January 2025

QUALIFIED SERVICE PROVIDER (QSP)

Agency Foster Home for Adults (AFHA) Handbook

Enrollment Procedures & Required Standards

NORTH Dakota | Health & Human Services
Be Legendary.

Enrollment Procedures & Standards

QSP handbooks are available online.

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

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

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HANDBOOK UPDATES IN THIS ISSUE

*Updates are notated in **red** throughout the handbook*

The QSP Enrollment Portal (Portal) is a new online enrollment system created to streamline and improve processing time for QSPs. You will notice mention of the Portal throughout this handbook. The Portal replaced the paper application process.

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How to enroll & QSP Hub

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

North Dakota QSP HUB
North Dakota's centralized source of support and information for Qualified Service Providers

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 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 North Dakota Department of Health and Human Services (HHS) funds and oversees Home and Community Based Services (HCBS) for the elderly and disabled. 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.

Services Available:
The only services available in an Agency Foster Home for Adults (AFHA) are listed below. Both services can be provided in an AFHA, but a client can only receive one of these services at a time.

- *Community Support Services*
  - Targeted population – Individuals with physical disabilities and complex health needs and would not benefit from training.
- *Residential Habilitation*
  - Targeted population – Individuals with a cognitive impairment such as Traumatic Brain Injury (TBI) and early stage dementia.
  - The client should have the ability to maintain or improve their skills through training.

Some requirements to provide these services include:
- All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
- The agency must complete Level 1 Council on Quality and Leadership (CQL) accreditation prior to receiving their license.
- The agency must employ or contract with a licensed registered nurse.
- The agency must employ a program coordinator who meets the requirements within the Community Support Policy Chapter 525-05-30-21 and/or Residential Habilitation Policy Chapter 525-05-30-50.

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.
- Agency Provider: An agency that enrolls with Health and Human Services (HHS) as a QSP. Once enrolled, the agency bills HHS for authorized services.
- Agency Foster Home for Adults (AFHA): A residential home with four or less disabled or older adults where residential habilitation or community supports is regularly provided. The residents must be Medicaid Waiver recipients and cannot be related by blood or marriage to the owner or lessee, for hire or compensation.
- Aggregator: Integrates and audits claims, letting payers connect adjudication and visit verification data in real time.
- Applicant: The agency completing and submitting an application to be licensed to provide agency foster care for adults.
- Care: The provision of residential habilitation or community support services, as defined by chapter 75-03-23, as an agency foster care for adults.
- 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.
- Community Support Services: Training and support for eligible people who need some help on a daily basis. The service helps develop self-help, socialization and adaptive skills so individuals can live on their own and participate in their communities.
  - The participant must be able to benefit from one or more of the following:
    Care coordination, community integration/inclusion, adaptive skill development, assistance with activities of daily living, instrumental activities of daily living, social and leisure skill development, medication administration, homemaking, protective oversight supervision, and transportation.
  - The service may be provided in a community residential setting (leased, owned or controlled by the provider agency) or in a private residence (owned or leased by an individual). Provider owned or controlled settings must also be licensed as an agency adult foster care home.
- Competency Level: The skills and abilities required to do something well or to a required standard.
- Cost Share: (see Client Share)
- Council on Quality and Leadership (CQL): Council on Quality and Leadership (CQL) assists communities, systems and organizations to help people discover and define their own quality of life, measure personal quality of life for individuals, organizations and systems and improve the quality of life for people with disabilities, people with mental illness and older adults — and the people, organizations and communities that support them.

- Critical Incidents: Any actual or alleged event or situation that created a significant risk of substantial or serious harm to the physical or mental health, safety, or wellbeing of any client receiving HCBS.
- Department: The North Dakota Department of Health and Human Services (DHHS).
- Documentation: A written record of when the service started and ended, and what service was given.
- Electronic Visit Verification (EVV): A billing and payment system QSPs use to track the start and stop times of services they provide to individuals in their homes. A mobile device application used on a phone, tablet, laptop or fixed object device, verifies services are provided at an authorized location and records the time in and out.
- Endorsement: A task that requires special skill and approval.
    - Global Endorsement: Applies to all individuals requiring this endorsement.
    - Client Specific Endorsement: Requires client specific instruction for each individual client for whom you provide care requiring this endorsement.
- 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.
- Facility: A licensed agency foster care home for adults providing residential habilitation or community support services.
- 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 undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful/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 and community-based setting experience interview: An instrument used to record information about a resident's experiences in the facility.
- License: A document issued by the Department authorizing an applicant to operate a facility.
- Limited to Tasks: Limits and cautions placed on tasks provided by AFHA/QSP.
- Medical Services Division/The Department: A division within HHS with is responsible to enroll QSPs, conduct audits and set rates for services.
- Mental anguish: Psychological or emotional damage that requires medical treatment or medical care or is characterized by behavioral changes or physical symptoms.
- Monitoring: Overseeing the care provided to a resident by a provider and verifying compliance with laws, rules, and standards pertaining to care and the resident's rights related to the facility.
- 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.
- Person-centered service plan: A plan that describes the Medicaid waiver recipient resident's assessed needs, outcomes and goals and how the services and natural supports provided will assist the resident in achieving their outcomes and live safely and successfully in the community.
- 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: An agency enrolled to operate the facility whose employees have documented qualifications in providing care and is enrolled as a qualified service provider agency.
- Provider Number: Number assigned to the enrolled AFHA/QSP provider.
- Qualified service provider agency: An organization that has met all standards and requirements for that status established under chapter 75-03-23.
- Quality Improvement (QI) Program: A program that identifies, addresses and mitigates harm to individuals being served. Agencies must meet five core standards.
- Recipient Liability (RL): (see Client Share)
- Remittance Advice (RA): After you submit a claim, a document is created to explain what was or wasn't paid. The information is available in MMIS and shows information about the claim; days and amount billed and amount paid or denied for a specific payment period. If you are paid less than what you submit or your claim is denied, a reason is included for each. A payment total for the past year is also included.
- Resident: Any adult who is receiving care in a facility for compensation up to twenty-four-hour per day.
- Residential Habilitation: Training and support for eligible people who need some help on a daily basis helps to develop self-help, socialization and adaptive skills so individuals can live on their own and participate in their communities.
  - The participant must be able to benefit from one or more of the following:
    skills training, restoration or maintenance and one or more of the following: care coordination, community integration/inclusion, adaptive skill development, assistance with activities of daily living, instrumental activities of daily living, social and leisure skill development, medication administration, homemaking, protective oversight supervision, and transportation.
  - May be provided in a community residential setting (leased, owned or controlled by the provider agency) or in a private residence (owned or leased by an individual). Provider owned or controlled settings must also be licensed as an agency adult foster care home.
- Qualified Service Provider (QSP): An individual or agency that has met all the standards and requirements and has been approved by HHS as a provider.
- Service: Work done by a provider for payment.

- Service Authorization (SA): An authorization created by a Case Manager. The SA authorizes a QSP to provide services and lists the tasks a QSP can provide, the dates the service can be provided within and the maximum amount of service authorized per month.
- Service Fee: (see Client Share)
- Sexual abuse or Exploitation: Conduct directed against a resident which constitutes any of those sex offenses defined in North Dakota Century Code sections 12.1-20-02, 12.1-20-03, 12.1-20-03.1, 12.1-20-04, 12.1-20-05, 12.1-20-06, 12.1-20-06.1, 12.1-20-07, 12.1-20-11, 12.1-20-12.1, and 12.1-20-12.2, and North Dakota Century Code chapter 12.1-41.
- SFN: (**S**tate **F**orm **N**umber): located on the upper left side of each 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.
- 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.

- **Agency name limitations**
  - ☐ QSP agency names may not include the following terms:
    - "home health agency", "home health care" or "home health services" per ND Administrative Code 33-03-10.1-03
    - "group home" per ND Administrative Code 75-04-01-01(14)
    - "nurse" per ND Century Code 43-12.1-02(4)

- **Create an Account in the QSP enrollment portal**
  - ☐ To create a profile in the enrollment portal, the QSP must first have an email account to receive correspondence from the Department.
  - ☐ The QSP should NOT share an email account with unauthorized people such as family or friends. If the QSP does use a shared account, the QSP must get written permission from any persons receiving care to allow release of confidential information.

- **NPI Number**
  - ☐ An NPI (National Provider Identifier) number is required.
    - 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 45.

- **Required Forms & Documents**

  All forms must be completed online, filled out with a pen or typed.

  - ☐ SFN 749 – Documentation of Competency OR copy of license/certification
    - A separate form for each **employee** providing these services is required. See page 14 for details.
  - ☐ Organizational chart with key positions (include names of staff)
    - Board of Directors:
      - If your agency is a non-government agency and you have a board of directors: When listing owners and managing employees in the QSP enrollment portal, make sure to include your board of directors members. They are considered managing employees; names, date of birth, social security number and addresses are all required.
  - ☐ Copy of government issued ID for the following individuals:
    - Owners, agents, managing employees, board of directors.
    - Upload these documents into the QSP enrollment portal.
  - ☐ Onboarding Orientation Training
    - Completion Certificate of employee designated to provide all employee training
      - Upload document into the QSP enrollment portal.
      - Training is available in the enrollment portal or can be found online here.

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

☐ Direct deposit is required. To set up a direct deposit account, one of the following:
- Voided check from your checking account
  - You must write "VOID" across the front of the check
  - "Starter checks" are not allowed
  - You cannot hand-write your name and address on the top left of the voided check, it must be pre-printed by the bank or financial institution
- Letter from your bank or financial institution.
  - You cannot hand-write any information on the letter; it must be pre-printed by the bank or financial institution. Letters missing information will be returned and delay the processing of your application.
  - Your full name and address
  - 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.

☐ Job descriptions of each employee position
- Upload these documents into the QSP enrollment portal.

☐ Private pay service fee schedule
- Private fee schedule, if differs than state rates, must be uploaded into the QSP enrollment portal.
- If you choose to follow the same rates as issued by the State, opt into the fee schedule included in the QSP enrollment portal.

☐ Current verification of Unemployment Insurance coverage
- Upload document into the QSP enrollment portal.
- https://www.jobsnd.com/unemployment-business-tax/employers-guide
- https://www.jobsnd.com/unemployment-business-tax/unemployment-business-field-representatives

☐ Current Verification of Workforce Safety and Insurance coverage
- Upload document into the QSP enrollment portal.
- Email: wsiemployerservices@nd.gov Phone: 800-777-5033
- Website: https://www.workforcesafety.com/employers

☐ Verification of Registration with ND Secretary of State Office
- Upload document into the QSP enrollment portal.
- Email: sosbir@nd.gov Phone: 800-352-0867
- Website: https://www.sos.nd.gov/business/business-services/register-business

- **AFHA Licensing**
  - ☐ Reference the following policies:
    - Foster Care Homes for Children and Adults N.D.C.C. 50-11
    - Licensing of Agency Foster Home for Adults N.D.A.C. 75-03-21.1
    - Agency Foster Home for Adults Licensing 670-05
  - ☐ To begin the licensing process, email adultfostercare@nd.gov to connect with an Aging Services program administrator.
  - ☐ Application for License 670-05-20-15
  - ☐ SFN 1619 – Request to be a QSP / Agency foster Home for Adults
  - ☐ SFN 588 – Initial Licensing Study – Agency Foster Home for Adults
    - 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
  - ☐ Fire inspections by the state fire marshal or local fire inspector.
  - ☐ Professional inspection of the heating and electrical system for operability and safety report.
  - ☐ Proof of auto insurance.
  - ☐ Proof of insurance and bond appropriate to the size of the programs as required in 75-03-21.1-24.
  - ☐ 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 670-05-30-40. 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.
  - ☐ Sample menu plan compliant with dietary guidelines outlined in subsection 4 of section 75-03-21.1-38.
  - ☐ Proof of current pet vaccinations, if applicable.
  - ☐ Additional information and verifications as requested by HHS.
  - ☐ Evidence of initial level of accreditation by the Council on Quality and Leadership (CQL).
  - ☐ Evidence of compliance with the HCBS Settings Rule.
  - ☐ A written statement prepared by the appropriate county or municipal official having jurisdiction that the premises are in compliance with local zoning laws and ordinances.
  - ☐ For existing buildings, floor plans drawn to scale showing the use of each room or area and a site plan showing the source of utilities and waste disposal.
  - ☐ Plans and specification of buildings and site plans for facilities proposed for use but not yet constructed, showing the proposed use of each room or area and the sources of utilities and waste disposal.
  - ☐ Initial AFHA 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 AFHA 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.

- **Employee Requirements**

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

☐ Employees must:
- Be literate, capable of understanding instructions and communicating in the English language;
- Be in good physical health, emotionally and functionally stable and not abusing drugs or alcohol;
- Undergo a medical examination, psychological evaluation or substance abuse evaluation when requested by the Department when there is reason to believe that such an examination or evaluation is reasonably necessary.
- Successfully complete criminal background check requirements as specified in ND Century Code sections 50-11-02.4 and 50-11-06.8
- Successfully complete Department approved modules of Medication Certification, TBI, Dementia and First Aid training.

☐ Minimum employee requirement:
- A minimum of two (2) direct service employees must be enrolled to provide these services and provide backup as needed for clients.
- A minimum of two (2) employees must have the same global endorsements and client specific endorsements to add an endorsement.

☐ At time of hire and **before** an employee starts providing services to public pay clients:
- Confirm the identity of the employee. Employees must be age 18 or over.
- Enter employee name and information into the QSP Enrollment Portal.
  - The Portal will screen each employee to determine if they meet the required standards to allow them to provide services to public pay clients. You will receive notice if the employee is approved to provide services for your agency.
- Employees providing direct services must be entered and screened through the Enrollment Portal.
- Owners, employees, contractors or individuals with controlling interest in the agency with certain convictions or exclusions may not be eligible to provide services or enroll as an agency.
- All employees in an AFHA are subject to mandatory state and national background checks. Any individual employed by or providing care in the AFHA must complete and submit the following forms to the Department to request a BCI check:
  - SFN 467 – Personal Authorization for Criminal Record Inquiry
  - SFN 466 – Background Check Address Disclosure
  - BCI Request Form 60688
    - Two fingerprinting cards if the individual has lived outside of ND in the last 11 years.
    - Request a copy of the 60688 form by emailing: adultfostercare@nd.gov.
- All employees must review the following fact sheets at the time of hire:
  - Fire Safety Checklist
  - The "Invisible" Killer - Carbon Monoxide
  - Guidelines for Universal Precautions (page 53)

☐ Ongoing throughout enrollment:
- Once an employee is hired; add each employee and contractor into the enrollment portal.
- HHS will continue to screen agency employees and contractors who have been entered into the Enrollment portal to ensure they continue to meet program standards.

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

☐ **Employee Screening**

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

☐ **Employee proof of competency**

SFN 749 – Documentation of Competency, ND CNA/LPN/RN Certification/Licensure or DD Licensed provider

- Complete the SFN 749 for each employee providing direct services to HCBS individuals
  - If employee has a current ND CNA, RN or LPN, this form is not required, (upload a copy of certificate or license).
  - If enrolling agency is a current DD (Developmentally Disabled) licensed provider with ND Medicaid, this form is not required.
    - Provide proof of current enrollment with ND Medicaid. Include a list of employees providing services.
- The form must be completed **before** an employee provides services.
- Each employee form is uploaded into the enrollment portal at initial enrollment and each time a new employee is hired.
- This document must be completed correctly. Forms with missing or incomplete information will not be accepted, and a new form will be required.
  - **Both columns 3 & 4** must be completed in Standards 5 – 26.

- The form is valid for five (5) years. A new form is required before the expiration to ensure all dates the employee provides services are covered.
- Certificates or other forms acknowledging completion of a training or education program focused on in-home care will be considered if the curriculum includes standards 5 – 26 (on SFN 749), and the training program is provided by a licensed health care professional, prior approval by HHS is necessary.
  - The program must have a revalidation process every five (5) years or less.
- Verification of employee signing the documentation of competency:
  - A qualified individual with current licensure must sign the SFN 749 for your employee. A qualified provider is defined as:
    - Physician, Physician's Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Physical Therapist (PT), Occupational Therapist (OT), Chiropractor.
    - A CNA **cannot** complete the SFN 749 for another individual.
  - The licensure of individual signing the SFN 749 must be verified on one of the following sites:
    - Physician, Physician's Assistant (PA): Board of Medical Examiners
    - Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN) ND Board of Nursing
    - Occupational Therapist (OT): Board of Occupational Therapy
    - Physical Therapist (PT): Board of Physical Therapy
    - Chiropractor: Board of Chiropractic Examiners
- Employee competency verified by a current, ND CNA certificate:
  - Verify current credentials:
    - Certified Nurse Assistant Registry – CNA
    - Verify individuals to ensure they have a current certificate and no disciplinary actions.
    - Verify employee is not listed on the CNA Abuse List and there are no complaints or sanctions against employee
  - Upload a copy of the current certificate into the QSP enrollment portal.
- Employee competency verified by a current ND LPN or RN license:
  - Verify current credentials:
    - Board of Nursing
    - Verify current license and no disciplinary actions.
  - Upload a copy of the current license into the QSP enrollment portal.

• Criminal Convictions & Enrollment Approval

Effect on licensure and operation of a facility:

- An individual employed by or providing care in a facility may not have been found guilty of, pled guilty to or pled no contest to an offense identified in ND Admin Code *75-03-23-07(2)(b)(1)*

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.

- ## Required Policies & Procedures

The policies and procedures listed below must be created by your new agency.

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

- ☐ Compliance Program – see appendix
- ☐ Process of reporting suspected Fraud, Waste & Abuse (FWA)
  - Include process for notifying the Department when an agency employee is terminated for suspected fraudulent behavior.
- ☐ Additional policies and procedures must be developed as defined in the Quality Improvement (QI) Program - see appendix.
  - Emergency Response System, Home Delivered Meals, Environmental Modification, and Specialized Equipment providers are not required to develop additional policies beyond the Compliance Program and FWA processes.

CHART A – Allowable Tasks, Activities & Standards

SERVICES: Community Supports (CS) Residential Habilitation (RH)

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
1. All Providers	Have basic ability to read, write, and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	
2. All Providers	(A) Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider. (B) Have not been abusive or neglectful of someone. (C) Have not stolen from someone.	Statement attesting to his/her status regarding conviction of a felony or misdemeanor. The Agency owners, managing employees and employees providing direct services will pass all screening requirements. Statement attesting to his/her status regarding having stolen from someone.	
3. All Providers	If have infectious or contagious disease, understand universal precautions to prevent spread of illness. Be physically capable of performing the service.	Assurance checked stating having the physical capability to perform the service.	
4. All Providers	Uphold Confidentiality.	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Agree to NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance marked agreeing to maintain confidentiality	
5. CS & RH	**Proper handwashing methods** Know generally accepted practice of infection control guidelines/proper hand hygiene.	Follow these steps when wash your hands every time: • Wet your hands with clean, running water, turn off the tap and apply soap. • Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails. • Scrub your hands for at least 20 seconds. • Rinse your hands well under clean running water. • Dry your hands using a clean towel or air dry them. If soap and water are not available: • Use and alcohol-based hand sanitizer that contains at least 60% alcohol. Follow these steps when using hand sanitizer: • Apply the gel product to the palm of one hand in the correct amount. • Rub your hands together. • Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
6. CS & RH	**Handling of bodily fluids** Keep generally accepted practice of universal precautions and the use of personal protective equipment (PPE) when handling and disposing of body fluids.	Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, gowns and proper disposal of both body fluids and items used. Use of Personal Protective Equipment (PPE): Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc. • Perform hand hygiene prior to putting on gloves. • Remove jewelry, cover abrasions then wash and dry hands. • Ensure gloves are intact without tears or imperfections. • Fit gloves, adjusting at the cuffs. • Remove by gripping at cuffs. • Immediately dispose of gloves in waste basket. • Wash hands after removing gloves. • Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated. • DO NOT reuse gloves, they should be changed after contact with each individual. Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids. • Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. • Tie all the ties on the gown behind the neck and waist. • Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement. • Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body. • Dispose the gown in waste basket. • Perform hand hygiene after removing gowns. Masks - Recommended as a best practice for all QSPs when the risk level is high in the community for COVID-19 as a standard precaution.	
7. CS & RH	**Basic meal planning and preparation** Have knowledge of basic meal planning and preparation.	Planning: Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods. Shopping/Purchasing: Read food labels; identified ingredients (this is critical for special diets (e.g. salt free, low in sugar); considered cost; used seasonal food when possible. Preparing the Meal: Washed hands and applied gloves; followed the menu; followed recipes; know food substitutions, allowed for special diet if a food item is not available; prepared one-dish meals as appropriate or for foods which may be reheated, prepared for proper storage and reheating for future servings; used proper size pans; used correct burner size; when using oven, prepared more than one item at a time; when possible, use toaster/microwave for small meals, conventional oven for big meals, cleaned up; wash dishes. Removed gloves and washed hands.	Does **NOT** include canning of produce or baking of such items as cookies, cakes & bread.

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

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
11. CS & RH	**Managing a budget** 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. CS & RH	**Toileting** Know generally accepted practice in assisting with toileting.	Washed hands and applied gloves. Bedpan: 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. Commode or Toilet Stool: 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.	For assisting with suppository. Endorsement D.
13. CS & RH	**Caring for incontinence** Know generally accepted practice of caring for incontinent client	Washed hands and applied gloves. Assembled necessary supplies (e.g. incontinence supply, washcloth, powder); provided for privacy; used correct positioning techniques; removed soiled materials/clothing; cleaned area; dried area; observed for unusual skin conditions; applied appropriate lotions/powder, if necessary; applied clean incontinence supply item. Properly dispose of soiled material and other consumable supplies. -Removed gloves and washed hands after all cares.	For assisting with suppository. Endorsement D.
14. CS & RH	**Transferring** Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.	Washed hands and applied gloves. Transfer Belt: Assisted client to sit; applied belt; stood in front of client; client's hands on your shoulders; grasped belt, had your knees braced against client's; had your feet block client's; raised and lowered client. To Standard Sit: Put client's hands on chair arms, one of your knees between clients; other knee braced client's knee; held client at center of gravity; instructed client to stand. Reversed procedure to sit. Bed to Wheelchair: Positioned wheelchair; locked the wheels; assisted client to dangle legs; instructed client to stand, reach for wheelchair arm, pivot and sit; supported and guided client. Reversed procedure to return to bed. Removed gloves and washed hands.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
15. CS & RH	**Ambulation** Know generally accepted practice of assisting client with ambulation.	Washed hands and applied gloves. Cane: Assisted client to stand, cane was held on correct side (single point cane usually held on strong side of body; 3 or 4 point cane usually held on weak side of body); cane was moved forward by client; feet were moved forward by client; assisted as necessary. Crutches: Assisted client to stand. For swing-through gait; client placed crutches 6" to 12" ahead, lifted and swung body just ahead of crutches, repeated. For 4-point gait: moved right crutch forward 6" to 8"; moved left foot forward; repeated for left crutch and right foot. For going up or down steps: DOWN – crutches on the step first, strong leg down first, then weak leg, repeat; UP – crutches and strong leg on same step, strong leg up first, repeat. Walker: Assisted client to stand. Placed walker 6" to 12" in front of client. Client moved feet forward while holding walker in hands. Assist as necessary. Removed gloves and washed hands.	Assisting client to walk, use wheelchair, walker, crutches or cane.
16. CS & RH	**Bathing techniques** Know generally accepted practice in bathing techniques: bed, tub, and shower.	Washed hands and applied gloves. Gathered necessary supplies/equipment (e.g. soap, wash cloth, towel); assured privacy; checked for appropriate water temperature; made mitten out of washcloth; (began with cleanest part of body). For bed bath: washed, rinsed, and patted dry one part of body at a time and only exposed the part of body being washed; observe for unusual changes in skin condition. For clients needing assistance with washing, follow procedure for bed bath/sponge bath using gloves. Changed gloves between cares. Instruct client to use safety bars when getting in and out of tub. Caregiver to provide necessary assistance with transfer to prevent fall. For client who is unsteady, drain tub water prior to client attempting to get out. Assist with transfer from tub or shower. Make sure all skin areas are thoroughly dry. Inspect skin for any changes (see Standard #18). Removed gloves and washed hands. Cleanse bath or shower.	
17. CS & RH	**Hair care techniques** Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	Washed hands and applied gloves. Bed shampoo: Gathered necessary supplies and equipment (e.g. shampoo, towel(s), pail, bucket, chair); placed pail/bucket on chair at head of bed; checked for appropriate water temperature; protected mattress and chair with plastic or towel; used plastic drainable trough; used cup or pitcher to pour water; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client. Sink shampoo: Gathered necessary supplies and equipment (e.g. shampoo, towel(s), washcloth); placed towel on client's shoulders; used washcloth to cover eyes; had client lean toward sink, wet hair; shampooed, rinsed, dried hair; cleaned up. If a shampoo board is used, the board must be completely sanitized before being used for the next or another client. Shaving: Gathered necessary supplies and equipment (e.g. electric razor, safety blade (no straight-edged razor), towel(s), lotion); had client in sitting position or on back; applies warm washcloth and then shaving cream or gel if using safety blade; held skin tautly; shaved in direction of hair growth; rinsed shaven area; applied shaving lotion, if desired; cleaned up. No sharing of razor blades. Removed gloves and washed hands.	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
18. CS & RH	**Oral hygiene techniques** Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.	Washed hands and applied gloves; gathered necessary supplies (e.g. toothbrush; toothpaste; small water basin); applied toothpaste to toothbrush; gave client toothbrush if able to brush own teeth or brushed using gentle motion; brushed teeth thoroughly throughout the mouth; offered rinse water; offered mouth wash; wiped client's mouth; observed for bleeding and pressure areas in mouth from dentures; replaced to storage; cleaned up. Removed gloves and washed hands.	
19. CS & RH	**Dress/undress client** Know generally accepted practice in how to dress/undress client.	Washed hands and applied gloves. Assembled clothing; assisted client to proper position for dressing; put on underwear; then trousers or pajamas; shirt or over-the-head clothing; socks or stockings, slippers or shoes. For undress, do the reverse. Removed gloves and washed hands.	
20. CS & RH	**Feed or assist with eating** Know generally accepted practice of how to feed or assist client with eating.	Washed hands and applied gloves; gathered utensils (e.g. napkin, tray); placed napkin near client, on client's chest or under chin, if appropriate; told client what foods are served; alternated solids and liquids; used a spoon for safety; used a short straw if client could not drink from a cup or glass, wiped client's mouth with napkin; cleaned up as appropriate; offered oral hygiene. Removed gloves and washed hands.	Does NOT include tube feeding.
21. CS & RH	**Routine eye care** (eye drops/ointment) Know generally accepted practice for routine eye care.	Washed hands and applied gloves. Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and gloves if there is drainage coming from eye. Wash hands and apply gloves if necessary. Instill solution according to manufacturer's guidelines. Removed gloves and washed hands.	Routine regimen prescription and non- prescription eye drops, ointment, eye pad after a well-established routine of care has been set forth for the client.
22. CS & RH	**Care of fingernails** Know generally accepted practice in proper care of nails.	Nail Care: Washed hands and applied gloves. Gathered necessary supplies and equipment (towel, water basin, nail file, nail clipper); filled wash basin with warm water, soaked client's fingernails approximately 20 minutes; cleaned under fingernails; clipped fingernails straight across; shaped with nail file; cleaned up/replaced equipment/supplies; washed hands. Properly disposed of nail clippings. Removed gloves and washed hands.	Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.
23. CS & RH	**Assist with self-administration of medication for able individuals** Know generally accepted practice for assisting client with self-administration of medications.	Washed hands and applied gloves, assisted client to proper position for self-administration of medication. Assisting the client with opening container, assisting with positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, and dose and time medication should be taken. If medication has been set up in medication container or planner by nurse or family, make sure it is clearly marked/labeled, assist client with opening container making sure medication is taken on appropriate day and time of day. Provide drinking fluid to swallow medication, assist client to close container and store medication properly. Removed gloves and washed hands.	Assisting client in self-administration by doing the following - opening container, assisting the client with proper position for taking medication, assist with giving client drinking fluid to swallow medication, recap the container.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
24. CS & RH	**Skin Care** (lotions, ointments, etc) Know generally accepted practice of caring for skin.	Washed hands and applied gloves, identified pressure points (bony areas of body): changed client's position every two hours; kept linens wrinkle-free and dry, used powder where skin comes together; washed and dried client's skin promptly if urine or feces are present and have now been removed, applied lotion as necessary for dry skin, observed for skin breakdown. Removed gloves and washed hands.	Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems. Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.
24. CS & RH	**Skin Care** (lotions, ointments, etc) Know generally accepted practice of caring for skin.	Washed hands and applied gloves, identified pressure points (bony areas of body): changed client's position every two hours; kept linens wrinkle-free and dry, used powder where skin comes together; washed and dried client's skin promptly if urine or feces are present and have now been removed, applied lotion as necessary for dry skin, observed for skin breakdown. Removed gloves and washed hands.	Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems. Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.
25. CS & RH	**Turning and positioning** Know generally accepted procedure for turning and positioning client in bed.	Maintained body alignment, kept spine straight and supported head. For Sitting Up: Placed pillows as needed for comfort if hospital bed – raised backrest to desired position. In Positioning on Back: Supported non-functional body parts with folded/rolled towels/pillows (shoulder blade, hip, hand, arm/elbows, leg) to promote blood circulation; did not place pillows, rolled or folded towels under knees when lying on back, loosened top sheet to prevent pressure from toes. In Turning Client Toward You/Away From You: Lower head of bed if evaluated, move client to side of bed near you; crossed client's arms over chest and nearest leg over farthest leg; placed one of your hands on client's shoulder, one on hip; gently rolled client toward you or push client away from you; placed pillows as appropriate for comfort and support (against back, under head and shoulder, in front of bottom leg, top leg on pillow, under client's arm/hand).	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
26. CS & RH	**Universal Precautions** Know the guidelines and practice universal/standard precautions.	Guidelines for universal/standard precautions: 1. Wash hands: • Before, during and after preparing food or before eating food. • Before and after caring for someone who is sick with vomiting or diarrhea. • Before and after treating a cut or a wound. • After using the toilet and after changing incontinent care products. • After blowing your nose, coughing, or sneezing. • After touching an animal, animal feed, animal waste, pet food or pet treats. • After touching garbage. • After you have been in a public place and touched an item or surface that is touched by other people. • Before touching your eyes, nose, or mouth. • When hands are visibly soiled. • Immediately after removal of any personal protective equipment (example: gloves, gown, masks). • Before providing any direct personal cares. 2. Use of Personal Protective Equipment (PPE): • QSPs are responsible 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. • **U**se during care activities where close contact with client is unavoidable. Clean hands with soap and water or hand sanitizer before touching mask. Mask can be worn throughout tasks and does not need to be changed between them if it is not soiled. 3. Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided. • Do not recap needles or remove needles from syringe. • After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal. Clean equipment used for the individual before and after each use.	
27. CS & RH	Background checks.	All AFHA applicants/providers are subject to mandatory state and nationwide background checks.	
28. CS & RH	Licensing standards	All AFHA applicants/providers must meet all other licensing standards.	
29. CS & RH	Employee training	Employees must complete Department approved modules of Medication Administration, TBI and Dementia training.	

CHART B – Global Endorsements a Healthcare Provider can Perform and/or Authorize

As performed by:

ENDORSEMENTS	PHYSICIAN		RN		LPN		CNA		OT		PT		Chiropractor		DD Employee	
	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize
Maintenance Exercise	X	X	X	X	X	X	X		X	X	X	X	X	X	X	
Catheter Care	X	X	X	X	X	X	X		X		X				X	
Medical Gases	X	X	X	X	X	X	X		X		X				X	
Suppository	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	

GLOBAL ENDORSEMENTS Information

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

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

CHART C – GLOBAL ENDORSEMENTS

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

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.

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

AFTER QSP APPROVAL

Once approved, you will receive an approval letter with your QSP number in the enrollment portal. Important instructions and resources are available in the portal to help you understand your responsibilities as a QSP:

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

- **Self Employed Contractor**
  - As an enrolled QSP agency, 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 social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments you receive as a QSP.
  - Withholding and paying taxes on QSP payments is your responsibility as a QSP agency.
  - Information on the tax responsibilities of independent contractors is available at www.IRS.gov.

- **Hiring new employees and before the employee provides services**:
  - Connect with an Aging Services program administrator to complete the required background checks 1-855-462-5465.
  - Employees cannot provide services until all required screenings are complete.
  - Employees must complete Department approved modules of Medication Administration, TBI and Dementia training.

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

- **Service Authorizations or Pre-Auth**
  - After the client is determined eligible for services 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. 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.

- **Documentation Requirements – Keeping Records**
  - Agency QSPs must keep service records for seven (7) years from the date services were delivered.
  - A downloadable PDF example and blank forms are available on the QSP website for QSPs to view and use to document services.
  - Documentation must be stored by QSP for required seven (7) year period, even if **your status as a QSP closes, you stop providing care to the individual, or the individual you are caring for passes away**.
  - Records cannot be copied or cloned with times, dates or months changed.
  - 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.
  - 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
    - 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**."
  - **Access and denial of access to facilities and/or records**
    - The applicant shall affirm the right of duly authorized representatives of the Department to inspect the records of the applicant, to facilitate verification of the information submitted with an

application for licensure, and to determine the extent to which the applicant is in compliance with the rules of the Department and North Dakota Century Code chapter 50-11.

- Any applicant or agency which denies the Department access to a facility or its records, shall have its license revoked or its application denied.

- **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**
    - 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 be 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".
  - **Overtime Payments**
    - Agency QSPs are not eligible for overtime payments, HHS is only required to pay Individual QSPs overtime per the Fair Labor Standards Act (FLSA).
    - For more information on QSP overtime, see the section under "QSP Overtime Frequently Asked Questions (FAQs).
  - **Billing Tips**
    - The QSP Agency bills the Department directly for services provided.
    - 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.
  - **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.
    - If providing this information, ensure all private client information is redacted.
    - For help to access your RA, see instructions online.

- **Email Address Updates**
  - Update your email address 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.

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

- **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.

- **Requirements of AFHA QSPs:**
  The provider:
  - Shall permit a representative of the Department, other individual or organization serving a resident entry into the facility without prior notice;
  - Shall provide information about the residents to the Department, other individual or organization serving a resident with reasonable promptness;
  - Shall report illness, hospitalization or unusual behavior of resident to the individual or organization serving the resident and to the resident's legal representative, whichever is appropriate;
  - Shall assure that information related to the resident is kept confidential, except as may be necessary in the planning or provision of care or medical treatment, as related to an investigation or license review under this chapter, required or permitted by law, or as authorized by the resident;
  - May not practice, condone, facilitate, or collaborate with any form of illegal discrimination on the basis of race, color, sex, age, religion, national origin, marital status, political belief, or mental or physical disability;
  - Shall accept direction, advice and suggestions concerning the care of residents from the Department, other individual or organization serving a resident;
  - Shall assure that residents receiving care are not subjected to abuse, sexual abuse, neglect or financial exploitation by the provider, employees or volunteers;
  - Shall coordinate and facilitate the release of a report of any examination or evaluation, required (subsection 3 of section 75-03-21.1-29) to the Department;
  - Shall immediately report changes in the identity or number of individuals living in the facility to the Department;
  - Shall immediately report an inability to provide care to the resident to the Department;
  - Shall allow a representative of the Department to enter the premises, examine the facility and interview the residents, provider and employees in order to evaluate compliance with this chapter and North Dakota Century Code chapter 50-11;
  - Shall cooperate with the Department in inspections, complaint investigations, planning for the care of a resident, application procedures, and other necessary activities, and allow access of the Department, ombudsman or other authorized individuals to the facility and its residents;
  - Shall provide twenty-four-hour care and supervision of all residents residing in the facility, unless otherwise documented and justified in the person-centered service plan or service.

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 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.

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.

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 at 1-800-472-2622 or email dhseo@nd.gov.

QUALIFIED SERVICE PROVIDER (QSP) COMPLAINTS

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

- *Absenteeism*
- *Abuse/neglect/exploitation*
- *Breach of confidentiality*
- *Criminal History/Activity*
- *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)

The services Adult Foster Home Agency (AFHA) QSPs provide 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

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

EVV Requirements

EVV is used for billing and payment of services. The system became effective January 1, 2020 and usage is required by law based on the federal requirement of the 21st Century Cures Act. QSPs are required to us 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
Respite Care
Supervision
Transitional Living

Services NOT Subject to EVV:
Adult Day Care
Adult Residential Care
Assisted Living Facility – PC
Case Management
Community Support
Emergency Response System
Environmental Modification
Home Delivered Meals
Residential Habilitation
Respite Care - Institutional
Specialized Equipment
Transition Coordination
Supported Employment

EVV Resource Information

For more information about EVV:

- Visit the HHS EVV website
- Introduction to EVV for ND Aging Services

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

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

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

Using Therap to collect EVV Data
Agency QSPs must use Therap to acknowledge service authorizations (SA's) and complete Critical Incident Reports (CIRs) using the General Event Report (GER) module within Therap (see page 50). The Department also contracts with Therap to provide the EVV system, which includes a billing submission system and is available to QSP agencies free of charge. If using Therap for EVV data collection, **you must also bill** EVV services within Therap**.**

Using an alternate EVV Vendor
Agency QSPs must use Therap to acknowledge service authorizations (SA's) and complete Critical Incident Reports (CIRs) using the General Event Report (GER) module within Therap (see page 50). You may choose a different EVV system but are responsible for setup and fees associated with usage. Multiple EVVs cannot be used at the same time, even if the QSP wants to track different EVV services data within each system.

If you encounter problems with EVV data, **you are responsible** to work with your EVV system to correct any issues; HHS is not able or responsible to provide technical assistance on an alternate EVV system. In addition, when using an alternate EVV system, **you cannot bill for EVV services within Therap**. You may select a different billing system or submit a professional claim electronically through the Medicaid Management Information System (MMIS). Paper claims are no longer accepted.

If you choose an alternate system for EVV and billing, you must indicate your chosen system in the QSP enrollment portal. If an alternate system is not chosen, you will be enrolled with Therap for EVV and billing.

- If using an alternate third-party system for billing, upload the form at this link into the QSP enrollment portal.
- If you submit your own professional claims, this form is not required.

Changing EVV Vendors
If you are already enrolled as a QSP Agency and have already established an EVV Vendor, you may change to a different vendor. Before any changes are made with your current EVV vendor, if the proposed change involves the Therap system, a required minimum three-week notice must be provided to the Department. The agency must notify HHS by sending an email to Adult and Aging Services at dhshcbs@nd.gov to begin the process.

Aggregator System

What is an aggregator?

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

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

- ND Specific Requirements for Sandata Aggregator Interface
- Sandata Aggregator Interface – North Dakota (therapservices.net)
- Sandata support

Therap process once enrolled

- After you receive a notice that you are approved as a new QSP, the QSP Enrollment team will send you an email notifying you that a Therap account has been created for you. **Please allow 5-7 business days to receive this information.**
    - If you have not received this email after 5 – 7 business days, email QSPresetpw@nd.gov for assistance.
- Once your account is created, you may request training from Therap; however, **you cannot log in to your account until you have a specific client/individual assigned to your case**.
- **After** you have a client/individual assigned to you, a CM will quick refer at least one individual to your newly created Therap account. **This must be done before you can move to the next step.**
- Once you receive a quick refer, complete the onboarding form to start training with Therap.
- Therap will create a Super Admin role in your Therap account to verify a client/individual is assigned to your Agency.
- Therap will meet with you to train you on current modules used by ND Therap.

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 an Individual or Agency Qualified Service Provider (QSP) to provide services to recipients that choose to remain in their own home and community.

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

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

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

A: The PN:

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

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

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

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

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

- **Example:** If the recipient is located in Bowman, ND, there are a limited number of QSPs that provide services. The PN sends an email to all QSPs who selected that service area. If none of the QSPs respond within 24 hours, the PN sends an email to other QSPs willing to travel from another town (located in Dickinson and willing to drive to Bowman).
- **Example:** If the recipient is located in Fargo, ND, where there are many QSPS, the PN sends an email to a limited number of QSPs meeting the criteria of the referral, such as:
  - How many units are approved by the CM.
  - What QSPs provide all or the majority of services the recipient needs.
  - Which QSPs have already received a referral.

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

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

A: The PN track all counties; counties with a lot of Agency QSPs have additional tracking measures to make sure no Agency QSPs are favored over another one. We check for things like:

- Which QSP was sent an email from the PN.
- Which QSP responded back stating "no" they were unable to accept the referral.
- Which QSP has already received a referral.
- Which QSP responded back stating "yes" they could accept the referral but did not get the referral if it went to another agency.

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

Q: What hours do the PN work?

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

Q: How do I reach a PN?

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

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

A: All emails sent by the PN are secure as they contain protected health information (PHI). As a QSP, it is your responsibility to make sure you have the technology capable to open the email. Here are the instructions to open a secure email:

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

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

A: If you didn't receive an email from the PN with a possible referral, it may be because:

- The recipient is looking for a certain provider.
- The recipient does not care for their current provider.
- You as a QSP do not offer the services that the recipient needs.

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

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

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

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

A: If a QSP only provides services in a certain county, it is important that you only select the county you actually plan to provide services in when you enroll. Selecting counties where you do not plan to provide services, could put you at risk for:

- Receiving a lot of emails from the PN that are not relevant.
- Overlooking important emails because you receive so many referrals.

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

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

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

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

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

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

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

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

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

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

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

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

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

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 QSPs 90 days before your QSP expiration date. You must log into the QSP enrollment portal to submit all required information and complete your revalidation before your expiration date.
- Start this process **30 – 60 days before** your expiration date to allow enough time for processing. **Payments will be suspended** if a complete revalidation is not received by your expiration date.
- The QSP enrollment portal will lead you through all information required for revalidation and any documents or forms that must be submitted for the services you are providing. The current version of all forms must be used. If you do not complete your QSP revalidation, your **QSP status may be closed.**
- If you have not billed the Department for QSP services in a 12-month period or are not providing services to a public paying client, your **QSP status may be closed.**
- **It is your responsibility as a QSP to ensure you stay up to date with all notices and respond timely. Notices are only sent via email, a notice will not be sent via US mail.**

• AFHA License Revalidation

- Initial AFHA 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 AFHA 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**.

• Employee Competency Revalidations

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

- Employees who established competency based on an SFN 749 are required to renew their competency a minimum of every five years.
  - A new form must be submitted to the enrollment portal before the expiration of the previous form for each employee.
  - Forms that are completed incorrectly will not be accepted.
  - Employees found providing services without a validly completed form on file are not eligible to provide services and the agency may be required to repay funds paid for these services.
- Employees who established competency using a ND CNA, RN or LPN, must have updated certificate or licensure verification uploaded into the enrollment portal upon renewal for each employee.
  - Employees found providing services without a valid certificate or license on file are not eligible to provide services and the agency may be required to repay funds paid for these services.
- 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.

• Agency License Revalidations (if applicable)

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

APPENDIX

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

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

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

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

☐ There are two ways to obtain an NPI:
- Web-based Application - **PREFERRED AND QUICKEST METHOD**
  - Follow this link to begin the online process.
  - ****YOU ARE STRONGLY ENCOURAGED to submit an online application; this is the fastest way to get an NPI**
- Mail in a paper application
  NPI is received in **2-3 weeks**:
  - The paper form is available on the National Plan & Provider Enumeration System (NPPES) website:
  - CMS10114.pdf
  - Mail the application to:
    NPI Enumerator, 7125 Ambassador Rd. Ste 100 Windsor Mill, MD 21244

- **Compliance Program**

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

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

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

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

  1. Standards, Policies, and Procedures
     - Update periodically as your organization grows and changes.
  2. Designated Compliance Officer
     - An agency representative responsible for staying up to date with federal and state compliance requirements and recommendations.
  3. Conduct effective training
     - How will you educate your employees and ensure staff understands program policies?
  4. Means of communication between the compliance officer and the employees.
     - Example: Comment boxes, anonymous hotlines or an open-door policy.
  5. Internal monitoring process
     - Who will conduct audits to evaluate compliance efforts?
  6. Enforce your standards
     - How will you ensure employees are following standards?
     - What action will be taken for noncompliance?
  7. Response to issues
     - How quickly will reports of misconduct be addressed?

  □ **Additional Resources:**
  - Compliance Program Basics – YouTube
  - Tips for Implementing an Effective Compliance Program – YouTube
  - Measuring Compliance Program Effectiveness: A Resource Guide

- **CMS Settings Rule (CMS 2249-F/2296-F)**

  The settings rule applies to settings where HCBS waiver services are provided, published in the Federal Register January 16, 2014. The purpose of the rule is to make sure people receiving long-term services and supports through HCBS programs have full access to benefits of community living and opportunity to receive services in the most integrated setting appropriate. The settings rule requires that all HCBS waiver settings meet certain qualifications.

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

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

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

- **Quality Improvement (QI) Program**

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

☐ If your agency is providing only one of the following services, a QI Program is not required:

- Chore Services
- Emergency Response System
- Environmental Modification
- Home Delivered Meals
- Specialized Equipment

☐ **Standard 1:**

Implement policies and procedures to identify, address and mitigate harm.

- **Required Policies & Procedures:**

  The following policies and procedures must be established by the Agency prior to initial enrollment, then reviewed and updated with each revalidation.

  Do not submit these policies; however, they must be available upon request.

  - Critical Incident Reporting Process
  - Employee/contractor screening Process
    - Initial, routine, and ongoing
  - Supervision of employee – include:
    - Who (classification or job title) supervises direct care employees?
    - How the supervision takes place (e.g., in individual's home, at office, by phone)
    - Frequency of supervision
  - Smoking
    - include e-cigarettes/vaping, consuming alcoholic beverages, illegal drugs
  - Soliciting or accepting gifts and money from the individual
  - Conducting personal business in an individual's home
  - Consuming the individual's food, using the individual's property, and/or handling the individual's money
  - Timeliness of service delivery upon receipt of referral
    - Include routine and emergency referrals
  - Plan to meet the requirement for seven (7) day per week service coverage (if applicable)
  - Procedure for coverage for individuals during employee absence (vacation/sick leave)
  - Confidentiality of individual's information
  - Client complaint procedure
  - Analysis of abuse, neglect, mistreatment and exploitation patterns and trends:
    - How data is analyzed for presence of patterns or trends,
    - How QSP will respond to issues identified through analysis in a timely manner

☐ **Standard 2:**

- QSP staff know how to prevent, identify, mitigate, and report allegations of abuse, neglect, mistreatment and exploitation
- Onboarding and annual training
  - Employee education on Fraud, Waste, Abuse detection and reporting
  - Staff training in strategies to prevent, identify and mitigate harm and the process of reporting
    - Reporting processes are clearly outlined and include who staff report to, what information needs to be reported and what staff are responsible for doing.
    - Staff training on identifying and reporting critical incidents

- Staff demonstrate competency in prevention, identification and mitigation or harm and procedures to report harm;
- The organization maintains internal documentation (available for state review/audit) of staff training;
- Staff training is frequent enough to keep people safe from harm (recommended annually);
- Staff training on required policies and procedures in Standard 1.

☐ **Standard 3:**

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

☐ **Standard 4:**

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

☐ **Standard 5:**

- The QSP maintains documentation of services provided.
- Refer to page 29 of this handbook, "After QSP Approval", for documentation requirements.
- Plan of staff training to accurately document time and tasks.
- Include documentation guidelines:
  - How your procedures assure accuracy of billing
  - An example of your documentation
  - Internal documentation review/audit of employee service records

- **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.

- **<u>Remediation Plan</u>**

  A remediation plan must be developed and implemented for each incident except for death by natural causes. The Department will be responsible to monitor and follow up as necessary to assure the remediation plan was implemented.

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

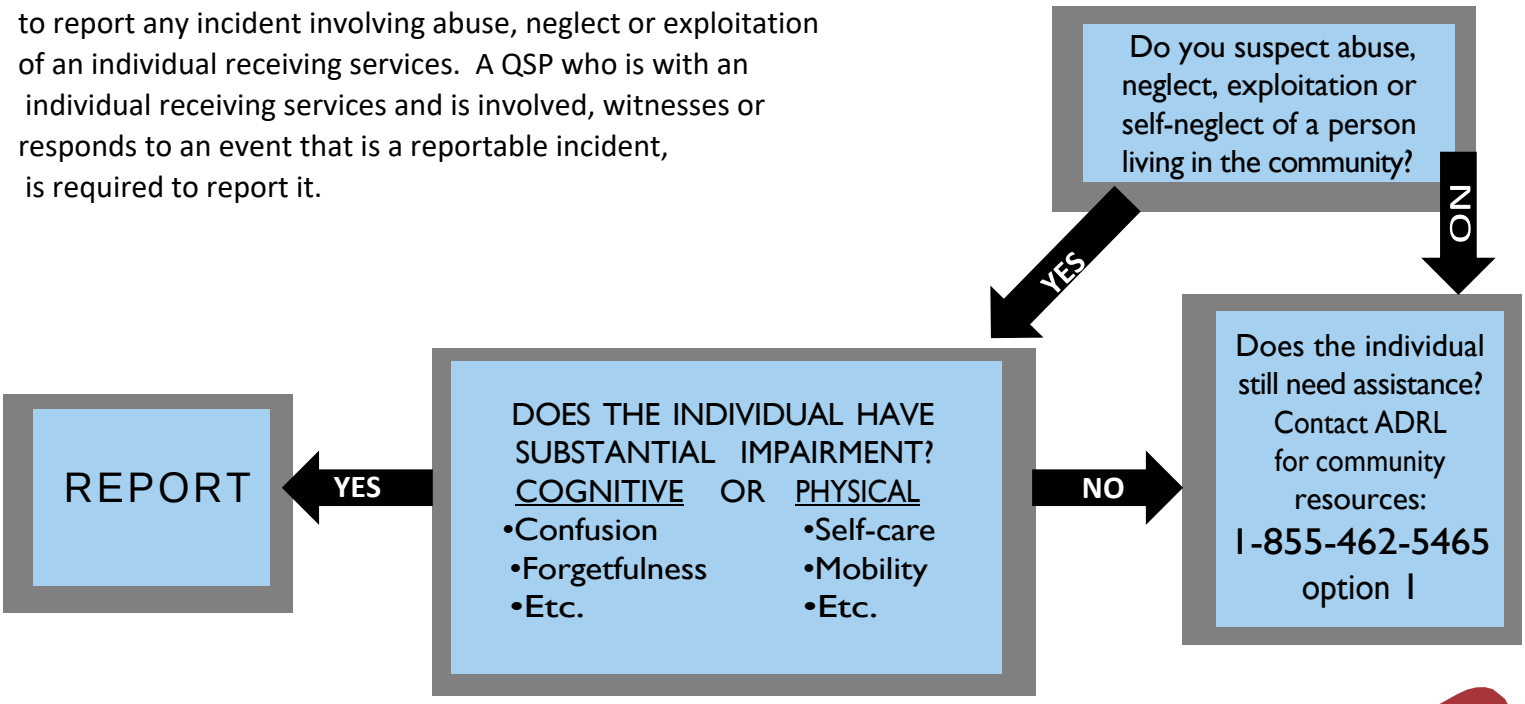
  □ The HCBS CM and program administrator are responsible to follow up with the QSP to ensure the remediation plan is acceptable.

NORTH Dakota Be Legendary. | Health & Human Services

ND VAPS | Vulnerable Adult Protective Services

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?



Call 911
If imminent harm/ danger to individual **OR** to request a welfare check.

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.*

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

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

Personal Protective Equipment (PPE) use:

☐ Gloves
- **Wear when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.**
- Perform hand hygiene prior to putting on gloves
- Remove jewelry; cover abrasions then wash and dry hands
- Ensure gloves are intact without tears or imperfections
- Fit gloves, adjusting at the cuffs
- Remove by gripping at cuffs
- Immediately dispose of gloves in waste basket
- Wash hands after removing gloves
- Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated
- DO NOT reuse gloves, they should be changed after contact with each individual

☐ Gowns
- **Wear during cares likely to produce splashes of blood or other body fluids.**
- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- Tie all the ties on the gown behind the neck and waist.

- Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
- Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
- Dispose the gown in waste basket.
- Perform hand hygiene after removing gowns.

□ Masks
- Follow community guidance for source control based on commu8nity 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: COVID-19

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

Fire is Everyone's Fight.

NORTH Dakota | Health & Human Services
Be Legendary.

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

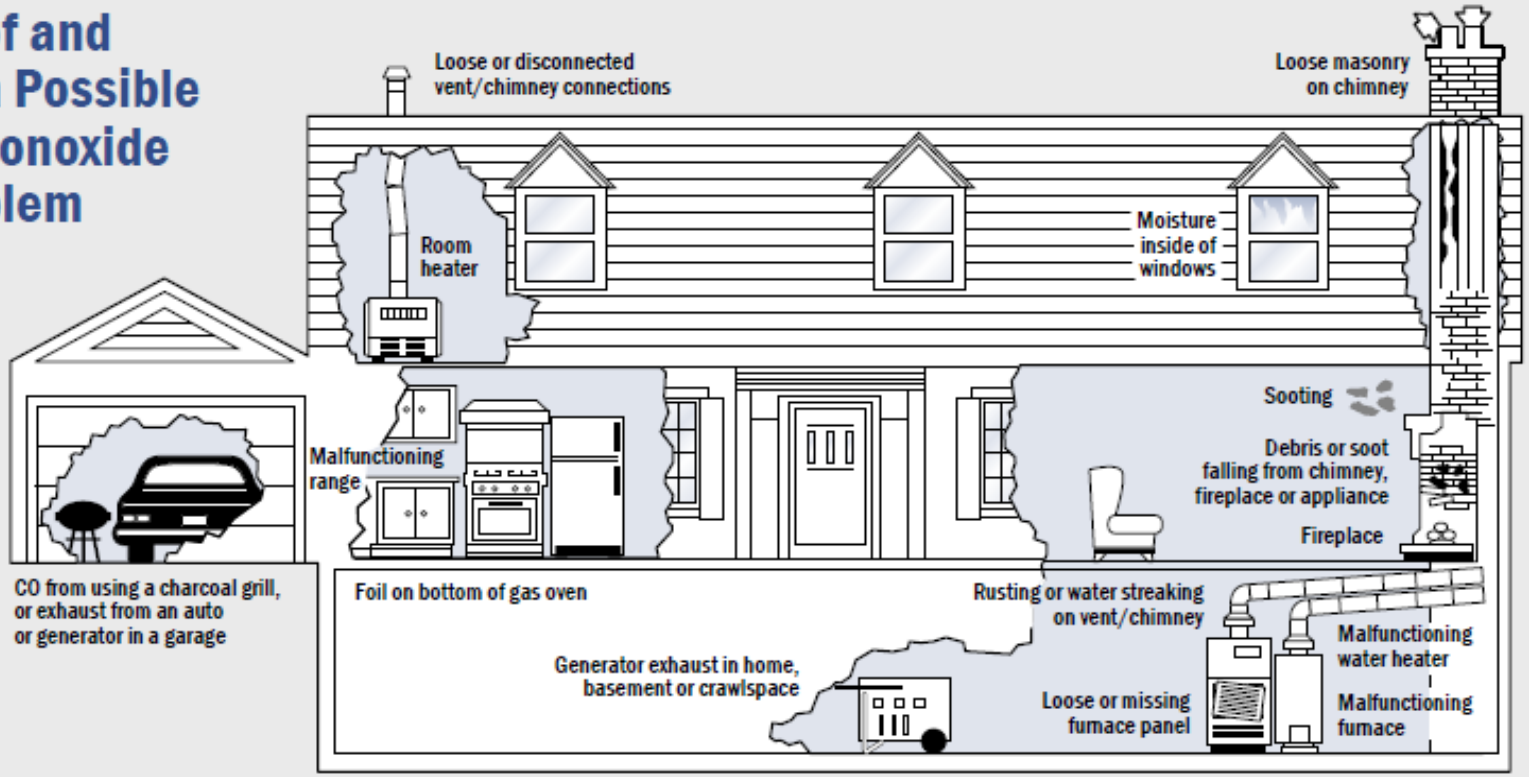
If you suspect that you are experiencing CO poisoning, get fresh air immediately. Leave the home and call for assistance from a neighbor's home. You could lose consciousness and die from CO poisoning if you stay in the home.

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.