

**Temporary Agency QSP Enrollment Checklist**

**\*\*Items in yellow are temporarily removed from list of required documents during the COVID-19 national emergency. Agency QSPs who wish to continue providing services after the end of the national emergency will need to provide these highlighted items within 6 months following the end of the emergency declaration\*\***

**\*\*PLEASE NOTE:**

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

**Required Forms**

- SFN 1606** - Agency Request to be a Qualified Service Provider  
<http://www.nd.gov/eforms/Doc/sfn01606.pdf>
- SFN 615** - Medicaid Program Provider Agreement <http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- SFN 1168** - Ownership/Controlling Interest and Conviction Information  
<http://www.nd.gov/eforms/Doc/sfn01168.pdf>
- W-9** - Request for Taxpayer Identification Number and Certification <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Required Verifications**

- Agency Employee Verification Requirements (included on Page 21 of the Agency Handbook) have been modified during the Temporary enrolment period.**

The following employee verifications must be completed within 30 days of hire and documented in the employee personnel file. Staff may work with public pay clients during the 30 day period.

- <https://www.sam.gov/SAM/>
- <http://exclusions.oig.hhs.gov/Default.aspx>
- <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list.pdf>

**Required Staff Competency- --- SEND COPY TO STATE**

- SFN 750 OR Nurse Licensure/CNA Certification/OT
- CNA whose ND license has expired within the last six months
  - You must submit a copy of the expired certificate and a statement indicating the license was not revoked due to disciplinary action.

**MEDICAL SERVICES**

600 E Boulevard Ave Dept 325 | Bismarck ND 58505-0250

701.328.7068 | Fax 701.328.1544 | 800.755.2604 | 711 (TTY) | Provider Relations 701.328.7098 | [www.nd.gov/dhs](http://www.nd.gov/dhs)

- RN, LPN, OT licensed in good standing in another state who has received permission to work in ND per Executive Order 2020/05
- Direct Service Associate (DSP) employed by licensed Developmental Disability provider per NDAC 75-04-01

### **Required Documents**

- Current license(s) if applicable (e.g. Basic Care License/contractor license).
- Valid form of ID (copy) for individuals listed on the SFN 1168.
  - Examples of acceptable identification: driver's license, SSN card, passport, tribal ID.
- Direct Deposit (Electronic Funds Transfer - EFT).
  - Attach a voided check or documentation from your financial institution.
  - Direct Deposit is required for Agency enrollment.
- Agency Organizational structure
  - Provide an organizational chart with key positions (include names of staff).
  - Provide the number of years of experience as a service provider.
  - Provide date and purpose of incorporation or type of partnership.
  - If there is a board of directors for a non-government agency, provide their names, addresses, date of birth and social security number as they are considered managing employees and should be listed on the SFN 1168.
- Job descriptions of each employee position.
- Private pay service fee schedule.
  - If your agency plans to bill private pay clients the same as the standard state-issued rates, please specify your intent in an email or letter.
- Verification of registration with ND Secretary of State Office.
- Current verification of Unemployment insurance.
  - New agencies with a lower number of employees can request voluntary coverage. Please contact ND Job Service for more information.
- Current verification of Workforce Safety and Insurance coverage.
- Agency compliance program.
  - Additional information on compliance program structure available in the Agency Handbook, Appendix Page 36.

### **Required Standards, Policies, Procedures:**

- Reporting Critical incidents to the Department.
  - Information on this process can be found on the QSP Website: <http://www.nd.gov/dhs/services/adultsaging/providers.html>
- Required documentation standards can be found on the QSP Website: <http://www.nd.gov/dhs/services/adultsaging/providers.html>
  - An example of your documentation must be provided and include:
    - Client name and ID number.
    - Agency name and ID number.
    - Individual employee providing the service.
    - Date format to include MM/DD/YYYY .

- Location of service.
- Service provided including start and stop times.

**The following standards, policies and procedures are not required as documentation for enrollment purposes at this time.**

**Annual training: Employee/contractor education on FWA detection and reporting.**

- Agency representative who has completed training must provide a copy of the certificate of completion at initial enrollment and renewal.
- Submit checklist of employee(s) participation at initial enrollment and renewal.
- Reporting suspected FWA – Include process for notifying the Department when:
  - An employee has been terminated for suspected fraudulent behavior.
  - A new or existing employee is flagged/identified on the required initial, routine, and/or ongoing criminal background checks.
- Employee/contractor screening: initial, routine, and ongoing.
- Provide plan for training staff to accurately document time and tasks for services provided and how to read an Authorization to Provide Services.
  - Examples of these forms are included in the Agency handbook.
  - Internal documentation review/audit of employee service records.
- Smoking – to include e-cigarettes/vaping.
- Consuming alcoholic beverages and/or illegal drugs.
- Soliciting or accepting gifts and money from the client.
- Conducting personal business in the client's home.
- Consuming the client's food.
- Using the client's property.
- Handling of the client's money.

**Supervision of employee including:**

- Who (classification or job title) supervises direct care employees.
- How the supervision takes place (e.g. in client home, at office, by phone).
- Frequency of supervision.
- Timeliness of service delivery upon receipt of referral.
  - Include routine and emergency referrals.
- Plan to meet the requirement for seven (7) day per week service coverage for Personal Care Service and Respite Care Service.
- Procedure for coverage for clients during employee absence (vacation/sick leave).
- Confidentiality of client information.
- How client complaints are handled.

**Forms can be faxed, emailed or mailed to one of the following locations:**

Fax: 701-328-4875

Email: [DSHSCBS@ND.GOV](mailto:DSHSCBS@ND.GOV)

Mail: ND Department of Human Services  
 ATTN: QSP  
 600 E Boulevard Avenue  
 Bismarck ND 58505