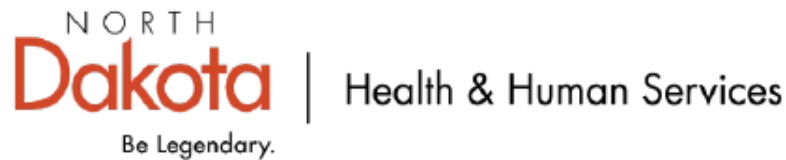


June 2023

QUALIFIED SERVICE PROVIDER
Individual Provider
Handbook

Enrollment Procedures & Required Standards

Issued By:



All QSP Handbooks can be found at the following website:

<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>

QSPs are required to have a copy of the most current Handbook on file.

A separate packet includes the forms needed to enroll or revalidate enrollment.

This handbook includes the standards you must meet to enroll as a provider delivering services for which you want to receive public pay.

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Need help completing the application?



For assistance or questions completing the application, contact:

What is the QSP Hub?

The QSP Hub serves as the resource center for agency and individual QSPs throughout North Dakota.

What is the goal of the QSP Hub?

Our goal is to create a network that provides support, educational tools, and training opportunities to walk QSPs and QSP agencies through all stages of the QSP process.

What can the QSP Hub help me with?

One-on-one individualized support via email, phone, or video conferencing to assist with:

- Enrollment
- Service authorizations
- Documentation
- Billing processes
- Revalidation
- Education Tools
- Training Events
- One-on-one support

How to contact QSP Hub:

- Website <https://www.NDQSPHub.org>
- Email Info@NDQSPHub.org
- Phone 701-777-3432
- Facebook <https://www.facebook.com/NDQSPHub/>

Noridian QSP Enrollment



Noridian Healthcare Solutions provides QSP enrollment services for the state of North Dakota.

Send completed packets by email or mail to:

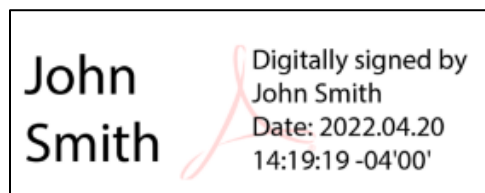
Email: QSPEnrollment@noridian.com

Phone: 701-277- 6933 (*Voicemail only*)

Mail: Noridian Healthcare Solutions
Attn: ND Medicaid Provider Enrollment QSP
PO Box 6055
Fargo, ND 58108-6055
(Faxed documents are not accepted)

Signature Requirements:

- All forms must be completed with a pen or typed.
- Signatures on forms cannot be typed; the following signature formats are acceptable:
 - Handwritten signature (in pen)
 - A digital signature that includes an automatically populated date and time.
 - Example:



Home & Community Based Services (HCBS) Information

North Dakota Health and Human Services (HHS) funds and oversees HCBS for the elderly and disabled, which includes services essential and appropriate to sustain individuals in their homes and communities and to delay or prevent institutional care.

Clients are assessed by a Case Manager to determine if they are eligible for HCBS programs. The assessment includes both Functional Eligibility and Financial Eligibility. If an assessment has not been completed for your potential client, the client may contact the Aging and Disability Resource-Link (ADRL) of North Dakota at 1-855-462-5465 for a referral.

Once the client is found eligible for services, the following law applies.

- Effective July 1, 1989, state law requires each person eligible for services under Chapter 50-06.2 of the North Dakota Century Code (*this includes HCBS*), or the person's representative, must be free to choose among available qualified service providers (QSPs) that offer competitively priced services.
- The law also states that County Social Service Boards must inform each eligible client of the available QSPs in their county to provide the service(s) needed by the eligible aged or disabled client.

Available HCBS services provided by an Individual QSP include:

Adult Day Care, Case Management, Chore, Companionship, Environmental Modification, Extended Personal Care, Homemaker, Non-Medical Transportation - Escort, Non-Medical Transportation – Driver, Nurse Educator, Nursing Assessment, Personal Care, Respite Care, Respite in an Adult Foster Care, Respite Home Care, Supervision and Transition Coordination.

- **If you plan to work for private pay clients only, you do not have to enroll as a Qualified Service Provider.**
- **If you have not provided services to a public paying client or submitted billing for HCBS services within the last 12 months, your QSP status may be closed.**

Definitions:

- **Abuse:** Any willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation to or of a vulnerable adult.
- **Adult Day Care (ADC):** A program of non-residential activities provided at least three (3) hours per day on a regularly scheduled basis, one or more days per week and encompasses both health and social services needed to ensure the optimal functioning of the individual.
- **Aggregator:** supports claims integration and claims auditing, allowing payers to connect adjudication to visit verification data in real time.
- **Case Management (CM):** Case Management is the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired persons to remain in the community in the most cost-effective manner. The specialized assistance is based on the results of a comprehensive assessment.
- **Case Manager (CM):** A Licensed Social Worker (LBSW) and who is responsible for completing a comprehensive assessment, developing and implementing of client's plan of care for service.
- **Chore:** Tasks that are on an intermittent or occasional basis which would enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, snow removal, and emergency response systems. The task must be the responsibility of the client and not the responsibility of the landlord.
- **Client:** An individual who meets the eligibility requirements and is receiving services from the Department.
- **Client Share (also known as Service Fee, Cost Share, or Recipient Liability):** Amount a client required to pay towards the cost of services. This amount is deducted from the QSP's payment prior to payment being issued. The QSP then collects this amount from the client.
- **Community Support (CS):** Formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community. Community Supports may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.
- **Community Transition (CT):** Transition Coordination service used to assist eligible individuals transitioning from an institution or another provider-operated living arrangement (to include skilled nursing facility, adult residential, adult foster care, basic care, and assisted living) to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses and needs non-recurring set-up expenses.
- **Companionship (COMP):** Non-medical care, supervision and socialization, provided to a waiver recipient who lives alone or with an individual who is not capable or obligated to provide the service. May assist or supervise the participant with such tasks as meal preparation, laundry and shopping but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. This service must be provided in accordance with a therapeutic goal in the service plan.

- Competency Level: Skills and abilities required to do something well or to a required standard.
- Cost Share: (see Client Share)
- Critical Incidents: any actual or alleged event or situation that created a significant risk of substantial or serious harm to the physical or mental health, safety, or wellbeing of any client receiving HCBS.
- Documentation: Written records of the start time, end time and the specific service/task provided for a client.
- Electronic Visit Verification (EVV): Is a Federal requirement from the 21st Century Cures Act and is used for billing and payment of services you provide as a QSP. EVV uses a mobile device application in a phone, tablet, or laptop that records the beginning and ending time of services provided to individuals by providers. This electronically verifies that the service was provided at a particular location where the service is authorized.
- Endorsement: A task that requires special skill and approval.
 - Global Endorsement: These endorsements will apply to all clients requiring this endorsement.
 - Client Specific Endorsement: These endorsements require client specific instruction for each individual client for whom you provide care requiring this endorsement.
- Environmental Modification (EM): Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home. The home must be owned by the recipient or the recipient's family member.
- Extended Personal Care Nurse/Non-Nurse (EPCS): Hands on care of a medical nature that is specific to the needs of an eligible individual. Approval to complete these tasks is provided by the Nurse Educator to the Extended Personal Care service provider.
- Financial Exploitation: Use or receipt of services provided by the vulnerable adult without just compensation, the taking, acceptance, misappropriation, or misuse of property or resources of a vulnerable adult by means of undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful or improper means
- Fraud: A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.
- Homemaker (HM): Intermittent, non-personal care tasks such as housekeeping, laundry and shopping.
- Individual Program Plan (IPP): An individualized plan that describes the tasks or training that will be done for a client receiving Transitional Living or Community Transition services. The IPP shows how the QSP will work toward the client's goals.
- Limited to Tasks: Limits and cautions placed on tasks provided by QSPs.
- Medical Services Division/The Department: A division within HHS with administrative responsibility to enroll QSPs, conduct audits, and set rates for services.
- Mental Anguish: Psychological or emotional damage that requires medical treatment or care or is characterized by behavioral change or physical symptoms

- National Provider Identifier Number (NPI): An NPI is a unique identification number for covered health care providers, created to improve the efficiency and effectiveness of electronic transmission of health information.
- Non-Medical Transportation (NMT): Transportation that enables individuals to access essential community services such as grocery, pharmacy, banking, post office, laundromat, utility company, and social security office, in order to maintain themselves in their home.
- Neglect: The failure of a caregiver to provide essential services necessary to maintain the physical and mental health of a vulnerable adult, or the inability or lack of desire of the vulnerable adult to provide essential services necessary to maintain and safeguard the vulnerable adult's own physical and mental health.
- Non-Medical Transportation, Driver (NMT-D): Driver is considered as only transporting the client, taking the client to and from his/her home and points of destination for essential services.
 - NMT Providers are responsible to maintain employee records throughout employment to show continuous, current proof of vehicle insurance. This information must be kept in your employee personnel files only. You do not need to submit this information to the Department unless requested during an audit.
 - If the provider plans to use a vehicle they do not own, written permission from the owner of the vehicle is required to use for services of Non-Medical Transportation.
- Non-Medical Transportation Escort (NMT-E): An escort may be authorized to accompany a client who uses public transportation IF the client requires assistance in boarding and exiting as well as while being transported AND the escort must be needed by the client in completing the activity. A QSP cannot be reimbursed for escort services while driving.
- ND Health Enterprise MMIS Portal (MMIS): The North Dakota Medicaid system in which payment for QSP Services is processed.
- Nurse Education (NE): A service to include nurse assessment, care planning, training of nursing tasks for a client who is receiving services provided by a QSP enrolled to provide Extended Care Services. This service is provided by a QSP employee who is a nurse licensed by and in good standing with the ND Board of Nursing.
- Nursing Assessment (NA): This service is used in conjunction with Community Transition services to provide an assessment to individuals with a medical need.
- Personal Care (PC): Assistance with bathing, dressing, toileting, incontinence, medication assistance, transferring, mobility in the home, eating, personal hygiene (e.g. fingernail care, skin and mouth care and exercises). This service may include assistance with environmental activities as authorized by the HCBS Case Manager.
- Physical Injury: Damage to bodily tissue caused by nontherapeutic conduct, which includes fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness, or impairment of physical function.
- Provider Number: Number assigned to the enrolled QSP.
- Qualified Service Provider (QSP): A self-employed individual that has met all the standards/requirements and has enrolled with HHS as a provider.
- Recipient Liability (RL): (see Client Share)

- Remittance Advice (RA): A document created in MMIS that lists the claims submitted, including the days billed, amount billed, amount paid, or amount denied for that payment period. It also includes the payment total for the past year. If the claim was paid less than submitted, it will include the reason and the reason for denial.
- Respite Care (RC): Temporary relief to the individual's primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily care. Requires cognitive endorsement.
- Respite Home Care (RHC): Temporary care for a specified period of time provided to a client so their primary caregiver has relief from the stress and demands of ongoing daily care. This service is provided in the provider's home and a Respite Home Evaluation must be completed by a HCBS Case Manager.
- Service: Work done by a provider for payment.
- Service Authorization (SA): An authorization created by the HCBS Case Manager, authorizing the QSP to provide services. This authorization lists the time frame in which the service can be provided; maximum amount of service authorized per month, and the tasks the QSP is authorized to provide.
- Service Fee: (see Client Share)
- Sexual Abuse or Exploitation: Includes those sex offenses defined in sections 12.1-20-02, 12.1-20-03, 12.1-20-04, 12.1-20-05, 12.1-20-06, 12.1-20-07, and 12.1-20-11.
- SFN: **S**tate **F**orm **N**umber, located on the upper left side of a form.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.
- Supervision (SUP): An individual could be considered to have a need for supervision if because of their impairment, they require human intervention to safeguard the individual from harm. Requires cognitive endorsement.
- Transition Coordination (TC): Assists an individual to procure one-time moving costs and/or arrange for all non-Medicaid services necessary to assist the individual with the actual coordination and implementation of their individualized plan to move back to the community.
- 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.

STEP 1: ENROLLMENT

All required information must be completed correctly and received before the Department can finalize enrollment. If assistance is needed with the enrollment process, the QSP Hub is an available resource. For QSP Hub contact information, please reference the QSP Hub sections in the Table of Contents. Use the next few pages as a checklist to meet all requirements.

Submit **complete, enrollment forms and all required documentation to:**

Noridian Healthcare Solutions

Attn: ND Medicaid Provider Enrollment QSP

PO Box 6055

Fargo, ND 58108-6055

Phone: 701-277-6933

Email: QSPEnrollment@noridian.com

(Faxes are not accepted)

• **Required Forms**

- SFN 1603** - Individual Request to be a Qualified Service Provider
<https://www.nd.gov/eforms/Doc/sfn01603.pdf>
- SFN 615** - Medicaid Program Provider Agreement
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- W-9** - Request for Taxpayer Identification Number and Certification
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Direct Deposit** – Copy of a voided check or documentation from financial institution for direct deposit.
 - Direct deposit is required for enrollment.
- SFN 583** – North Dakota Medicaid Electronic Remittance Advice (835) Enrollment
<https://www.nd.gov/eforms/Doc/sfn00583.pdf>
- SFN 750** – Documentation of Competency OR Copy of License/Certification
<https://www.nd.gov/eforms/Doc/sfn00750.pdf>
 - Competency must be verified by either a current SFN 750, CNA certification or LPN, RN, PT or OT license. Documentation of current license/certification must be submitted, if applicable.
 - **Chart A** of this handbook includes the minimum required standards all QSPs must meet to enroll as an Individual QSP; even if your client does not need help with one of the services listed on the form.
 - A licensed healthcare provider must complete the SFN 750 showing you are competent in all of the standards listed on the form.
 - The form must be completed correctly, any missing or incomplete information will not be accepted and a new form will be required.
 - Both columns 3 & 4 must be completed in Standards 5 – 25.
 - **Chart B** of this handbook contains a list of the type of providers that are authorized to complete the form with you.

- **Required Documents**

- Copy of current Government Issued Identification (ex: driver's license, tribal ID)
- National Provider Identifier Number (NPI)
 - If you do not have an NPI number, please apply online: <https://nppes.cms.hhs.gov/#/> (preferred method)
 - A Taxonomy Code is required to obtain an NPI number
 - HHS recommends that you use taxonomy code **3747P1801X** for enrolling in personal care services, even if you provide other types of services as well.
 - If you are ONLY going to be providing Homemaker services, use taxonomy code **376J00000X**.
 - If you are ONLY going to be providing Chore services, use taxonomy code **372500000X**.
 - Additional instructions on applying for an NPI are found in the **Appendix** of this handbook.
- Fraud, Waste and Abuse (FWA) Training
 - Use this link to access online training: <https://www.cnd.nd.gov/STLPCatalog/325/PUBLICCOURSESPOSTEDONWEBSITE/S/QSPFraudWasteAbuse/story.html>
 - Once completed, you must enter your name in the required field and submit the completion certificate with your enrollment documents.

- **Criminal Convictions**

Court papers regarding criminal history including misdemeanor and felony offenses both in-state and out-of-state, not including minor traffic violations, must be submitted to the Department. Criminal convictions may not prevent enrollment but must be reviewed to determine if standards for enrollment are met.

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:*
<https://ndlegis.gov/files/rule-changes/changes/dhs091021changes0230.pdf>
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 are **required** to notify Noridian immediately if your conviction history changes. For Noridian's contact information, please reference the Table of Contents.

- **High Risk Provider Guidelines and 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 Noridian for further requirements prior to enrollment.

SERVICES REQUIRING ADDITIONAL INFORMATION

To be approved for the following services, additional information and/or forms are required as listed on the following pages. Contact Noridian QSP Enrollment at QSPEnrollment@noridian.com or (701) 277- 6933 (voicemail only) for additional information or with any questions.

- Adult Day Care 14
- Adult Foster Care 14
- Case Management..... 14
- Chore 15
- Environmental Modification 15
- Extended Personal Care 15
- Family Home Care 16
- Family Personal Care..... 16
- Non-Medical Transportation 16 – 17
- Nurse Educator 17
- Nursing Assessment 17
- Respite Care 17 – 18
- Supervision 18
- Transition Coordination 18

Adult Day Care

- SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Determines the rate you will be allowed to charge for your services.
 - Completed at initial enrollment only; Once a rate is determined, it cannot be changed, unless approved by legislative action.
 - Services shall operate a minimum of three hours per day, up to a maximum of ten hours per day.
 - Include rates for both half-day (one-half of facility open hours) and full day (at least two additional hours above the half-day rate).
 - An alternate form or spreadsheet may be substituted in lieu of the SFN 55.
- Cognitive Endorsement
 - You must have the cognitive endorsement approved on the SFN 750 - Documentation of Competency or hold a current CNA/RN/LPN certification or licensure.
- Include a description of services provided in the ADC; ex: transportation, recreation program, PC, etc., Provide number of maximum participants, hours of operation.
- Medication Error Waiver Agreement
 - Agreement to this service statement is required at initial enrollment and revalidation.
 - Contact Noridian QSP Enrollment to obtain this form:
Email: QSPEnrollment@noridian.com or by phone: 701-277-6933 (voicemail only)
- Non-Medical Transportation, Driver
 - If transportation is included as part of the rate for your ADC program, you must meet all Driver with Vehicle standards for enrollment.
 - See Pages 16 of this handbook for additional information.
- Site Visit
 - Required before initial approval and again at revalidation to assure compliance with the CMS HCBS Settings final rule (MS 2249-F/2296-F).
 - Contact the ARDL Intake Line to connect with a Program Administrator to start this process: 1-855-462-5465
 - SFN 1703 – Compliance Checklist - <https://www.nd.gov/eforms/Doc/sfn01703.pdf>.
 - Complete a self-administered checklist
 - Include evidence of all required inspections (fire and safety) within the checklist

Adult Foster Care

- For this service, a separate handbook and forms packet are required. This information is available at the following website:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>

Case Management

- Requires the following licensure (send copy of current licensure):
 - Licensed Master Social Worker (LMSW)
- Department policy training
 - Must complete training provided by State Staff.
 - Contact the ADRL Intake Line to connect with a Program Administrator to start the process: 1-855-462-5465.
- Memorandum of Understanding (MOU)
 - Signed agreement of Waiver Function assurance requirements.
 - Request this form from the Program Administrator.

Chore

- Labor/Snow Removal**
 - Attestation you have read, understand and agree to providing the service of the generally accepted procedures for chore cleaning.
 - Found on Page 2 of the SFN 1603 – Individual Request to be a Qualified Service Provider form.
 - This is required at initial enrollment and revalidation.

Environmental Modification

- NOTE:** This service is not listed on the application form. To enroll in this service, submit a request in writing with your application forms requesting specific enrollment in this service.
- The following is NOT required:
 - SFN 750/CNA/RN/LPN license and/or certification
- Specialty license
 - Provide a copy of the current license (ex - general contractor, electrician, plumbing).
 - If Individual is not licensed and intends to only accept jobs and/or projects under \$4,000, this is not required.
 - Instead, a letter of professional reference relevant to your ability to complete the necessary work must be submitted.
- Liability insurance and bonding
 - Submit a copy of current coverage.
 - This is required at initial enrollment and revalidation.
- Registration with the North Dakota Secretary of State
- Workforce Safety and Insurance (WSI)
 - Verification of good standing
- Proof of liability insurance and bonding

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

- SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Completed at initial enrollment only; once a rate is determined, it cannot be changed unless approved by legislative action.
 - Choose which type of enrollment – Nurse or Non-Nurse, determined by your level of competency:
 - If you are a current RN or LPN, you will enroll as a Nurse.
 - If your competency was determined by a CNA or SFN 750, you will enroll in Non-Nurse.
- Agreement to service statement found on Page 3 of the SFN 1603 – Individual Request to be a Qualified Service Provider form.
 - Check the appropriate box for “Nurse” or “Non-Nurse”
 - This is required at initial enrollment and revalidation.

Family Home Care

- For this service, a separate handbook and forms packet are required. This information is available at the following website:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>

Family Personal Care

- For this service, a separate handbook and forms packet are required. This information is available at the following website:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>

Non-Medical Transportation – Driver

- Agreement to service statement found on Page 2 of SFN 1603 – Individual Request to be a Qualified Service Provider form.
 - You affirm vehicle(s) used to provide transportation is/are in good operating order, including brakes, lights, tires, and seatbelts; agrees State of North Dakota shall not be liable for any damages that may arise out of or resulting from operating of vehicle(s).
 - This is required at initial enrollment and revalidation.
- SFN 750/CNA/RN/LPN
 - Competency must be verified by either a current SFN 750, CNA certification or LPN, RN, PT or OT license. Documentation of current license/certification must be submitted, if applicable.
 - If competency is verified with an SFN 750, **ONLY** in Lines 5, 6 and 12 – 15 must be completed.
- DUI (Driving Under the Influence) convictions
 - Individuals convicted of this offense within the past three (3) years are not eligible to provide this service.
- Driver's License
 - Copy of a current, valid driver's license, in good standing with State of residency.
Note: Out of state license requirements must follow ND DOT standards. For individuals previously living out of state who have been living in ND beyond the requirements listed at the link below, a ND license is required:
<https://www.dot.nd.gov/divisions/driverslicense/dlrequirements-transfer.htm>
 - Proof of valid, current driver's license must be maintained on file at all times.
 - This is required at initial enrollment and revalidation.
 - Driving Record
 - A **comprehensive**, current driving record from the Department of Transportation for the state of driver residency.
Note: The limited record option does not provide adequate information. The comprehensive report is required.
<http://dot.nd.gov/divisions/driverslicense/recordservices-suspensions.htm>
 - For a comprehensive copy of a driving record, complete SFN 51386 – Request for Driver Abstract. Mail payment to:
Driver's License Division, 608 E. Blvd Ave, Bismarck ND 58505-0750.
 - This is required at initial enrollment and revalidation.
- If the client uses an adapted vehicle and the QSP will use a vehicle they do not own, the QSP must obtain written permission from the vehicle owner for use during this service. The

QSP and owner are responsible to check with the insurance carrier to assure they have coverage for providing transportation to clients.

Nurse Educator

- SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Completed at initial enrollment only; once a rate is determined, it cannot be changed unless approved by legislative action.
- Agreement to service statement found on Page 4 of the SFN 1603 – Individual Request to be a Qualified Service Provider form.
 - This is required at initial enrollment and revalidation.
- Copy of current nursing license:
 - **Only** an RN level nurse can provide this service; an LPN level nurse may only assist the RN. See [NDAC 54-05-01](#) and [54-05-02](#) for more information.
 - This is required at initial enrollment and revalidation.

Nursing Assessment

- Must also be enrolled and authorized to provide Extended Personal Care.
- Copy of current nursing license:
 - A current RN or LPN level nurse may provide this service.
- Services billed directly to Aging Services (cannot be billed through MMIS).
 - Use SFN 78 – Request for Reimbursement
<https://www.nd.gov/eforms/Doc/sfn00078.pdf>

Respite Care

- SFN 750/CNA/RN/LPN
 - Competency must be verified by either a current SFN 750, CNA certification or LPN, RN, PT or OT license. Documentation of current license/certification must be submitted, if applicable.
 - Cognitive Endorsement
 - You must have the cognitive endorsement approved on the SFN 750 or hold a current CNA/RN/LPN certification or licensure.
- Respite in an Adult Foster Care
 - Background Check
 - A separate background screening is required at initial enrollment, before providing services in an Adult Foster Care home.
 - Submit these forms to **Aging Services at the address listed on each form:**
 - SFN 466 – Background Check Address Disclosure
<https://www.nd.gov/eforms/Doc/sfn00466.pdf>
 - SFN 467 – Personal Authorization for Criminal Record Inquiry – Foster Care
<https://www.nd.gov/eforms/Doc/sfn00467.pdf>
 - SFN 60688 – Criminal History Record Check Request
Contact Noridian or Aging Services (701-328-4601) for this form.
 - SFN 750/CNA/RN/LPN
 - Competency must be verified by either a current SFN 750, CNA/LPN or RN.

- Cognitive Endorsement
 - You must have the cognitive endorsement approved on the SFN 750 or hold a current CNA/RN/LPN certification or licensure.

Respite Home Care (RHC)

- **NOTE:** This service is not listed on the application form. To enroll in this service, submit a request in writing with your application forms requesting specific enrollment in this service.
- SFN 659 – Home Evaluation (completed by HCBS Case Manager)
<https://www.nd.gov/eforms/Doc/sfn00659.pdf>
- Competency must be verified by either a current SFN 750, CNA certification or LPN, RN, PT or OT license. Documentation of current license/certification must be submitted, if applicable.
- Cognitive Endorsement
 - You must have the cognitive endorsement approved on the SFN 750 or hold a current CNA/RN/LPN certification or licensure.

Supervision (SUPV)

- SFN 750/CNA/RN/LPN
 - Competency must be verified by either a current SFN 750, CNA/LPN or RN.
 - Cognitive Endorsement
 - You must have the cognitive endorsement approved on the SFN 750 or hold a current CNA/RN/LPN certification or licensure.

Transition Coordination

- NOTE:** This service is not listed on the application form. To enroll in this service, submit a request in writing with your application forms requesting specific enrollment in this service.
- Bachelor’s degree in sociology, social services, social work, nursing, or a field related to programmatic needs from an accredited university.
 - Individuals with an associate degree must also have at least one year of progressively responsible experience in programs related to the task.

CHART A – Allowable Tasks, Activities & Standards

CHART A – Allowable Tasks, Activities & Standards			
SERVICES:	ADC – Adult Day Care COMP – Companionship HMKR – Homemaker NMT-D/V – Driver with Vehicle RC – Respite Care	CM – Case Management EM – Environmental Modification NE – Nurse Educator PC – Personal Care SUPV – Supervision	CH – Chore Services EPCS – Extended Personal Care NMT – Non-Medical Transportation NMT-E Non-Medical Transportation - Escort
APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
1. All Providers	Have the basic ability to read, write and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	
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. Statement attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone. Statement attesting to his/her status regarding having stolen from someone.	
3. All Providers	Not have infectious or contagious disease. Be physically capable of performing the service.	Assurance marked declaring if have any infectious contagious disease. Assurance checked stating having the physical capability to perform the service.	
4. 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. ADC, CH (except snow removal) HMKR, NMT-E, PC, RC	<u>Proper handwashing methods</u> Know generally accepted practice of infection control guidelines/proper hand hygiene.	Follow these steps when wash your hands every time: <ul style="list-style-type: none"> • Wet your hands with clean, running water, turn off the tap and apply soap. • Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails. • Scrub your hands for at least 20 seconds. • Rinse your hands well under clean running water. • Dry your hands using a clean towel or air dry them. If soap and water are not available: <ul style="list-style-type: none"> • Use and alcohol-based hand sanitizer that contains at least 60% alcohol. Follow these steps when using hand sanitizer: <ul style="list-style-type: none"> • Apply the gel product to the palm of one hand in the correct amount. • Rub your hands together. • Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds. 	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
<p>6. ADC, CH (excluding snow removal), HMKR, NMT-E, PC, RC</p>	<p><u>Handling of bodily fluids</u></p> <p>Keep generally accepted practice of universal precautions and the use of personal protective equipment (PPE) when handling and disposing of body fluids.</p>	<p>Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, gowns and proper disposal of both body fluids and items used.</p> <p><u>Use of Personal Protective Equipment (PPE):</u> Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.</p> <ul style="list-style-type: none"> • Perform hand hygiene prior to putting on gloves. • Remove jewelry, cover abrasions then wash and dry hands. • Ensure gloves are intact without tears or imperfections. • Fit gloves, adjusting at the cuffs. • Remove by gripping at cuffs. • Immediately dispose of gloves in waste basket. • Wash hands after removing gloves. • Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated. • DO NOT reuse gloves, they should be changed after contact with each individual. <p>Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids.</p> <ul style="list-style-type: none"> • Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. • Tie all the ties on the gown behind the neck and waist. • Untie or 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. <p>Masks - Recommended as a best practice for all QSPs when the risk level is high in the community for COVID-19 as a standard precaution.</p>	
<p>7. ADC, HMKR, PC, RC</p>	<p><u>Basic meal planning and preparation</u></p> <p>Have knowledge of basic meal planning and preparation.</p>	<p><u>Planning:</u> Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods.</p> <p><u>Shopping/Purchasing:</u> Read food labels; identified ingredients (this is critical for special diets (e.g. salt free, low in sugar); considered cost; used seasonal food when possible.</p> <p><u>Preparing the Meal:</u> Washed hands and applied gloves; followed the menu; followed recipes; know food substitutions, allowed for special diet if a food item is not available; prepared one-dish meals as appropriate or for foods which may be reheated, prepared for proper storage and reheating for future servings; used proper size pans; used correct burner size; when using oven, prepared more than one item at a time; when possible, use toaster/microwave for small meals, conventional oven for big meals, cleaned up; wash dishes. Removed gloves and washed hands.</p>	<p>Does NOT include canning of produce or baking of such items as cookies, cakes & bread.</p>

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

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
11. HMKR, PC, RC	<p><u>Managing a budget</u></p> <p>Knowledge of generally accepted practice of assisting with bill paying, balancing a checkbook and managing a home budget.</p>	<p>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.</p>	<p>Monthly budgeting and/or paying bills.</p>
12. ADC, NMT-E, PC, RC	<p><u>Toileting</u></p> <p>Know generally accepted practice in assisting with toileting.</p>	<p>Washed hands and applied gloves.</p> <p><u>Bedpan:</u> Assembled supplies and equipment (e.g. toilet paper; bedpan, commode), ensured privacy. Put on gloves, assists client to properly cleanse elimination area, always wipe from front to back. Puts supplies and equipment in proper storage. Removes gloves and washes hands. Assists client with washing hands.</p> <p><u>Commode or Toilet Stool:</u> Gathers supplies and equipment commode, toilet tissue. If not going into bathroom, ensure privacy, assists client with transferring onto commode or toilet stool, supply toilet tissue, leave client for 5 minutes, apply gloves, assist client with cleansing elimination area, always wipe from front to back, cleansed and disinfected commode or flush toilet, removed gloves, washed hands, and assisted client with washing hands.</p>	<p>For assisting with suppository. Endorsement D.</p>
13. ADC, NMT-E, PC, RC	<p><u>Caring for incontinence</u></p> <p>Know generally accepted practice of caring for incontinent client</p>	<p>Washed hands and applied gloves. Assembled necessary supplies (e.g. incontinence supply, washcloth, powder); provided for privacy; used correct positioning techniques; removed soiled materials/clothing; cleaned area; dried area; observed for unusual skin conditions; applied appropriate lotions/powder, if necessary; applied clean incontinence supply item. Properly dispose of soiled material and other consumable supplies. -Removed gloves and washed hands after all cares.</p>	<p>For assisting with suppository. Endorsement D.</p>
14. ADC, NMT-E, PC, RC	<p><u>Transferring</u></p> <p>Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.</p>	<p>Washed hands and applied gloves.</p> <p><u>Transfer Belt:</u> Assisted client to sit; applied belt; stood in front of client; client's hands on your shoulders; grasped belt, had your knees braced against client's; had your feet block client's; raised and lowered client.</p> <p><u>To Standard Sit:</u> Put client's hands on chair arms, one of your knees between clients; other knee braced client's knee; held client at center of gravity; instructed client to stand. Reversed procedure to sit.</p> <p><u>Bed to Wheelchair:</u> Positioned wheelchair; locked the wheels; assisted client to dangle legs; instructed client to stand, reach for wheelchair arm, pivot and sit; supported and guided client. Reversed procedure to return to bed.</p> <p>Removed gloves and washed hands.</p>	

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

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
18. ADC, PC, RC	<u>Oral hygiene techniques</u> Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.	Washed hands and applied gloves; gathered necessary supplies (e.g. toothbrush; toothpaste; small water basin); applied toothpaste to toothbrush; gave client toothbrush if able to brush own teeth or brushed using gentle motion; brushed teeth thoroughly throughout the mouth; offered rinse water; offered mouth wash; wiped client's mouth; observed for bleeding and pressure areas in mouth from dentures; replaced to storage; cleaned up. Removed gloves and washed hands.	
19. ADC, PC, RC	<u>Dress/undress client</u> Know generally accepted practice in how to dress/undress client.	Washed hands and applied gloves. Assembled clothing; assisted client to proper position for dressing; put on underwear; then trousers or pajamas; shirt or over-the-head clothing; socks or stockings, slippers or shoes. For <u>undress</u> , do the reverse. Removed gloves and washed hands.	
20. ADC, PC, RC	<u>Feed or assist with eating</u> Know generally accepted practice of how to feed or assist client with eating.	Washed hands and applied gloves; gathered utensils (e.g. napkin, tray); placed napkin near client, on client's chest or under chin, if appropriate; told client what foods are served; alternated solids and liquids; used a spoon for safety; used a short straw if client could not drink from a cup or glass, wiped client's mouth with napkin; cleaned up as appropriate; offered oral hygiene. Removed gloves and washed hands.	Does NOT include tube feeding.
21. ADC, PC, RC	<u>Routine eye care</u> (eye drops/ointment) Know generally accepted practice for routine eye care.	Washed hands and applied gloves. Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and gloves if there is drainage coming from eye. Wash hands and apply gloves if necessary. Instill solution according to manufacturer's guidelines. Removed gloves and washed hands.	Routine regimen prescription and non-prescription eye drops, ointment, eye pad after a well-established routine of care has been set forth for the client.
22. ADC, PC, RC	<u>Care of fingernails</u> Know generally accepted practice in proper care of nails.	<u>Nail Care:</u> Washed hands and applied gloves. Gathered necessary supplies and equipment (towel, water basin, nail file, nail clipper); filled wash basin with warm water, soaked client's fingernails approximately 20 minutes; cleaned under fingernails; clipped fingernails straight across; shaped with nail file; cleaned up/replaced equipment/supplies; washed hands. Properly disposed of nail clippings. Removed gloves and washed hands.	Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.
23. ADC, PC, RC	<u>Self-administration of medications</u> Know generally accepted practice for assisting client with self-administration of medications.	Washed hands and applied gloves, assisted client to proper position for self-administration of medication. Assisting the client with opening container, assisting with positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, and dose and time medication should be taken. If medication has been set up in medication container or planner by nurse or family, make sure it is clearly marked/labeled, assist client with opening container making sure medication is taken on appropriate day and time of day. Provide drinking fluid to swallow medication, assist client to close container and store medication properly. Removed gloves and washed hands.	Assisting client in <u>self</u> -administration by doing the following - opening container, assisting the client with proper position for taking medication, assist with giving client drinking fluid to swallow medication, recap the container.
24. ADC, PC, RC	<u>Skin Care</u> (lotions, ointments, etc) Know generally accepted practice of caring for skin.	Washed hands and applied gloves, identified pressure points (bony areas of body); changed client's position every two hours; kept linens wrinkle-free and dry, used powder where skin comes together; washed and dried client's skin promptly if urine or feces are present and have now been removed, applied lotion as necessary for dry skin, observed for skin breakdown. Removed gloves and washed hands.	Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems. Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
25. ADC, PC, RC	<p><u>Turning and positioning</u></p> <p>Know generally accepted procedure for turning and positioning client in bed.</p>	<p>Maintained body alignment, kept spine straight and supported head.</p> <p><u>For Sitting Up:</u> Placed pillows as needed for comfort if hospital bed – raised backrest to desired position.</p> <p><u>In Positioning on Back:</u> Supported non-functional body parts with folded/rolled towels/pillows (shoulder blade, hip, hand, arm/elbows, leg) to promote blood circulation; did not place pillows, rolled or folded towels under knees when lying on back, loosened top sheet to prevent pressure from toes.</p> <p><u>In Turning Client Toward You/Away From You:</u> Lower head of bed if evaluated, move client to side of bed near you; crossed client's arms over chest and nearest leg over farthest leg; placed one of your hands on client's shoulder, one on hip; gently rolled client toward you or push client away from you; placed pillows as appropriate for comfort and support (against back, under head and shoulder, in front of bottom leg, top leg on pillow, under client's arm/hand).</p>	
26. All Providers	<p><u>Universal Precautions</u></p> <p>Know the guidelines and practice universal/standard precautions.</p>	<p>Guidelines for universal/standard precautions:</p> <ol style="list-style-type: none"> 1. Wash hands: <ul style="list-style-type: none"> • Before, during and after preparing food or before eating food. • Before and after caring for someone who is sick with vomiting or diarrhea. • Before and after treating a cut or a wound. • After using the toilet and after changing incontinent care products. • After blowing your nose, coughing, or sneezing. • After touching an animal, animal feed, animal waste, pet food or pet treats. • After touching garbage. • After you have been in a public place and touched an item or surface that is touched by other people. • Before touching your eyes, nose, or mouth. • When hands are visibly soiled. • Immediately after removal of any personal protective equipment (example: gloves, gown, masks). • Before providing any direct personal cares. 2. Use of Personal Protective Equipment (PPE): <ul style="list-style-type: none"> • Wear clean gloves when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc. • Gowns (if needed) – should be worn during cares that are likely to produce splashes of blood or other body fluids. • Mask usage: Recommended as a best practice for all QSPs when the risk level is high in the community for COVID-19 as a standard precaution. • Use during care activities where close contact with client is unavoidable. Clean hands with soap and water or hand sanitizer before touching mask. Mask can be worn throughout tasks and does not need to be changed between them if it is not soiled. 3. Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided. <ul style="list-style-type: none"> • Do not recap needles or remove needles from syringe. • After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal. 4. Clean equipment used for the individual before and after each use. 	

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
27. NMT-D/V	Have a <u>valid</u> driver's license for the state of physical residence.	Employees providing service must provide a photocopy of driver's license including the license number and expiration date. Out of state license requirements must follow the ND DOT standards.	
28. NMT-D/V	Assurance marked on SFN 1606.	SFN 1606 – Agency Request to be a Qualified Service Provider: Agency must check box to agree to assurances found on application.	
29. NMT-D/V	No DUI (driving under influence) <u>conviction</u> within the past three (3) years.	Employees providing the service may not have had a DUI conviction within the past three years. The following must be submitted for all employees driving clients: Comprehensive Driving Record from the Drivers' License Division – Department of Transportation, 608 East Boulevard, Bismarck, ND 58505, or the Driver's License Division from the State in which the individual is licensed.	
30. CHORE (CH0 (Labor, Snow removal & Pest Control)	<p>Knowledge of generally accepted procedure for seasonal cleaning or unusual/heavy cleaning.</p> <p>Knowledge of generally accepted snow removal procedures and use of snow removal equipment.</p> <p>Know generally accepted procedure for pest extermination.</p>	<p>SFN 1606 – Agency Request to be a Qualified Service Provider: Agency must check box to agree to assurances found on application for all the applicable type of Chore service enrollment.</p> <p>Professional exterminator/company, proof of business type and/or licensure required.</p>	
31. Environmental Modification (EM)	Contractor's license filed with Secretary of State's office, current contractor's insurance, and good standing with Workforce, Safety, and Insurance.	Provide a copy of license, bids, insurance, bonding, and current standing with Workforce, Safety, and Insurance.	

**CHART B – Related to SFN 750 –
Global Endorsements a Healthcare Provider can Perform and/or Authorize**

As performed by:

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

GLOBAL ENDORSEMENTS INFORMATION

- Global Endorsements are found on the SFN 750 – Documentation of Competency
- Not required to enroll for all services
- Some services, such as the following, require specific Global Endorsements:
 - Companionship
 - Respite Care
 - Supervision
- May be required to provide care for some clients, according to their authorization.
 - Specific to each client that may need assistance with additional services.

Global Endorsements:

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases - Limited to oxygen
- D. Suppository - non-prescription
- 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 Device
- H. Prosthesis/Orthotics/Adaptive Devices
- I. Hoyer Lift/Mechanized Bath Chair

Requirements for Global Endorsements:

- A QSP may choose to meet the standards for any or all of the endorsements but will not be approved unless competency is shown on the SFN 750.
- Individuals with a current license or certificate automatically meet the standards for all Global Endorsements:
 - Certified Nurse Assistant
 - Licensed Practical Nurse
 - Registered Nurse
 - Registered Physical Therapist
 - Registered Occupational Therapist
- If the individual (or employee) does not have any of the above listed licenses or certifications, an SFN 750 – Documentation of Competency must be completed by a licensed healthcare provider, showing competency in the global endorsement section, to be approved for any and/or all global endorsements.

CHART C – GLOBAL ENDORSEMENTS

ENDORSEMENT	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
A. MAINTENANCE EXERCISE	Know generally accepted practice of how to perform maintenance exercise regimens.	Exercises are maintenance oriented and client specific. Assisted client to complete exercises which have been taught to client – neck, shoulders, elbows, wrists, fingers, hips, knees, ankles, toes. Follow only exercise regimen recommended for the client; ex: the performance of the repetitive exercise required to maintain function, improve gait, maintain strength, or endurance; passive exercise maintain motion in paralyzed extremities, not related to a specific loss of function, and assistive walking.	Limited to general observation of exercises which have been taught to the client; including the actual carrying out of maintenance program, the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance, passive exercises to <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands 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 <u>NOT</u> hold up so that urine runs back into the bladder; cleaned meatus and catheter with other hand; wiped from meatus toward anus; patted area dry; applied lotion as necessary; observed for redness, swelling or discharge; disposed of waste; cleaned up; returned supplies to proper storage; removed gloves and washed hands.	Limited to general maintenance care <u>after</u> a well-established routine of care has been set forth for the client. NO CATHETERIZATION OF CLIENT ALLOWED.
C. MEDICAL GASES	Know generally accepted practice to administer medical gases.	Client specific monitored only as specifically recommended for client.	Limited to monitoring or routine assistance. Limited to oxygen only.
D. SUPPOSITORY	Know generally accepted practice of how to assist with suppository and maintain bowel program.	Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed. Prior to assisting client with suppository, hands are washed and gloves are applied. After task is complete, removed gloves and washed hands.	Non-prescription suppository only.
E. COGNITIVE SUPERVISION (REQUIRED FOR 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 <u>taking</u> temperature, blood pressure, pulse, and respiration rate.	Able to identify average normal adult rates. Washed hands, gathered necessary equipment (thermometer, blood pressure cuff, watch with minute hand), assisted client to sit or stand in comfortable position, obtained the measure/rate, cleaned and replaced equipment to proper storage, washed hands.	QSP will be notified by Case Manager who is to be notified of readings. (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 who requires the endorsement.

To qualify for one of the following endorsements:

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

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

STEP 2: AFTER QSP APPROVAL

- As an enrolled QSP, you are **not** an employee of HHS. The Department does not withhold or pay any 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 self-employed individual. Information on the tax responsibilities of independent contractors can be found at: <https://www.irs.gov/>
- A packet of information will be sent to you after approval. Some of the information provided includes:
 - QSP number
 - Additional provider responsibilities
 - Billing instructions
 - Sample documentation
- Services can only be provided to a public pay client in the client's home when the client is present. You may not provide or bill for services if the client is not present.
- **Competency Revalidations**
 - QSPs are required to update competency requirements every 30 months or at expiration of licensure (SFN 750, CNA certificate or LPN/RN). You will be notified when this information is due; updated documentation will be required when requested.
 - If you enrolled by submitting an SFN 750 – Documentation of Competency, a new SFN 750 will need to be completed by a licensed healthcare provider.
 - If you enrolled using a CNA certificate or LPN/RN license, you will be required to show proof that your license has been renewed.
 - **If you do not comply with this requirement, your enrollment will be closed.**
- **Name Changes**
 - You must inform Noridian within 14 days of any changes to your current, legal name.
 - To update your name, submit the following information to Noridian:
 - Government issued ID with new name
 - Social Security Card with new name
 - W-9 - Request for Taxpayer Identification Number and Certification with new name <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- **Conviction History Changes**
 - You are required to notify Noridian immediately if your conviction history changes. Failure to report changes to your conviction history may result in termination of your enrollment.
 - 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 will be reviewed by Department staff to determine if you have been sufficiently rehabilitated and/or can remain enrolled.
 - 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.

- **Address Changes**
 - You must inform Noridian within 14 days of any address changes.
 - If you cannot be reached by mail after two attempts, your status may be closed.

- **Client Choice**
 - Your QSP enrollment information is added to a list, kept by the Department and distributed to each Human Service Zone office / case management agency.
 - You may choose to be on a publicly viewable list of available providers.
 - The case management agency determines a client's need for services. The client selects their QSP from the list of available providers.

- **Client Liability / Cost Share**
 - Some clients are responsible for a portion of their service costs. The client is responsible to pay the QSP directly for any client liability/cost sharing.
 - Payment by the Department will be minus any client liability or cost sharing

- **Authorization to Provide Services** (Service Authorizations)
 - You will provide authorized services for which you will be paid for services you deliver.
 - If you are chosen as a QSP, the Case Manager will generate Service Authorization(s) in Therap, detailing the authorized service(s) and task(s) you are approved and expected to provide for the specific client.
 - QSPs must have a current Service Authorization for each client before providing services and be eligible for payment by HHS.
 - You must review and acknowledge Service Authorization(s) within Therap.
 - Directions to acknowledge Service Authorizations within Therap are online: https://help.therapservices.net/app/answers/detail/a_id/921/kw/service%20authorization%20ND%20Aging
 - It is your responsibility to notify the Case Manager if you have been approved for a service you are not enrolled to provide.
 - Contact Noridian if you need to update your enrolled services.
 - 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.
 - Review your Authorization for the following information:
 - The tasks you are authorized and expected to provide.
 - Effective date of authorized services.
 - You may not begin providing services before the authorized date.
 - The maximum number of units you can provide/bill.
 - A unit can be equal to 15 minutes, or one day, depending on the type of service you are providing.

- **Documentation Requirements**

- You must keep records of the services provided.

Failure to keep records may subject you to legal and monetary penalties:

ND Century Code 50-24.8-11.1:

“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.”

- Records must be maintained for a period of 42 months from the close of the Federal Fiscal Year (October 1 – September 30) in which services were delivered.
- Sample documentation and instructions will be sent to you once you are enrolled. Refer to the sample documentation to assist you in documenting the services you provide. If you are audited and records are requested, these are the records you would submit for review.
- **These records are required in addition to your EVV requirements.**
- Records must be kept, **even if your status closes or the client passes away.**
- Documentation must be created at the time of the visit. Creating documentation after or prior to the visit day is not acceptable and could be considered fraudulent.
- Records cannot be copied or cloned with times, dates or months changed.
- Sample documentation will be sent in the information packet once enrollment is approved.
- All records must include:
 - Name and ID # of the client
 - Name and ID # of the provider
 - Full date of the service MM/DD/YYYY
 - Location of the service
 - Start time and end time (including a.m. and p.m.)
 - Number of units of service, (use task name as listed on the authorization).
 - Tasks performed (use task name as listed on the authorization)

- **Electronic Visit Verification (EVV)**

- EVV requires you to check in and out when providing services to clients.
- Many services require participation in EVV
 - Case Management and Environmental Modification do not require the use of EVV to bill for services provided.
- Pages 38 – 39 of this handbook provide more information regarding EVV.
- You will receive a password and instructions by email or mail to log in and use Therap.
- Contact Therap to get started with their onboarding process
ndsupport@therapservices.net

- **Rate Information**

- **General 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 notify Noridian of the change and the new amount prior to 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 available under "QSP Rates":
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>

- **Rural Differential Rate**

- The purpose of the Rural Differential (RD) Rate is to create greater access to services for clients who live in rural areas of ND by offering a higher rate to QSPs who travel to provide services. QSPs that travel at least 21 miles round trip to provide care to authorized individuals in rural areas will be reimbursed at a higher rate for those cares.
- QSPs are not paid for the time they drive to or from the clients' home. The RD rate may only be used for the time spent actually providing Services. QSPs may only charge the increased rate on the days of travel.
- Example: If the QSP drives to the client's community and stays over a weekend or multiple days, then returns to their own home, the QSP can only charge the increased rate on the days they actually traveled. The standard billing rate would apply for all other days.
- Only certain services are authorized under the RD and the rate is only approved on a case-by-case basis, depending on the location of the client. You may be authorized for an RD rate for one client and not another client, under the same service. Please consult your Case Manager for more details.
- If you are approved RD for a client, please be advised of the following:
 - RD billing rates are closely verified every month.
 - You can only charge the RD rate on the days you are actually traveling.
 - You are required to prove your physical address.
 - You are required to tell both your Case Manager and Noridian within 14 days of any address change. Failure to do so may result in a temporary stop of authorized services and/or a repayment of money for services provided or may include termination of your enrollment.
 - If an error is found in billing or you are unable to provide proof of your physical address when requested, **any payments made during this time may have to be paid back.**
 - There are increased documentation requirements.

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

Health and Human Services is required to complete reviews of QSPs to ensure clients are receiving the services they need and to assure the services provided meet standards set by the Department. When you enroll as a QSP, you agree to assist the Department in completing these reviews and to submit documentation upon request.

The Department is required to recover all funds paid for services not delivered in accordance with policies and procedures per ND Administrative Code 75-03-23-10.

Examples (not a complete list):

- Failure to keep appropriate records
- If you did not provide the service
- Financial integrity issues
- Certain criminal convictions
- Professional incompetence or poor performance
- Billing over the authorized amount or billing the wrong code
- 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
- Photocopied records, indicating service records were not completed at the time of service

- **Adjustments**

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

- **Denials, Terminations and/or Exclusions**

If you are denied enrollment or terminated as a QSP and/or placed on the State Exclusion list for any of the findings listed above (the list is not all-inclusive).

If you are excluded, you will not be eligible to provide services to clients whose care is reimbursed by federal health care programs such as Medicaid or by ND state funds. Please be aware this does not impact your eligibility to receive Medicaid or Medicare benefits.

You may be referred to the Office of Inspector General (OIG) 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.

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

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

- **Formal Reviews**

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

- Submit a formal written request in writing, within 30 days of notification of the adjustment or request for refund.

- The notification of adjustment 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.
- A provider may not request a formal review of the rate paid for each disputed item.
- The Department has 75 days from the date we received the notice of a request for review to make a decision.

Send all requests for formal reviews to:

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

Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) uses a mobile device application on a phone, tablet, or laptop that records the beginning and ending time of services provided to individuals by providers. Data may also be captured using a fixed object device (FOD) issued to the provider by HHS. This electronically verifies the service was provided at a particular location where the service is authorized, as required by the law. EVV is a Federal requirement from the 21st Century Cures Act and became effective January 1, 2021, it is used for billing and payment of services you provide as a QSP.

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:

Case Management
 Environmental Modification

EVV Systems Must Verify:

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

All QSPs are required to participate in an EVV system if they enroll in at least one of the services subject to EVV. QSPs must have access to a FOB, phone, tablet, or laptop to utilize this system. This is necessary to check in and out when providing services, receiving service authorizations, and submitting claims electronically. Not all services require EVV to bill for services provided.

The Department contracts with Therap to provide the EVV system, which includes billing, and is available to QSPs free of charge.

You may choose a different EVV provider but are responsible for setup and any fees associated with usage. If choosing an alternate system for EVV and billing, you must indicate your chosen system(s) prior to enrollment on the SFN 1603. If no alternative system is indicated, you will be automatically enrolled with Therap for EVV and billing.

If using Therap as your chosen EVV, you must also **bill** using Therap. If you choose an alternate EVV system, you may also choose to use a different **billing** system.

If you choose to use Therap for billing, you are required to electronically submit an SFN 583 – North Dakota Medicaid Electronic Remittance Advice (835) Enrollment form.

- The form is available online: <https://www.nd.gov/eforms/Doc/sfn00583.pdf>.
- If using an alternate third-party system for billing, contact Therap to determine if this form is required. If required, you must submit the form electronically.
- If you are submitting your own professional claims, this form is not required.

An Aggregator system is used in conjunction with the EVV system to support claims integration and auditing and allows payers to connect adjudication to visit verification data in real time. This system aggregates EVV data from both Therap and third-party vendors.

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

- ND Specific Requirements for Sandata Aggregator Interface
https://help.therapservices.net/app/answers/detail/a_id/2540/~state-specific-requirements-for-sandata-aggregator-interface#Sandata-NorthDakota
- Sandata Aggregator Interface – North Dakota (therapservices.net)
https://help.therapservices.net/app/answers/detail/a_id/3467/kw/sandata
- Sandata Aggregator Interface – Individual QSP Information
https://help.therapservices.net/app/answers/detail/a_id/3468/kw/sandata
- Sandata support:
<https://www.sandata.com/support/>

Additional Therap training information is available on the Therap website. For videos, billing user guides and additional information, please visit: <http://www.therapevv.net/nd>

For more information about the EVV system, visit: <https://youtu.be/SCUvxoZXAwY>

STEP 3: REVALIDATION

Revalidation is required a minimum of every five (5) years to maintain enrollment. Revalidations require much of the same documentation as an initial enrollment.

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

A notice of revalidation will be sent approximately 30-45 days prior to your expiration date. You must submit revalidation information to Noridian **prior to your expiration date** to allow processing time. It is your responsibility to ensure all forms are correct and returned in a timely manner for processing.

Payments will be suspended, your status may be closed and you may not receive payment for services provided during the gap in your enrollment if a complete revalidation is not received and finalized by your expiration date.

Submit **complete, updated revalidation forms and all required documentation to:**

Noridian Healthcare Solutions

Attn: ND Medicaid Provider Enrollment QSP

PO Box 6055

Fargo, ND 58108-6055

Phone: 701-277-6933

Email: QSPEnrollment@noridian.com

(Faxes are not accepted)

- **Required Forms**

The most current version of all forms must be used.

- SFN 1603** - Individual Request to be a Qualified Service Provider
<https://www.nd.gov/eforms/Doc/sfn01603.pdf>
- SFN 615** - Medicaid Program Provider Agreement
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- W-9** - Request for Taxpayer Identification Number and Certification
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Direct Deposit** – Copy of a voided check or documentation from financial institution for direct deposit.
 - Direct deposit is required for enrollment.
- SFN 583** – North Dakota Medicaid Electronic Remittance Advice (835) Enrollment
<https://www.nd.gov/eforms/Doc/sfn00583.pdf>
- SFN 750** – Documentation of Competency OR Copy of License/Certification
<https://www.nd.gov/eforms/Doc/sfn00750.pdf>
 - Competency must be verified by either a current SFN 750, CNA certification or LPN, RN, PT or OT license. Documentation of current license/certification must be submitted, if applicable.
 - **Chart A** of this handbook includes the minimum required standards all QSPs must meet to enroll as an Individual QSP; even if your client does not need help with one of the services listed on the form.
 - A licensed healthcare provider must complete the SFN 750 showing you are competent in all of the standards listed on the form.

- The form must be completed correctly, any missing or incomplete information will not be accepted and a new form will be required.
- Both columns 3 & 4 must be completed in Standards 5 – 25.
- **Chart B** of this handbook contains a list of the type of providers that are authorized to complete the form with you.

• **Required Documents**

- Copy of current Government Issued Identification (ex: driver’s license, tribal ID)
- Fraud, Waste and Abuse (FWA) Training
 - Use this link to access online training:
<https://www.cnd.nd.gov/STLPCatalog/325/PUBLICCOURSESPOSTEDONWEBSITE/QSPFraudWasteAbuse/story.html>
 - Once completed, you must enter your name in the required field and submit the completion certificate with your enrollment documents.
- If you are providing any of the following services, additional forms must be submitted with your revalidation paperwork; see Pages 13 – 18 for additional information:

<ul style="list-style-type: none"> ▪ Adult Day Care ▪ Case Management ▪ Chore ▪ Environmental Modification ▪ Extended Personal Care ▪ Non-Medical Transportation ▪ Nurse Educator 	<ul style="list-style-type: none"> ▪ Nursing Assessment ▪ Respite Care ▪ Respite Home Care ▪ Respite in Adult Foster Care ▪ Supervision ▪ Transition Coordination
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APPENDIX

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.

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

- Detailed, step-by-step instructions are available here:
- <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/qsp-npi-instructions.pdf>

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

- There are 2 ways to obtain an NPI:
 - Web-based Application - **PREFERRED AND QUICKEST METHOD**
 - Follow this link to begin the online process: <https://nppes.cms.hhs.gov/#/>
 - Mail in a paper application – Takes 2-3 weeks to receive
 - The paper form is available on the National Plan & Provider Enumeration System (NPPES) website:
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms>
 - OMB No. 0938-0931
 - downloads/CMS10114.pdf
 - Page 5 of the application contains information regarding where the Form can be sent to.
- Taxonomy Code:
 - A taxonomy code describes the type of services provided.
 - The recommend taxonomy code for the services you provide as a QSP is
 - Personal Care Attendant, **3747P1801X**.
 - If you are already enrolled to provide services with Medicaid and have an existing account/NPI number, the taxonomy code associated with the services you provide as a QSP must be added.
 - Select “Not a group”, enter code “**3747P1801X**” *in the filter*, click “**Save**”
 - Once the taxonomy code(s) and license(s) are added to the application, one taxonomy code must be identified as being the Primary Taxonomy
 - Select the checkbox to the left of the applicable taxonomy code.
 - If only one taxonomy code has been entered on the application, NPPES will default this taxonomy code as the Primary Taxonomy

- **Fraud, Waste & Abuse**

Health and Human Services' mission is to provide quality, efficient, and effective human services, which improve the lives of people.

Medicaid provides healthcare coverage to qualifying low-income, disabled individuals and children, and families. HCBS is part of those services. Fraud can be committed by Medicaid providers (including QSPs) or clients. The Department does not tolerate misspent or wasted resources.

By enforcing fraud and abuse efforts:

- Providers receive the best possible rates for the services they provide to Medicaid recipients.
- Recipients are assured their out-of-pocket costs are as low as possible.
- Tax dollars are properly spent.
- Recipients receive necessary healthcare services (including HCBS).

What is Fraud?

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

What is Abuse?

Abuse is when provider practices are inconsistent with sound fiscal, business, or medical practices that result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or services that fail to meet professional recognized standards for healthcare.

Abuse may also include recipient practices that result in unnecessary costs to the Medicaid programs.

What is my role in helping prevent Medicaid fraud and abuse?

REPORT any instance of suspected fraud or abuse.

Report Medicaid Fraud and Other Fraud

Anyone suspecting Medicaid fraud, waste, or abuse is encouraged to report it.

Examples of Fraud can include:

- Billing for services not performed
- Billing duplicate times for one service
- Billing outside the allowable limits
- Billing without an authorization to provide the service

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

How do I report Medicaid fraud or abuse?

- ❖ Phone 1-800-755-2604
701-328-4024
- ❖ Email medicaidfraud@nd.gov
- ❖ Fax 701-328-1544
- ❖ Mail

Fraud Waste & Abuse
Administrator
c/o Medical Services Division
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250

- ❖ You can also complete the Surveillance and Utilization Review Section (SURS) Referral (SFN 20) form
<https://www.nd.gov/eforms/Doc/sfn00020.pdf>

To learn more about fraud and abuse:
<https://www.hhs.nd.gov/healthcare/medicaid/provider/fraud-and-abuse>

What is a VAPS Report?

VAPS is Vulnerable Adult Protective Services. QSPs are required to file a VAPS report if an incident involves abuse, neglect or exploitation of an individual receiving services. Any QSP who is with an individual receiving services and is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

- **How to file a VAPS report:**
 - **Option 1:**
 - Use the online reporting system: <https://fw2.harmonyis.net/NDLiveIntake/>
 - **Option 2:**
 - Complete a reporting form, SFN 1607 – Report of Vulnerable Adult, Abuse, Neglect, or Exploitation and submit to:
 - The link on the form: www.nd.gov/eforms/Doc/sfn01607.pdf
 - Email the form to: dhsvaps@nd.gov
 - Fax the form to: 701-328-8744

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 all 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 (CIR):**
 - As soon as you are aware of a critical incident:
 - **Step 1:**
 - Report it to the HCBS Case Manager **and**
 - **Step 2:**
 - Fill out a Critical Incident Report using the General Event Report (GER) within the Therap case management system.
 - 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 Case Manager if you need assistance filling out the form.
 - The completed critical incident needs to be entered into the Therap system within 24 hours of the incident.

- Send the completed forms to the HCBS Case Manager within 24 hours of the incident.
- **Step 3:**
 - The HCBS Case Manager and Program Administrator will receive the incident report once it is submitted. If the GER offline form is used, the HCBS Case Manager 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 Vulnerable Adult Protective Services (VAPs).
 - See section above 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 Case Manager that a client is in the hospital due to a stroke, a Critical Incident Report is required because the Case Manager or the facility was made aware of the ER visit and/or the hospital admission.
 - **Example 3:** If a QSP comes to a client's home and the client is found on the floor and the QSP calls 911 so the client may receive medical attention, a Critical Incident Report is required because the client required medical attention AND the QSP was notified and aware of the event.
 - **Example 4:** If a QSP is present while the client is participating in illegal activity (e.g. drug use), a critical incident is required as the behavior may jeopardize services.
 - **Example 5:** If the QSP finds bed bugs in the client's bed and notices the client has bug bites resulting in the need to seek medical attention, a critical incident would be required as this is an unsanitary condition resulting in illness or injury.
- **Remediation Plan**

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

 - The remediation plan must include:
 - Corrective actions taken
 - Plan of future corrective actions
 - Timeline to complete the plan if applicable.
 - The HCBS Case Manager and Program Administrator are responsible to follow up with the QSP to ensure the remediation plan is acceptable.

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



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.

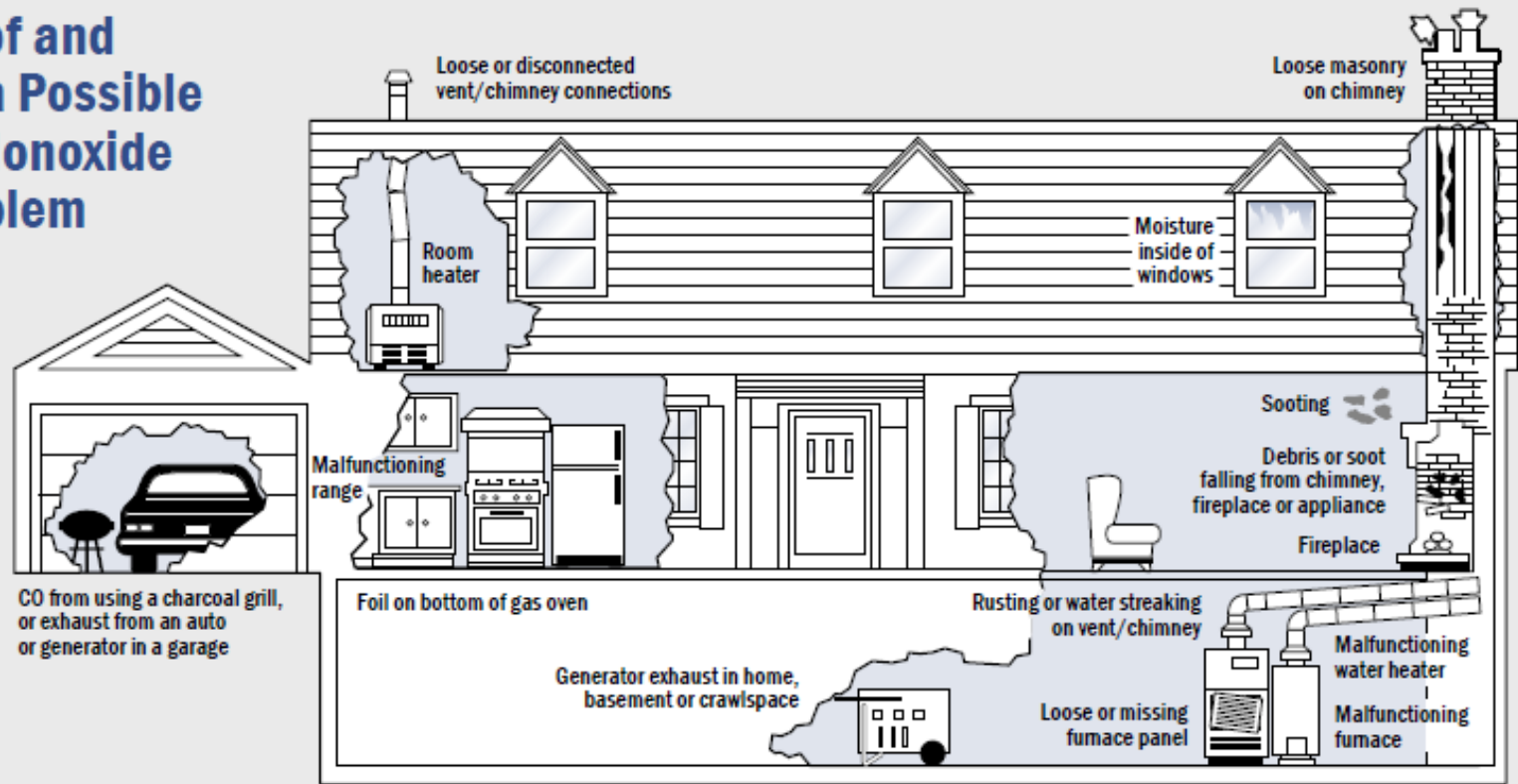


To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270.

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.

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:**
www.ndhealth.gov/disease/Documents/faqs/handwashposter.pdf
 - If soap and water are not available:**
 - Use an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - Follow these steps when using hand sanitizer:**
 - Apply the gel product to the palm of one hand in the correct amount.
 - Rub your hands together.
 - Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.
 - Once you are back on-site ALWAYS wash your hands for 20 seconds with soap and water.
- **Personal Protective Equipment (PPE) use:**
 - Gloves
 - **Wear when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.**
 - Perform hand hygiene prior to putting on gloves
 - Remove jewelry; cover abrasions then wash and dry hands
 - Ensure gloves are intact without tears or imperfections
 - Fit gloves, adjusting at the cuffs
 - Remove by gripping at cuffs
 - Immediately dispose of gloves in waste basket
 - Wash hands after removing gloves
 - Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated
 - DO NOT reuse gloves, they should be changed after contact with each individual
 - Gowns
 - **Wear during cares likely to produce splashes of blood or other body fluids.**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.

- Tie all the ties on the gown behind the neck and waist.
 - Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
 - Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
 - Dispose the gown in waste basket.
 - Perform hand hygiene after removing gowns.
- Masks
- Follow community guidance for source control based on community transmission of 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:
- <https://www.hhs.nd.gov/health/coronavirus>
- **Sharps:**
- Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided.
- Do not recap needles or remove needles from syringe.
 - After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal.
 - Clean any equipment used for the individual before and after each use.



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

 ndqsphub.org

 (701) 777-3432

 info@ndqsphub.org

 North Dakota QSP Hub

Who We Are

The North Dakota Qualified Service Provider Hub serves the state of North Dakota and is located at the Center for Rural Health, University of North Dakota.

Purpose of the ND QSP Hub

To create a network that provides support, educational tools, and training opportunities to walk QSPs and QSP agencies through all stages of the QSP process.



Services/Assistance Provided by the ND QSP Hub

- One-on-one individualized support via email, phone, or video conferencing to assist with:
 - » Enrollment
 - » Service authorizations
 - » Electronic visit verification (Therap)
 - » Documentation
 - » Billing processes
 - » Renewal
 - » Business operations and processes
- Library of easy-to-understand tip sheets and guides
- Create a mentoring network for QSPs and QSP agencies
- Create awareness of home and community-based service policy changes and updates