January 2026

QUALIFIED SERVICE PROVIDER (QSP)
Agency Handbook

NORTH Dakota | Health & Human Services
Be Legendary.
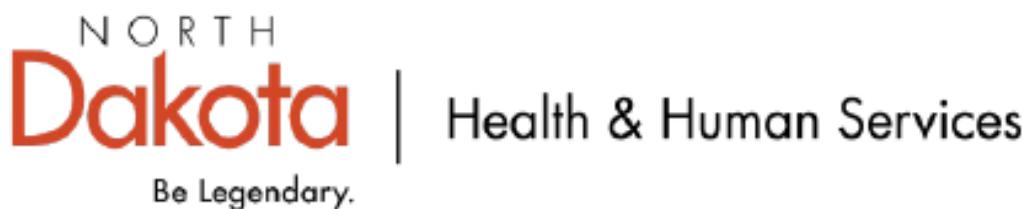
Enrollment Procedures & Standards

QSP Handbooks are available online.

QSPs must have a copy of the most current handbook on file.

This handbook includes the requirements for you to enroll as a provider for services to public pay individuals.

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How to Enroll & QSP Hub

Access the QSP Enrollment Portal: www.hhs.nd.gov/qsp

Need Help with the application process?
For help or questions completing the application, contact QSP HUB.

What is QSP HUB?
The HUB is a central source for support and information for QSPs.

Service provided by the QSP HUB?
Support, educational tools and training opportunities to walk QSPs through all stages of the QSP process.

What can the QSP HUB help me with?
One-n-one support by email, phone or video conferencing to help with:
- Enrollment: Assistance with application process
- Revalidation: Support for maintaining your provider status
- QSP Web Portal: Help navigating and using the portal effectively

Guidance and referrals on where to go for help with:
- Electronic visit verification (EVV) (Therap)
- Documentation best practices
- Billing processes
- Business operations and processes

Other QSP HUB resources:
- Library of easy-to- understand educational material and guides
- Training events/ opportunities for both individual and agency QSPs
- Create a mentoring network for QSPs and QSPs agencies
- Create awareness of HCBS policy changes and updates

How to contact QSP HUB:
- Website   https://www.NDQSPhub.org
- Email   info@NDQSPhub.org
- Call   701-777-3432
- Facebook   https://www.facebook.com/NDQSPHub/

Home & Community Based Services (HCBS) Information

Purpose of HCBS: The primary goal of HCBS is to provide essential and appropriate services enabling individuals to live independently in their homes and communities. These services aim to delay or prevent the need for institutional care by offering a more personalized and community-centered approach to care. Assessments are led by a Case Manager (CM) to determine appropriate HCBS services.

Assessment Process: Individuals interested in HCBS programs undergo assessments conducted by CMs. These assessments evaluate both functional and financial eligibility.

Functional Eligibility: Evaluates the individual's ability to perform various Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Functional assessments determine the level of assistance needed for independent living.

Financial Eligibility: Evaluates the individual's financial situation to determine their eligibility for HCBS programs. Criteria may include income, assets or other financial resources.

Once an individual is found eligible, the following law applies:
  ND Century Code 50-06.2, Effective July 1, 1989:

- Each person eligible for services, or the person's representative, must be free to choose among available qualified service providers (QSP's) that offer competitively priced services, and
- The CM must inform each eligible individual of the available QSPs in their service area to provide the service(s) needed by the eligible aged or disabled individual.

Private Pay Option – If you choose to work with only private pay clients – individuals who directly pay for their own services – QSP enrollment is not required**.**

QSP agencies may be eligible to provide the following services:
  Adult Day Care, Adult Residential Care, Assisted Living Facility – Personal Care, Case Management,
  Chore Service, Community Support, Companionship, Emergency Response System, Environmental Modification, Extended Personal Care (Nurse and Non-Nurse), Home Delivered Meals, Homemaker, Non-Medical Transportation (Driver and Escort), Nurse Education, Personal Care, Residential Habilitation, Respite Care, Specialized Equipment, Supervision, Supported Employment, Transition Coordination and
  Transitional Living.

DEFINITIONS

- <u>Abuse</u>: If someone hurts or exploits a vulnerable adult physically, mentally, sexually, or financially on purpose.

- <u>Activities of Daily Living</u>: Personal tasks, performed daily that involve bathing, dressing, toileting, transferring from bed or chair, continence, eating/feeding and mobility inside the home.

- <u>Adaptive Equipment</u>: Equipment and supplies that help individuals do their daily tasks more easily. See also "Specialized Equipment and Supplies".

- <u>Adult Day Care (ADC)</u>: The program consists of non-residential activities provided three (3) hours per day, one or more days a week, and consists both of health care and social services.

- <u>Adult Residential Care (ARC)</u>: Personal care, therapeutic, social and recreational programming are provided in a facility where at least five (5) unrelated adults live. A 24-hour on-site response staff is available to cover scheduled and unpredictable needs and to provide supervision, safety, and security.

- <u>Agency Foster Homes for Adults (AFHA): A licensed setting where residential habilitation and community support services are provided to up to four Medicaid consumers.</u>

- <u>Agency Provider</u>: An agency that enrolls with Health and Human Services (HHS) as a QSP. Once enrolled, the agency bills HHS for authorized services.

- <u>Aggregator:</u> Integrates and audits claims, letting payers connect adjudication and visit verification data in real time.

- <u>Care Coordination</u>:   Improving access to HCBS services by promoting health equity, health literacy and cultural humility in person-centered planning to waiver eligible individuals in collaboration with Tribal partners, cultural and community-based entities.

- <u>Case Manager (CM)</u>: A case manager manages services for elderly and disabled people and finds resources and services they need to stay in the community. The CM helps the individual to make a plan of care for service based on an assessment.

- <u>Chore</u>: Infrequent Tasks that help an individual stay 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 individual and not the landlord.

- <u>Client</u>: An individual who meets the eligibility requirements and is receiving services from the Department.

- <u>Client Share (also known as Service Fee, Cost Share, or Recipient Liability)</u>: Amount a client/individual must pay for the cost of services. This amount is deducted from the QSPs payment before payment is issued. The QSP must collect payment due from the individual.

- <u>CHR Assessments:</u> assessment completed by an Indian Health Services (IHS) Community Health Representative (CHR) to determine the need for home and community-based services for an eligible tribal member. This service is eligible for the IHS encounter rate.

- Community Support (CS): Training and support for eligible people who need some help on a daily basis. The service helps develop self-help, socialization, and adaptive skills so individuals can live on their own and participate in their communities. This may be provided in community residential settings leased, owned or controlled by the provider agency, in a private residence owned or leased by an individual. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.

- Community Transition (CT): An eligible person can get Transition Coordination help if they're moving from an institution or another provider-operated living arrangement (including skilled nursing facilities, adult residential, foster care, basic care, and assisted living). Clients are responsible for their own living expenses in a private residence and non-recurring set-up expenses are needed.

- Companionship (COMP):
Non-medical care, supervision and socialization for waiver recipients who live alone or with someone who can't or isn't required to provide the services. A companion can help an individual prepare meals, do laundry or go shopping, but they don't actually perform these services. This service does not include hands-on nursing care. Light housekeeping tasks may also be provided while supervising and caring for the individual. Services must follow a therapeutic goal.

- Competency Level: Skills and abilities required to do something well or to a required standard.

- Cost Share: (see Client Share)

- Critical Incidents: Any actual or alleged event or situation that created a significant risk of substantial or serious harm to the physical or mental health, safety, or wellbeing of any client receiving HCBS.

- Department: The Department of Health and Human Services (HHS)

- Documentation: A written record of when the service started and ended, and what service was given.

- Electronic Visit Verification (EVV): A billing and payment system QSPs use to track the start and stop times of services they provide to individuals in their homes. A mobile device application used on a phone, tablet, laptop or fixed object device, verifies services are provided at an authorized location and records the time in and out.

- Endorsement: A task that requires special skill and approval.

  - Global Endorsement: Applies to all individuals requiring this endorsement.

  - Client Specific Endorsement: Requires client specific instruction for each individual client for whom you provide care requiring this endorsement.

- Emergency Response System and Installation (ERS): Installation and monthly monitoring of an electronic device that helps an individual get help in an emergency by activating the "help" button they are wearing. The system is connected to the client's phone and programmed to signal a response center once a "help" button is activated.

- Environmental Modification (EM): Making physical changes to the home to ensure the client's health, welfare, or safety or allowing them to function more independently. The client or a family member must own the home.

- Extended Personal Care Nurse/Non-Nurse (EPCS): The purpose of Extended Personal Care Services (EPCS) is to complete tasks that are medical in nature and specific to the needs of an eligible individual. The Nurse Educator gives approval to the EPCS provider for these tasks.

- Exploitation: The act or process of a provider using the income, assets, or property of a resident for monetary or personal benefit, profit, gain, or gratification.

- Financial Exploitation: Use or receipt of services provided by the vulnerable adult without just compensation, the taking, acceptance, misappropriation, or misuse of property or resources of a vulnerable adult by means of undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft or other unlawful or improper means.

- 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): Provide well-balanced meals to individuals living alone and unable to prepare a meal for themselves or who live with someone who can't or isn't able to prepare a meal for them.

- Homemaker (HM): Non-personal care tasks like housekeeping, laundry and shopping, performed on a recurring basis.

- Individual Program Plan (IPP): An individualized plan describing the tasks or training that will be done for a client receiving Transitional Living or Community Transition services and how the QSP will work toward the client's goals.

- Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.

- Medical Services Division/The Department: A division within HHS with is responsible to enroll QSPs, conduct audits and set rates for services.

- Mental Anguish: Psychological or emotional damage that requires medical treatment or care or is characterized by behavioral change or physical symptoms

- National Provider Identifier Number (NPI): A unique identification for covered health care providers, created to improve the efficiency and effectiveness of electronic transmission of health information.

- Non-Medical Transportation (NMT): Transportation that helps individuals to access essential community services like grocery, pharmacy, banking, post office, laundromat, utility company and social security office, in order to stay in their home.

- Neglect: The failure of a caregiver to provide essential services necessary to maintain the physical and mental health of a vulnerable adult, or the inability or lack of desire of the vulnerable adult to provide essential services necessary to maintain and safeguard the vulnerable adult's own physical and mental health.

- Non-Medical Transportation, Driver with Vehicle (Driver or NMT-D): Transporting individual from their homes to essential services.

- Non-Medical Transportation Escort (Escort or NMT-E): Escorting and assisting an individual through an essential task or activity. When an individual is using public transportation, escort may be authorized if they need help while being transported and while entering and exiting the vehicle. The QSP must also help the individual complete an activity and cannot be reimbursed for escort services while driving.

- ND Health Enterprise MMIS Portal (MMIS): The payment system ND Medicaid uses to process QSP payments for services provided.

  Nurse Education (NE): Training provided by an agency employee with an RN level nursing license to agency employees who are enrolled and competent to provide Extended Personal Care service. The training includes care planning and training of nursing tasks for an individual receiving services. The RN employee must be in good standing with the ND Board of Nursing.

- One- time transition cost: claim payment for non-reoccurring set up expenses of an eligible individual's move to their own private residence.

- Personal Care (PC): Help with bathing, dressing, toileting, incontinence, medication assistance, transferring, mobility in the home, eating, personal hygiene (e.g. fingernail care, skin and mouth care and exercises). This service may include help with environmental activities as authorized by the HCBS Case Manager.

- Physical Injury: Damage to bodily tissue caused by nontherapeutic conduct, which includes fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness or impairment of physical function.

- Provider Number: Number assigned to the enrolled QSP, also called a QSP number.

- Quality Improvement (QI) Program: A program that identifies, addresses and mitigates harm to individuals being served. Agencies must meet five core standards.

- Recipient Liability (RL): (see Client Share)

- Remittance Advice (RA): After you submit a claim, a document is created to explain what was or wasn't paid. The information is available in MMIS and shows information about the claim; days and amount billed and amount paid or denied for a specific payment period. If you are paid less than what you submit or your claim is denied, a reason is included for each. A payment total for the past year is also included.

- Residential Habilitation (RH): Training and support for eligible people who need some help on a daily basis. The service helps develop self-help, socialization, and adaptive skills so individuals

can live on their own and participate in their communities. This may be provided in community residential settings leased, owned or controlled by the provider agency, in a private residence owned or leased by an individual. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.

- Respite Care (RC): Temporary relief to an individual's primary caregiver (QSP) for a specific period of time to relieve the stress and demands of continuous daily care.

- Qualified Service Provider (QSP): An individual or agency that has met all the standards and requirements and has been approved by HHS as a provider.

- Service: Work done by a provider for payment.

- Service Authorization (SA): An authorization created by a Case Manager. The SA authorizes a QSP to provide services and lists the tasks a QSP can provide, the dates the service can be provided within and the maximum amount of service authorized per month.

- Service Fee: (see Client Share)

- Sexual Abuse or Exploitation: Includes those sex offenses defined in sections 12.1-20-02, 12.1-20-03, 12.1-20-04, 12.1-20-05, 12.1-20-06, 12.1-20-07, and 12.1-20-11.

- SFN: State Form Number, located on the upper left side of a form.

- Specialized Equipment Supplies: Anything that helps people to perform daily living activities, increase abilities or to perceive, control, or communicate with their surroundings. For example, special equipment, supplies, safety devices, or assistive technology.

- Specialized Equipment/Assistive Technology Assessment: Directly helps an individual select, acquire or use an assistive technology device. This service is only covered under the HCBS Medicaid waiver.

  Assistive technology includes:
  - Evaluating assistive technology needs of an individual. Includes a functional evaluation of the impact of appropriate assistive technology and services in their usual setting;

  - Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices for individuals;

  - Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

  - Training or technical assistance for the individual, or if appropriate, the family members, guardians, advocates, or authorized representatives of the individual;

  - 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 individuals.

- Standard: A level of quality or excellence that is accepted as the norm for a specific task.

- <u>Substantial Functional Impairment</u>: A substantial inability, determined through observation, diagnosis, evaluation, or assessment to live independently or provide self-care resulting from physical limitations.

- <u>Substantial Mental Impairment</u>: A substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, or the ability to live independently, or provide for self-care, and which is determined by observation, diagnosis, evaluation, or assessment.

- <u>Supervision (SUP)</u>: Depending on the impairment, an individual may need supervision if they need human intervention to protect themselves.

- <u>Supported Employment (SE)</u>: People with disabilities are provided intensive, ongoing support to perform in a work setting with adaptations, supervision and training. The service is provided at a workplace, mainly where people without disabilities work. Supervision and training activities provided in a typical business setting are not included.

- <u>Transition Coordination (TC)</u>: Provides one-time moving costs and/or non-Medicaid services to assist individuals with the actual coordination and implementation of their individualized move back into the community.

- <u>Transitional Living (TL)</u>: Training provided to an individual to help them live more independently in their own home. This includes training, supervision, helping the person with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living and mobility.

- <u>Universal Precautions</u>: Caregivers with direct individual contact are required to follow certain guidelines to prevent the spread of infectious diseases. Caregivers must use 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.

- <u>Vulnerable Adult</u>: An adult who has substantial mental or functional impairment.

- <u>Waiver Personal Care (Unit Rate)</u>: Waiver Personal Care- Unit Rate (WPC): WPC is an all-inclusive service that combines personal care services, intermittent personal care, supervision, homemaker to the eligible individual while moving from task to task or completing tasks simultaneously within the authorized amount of time. Waiver personal care is provided for portions of a calendar day and limited to the amount of time that care is authorized. Only bill for the time it takes to complete the authorized tasks. Waiver personal care (WPC) may be provided outside the participants home when the participant is needing personal cares while outside of their home.. Billing for services outside the local trade area is allowed however, you must discuss any limitations with the HCBS Case Manager and prior approval may be required. Animal care is not a billable task under WPC.

- <u>Waste</u>: Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.

- <u>Willfully</u>: Intentionally, knowingly, or recklessly.

ENROLLMENT STEPS

Use the QSP Enrollment Portal to submit your application. All information must be correct and all required information submitted before enrollment is approved. If you need help, contact the QSP Hub; their contact information is on page 4. Use the next few pages as a checklist of information needed to enroll.

Agency name limitations
- QSP agency names may not include the following terms:

  - "home health agency", "home health care" or "home health services"
    per ND Administrative Code 33-03-10.1-03

  - "group home" per ND Administrative Code 75-04-01-01(14)

  - "nurse" per ND Century Code 43-12.1-02(4)

Create an Account in the QSP enrollment portal
- Access the QSP Enrollment Portal.

- To create a profile in the enrollment portal, the QSP must first have an email account to receive correspondence from the Department.

- The QSP should NOT share an email account with unauthorized people such as family or friends. If the QSP does use a shared account, the QSP must get written permission from any persons receiving care to allow release of confidential information.

Services
It is important to first understand and choose which services your agency will provide.
You may need additional forms for the services you choose. Refer to "Services Requiring Additional Information" starting on page 17 of this handbook for more information.

NPI Number
- An NPI (National Provider Identifier) number is required for Agency QSPs. An NPI is a 10-digit numeric identifier that will not change, even if your name, address, taxonomy (use 253ZOOOOOX when applying), or other identifiers change.

- If you were previously enrolled as an Individual QSP and are now applying as an Agency QSP, you must apply for a new Type 2 (Organizational Providers (Group) NPI. You cannot use your Individual QSP NPI for an Agency enrollment.

- Additional instructions are in the appendix on page 74.

Required Forms & Documents
All forms must be completed online, filled out with a pen or typed.

- [SFN 749 – Documentation of Competency](#) OR copy of current license/certification
  - A separate form for each employee providing services is required. See page 14 for details.

- Organizational chart with key positions (include names of staff)
  - Board of Directors:
    - If your agency is a non-government agency and you have a board of directors:
      When listing owners and managing employees in the [Enrollment Portal](#), make sure to include your board of directors' members. They are considered managing employees; names, date of birth, social security number and addresses are all required.

- Direct deposit is required. To set up a direct deposit account, one of the following:
  - Voided check from your checking account
    - You must write "VOID" across the front of the check
    - "Starter checks" are not allowed
    - You cannot hand-write your name and address on the top left of the voided check, it must be pre-printed by the bank or financial institution
  - Letter from your bank or financial institution.
    - You cannot hand-write any information on the letter; it must be pre-printed by the bank or financial institution. Letters missing information will be returned and delay the processing of your application.
    - Your full name and address
      (Name on account must match the legal business name as reported to the IRS or as reported on your tax return.
    - Signature of bank employee (electronic signature is acceptable)
    - Bank name and address
    - Full bank routing number
    - Full bank account number, include all leading zeros (Checking or Savings)
  - Online Only Banks (Ex – Chime, CashApp)
    - Provide an account verification letter.
    - A bank employee signature is not required.
    - For information on how to obtain this information, visit the instructions on the bank website.
  - If using someone else's bank account, include a letter of permission, signed and dated from the account owner, allowing you to receive payment into their account.
  - You will receive a paper check for your first two billing cycles until the account is verified.

- Copy of government issued ID for the following individuals:
  - Owners, agents, managing employees, board of directors.
  - Upload these documents into the [Enrollment Portal](#).

- Job descriptions of each employee position
  - Upload these documents into the [Enrollment Portal](#).

- Private pay service fee schedule
  - Private fee schedule, if differs than state rates, must be uploaded into the [Enrollment Portal](#).
  - If you choose to follow the same rates as issued by the State, opt into the fee schedule included in the enrollment portal.

- Current verification of Unemployment Insurance coverage
  - Upload document into the [Enrollment Portal](#).
  - https://www.jobsnd.com/unemployment-business-tax/employers-guide
  - https://www.jobsnd.com/unemployment-business-tax/unemployment-business-field-representatives

- Current Verification of [Workforce Safety and Insurance](#) coverage
  - Upload document into the [Enrollment Portal](#).
  - Email: wsiemployerservices@nd.gov   Phone: 800-777-5033

- Verification of Registration with [ND Secretary of State Office](#)
  - Upload document into the [Enrollment Portal](#).
  - Email: sosbir@nd.gov   Phone: 800-352-0867

- Fraud, Waste and Abuse Training
  - Completion Certificate of employee designated to provide all employee training
    - Upload document into the [Enrollment Portal](#).
  - Training roster including completion date of employees providing direct services to public pay clients. Training is available in the enrollment portal or can be found online [here](#).
    - Uploaded document into the QSP enrollment portal.

- Onboarding Orientation Training
  - Completion Certificate of employee designated to provide all employee training
    - Upload document into the [Enrollment Portal](#).
    - Training is available in the enrollment portal or can be found online [here](#).

- Additional forms may be required. See page 17 to see if the service you are enrolling for requires more forms or documents.

Employee Requirements
The following pages list the information you must submit for each employee that provides direct services. To ensure program standards are met, all QSPs agree to screen their employees and contractors per federal regulations.

At time of hire and **before** an employee starts providing services to public pay clients:
- Confirm the identity of the employee or contractor.
- Enter employee name and information into the [Enrollment Portal](#).
  - The Portal will screen each employee to determine if they meet the required standards to allow them to provide services to public pay clients. You will receive notice if the employee is approved to provide services for your agency.
- All employees providing direct services must be entered and screened through the Portal.
  - All employees must review the following fact sheets at the time of hire:
    - [Fire Safety Checklist](#)
    - The "[Invisible" Killer](#) - Carbon Monoxide
    - Guidelines for Universal Precautions (page 81)

- Owners, employees, contractors or individuals with controlling interest in the agency with certain convictions or exclusions may not be eligible to provide services or enroll as an agency.

Ongoing throughout enrollment:
- Once an employee is hired; add each employee and contractor into the Enrollment Portal.
- HHS will continue to screen agency employees and contractors who have been entered into the Enrollment portal to ensure they continue to meet program standards.
- If at any time, an employee or contractor fails to meet the standards outlined, HHS will notify the QSP Agency that the employee/contractor must immediately stop providing services to public pay individuals.
- Once enrolled, you must notify QSP enrollment within **five business days** if the conviction history of an owner or employee changes. Email QSPinfo@nd.gov once you receive notice of a conviction. Failure to notify in the case of an owner or managing employee conviction may result in termination of your QSP enrollment.
- If a later audit finds the employee/contractor continued to provide services after the agency was notified and HHS was billed for ineligible services, funds may be recouped from your agency for noncompliance with program standards.
- As employees (or contractors) leave your agency, you must remove them from the enrollment portal to ensure your agency employee roster remains updated and only lists employees or contractors who are still providing services to public pay clients.

- **Employee Screening**
  - The Enrollment Portal uses the following websites to screen owners, employees, contractors or individuals with controlling interest in the agency. QSPs are not required to perform these searches independently:
    - ND Courts
  - Individuals on the following lists/sites are not eligible to serve public pay clients:
    - National Sex Offender Public Site
    - ND Sex Offender Registry
    - ND Offenders Against Children
    - System for Award Management (SAM) – search records tab
    - HHS Office of Inspector General
    - ND Exclusion List
    - Information regarding Direct Bearing Offenses and provider standards is found in ND Administrative Code 75-03-23-07
    - Employees not providing direct services to public pay clients such as janitorial or administration do not need to be entered into the Portal.

Employee proof of competency
SFN 749 – Documentation of Competency, ND CNA/LPN/RN Certification/Licensure or DD Licensed provider
- Complete the SFN 749 for each employee providing direct services to HCBS individuals
  - If employee has a current ND CNA, RN or LPN, this form is not required, (upload a copy of certificate or license).
  - If enrolling agency is a current DD (Developmentally Disabled) licensed provider with ND Medicaid, this form is not required.

- Provide proof of current enrollment with ND Medicaid. Include a list of employees providing services.
- The form must be completed **before** an employee provides services.
- Each employee form is uploaded into the [Enrollment Portal](#) at initial enrollment and each time a new employee is hired.
- This document <u>must be</u> completed correctly. Forms with missing or incomplete information will not be accepted, and a new form will be required.
  - **Both columns 3 & 4** must be completed in Standards 5 – 26.
- The form is valid for five (5) years. A new form is required before the expiration to ensure all dates the employee provides services are covered.
- Certificates or other forms acknowledging completion of a training or education program focused on in-home care will be considered if the curriculum includes standards 5 – 26 (on SFN 749), and the training program is provided by a licensed health care professional, prior approval by HHS is necessary.
  - The program must have a revalidation process every five (5) years or less.
- Verification of employee signing the documentation of competency:
  - A qualified individual with current licensure must sign the SFN 749 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.
    - A CNA **cannot** complete the SFN 749 for another individual.
  - The licensure of individual signing the SFN 749 must be verified on one of the following sites:
    - [Physician, Physician's Assistant (PA): Board of Medical Examiners](#)
    - Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN) [ND Board of Nursing](#)
    - Occupational Therapist (OT): [Board of Occupational Therapy](#)
    - Physical Therapist (PT): [Board of Physical Therapy](#)
    - Chiropractor: [Board of Chiropractic Examiners](#)
- Employee competency verified by a current, ND <u>CNA</u> certificate:
  - Verify current credentials:
    - [Certified Nurse Assistant Registry](#) – CNA
    - Verify individuals to ensure they have a current certificate and no disciplinary actions.
    - Verify employee is not listed on the [CNA Abuse List](#) and there are no complaints or sanctions against employee
  - Upload a copy of the current certificate into the QSP enrollment portal.
- Employee competency verified by a current ND <u>LPN or RN</u> license:
  - Verify current credentials:
    - [Board of Nursing](#)
    - Verify current license and no disciplinary actions.
  - Upload a copy of the current license into the [Enrollment Portal](#).

<u>High Risk provider guidelines and additional requirements</u>
QSPs are 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 <u>and</u> all of 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, contact the QSP Hub for further requirements prior to enrollment.

<u>Required Policies & Procedures</u>
The policies and procedures listed below must be created by all agencies, <u>including</u>:
Emergency Response System, Home Delivered Meals, Environmental Modification and Specialized Equipment.

Do not submit these policies with your enrollment. You must create each policy listed below before you enroll and keep them on file. When you are due for revalidation, review each policy and update, if needed. Policies must be available for review only if requested by Department staff.

- Compliance Program – see appendix

- Process of reporting suspected Fraud, Waste & Abuse (FWA)
  - Include process for notifying the Department when an agency employee is terminated for suspected fraudulent behavior.

- Additional policies and procedures must be developed as defined in the Quality Improvement (QI) Program - see appendix.
  - Emergency Response System, Home Delivered Meals, Environmental Modification, and Specialized Equipment providers <u>are not required</u> to develop additional policies beyond the Compliance Program and FWA processes.
  -

Services requiring additional information
<u>Adult Day Care (ADC)</u>

- Cognitive Endorsement
  - Staff providing direct services must have cognitive endorsement on the SFN 749 - Documentation of Competency <u>or</u> hold a current ND CNA/RN/LPN certification or licensure.
  - If the facility is currently a licensed specialized Basic Care Facility, approved for Adult Residential Care (ARC), staff already meets these criteria and <u>do not</u> need to submit an SFN 749 or equivalent for staff or add anything additional for this endorsement.

- Two employees minimum is not required for this service if the service is provided to less than 8 (eight) individuals.

- Hospital/Swing Bed, Nursing Facilities or Basic Care Facilities:
  - Provide a description of how the facility utilizes staff and space in relation to both current residents and the ADC participants, and whether the ADC Participants are co-mingled with the facility residents.
  - If the facility is currently a licensed Basic Care Facility, approved for Adult Residential Care (ARC), the facility meets the criteria to enroll for ADC; the facility must:
    - Request an ADC designation letter from ND Health and Human Services, Health Facilities Unit: 701-328-2352.

- Include a description of services provided in the ADC
  - Example: Transportation, recreation program, PC, etc.
  - Provide number of maximum participants
  - Include hours of operation (services shall operate a minimum of three hours per day, up to a maximum of ten hours per day.)
  - Policy and procedures documents for all requirements listed on the SFN 1703

- Non-Medical Transportation, Driver with Vehicle
  - If transportation is included as part of the rate for your ADC program; Agency staff must meet all Driver with Vehicle standards for enrollment.
    - See page 23 of this handbook for additional information.

- Rate is determined by the Department. See current rate sheet for more information.

- Quality Improvement Program
  - Refer to appendix for additional information.

- Site Visit
  - Required before initial approval and again at revalidation to assure compliance with the CMS HCBS Settings final rule (MS 2249-F/2296-F).
    - Contact the QSP Hub at 701-777-3432 or email info@ndqsphub.org to start the process.

  - SFN 1703 – Compliance Checklist
    - This form is completed by the Department; they will submit the form to QSP Enrollment.
    - **Free-Standing ADC Units/Home provider**:
      - Complete and submit a self-administered SFN 1703 – Compliance checklist
      - Include all evidence of required inspections (fire and safety) to the HCBS Program Administrator.

Adult Residential Care (ARC) - Memory Care or Traumatic Brain Injury (TBI)
- Cost Report – SFN 55 – Statement Actual Costs – In Home Service
  - This form is provided in the QSP enrollment portal or available to download.
  - Once completed, upload the document into the Enrollment Portal.
  - For an instructional video on completing this form, visit this link.
  - Completed at initial enrollment only.
  - **Your rate cannot be changed once it is set**, unless approved by legislative action – **even if your costs increase**. It is important to closely evaluate potential costs as a new agency.

- Specialized Basic Care Facility license
  - Upload a copy of your current license into the QSP enrollment portal.
  - Specialized basic care license includes an additional endorsement with one of the following: Alzheimer's, Dementia/Specialized Memory Care beds, Traumatic Brain Injury/Specialized Basic Care. Contact the Health Facilities Licensing Unit by phone (701) 328-2352 or email ndhf@nd.gov to make sure this designation is on your Basic Care license.

- Site Visit
  - Required before initial approval and again at revalidation to assure compliance with the CMS HCBS Settings final rule (MS 2249-F/2296-F).
  - Contact the ARDL Intake Line to connect with a Program Administrator to start this process: 1-855-462-5465.
  - SFN 1703 – Compliance Checklist
    - This form is completed by the Department; they will submit the form to QSP enrollment.

- Agency Policies/Information; submit the following to Adult & Aging Services staff:
  - Describe transportation service policy.
  - TBI Residential Facilities:
    - Describe process used to develop Person Centered or Individualized care plan.
    - Describe restraint policy - must comply with NDCC 50-10.2-02(1).

- Quality Improvement Program
  - Refer to appendix for additional information.

- Service Combinations
  - The following services can be combined with ARS if the QSP has not included the cost for reimbursement of these services in their rate:
    - Non-Medical Transportation – Escort
    - Non-Medical Transportation – Driver
  - The QSP may enroll in other services, as long as those services are provided in a separate unit in the facility.

Assisted Living Facility - Personal Care (PC - AL)
- Assisted Living Facility license
  - Upload a copy of your current license into the Enrollment Portal.

- Quality Improvement Program
  - Refer to appendix for additional information.

Case Management (CM) – HCBS Care Coordination
- Agency must be one of the following:
  - Community-based, non-profit organization in ND providing services by and for people with disabilities, or
  - Entity such as:
    - Centers for Independent Living, Community Health Representatives, Community Health Worker, Older Americans Act, Older Americans Act Title VI service providers, Tribal organizations, or other culturally based organizations.

- Care Coordinators must have a minimum of one staff member with one of the following:
  - An associate degree or higher in Psychology, Social Work, Social Services, Human Services, Behavioral Sciences, or other closely related field including a medical field
    - Upload proof of qualifying degree of staff into the Enrollment Portal.
    AND
  - Minimum one years' experience in the coordination of community services and supports (housing, personal assistance services recruitment or management, independent living skills training, etc.)
    - Upload one of the following into the Enrollment Portal:
      - A letter of professional reference relevant to the HCBS Care Coordinators ability to complete the necessary work
        OR
      - A resume with qualifying experience from the HCBS Care Coordinator.
    - Applicant must also upload a letter into the Enrollment Portal from the HCBS Care Coordinator that the agency has employed, describing experience relevant to their ability to complete the necessary work.
  - Qualifying education and experience will be considered in lieu of degree requirement, such as:
    - Two years of experience in the coordination or provision of community services and supports in a social service setting under qualified supervision or,
    - Four years of personal experience with a disability and documented experience in the coordination of community services and supports in a social service setting.
    - Applicant must upload one of the following into the Enrollment Portal:
      - A letter of professional reference relevant to the HCBS Care Coordinators ability to complete the necessary work,
        OR
      - Resume with qualifying experience from the HCBS Care Coordinator
  - Applicant must also upload a letter from the HCBS Care Coordinator that the agency has employed, describing experience relevant to their ability to complete the necessary work.

- Two employee minimum is not required for this service.

- Department policy training
  - Must complete Person-Centered Planning training provided by State Staff.
  - Initial and annual HCBS Training
  - HCBS Settings Regulation
  - Contact ADRL to connect with a Program Administrator to start the process: 1-855-462-5465.

Chore (CH) – Labor and Snow Removal
- SFN 749/ ND CNA/RN/LPN/DD
  - Employee competency must be verified by either a current SFN 749, ND CNA/LPN or RN. Refer to page 14 of this handbook for the proper procedures to complete the SFN 749 or documentation requirements if providing CNA certification or nursing license.
  - Licensed DD providers are exempt from this requirement.
  - Competency is required **ONLY** in Lines 5, 6 and 26.

- Employee statement
  - Upload a copy of signed statement from each employee providing this service.

Chore (CH) – Professional Pest Extermination
- Employee statement
  - Upload a copy of signed statement from each employee providing this service.

- Exterminator's license
  - Upload a copy of current licensure into the Enrollment Portal.

Community Supports
- Contact ARDL to connect with a Program Administrator to begin training for this service 1-855-462-5465.
  - Ensure staff are adequately trained and qualified as evidenced by:
    - Written job descriptions for employees that include plans for participation in training, include requirements for education, experience, and skills.
    - 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.
    - All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
    - The agency must complete Council on Quality and Leadership (CQL) accreditation prior to enrollment in this service.
    - A Program Coordinator must be named with at least a bachelor's degree in a human service field or RN license and a minimum of one year experience working directly with people with physical disabilities.
    - The QSP must employ or contract with a registered nurse (RN) licensed to practice in ND.

- SFN 749/ ND CNA/RN/LPN/DD
  - Employee competency must be verified by either a current SFN 749, ND CNA/LPN or RN. Refer to page 14 of this handbook for proper procedures to complete the SFN 749 or documentation requirements if providing CNA certification or nursing license.
  - Licensed DD providers are exempt from this requirement.

- Providers who have met the standards for and are currently enrolled to provide Community Supports and Residential Habilitation (under 75-03-23) may also choose to seek licensing as an Agency Foster Home for Adults (AFHA), licensed according to 75-03-21.1.
  - Refer to the AFHA Handbook to enroll in this service if the agency wishes to provide Community Support and/or Residential Habilitation services in this setting.

- Quality Improvement Program
  - Refer to appendix for additional information.

- Additional standards for this service are found in the HCBS policy manual online, Home and Community Based Services/Policies and Procedures/Covered Services/Community Supports.

Companionship Service (COMP)

- Organizations enrolled as a QSP that provide companionship service under the Corporation for National and Community Service Senior Companion Programs:
  - Must meet all 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.
  - SFN 749/ ND CNA/RN/LPN/DD enrolled requirements:
    - Organization employees/volunteers are exempt from this requirement.
    - Employees without the above enrollment must carry the Cognitive/Supervision global endorsement on the SFN 749 or have a current ND CNA/RN/LPN/DD.

- Agency employees identified as relatives of the individual receiving services cannot provide this service.

- Quality Improvement Program
  - Refer to appendix for additional information.

Emergency Response System (ERS)
- ERS providers must now have an NPI to comply with screening requirements. See page 74 for more information.

- Two employee minimum is not required for this service.

- Rate determination is based on the providers usual and customary rate, not to exceed service rate caps. See current rate sheet for more information.

Environmental Modification (EM)
- Specialty license
  - Upload a copy of the current license into the QSP enrollment portal (ex - general contractor, electrician, plumbing).
  - If QSP is not licensed and only intends to accept jobs and/or projects under $4,000, not required.
    - Instead, a letter of professional reference relevant to your ability to complete the necessary work must be uploaded into the Enrollment Portal.
- Liability insurance and bonding
  - Upload a copy of current coverage into the enrollment portal.
  - This is required at initial enrollment and revalidation.

- Two employee minimum is not required for this service.

- If the agency subcontracts this service out, the agency must retain the following information from the subcontractor in their files prior to providing this service:
  - A copy of the subcontractor's specialty license, if applicable, (i.e. general contractor, electrician, plumbing, etc.)
    - Or a letter of professional reference relevant to their ability to complete the necessary work for any unlicensed handyman/contractor/tradesman.
  - ND Secretary of State registration
  - Workforce Safety and Insurance (WSI) Verification of good standing
  - Proof of liability insurance and bonding

- Additional standards for this service are found in the [HCBS policy manual online](#), Home and Community Based Services/Policies and Procedures/Covered Services/Environmental Modification.

Extended Personal Care (EPCS) – Non-Nurse & Nurse

- **IMPORTANT**: This section lists the requirements to enroll for this service. See Page 66 for more information on the additional requirements for service delivery, documentation, approval, provider training, Nursing Plan of Care (NPOC), service locations, task limitations, reportable incidents, services and transfers and virtual service options.

- Employee competency must be verified by either a current SFN 749, ND CNA/LPN or RN.
    - Refer to the Agency handbook for proper procedures to complete the SFN 749 or documentation requirements if providing CNA certification or nursing license.
    - Licensed DD providers are exempt from this requirement.

- Non-Medical Transportation, Driver with Vehicle
    - Transportation is a required part of this service, providing a ride and escort to medical appointments as a part of communications or other impairments for individuals receiving care.
    - Agency staff providing this service must meet all Driver with Vehicle standards for enrollment.
    - See page 24 under the heading "Non-Medical Transportation – Driver" for enrollment requirements for this service.

- Quality Improvement Program
    - Refer to appendix for additional information.

- Rate determination is based on the providers usual and customary rate, not to exceed service rate caps. See current [rate sheet](#) for more information.

Home Delivered Meals (HDM)

- HDM providers must now have an NPI to comply with screening requirements. See page 74 for more information.

- Cost Report – [SFN 55 – Statement Actual Costs – In Home Service](#)
    - This form is available in the [Enrollment Portal](#) or available to download at the above link.
    - Once completed, upload the document into the enrollment portal.
    - For an instructional video on completing this form, visit this [link](#).

- Two employee minimum is not required for this service.

- Provide one the following:
    - If agency is an Older Americans Act (OAA) Nutrition Provider with HHS/Adult & Aging Services:
        - Provide current contract verification

    - If agency is an out of state provider:

- Provide proof of [USDA inspection through mark of inspection](#) or federal regulation for meals containing meat or poultry. Must include the "EST" number in image.
- Proof of current FDA, state or local agency licensure
- Contact [NDHHS Food and Lodging Unit](#) with any questions:
  Phone: 701-328-1291   Email: [foodandlodging@nd.gov](#)

- If agency is a hospital, nursing home, or basic care facility:
  - Facility license, current copy.

- Additional standards for this service are found in the [HCBS policy manual online](#): Home and Community Based Services/Policies and Procedures/Covered Services/Home Delivered Meals

Non-Medical Transportation – Driver (NMT-D)
- SFN 749/ ND CNA/RN/LPN/DD
  - Employee competency must be verified by either a current SFN 749, ND CNA/LPN or RN. Refer to page 14 of this handbook for the proper procedures to complete the SFN 749 or documentation requirements if providing CNA certification or nursing license.
  - Licensed DD providers are exempt from this requirement.
  - Competency is required **ONLY** in Lines 5, 6 and 12 – 15.

- For all employees providing this service, agency must provide:
  - Driver's License
    Copy of a current, valid driver's license, in good standing with State of employee residency. Note: out of state license requirements must follow [ND DOT standards](#). Employees previously living out of state who have been living in ND beyond the requirements listed at the link above, a ND license is required.
    - Proof of valid, current driver's license must be kept in employee personnel file at all times.
    - This is required at initial enrollment and revalidation.

  - Kept in each employee file – Do not submit with enrollment:
    - Employee attestation, signed and dated, stating the following:
      - Employees using 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 the State shall not be liable for any damages which may arise out of or result from the operation of the vehicle.
      - Employee proof of current vehicle insurance policy or if driving an agency vehicle, agency must have adequate coverage. Maintain copy of employee insurance records showing continuous coverage. Policy effective dates to be kept in employee personnel file.
      - Do not submit this information unless requested during an audit.
- If the client needs use of a specially adapted vehicle and the provider plans to use a vehicle they do not own, the provider must obtain written permission from the owner of the vehicle to use the vehicle for the services of Non-Medical Transportation. The provider and owner are responsible to check with the insurance carrier to assure they have coverage for providing transportation to clients.

- Quality Improvement Program (see appendix for more information)

Nurse Education (NE)
- **Only** an RN level nurse can provide this service.
  - Upload a copy of current North Dakota nursing license <u>or multistate licensure privileges under the Nurse Licensure Compact</u> into the <u>Enrollment Portal</u>.
    - This is required at initial enrollment and license expiration.
  - An LPN level nurse can only assist the RN.
    - See <u>NDAC 54-05-01</u>and <u>54-05-02</u> for more information.

- Quality Improvement Program
  - Refer to appendix for additional information.

- Rate is determined by the Department. See current <u>rate sheet</u> for more information.

Residential Habilitation (Res Hab)
- Contact the ARDL Intake Line to connect with a Program Administrator to begin training for this service:
  1-855-462-5465.
  - Ensure staff are adequately trained and qualified as evidenced by:
    - Written job descriptions for employees that include plans for participation in training, include requirements for education, experience and skills.
    - 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.
    - All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
    - The agency must complete Council on Quality and Leadership (CQL) accreditation prior to enrollment in this service.
    - Agency must name a Program Coordinator with at least a bachelor's degree in the human service field or RN license and a minimum of one year experience working directly with people with physical disabilities.
    - Agency must employ or contract with a registered nurse (RN) licensed to practice in ND.

- SFN 749/ ND CNA/RN/LPN/DD
  - Complete this form for each individual staff member providing this service.
    - Refer to page 14 of this handbook for proper procedures completing form.
  - Licensed DD providers are exempt from this requirement.

- Providers who meet the standards for and are currently enrolled to provide Community Supports and Residential Habilitation (75-03-23) may also choose to provide these services in a licensed Agency Foster Home for Adults (AFHA), licensed according to 75-03-21.1.
  - Refer to the AFHA Handbook to license an Agency owned or rented to provide Community Support and/or Residential Habilitation services in this setting.

- Quality Improvement Program
  - Refer to appendix for additional information.

- Additional standards for this service are in the <u>HCBS policy manual online</u>

Respite Care (RC)
- SFN 749/ ND CNA/RN/LPN/DD
  - Complete this form for each individual staff member providing this service.
    - Refer to page 14 of this handbook for proper procedures completing form.
    - Employees are required to carry the Cognitive/Supervision global endorsement.
  - Licensed DD providers are exempt from this requirement.

- Institutional Respite Care:
  Enrollment for this service requires only the following forms in addition to the application processing in the Enrollment Portal:
  - Ownership/Controlling Interest and Conviction Information
    - Include copy of government issued ID for all individuals listed.
  - Workforce Safety and Insurance – current verification of coverage
  - Unemployment Insurance – current verification of coverage
  - Registration with ND Secretary of State Office verification
  - Organizational Chart with key positions (include names of staff)
  - Hospital, nursing home or specialized basic care facility (memory care/TBI):
    - Facility license, current copy.
  - Minimum requirement of overnight stay for client
  - Rate is set by the facility and cannot exceed the current Swing Bed rate.
  - Capacity cannot exceed licensed or approved facility capacity.
  - Quality Improvement Program
    - Refer to appendix for additional information.

- Respite in an Adult Foster Care
  - Background Check
    - A separate criminal background check is required at initial enrollment, before providing services in an Adult Foster Care home: SFN 60688 – Criminal History Record Check Request.
      Contact the ADRL Intake Line to connect with a Program Administrator to request the form:
      1-855-462-5465.

  - SFN 749/ ND CNA/RN/LPN/DD
  - Complete this form for each individual staff member providing this service.
    - Refer to page 14 of this handbook for proper form procedures.
    - Employees are required to carry the Cognitive/Supervision global endorsement.
  - Licensed DD providers are exempt from this requirement.

Specialized Equipment & Supplies (Spec Equip)
- Copy of accreditation by CMS to provide specialized equipment. For DME Accreditation information, reference the linked CMS article.

- Verification of agency's Medicare certification and surety bond (see link above)

- If this is the only service provided by the Agency, the following are not required:

  - Organizational chart
  - Job descriptions
  - Private pay service fee schedule
  - Agency compliance program
  - Plan of staff training

  - Employee competency associated forms and documentation
  - Two employee minimum is not required for this service

Supported Employment (Sup Empl)
- Non-Medical Transportation Driver with Vehicle
  - Employees providing service to clients must meet all Driver with Vehicle standards for enrollment.
  - See page 23 of this handbook for a list of requirements.

- Must meet NDAC 75-04-01 or have accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) OR be an approved DD provider with established rate.

- Private pay rate
  - If you choose to follow the same rates as issued by the State, you can opt into the fee schedule included in the Enrollment Portal.

- Quality Improvement Program
  - Refer to appendix for additional information.

Transition Coordination (Trans Coord)
- 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.

- Two employee minimum is not required for this service.

- Quality Improvement Program
  - Refer to the appendix for additional information.

Transitional Living (Trans Liv)
- Care Plan process
  - 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.

- Staff Experience
  - 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).

- SFN 749/ ND CNA/RN/LPN/DD
  - Complete this form for each individual staff member providing this service.
    - Refer to page 14 of this handbook for proper procedures completing form.
    - Employees are required to carry the Cognitive/Supervision global endorsement.
  - Licensed DD providers are exempt from this requirement.

- Staff Training
  - List the type of education and training you provide to your employees who work with individuals with cognitive impairment or a TBI.

- Quality Improvement Program
  - Refer to appendix for additional information.

Supervision Service Activities, Authorized and Limits

1. Under the Medicaid Waiver program per N.D.A.C. §§ 75-03-23-06(13) Live-in service providers cannot be authorized to provide the service of Supervision.
   1. This applies to all live-in QSP's, not just family members.
2. Supervision does not include taking/transporting recipients out of the home to community/social events etc.
   1. Under Supervision, Community Integration, Social Appropriateness, and Transportation are tasks which cannot be authorized under this chapter. If an individual needs these tasks they must be authorized under Transitional Living, Residential Habilitation, or Community Support Services.
3. Supervision can be authorized with the following services, but payment for supervision cannot be claimed, during the time these services are being provided: Homemaker, Respite Care, Extended Personal Care, Chore, Non-Medical Transportation, Medicaid State Plan Personal Care, Transitional Living, Supported Employment, Adult Day Care, Community Transition Services and Companionship Services. Supervision cannot duplicate the services provided under Transitional Living.
4. To avoid duplication of services, Supervision cannot be combined with: Adult Foster Care, Residential Services, Residential Habilitation, Community Support and Family Personal Care as supervision is already an allowable task under these services.
5. Supervision cannot be combined with an Emergency Response System as this service is not meant to replace the need for human intervention. For unusual or unique circumstances, approval from the HCBS Program Administrator must be obtained.
6. In circumstances where live-in providers are seeking to provide personal care under a unit rate, combined with supervision, the case managers must seek prior-approval for this service combination.
7. For unusual or unique circumstances, contact the HCBS Program Administrator in writing for consideration as a potential reasonable modification based on the totality of the circumstances.

Supervision outside of the individual's home

Payment cannot be made for time performing authorized supervision tasks outside of the individual's home/grounds.

CHART A- ALLOWABLE TASK, ACTIVITES AND STANDARDS

SERVICES: **ADC - Adult Day Care**   **CH – Chore Services**   **EM - Environmental Modification**

                    EPCS – Extended Personal Care   **HM – Homemaker**   **NMT-E – Non-Medical Transportation Escort**

                    NMT-D/V – Driver with Vehicle   **PC – Personal Care**   **RC – Respite Care**

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
1. All Providers	Have the basic ability to read, write and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	n/a
2. All Providers	(A) Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider. (B) Have not been abusive or neglectful of someone. (C) Have not stolen from someone.	Statement attesting to his/her status regarding conviction of a felony or misdemeanor. The Agency owners, managing employees and employees providing direct services will pass all screening requirements. Statement attesting to his/her status regarding having stolen from someone.	n/a
3. All Providers	If have infectious or contagious disease, understand universal precautions to prevent spread of illness. Be physically capable of performing the service.	Assurance checked stating having the physical capability to perform the service.	n/a
4. All Providers	Uphold confidentiality.	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Agree to NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance marked agreeing to maintain confidentiality	n/a

5. ADC, CH (except snow removal) EPCS, HM, NMT-E, PC, RC, CSS, RH	**Proper handwashing methods** Know generally accepted practice of infection control guidelines/proper hand hygiene.	Follow these steps when wash your hands every time: • 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. If soap and water are not available: • Use and 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.	n/a
APPLICABLE TO SERVICES	**STANDARD**	**REQUIRED DOCUMENTATION of COMPETENCY LEVEL**	**LIMITED TO TASKS**
6. ADC, CH (excluding snow removal), EPCS, HM, NMT-E, PC, RC, CSS, RH	**Handling of bodily fluids** Keep generally accepted practice of universal precautions and the use of personal protective equipment (PPE) when handling and disposing of body fluids.	Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, gowns and proper disposal of both body fluids and items used. 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.	n/a n/a

		- 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. 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. Masks - Recommended as a best practice for all QSPs when the risk level is high in the community for COVID-19 as a standard precaution.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
7. ADC, HM, PC, RC, CSS, RH	**Basic meal planning and preparation** Have knowledge of basic meal planning and preparation.	Planning: Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods. Shopping/Purchasing: 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. Preparing the Meal: Washed hands and applied gloves; 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 washed hands.	Does **NOT** include canning of produce or baking of such items as cookies, cakes & bread.
APPLICABLE TO SERVICES	**STANDARD**	**REQUIRED DOCUMENTATION of COMPETENCY LEVEL**	**LIMITED TO TASKS**
8. ADC, HM, PC, RC, CSS, RH	**Routine housework** Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition.	Washed hands and applied gloves. Dusting: Dampened cloth with water or commercial spray; moved cloth across surface to gather dust. Floor Care: Vacuumed rugs or carpets; mopped tile or linoleum floors; small rugs were shaken or washed. Cleaning Bathroom: Wiped out tub/shower after each use to keep mildew free; cleaned sink regularly; scrubbed out toilet bowl with soap or detergent regularly. Cleaning Kitchen: Cleaned up after each meal; wiped out refrigerator regularly; wiped down small appliances	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. n/a

		as necessary; wiped off countertops; kept surfaces uncluttered; proper disposal of garbage. Removed gloves and washed hands.	
9. ADC, HM, PC, RC, RH, CSS	**<u>Wrinkle free bed</u>** Know generally accepted procedure of making beds.	Washed hands and applied gloves. <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. <u>Open Bed:</u> Made closed bed, then folded top of covers to foot of bed; smoothed sides into folds; placed pillow on bed. <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. Removed gloves and washed hands.	See Endorsements section for mechanical or therapeutic devices.

10. ADC, HM, PCS, RC RH, CSS	**<u>Laundry techniques</u>** Know generally accepted practice – in laundry techniques; (include mending).	Washed hands and applied gloves. 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. Removed gloves and washed hands.	Includes washing, drying, folding, putting away ironing, mending, and related tasks.
APPLICABLE TO SERVICES	**STANDARD**	**REQUIRED DOCUMENTATION of COMPETENCY LEVEL**	**LIMITED TO TASKS**
11. HM, PC, RC RH, CSS	**<u>Managing a budget</u>** 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.
12. ADC, EPCS, NMT-E, PC, RC RH, CSS	**<u>Toileting</u>** Know generally accepted practice in assisting with toileting.	Washed hands and applied gloves. <u>Bedpan:</u> Assembled supplies and equipment (e.g. toilet paper; bedpan, commode), ensured privacy. Put on gloves, assists client to properly cleanse elimination area, always wipe from front to back. Puts supplies and equipment in proper storage. Removes gloves and washes hands. Assists client with washing hands. <u>Commode or Toilet Stool:</u> Gathers supplies and equipment commode, toilet tissue. If not going into bathroom, ensure privacy, assists client with transferring onto commode or toilet stool, supply toilet tissue, leave	For assisting with suppository. Endorsement D.

		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.	
13. ADC, EPCS, NMT-E, PC, RC RH, CSS	**Caring for incontinence** Know generally accepted practice of caring for incontinent client	Washed hands and applied gloves. 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 washed hands after all cares.	For assisting with suppository. Endorsement D.
14. ADC, EPCS, NMT-E, PC, RC RH, CSS	**Transferring** Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.	Washed hands and applied gloves. Transfer Belt: 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. To Standard Sit: 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. Bed to Wheelchair: 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. Removed gloves and washed hands.	n/a

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
15. ADC, EPCS, NMT-E, PC, RC, RH, CSS	**Ambulation** Know generally accepted practice of assisting client with ambulation.	Washed hands and applied gloves. Cane: 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. Crutches: 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. Walker: 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. Removed gloves and washed hands.	Assisting client to walk, use wheelchair, walker, crutches or cane.
16. ADC, PC, RC RH, CSS	**Bathing techniques** Know generally accepted practice in bathing techniques: bed, tub, and shower.	Washed hands and applied gloves. 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	n/a

		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 washed hands. Cleanse bath or shower.	
17. ADC, PC, RC RH, CSS	**Hair care techniques** Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	Washed hands and applied gloves. Bed shampoo: 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. Sink shampoo: 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. Shaving: 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. Removed gloves and washed hands.	n/a

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
18. ADC, PC, RC RH, CSS	**Oral hygiene techniques** Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.	Washed hands and applied gloves; 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 washed hands.	n/a
19. ADC, PC, RC, RH, CSS	**Dress/undress client** Know generally accepted practice in how to dress/undress client.	Washed hands and applied gloves. 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. Removed gloves and washed hands.	n/a
20. ADC, PC, RC, RH, CSS	**Feed or assist with eating** Know generally accepted practice of how to feed or assist client with eating.	Washed hands and applied gloves; 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 washed hands.	Does NOT include tube feeding.
21. ADC, PC, RC, RH, CSS	**Routine eye care** (eye drops/ointment) Know generally accepted practice for routine eye care.	Washed hands and applied gloves. 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. Removed gloves and washed 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.

22. ADC, PC, RC, RH, CSS	**Care of fingernails** Know generally accepted practice in proper care of nails.	Nail Care: Washed hands and applied gloves. 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 washed hands.	Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.
23. ADC, PC, RC, RH, CSS	**Assist with self-administration of medication for able individuals** Know generally accepted practice for assisting client with self-administration of medications.	Washed hands and applied gloves, 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. Removed gloves and washed hands.	Assisting client in self-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.
24. ADC, PC, RC, RH, CSS	**Skin Care** (lotions, ointments, etc) Know generally accepted practice of caring for skin.	Washed hands and applied gloves, 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 washed hands.	Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems. Do not rub reddened areas. Report notice of

			reddened skin areas or open areas to HCBS Case Manager.
APPLICABLE TO SERVICES	**STANDARD**	**REQUIRED DOCUMENTATION of COMPETENCY LEVEL**	**LIMITED TO TASKS**
25. ADC, PC, RC, RH, CSS	**Turning and positioning** Know generally accepted procedure for turning and positioning client in bed.	Maintained body alignment, kept spine straight and supported head. For Sitting Up: Placed pillows as needed for comfort if hospital bed – raised backrest to desired position. In Positioning on Back: 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. In Turning Client Toward You/Away From You: 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).	n/a
26. All Providers	**Universal Precautions** Know the guidelines and practice universal/standard precautions.	Guidelines for universal/standard precautions: 1. Wash hands: • Before, during and after preparing food or 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.	n/a

		- After using the toilet and after changing incontinent care products. - After blowing your nose, coughing, or sneezing. - After touching an animal, animal feed, animal waste, 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. 2. Use of Personal Protective Equipment (PPE): - QSPs are responsible for providing their own supplies, including PPE. - 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 usage: Recommended as a best practice for all QSPs when the risk level is high in the community for COVID-19 as a standard precaution. **U**se during care activities where close contact with client is unavoidable. Clean hands with soap and water or hand sanitizer before touching mask. Mask can be worn throughout tasks and does not need to be changed between them if it is not soiled. 3. 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. 4. Clean equipment used for the individual before and after each use.	
APPLICABLE TO SERVICES	**STANDARD**	**REQUIRED DOCUMENTATION of COMPETENCY LEVEL**	**LIMITED TO TASKS**
27. EPCS, NMT-D/V, RH, CSS	Have a <u>valid</u> driver's license for the state of physical residence.	Employees providing service must provide a photocopy of driver's license including the license number and expiration date. Out of state license requirements must follow the ND DOT standards.	n/a
28. EPCS, NMT-D/V, RH, CSS	Assurance included in QSP enrollment portal.	Agency must agree to assurances found during application process.	n/a
29. EPCS, NMT-D/V, RH, CSS	Maintain current vehicle registration and proper insurance coverage for vehicles used to transport clients at all times.	Agree to verify with insurance carrier that insurance coverage is current and appropriate for the services provided and maintain adequate vehicle registration. Proof of registration and insurance coverage is not required upon enrollment but must be submitted if requested by the Department.	n/a
30. CHORE (CH) (Labor, Snow removal & Pest Control)	Knowledge of generally accepted procedure for seasonal cleaning or unusual/heavy cleaning. Knowledge of generally accepted snow removal	Agency must agree to assurances found during application process for all applicable types of Chore service selected for enrollment.	n/a

	procedures and use of snow removal equipment. Know generally accepted procedure for pest extermination.	Professional exterminator/company, proof of business type and/or licensure required.	
31. Environmental Modification (EM)	Contractor's license filed with Secretary of State's 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.	n/a

GLOBAL ENDORSEMENTS Information

- Global Endorsements are listed as letters A – I on the SFN 749 – Documentation of Competency
- QSPs are not required to be found competent in global endorsements to enroll for all services
- For the services listed below, a QSP must be found competent in the "Cognitive/Supervision" Endorsement "E" before they may be enrolled for the following services:
    - Companionship
    - Respite Care
    - Supervision
- Some clients may need specialized care, requiring their QSP to be found competent in global endorsement before they can be authorized a service or rate.
    - Specific to each client that may need assistance with additional services.

Global Endorsements:
    A. Maintenance Exercise
    B. Catheter: routine care indwelling
    C. Medical Gases - limited to oxygen
    D. Suppository - non-prescription suppository only
    E. Cognitive/Supervision
- **REQUIRED** for:
    - Companionship Services
    - Respite Care
    - Supervision

    F. Taking blood pressure, pulse, temperature, respiration rate
    G. Compression garment or devices
    H. Prosthesis/Orthotics/Adaptive devices
    I. Hoyer Lift/Mechanized bath chair

Requirements for Global Endorsements:
- An agency QSP may choose to meet the standards for any or all of the endorsements but will not be approved unless competency is shown for a minimum of two employees in all standards 5 - 26 on the
SFN 749 (or approved replacement).
- If the individual (or employee) does not have any of the licenses or certifications listed below, an SFN 749 – Documentation of Competency must be completed by a licensed healthcare provider, showing competency in the global endorsement section, to be approved for any and/or all global endorsements.
    - Individuals/employees with one of the following current ND licenses or certificates automatically meet the standards for all Global Endorsements:
        - Certified Nurse Assistant
        - Licensed Practical Nurse
        - Registered Nurse
        - Registered Physical Therapist
        - Registered Occupational Therapist

CHART B- Global Endorsements a Health Care Provider Can Perform and/or Authorize
As Performed by:

ENDORSE	PHYSICIAN		RN		LPN		CNA		OT		PT		CHIROPRACTOR		DD STAFF	
	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	Can perform	Can authorize
Maintenance Exercise	X	X	X	X	X	X	X	n/a	X	X	X	X	X	X	X	n/a
Catheter Care	X	X	X	X	X	X	X	n/a	X	n/a	X	n/a	n/a	n/a	X	n/a
Medical Gases	X	X	X	X	X	X	X	n/a	X	n/a	X	n/a	n/a	n/a	X	n/a
Suppository	X	X	X	X	X	X	X	n/a	X	n/a	X	n/a	n/a	n/a	X	n/a
Cognitive	X	X	X	X	X	X	X	n/a	X	X	X	X	X	X	X	n/a
Taking BP/TPR	X	X	X	X	X	X	X	n/a	X	X	X	X	X	X	X	n/a
Compression Garment or Device	X	X	X	X	X	X	X	n/a	X	X	X	X	X	X	X	n/a
Prosthesis/ Orthotics	X	X	X	X	X	X	X	n/a	X	X	X	X	X	X	X	n/a
Hoyer Lift/ Mechanized Bath Chair	X	X	X	X	X	X	X	n/a	X	X	X	X	X	X	X	n/a

CHART C – GLOBAL ENDORSEMENTS

Endorsement	Standard	Required Documentation or Competency Level	Limited to Tasks
A. MAINTENANCE EXERCISE	Know generally accepted practice of how to perform maintenance exercise regimens	Exercises are maintenance oriented and client specific. Assisted client to complete exercises **which have been taught to client** – neck, shoulders, elbows, wrists, fingers, hips, knees, ankles, toes. Follow only exercise regimen recommended for the client; i.e. the performance of the repetitive exercise required to maintain function, improve gait, maintain strength, endurance or communication; 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, endurance or communication, passive exercises to maintain range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands and applied gloves, 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 washed hands.	Limited to general maintenance care after a well-established routine of care has been set forth for the client. NO CATHETERIZATION OF CLIENT ALLOWED.

C. MEDICAL GASES	Know generally accepted practice to administer medical gases.	Client specific monitored only as specifically recommended for client.	Limited to monitoring or routine assistance. Limited to oxygen only.
D. SUPPOSITORY	Know generally accepted practice of how to assist with suppository and maintain bowel program.	Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed. Prior to assisting client with suppository, hands are washed and gloves are applied. After task is complete, removed gloves and washed hands.	Non-prescription suppository only.
E. COGNITIVE SUPERVISION **(REQUIRED FOR RESPITE CARE SUPERVISION & 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 of knowledge of cognitive impairments 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, 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.	n/a
F. TEMPERATURE/ BLOOD PRESSURE/ PULSE/ RESPIRATION RATE	Know generally accepted practice for taking temperature, blood pressure, pulse, and respiration rate.	Able to identify average normal adult rates. 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. (Determined in care planning)
G. COMPRESSION GARMENT OR DEVICE	Know generally accepted procedure of applying compression garment or device.	Gathered appropriate supplies: Applied compression garment or device according to manufacturer's instructions.	n/a
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.	n/a

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.	n/a

CHART D – Client Specific Endorsements

The following Client Specific Endorsements (J-N) require verification of the provider's ability to provide the service for a **specific** client who requires the endorsement.

Note: Submit the completed SFN 830 – Request for Client Specific Endorsement **only** if the client's Case Manager has authorized service for that endorsement.

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

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; 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.	General maintenance care which may include emptying, cleaning, and reapplying the appliance after 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. COMPRESSION GARMENT OR DEVICE	Know generally accepted procedure of applying compression garment or device.	Gathered appropriate supplies; applied compression garment or device 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.	n/a

AFTER QSP APPROVAL

As an enrolled QSP agency, you are <u>not</u> an employee of Health and Human Services (HHS). Once you are approved, you will receive an approval letter with your QSP number in the Enrollment Portal. Important instructions and resources are available in the portal to help you understand your responsibilities as a QSP:

- Important QSP Info Packet
- Billing instruction links
- Documentation example links
- Training resources
- Links to important websites

- Employees cannot provide services if the individual (client) is not home. Services can only be provided to individuals in their home when they are present.

- Social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums are not withheld or paid on your behalf from the payments you receive as a QSP. Withholding and paying taxes on QSP payments is your responsibility as a QSP agency. See the IRS website for more information on the tax responsibilities of independent contractors.

<u>Individual (client) choice</u>
- Your QSP agency name and enrolled services may be added to a public list of available QSPs.
- This list is used by to help individuals needing services choose their QSP.
- A QSP may choose to remain off of the public list.
- If you are on the public list, an Adult & Aging Services Provider Navigator may contact you by email to see if you are available to help eligible individuals in need of the services you provide.

<u>Service Authorizations or Pre-Auths</u>
- If your agency is chosen as a QSP, the Case Manager (CM) will generate a Service Authorization (SA), often referred to as a Pre-Auth.
  - An SA lists the authorized service(s) and task(s) your agency is approved and expected to provide for a specific individual.
  - Service authorizations are generated in Therap, except for Basic Care services.
    - For Basic Care services not authorized in Therap, contact your CM.
    - NOTE: Therap account access is not available until you have an individual (or client) assigned to you in Therap.
    - You will be sent Therap access information once you are enrolled.
  - **<u>Service authorizations must be reviewed and acknowledged in Therap</u>**.
  - Directions for this process are online.
  - Review your Authorization for the following information:
    - The tasks you are authorized and expected to provide.
    - Effective date of authorized services.
      - ➢ Do not start services before this date.
    - The maximum number of units you can provide and bill.
      - ➢ A unit may be 15 minutes, one day or one month, depending on the type of service you provide.

- A current SA is required for each individual before providing services and to be eligible for payment.
  - Do not provide services until you receive these electronic documents from the CM in Therap.
  - If you provide services before you receive/acknowledge this form, you may not be paid.
- You must notify the CM if you are approved for a service you are not enrolled to provide.
  - Submit a request through the [Enrollment Portal](#) to add services.
  - If you provide a service your agency is not enrolled in, payment cannot be guaranteed and you may be required to repay any payments made in error.

Electronic Visit Verification (EVV)
- Many services require QSPs to use EVV. Staff must check in and out when providing care.
- Page 63 offers more on this subject and how to bill using EVV.
- Therap is the state contracted EVV system. If you choose to use Therap as your EVV system, you will not be able to login to their system until you have an individual you will be providing care to, assigned to you in the Therap system.
- If choosing a third party EVV vendor, you are responsible to work with the State's data aggregator provider Sandata Technologies, to submit EVV data that is required for claims payment in MMIS.
- Only one EVV may be used at any given time. Multiple EVVs cannot be used simultaneously, even if the QSP wants to track different EVV services data within each system.

Documentation Requirements and Options
- Agency QSPs must keep service records for seven (7) years from the date services were delivered; **these records are required in addition to your EVV requirements** (if applicable).
- Available options to record and store documentation:
  - **Individual Support Plan** (ISP) Data
    - QSP scores task(s) for each visit and may provide comments to document the service.
    - Therap system saves documentation for QSPs for the required seven (7) year period.
    - QSP does not need to keep additional documentation if using this method.
    - For more information on ISP Data:
      - [Mobile ISP Data Course](#)
      - [Acknowledge ISP Data](#)
      - [Submit ISP Data](#)
      - [Learning How to Document ISP Data Directly in Therap](#)

  - **Form documentation** using available examples:
    - A downloadable PDF example and blank forms are available for QSPs to view and use to document services. Must be stored by QSP for required seven (7) year period, even if **your status as a QSP closes, you stop providing care to the individual, or the individual you are caring for passes away**.
    - Records cannot be copied or cloned with times, dates or months changed.
    - Example documentation available on the [QSP website](#)

- Records must include:
    - Name and ID # of the client
    - Name and ID # of the provider
    - <u>Full</u> 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 SA).
    - Tasks performed (use task name as listed on the SA)

<u>Failure to keep service records may subject you to legal and monetary penalties</u> (N.D.C.C. §50-24.8-11 and N.D.C.C. § 50-24.8-11.1).
- Upon reasonable request, the Department, the Medicaid Fraud Control Unit, the US DHHS or their agencies, shall be given immediate access to and permitted to review and copy all records relied on by the QSP in support of services billed to Medicaid or the State general fund programs.
- *"A person that submits a claim for or receives a payment for a good or service under the state's Medicaid program, at the time the good or service is provided, shall create and retain records as required by rule of the department and chapter 50 - 24.8.*
- *A person that submits a claim for or receives payment for a good or service under the state's Medicaid program which willfully fails to create records at the time the service or good is provided, fails to maintain or retain the records for the length of time stated in the most current provider agreement applicable to that provider, fails to provide records when requested to do so by the department or attorney general, or destroys the records in a manner inconsistent with the most current provider agreement applicable to that provider, is guilty of a* **class A misdemeanor if the value of the payments, benefits, kickbacks, bribes, rebates, remuneration, services, or claims related to the failure to create, retain, or provide records or related to the destruction of records does not exceed ten thousand dollars and a class C felony if the value is greater than ten thousand dollars."*

Timely Claims Filing Requirements
- QSPs must follow ND Medicaid Timely Claims Filing Policy when submitting claims for reimbursement. ND Medicaid must receive an original claim within 180 days from the date of service.
- NOTE: The delay of filing claims or filing many months of claims at one time negatively affects members. When large amounts of claims are filed at the same time, members who are responsible for paying Client Liability or Cost Share receive one larger bill, instead of many bills spread over several months, making it harder for them to pay. See more regarding this policy [online](#).

Email Address Updates
- Make sure to keep your email address up to date in the [Enrollment Portal](#) within **14 days** of a change.
- All communication about your enrollment is sent by email, it is your responsibility to make sure the email address we have on file for you is current and you check your email regularly for new information.

Address Changes
- Update your address in the [Enrollment Portal](#) within 14 days of any changes.
- If you cannot be reached after two attempts, your status may be closed.

Ownership/Managing Employee/Controlling Interest and Name Changes
- Notify of changes to agency ownership, managing employee or controlling interest within 30 days in the [Enrollment Portal](#).
- Failure to report changes may result in the termination of your QSP enrollment.

Client Liability / Cost Share
- Some individuals (clients) are responsible for a portion of their service costs.
- This amount is deducted from the QSPs payment before payment is issued. The QSP is responsible to collect payment due from the individual.
- The HCBS CM is not responsible to collect the client liability/cost share from eligible individuals or assist the QSP in collecting this amount.

Rate Information
- **General Rate Information**
  - QSP's cannot charge the Department <u>more</u> than they charge private pay individuals. If you plan to charge a private pay rate, you must indicate this when you enroll in the Enrollment Portal. If you decide to change to a private pay rate, email QSP Enrollment at QSPinfo@nd.gov to notify of the change and the amount before you bill the new amount.
  - You may choose to have your QSP rate set at less than the standard rate.
  - Current rate information is available on our [website](#).

- **Rural Differential Rate**
  - The purpose of the Rural Differential (RD) rate is to create greater access to services for individuals living in rural areas of ND by offering a higher rate to QSPs who travel to provide services. QSPs that travel at least 21 miles round trip to provide care to authorized individuals in rural areas will be reimbursed at a higher rate for those cares.

  - QSPs are not paid for the time they drive to or from the clients' home. The RD rate may only be used for the time spent actually providing Services. QSPs may only charge the increased rate on the days of travel.

  - Example: If the QSP drives to the client's community and stays over a weekend or multiple days, then returns to their own home, the QSP can only charge the increased rate on the days they actually traveled. The standard billing rate applies to all other days.

  - Only some services are authorized RD. An RD rate is approved on a case-by-case basis, depending on the location of the individual. You may be authorized an RD rate for one individual and not another. Ask your Case Manager (CM) for more details.

  - If you are approved an RD rate, the following applies:
    - RD billing rates are closely verified every month.
    - You can only charge the RD rate on the days you actually travel.
    - You must prove your current physical address.

- If your address changes, you must tell the CM and update your address in the Enrollment Portal within 14 days of any address change. If you do not, your authorized services may be temporarily stopped and/or you may have to repay money for services provided. Your QSP enrollment status may also be closed or terminated.
- If an error is found in billing or you are unable to provide proof of your physical address when requested, **any payments made during this time may have to be paid back**.
- There are increased documentation requirements if approved for an RD rate.

Overtime Payments
- **Agency QSPs are <u>not</u> eligible** for overtime payments; HHS is only required to pay Individual QSPs overtime per the Fair Labor Standards Act (FLSA).
- For more information on QSP overtime, see the section under "QSP Overtime Frequently Asked Questions (FAQs).

Audits, State Exclusion & OIG Referrals
Health and Human Services (HHS) is required to complete reviews of QSPs to ensure individuals are receiving the services they need and 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.

HHS is required to recover all funds paid for services not delivered according to policies and procedures per ND Administrative Code 75-03-23-10. Examples for recovery reasons (not a complete list):

- Failure to keep appropriate records
- If you did not provide the service
- Inappropriate billing
- Billing over the authorized amount or billing the wrong code
- Photocopied records, indicating service 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

- **Adjustments**
  - If the Department finds payments were inappropriately made, the Department will request a refund or process adjustments to take back these funds.
  - Some examples include (this list is not all-inclusive):
    - Audit findings
    - Inappropriate services
    - Services not provided
    - Provider self-disclosure of inappropriate payments received
    - Inappropriate billing, billing over authorization or wrong procedure code

- Inappropriate documentation / records

Denials, Terminations and/or Exclusions
If you are denied enrollment or terminated as a QSP and/or placed on the State Exclusion list for any of the findings listed above (the list is not all-inclusive), you will be sent a written denial/termination reason with a citation. You may also be referred to the OIG (Office of Inspector General) for possible exclusion in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

If excluded, **you are not eligible to provide services to individuals whose care is reimbursed by federal health care programs such as Medicaid or ND state funds. This does not impact your eligibility to receive Medicaid or Medicare benefits.**

Once the OIG receives this referral, they make an independent decision based on their own criteria if the individual will be excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act. If excluded by OIG, this means that you could not work for any organization that receives Medicare or Medicaid funds.

After exclusion, if an individual wishes to again participate as a provider in Medicare, Medicaid and all Federal health care programs, they must apply for reinstatement and receive an authorized notice from OIG that reinstatement has been granted.

Denial or terminations may be appealed within 10 days of receiving the notice from the Department. **Send all requests to appeal a denial or termination decision to**:
> Health and Human Services, Appeals Supervisor
> State Capital – Judicial Wing
> 600 E Boulevard Ave, Bismarck, ND 58505

Formal Reviews
A Formal Review may be requested if you disagree with any action regarding provider reimbursement. Per ND Admin Code 75-03-23-12, to request a formal review:
- A provider may not request a formal review of the rate paid for disputed items.
- Submit a formal written request in writing, within 30 days of notification of the adjustment or request for refund.
- The notification may be contained in the remittance advice or may be included in a document sent to you by the Department.
- Within 30 days of requesting a review, provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review.
- The Department has 75 days from the date we received the notice of a request for review to make a decision.
- Send requests for formal reviews to:
  > Health and Human Services – Appeals Supervisor
  > State Capital – Judicial Wing
  > 600Boulevard Ave, Bismarck, ND 58505

Criminal Conviction Changes

Once you are enrolled as a QSP, all owners, managing employees, employees and contractors providing direct services to individuals will be continually monitored by HHS for changes to their conviction history.

Any new conviction, offense and rehabilitation will be reviewed to determine if the owner, managing employee, employee or contractor continues to meet standards for enrollment or may continue providing services.

If at any time, an owner, managing employee, employee or contractor fails to meet the standards outlined, HHS will notify the QSP Agency that the employee/contractor must immediately stop providing services to public pay individuals. Owners found guilty of some offenses may result in the closure of the Agency. Once enrolled, you must notify QSP enrollment **within five business days** if your conviction history changes. Email QSPinfo@nd.gov once you receive notice of a conviction. Failure to do so may result in termination of your QSP enrollment.

If a later audit finds the employee/contractor continued to provide services after the agency was notified and HHS was billed for ineligible services, funds may be recouped from your agency for noncompliance with program standards ND Administrative Code 75-03-23-07.

> *…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, unless sufficient evidence is provided of rehabilitation.*

CHART E- Person Centered Planning

<div align="center">

APPLICABLE TO ALL PROVIDERS
STANDARD: Person-Centered Practices

</div>

COMPETENCY	COMPETENCY DESCRIPTION	LIMITED TO TASKS
A. Strengths-Based, Culturally Informed, Whole Person-Focused - Person-centered planning recognizes that people grow, change, and can realize personally valued goals. Person-centered planning focuses on the universally valued goal of living a good life as defined by the person. All activities focus on the person as a whole (not just their diagnosis or disability) and are informed by the person's unique culture and identity.	**Person-Centered Thinking and Values**:- QSP establish rapport and trust with the person and family while supporting them to identify their vision for services and supports. **Strengths-Based Assessment:** QSP employ a strengths-based approach to assess needs and identify and facilitate access to supports that promote the person's ability to thrive now and into the future. **Cultural Humility and Responsiveness**- QSP engage with team members using an approach of respect and non-judgement of cultural differences, while practicing self-reflection.	**Skills and Abilities** • Demonstrates empathy, being non-judgmental and upholding a person's right to choice • Gives different levels of support to a person ensuring the person has a voice in their support • Uses a variety of strategies to support a person's decision-making process and respects those decisions • Documents notes and assessment that reflect and acknowledge a person's goals and values. • Fosters connections with the person while maintaining professional boundaries. • Demonstrates creativity and problem-solving strategies that prioritize the person's goals • Demonstrate respect and avoid judgment and bias • Learns about a person's culture and religious beliefs, and documents these preferences so that supports and services can be tailored appropriately (without repeated conversations and inquiries) • Tailors communication to the preferences of the person/family, including understanding various ways individuals may ask for help • Reflect on personal and cultural bias that can impact your work to promotes sensitivity

B. Cultivating Connections Inside the System and Out	Understanding System from Person's Perspective:	Skills and Abilities
Peron-centered practices facilitate linkages with both paid (professional) and unpaid (natural) supports. This requires understanding of the person's relevant health or disability issues as well as knowledge of the array of systems the person may access. All activities seek to maximize connections to natural community activities and relationships in inclusive settings wherever possible and when consistent with the preferences of the person.	**Understanding System from Person's Perspective:** QSP are empathetic and sensitive to past experiences in their approach to supporting the person and family to access services and supports, while honoring the self-determination and direction of the person. **Integrated and Natural Supports:** QSP honor and respect the person's choices and preferences as they support them to identify and access integrated supports and services that support overall well-being and quality of life.	• Promotes the rights and responsibilities of persons who are accessing/receiving supports and services • Supports the person to identify, build and/or strengthen, and maintain connections with natural supports, including family members, community activities and relationships, as outlined in the service authorization.
C. Rights, Choice, and Control Relationships and practices are based on respect and the assumption that people are presumed competent and have the right to control decisions that impact their lives. Practitioners QSP support people in empowering themselves and discovering their voice in all aspects of plan co-creation and implementation. Practitioners QSP are aware of and able to educate people (when necessary and desired) about the range of legal protections that promote both fundamental safety (i.e., the right to be free from abuse and neglect) and community inclusion	**Supporting Engagement and Advocacy:** QSP ensure the person is the center of the team as an active partner and empower the person to drive the process through education about their rights and responsibilities. **Informed Choice and Decision-Making:** QSP provide access to informed decision-making supports that balance health, welfare, and safety with the person's autonomy, self-direction, and their values and lifestyle preferences. **Dignity of Risk:** QSP honor the person's right to experience their own success and failures while not unduly restricting choices due to potentially negative results.	**Skills and Abilities** • Educates the person on what to expect throughout the process, their options and supports for leading/facilitating the process, and how their right to informed choice and decision-making regarding all aspects of the process • Supportively engages and empowers the person • Supports the person to lead their services, ensuring the person remains the center, even if they are not willing/able to discuss their needs and/or wants • Educates the team/supporters in their role in supporting the autonomy of the person, including: • honoring/respecting the person's choices • Equip/empower the person to make choices and decisions and advocate for themselves • Balances a person's autonomy with the responsibility to inform and to ensure health, safety, and well-being

(i.e., the right to be free from discrimination and the right to exercise freedoms).		• Follow safety plans to mitigate risk, including involving appropriate supports or interventions when imminent harm to self or others is present • Identify triggers, address concerns, and discuss coping mechanisms • Respectfully and openly discuss concerns • Documents identified risks and related safety plans
D. Partnership, Teamwork, Communication, and Facilitation Interactions and meetings are facilitated in a respectful, professional manner and in accordance with person-centered principles and the preferences of each person. Ensures the primary focus remains on the priorities and perspective of the person. Supports the person in expanding their team or circle as desired. Encourages all members to make meaningful contributions and facilitates the process in a way that is transparent and accessible to all parties involved.	**Engaging and Facilitating:** QSP facilitate inclusive team meetings that are a safe environment for the person to express their needs, wants, and concerns. **Team Dynamics, Partnerships, and Collaboration:** QSP are cognizant of relationship dynamics as they develop and maintain collaborative, professional relationships with the person and other team members. **Conflict Resolution:** QSP identify and mediate potential conflicts in order to support the person's voice and lead to positive outcomes for the person.	**Skills and Abilities** • Promotes and practices clear and assertive communication to ensure appropriate understanding of a person's wants or needs • Maintains professional boundaries while maintaining client connections • Ensures the person is priority in all communication and collaboration • Understands the roles, responsibilities, limitations, etc. of professionals/potential partners in other programs (and demonstrate empathy for each other) • Develops working relationships with professionals/potential partners in other programs • Maintains courteous, positive, patient interactions in tense and/or emotional situations • Creates and promotes a safe setting for healthy discussion that recognizes and respects the perspective of the involved parties including the person, family, supporters, provider/facility (including utilizing active listening skills, etc.) • Confidently sets personal boundaries and use assertive communication, while also respecting and valuing the person's experience and autonomy • Keeps good records • Reaches out for assistance in resolving conflict when needed/appropriate

E. Documentation, Implementation, and Monitoring The person-centered plan is co-created and captured in writing in a manner that adheres to established expectations around person-centered plan documentation. The plan is valued as a "living document" that is revised as needed based on the person's preferences and evolving situation. There is responsible follow-up and monitoring of the plan's implementation.	Exploring, Identifying, and Writing Goals: QSP develop flexible and responsive person-centered plans with goals that will support the person's defined measure of success and overall quality of life.	Skills and Abilities • Gets to know a person and understands their vision, preferences and available supports • Supports the person (and others they identify/request) to explore what is most important to them both now and in the future

Citation: LaMarche, M. and Wilson, J. (2023) Person-Centered Competencies Toolkit: Strategies for Implementation. Kansas City, MO: University of Missouri-Kansas City, Institute for Human Development, LifeCourse Nexus Training and Technical Assistance Center and Human Services Research Institute.

Questions regarding this toolkit and its development should be directed to Meghan LaMarche, MSW, MPH at the University of Missouri – Kansas City, Institute for Human Development at lamarchem@umkc.edu.

Fraud Waste and Abuse

The mission of HHS is to provide quality, efficient, and effective human services, which improve the lives of people.   HCBS and Medicaid provide healthcare coverage to qualifying low-income, disabled individuals, children, and families. 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:
- Providers receive the best possible rates for the services they provide to Medicaid recipients.
- Recipients are assured their out-of-pocket costs are as low as possible.
- Tax dollars are properly spent.
- Recipients receive necessary healthcare services (including HCBS).

What is Fraud?
Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to them or some other person.

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.

What is my role in helping prevent Medicaid fraud and abuse?
REPORT any instance of suspected fraud or abuse.

Report Medicaid Fraud and Other Fraud

Anyone suspecting Medicaid fraud, waste, or abuse is encouraged to report it.
Examples of Fraud can include:
- Billing for services not performed
- Billing duplicate times for one service
- Billing outside the allowable limits
- Billing without an authorization to provide the service

To report suspected Medicaid Fraud, call 1-800-755-2604 and ask to speak with an attendant, or email: medicaidfraud@nd.gov. To report other program fraud, call the Fraud Hotline: 1-800-472-2622 or email dhseo@nd.gov.

Qualified Service Provider (QSP) Complaints

A Qualified Service Provider (QSP) complaint is information about an issue involving a QSP that affects an individual's quality of care, health/welfare/safety, inappropriate billing, potential fraud/waste/abuse or failure to meet or maintain enrollment standards.

- Absenteeism
- Abuse/neglect/exploitation
- Breach of confidentiality
- Criminal History/Activity
- Disrespectfulness
- Inappropriate Billing
- Care Unacceptable to the Department
- Property Damage
- Self-Neglect
- Providing care under the influence of drugs/alcohol
- Medication errors that result in adverse effects
- Not submitting a critical incident report

How to Submit a complaint

A complaint can be made by any person with information who suspects wrongdoing by an individual QSP, agency QSP or agency employee.

A complaint can be made by:

Email: carechoice@nd.gov

Phone: ADRL 1-855-GO2LINK (1-855-462-5465)

Mail: Adult and Aging Services QSP Complaint

1237 W Divide Ave; Suite 6; Bismarck ND 58501

What to do if you are notified of a QSP complaint against you…

All QSP complaints are reviewed and processed by Adult and Aging Services. If we receive a complaint about you or your agency, you will be notified by phone or receive a letter by email.

Complaint letters are emailed to the email address on file with QSP Enrollment. (Check your email regularly for correspondence from HHS.)

Follow the instructions in the letter and return phone calls promptly.

Promptly provide any additional information and documentation requested by the Complaint Administrator.

Electronic Visit Verification (EVV)

QSPs use Electronic Visit Verification (EVV) to track the start and stop times of services they provide to individuals in their homes. To verify the service was provided at an authorized location and to record their time, the following devices can be used:

- Phone, Tablet, Laptop or Fixed object device (FOD) issued to QSP by HHS

Agencies and their employees must have access to one of the devices listed above to use EVV. This is necessary to check in and out when providing services, receiving service authorizations (SA's) and submitting claims electronically.

EVV Requirements

EVV is used for billing and payment of services. The system became effective January 1, 2021, and usage is required by law based on the federal requirement of the 21st Century Cures Act. All QSP agencies are required to participate in an EVV system if they enroll in at least one of the services subject to EVV. All EVV claims must include EVV data if EVV is required for the service provided.

EVV Systems Must Verify:

- **Individual receiving** the service
- **Date** of service
- **Type** of service performed
- **Location** of service delivery
- **Individual providing** the service
- **Time** the service begins and ends

> **Services Subject to EVV**:
> Chore
> Companionship
> Extended Personal Care
> Homemaker
> Non-Medical Transportation – Escort
> Non-Medical Transportation – Driver
> Nurse Education
> Personal Care
> Respite Care
> Supervision
> Transitional Living
> **Services NOT Subject to EVV**
> Adult Day Care
> Adult Residential Care
> Assisted Living Facility – PC
> Case Management
> Community Support
> Emergency Response System
> Environmental Modification
> Home Delivered Meals
> Residential Habilitation
> Respite Care – Institutional
> Specialized Equipment

Supported Employment

EVV Resource Information
For more information about EVV, visit:
- HHS – Electronic Visit Verification (EVV) System

- HHS – Electronic Visit Verification System FAQs (New)

- Introduction to EVV for ND Aging Services

- HHS- Electronic Visit Verification (EVV) Policy

Therap Resource Information
NOTE: Therap account access is not available until you have an individual (or client) assigned to you in Therap. Until you have someone assigned to your agency, review the training videos.

- Therap training, videos and billing user guides are available on the Therap Billing and EVV Guide

- For help with Therap, submit an online support request or email Therap at ndsupport@therapservices.net.

Therap Password Reset
- For security reasons, Therap is unable to provide users with their login information.
- For help with your account:
    - Option 1: Have another Provider Administrator (with the Super Admin and Reset Password Administrative Role) reset your account password.
    - Option 2: If you are the only Provider Administrator of your agency, or if other Provider Administrators are unavailable, fill out and submit the form provided at this link.

Using Therap to collect EVV Data
Agency QSPs must use Therap to acknowledge service authorizations (SA's) and complete Critical Incident Reports (CIRs) using the General Event Report (GER) module within Therap (see page 77). The Department also contracts with Therap to provide the EVV system, which includes a billing submission system and is available to QSP agencies free of charge. If using Therap for EVV data collection, **you must also bill** EVV services within Therap**.**

Using an alternate EVV Vendor
Agency QSPs must use Therap to acknowledge service authorizations (SA's) and complete Critical Incident Reports (CIRs) using the General Event Report (GER) module within Therap (see page 77). You may choose a different EVV system but are responsible for setup and fees associated with usage. Multiple EVVs cannot be used at the same time, even if the QSP wants to track different EVV services data within each system.

If you encounter problems with EVV data, **you are responsible** to work with your EVV system to correct any issues; HHS is not able or responsible to provide technical assistance on an alternate EVV system. In addition, when using an alternate EVV system, **you cannot bill for EVV services within Therap**. You may select a different billing system or submit a professional claim electronically

through the Medicaid Management Information System (MMIS). Paper claims are no longer accepted.

If you choose an alternate system for EVV and billing, you must indicate your chosen system in the QSP [Enrollment Portal](#). If an alternate system is not chosen, you will be enrolled with Therap for EVV and billing.

- If using an alternate third-party system for billing, an electronic form is completed automatically within your application in the [Enrollment Portal](#). Make sure to sign when prompted.

Changing EVV Vendors
If you are already enrolled as a QSP Agency and have an established an EVV Vendor, you may change to a different vendor. If the proposed change involves the Therap system, before changes are made with your current EVV vendor, a required minimum **three-week notice** must be provided to the Department by emailing dhshcbs@nd.gov to start the process.

Following the three-week notice, the transition date is typically set for the first day of the next month. Once this date is established with your new EVV vendor, you will login to your account in the [Enrollment Portal](#) to initiate an administrative change request to update your EVV system of record.

Aggregator System

What is an aggregator?
An aggregator system is used with the EVV system to audit claims, support claims integration and help payers connect adjudication and visit verification data in real time. The aggregator system works with EVV data from both Therap and third-party vendors.

If the Agency chooses a third-party billing and/or EVV system other than Therap, the company providing the system must contact Sandata, the state's selected aggregator system, before enrollment to ensure the systems are compatible.

- [ND Specific Requirements](#) for Sandata Aggregator Interface

- [Sandata Aggregator Interface](#) – North Dakota (therapservices.net)

- [Sandata support](#)

Therap process once enrolled
- After you receive a notice that you are approved as a new QSP, the QSP Enrollment team will send you an email notifying you that a Therap account has been created for you. **Please allow 5-7 business days to receive this information.**
  - If you have not received this email after 5 – 7 business days, email QSPresetpw@nd.gov for assistance.

- Once your account is created, you may request training from Therap; however, **you cannot log in to your account until you have a specific client/individual assigned to your case**.

- **After** you have a client/individual assigned to you, a CM will [quick refer](#) at least one individual to your newly created Therap account. **This must be done before you can move to the next step.**

- Once you receive a quick referral, complete the [onboarding form](#) to start training with Therap.

- Therap will create a Super Admin role in your Therap account to verify a client/individual is assigned to your Agency.

- Therap will meet with you to train you on current modules used by ND Therap.

Extended Personal Care – Non-Nurse & Nurse

Purpose
The purpose of Extended Personal Care Services (EPCS) is to complete tasks that are medical in nature and specific to the needs of an eligible individual.

Service Delivery
Extended Personal Care Services (EPCS) and Nurse Education (NE) are provided in accordance with the Nursing Plan of Care (NPOC), developed collaboratively by the individual and the RN Nurse Educator, to meet the identified medical needs of the individual.

Preauthorization
- **HCBS Case Manager (CM)** submits a written request to the EPCS Nurse Administrator (NA) to request preapproval for NE units to complete the initial NPOC.
- Once preauthorization is received from the EPCS NA, the CM will notify the EPCS NE to proceed with completing the NPOC.

Documentation and Approval Process
- **RN Nurse Educator (NE) Responsibilities**: Complete and send the following forms to the CM:
  - [**Nursing Plan of Care (SFN 807)**](#)
    Completed by the RN **initially** and **every six months** during the provision of services.
  - **Comprehensive Assessment**
    A face-to-face assessment must be conducted by the RN with the individual to evaluate their current needs and update the plan accordingly.
- [**Billing Service Codes**](#)
  Appropriate billing codes must be used for each component of service delivery:
  - **S5108**: For the Nursing Plan of Care (NPOC) development and Nurse Educator training.
  - **S5115-TD**: For the nurse completing medical tasks outlined in the NPOC.
  - **S5115**: For non-nurse QSP providers completing medical tasks outlined in the NPOC.

Extended Personal Care Services (EPCS) Provider Training
- The following form must be completed and reviewed by **all trained staff**:
  - [SFN 576 – EPCS Provider Training Procedure Agreement](#)
  - Trained non-nurse QSPs must sign their own signature on the SFN 576.
  - NE must sign their own signature on the SFN 576.

- Documentation of the medical procedures the non-nurse QSP was trained on must be submitted with the form.
- **Training of unlicensed EPCS providers** must be completed initially, with **annual refreshers** thereafter, to ensure continued competence and appropriate care
- NE determines if the unlicensed EPCS provider was competent to perform the medical task **at the time the training** was completed with the NE.
- NE training a non-nurse QSPs must take place with the individual present

Minimum Requirements
- **NPOC** must be completed **initially** and then **every six months** thereafter.
- **Training of unlicensed EPCS providers** must be completed initially, with **annual refreshers** thereafter, to ensure continued competence and appropriate care

Updating NPOC
- If there are any changes in the individual's medical orders before the scheduled six-month assessment, the RN NE must update the NPOC and send it to the CM for approval from the EPCS Nurse Administrator.

Allowable Service Locations
- The individual's home, work, or other community service settings

Contingency Plans and Back-Up Care
- The contingency plan must include contact information for emergency back-up care and a clear process for notifying the individual or their representative in case of provider unavailability.
- The CM and RN NE must review and update this plan at least every six months or when changes in care needs occur.

Non-Medical Task Limitations
- **Exclusion of Non-Medical Tasks**: EPCS is specifically intended for tasks of a medical nature. Activities of daily living (ADLs) such as bathing, dressing, and housekeeping are **not included** in this service.

Reportable Incidents
- Incident Reporting Process: Any incident that results in injury, medical harm, medication errors or other serious concerns related to the provision of EPCS must be reported in accordance with the **Critical Incident Reporting 525-05-42 Policy**.

Approval of EPCS Services and Transfers
- **Non-Transferability of EPCS Approvals**: If an individual wishes to switch to a new Qualified Service Provider (QSP), the CM must ensure that all necessary documentation and approvals are in place before services continue. The new QSP must meet all training and competency requirements and the NPOC must be updated and re-approved.

Approval of NPOC
- The NPOC will **not be approved** until all required forms are **accurately completed and signed** by the RN NE.

<u>**Virtual Supports Option Utilization**</u>
- The use of virtual supports is determined on a case-by-case basis, ensuring that tasks which require direct hands-on care or pose significant health risks are excluded. **Virtual supports may be utilized <u>only</u> after the RN NE has evaluated the individual's needs and provided approval in the NPOC.**

Provider Navigator – Frequently Asked Questions (FAQ)

Q: What is a Home & Community-Based Services (HCBS) Provider Navigator (PN)?

A: A PN helps HCBS case managers (CM) and Community Service Coordinators (CSCs) find an Individual or Agency Qualified Service Provider (QSP) to provide services to recipients that choose to remain in their own home and community.

Q: How do the PN assist the case manager (CM) and/or CSC?

A: The CM and/or CSC sends a referral(s) to the PN if the recipient needing in-home services wants help finding a QSP. If the recipient already knows who they want for a QSP, the CM and/or CSC will not send a referral to the PN. This limits the number of referrals the PN receives and unnecessary emails to QSPs.

Q: What happens when the PN receives a referral from the CM or CSC?

A: The PN:
- Will review the referral received from the CM and/or CSC for completeness, what services the recipient has been approved for, and if the recipient wants an Agency or Individual QSP.
- Then will send an email to only the Agency or Individual QSPs that have signed up to provide those services and are located in the community where the recipient lives. If there are no QSPs in the community where the recipient lives, the PN will email QSPs enrolled to provide services in the county and are willing to drive.

Q: What happens when the QSP Individual and/or Agency accepts a referral from the HCBS PN?

A: When a QSP accepts a referral, the PN sends an acknowledgment form that must be filled out by the QSP before officially acquiring the referral. The acknowledgment form is letting the PN, CM and/or CSC know that you have staff located in that community where the recipient resides and/or have staff willing to drive to provide the needed services.

Q: Why are some QSPs receiving more referrals from the PN than others?

A: The PN has a spreadsheet with all the QSPs listing the counties each QSP chose when they enrolled, the services they are enrolled for and their contact information. The location of where the recipient is located determines the number of QSPs that receive an email from the PN.

- **Example:** If the recipient is located in Bowman, ND, there are a limited number of QSPs that provide services. The PN sends an email to all QSPs who selected that service area. If none

of the QSPs respond within 24 hours, the PN sends an email to other QSPs willing to travel from another town (located in Dickinson and willing to drive to Bowman).

- **Example:** If the recipient is located in Fargo, ND, where there are many QSPS, the PN sends an email to a limited number of QSPs meeting the criteria of the referral, such as:
    - How many units are approved by the CM.
    - What QSPs provide all or the majority of services the recipient needs.
    - Which QSPs have already received a referral.

QSPs have 24 hours to respond back to the PN. If no responses are received in 24 hours, the PN sends an email to additional QSPs. If multiple QSPs respond with a "yes" in the 24 hours that they accept the referral and have not received one from the PN, the PN sends all the "yes" responses to the CM/CSC. The CM/CSC then contacts the recipient that will be receiving in-home services to discuss all the QSPs to provide all the options. This allows the recipient to choose who they accept as their QSP.

Q: How does the PN make sure referrals are spread fairly when there are many Agency QSPs in an area?

A: The PN track all counties; counties with a lot of Agency QSPs have additional tracking measures to make sure no Agency QSPs are favored over another one. We check for things like:
- Which QSP was sent an email from the PN.
- Which QSP responded back stating "no" they were unable to accept the referral.
- Which QSP has already received a referral.
- Which QSP responded back stating "yes" they could accept the referral but did not get the referral if it went to another agency.

The PN puts Agency QSPs on a rotation to receive emails; varying the number of Agency QSPs enrolled in a specific community. Example: Fargo as of August 1, 2024, had 80 Agency QSPs, so there will be a rotation of 10 Agency QSPs at a time.

Q: What hours do the PN work?

A: Hours of operation are **Monday – Friday**; **8:00am – 5:00pm**. The PN are full-time State employees and are not available when State offices are closed during the recognized State approved 10 holidays.

Q: How do I reach a PN?

A: The PN can be reach via email at qspnavigator@nd.gov.

Q: Why can't I open my email that came from the HCBS PN?

A: All emails sent by the PN are secure as they contain protected health information (PHI). As a QSP, it is your responsibility to make sure you have the technology capable to open the email. Here are the instructions to open a secure email:
1. Click on "Read the message"
2. Click on "Sign in with a one-time password"

3. A one-time password with be sent to the same email the "Securemail" message was sent.
4. Enter passcode in "One-time passcode.
5. Click on continue
6. Message should appear, if not, you may need to try a different browser.

Q: Why did another QSP receive an email with a referral from the PN and I did not?

A: If you didn't receive an email from the PN with a possible referral, it may be because:
- The recipient is looking for a certain provider.
- The recipient does not care for their current provider.
- You as a QSP do not offer the services that the recipient needs.

Emails that are only sent specific QSPs by the PN cannot be shared with other QSPs. All emails are confidential and by sharing them, you as the QSP are violating HIPPA rules.

Q: I am a QSP Agency, why don't we get referrals for a recipient that needs a lot of services so I can keep my employees busy and at one location?

A: It is the responsibility of the QSP Agency to manage their employees' schedules to keep them busy. There is no guarantee of what the recipient needs for in-homes services which means there are not a lot of referrals that have large number of units attached.

Q: Do you as a QSP provide services in all the counties in North Dakota?

A: If a QSP only provides services in a certain county, it is important that you only select the county you actually plan to provide services in when you enroll. Selecting counties where you do not plan to provide services, could put you at risk for:
- Receiving a lot of emails from the PN that are not relevant.
- Overlooking important emails because you receive so many referrals.

If the QSP only selects the counties where they actually plan to provide services, they may see an increase in emails with possible referrals because the PN may have a better understanding of exactly where you have staff and are willing to provide services.

Q: How do I change what counties I provide services in?

A: If you would like to add or remove counties from your service area, log in to your QSP Portal account to update your preferred counties.

Q: Is a QSP guaranteed a referral from the PN?

A: No. The PN cannot guarantee a QSP will receive referrals from the State. The recipient chooses who they would like as a provider. It is important that you as a QSP also promote your services to private pay recipients as part of your business model.

Q: What is Recipient Liability (RL)/Client Share?

A: Amount a client must pay for the cost of services. This amount is deducted from the QSPs payment before payment is issued. The QSP must collect payment due from the individual. For more information, refer to ND Medicaid's FAQ [page](#).

Q: What are Service Payments for the Elderly and Disable (SPED) fees?

    A: This is the amount a recipient is required to pay toward the cost of their services.

Q: Who is responsible for collecting the RL, SPED fee, or any other fees?

    A: It is the responsibility of the QSP to collect the RL, SPED fee or any other fees from the recipient. The State will not collect the RL, SPED fee or any other fees from the recipient on your behalf in order to receive the in-home services.

Q: How does the QSP know if the recipient has an RL or other fees?

    A: The QSP is notified right away in the email sent by the PN if the recipient has an RL or other fees. The RL and other fees are written in the service authorization provided to the QSP by the CM.

QSP Navigators Referrals

Important information for QSPs accepting referrals from the QSP navigators

The Acknowledgement Form (SFN 1702) **MUST** be completed in its entirety within 24 hours of receiving it from the QSP navigators. Acknowledgement forms that are incomplete or missing information will not be accepted. Failure to submit a fully completed form within this timeframe will result in the selection of the next available provider.

REVALADATION

Enrollment Revalidation
- Enrollment Revalidation is required a minimum of **every five (5) years** to maintain enrollment.

- An email notice of revalidation and instructions are sent to QSPs 90 days before your QSP expiration date. You must log into the [Enrollment Portal](#) to submit all required information and complete your revalidation before your expiration date.

- Start this process **30 – 60 days before** your expiration date to allow enough time for processing. **Payments will be suspended** if a complete revalidation is not received by your expiration date.

- The [Enrollment Portal](#) will lead you through all information required for revalidation and any documents or forms that must be submitted for the services you are providing. The current version of all forms must be used. If you do not complete your QSP revalidation, your **QSP status may be closed.**

- If you have not billed the Department for QSP services in a 12-month period or are not providing services to a public paying client, your **QSP status may be closed.**

- **It is your responsibility as a QSP to ensure you stay up to date with all notices and respond timely. Notices are <u>only</u> sent via email, a notice will <u>not</u> be sent via US mail.**

<u>Employee Competency Revalidations</u>
- Agency QSPs are required to ensure their employee competencies remain updated. Employees must establish competency for the services they provide to HCBS clients in one of the following ways:
  - SFN 749 – Documentation of Competency – Agency Qualified Service Provider – Employee
  - ND Certified Nursing Assistant
  - ND Registered Nurse or ND Licensed Practical Nurse
  - Agency QSP must be a currently enrolled DD Licensed provider

- Employees who established competency based on an SFN 749 are required to renew their competency a minimum of every five years.
  - A new form must be submitted to the [Enrollment Portal](#) before the expiration of the previous form for each employee.
  - Forms that are completed incorrectly will not be accepted.
  - Employees found providing services without a validly completed form on file are not eligible to provide services and the agency may be required to repay funds paid for these services.

- Employees who established competency using a CNA, RN or LPN, must have updated certificate or licensure verification uploaded into the [Enrollment Portal](#) upon renewal for each employee.
  - Employees found providing services without a valid certificate or license on file are not eligible to provide services and the agency may be required to repay funds paid for these services.

- <u>QSP staff can no longer approve QSP hours worked towards a CNA renewal</u>. ONLY hours worked while directly supervised by a nurse may count towards a CNA renewal. If you have questions about this standard, contact the HHS Nurse Aide Registry office at 701-328-2353.

<u>Agency License Revalidations (if applicable)</u>
- Agencies whose enrollment requires an agency or facility license are required to maintain an updated license on file at all times.
- Examples include
  - A hospital, nursing home or specialized basic care facility
  - Assisted Living Facility license
  - Exterminator's license
  - Specialty license used to enroll for Environmental Modification
  - Licensed DD providers
- **It is your responsibility as a QSP to ensure you stay up to date with all notices and respond timely. Notices are <u>only</u> sent via email, a notice will <u>not</u> be sent via US mail.**

APPENDIX

How to obtain an NPI (National Provider Identifier) number

- Detailed, step-by-step instructions are available [here](#).

****YOU ARE STRONGLY ENCOURAGED TO SUBMIT AN
ONLINE APPLICATION FOR TIMELY PROCESSING**

- There are two ways to obtain an NPI:
  - Web-based Application - **PREFERRED AND QUICKEST METHOD**
    - Follow this [link](#) to begin the online process.

  - Mail in a paper application – Takes 2-3 weeks to receive
    - The paper form is available on the National Plan & Provider Enumeration System (NPPES) [website](#), 0MB No. 0938-0931, downloads/CMS10114.pdf.
    - Page 5 of the application contains information regarding where to send the form.

- Taxonomy Code:
  - A taxonomy code describes the type of services provided.
  - *253ZOOOOOX* is used for Home Supportive Care **agency** QSPs.

- If you are already enrolled to provide services with Medicaid and have an existing account/NPI number, the taxonomy code associated with the services you provide as a QSP must be added.
  - If you were previously enrolled as an INDIVIDUAL QSP, and are now applying as an Agency QSP, you must apply for a **new** NPI. You <u>cannot</u> use your Individual QSP NPI for an Agency enrollment.
  - *253ZOOOOOX* is used for Home Supportive Care agency.

- **Type 2** NPI:
  - Organizational Providers (Group)
  - If you are enrolled as a QSP Agency you must apply as an <u>organization</u>; Individuals and Organizations have separate accounts.

Compliance Program

A compliance program must be created by all agencies, including QSPs who only provide Emergency Response System, Home Delivered Meals, Environmental Modification and Specialized Equipment.

QSP agencies must submit copies of their compliance program only upon request by the Department. A compliance program consists of agency internal policies and procedures to help your agency comply with the law.

There is no standard template for a compliance program. The Office of Inspector General (OIG) provides Compliance Program Guidance (CPGs) on their website that you can apply to your unique agency.

The OIG lists **seven (7) basic fundamental elements** of a [compliance program](#):

1. Standards, Policies, and Procedures
   - Update periodically as your organization grows and changes.

2. Designated Compliance Officer
   - An agency representative responsible for staying up to date with federal and state compliance requirements and recommendations.

3. Conduct effective training
   - How will you educate your employees and ensure staff understands program policies?

4. Means of communication between the compliance officer and the employees.
   - Example: Comment boxes, anonymous hotlines or an open-door policy.

5. Internal monitoring process
   - Who will conduct audits to evaluate compliance efforts?

6. Enforce your standards
   - How will you ensure employees are following standards?
   - What action will be taken for noncompliance?

7. Response to issues
   - How quickly will reports of misconduct be addressed?

- **Additional Resources:**
  - [Compliance Program Basics – YouTube](#)

  - [Tips for Implementing an Effective Compliance Program – YouTube](#)

  - [Measuring Compliance Program Effectiveness: A Resource Guide](#)

Quality Improvement (QI) Program

QI programs identify, address and mitigate harm to individuals being served under Home and Community Based Services (HCBS). They are required to be developed by all QSP agencies serving eligible individuals, except for QSP agencies that are providing the services listed below.

- If your agency is providing only one of the following services, a QI Program is not required:
  - Chore Services
  - Emergency Response System
  - Environmental Modification
  - Home Delivered Meals
  - Specialized Equipment

- **Standard 1:**
  Implement policies and procedures to identify, address and mitigate harm.

  - **Required Policies & Procedures:**

The following policies and procedures must be established by the Agency <u>prior to initial enrollment</u>, then reviewed and updated with each revalidation.
<u>Do not submit these policies</u>; however, they must be available upon request.

- Critical Incident Reporting Process
- Employee/contractor screening Process
  - Initial, routine, and ongoing
- Supervision of employee – include:
  - Who (classification or job title) supervises direct care employees?
  - How the supervision takes place (e.g., in individual's home, at office, by phone)
  - Frequency of supervision
- Smoking
  - include e-cigarettes/vaping, consuming alcoholic beverages, illegal drugs
- Soliciting or accepting gifts and money from the individual
- Conducting personal business in an individual's home
- Consuming the individual's food, using the individual's property, and/or handling the individual's money
- 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 (if applicable)
- Procedure for coverage for individuals during employee absence (vacation/sick leave)
- Confidentiality of individual's information
- Client complaint procedure
- Analysis of abuse, neglect, mistreatment and exploitation patterns and trends:
  - How data is analyzed for presence of patterns or trends,
  - How QSP will respond to issues identified through analysis in a timely manner

- **<u>Standard 2</u>:**
  - QSP staff know how to prevent, identify, mitigate, and report allegations of abuse, neglect, mistreatment and exploitation
  - Onboarding and annual training
        - Employee education on Fraud, Waste, Abuse detection and reporting
        - Staff training in strategies to prevent, identify and mitigate harm and the process of reporting
    - Reporting processes are clearly outlined and include who staff report to, what information needs to be reported and what staff are responsible for doing.
    - Staff training on identifying and reporting critical incidents
      - Staff demonstrate competency in prevention, identification and mitigation or harm and procedures to report harm;
      - The organization maintains internal documentation (available for state review/audit) of staff training;
      - Staff training is frequent enough to keep people safe from harm (recommended annually);
      - Staff training on required policies and procedures in Standard 1.

- **<u>Standard 3</u>:**

- Clients or people receiving services (and families if applicable) from a QSP:
  - Know how to recognize and report allegations of abuse, neglect, mistreatment and exploitation
  - Are provided information on recognizing and reporting possible incidents of harm (abuse, neglect, mistreatment and exploitation)
  - Are given information on their rights and responsibilities as a service recipient.
    - This includes the right to be free from harm as well as the right to privacy, dignity and respect, freedom from coercion, freedom from restraint and freedom to choose their QSP.
  - Are given information on how to share feedback/grievances, presented in an easy-to-understand manner.
- The QSP provides a mechanism for service recipients and their families when applicable, to provide anonymous feedback.
  - Indicate if you have a process for collecting feedback i.e. through satisfaction survey
- The QSP shares results of investigations and its responses with people entitled to the information, including the alleged victim based on confidentiality rules.
- Alleged victims of harm (abuse, neglect, mistreatment and/or exploitation received supports to mitigate the effects of ANME.
- The alleged victim is protected from harm when an allegation is made and while an investigation is occurring.
    - Indicate process to investigate and substantiate incidents.

- **Standard 4:**
  - The QSP maintains a system to promote open communication with case management entities
  - QSP staff document any noted changes in health conditions or support needs of service recipient.
      - Provide evidence of how this is documented.
  - Changes in health condition or support needs are communicated timely with case management.
  - The QSP has a system in place to ensure necessary support needs changes are responded to in a timely manner.
  - The QSP is provided with sufficient information from the case management entity prior to engaging in services to ensure they can support the persona and keep them and their employees safe from harm.
      - Provide evidence of intake process: Example:
      Do you meet with the individual first, collect information from the health care provider, etc.

- **Standard 5:**
  - The QSP maintains documentation of services provided.
  - Refer to page 39 of this handbook, "After QSP Approval", for documentation requirements and options.
  - Plan of staff training to accurately document time and tasks.
  - Include documentation guidelines:
    - How your procedures assure accuracy of billing
    - An example of your documentation
    - Internal documentation review/audit of employee service records

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

The settings rule applies to settings where HCBS waiver services are provided, published in the Federal Register January 16, 2014. The purpose of the rule is to make sure people 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 HCBS waiver settings meet certain qualifications.

- **Required Qualifications** include but are not limited to:
    - Be integrated in and support access to greater community.
    - Provide opportunity to seek employment and work in competitive settings, engage in community life, and control personal resources.
    - Ensure individuals receive services in community to the same degree of access as individuals not receiving Medicaid HCBS.
    - Ensure rights of privacy, dignity and respect, and freedom from coercion and restraint.
    - Optimize individual initiative, autonomy and independence in making life choices.
    - Facilitate individual choice regarding services and supports, and who provides them.
    - Additional requirements for provider owned or controlled settings:
        - A lease or similar agreement that provides protection from eviction
        - Lockable entrance doors to the individual's unit
        - Freedom to control his/her daily schedule and activities
        - Freedom to furnish and decorate his/her living unit
        - Access to food at all times
        - Rights to accept visitors at anytime
        - Choice of roommate if a person lives in double occupancy room
        - Physical accessibility of the setting to the person's disability
    - These requirements can only be modified in limited circumstances as supported in the individual's assessment and person-centered plan of care.

- **Provider-owned or controlled home and community-based residential settings** must meet additional requirements. These additional rules apply to but are not limited to Adult Day Care, Adult Foster Care and Adult Residential Care.
    - Provide a lease or legally enforceable agreement that complies with ND landlord-tenant laws (NDCC chapter 47-32).

- Waiver services <u>cannot be provided</u> in the following settings:
    - A skilled nursing facility
        - Institutional Respite care is excluded from this requirement
    - An Institution for Mental Diseases (IMD)
    - An Intermediate Care Facility (ICF) for individuals with intellectual disabilities; or a hospital.

APS- Adult Protective Services

An Adult Protective Services (APS) report must be filed to report any incident involving abuse, neglect or exploitation of an individual receiving services. A QSP who is with an individual receiving services and is involved, witnesses or responds to an event that is a reportable incident, is required to report it. Additional information and steps on making a report can be found on SHOULD I REPORT?

What is a Critical Incident Report?
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 program participant."

QSPs are required by federal law to report critical incidents involving people they care for.
- Incidents to be reported are:
  - Abuse (physical, emotional, sexual), neglect, or exploitation
  - Rights violations through omission or commission, failure to comply with the rights to which an individual is entitled as established by law, rule, regulation or policy
  - Serious injury or medical emergency, which would not be routinely provided by a primary care provider
  - Wandering or elopement
  - Restraint violations
  - Death of a client and cause (including death by suicide)
  - Report of all medication errors or omissions
  - Any event that could harm client's health, safety or security if not corrected
  - Changes in health or behavior that may jeopardize continued services
  - Illnesses or injuries that resulted from unsafe or unsanitary conditions

- **How to Submit a Critical Incident Report:**
  - Within 24 hours of learning or knowing of the incident, the QSP is required to:
    - **Step 1:**
      - Report it to the HCBS Case Manager (CM) **and**

    - **Step 2:**
      - Fill out a critical incident report using the General Event Report (GER) module within the Therap case management system.

    - **Step 3:**
      - If the QSP does not have access to Therap, the GER offline forms will be used to complete the critical incident report. The completed forms are then sent to the HCBS CM.
      - The offline forms are available [here](#).
      - The GER Event Report along with the GER Event Type form (e.g. medication error, injury, etc.) are completed and submitted together.
      - Contact the HCBS CM if you need assistance filling out the form. The completed critical incident needs to be entered into the Therap system or the GER offline form needs to be sent to the HCBS CM within 24 hours of the incident.
    - **Step 4:**
      - The HCBS CM and program administrator will receive the incident report once it is submitted for review in Therap. If the GER offline form is used, the HCBS CM will fax the form to (701) 328-4875 or email: dhscbs@nd.gov. The Program administrator will then enter the GER Event Report and Event Type into Therap.

- If an incident involves abuse, neglect or exploitation, a provider must submit **both**, the incident report **and** report to APS.
  - See section above for instructions to submit a APS report.
- **Critical Incident Examples**:

  - **Example 1:** If a client falls while the QSP is in the room, but the client didn't sustain injury or require medical attention, a critical incident report is not required.

  - **Example 2:** If a family member informs the CM that a client is in the hospital due to a stroke, a critical incident report is required because the CM or the facility was made aware of the ER visit and/or the hospital admission.

  - **Example 3:** If a QSP comes to a client's home and the client is found on the floor and the QSP calls 911 so the client may receive medical attention, a critical incident report is required because the client required medical attention AND the QSP was notified and aware of the event.

  - **Example 4:** If a QSP is present while the client is participating in illegal activity (e.g. drug use), a critical incident is required as the behavior may jeopardize services.

  - **Example 5:** If the QSP finds bed bugs in the client's bed and notices the client has bug bites resulting in the need to seek medical attention, a critical incident would be required as this is an unsanitary condition resulting in illness or injury.

- **<u>Remediation Plan</u>**
  A remediation plan must be developed and implemented for each incident except for death by natural causes. The Department will be responsible to monitor and follow up as necessary to assure the remediation plan was implemented.

  - The remediation plan must include:
    - Corrective actions taken
    - Plan of future corrective actions
    - Timeline to complete the plan if applicable.

  - The HCBS CM and program administrator are responsible to follow up with the QSP to ensure the remediation plan is acceptable.

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.

Guidelines for Universal Precautions

- **Handwashing:**
  - 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:**
  - If soap and water are not available:
    - Use and 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.

- **Personal Protective Equipment (PPE) use:**
  - Gloves
  - **Wear 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
  - DO NOT reuse gloves, they should be changed after contact with each individual

  - Gowns

- **Wear during cares 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.

- Masks
  - Follow community guidance for source control based on community transmission of respiratory viruses.
  - 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.
  - Remove 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.
  - QPSs are responsible to supply their own personal protective equipment (PPE).

- Additional Resource: [Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC](#)

- **Sharps:**
  - 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 any equipment used for the individual before and after each use.

Fire Safety Checklist for Caregivers of older Adults

A fire safety checklist for caregivers of older adults focuses on installing and maintaining smoke/CO alarms, creating and practicing a clear escape plan (with two ways out, meeting spot, accessible aids like glasses/hearing aids/phone by bed), ensuring clear exits, and practicing safe habits with cooking, heating, candles, and smoking, especially around medical oxygen, to prevent fires and ensure quick, safe evacuation for seniors who might move slower or have hearing loss.

For more information, refer to [Fire Safety Checklist for Caregivers of Older Adults](#)

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.

For additonal information, refer to [Carbon Monoxide the Invisible Killer](#)