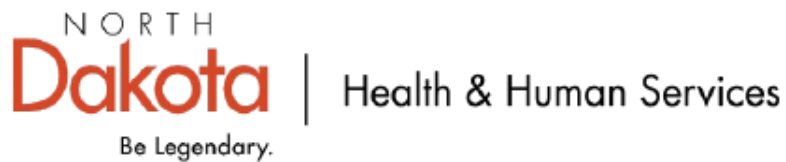


January 2025

QUALIFIED SERVICE PROVIDER (QSP)

ADULT FOSTER CARE (AFC)

Handbook



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 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 the QSP Hub.

What is the QSP Hub?

The QSP Hub is a central source for support and information for QSPs.

Services 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-on-one support by email, phone or video conferencing to help with:

- Enrollment
- Revalidation
- QSP web portal use

Guidance and referrals on where to go for help with:

- Electronic visit verification (EVV) (Therap)
- Documentation
- Billing processes
- Business operations and processes

Other QSP Hub resources:

- Library of easy-to-understand tip sheets and guides
- Training events/opportunities for both individual and agency QSPs
- Education tools
- Create a mentoring network for QSPs and QSP 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 offer essential and appropriate services that help individuals sustain themselves in their homes and communities. These services aim to delay or prevent the need for institutional care, providing a more individualized and community-based approach to care. Assessments are led by a Case Manager (CM) to determine HCBS services are appropriate.

Assessment Process: Individuals interested in HCBS programs undergo assessments conducted by CMs. These assessments evaluate both functional and financial eligibility to determine if individuals qualify for the services.

Functional Eligibility: Evaluates the individual's ability to perform various activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Functional assessments help identify the level of assistance an individual may require to live independently.

Financial Eligibility: Considers 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.

If an assessment has not been completed for the individual you plan to provide care to, they may contact the Aging and Disability Resource-Link (ADRL) of North Dakota at 1-855-462-5465 for more information.

If you plan to work only with **private pay individuals** (people who pay you for services with their own money), you do not have to enroll as an Individual Qualified Service Provider (QSP); **however, if you plan to provide Adult Foster Care (AFC), you must enroll as an individual QSP and be licensed as an AFC to provide foster care to more than one adult or two or more adults who are related to each other. This applies to private and public pay situations.**

Additional services are available if you enroll as an Individual QSP:

Adult Day Care, Chore Service, Companionship, Environmental Modification, Extended Personal Care, Homemaker, Non-Medical Transportation (Escort and Driver), Nurse Education, Personal Care, Respite Care, Respite in an Adult Foster Care, Respite Home Care, Supervision and Transition Coordination.

If you are interested in enrolling as an Individual QSP for one of these services, find more information [online](#) or connect with the **QSP Hub** for assistance, see Page 4.

DEFINITIONS

- Abuse: If someone hurts or exploits a vulnerable adult physically, mentally, sexually, or financially on purpose.
- Activities of Daily Living: Personal tasks, performed daily that involve bathing, dressing, toileting, transferring from bed or chair, continence, eating/feeding and mobility inside the home.
- Adaptive Equipment: Equipment and supplies that help individuals do their daily tasks more easily. See also "Specialized Equipment and Supplies".
- Adult Foster Care (AFC): Provision of food, shelter, security, safety, guidance and comfort in the home of the caregiver. The service must be provided on a twenty four hour per day basis to a person aged eighteen or older, who is unable, neglects or refuses to provide for the person's own care.
- Adult Foster Care – Respite Care: The provision of food, shelter, security, safety, guidance and comfort provided in another licensed Adult Foster Care Home.
- Adult Foster Home: An occupied private residence where adult foster care is regularly provided by the owner or lessee for hire or compensation. The service must be provided to four or fewer adults who are not related by blood or marriage to the owner or lessee.
- Applicant: The individual or individuals completing and submitting to the Department an application to be licensed to provide Adult Foster Care.
- Care: Adult Foster Care as defined by N.D.C.C. Section 50-11-00.1 (5) and includes the provision of personal non-medical service provided to assist a resident with activities of daily living.
- Caregiver: A qualified individual who provides care to an adult residing in an Adult Foster Home.
- Case Manager (CM): 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.
- Client: An individual who meets the eligibility requirements and is receiving services from the Department.
- Client Share (also known as Service Fee, Cost Share, or Recipient Liability): 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.
- 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.
- Documentation: A written record of when the service started and ended, and what service was given.
- Department: The Department of Health and Human Services (HHS)

- 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.
- 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: An Adult Foster Home.
- Legal Representative: Someone given power by law to represent another person.
- License: A document issued by HHS authorizing an applicant to operate an Adult Foster Home.
- Licensed Capacity: The maximum number of residents for which the Adult Foster Home is licensed.
- Licensing Study: An assessment of the applicant's compliance with the standards set forth in policy, rules and state law.
- Limited to Tasks: Limits and cautions placed on tasks provided by an AFC/QSP.
- Medical Services Division/The Department: A division within HHS with administrative responsibility 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
- Monitoring: Overseeing the care provided to a resident by a provider and verifying compliance with laws, rules, and standards pertaining to Adult Foster Care.
- 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.
- 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.
- ND Health Enterprise MMIS Portal (MMIS): The payment system ND Medicaid uses to process QSP payments for services provided.
- 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 AFC/QSP provider, also called a QSP number.
- Qualified Service Provider (QSP): A self-employed individual that has met all the standards and requirements and has enrolled with HHS as a provider.
- 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.
- Resident: Any adult receiving foster care, in an Adult Foster Care Home for compensation on a 24-hour basis but does not mean any other individual who lives or stays in the home.
- Respite Care in AFC Home: Temporary care to an AFC home resident to offer the AFC QSP relief from the stress and demands associated with continuous daily care. Respite QSPs must have cognitive endorsement and have background checks complete prior to providing care.
- 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: **S**tate **F**orm **N**umber, located on the upper left side of a form.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.
- Substantial Functional Impairment: A substantial inability, determined through observation, diagnosis, evaluation, or assessment to live independently or provide self-care resulting from physical limitations.
- Substantial Mental Impairment: 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.
- Substitute Caregiver: An individual who meets qualified service provider standards and provides respite care to private pay residents in the absence of the provider.
- Universal Precautions: 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.
- Vulnerable Adult: An adult who has substantial mental or functional impairment.
- Waste: Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.
- Willfully: 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.

- **Create an Account in the QSP enrollment portal**

- ☐ Access the Portal using the link on the QSP [website](#).
- ☐ To create a profile in the Portal, the QSP must first have an email account to receive emails.
- ☐ If you previously signed up for other State of North Dakota services (e.g., SPACES, Secretary of State Business "First Stop, etc.) you may already have an ND Login username. Use your ND Login to start your QSP application.
- ☐ We recommend you do NOT share an email account with unauthorized people such as family or friends. If you do use a shared account, the QSP must get written permission from any persons receiving care to allow release of confidential information.

- **Required Forms & Documents**

- ☐ Copy of current government issued identification (ex: driver's license, tribal ID)
- ☐ Direct Deposit is required. To set up a direct deposit account, submit 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
 - Signature of bank employee
 - Bank name and address
 - Full bank routing number
 - Full bank account number (Checking or Savings)
 - (Include all leading zeros)
 - 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.
- ☐ Fraud, Waste and Abuse (FWA) Training
 - Training is available using the link in the enrollment portal or use this [link](#).
 - Once completed, you must **enter your full name** in the training certificate.
 - Upload the completion certificate into the Portal.

- Onboarding Orientation Training
 - Training is available using the link in the enrollment portal or use this [link](#).
 - Once completed, you must **enter your full name** in the training certificate.
 - Upload document into the QSP enrollment portal.
- National Provider Identifier (NPI) Number
 - 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.
 - Instructions are in the appendix on page 39.
 - If you do not have an NPI number, apply [online](#) (preferred method).
 - A Taxonomy Code is required to obtain an NPI
 - HHS recommends you use taxonomy code **3747P1801X** for enrolling in personal care services, even if you provide other types of services as well.
- [SFN 750 – Documentation of Competency](#) OR copy of ND license/certification
 - Competency must be verified by either a current SFN 750, ND CNA certification or ND LPN, RN, PT or OT license. Documentation of current license/certification must be submitted, if applicable.
 - Upload this document into the QSP enrollment portal.
 - **NOTE:** If you are enrolling with a CNA, QSP hours worked will not count towards your CNA renewal unless you are directly supervised by a nurse while providing services.
 - QSP staff can no longer approve QSP hours worked towards a CNA renewal. 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.
 - **Chart A** of this handbook includes the minimum required standards all QSPs must meet to enroll for FPC; even if your client does not need help with one of the services listed on the form.
 - A licensed healthcare provider must complete the SFN 750 showing you are competent in all of the standards listed on the form.
 - The form must be completed correctly, any 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.
 - **Chart B** of this handbook contains a list of the type of providers that are authorized to complete the form with you.
- Background Check
 - **Once your application is submitted in the Portal**, send an email to adultfostercare@nd.gov to request a an SFN 60688 – Criminal History Record Check Request.
 - **All individuals residing in the applicant's home over the age of 18 and not receiving AFC care must complete a background check.**
 - **If the person requiring a background check has not lived in the State of ND for the past 11 years or more, two sets of fingerprints are required. Any required fingerprinting fee to local fingerprinting agency is paid by applicant.**

- **AFC Licensing**

- ☐ Refer to the following policies:
 - **Foster Care Homes for Children and Adults** [N.D.C.C. 50-11](#)
 - **Adult Foster Care** [660-05](#)
 - **Licensing** [660-05-20](#)
- ☐ To begin the licensing process, email adultfostercare@nd.gov to connect with an Aging Services program administrator.
- ☐ [Application for License 660-05-20-15](#)
- ☐ [SFN 1013 – Application to Provide Adult Foster Care](#)
- ☐ [SFN 669 – Initial Licensing Study – Adult Foster Care](#)
 - This form is completed by Aging Services staff while performing the home study visit.
- ☐ [SFN 361 – Fire Safety Self Declaration Agency/Individual Foster Home](#)
- ☐ [SFN 823 – Family Evacuation Disaster Plan \(Section 05-65-90\)](#)
- ☐ Complete recent HHS approved [Fire Prevention and Safety Course](#)
- ☐ Professional inspection of the heating and electrical system for operability and safety report
- ☐ Applicant's home floor plan indicating escape routes
- ☐ Applicants service and rental agreement, including landlord tenant and eviction and appeals process and all items listed in ([Section 660-05-30-45](#)). Service and rental agreement must be signed by the applicant/provider and the resident or resident's legal representative.
- ☐ Examples of service logs used to account for service time and tasks performed
- ☐ Daily menu plan examples
- ☐ Three reference letters examples ([Section 660-05-65-25](#))
- ☐ Current proof of both home and auto insurance
- ☐ Proof of up to date pet vaccinations, if applicable
- ☐ Additional information and verifications as requested by HHS
- ☐ Initial AFC licensure is valid for no more than 12 months form the date of issuance.
 - **Note:** QSP enrollment is approved for five (5) years; however, an initial AFC license is only valid for 12 months. You must update the license within the five-year enrollment span. Failure to do so will result in closure of your QSP enrollment.
 - After the initial one-year licensing period expires:
 - You will be issued another license, valid no more than 24 months from the date of issuance or the date or expiration of your QSP enrollment status, whichever comes first.
 - New Background checks are required if your QSP enrollment closes and there is a gap in your enrollment effective dates.

- **Respite in an AFC Home:**

- ☐ To enroll for this service, you must enroll as an Individual QSP in the [QSP Enrollment Portal](#).
- ☐ Background Check
 - Once your application is submitted in the Portal, email adultfostercare@nd.gov to request a copy of the SFN 60688 – Criminal History Record Check Request.
 - **If the person requiring a background check has not lived in the State of ND for the past 11 years or more, two sets of fingerprints are required. Any required fingerprinting fee to local fingerprinting agency is paid by applicant.**

- **Criminal Convictions & Enrollment Approval**

Court papers regarding criminal history including misdemeanor and felony offenses both in-state and out-of-state may be requested at the time of enrollment. Criminal convictions may not prevent enrollment but each conviction is reviewed to determine if you meet standards for enrollment.

1. *If you have been found guilty of or pled no contest to an offense identified in ND Admin Code [75-03-23-07](#), your enrollment status or application may be further evaluated to determine if you are sufficiently rehabilitated:*
2. *According to ND Admin 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.*

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.**

- **High Risk Provider Guidelines & Additional Requirements**

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 and 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 at 701-777-3432 or email info@ndqsphub.org with questions.

CHART A – Allowable Tasks, Activities & Standards

SERVICES:

AFC – Adult Foster Care

RC – Respite Care

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
1. AFC, RC	Have the basic ability to read, write and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	
2. AFC, RC	(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 provider must pass all screening requirements. Statement attesting to his/her status regarding having stolen from someone.	
3. AFC, RC	If have infectious or contagious disease, understand universal precautions to prevent spread of illness. Be physically capable of performing the service.	Assurance marked declaring if have any infectious contagious disease. Assurance checked stating having the physical capability to perform the service.	
4. AFC, RC	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	
5. AFC, RC	<u>Proper handwashing methods</u> Know generally accepted practice of infection control guidelines/proper hand hygiene.	Follow these steps when wash your hands every time: <ul style="list-style-type: none"> • Wet your hands with clean, running water, turn off the tap and apply soap. • Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails. • Scrub your hands for at least 20 seconds. • Rinse your hands well under clean running water. • Dry your hands using a clean towel or air dry them. If soap and water are not available: <ul style="list-style-type: none"> • Use and alcohol-based hand sanitizer that contains at least 60% alcohol. Follow these steps when using hand sanitizer: <ul style="list-style-type: none"> • Apply the gel product to the palm of one hand in the correct amount. • Rub your hands together. Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
6. AFC, RC	<p><u>Handling of bodily fluids</u></p> <p>Keep generally accepted practice of universal precautions and the use of personal protective equipment (PPE) when handling and disposing of body fluids.</p>	<p>Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, gowns and proper disposal of both body fluids and items used.</p> <p>Use of Personal Protective Equipment (PPE):</p> <p>Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.</p> <ul style="list-style-type: none"> • Perform hand hygiene prior to putting on gloves. • Remove jewelry, cover abrasions then wash and dry hands. • Ensure gloves are intact without tears or imperfections. • Fit gloves, adjusting at the cuffs. • Remove by gripping at cuffs. • Immediately dispose of gloves in waste basket. • Wash hands after removing gloves. • Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated. • DO NOT reuse gloves, they should be changed after contact with each individual. <p>Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids.</p> <ul style="list-style-type: none"> • Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. • Tie all the ties on the gown behind the neck and waist. • Untie or unstrap all ties or buttons. Some ties can be broken rather than untied. • Do so in a gentle manner, avoiding a forceful movement. • Reach up to the shoulders and carefully pull gown down and away from your body. • You may also roll the gown down your body. • Dispose the gown in waste basket. • Perform hand hygiene after removing gowns. <p>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.</p>	
7. AFC, RC	<p><u>Basic meal planning and preparation</u></p> <p>Have knowledge of basic meal planning and preparation.</p>	<p><u>Planning:</u> Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods. Menu must follow the Food and Nutrition Board guidelines.</p> <p><u>Shopping/Purchasing:</u> Read food labels; identified ingredients (this is critical for special diets (e.g. salt free, low in sugar); considered cost; used seasonal food when possible.</p> <p><u>Preparing the Meal:</u> Washed hands and applied gloves; 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.</p>	<p>Does <u>NOT</u> include canning of produce or baking of such items as cookies, cakes & bread.</p>

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
8. AFC, RC	<p><u>Routine housework</u></p> <p>Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition.</p>	<p>Washed hands and applied gloves.</p> <p><u>Dusting:</u> Dampened cloth with water or commercial spray; moved cloth across surface to gather dust.</p> <p><u>Floor Care:</u> Vacuumed rugs or carpets; mopped tile or linoleum floors; small rugs were shaken or washed.</p> <p><u>Cleaning Bathroom:</u> Wiped out tub/shower after each use to keep mildew free; cleaned sink regularly; scrubbed out toilet bowl with soap or detergent regularly.</p> <p><u>Cleaning Kitchen:</u> Cleaned up after each meal; wiped out refrigerator regularly; wiped down small appliances as necessary; wiped off countertops; kept surfaces uncluttered; proper disposal of garbage.</p> <p>Removed gloves and washed hands.</p>	<p>Includes dusting, vacuuming (which may include moving furniture), floor care, garbage removal, changing linens, and other similar tasks in the room occupied or used by the client.</p>
9. AFC, RC	<p><u>Wrinkle free bed</u></p> <p>Know generally accepted procedure of making beds.</p>	<p>Washed hands and applied gloves.</p> <p><u>Closed Bed:</u> Gathered necessary linens; hung sheet evenly over bed; tucked bottom sheet under at head of bed; placed top sheet on bed with large hem even with head of bed; placed blanket and bedspread on bed; hanging evenly on both sides; folded top sheet, blanket and bedspread under at foot of bed; folded top sheet approximately 4" over bedspread and blanket; placed pillowcase on pillow.</p> <p><u>Open Bed:</u> Made closed bed, then folded top of covers to foot of bed; smoothed sides into folds; placed pillow on bed.</p> <p><u>Occupied Bed:</u> Gathered linens and bath towel; covered client with bath towel; removed top covers; moved client to one side of bed; assured client's safety, untucked bottom sheet and draw sheet; folded up against client; placed clean bottom sheet on bed; tucked in as appropriate; moved client over to side with clean sheet; removed dirty sheets; placed dirty sheets in a hamper; pulled bottom sheet to other edge; tucked in as appropriate; changed pillow case; placed clean top sheet over client; removed bath towel; placed clean blanket and bedspread over top sheet, tucked top sheet, blanket and bedspread at foot of bed; assured sheets were not tight across client's toes.</p> <p>Removed gloves and washed hands.</p>	<p>See Endorsements section for mechanical or therapeutic devices.</p>
10. AFC, RC	<p><u>Laundry techniques</u></p> <p>Know generally accepted practice – in laundry techniques; (include mending).</p>	<p>Washed hands and applied gloves.</p> <p>Able to make necessary minor repairs to client's clothing or bedding or linens (sew button or hem); separated clothing per label instructions considering color, fabric, soiled, dry clean only; pretreated spots/stains; followed washing machine instructions for detergent and type of load, dried clothing, ironed/folded, returned to proper storage.</p> <p>Removed gloves and washed hands.</p>	<p>Includes washing, drying, folding, putting away ironing, mending, and related tasks.</p>

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
11. AFC, RC	<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. AFC, RC	<u>Toileting</u> Know generally accepted practice in assisting with toileting.	<p>Washed hands and applied gloves.</p> <p><u>Bedpan</u>: Assembled supplies and equipment (e.g. toilet paper; bedpan, commode), ensured privacy. Put on gloves, assists client to properly cleanse elimination area, always wipe from front to back. Puts supplies and equipment in proper storage. Removes gloves and washes hands. Assists client with washing hands.</p> <p><u>Commode or Toilet Stool</u>: Gathers supplies and equipment commode, toilet tissue. If not going into bathroom, ensure privacy, assists client with transferring onto commode or toilet stool, supply toilet tissue, leave client for 5 minutes, apply gloves, assist client with cleansing elimination area, always wipe from front to back, cleansed and disinfected commode or flush toilet, removed gloves, washed hands, and assisted client with washing hands.</p>	For assisting with suppository. Endorsement D.
13. AFC, RC	<u>Caring for incontinence</u> Know generally accepted practice of caring for incontinent client	<p>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.</p>	For assisting with suppository. Endorsement D.
14. AFC, RC	<u>Transferring</u> Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.	<p>Washed hands and applied gloves.</p> <p><u>Transfer Belt</u>: Assisted client to sit; applied belt; stood in front of client; client's hands on your shoulders; grasped belt, had your knees braced against client's; had your feet block client's; raised and lowered client.</p> <p><u>To Standard Sit</u>: Put client's hands on chair arms, one of your knees between clients; other knee braced client's knee; held client at center of gravity; instructed client to stand. Reversed procedure to sit.</p> <p><u>Bed to Wheelchair</u>: Positioned wheelchair; locked the wheels; assisted client to dangle legs; instructed client to stand, reach for wheelchair arm, pivot and sit; supported and guided client. Reversed procedure to return to bed.</p> <p>Removed gloves and washed hands.</p>	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
15. AFC, RC	<u>Ambulation</u> Know generally accepted practice of assisting client with ambulation.	<p>Washed hands and applied gloves.</p> <p><u>Cane:</u> Assisted client to stand, cane was held on correct side (single point cane usually held on strong side of body; 3 or 4 point cane usually held on weak side of body); cane was moved forward by client; feet were moved forward by client; assisted as necessary.</p> <p><u>Crutches:</u> Assisted client to stand. For swing-through gait; client placed crutches 6" to 12" ahead, lifted and swung body just ahead of crutches, repeated. For 4-point gait: moved right crutch forward 6" to 8"; moved left foot forward; repeated for left crutch and right foot. For going up or down steps: DOWN – crutches on the step first, strong leg down first, then weak leg, repeat; UP – crutches and strong leg on same step, strong leg up first, repeat.</p> <p><u>Walker:</u> Assisted client to stand. Placed walker 6" to 12" in front of client. Client moved feet forward while holding walker in hands. Assist as necessary.</p> <p>Removed gloves and washed hands.</p>	Assisting client to walk, use wheelchair, walker, crutches or cane.
16. AFC, RC	<u>Bathing techniques</u> Know generally accepted practice in bathing techniques: bed, tub, and shower.	<p>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 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.</p>	
17. AFC, RC	<u>Hair care techniques</u> Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	<p>Washed hands and applied gloves.</p> <p><u>Bed shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), pail, bucket, chair); placed pail/bucket on chair at head of bed; checked for appropriate water temperature; protected mattress and chair with plastic or towel; used plastic drainable trough; used cup or pitcher to pour water; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Sink shampoo:</u> Gathered necessary supplies and equipment (e.g. shampoo, towel(s), washcloth); placed towel on client's shoulders; used washcloth to cover eyes; had client lean toward sink, wet hair; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client.</p> <p><u>Shaving:</u> Gathered necessary supplies and equipment (e.g. electric razor, safety blade (no straight-edged razor), towel(s), lotion); had client in sitting position or on back; applies warm washcloth and then shaving cream or gel if using safety blade; held skin tautly; shaved in direction of hair growth; rinsed shaven area; applied shaving lotion, if desired; cleaned up. No sharing of razor blades.</p> <p>Removed gloves and washed hands.</p>	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
18. AFC, RC	<u>Oral hygiene techniques</u> 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.	
19. AFC, RC	<u>Dress/undress client</u> 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.	
20. AFC, RC	<u>Feed or assist with eating</u> 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. AFC, RC	<u>Routine eye care (eye drops/ointment)</u> 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. AFC, RC	<u>Care of fingernails</u> Know generally accepted practice in proper care of nails.	<u>Nail Care:</u> 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. AFC, RC	<u>Assist with self-administration of medication for able individuals</u> 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.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
24. AFC, RC	<p><u>Skin Care</u> (lotions, ointments, etc)</p> <p>Know generally accepted practice of caring for skin.</p>	<p>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.</p>	<p>Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems.</p> <p>Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.</p>
25. AFC, RC	<p><u>Turning and positioning</u></p> <p>Know generally accepted procedure for turning and positioning client in bed.</p>	<p>Maintained body alignment, kept spine straight and supported head.</p> <p><u>For Sitting Up:</u> Placed pillows as needed for comfort if hospital bed – raised backrest to desired position.</p> <p><u>In Positioning on Back:</u> Supported non-functional body parts with folded/rolled towels/pillows (shoulder blade, hip, hand, arm/elbows, leg) to promote blood circulation; did not place pillows, rolled or folded towels under knees when lying on back, loosened top sheet to prevent pressure from toes.</p> <p><u>In Turning Client Toward You/Away From You:</u> Lower head of bed if evaluated, move client to side of bed near you; crossed client's arms over chest and nearest leg over farthest leg; placed one of your hands on client's shoulder, one on hip; gently rolled client toward you or push client away from you; placed pillows as appropriate for comfort and support (against back, under head and shoulder, in front of bottom leg, top leg on pillow, under client's arm/hand).</p>	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
26. AFC, RC	<p><u>Universal Precautions</u></p> <p>Know the guidelines and practice universal/standard precautions.</p>	<p>Guidelines for universal/standard precautions:</p> <ol style="list-style-type: none"> Wash hands: <ul style="list-style-type: none"> Before, during and after preparing food 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. 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. Use of Personal Protective Equipment (PPE): <ul style="list-style-type: none"> QSPs are responsible to provide their own business 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. Use 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. Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided. <ul style="list-style-type: none"> Do not recap needles or remove needles from syringe. After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal. <p>Clean equipment used for the individual before and after each use.</p>	
27. AFC	Provider standards	Must be twenty-one (21) years of age or older.	
28. RC	Provider standards	<p>Must not be a recipient of AFC.</p> <p>Must be eighteen (18) years of age or older.</p>	

Global Endorsement Information

- Global Endorsements are **listed as letters A - I** on the [SFN 750 – 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 a 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
 - a. **REQUIRED** for:
 - a. Companionship Services
 - b. Respite Care
 - c. 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:

- A QSP may choose to meet the standards for any or all of the endorsements but will not be approved unless competency is shown **in all standards 5 – 26** on the SFN 750.
- Individuals 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
- If the individual does not have any of the above listed licenses or certifications, an SFN 750 – Documentation of Competency must be completed by a licensed healthcare provider, showing competency in the global endorsement section, to be approved for any or all global endorsements.

CHART B – Related to SFN 750

Who can authorize or perform Global Endorsements

ENDORSEMENTS	PHYSICIAN		RN		LPN		CNA		OT		PT		Chiropractor	
	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize
Maintenance Exercise	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Catheter Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Medical Gases	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Suppository	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cognitive	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Taking BP/TPR	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Compression Garment or Device	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Prosthesis/Orthotics	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hoyer Lift/Mechanized Bath Chair	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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; ex: 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 <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. Catheter	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands and applied gloves, 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 <u>after</u> a well-established routine of care has been set forth for the client. NO CATHETERIZATION OF CLIENT ALLOWED.
C. Medical Gases	Know generally accepted practice to administer medical gases.	Client specific monitored only as specifically recommended for client.	Limited to monitoring or routine assistance. Limited to oxygen only.
D. Suppository	Know generally accepted practice of how to assist with suppository and maintain bowel program.	Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed. Prior to assisting client with suppository, hands are washed and gloves are applied. After task is complete, removed gloves and washed hands.	Non-prescription suppository only.
E. Cognitive Supervision (Required for RESPIRE 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.	
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.	
H. Prosthesis / Orthotics / Adaptive Devices	Know generally accepted procedure for usage of prosthesis/orthotics/adaptive devices.	Is able to assist client to apply or put on prosthesis/ orthotics/adaptive devices and remove.	
I. Hoyer Lift Mechanized Bath Chairs	Know generally accepted procedures for use of a client's Hoyer lift/mechanized bath chair.	Is able to safely transfer client using a Hoyer lift or mechanical chair.	

CHART D – Client Specific Endorsements

The following Client Specific Endorsements require verification of the QSPs ability to provide the service for a specific client requiring the endorsement.

To qualify for one of the following endorsements:

- You must have a current client that specifically needs one of the services listed below.
- Have a licensed healthcare provider complete an [SFN 830 – Request for Client Specific Endorsement](#) approving you as competent to provide the specific endorsement.
- Submit the completed SFN 830 to your client's Case Manager.

ENDORSEMENT	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	Know generally accepted procedure for apnea monitoring.	Evidence of having hospital-based training equivalent to what the primary caregiver has received.	Only available to QSP meeting Respite Care standards

AFTER QSP APPROVAL

Once approved, you will receive an approval email with your QSP number in the QSP enrollment portal. The following important instructions and resources are available in the portal on your dashboard 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
- **Self Employed Contractor**
 - As a QSP, you are not an employee HHS.
 - QSPs are a self-employed, independent contractors that provide an authorized service and are paid for the authorized services that are delivered.
- **Taxes**
 - HHS does not withhold or pay any social security, federal or state income tax from the payments you receive as a QSP.
 - Withholding and paying taxes on QSP payments is your responsibility as a self-employed individual.
 - Information on the tax responsibilities of independent contractors is available at www.IRS.gov.
- **Service Authorizations or Pre-Auths**
 - After the client is determined eligible for AFC and you are approved as their QSP, the Case Manager (CM) will provide you with a Service Authorization (SA), **often referred to as a Pre-Auth**.
 - An SA lists the authorized rate and services and tasks you are approved and expected to provide for a specific individual.
 - You must complete the tasks marked on the SA; you cannot assign someone else to do them.
 - QSPs must have a current SA before providing services and be eligible for payment by HHS.
 - **You are required to tell the CM if you receive an SA for a service you are not enrolled in.**
 - **Submit a request through the [QSP Enrollment Portal](#) to add services to your enrollment.**
 - **If you provide a service you are not enrolled in, payment cannot be guaranteed and you may be required to repay any payments made in error.**
- **Additional Services**
 - If at least two (2) licensed AFC providers live in the AFC home, an AFC QSP may also enroll as Individual QSP to provide additional services.
 - To request an additional service on your QSP profile, log in to your QSP account in the QSP Enrollment Portal.
 - Individual QSPs may be eligible to provide the following services:
Adult Day Care, Chore Service, Companionship, Environmental Modification, Extended Personal Care, Homemaker, Non-Medical Transportation (Escort and Driver), Nurse Education, Personal Care, Respite Care, Respite in an Adult Foster Care, Respite Home Care, Supervision and Transition Coordination.

- **Documentation Requirements – Keeping Records**

- QSPs must keep service records for 42 months from the date the services were delivered.
- Example documentation available on the QSP [website](#).
- Documentation must be stored by QSP for required 42 month 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.
- Documentation must be created at the time of the visit. Creating documentation before or after the visit day is not acceptable and could be considered fraudulent.
- Do not bill for the day the client is admitted to the hospital or days the client is hospitalized. You can bill for the day the client returns home.
- Document if there is a break in service, such as a hospital stay.
- Document when the client left the home and when the client returns home.
- Document the hours a respite care provider is with the client.
- **All records must include:**
 - Service code – **S5140 (Adult Foster Care)**
 - Client Name and ID #
 - Provider Name and ID #
 - Full date of the service MM/DD/YYYY
 - Location of the service
 - Total Units – Total units you provided care on each date
 - Time in and Time Out (including a.m. and p.m.)
 - Tasks provided – use task name as listed on the authorization
 - Time in and Time out if Respite Care was provided
 - Dates of Client Hospitalizations or Client out of Home
- **Failure to keep service records may subject you to legal and monetary penalties**
(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.**"

- **Billing Information**

- **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 one hundred eighty (180) days from the date of service.
 - For more information regarding this policy, visit this [link](#).

- **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 must collect payment due from the individual.
 - The CM, QSP Enrollment and the Claims Department are not responsible to collect the client liability/cost share from eligible individuals **or assist the QSP in collecting this amount**.

- **Rate Information**

- Rates for AFC clients are determined by the CM and have a maximum dollar amount.
 - QSP's may not charge the Department more than they charge private pay clients. If you plan to change a private pay rate, you must indicate this intent when you apply for enrollment. If this changes after enrollment, you must notify QSP Enrollment immediately by email at QSPinfo@nd.gov before you start billing the changed amount.
 - You may choose to have your QSP rate set at less than the standard fee for service rate per unit.
 - Current rate information is online, see "[QSP Rates](#)".

- **Billing Tips**

- If the client passes away while receiving care at home, you can bill for that day of service.
 - Do not bill for the day the client is admitted to the hospital or days the client is hospitalized. You can bill for the day the client returns home.
 - QSPs cannot provide services if the individual you provide care to (the client) is not home. Services can only be provided to individual in their home when they are present.
 - Payment can be made only for the days the client is receiving care in his or her own residence.
 - **Competency standards, CNA certificates or LPN/RN licenses must be current. Your enrollment may be suspended or closed if your competency is not updated. QSPs cannot bill or receive payment if competency standards are not current.**

- **Remittance Advice (RA)**

- When you bill for services, an RA is generated showing the payments you have received.
 - You are responsible to keep copies of these documents to be used if income verification is needed for loans, housing enrollment etc.
 - **For help to access your RA, see instructions [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 a change.
 - If you cannot be reached by after two attempts, your status may be closed.

- **Name Changes**

- You must update your name in the [Enrollment Portal](#) within **14 days** of changes to your current, legal name. To update your name, login to the Portal and upload the following information:
 - Government issued ID with new name.
 - Social Security Card with new name.
 - [W-9 - Request for Taxpayer Identification Number and Certification](#) with new name.

- **Individual (client) Choice**

- Your name and the services you enroll for may be added to a public list of available QSPs. The list is used to help individuals needing services choose their QSP.
- Medicaid AFC clients are given a list of approved homes from which to choose their QSP; however, Aging Services does not provide any guarantee of a client choosing the AFC provider's home.
- A QSP may choose to remain off 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. Read through the Provider Navigator FAQ document on page 34.
- Potential clients can look for QSPs on the [public online list](#).

- **Audits, State Exclusion & OIG Referrals**

HHS is required to complete reviews of QSPs to ensure individuals receive 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 to submit documentation upon request.

The Department must recover funds paid for services not delivered in 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 indicate 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, we 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 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 receive 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 will not be eligible to provide services to individuals whose care is reimbursed by federal health care programs such as Medicaid or by ND state funds. This does not impact your eligibility to receive Medicaid or Medicare benefits.

Once 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 the Medicare, Medicaid and all Federal health care programs, they must apply for reinstatement and receive an authorized notice from OIG of reinstatement.

- **Formal Reviews**

A Formal Review may be requested if you disagree with any action regarding QSP reimbursement. Per ND Admin Code 75-03-23-12, to request a formal review:

- A QSP may not request a formal review of the rate paid for each disputed item.
- Send a written request within 30 days of notice of the adjustment or request for refund.
- The notice 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 to make a decision from the date we received the notice of a request for review. **Send all requests for formal reviews to:**

Health and Human Services – Appeals Supervisor
State Capital – Judicial Wing
600 E Boulevard Ave, Bismarck, ND 58505

- **Criminal Conviction Changes**

QSPs must notify QSP Enrollment **within five business days** of conviction history changes by emailing QSPinfo@nd.gov. Failure to report changes to your conviction history may result in termination of your enrollment. **If at any time, the QSP fails to meet the standards outlined, HHS will notify the QSP that they must immediately stop providing services to public pay individuals.**

Any new convictions are reviewed to determine if the QSP continues to meet standards for enrollment or may continue to provide services. Convictions, offenses and rehabilitation are reviewed and determined if they impact enrollment 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.

Fraud, Waste & 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.

How do I report Medicaid fraud or abuse?

- ❖ Phone 1.800.755.2604 or 701.328.4024
- ❖ Email medicaidfraud@nd.gov
- ❖ Fax 701.328.1544
- ❖ Mail:
Fraud Waste & Abuse
Administrator
Medical Services Division
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250
- ❖ Or complete the Suspected Fraud Referral ([SFN 20](#))

To learn more about fraud and abuse, visit us [online](#).

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*
- ❖ *Disrespectful*
- ❖ *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)

Adult Foster Care (AFC) QSPs are **NOT required** to use EVV but can use EVV if they **choose** to. **Skip this section if you do not want to use EVV.**

QSPs use 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

QSPs 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, 2020 and usage is required by law based on the federal requirement of the 21st Century Cures Act. QSPs are required to use an EVV system if enrolled 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 – Unit Rate
Respite Care
Supervision

Services NOT Subject to EVV:

Adult Day Care
Case Management
Environmental Modification
Personal Care – Daily Rate
Transition Coordination

EVV Resource Information

For more information about EVV:

- Visit the [HHS EVV website](#)
- [Introduction to EVV for ND Aging Services](#)

Therap Resource Information

- Training, videos and billing user guides are available on the Therap [website](#).
- For further Therap assistance, email: ndsupport@therapservices.net

Therap Password Reset

- Self-Password Reset instructions are [online](#).
- Email QSPresetpw@nd.gov or call 1-855-462-5465

Using Therap to collect EVV Data

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 40). 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 for EVV services within Therap.**

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 do not have log in information, email QSPresetpw@nd.gov for assistance.
- 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 refer, complete the [onboarding form](#) to start training with Therap.
 - Therap offers a weekly webinar for QSP Therap 101.

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.

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 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.
- Sends 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 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 are either in community where the recipient resides and/or are 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 more 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: 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 reached 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 will 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: 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. 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: This is the amount a client must pay out of pocket 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.

REVALIDATION

• 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 AFC QSPs 60 days before your QSP expiration date. You must log into the [enrollment portal](#) to submit revalidation information **before** your expiration date. It is your responsibility as a QSP to ensure you stay up to date with all notices and respond in a timely manner.
- **It is your responsibility as a QSP to ensure you stay up to date with all notices and respond in a timely manner. Notices are only sent by email, a notice will not be sent by US mail.**
- QSPs should start this process **as soon as the notice is received** to allow enough time for processing.
- The QSP enrollment portal leads you through all information, documents and forms required for revalidation. The current version of all forms must be used. If you do not complete your QSP revalidation on time, your **QSP status may be closed.**
- **Payments will be suspended, your status may be closed and you may not receive payment** for services provided during the gap in your enrollment if a complete revalidation is not received and finalized by your expiration date.
- **New background checks are required** if an AFC QSPs status closes for any reason and you have to reapply for enrollment.
- 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.**

• AFC License Revalidation

- Initial AFC licensure is valid for no longer than 12 months from the date of issuance.
 - Note: QSP enrollment will be approved for five (5) years; however, your AFC license is only valid for 12 months; you will be required to update your license within the five-year enrollment span.
 - You will receive an email notice from QSP Enrollment 60 days before your license expiration.
 - It is your responsibility as a QSP to ensure you are staying up to date with all notices and responding in a timely manner. Notices are only sent via email, a notice will not be sent via US mail.
- After the initial licensing period expires:
 - You will be issued another license, valid no longer than 24 months from the date of issuance or the date or expiration of your QSP enrollment status, whichever comes first.
 - New background checks are required if your QSP enrollment closes and there is a gap in your enrollment effective dates.
 - You will receive an email notice from QSP Enrollment 60 days before your license expiration.
 - It is your responsibility as a QSP to ensure you are staying up to date with all notices and responding in a timely manner. Notices are only sent via email, a notice will not be sent via US mail.

- **Competency Revalidation**

- QSPs are required to update competency requirements every 30 months or at expiration of licensure (SFN 750, CNA certificate or LPN/RN).
- You will receive an email notice **8 weeks** before this information is due; updated documentation is required when requested.
- If you enrolled by submitting an SFN 750 – Documentation of Competency, a new SFN 750 will need to be completed by a licensed healthcare provider.
- If you enrolled using a CNA certificate or LPN/RN license, you must upload or provide proof that your license has been renewed.
 - QSP enrollment staff can no longer approve QSP hours worked towards your CNA renewal. 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.
- If you do not comply with this requirement, **your enrollment will be closed.**
- QSPs that have not claimed their account in the QSP enrollment portal **will not receive notices** about their enrollment status or tasks due. It is your responsibility as a QSP to ensure you stay up to date with all notices and respond timely. Notices are **only** sent via email, a notice will **not** be sent via US mail.

APPENDIX

- **How to obtain an NPI (National Provider Identifier) number**

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

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

- There are 2 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](#).
 - ◆ OMB No. 0938-0931
 - ◆ downloads/CMS10114.pdf
 - ◆ Page 5 of the application contains information regarding where the form can be sent.
- Taxonomy Code:
 - A taxonomy code describes the type of services provided.
 - The recommend taxonomy code for the services you provide as a QSP is
 - Personal Care Attendant, **3747P1801X**.
 - 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.
 - Select "Not a group", enter code "**3747P1801X**" in the filter, click "**Save**"
 - Once the taxonomy code(s) and license(s) are added to the application, one taxonomy code must be identified as being the Primary Taxonomy
 - Select the checkbox to the left of the applicable taxonomy code.
 - If only one taxonomy code has been entered on the application, NPPES will default this taxonomy code as the Primary Taxonomy

- **Critical Incident Reporting**

- **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. A QSP who is with a client, is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

- **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:**

- As soon as you are aware of a critical incident:
 - **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.

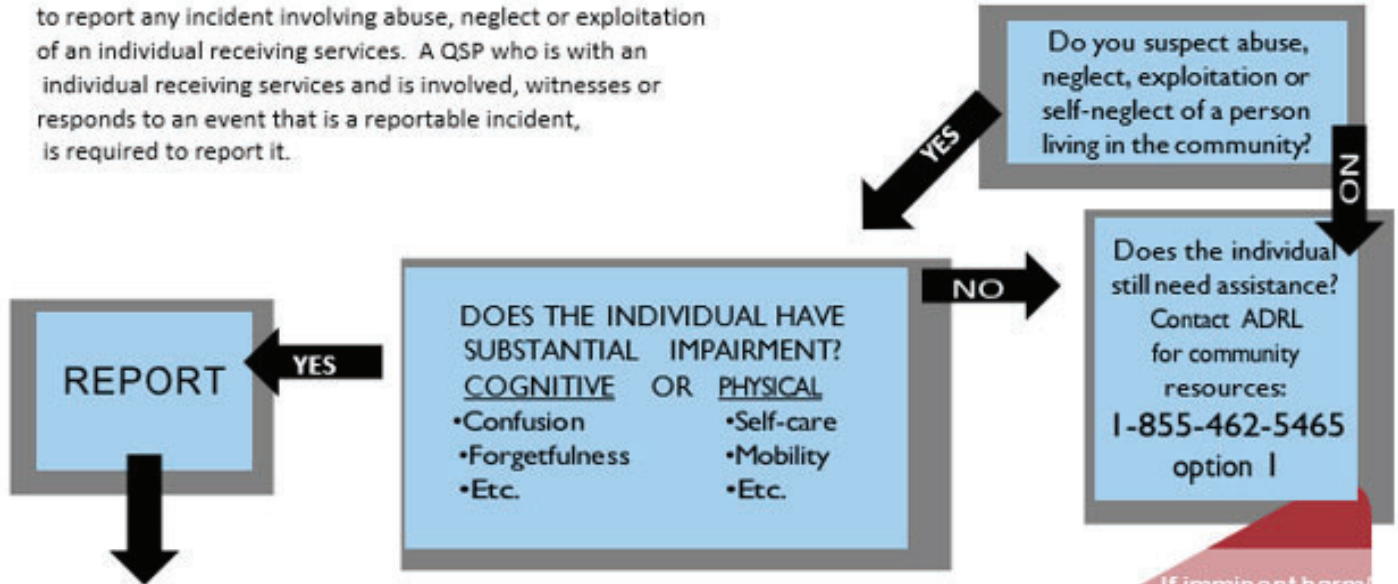
- If an incident involves abuse, neglect or exploitation, a provider must submit **both**, the incident report **and** report to VAPS.
 - See next page for instructions to submit a VAPS report.
- **Critical Incident Examples:**
 - **Example 1:** If a client falls while the QSP is in the room, but the 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.
- **Remediation Plan**

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.

Vulnerable Adult Protective Services (VAPS) reports 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.

SHOULD I REPORT?



Go to:

www.hhs.nd.gov

click on Service

Areas then

Adults & Aging

REPORT HERE:

[Reporting Abuse](#)

REPORTING OPTIONS

- Online <https://bit.ly/3vbYbEj>
- Reporting Form, [SFN 1607](#)
Email to: dhsvaps@nd.gov or Fax to: 701-328- 8744
- Phone if no computer or internet accessibility
1-855-462-5465, option 2 Available Monday thru Friday 8 a.m.-5 p.m.

If imminent harm/danger to individual OR to request a welfare check.

Call **911**

Reports are processed in the order they are received.

For guidance on complaints/concerns about **HOSPITALS**, contact ND State Department of Health 701-328-2372d

For guidance on complaints/concerns about **NURSING HOMES**, contact the Ombudsman 1-855-462-5465, option 3

For guidance on complaints/concerns about **GROUP HOMES**, contact Protection & Advocacy 701-328-3950

EVEN IF YOU BELIEVE SOMEONE ELSE HAS FILED A REPORT, WE WANT TO HEAR FROM YOU!

WHEN IN DOUBT, FILL A REPORT OUT!

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 an alcohol-based hand sanitizer that contains at least 60% alcohol.
- ☐ Follow these steps when using hand sanitizer:
 - Apply the gel product to the palm of one hand in the correct amount.
 - Rub your hands together.
 - Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.
 - Once you are back on-site, ALWAYS wash your hands for 20 seconds with soap and water.

- **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 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 Covid-19.
 - 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.
- Goggles/Face Shields
 - Used to protect the eyes, nose and mouth during patient care activities likely to generate splashes or sprays of body fluids, blood, or excretions.
- Additional Resource: [HHS Coronavirus](#)
- **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

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

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

Smoke Alarms

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



Can everyone hear the alarm?

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

Cooking Safety

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

Smoking Safety

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

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

Heating Safety

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

Escape Plan

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



Can everyone get out?

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

Carbon Monoxide Alarms

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

Electrical and Appliance Safety

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

Learn more about fire prevention:
www.usfa.fema.gov

U.S. Fire
Administration



FEMA





Licensed Foster Care Fire Safety

NDCC 50-11 mandates a course of instruction on fire prevention and safety, and the completion of a fire safety self-declaration (found in the SFN 1037 licensing packet), must be signed by each foster care provider. The home must comply with the requirements of NDAC 75-03-14-03 related to checking and maintaining fire extinguishers, smoke and carbon monoxide detector/alarms, furnace inspections, etc.

ONGOING MAINTENANCE

Fire Extinguisher

Must be accessible and maintained with a minimum of one **2A-10BC** fire extinguisher on each level of the home. Kitchen and laundry rooms are priority areas. Fire extinguishers must be serviced annually or purchased every **3 years**.

Why do we have to service or replace?

To be in compliance with OSHA, all portable fire extinguishers are required to have an annual inspection performed to ensure proper functionality. Inspections are also a requirement of ND Fire Code compliance. It is highly recommended when purchasing a fire extinguisher to purchase a unit that can be "serviced". This will be a cost savings long-term.

Smoke Alarm

Change *batteries* at least **once per year**. If hard wired with battery backup, the batteries still need to be changed. Smoke alarms expire and need to be replaced **every 10 years** per ND Fire Code.

Why do we have to change batteries and/or replace units?

Like all devices with electronic components, smoke alarms have a limited service life. As electronic devices, smoke alarms are subject to random failures. Replacing alarms after 10 years protects against the risk of failure. One way to mitigate risk is to **test alarms quarterly** to ensure the unit is in proper working condition.

Hot Water Boiler

Hot water boilers in apartment buildings separate from living spaces must be inspected every **3 years**. Foster care providers must work with their property manager to receive and submit to their licensing specialist verification of boiler inspection (SFN 19585).

Heating Systems

Furnace (gas, propane, or coal), chimneys, and boilers must be maintained in proper operating and in a safe and sanitary condition. Heating systems must have an inspection every **2 years**. Electric heating systems do not require any inspection, however special attention must be made to keep items from touching the electric heater and panels to minimize risk of fire.

Carbon Monoxide (CO)

If the home has a source for carbon monoxide through an attached garage, gas furnace, or gas appliances then the home must have at least one carbon monoxide detector/alarm on each floor per recommendation from the North Dakota State Fire Marshal.

What about combined smoke/carbon monoxide detectors?

Combined smoke and carbon monoxide alarms are allowed and do meet fire code.

Know the Risks

Sources: NFPA (2021), CDC (2021)

- In 2020, a home structure fire was reported every 89 seconds.
- From 2015–2019, cooking was the leading cause of home fires.
- The risk of dying in reported home structure fires is 55 percent lower in homes with working smoke alarms.

- Almost 3 out of 5 home fire deaths were caused by fires in properties with no smoke alarms (41%) or smoke alarms that failed to operate (16%).
- Every year, at least 430 people die in the U.S. from accidental CO poisoning.
- Approximately 50,000 people in the U.S. visit the emergency department each year due to accidental CO poisoning.

The licensing file does require the foster care provider provide verification of purchase (receipts) for any extinguishers, detectors/alarms, completion of required inspections, etc.

The "Invisible" KILLER

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

What is carbon monoxide?

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

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

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

What should you do?

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

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

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

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

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

Look for problems that could indicate improper appliance operations:

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

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

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

Symptoms of CO poisoning

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

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

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

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

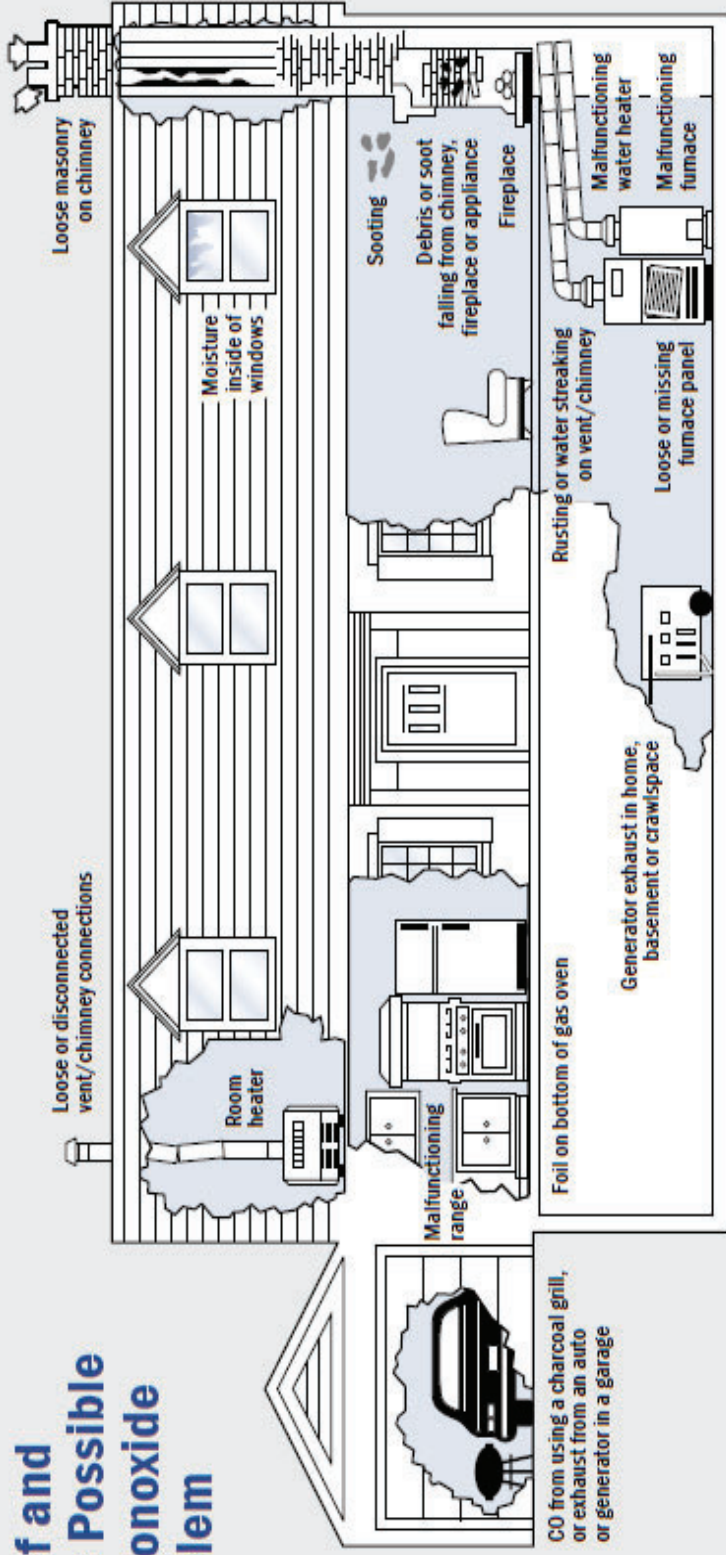


To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270.

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

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

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



Carbon monoxide clues you can see...

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

Carbon monoxide clues you cannot see...

- Internal appliance damage or malfunctioning components

- Improper burner adjustments
- Hidden blockage or damage in chimneys

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

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

Warnings...

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

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

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