modification – provide current up to date verifications of contractor's license, liability insurance, bonding and current standing with Workforce, Safety and Insurance.

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

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

**ATTENTION:** QSP applicants that have the following current licenses or certifications need not complete the Documentation of Competency (SFN 750) and are considered to meet or exceed the Department of Human Services competency standards: Registered Nurse, Licensed Practical Nurse, Registered Physical Therapist, Registered Occupational Therapist, Certified Nurse Assistant, Unlicensed Assistive Person (see page 25) copy of a current applicable license/certificate must be included in your application to verify competency.

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

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

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

APPROVED HEALTH CARE PROVIDERS TO PERFORM AND AUTHORIZE GLOBAL ENDORSEMENTS

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

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

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

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

## SECTION F.

FORMS APPENDIX (these forms are available on eforms)

- [SFN 749](#) AGENCY REQUEST TO BE A QUALIFIED SERVICE PROVIDER
- [SFN 55](#) STATEMENT OF ACTUAL COSTS
- [SFN 750](#) DOCUMENTATION OF COMPETENCY
- [SFN 830](#) REQUEST FOR CLIENT SPECIFIC ENDORSEMENTS