

Qualified Service Provider (QSP) – **Agency** Enrollment & Revalidation Checklist

April 2024

Gather all documents, completed forms & training certificates listed below before starting your application.

❖ **Required Forms & Documents**

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

- Organizational Chart with key positions (include names of staff)
- Copy of government issued identification for anyone listed as an owner, agent, managing employee or board of directors.
 - Must be a readable picture or copy; Examples:
 - Driver's License
 - Non-Driver Identification
 - Tribal Identification
 - Military Identification
 - Passport
 - Social Security Card
- Job descriptions of each employee position
- Unemployment Insurance coverage, current verification
- Workforce Safety and Insurance coverage, current verification
- ND Secretary of State Office, verification of current standing/registration
- National Provider Identifier Number (NPI)
 - See instructions in the Agency QSP Handbook.
 - This is only required initial enrollment
- Fraud, Waste and Abuse (FWA) Training Certificate of Completion for designated employee trainer
 - Link for training is in the QSP Enrollment Portal.
- QSP Orientation Training Certificate of Completion
 - Link for training is in the QSP Enrollment Portal.
- Direct Deposit – Copy of a voided check or documentation from bank or financial institution. Direct deposit is required.
- SFN 749 – Documentation of Competency OR Copy of ND License/Certification
 - <https://www.nd.gov/eforms/Doc/sfn00749.pdf>
 - Required for employees providing direct services, unless registered as a current ND RN, LPN, PT, OT or CNA.
 - If enrolling agency is a current DD (Developmentally Disabled) licensed provider with ND Medicaid, this form is not required.
 - Provide proof of current enrollment with ND Medicaid. A list of employees who will be providing services must be included on the employee checklist.
- Agency Employee Verification Checklist

- Information for all employees who provide direct services must be entered from this document into the QSP Enrollment Portal.
- Must include a minimum of two employees who provide direct services.

❖ How do I enroll?

Once you have the forms and documents listed above together:

- **Go online to the QSP Enrollment Portal:** www.hhs.nd.gov/qsp
 - Click on the “create an account and enroll now” button.
 - Follow all prompts and instructions.
 - If you have trouble with your user name or account log in, contact:
ND.Gov Call Center
Call: 1-877-328-4470 or 701-328-4470
Or submit a help ticket at <https://apps.nd.gov/itd/ldap/login.htm>
- **Agency name limitations:**
QSP agency names **cannot** include the following terms:
 - “home health agency” or “home health services” per ND Administrative Code 33-03-10.1-03
 - “group home” per ND Administrative Code 75-04-01-01(14)

❖ How do I revalidate my current enrollment?

- **Go online to the QSP Enrollment Portal:** www.hhs.nd.gov/qsp
 - Login to your current QSP account using the link above.
 - Follow the prompts to complete your revalidation.
 - If you have trouble with your user name or account log in, contact:
ND.Gov Call Center
Call: 1-877-328-4470 or 701-328-4470
Or submit a help ticket at <https://apps.nd.gov/itd/ldap/login.htm>

❖ **It is important to use the most updated version of all forms.** If enrollment receives an old form, it will be returned to you, which delays your application.

- Check our website to make sure you have the most recent version of each form:
<http://www.nd.gov/eforms/>
- All forms must be filled in with a pen or typed and signed.

DOCUMENTATION OF COMPETENCY - AGENCY QUALIFIED SERVICE PROVIDER - EMPLOYEE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES/HCBS
SPN 749 (11-2023)

FOR AGENCY QSP USE ONLY

Instructions to complete are located on the back of this form. Incomplete forms will not be accepted. This form must be completed by a health care professional (see reverse side for instructions).
Failure to have an updated form on file for each employee may result in denial of payment for services provided by the employee.

QSP or QSP Applicant Agency Name	Agency Employee Full Name	Provider Number (if known)
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The Documentation of Competency-Agency Qualified Service Provider-Employee must be completed or updated a minimum of one time every 5 years.

BOTH COLUMNS 3 AND 4 MUST BE COMPLETED

COLUMN (1)	COLUMN (2) STANDARD	COLUMN (3) COMPETENT		COLUMN (4) How Determined Standard		
		Yes	No	Return	Verbal	Written
5.	Proper handwashing methods					
6.	Handling of bodily fluids					
7.	Basic meal planning and preparation					
8.	Routine housework					
9.	Wrinkle-free bed					
10.	Laundry techniques					
11.	Managing a budget					
12.	Toileting					
13.	Caring for incontinence					
14.	Transferring					
15.	Ambulation					
16.	Bathing techniques					
17.	Hair care techniques					
18.	Oral hygiene techniques					
19.	Dress/undress client					
20.	Feed or assist with eating					
21.	Routine eye care (eye drops/ointment)					
22.	Care of Fingernails					
23.	Assist with self-administration of medication for able individuals					
24.	Skin care (lotions, ointments, etc.)					
25.	Turning and positioning					
26.	Universal Precautions (knows guidelines and practices universal/standard precautions)					

GLOBAL ENDORSEMENTS

A.	Maintenance Exercise					
B.	Catheter: Routine care indwelling					
C.	Medical Gases: Established routine (oxygen only)					
D.	Suppository: Maintain bowel program (non-prescription suppository only)					
E.	Cognitive/Supervision (required for companionship, respite care and supervision)					
F.	Taking BP, TPR					
G.	Compression Garment or Devices					
H.	Prosthesis/Orthotics/Adaptive Devices					
I.	Hoyer lift/Mechanized bath chairs					

I certify that the above-named individual is competent in the identified standards, including those for endorsement(s), checked YES. The competency is based on the standards for direct care staff as outlined in the applicable Department of Health and Human Services Qualified Service Provider Handbook.
Further, I certify that I have met the professional degree or have experience in the specialized area(s) required, explained on the back, to be qualified to sign this competency verification.

Signature of Health Care Professional	Title	License Number	Date
Printed Name of Health Care Professional	Email Address	Telephone Number	Comments <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach additional sheet

FOR PERSON VERIFYING COMPETENCY SEE INSTRUCTIONS ON BACK



❖ Who do I call with questions?

For help or questions completing the application, contact the QSP Hub.
What can the QSP Hub help me with?

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

- Enrollment
- Service authorizations
- Electronic visit verification (EVV)
- Documentation
- Billing
- One-on-one support
- Library of easy-to-understand tip sheets and guides
- A mentoring network for QSPs
- Updated HCBS policy changes
- Training opportunities calendar for both Individual and Agency QSPs
- Revalidation
- Therap
- Business operations and processes
- Education Tools
- Training Events

How to contact QSP Hub:

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

❖ **Always keep a copy of the most current handbook on file.**

- This link will always have the most current handbook:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>
 - Scroll to QSP Handbooks
 - Click on QSP Handbooks
 - Agency Provider
 - Review for updated policy information
 - Review the following fact sheets located in the Handbook:
 - Working Together for Home Fire Safety Fact Sheet
 - Dangers of Exposing an Invisible Killer - Carbon Monoxide Fact Sheet

INSTRUCTIONS TO COMPLETE

SFN 749 Documentation of Competency – Agency QSP – Employee form

ATTENTION: If the employee has one of the following current North Dakota licenses or certifications, this form is not required; their license or certification meets or exceeds the Department of Health and Human Services competency standards:

- Registered Nurse (RN) or Licensed Practical Nurse (LPN)
- Registered Physical Therapist (PT)
- Registered Occupational Therapist (OT)
- Certified Nurse Assistant (CNA)
- Certificates or other proof of completion of a training or education program focused on in-home care will be considered, if proof is provided that standards 5 through 26 on SFN 749 are included in the curriculum, and the training program is provided by a licensed healthcare professional. The program must have a revalidation process every five years.

A copy of the current license/certificate or the license/certificate number must be sent with your enrollment forms.

If the employee does not have one of the above, this form must be completed by a licensed healthcare provider to meet QSP requirements. **The employee cannot fill out this form themselves.**

- **CHART A** in the QSP handbook lists the requirements to meet each competency.

To complete the form:

- **QSP or QSP Applicant Agency Name:**
Write the name of the current Agency or Agency enrolling as a QSP.
- **Agency Employee Full Name:** Write the full (first and last) name of the Agency employee.
- **Provider Number:** If known, write the provider number of the QSP Agency.
- **Standards 5 - 26:** A licensed health care professional must complete BOTH columns (3) and (4) to show the standards of the competency are confirmed.
 - The employee must show they know the generally accepted practices for **ALL** standards #5 through #26, even if they do not plan to provide one of the services listed. If all standards are not checked, the form is invalid and a new form will be required.
 - To enroll for **Homemaker service** only, standards # 5 – 11 are required.
 - To enroll for **Driver with Vehicle services** only, standards #5, 6, 12 – 15 are required.
- **Global Endorsements:** Refer to the QSP handbook for further information.
 - **CHART B** in the QSP handbook lists the global endorsements each QSP is automatically given if using a license or certificate as listed above to enroll.
 - The health care professional must complete columns (3) and (4) to show if competency is confirmed for each endorsement.
 - Employee is not approved for endorsement if the line is incomplete in the row or both columns 3 & 4.
- **Professional Health Care Providers verification of competency**
 - A Health Care Professional's signature and license number is required (instructions for the Health Care Professional are located on the back side of the SFN 749).
 - **CHART B** in your handbook shows which global endorsements certain health care professionals can authorize.



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BOTH COLUMNS 3 AND 4 MUST BE COMPLETED

COLUMN (1)	COLUMN (2) STANDARD	COLUMN (3) COMPETENT		COLUMN (4) How Determined Standard		
		Yes	No	Return	Verbal	Written
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9.	Handling of body fluids					
10.	Laundry techniques					
11.	Managing a budget					
12.	Toileting					
13.	Caring for incontinence					
14.	Transferring					
15.	Ambulation					
16.	Bathing techniques					
17.	Hair care techniques					
18.	Oral hygiene techniques					
19.	Dress/undress client					
20.	Feed or assist with eating					
21.	Routine eye care (eye drops/ointment)					
22.	Care of Fingernails					
23.	Assist with self-administration of medication for able individuals					
24.	Skin care (lotions, ointments, etc.)					
25.	Turning and positioning					
26.	Universal Precautions (knows guidelines and practices universal/standard precautions)					

GLOBAL ENDORSEMENTS

A.	Maintenance Exercise					
B.	Catheter: Routine care indwelling					
C.	Medical Gases: Established routine (oxygen only)					
D.	Suppository: Maintain bowel program (non-prescription suppository only)					
E.	Cognitive/Supervision (required for companionship, respite care and supervision)					
F.	Taking BP; TPR					
G.	Ted Socks (Surgical Stockings)					
H.	Prosthesis/Orthotics/Adaptive Devices					
I.	Hoyer lift/Mechanized bath chairs					

I certify that the above-named individual is competent in the identified standards, including those for endorsement(s), checked YES. The competency is based on the standards for direct care staff as outlined in the applicable Department of Health and Human Services Qualified Service Provider Handbook.

Further, I certify that I have met the professional degree or have experience in the specialized area(s) required, explained on the back, to be qualified to sign this competency verification.

Signature of Health Care Professional	Title	License Number	Date
Printed Name of Health Care Professional	Email Address	Telephone Number	Comments <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach additional sheet

FOR PERSON VERIFYING COMPETENCY SEE INSTRUCTIONS ON BACK

INSTRUCTIONS

The Documentation of Competency-Agency Qualified Service Provider-Employee is designed to determine that an individual meets the basic standards to provide a service. For example; for personal care services competency must be determined for **all** standards **5-26** even IF the standard doesn't apply to the specific person the individual is planning to serve.

PLEASE NOTE: COLUMNS 3 & 4 ARE REQUIRED. IF NOT COMPLETED, A NEW FORM WILL BE REQUIRED.

INSTRUCTIONS FOR HEALTH CARE PROFESSIONAL CERTIFYING THE INDIVIDUAL REQUESTING QUALIFIED SERVICE PROVIDER STATUS:

To sign the Documentation of Competency-Agency Qualified Service Provider-Employee (SFN 749) you must be one of the following health care professionals: chiropractor, physician, physicians assistant, nurse practitioner, registered nurse, licensed practical nurse, physical therapist, or occupational therapist.

Column (2): **STANDARDS** Listed is a brief explanation of each. A detailed explanation of the standards and documentation required is found in the Department of Health and Human Services Qualified Service Provider Handbook, Standards and allowable tasks/activities.

Column (3): **COMPETENT** You **must** place an X in the YES box for each standard if the individual is found competent OR you **must** mark NO for the standard if the individual did not meet the requirement for competency. Please do not write "N/A" as a response.

Column (4): **HOW DETERMINED STANDARD** You must place an X in the column that identifies how the competency was verified.
RETURN: You directly observed the demonstration/performance of the procedure by the individual.
VERBAL: A detailed verbal explanation of the procedure was given to you by the individual.
WRITTEN: A detailed written explanation of the procedure was provided to you by the individual.

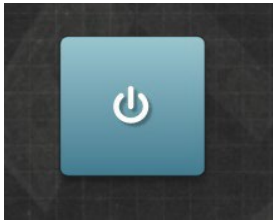
Column (1): Letters A, B, C, D, E, F, G, H, I are **GLOBAL ENDORSEMENTS**. These are not required with the exception of Cognitive/Supervision, which is required for companionship, respite care and supervision. The competency for each task will apply to all clients for whom the provider delivers care.

See the directions above (Column 3 and Column 4) for instructions on how to complete. A detailed explanation of the global endorsements and documentation required is found in the Department of Health and Human Services Qualified Service Provider Handbook.

SIGN AND PRINT NAME on bottom of page 1 of this form. **YOUR CREDENTIALS AND LICENSE NUMBER MUST ALSO BE WRITTEN** on bottom of page 1 of this form.

INSTRUCTIONS TO COMPLETE Fraud, Waste and Abuse (FWA) Training

- Fraud, Waste and Abuse (FWA) Training
 - The Agency must assign a designated employee trainer to take the FWA training.
 - Use this link to access online training:
 - <https://www.cnd.nd.gov/STLPCatalog/325/PUBLICCOURSESPOSTEDONWEBSITES/QSPFraudWasteAbuseB/story.html>
 - This brings you to the first page of the QSP FWA training
 - Click the button and the training video will begin



- Once you complete the training, you must enter your name in the required field.
- A completion certificate with your name must be submitted with your enrollment/revalidation documents.

IMPORTANT:

- Once the designated agency employee completes the FWA training, all employees who provide direct services must be trained.
- The Agency must maintain a roster of completion date in which the information was reviewed with each employee. This roster must be provided at enrollment and must include all current employees who provide direct services and the date of training completion.
- The Agency may elect to have each employee complete the FWA training themselves and generate a FWA certificate for each employee, this certificate should be kept in the employee personnel file.