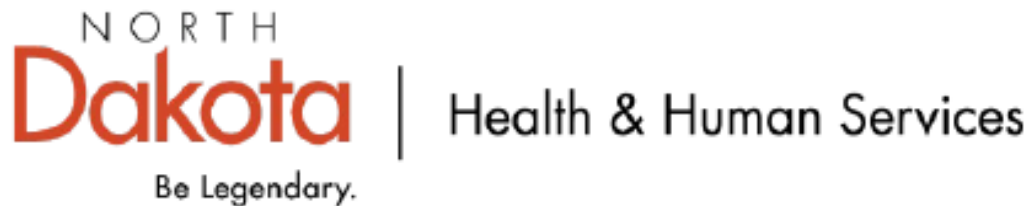


April 2024

QUALIFIED SERVICE PROVIDER (QSP)

Agency Handbook



Enrollment Procedures & Standards

QSP Handbooks are available online:

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

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

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

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How do I enroll? & QSP Hub

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



Need help with the application process?

For help or questions completing the application, contact the QSP Hub.

What is the QSP Hub?

The QSP Hub is a resource for QSPs in 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 through all stages of the QSP process.

What can the QSP Hub help me with?

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

- Enrollment
- 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 and QSP agencies
- 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/>

Home & Community Based Services (HCBS) Information

Purpose of HCBS: The primary goal of HCBS is to offer essential and appropriate services that help individuals sustain themselves in their homes and communities. These services aim to delay or prevent the need for institutional care, providing a more individualized and community-based approach to care. Assessments are led by a Case Manager to determine HCBS services are appropriate.

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

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

Financial Eligibility: Considers the individual's financial situation to determine their eligibility for HCBS programs. Criteria may include income, assets or other financial resources.

Once an individual is found eligible, the following law applies:

ND Century Code 50-06.2, Effective July 1, 1989:

- Each person eligible for services, or the person's representative, must be free to choose among available qualified service providers (QSP's) that offer competitively priced services, and
- The Case Manager must inform each eligible individual of the available QSPs in their service area to provide the service(s) needed by the eligible aged or disabled individual.

If you only want to work with private pay individuals – people who pay you for services with their own money, then you do not have to enroll as a QSP.

QSP agencies may be eligible to provide the following services:

Adult Day Care, Adult Residential Care, Assisted Living Facility – Personal Care, Case Management, Chore Service, Community Support, Companionship, Emergency Response System, Environmental Modification, Extended Personal Care (Nurse and Non-Nurse), Home Delivered Meals, Homemaker, Non-Medical Transportation (Driver and Escort), Nurse Education, Personal Care, Residential Habilitation, Respite Care, Specialized Equipment, Supervision, Supported Employment, Transition Coordination and Transitional Living.

Definitions

- Abuse: If someone hurts or exploits a vulnerable adult physically, mentally, sexually, or financially on purpose.
- Adaptive Equipment: Equipment and supplies that help individuals do their daily tasks more easily. See also “Specialized Equipment and Supplies”.
- Adult Day Care (ADC): The program consists of non-residential activities provided three (3) hours per day, one or more days a week, and consists both of health care and social services.
- Adult Residential Care (ARC): Personal care, therapeutic, social and recreational programming are provided in a facility where at least five (5) unrelated adults live. A 24-hour on-site response staff is available to cover scheduled and unpredictable needs and to provide supervision, safety, and security.
- Agency Provider: An agency that enrolls with Health and Human Services (HHS) as a QSP. Once enrolled, the agency bills HHS for authorized services.
- Aggregator: Integrates and audits claims, letting payers connect adjudication and visit verification data in real time.
- Case Management (CM): A case manager manages services so functionally impaired people can stay in the community, cost-effectively, based on an assessment.
- Case Manager (CM): A case manager is a licensed social worker that helps elderly and disabled people find resources and services they need. The case manager helps the individual to make a plan of care for service.
- Chore: Infrequent Tasks that help an individual stay 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 individual and not 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/individual must pay for the cost of services. This amount is deducted from the QSPs payment before payment is issued. The QSP must collect payment due from the individual.
- Community Support (CS): Training and support for eligible people who need some help on a daily basis. The service helps develop self-help, socialization, and adaptive skills so individuals can live on their own and participate in their communities. This may be provided in community residential settings leased, owned or controlled by the provider agency, in a private residence owned or leased by an individual. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.
- Community Transition (CT): An eligible person can get Transition Coordination help if they're moving from an institution or another provider-operated living arrangement (including skilled nursing facilities, adult residential, foster care, basic care, and assisted living). Clients are responsible for their own living expenses in a private residence and non-recurring set-up expenses are needed.

- Companionship (COMP): Non-medical care, supervision and socialization for waiver recipients who live alone or with someone who can't or isn't required to provide the services. A companion can help an individual prepare meals, do laundry or go shopping, but they don't actually perform these services. This service does not include hands-on nursing care. Light housekeeping tasks may also be provided while supervising and caring for the individual. Services must follow a therapeutic goal.
- Competency Level: Skills and abilities required to do something well or to a required standard.
- Cost Share: (see Client Share)
- Critical Incidents: any actual or alleged event or situation that created a significant risk of substantial or serious harm to the physical or mental health, safety, or wellbeing of any client receiving HCBS.
- Documentation: A written record of when the service started and ended, and what service was given.
- Electronic Visit Verification (EVV): A billing and payment system QSPs use to track the start and stop times of services they provide to individuals in their homes. A mobile device application used on a phone, tablet, laptop or fixed object device, verifies services are provided at an authorized location and records the time in and out.
- Endorsement: A task that requires special skill and approval.
 - Global Endorsement: Apply to all individuals requiring this endorsement.
 - Client Specific Endorsement: Require client specific instruction for each individual client for whom you provide care requiring this endorsement.
- Emergency Response System and Installation (ERS): Installation and monthly monitoring of an electronic device that helps an individual get help in an emergency by activating the "help" button they are wearing. The system is connected to the client's phone and programmed to signal a response center once a "help" button is activated.
- Environmental Modification (EM): Making physical changes to the home to ensure the client's health, welfare, or safety or allowing them to function more independently. The client or a family member must own the home.
- Extended Personal Care Nurse/Non-Nurse (EPCS): Hands-on medical care, specific to an eligible individual's needs. The Nurse Educator gives approval to the EPCS provider for these tasks.
- Financial Exploitation: Use or receipt of services provided by the vulnerable adult without just compensation, the taking, acceptance, misappropriation, or misuse of property or resources of a vulnerable adult by means of undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft or other unlawful or improper means.

- Fraud: A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.
- Home Delivered Meals (HDM): Providing well-balanced meals to individuals living alone and unable to prepare a meal for themselves, or who live with someone who can't or isn't able to prepare a meal for them.
- Homemaker (HM): Non-personal care tasks like housekeeping, laundry and shopping, performed on a recurring basis.
- Individual Program Plan (IPP): An individualized plan describing the tasks or training that will be done for a client receiving Transitional Living or Community Transition services and 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 is responsible 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 helps individuals to access essential community services like grocery, pharmacy, banking, post office, laundromat, utility company and social security office, in order to stay 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 with Vehicle (Driver or NMT-D): Transporting individual from their homes to essential services.
- Non-Medical Transportation Escort (Escort or NMT-E): Escorting and assisting an individual through an essential task or activity. When an individual is using public transportation, escort may be authorized if they need help while being transported and while entering and exiting the vehicle. The QSP must also help the individual complete an activity and cannot be reimbursed for escort services while driving.
- ND Health Enterprise MMIS Portal (MMIS): The payment system ND Medicaid uses to process QSP payments for services provided.
- Nurse Education (NE): Training provided by an agency employee with an RN level nursing license to agency employees who are enrolled and competent to provide Extended Personal Care service. The training includes care planning and training of nursing tasks for an individual receiving services. The RN employee must be in good standing with the ND Board of Nursing.

- Personal Care (PC): Help 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 help 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, also called a QSP number.
- Quality Improvement (QI) Program: A program that identifies, addresses and mitigates harm to individuals being served. Agencies must meet five core standards.
- Recipient Liability (RL): (see Client Share)
- Remittance Advice (RA): After you submit a claim, a document is created to explain what was or wasn't paid. The information is available in MMIS and shows information about the claim; days and amount billed and amount paid or denied for a specific payment period. If you are paid less than what you submit or your claim is denied, a reason is included for each. A payment total for the past year is also included.
- Residential Habilitation (RH): Training and support for eligible people who need some help on a daily basis. The service helps develop self-help, socialization, and adaptive skills so individuals can live on their own and participate in their communities. This may be provided in community residential settings leased, owned or controlled by the provider agency, in a private residence owned or leased by an individual. Provider owned or controlled settings must also be licensed as an agency adult foster care facility.
- Respite Care (RC): Temporary relief to an individual's primary caregiver (QSP) for a specific period of time to relieve the stress and demands of continuous daily care.
- Qualified Service Provider (QSP): An individual or agency that has met all the standards and requirements and has been approved by HHS as a provider.
- Service: Work done by a provider for payment.
- Service Authorization (SA): An authorization created by a Case Manager. The SA authorizes a QSP to provide services and lists the tasks a QSP can provide, the dates the service can be provided within and the maximum amount of service authorized per month.
- Service Fee: (see Client Share)
- Sexual Abuse or Exploitation: 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.
- Specialized Equipment Supplies: Anything that helps people to perform daily living activities, increase abilities or to perceive, control, or communicate with their surroundings. For example, special equipment, supplies, safety devices, or assistive technology.

- Specialized Equipment/Assistive Technology Assessment: Directly helps an individual select, acquire or use an assistive technology device. This service is only covered under the HCBS Medicaid waiver.

Assistive technology includes:

- Evaluating assistive technology needs of an individual. Includes a functional evaluation of the impact of appropriate assistive technology and services in their usual setting;
 - Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices for individuals;
 - Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - Training or technical assistance for the individual, or if appropriate, the family members, guardians, advocates, or authorized representatives of the individual;
 - Training or technical assistance for professionals or other individuals who provide services to, employ or are otherwise substantially involved in the major life functions of individuals.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.
 - Supervision (SUP): Depending on the impairment, an individual may need supervision if they need human intervention to protect themselves.
 - Supported Employment (SE): People with disabilities are provided intensive, ongoing support to perform in a work setting with adaptations, supervision and training. The service is provided at a workplace, mainly where people without disabilities work. Supervision and training activities provided in a typical business setting are not included.
 - Transition Coordination (TC): Provides one-time moving costs and/or non-Medicaid services to assist individuals with the actual coordination and implementation of their individualized move back into the community.
 - Transitional Living (TL): Training provided to an individual to help them live more independently in their own home. This includes training, supervision, helping the person with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living and mobility.
 - Universal Precautions: Caregivers with direct individual contact are required to follow certain guidelines to prevent the spread of infectious diseases. Caregivers must use work practices to avoid contamination by blood, body fluids, secretions, excretions (except for sweat), nonintact skin, mucous membranes, dried blood, and other body substances including saliva.
 - Vulnerable Adult: An adult who has substantial mental or functional impairment.
 - Waste: Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.

ENROLLMENT STEPS

Use the QSP enrollment portal to submit your application. All information must be correct and all required information submitted before enrollment is approved. If you need help, contact the QSP Hub; their contact information is on page 4. Use the next few pages as a checklist of information needed to enroll.

- **Agency name limitations**

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

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

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

- **Services**

It is important to first understand and choose which services your agency will provide. You may need additional forms for the services you choose. Refer to “Services Requiring Additional Information” on pages 17 – 28 and “Specific Service Enrollment Requirements” on page 29 of this handbook for more information.

- **NPI Number**

- An NPI (National Provider Identifier) number is required to bill for services.
 - An NPI is a 10-digit numeric identifier that will not change, even if your name, address, taxonomy (use 253ZOOOOOX when applying), or other identifiers change.
 - Instructions are in the appendix on page 55.

- **Required Forms & Documents**

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

- SFN 749 – Documentation of Competency OR Copy of License/Certification
<https://www.nd.gov/eforms/Doc/sfn00749.pdf>
 - A separate form for each employee providing services is required. See pages 14 – 17 for more details.
- Agency Employee Verification Checklist (See page 30 for more details)
 - Information for all employees who provide direct services must be entered from this document into the QSP Enrollment Portal.

- Direct Deposit – Copy of a voided check or documentation from bank or financial institution. Direct deposit is required.
- Organizational Chart with key positions (include names of staff)
 - Board of Directors:
 - If your agency is a non-government agency and you have a board of directors: When listing owners and managing employees in the QSP enrollment portal, make sure to include your board of directors members. They are considered managing employees; names, date of birth, social security number and addresses are all required.
- Copy of Government issued ID for the following individuals:
 - Owners, agents, managing employees, board of directors.
 - Upload these documents into the QSP enrollment portal.
- Job descriptions of each employee position
 - Upload these documents into the QSP enrollment portal.
- Private pay service fee schedule
 - Private fee schedule, if differs than state rates, must be uploaded into the QSP enrollment portal.
 - If you choose to follow the same rates as issued by the State, opt into the fee schedule included in the QSP enrollment portal.
- Current Verification of Unemployment Insurance coverage
 - Upload document into the QSP enrollment portal.
 - <https://www.jobsnd.com/unemployment-business-tax/employers-guide>
 - <https://www.jobsnd.com/unemployment-business-tax/unemployment-business-field-representatives>
- Current Verification of Workforce Safety and Insurance coverage
 - Upload document into the QSP enrollment portal.
 - Email: wsiemployerservices@nd.gov Phone: 800-777-5033
 - Website: <https://www.workforcesafety.com/employers>
- Verification of Registration with ND Secretary of State Office
 - Upload document into the QSP enrollment portal.
 - Email: sosbir@nd.gov Phone: 800-352-0867
 - Website: <https://www.nd.gov/businessreg/register/index.html>
- Fraud, Waste and Abuse Training
 - Completion Certificate of employee designated to provide all employee training
 - Upload document into the QSP enrollment portal.
 - Training roster including completion date of all employees providing direct services to public pay clients
 - Uploaded document into the QSP enrollment portal.
 - Training is available [here](#).

- Onboarding Orientation Training
 - Completion Certificate of employee designated to provide all employee training
 - Upload document into the QSP enrollment portal.
 - Training is available in the enrollment portal.
- Additional forms may be required. See page 17 to see if the service you are enrolling for requires more forms or documents.

- **Employee Requirements**

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

At time of hire and **before** an employee starts providing services to public pay clients:

- Confirm the identity of the employee or contractor.
- Search all websites listed on the Employee Verification Checklist.
- Owners, employees, contractors or individuals with controlling interest in the agency with certain convictions or exclusions may not be eligible to provide services or enroll as an agency.
- If information is found during the screening process on any of the sites below, contact QSP Enrollment for prior approval.

Ongoing throughout enrollment:

- Once an employee is hired; add each employee and contractor into the QSP enrollment portal.
- HHS will continue to screen agency employees and contractors who have been entered into the QSP Enrollment portal to ensure they continue to meet program standards.
- If at any time, an employee or contractor fails to meet the standards outlined, HHS will notify the QSP Agency that the employee/contractor must immediately stop providing services to public pay individuals.
- If a later audit finds the employee/contractor continued to provide services after the agency was notified and HHS was billed for ineligible services, funds may be recouped from your agency for noncompliance with program standards.

- **Agency Employee Verification Checklist**

An example Agency Employee Verification Checklist is provided on page 30 and may be used for screening employees providing direct services. An agency may choose to use an alternate version of this form, as long as all required verifications are performed and the agency can prove these verifications were completed. Follow these instructions when completing this form:

- Include all employees providing direct services to public pay clients.
- At least two direct service employees must be listed.
- At least two employees must have the same global endorsements and client specific endorsements for the agency to be approved for an endorsement.
- Each employee must be verified at initial hire before they start providing services.
- Check all names used by the employee in the past (Include maiden names/aliases).

- Employees must continue to meet standards of enrollment during their employment. If HHS notifies the agency an employee no longer meets standards, the employee must immediately stop providing services to public pay clients.
- Information regarding Direct Bearing Offenses and provider standards is found in ND Administrative Code 75-03-23-07:
<http://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf>
- A copy of the verification checklist must be submitted at initial enrollment and when requested by HHS.
- Employees not providing direct services to public pay clients such as janitorial or administration do not need to be listed.
- The checklist shows which information should be kept in your personnel files and what must be submitted with your enrollment. Only submit required documents.
- If your QSP agency is audited, the Department may ask you for these records. If the documents are not available, the Department may take back funds paid for services rendered by an employee missing the required verifications.
- Employees must review the following fact sheets:
 - Fire Safety Checklist
<https://www.hhs.nd.gov/sites/www/files/documents/Fire-Safety-Checklist.pdf>
 - The "Invisible" Killer - Carbon Monoxide
<https://www.hhs.nd.gov/sites/www/files/documents/Carbon-Monoxide-The-Invisible-Killer.pdf>
 - Guidelines for Universal Precautions (page 67)

□ Employee website verifications:

If employees or owners with direct or indirect ownership of more than 5% in your agency are found on any of these lists, contact the QSP Hub to connect you with a Program Administrator.

- District State Court website for criminal history/court information
 - <http://publicsearch.ndcourts.gov/default.aspx>
State of ND – criminal/traffic category only.
 - Contact the QSP Hub to connect you with a Program Administrator to discuss guilty findings or if the individual is still on probation.
- **Individuals on the following lists are not eligible to serve public pay clients:**
 - National sex offender registry <http://www.nsopw.gov>
 - ND Sex Offender registry <https://www.sexoffender.nd.gov/offender/search>
 - ND Sex Offender registry (Offenders against children)
Scroll to "Offenders Against Children" <https://sexoffender.nd.gov/offender>
 - ND Medicaid Exclusions
<https://www.hhs.nd.gov/healthcare-coverage/medicaid/provider/medical-services-fraud-and-abuse>
 - System for Award Management (SAM) <https://www.sam.gov/SAM/>
Click on "Search Records"
 - HHS Office of Inspector General <https://exclusions.oig.hhs.gov/Default.aspx>

- **SFN 749 – Documentation of Competency, ND CNA/LPN/RN Certification/Licensure or DD Licensed provider**
 - Complete this form for each employee providing direct services to HCBS individuals
 - If employee has a current ND CNA, RN or LPN, this form is not required (upload a copy of certificate or license).
 - If enrolling agency is a current DD (Developmentally Disabled) licensed provider with ND Medicaid, this form is not required.
 - Provide proof of current enrollment with ND Medicaid. Include a list of employees providing services.
 - The form must be completed before an employee provides services.
 - Each employee form is uploaded into the enrollment portal at initial enrollment and each time a new employee is hired.
 - This document must be completed correctly. Forms with missing or incomplete information will not be accepted, and a new form will be required.
 - **Both columns 3 & 4** must be completed in Standards 5 – 26.
 - The form is valid for five (5) years. A new form is required before the expiration to ensure all dates the employee provides services are covered.
 - Certificates or other forms acknowledging completion of a training or education program focused on in-home care will be considered if the curriculum includes standards 5 – 26 (on SFN 749), and the training program is provided by a licensed health care professional, prior approval by HHS is necessary.
 - The program must have a revalidation process every five (5) years or less.
 - Verification of employee signing the documentation of competency:
 - A qualified individual with current licensure must sign the SFN 749 for your employee. A qualified provider is defined as:
 - Physician, Physician’s Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Physical Therapist (PT), Occupational Therapist (OT), Chiropractor.
 - A CNA **cannot** complete the SFN 749 for another individual.
 - The licensure of individual signing the SFN 749 must be verified on one of the following sites:
 - Physician, Physician’s Assistant (PA): Board of Medical Examiners https://www.ndbom.org/public/find_verify/verify.asp
 - Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN) ND Board of Nursing https://www.ndbon.org/verify_renew/verify_nurse.asp or Nursys <https://www.nursys.com/LQC/LQCTerms.aspx>
 - Occupational Therapist (OT): Board of Occupational Therapy: <https://www.ndotboard.com/>
 - Physical Therapist (PT): Board of Physical Therapy: <https://www.ndbpt.org/verify/index.asp>
 - Chiropractor: Board of Chiropractic Examiners: <https://www.ndsbce.org/verify/index.asp>
 - Employee competency verified by a current, ND CNA certificate:
 - Verify current credentials:
 - Certified Nurse Assistant Registry –CNA <https://services.ndhhs.gov/nurseaide/>

Individuals must be verified to ensure they have a current certificate and no disciplinary actions.

- Verify employee is not listed on the CNA Abuse List and there are no complaints or sanctions against employee
<https://services.ndhhs.gov/nurseaide/verify/abuse/list.asp>
- Upload a copy of the current certificate into the QSP enrollment portal.
- Employee competency verified by a current ND LPN or RN license:
 - Verify current credentials:
 - Board of Nursing:
https://www.ndbon.org/verify_renew/verify_default.asp
Verify current license and no disciplinary actions.
 - Upload a copy of the current license into the QSP enrollment portal.

- **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 the QSP Hub for further requirements prior to enrollment.

- **Required Policies & Procedures**

The policies and procedures listed below must be created by all agencies, including: *Emergency Response System, Home Delivered Meals, Environmental Modification and Specialized Equipment.*

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

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

SERVICES REQUIRING ADDITIONAL INFORMATION

To be approved for the services below, additional information or forms are required. Contact the QSP Hub at 701-777-3432 or email info@ndqsphub.org with questions.

- Adult Day Care18
- Adult Residential Care.....19
- Assisted Living Facility - Personal Care20
- Case Management.....20
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Adult Day Care (ADC)

- SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Upload document into the QSP enrollment portal.
 - Determines the rate if the Adult Day Care is a free-standing facility, not connected to a hospital, nursing home or basic care facility, participating in the Basic Care Assistance Program (BCAP).
 - Completed at initial enrollment only
 - **Your rate cannot be changed once it is set**, unless approved by legislative action – **even if your costs increase**. It is important to closely evaluate potential costs.
 - Services shall operate a minimum of three hours per day, up to a maximum of ten hours per day.
 - Include rates for half-day (one-half of facility open hours) and full day (at least two additional hours above the half-day rate).
 - ADC Providers licensed by Health Facilities or enrolled in BCAP:
 - Rate established by the Department, send ADC designation letter: Approval request completed through ND Health and Human Services, Health Facilities Unit: 701-328-2352.
 - DD Providers designated as an ADC provider
 - Include DD cost report and additional supporting information.
 - An alternate form or spreadsheet may be substituted for the SFN 55.
- Cognitive Endorsement
 - Staff providing direct services must have the cognitive endorsement on the SFN 749 - Documentation of Competency or hold a current ND CNA/RN/LPN certification or licensure.
 - If the facility is currently a licensed specialized Basic Care Facility, approved for Adult Residential Care (ARC), staff already meets this criteria and **does not** need to submit an SFN 749 or equivalent for staff or add anything additional for this endorsement.
- Hospital/Swing Bed, Nursing Facilities or Basic Care Facilities:
 - Provide a description of how the facility utilizes staff and space in relation to both current residents and the ADC participants, and whether the ADC Participants are co-mingled with the facility residents.
 - If the facility is currently a licensed Basic Care Facility, approved for Adult Residential Care (ARC), the facility meets the criteria to enroll for ADC; the facility must:
 - Request an ADC designation letter from ND Health and Human Services, Health Facilities Unit: 701-328-2352.
- Include a description of services provided in the ADC; ex: transportation, recreation program, PC, etc., Provide number of maximum participants, hours of operation.
- Non-Medical Transportation, Driver with Vehicle
 - If transportation is included as part of the rate for your ADC program; Agency staff must meet all Driver with Vehicle standards for enrollment.
 - See page 24 of this handbook for additional information.
- Quality Improvement Program
 - Refer to appendix 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>.
 - This form is completed by the Department, they will submit form to Enrollment when completed.
 - **Free-Standing ADC Units/Home provider:**
 - Complete and submit a self-administered SFN 1703 – Compliance checklist
 - Include all evidence of any required inspections (fire and safety) to the HCBS Program Administrator.

Adult Residential Care (ARC) - Memory Care or Traumatic Brain Injury (TBI)

- Cost Report
 - Request this form by contacting provider enrollment by email at gspinfo@nd.gov.
 - Once completed, upload this document into the QSP enrollment portal.
 - Completed at initial enrollment only.
 - **Your rate cannot be changed once it is set**, unless approved by legislative action – **even if your costs increase**. It is important to closely evaluate potential costs as a new agency.
- Specialized Basic Care Facility license
 - Upload a copy of your current license into the QSP enrollment portal.
 - A specialized basic care license includes an additional endorsement with one of the following examples: Alzheimer’s, Dementia or Specialized Memory Care beds, Traumatic Brain Injury/Specialized Basic Care.
- 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>.
 - This form is completed by the Department, they will submit this form to QSP enrollment when completed.
- Agency Policies/Information; submit the following to Adult & Aging Services staff:
 - Describe transportation service policy.
 - TBI Residential Facilities:
 - Describe process used to develop Person Centered or Individualized care plan.
 - Describe restraint policy - must comply with NDCC 50-10.2-02(1).
- Quality Improvement Program
 - Refer to appendix for additional information.

- Service Combinations
 - The following services can be combined with ARS if the QSP has not included the cost for reimbursement of these services in their rate:
 - Non-Medical Transportation – Escort
 - Non-Medical Transportation – Driver
 - The agency may enroll in other services, however, those services must be provided in a separate unit in the facility.

Assisted Living Facility - Personal Care (PC - AL)

- Assisted Living Facility license
 - Upload a copy of your current license into the enrollment portal.
- Quality Improvement Program
 - Refer to appendix for additional information.

Case Management (CM)

- Requires staff person with one of the following (upload a copy of current licensure into the enrollment portal):
 - ND Licensed Baccalaureate Social Worker (LBSW)
 - ND Licensed Master Social Worker (LMSW)
 - ND Licensed Clinical Social Worker (LCSW)
- 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.
- Federally recognized Tribal Organizations
 - Contact the ADRL Intake Line to connect with a Program Administrator:
1-855-462-5465

Chore – Labor and Snow Removal

- Employee statement
 - Upload a copy of signed statement from each employee providing this service.

Chore – Professional Pest Extermination

- Employee statement
 - Upload a copy of signed statement from each employee providing this service.
- Exterminator's license
 - Upload a copy of current licensure into the enrollment portal.

Community Supports

- Contact the ARDL Intake Line to connect with a Program Administrator to begin training for this service: 1-855-462-5465.
 - Ensure staff are adequately trained and qualified as evidenced by:
 - Written job descriptions for employees that include plans for participation in training, include requirements for education, experience, and skills.
 - In-service training to direct contact staff by the program coordinator on implementation of individual's programs and observation of implementation in the service setting.
 - All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
 - The agency must complete Council on Quality and Leadership (CQL) accreditation.
 - A Program Coordinator must be named with at least a bachelor's degree in a human service field or RN license and a minimum of one year experience working directly with people with physical disabilities.
 - The agency must employ or contract with a registered nurse (RN) licensed to practice in North Dakota.
- SFN 749/ ND CNA/RN/LPN/DD
 - Employee competency must be verified by either a current SFN 749, ND CNA/LPN or RN. Refer to pages 14 - 17 of this handbook for proper procedures to complete the SFN 749 or documentation requirements if providing CNA certification or nursing license.
 - Licensed DD providers are exempt from this requirement.
- Providers who have met the standards for and are currently enrolled to provide Community Supports and Residential Habilitation (under 75-03-23) may also choose to seek licensing as an Agency Foster Home for Adults (AFHA), licensed according to 75-03-21.1.
 - Please refer to the AFHA Handbook to enroll in this service if the agency wishes to provide Community Support and/or Residential Habilitation services in this setting.
- Quality Improvement Program
 - Refer to appendix for additional information.
- Additional standards for this service are found in the HCBS policy manual online: Home and Community Based Services/Policies and Procedures/Covered Services/Community Supports: <https://www.nd.gov/dhs/policymanuals/52505/52505.htm>

Companionship Service

- Organizations enrolled as a QSP that provide companionship service under the Corporation for National and Community Service Senior Companion Programs:
 - Must meet all standards established by the Corporation for National and Community Service National and Community Service Senior Companion program grantees.
 - Verification of organization credentials is done by the national corporation.
 - SFN 749/ ND CNA/RN/LPN/DD enrolled requirements:
 - Organization employees/volunteers are exempt from this requirement.

- Employees without the above enrollment must carry the Cognitive/Supervision global endorsement on the SFN 749 or have a current ND CNA/RN/LPN/DD.
- Agency employees identified as a relative of the individual receiving services cannot provide this service.
- Quality Improvement Program
 - Refer to appendix for additional information.

Emergency Response System (ERS)

- SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Upload this document into the QSP enrollment portal.
 - Completed at initial enrollment only.
 - **Your rate cannot be changed once it is set**, unless approved by legislative action – **even if your costs increase**. It is important to closely evaluate potential costs as a new agency.
- Agency Employee Verification Checklist
 - If this is the only service provided by the Agency, this form and the associated forms and documentation are not required.

Environmental Modification

- Specialty license
 - Upload a copy of the current license into the QSP enrollment portal (ex - general contractor, electrician, plumbing).
 - If Agency 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 uploaded into the enrollment portal.
- Liability insurance and bonding
 - Upload a copy of current coverage into the enrollment portal.
 - This is required at initial enrollment and revalidation.
- Agency Employee Verification Checklist
 - If this is the only service provided by the Agency, this form and the associated forms and documentation are not required.
- If the agency subcontracts this service out, the agency must retain the following information from the subcontractor in their files prior to providing this service:
 - A copy of the subcontractor’s specialty license, if applicable, (i.e. general contractor, electrician, plumbing, etc.)
 - Or a letter of professional reference relevant to their ability to complete the necessary work for any unlicensed handyman/contractor/tradesman
 - ND Secretary of State registration
 - Workforce Safety and Insurance (WSI) Verification of good standing
 - Proof of liability insurance and bonding

- Additional standards for this service are found in the HCBS policy manual online: Home and Community Based Services/Policies and Procedures/Covered Services/Environmental Modification: <https://www.nd.gov/dhs/policymanuals/52505/52505.htm>

Extended Personal Care – Non-Nurse & Nurse

- SFN 55 - Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Upload this document into the QSP enrollment portal.
 - Completed at initial enrollment only.
 - **Your rate cannot be changed once it is set**, unless approved by legislative action – **even if your costs increase**. It is important to closely evaluate potential costs as a new agency.
 - If enrolling in both Non-Nurse and Nurse, a separate form must be completed for each service type.
- The following forms must be completed by each employee providing the service, as they are assigned to provide care to an individual. The form is to be kept on file in the employee personnel file.
- **NOTE:** Employees are not eligible to complete this service without a current, validly completed form on file.
 - If employee is a Non-Nurse:
 - SFN 576 – Extended Personal Care Service Provider Agreement
<https://www.nd.gov/eforms/Doc/sfn00576.pdf>
- The following form must be completed by each employee providing the service and uploaded into the QSP enrollment portal.
NOTE: Employees are not eligible to complete this service without a current, validly completed form on file.
 - If employee is a Nurse:
 - SFN 577 – Nurse Educator Nursing Plan of Care (NPOC)
<https://www.nd.gov/eforms/Doc/sfn00577.pdf>
 - Include copy of current nursing license.
- Quality Improvement Program
 - Refer to appendix for additional information.

Home Delivered Meals

- Provide the following:
 - If agency is an Older Americans Act (OAA) Nutrition Provider with HHS/Adult & Aging Services Section:
 - Provide current contract verification
 - or**
 - If agency is an out of state provider:
 - Provide proof of USDA inspection through mark of inspection or federal regulation for meals containing meat or poultry.
 - Must include the “EST” number in image.

<https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/how-find-usda-establishment>

- Proof of current FDA, state or local agency licensure
- Contact NDHHS Food and Lodging Unit with any questions:
Phone: 701-328-1291 Email: foodandlodging@nd.gov
Online: <https://www.hhs.nd.gov/health/food-and-lodging>

or

- If agency is a hospital, nursing home, or basic care facility:
 - Facility license, current copy.
- Agency Employee Verification Checklist
 - If this is the only service provided by the Agency, this form and the associated forms and documentation are not required.
- Additional standards for this service are found in the HCBS policy manual online: Home and Community Based Services/Policies and Procedures/Covered Services/Home Delivered Meals: <https://www.nd.gov/dhs/policymanuals/52505/52505.htm>

Non-Medical Transportation – Driver

- SFN 749/ ND CNA/RN/LPN/DD
 - Employee competency must be verified by either a current SFN 749, ND CNA/LPN or RN. Refer to page 14 – 17 of this handbook for the proper procedures to complete the SFN 749 or documentation requirements if providing CNA certification or nursing license.
 - Licensed DD providers are exempt from this requirement.
 - Competency is required **ONLY** in Lines 5, 6 and 12 – 15.
- For all employees providing this service, agency must provide:
 - Driver's License
 - Copy of a current, valid driver's license, in good standing with State of employee residency. Note: out of state license requirements must follow ND DOT standards. For employees 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/driver/driver-education/driver-license-requirements>
 - Proof of valid, current driver's license must be kept in employee personnel file at all times.
 - This is required at initial enrollment and revalidation.
 - Kept in each employee file – Do not submit with enrollment:
 - Employee attestation, signed and dated, stating the following:
 - Employees using their own personal vehicle to transport clients, attest that the vehicle is in good operating order, including the brakes, lights, tires and seatbelts.
 - Employee agrees the State shall not be liable for any damages which may arise out of or result from the operation of the vehicle.
 - Employee proof of current vehicle insurance policy or if driving an agency vehicle, the agency must have adequate coverage. Maintain copy of

- employee insurance records showing continuous coverage. Policy effective dates must be kept in employee personnel file.
 - Do not submit this information unless requested during an audit.
- If the client needs to use a specially adapted vehicle and the provider plans to use a vehicle they do not own, the provider must obtain written permission from the owner of the vehicle to use the vehicle for the services of Non-Medical Transportation. The provider and owner are responsible to check with the insurance carrier to assure they have coverage for providing transportation to clients.
- Quality Improvement Program
 - Refer to appendix for additional information.

Nurse Education

- SFN 55 – Statement of Actual Costs – <https://www.nd.gov/eforms/Doc/sfn00055.pdf>
 - Upload this document into the QSP enrollment portal.
 - Completed at initial enrollment only.
 - **Your rate cannot be changed once it is set**, unless approved by legislative action – **even if your costs increase**. It is important to closely evaluate potential costs as a new agency.
- The following form must be completed by each employee providing the service and uploaded into the QSP enrollment portal.

NOTE: Employees are not eligible to complete this service without a current, validly completed form on file.

 - SFN 577 – Nurse Educator Nursing Plan of Care (NPOC)
 - <https://www.nd.gov/eforms/Doc/sfn00577.pdf>
- **Only** an RN level nurse can provide this service.
 - Upload a copy of current nursing license into the QSP enrollment portal.
 - This is required at initial enrollment and license expiration.
 - An LPN level nurse can only assist the RN.
 - See [NDAC 54-05-01](#) and [54-05-02](#) for more information.
- Quality Improvement Program
 - Refer to appendix for additional information.

Residential Habilitation

- Contact the ARDL Intake Line to connect with a Program Administrator to begin training for this service: 1-855-462-5465.
 - Ensure staff are adequately trained and qualified as evidenced by:
 - Written job descriptions for employees that include plans for participation in training, include requirements for education, experience and skills.
 - In-service training to direct contact staff by the program coordinator on implementation of individual's programs and observation of implementation in the service setting.

- All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
 - The agency must complete Council on Quality and Leadership (CQL) accreditation.
 - Agency must name a Program Coordinator with at least a bachelor's degree in a human service field or RN license and a minimum of one year experience working directly with people with physical disabilities.
 - Agency must employ or contract with a registered nurse (RN) licensed to practice in North Dakota.
- SFN 749/ ND CNA/RN/LPN/DD
- Complete this form for each individual staff member providing this service.
 - Refer to pages 14 – 17 of this handbook for proper procedures completing form.
 - Licensed DD providers are exempt from this requirement.
- Providers who meet the standards for and are currently enrolled to provide Community Supports and Residential Habilitation (75-03-23) may also choose to provide these services in a licensed Agency Foster Home for Adults (AFHA), licensed according to 75-03-21.1.
- Refer to the AFHA Handbook to license an Agency owned or rented to provide Community Support and/or Residential Habilitation services in this setting.
- Quality Improvement Program
- Refer to appendix for additional information.
- Additional standards for this service are found in the HCBS policy manual online: Home and Community Based Services/Policies and Procedures/Covered Services/Residential Habilitation: <https://www.nd.gov/dhs/policymanuals/52505/52505.htm>

Respite Care

- SFN 749/ ND CNA/RN/LPN/DD
- Complete this form for each individual staff member providing this service.
 - Refer to pages 14 – 17 of this handbook for proper procedures completing form.
 - Employees are required to carry the Cognitive/Supervision global endorsement.
 - Licensed DD providers are exempt from this requirement.
- Institutional Respite Care:
- Enrollment for this service requires only the following forms in addition to the application processing in the QSP Enrollment portal:
- Ownership/Controlling Interest and Conviction Information
 - Include copy of government issued ID for all individuals listed.
 - Workforce Safety and Insurance – current verification of coverage
 - Unemployment Insurance – current verification of coverage
 - Registration with ND Secretary of State Office verification
 - Organizational Chart with key positions (include names of staff)
 - Hospital, nursing home or specialized basic care facility (memory care/TBI):
 - Facility license, current copy.
 - Minimum requirement of overnight stay for client
 - Rate
 - Rate is set by the facility and cannot exceed the current Swing Bed rate.

- Capacity
 - Cannot exceed licensed or approved facility capacity.
- Quality Improvement Program
 - Refer to appendix for additional information.
- Respite in an Adult Foster Care
 - Background Check
 - A separate criminal background check is required at initial enrollment, before providing services in an Adult Foster Care home.
 - Request the following form from **Adult & Aging Services:**
SFN 60688 – Criminal History Record Check Request.
Contact the ADRL Intake Line to connect with a Program Administrator to request the form: 1-855-462-5465
 - SFN 749/ ND CNA/RN/LPN/DD
 - Complete this form for each individual staff member providing this service.
 - Refer to pages 14 - 17 of this handbooks for proper form procedures.
 - Employees are required to carry the Cognitive/Supervision global endorsement.
 - Licensed DD providers are exempt from this requirement.

Specialized Equipment & Supplies

- Copy of accreditation by CMS to provide specialized equipment. For DME Accreditation information, reference the following CMS article:
https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/dmepos_basics_factsheet_icn905710.pdf
- Verification of agency's Medicare certification and surety bond (see link above)
- If this is the only service provided by the Agency, the following are not required:
 - Organizational chart
 - Job descriptions
 - Private pay service fee schedule
 - Agency compliance program
 - Plan of staff training
 - Agency Employee Verification Checklist and the associated forms and documentation

Supported Employment

- Non-Medical Transportation Driver with Vehicle
 - Employees providing service to clients must meet all Driver with Vehicle standards for enrollment.
 - See page 24 of this handbook for list of requirements.
- Must meet NDAC 75-04-01 or have accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) OR be an approved DD provider with established rate.

- Private pay rate
 - If you choose to follow the same rates as issued by the State, you can opt into the fee schedule included in the QSP enrollment portal.
- Quality Improvement Program
 - Refer to appendix for additional information.

Transition Coordination

- Associate or bachelor's degree in sociology, social services, social work, nursing or a field related to programmatic needs from an accredited university.
 - Staff with an associate degree must also have at least one year of progressively responsible experience in programs related to the task.
- Quality Improvement Program
 - Refer to the appendix for additional information.

Transitional Living

- Care Plan process
 - Provide a description of the process used to develop a care plan.
 - Describe your person-centered care planning process and the development of client goals to achieve or maintain independence.
- Staff Experience
 - Describe staff expertise and experience that will assist in fostering client independence in ADL's, IADL's, and social, behavioral, and adaptive skills.
 - List staff experience with supervision, training, or assistance with the self-care of individuals who have cognitive impairment or a traumatic brain injury (TBI).
- SFN 749/ ND CNA/RN/LPN/DD
 - Complete this form for each individual staff member providing this service.
 - Refer to pages 14 – 17 of this handbook for proper procedures completing form.
 - Employees are required to carry the Cognitive/Supervision global endorsement.
 - Licensed DD providers are exempt from this requirement.
- Staff Training
 - List the type of education and training you provide to your employees who work with individuals with cognitive impairment or a TBI.
- Quality Improvement Program
 - Refer to appendix for additional information.

Service Specific Enrollment Requirements – New & Revalidation

Services	Direct Deposit Information	NPI / Taxonomy Code	Organizational Chart	Job Descriptions	Private Pay Fee Schedule	Unemployment Insurance	Workforce Safety and Insurance	ND Secretary of State Registration	Fraud/Waste and Abuse Training Certificate	SFN 55	Facility License	Specialty License (ex: contractor, electrician, etc.)	Staff License and/or degree (ex: nursing, social work, etc.)	Site Visit	Quality Improvement Program (Keep in Agency file)	Agency Compliance Program (Keep in Agency file)	Fraud, Waste & Abuse reporting process (Keep in Agency file)	Employee Verification Checklist (Keep in Agency file)	Additional Documentation Required (see pages ___ for more information)
Adult Day Care	X	X	X	X	X	X	X	X	X	X				X	X	X	X		18
Required at Reval																			
Adult Residential Care	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X		19
Required at Reval																			
Assisted Living Facility - Personal Care	X	X	X	X	X	X	X	X	X		X				X	X	X		20
Required at Reval																			
Case Management	X	X	X	X	X	X	X	X	X				X			X	X		20
Required at Reval																			
Community Supports	X	X	X	X	X	X	X	X	X						X	X	X		21
Required at Reval																			
Emergency Response System	X	X	X		X	X	X	X	X	X						X	X		22
Required at Reval																			
Environmental Modification	X	X	X			X	X	X	X			X					X	X	22
Required at Reval																			
Extended Personal Care	X	X	X	X	X	X	X	X	X	X					X	X	X		23
Required at Reval																			
Home Delivered Meals	X	X	X		X	X	X	X	X	X		X				X	X		23
Required at Reval																			
Nurse Education	X	X	X	X	X	X	X	X	X	X			X		X	X	X		25
Required at Reval																			
Residential Habilitation	X	X	X	X	X	X	X	X	X						X	X	X		25
Required at Reval																			
Respite Care (Institutional)	X	X	X			X	X	X			X				X				26
Required at Reval																			
Specialized Equipment	X	X				X	X	X	X							X	X		27
Required at Reval																			
Supported Employment	X	X	X	X	X	X	X	X	X						X	X	X		27
Required at Reval																			
Transition Coordination	X	X	X	X	X	X	X	X	X				X		X	X	X		28
Required at Reval																			
Transitional Living	X	X	X	X	X	X	X	X	X						X	X	X		28
Required at Reval																			

CHART A – Allowable Tasks, Activities & Standards

SERVICES:

ADC - Adult Day Care
HMKR – Homemaker
NMT-E Non-Medical Transportation - Escort

CH – Chore Services
NMT – Non-Medical Transportation
PC – Personal Care

EM - Environmental Modification
NMT-D/V – Driver with Vehicle
RC – Respite Care

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. The Agency owners, managing employees and employees providing direct services will pass all screening requirements. Statement attesting to his/her status regarding having stolen from someone.	
3. All Providers	If have infectious or contagious disease, understand universal precautions to prevent spread of illness. Be physically capable of performing the service.	Assurance checked stating having the physical capability to perform the service.	
4. All Providers	Uphold confidentiality.	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Agree to NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance marked agreeing to maintain confidentiality	
5. 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 <u>NOT</u> include canning of produce or baking of such items as cookies, cakes & bread.</p>

APPLICABLE TO SERVICES	STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
8. 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
<p>15. ADC, NMT-E, PC, RC</p>	<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>	<p>Assisting client to walk, use wheelchair, walker, crutches or cane.</p>
<p>16. ADC, PC, RC</p>	<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>	
<p>17. ADC, PC, RC</p>	<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>Assist with self-administration of medication for able individuals</u> Know generally accepted practice for assisting client with self-administration of medications.	Washed hands and applied gloves, assisted client to proper position for self-administration of medication. Assisting the client with opening container, assisting with positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, and dose and time medication should be taken. If medication has been set up in medication container or planner by nurse or family, make sure it is clearly marked/labeled, assist client with opening container making sure medication is taken on appropriate day and time of day. Provide drinking fluid to swallow medication, assist client to close container and store medication properly. Removed gloves and washed hands.	Assisting client in self-administration by doing the following - opening container, assisting the client with proper position for taking medication, assist with giving client drinking fluid to swallow medication, recap the container.
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 included in QSP enrollment portal.	Agency must agree to assurances found during application process.	
29. 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>Agency must agree to assurances found during application process for all applicable types of Chore service selected for enrollment.</p> <p>Professional exterminator/company, proof of business type and/or licensure required.</p>	
30. 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.	

GLOBAL ENDORSEMENTS Information

- Global Endorsements are found on the SFN 749 – 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.

The Global Endorsements are:

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases - Limited to oxygen
- D. Suppository - non-prescription
- E. Cognitive/Supervision
 - **REQUIRED** for:
 - COMPANIONSHIP SERVICES
 - RESPITE CARE
 - 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

- An agency QSP may choose to meet the standards for any or all of the endorsements but will not be approved unless competency is shown for a minimum of two employees on the SFN 749 (or approved replacement).
- If the individual (or employee) does not have any of the licenses or certifications listed below, an SFN 749 – Documentation of Competency must be completed by a licensed healthcare provider, showing competency in the global endorsement section, to be approved for any and/or all global endorsements.
 - Individuals 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

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

As performed by:

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

CHART C – GLOBAL ENDORSEMENTS

ENDORSEMENT	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
A. MAINTENANCE EXERCISE	Know generally accepted practice of how to perform maintenance exercise regimens.	Exercises are maintenance oriented and client specific. Assisted client to complete exercises which have been taught to client – neck, shoulders, elbows, wrists, fingers, hips, knees, ankles, toes. Follow only exercise regimen recommended for the client; i.e. the performance of the repetitive exercise required to maintain function, improve gait, maintain strength, endurance or communication; passive exercise maintain motion in paralyzed extremities, not related to a specific loss of function, and assistive walking.	Limited to general observation of exercises which have been taught to the client; including the actual carrying out of maintenance program, the performance of repetitive exercises required to maintain function, improve gait, maintain strength, endurance or communication, passive exercises to <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands and applied gloves, gathered all necessary supplies (basin of warm water, mild soap, washcloth, plastic bag for waste, disposable gloves); provided for client privacy; held catheter with one hand; do NOT hold up so that urine runs back into the bladder; cleaned meatus and catheter with other hand; wiped from meatus toward anus; patted area dry; applied lotion as necessary; observed for redness, swelling or discharge; disposed of waste; cleaned up; returned supplies to proper storage; removed gloves and washed hands.	Limited to general maintenance care <u>after</u> a well-established routine of care has been set forth for the client. NO CATHETERIZATION OF CLIENT ALLOWED.
C. MEDICAL GASES	Know generally accepted practice to administer medical gases.	Client specific monitored only as specifically recommended for client.	Limited to monitoring or routine assistance. Limited to oxygen only.
D. SUPPOSITORY	Know generally accepted practice of how to assist with suppository and maintain bowel program.	Ability to follow specific recommendations for assisting in suppository use by client. Assisted client to maintain bowel program as prescribed. Prior to assisting client with suppository, hands are washed and gloves are applied. After task is complete, removed gloves and washed hands.	Non-prescription suppository only.
E. COGNITIVE SUPERVISION (REQUIRED FOR 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 (J-N) require verification of the provider’s ability to provide the service for a **specific** client who requires the endorsement.

Note: Submit the completed SFN 830 – Request for Client Specific Endorsement **only** if the client’s Case Manager has authorized service for that endorsement.

- J. Ostomy Care
- K. Postural Bronchial Drainage
- L. Jobst stockings (compression stockings)
- M. Rik/Specialty Bed Care
- N. Apnea Monitoring (is available only to a provider meeting the standards for Respite Care)

APPLICABLE TO THE PROCEDURE	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
J. OSTOMY	Know generally accepted practice of techniques for routine regimen of ostomy care.	Washed hands and applied gloves; gathered supplies needed (bedpan, towel(s), bed protector, clean ostomy bag, toilet tissue, warm water, washcloth, soap, cleanser-lubricant, cream, deodorant); assured privacy, covered client with bath towel, opened ostomy belt; replaced if dirty; removed soiled stoma bag; placed in bedpan, wiped area around stoma; washed gently entire stoma area; patted dry; applied lubricant or cream if needed; fitted clean belt and stoma bag on client; applied deodorant if desired; cleaned up; replaced all equipment and supplies to proper storage; washed hands and removed gloves.	General maintenance care which may include emptying, cleaning, and reapplying the appliance <u>after</u> 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 (Respite Care Provider)	Know generally accepted procedure for apnea monitoring.	Evidence of having hospital-based training equivalent to what the primary caregiver has received.	

AFTER QSP APPROVAL

As an enrolled QSP agency, you are not an employee of Health and Human Services (HHS). Once you are approved, you will receive an approval letter with your QSP number in the QSP enrollment portal. Important instructions and resources are available in the portal to help you understand your responsibilities as a QSP:

- Informational packet for New QSPs
 - Billing instruction links
 - Documentation example links
 - Training resources
 - Links to important websites
- Employees cannot provide services if the individual (client) is not home. Services can only be provided to individuals in their home when they are present.
 - Social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums are not withheld or paid on your behalf from the payments you receive as a QSP. Withholding and paying taxes on QSP payments is your responsibility as a QSP agency. See the following website for more information on the tax responsibilities of independent contractors: <https://www.irs.gov/>
 - **Individual (client) choice**
 - Your QSP agency name and enrolled services may be added to a public list of available QSPs: <https://apps.nd.gov/dhs/qsp/qspsearch.aspx>
 - This list is used by to help individuals needing services choose their QSP.
 - A QSP may choose to remain off of the public list.
 - If you are on the public list, an Adult & Aging Services Provider Navigator may contact you by email to see if you are available to help eligible individuals in need of the services you provide.
 - **Service Authorizations**
 - If your agency is chosen as a QSP, the Case Manager (CM) will generate a Service Authorization (SA).
 - An SA lists the authorized service(s) and task(s) your agency is approved and expected to provide for a specific individual.
 - Service authorizations are generated in Therap, except for Basic Care services.
 - For Basic Care services not authorized in Therap, contact your CM.
 - Service authorizations must be reviewed and acknowledged in Therap.
 - Directions for this process are online: <https://help.therapservices.net/s/article/921>
 - Review your Authorization for the following information:
 - The tasks you are authorized and expected to provide.
 - Effective date of authorized services.
 - Do not start services before this date.
 - The maximum number of units you can provide and bill.
 - A unit may be 15 minutes, one day or one month, depending on the type of service you provide.

- QSPs must have a current Service Authorization for each individual before providing services and be eligible for payment by HHS.
 - Do not provide services until you receive these electronic documents from the Case Manager in Therap.
 - If you provide services before you receive/acknowledge this form, you may not be paid.
- It is your responsibility to notify the CM if you are approved for a service you are not enrolled to provide.
 - Submit a request through the QSP enrollment Portal to add services.
 - If you provide a service your agency is not enrolled in, payment cannot be guaranteed and you may be required to repay any payments made in error.

- **Documentation Requirements**

Agency QSPs must keep service records for seven (7) years from the date the services were delivered.

- Records must be kept, **even if your status as a QSP closes or the individual passes away.**
- **These records are required in addition to your EVV requirements.**
- Documentation must be created at the time of the visit. Creating documentation before or after the visit day is not acceptable and could be considered fraudulent.
- Records cannot be copied or cloned with times, dates or months changed.
- Example documentation is available on the QSP website:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service/billing-codes>
- QSPs who use the Therap system may use the documentation features in the system.
- All records must include:
 - Name and ID # of the client
 - Name and ID # of the provider
 - Name of the employee who performed the task
 - 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)
- **Failure to keep service records may subject you to legal and monetary penalties** (N.D.C.C. §50-24.8-11 and N.D.C.C. § 50-24.8-11.1).
 - Upon reasonable request, the Department, the Medicaid Fraud Control Unit, the US DHHS or their agencies, shall be given immediate access to, and permitted to review and copy all records relied on by the QSP in support of services billed to Medicaid or the State general fund programs.
 - *"A person that submits a claim for or receives a payment for a good or service under the state's Medicaid program, at the time the good or service is provided, shall create and retain records as required by rule of the department and chapter 50 - 24.8.*
 - *A person that submits a claim for or receives payment for a good or service under the state's Medicaid program which willfully fails to create records at the time the service or good is provided, fails to maintain or retain the records for the length of*

*time stated in the most current provider agreement applicable to that provider, fails to provide records when requested to do so by the department or attorney general, or destroys the records in a manner inconsistent with the most current provider agreement applicable to that provider, is guilty of a **class A misdemeanor if the value of the payments, benefits, kickbacks, bribes, rebates, remuneration, services, or claims related to the failure to create, retain, or provide records or related to the destruction of records does not exceed ten thousand dollars and a class C felony if the value is greater than ten thousand dollars.***

- **Electronic Visit Verification (EVV)**

- Many services require QSPs to use EVV. Staff must check in and out when providing care. Pages 51 - 53 offer more information on this subject and how to bill using EVV.
- Therap is the state contracted EVV system. If you choose to use Therap as your EVV system, you will not be able to login to their system until you have an individual you will be providing care to, assigned to you in the Therap system. Once you receive an assignment, email Therap to start the onboarding process:
ndsupport@therapservices.net.
- If you chose to use a third party EVV vendor, you are responsible to work with the State's data aggregator provider Sandata Technologies, to submit EVV data that is required for claims payment in MMIS.

- **Timely Claims Filing Requirements**

- QSPs must follow ND Medicaid Timely Claims Filing Policy when submitting claims for reimbursement. ND Medicaid must receive an original claim within one hundred eighty (180) days from the date of service.
- For more information regarding this policy, visit the following link:
<https://www.hhs.nd.gov/healthcare/medicaid/provider/manuals-and-guidelines>

- **Address Changes**

- Update your address in the QSP enrollment portal within 14 days of any changes.
- If you cannot be reached by mail after two attempts, your status may be closed.

- **Ownership Changes**

- Notify QSP Enrollment of changes to agency ownership within 30 days in the QSP enrollment portal.

- **Client Liability / Cost Share**

- Some individuals (clients) are responsible for a portion of their service costs.
- This amount is deducted from the QSPs payment before payment is issued. The QSP must collect payment due from the individual.
- The HCBS CM is not responsible to collect the client liability/cost share from eligible individuals.

- **Rate Information**

- **General Rate Information**

- QSP's cannot charge the Department more than they charge private pay individuals. If you plan to charge a private pay rate, you must indicate this when you enroll in the QSP enrollment portal. If you decide to change to a private pay rate, email QSP Enrollment at QSPinfo@nd.gov to notify of the change and the new amount before you bill the new amount.
- You may choose to have your QSP rate set at less than the standard rate.
- Current rate information is available on our [website](#).

- **Rural Differential Rate**

- The purpose of the Rural Differential (RD) rate is to create greater access to services for individuals living 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 applies to all other days.
- Only certain services are authorized RD and the rate is only approved on a case-by-case basis, depending on the location of the individual. You may be authorized an RD rate for one individual and not another, under the same service. Ask your Case Manager (CM) for more details.
- If you are approved an RD rate, please be aware of the following:
 - RD billing rates are closely verified every month.
 - You can only charge the RD rate on the days you actually travel.
 - You must prove your physical address.
 - If your address changes, you must tell the CM and update your address in the QSP enrollment portal within 14 days of any address change. If you do not do this, your authorized services may be temporarily stopped and/or you may have to repay money for services provided. Your QSP enrollment status may also be closed or terminated.
 - 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 if approved for an RD rate.

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

Health and Human Services is required to complete reviews of QSPs to ensure individuals are receiving the services they need and services provided meet standards set by the Department. When you enrolled as a QSP, you agreed to assist the Department in completing these reviews and you agreed 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 for recovery reasons (not a complete list):

- Failure to keep appropriate records
- If you did not provide the service
- Billing over the authorized amount or billing the wrong code
- Photocopied records, indicating service records were not completed at the time of service
- Billing for an authorized task that is utilized in an unreasonable time frame
- Failure to comply with a request to send records or information
- Failure to set up payment arrangements or pay back funds paid in error
- Professional incompetence or poor performance
- Financial integrity issues
- Certain criminal convictions

- **Adjustments**

- If the Department finds payments were inappropriately made, 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), you will be sent a written denial/termination reason with a citation. You may also be referred to the OIG (Office of Inspector General) for possible exclusion in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

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

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 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.

Denial or terminations may be appealed within 10 days of receiving the notice from the Department. **Send all requests to appeal a denial or termination decision to:**

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

▪ **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:

- A provider may not request a formal review of the rate paid for disputed items.
- Submit a formal written request in writing, within 30 days of notification of the adjustment or request for refund.
- The notification may be contained in the remittance advice or may be included in a document sent to you by the Department.
- Within 30 days of requesting a review, provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review.
- The Department has 75 days 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

• **Criminal Convictions**

Once you are enrolled as a QSP, all owners, managing employees, employees and contractors providing direct services to individuals will be continually monitored by HHS for changes to their conviction history.

Any new conviction, offense and rehabilitation will be reviewed to determine if the owner, managing employee, employee or contractor continues to meet standards for enrollment or may continue providing services.

If at any time, an owner, managing employee, employee or contractor fails to meet the standards outlined, HHS will notify the QSP Agency that the employee/contractor must immediately stop providing services to public pay individuals. Owners found guilty of some offenses may result in the closure of the Agency.

If a later audit finds the employee/contractor continued to provide services after the agency was notified and HHS was billed for ineligible services, funds may be recouped from your agency for noncompliance with program standards ND Administrative Code [75-03-23-07](#).

...the department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole or other form of community corrections or imprisonment without subsequent charge or conviction has elapsed, unless sufficient evidence is provided of rehabilitation.

Fraud, Waste & Abuse

The mission of HHS is to provide quality, efficient, and effective human services, which improve the lives of people. HCBS and Medicaid provide healthcare coverage to qualifying low-income, disabled individuals, children, and families. Fraud can be committed by Medicaid providers (including QSPs) or clients. The Department does not tolerate misspent or wasted resources.

By enforcing fraud and abuse efforts:

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

What is Fraud?

Fraud is an intentional deception or misrepresentation made by a person with 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 or 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)

To learn more about fraud and abuse:

<https://www.hhs.nd.gov/healthcare-coverage/medicaid/provider/medical-services-fraud-and-abuse>

Electronic Visit Verification (EVV)

QSPs use Electronic Visit Verification (EVV) to track the start and stop times of services they provide to individuals in their homes. To verify the service was provided at an authorized location and to record their time, the following devices can be used:

- Phone
- Tablet
- Laptop
- Fixed object device (FOD) issued to QSP by HHS

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

EVV Requirements

EVV is used for billing and payment of services. The system became effective January 1, 2020 and usage is required by law based on the federal requirement of the 21st Century Cures Act. All QSP agencies are required to participate in an EVV system if they enroll in at least one of the services subject to EVV. All EVV claims must include EVV data if EVV is required for the service provided.

EVV Systems Must Verify:

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

Services Subject to EVV:

Chore
Companionship
Extended Personal Care
Homemaker
Non-Medical Transportation – Escort
Non-Medical Transportation – Driver
Nurse Education
Personal Care
Respite Care
Supervision
Supported Employment
Transitional Living

Services NOT Subject to EVV:

Adult Day Care
Adult Residential Care
Assisted Living Facility – PC
Case Management
Community Support
Emergency Response System
Environmental Modification
Home Delivered Meals
Residential Habilitation
Respite Care - Institutional
Specialized Equipment
Transition Coordination

EVV Resource Information

For more information about EVV, visit:

- <https://www.hhs.nd.gov/adults-and-aging/electronic-visit-verification-evv-system>
- Introduction to EVV for ND Aging Services <https://youtu.be/SCUvxoZXAwY>

Therap Resource Information

- Additional Therap training is available on the Therap website. For more information, videos and billing user guides, please visit: <http://www.therapevv.net/nd>
- For further Therap assistance, email: ndsupport@therapservices.net

Password Reset

- For security reasons, Therap is unable to provide users with their login information. For assistance with your account information:
 - Have another Provider Administrator (with the Super Admin and Reset Password Administrative Role) reset your account password.
 - If you are the only Provider Administrator of your agency, or if other Provider Administrators are unavailable, fill and submit the form provided at this link: <https://support.therapservices.net/super-administrator-password-reset-request-form/>

Using Therap to collect EVV Data

Agency QSPs must use Therap to acknowledge service authorizations (SA's) and complete Critical Incident Reports (CIRs) using the General Event Report (GER) module within Therap (see page 61 for more information). The Department also contracts with Therap to provide the EVV system, which includes a billing submission system and is available to QSP agencies free of charge. If using Therap for EVV data collection, **you must also bill for EVV services within Therap.**

Using an alternate EVV Vendor

Agency QSPs must use Therap to acknowledge service authorizations (SA's) and complete Critical Incident Reports (CIRs) using the General Event Report (GER) module within Therap (see page 61 for more information). You may choose a different EVV system but are responsible for setup and fees associated with usage.

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

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

- If using an alternate third-party system for billing, upload the following form into the QSP enrollment portal:
 - [SFN 583 – ND Medicaid Electronic Remittance Advice \(835\)](#)
- If you submit your own professional claims, this form is not required.

Changing EVV Vendors

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

Aggregator System

What is an aggregator?

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

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

- ND Specific Requirements for Sandata Aggregator Interface
<https://help.therapservices.net/s/article/2540>
- Sandata Aggregator Interface – North Dakota (therapservices.net)
<https://help.therapservices.net/s/article/3467>
- Sandata Aggregator Interface – Individual QSP Information
<https://help.therapservices.net/s/article/3468>
- Sandata support:
<https://www.sandata.com/support/>

REVALIDATION

Revalidation is required a minimum of every five (5) years to maintain enrollment.

An email notice of revalidation and instructions will be sent to QSPs 90 days before your QSP expiration date. You must log into the QSP enrollment portal to submit all required information and complete your revalidation before your expiration date.

QSPs should start this process at least **30 – 60 days prior to your expiration date** to allow enough time for processing. **Payments will be suspended if a complete revalidation is not received by your expiration date.**

Agency revalidations require new versions of documents used at initial enrollment. Some services require additional forms to complete revalidation (see page 29 for more information). **You must use the most current version of all forms. If you do not complete your QSP revalidation, your status as a QSP may be closed.**

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

APPENDIX

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

- Taxonomy Code:
 - A taxonomy code describes the type of services provided.
 - **253Z00000X** is used for Home Supportive Care agency.
- If you are already enrolled to provide services with Medicaid and have an existing account/NPI number, the taxonomy code associated with the services you provide as a Qualified Service Provider must be added.
 - If you were previously enrolled as an INDIVIDUAL QSP, and are now applying as an Agency QSP, you must apply for a **new** NPI.
 - **253Z00000X** is used for Home Supportive Care agency.
- NPI Type 2:
 - Organizational Providers (Group)
 - If you are enrolled as a QSP Agency you must apply as an organization; Individuals and Organizations have separate accounts.
- There are 2 ways to obtain an NPI:
 - Web-based Application - **PREFERRED AND QUICKEST METHOD**
 - See following pages for online process
 - Follow this link to begin the online process: <https://nppes.cms.hhs.gov/#/>
 - ****YOU ARE STRONGLY ENCOURAGED to submit an online application; this is the fastest way to get an NPI**
 - Mail in a paper application
NPI is received in **2-3 weeks**:
 - The paper form is available on the National Plan & Provider Enumeration System (NPPES) website:
 - CMS10114.pdf
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS013118>
 - The application is mailed to:
NPI Enumerator, 7125 Ambassador Rd. Ste 100 Windsor Mill, MD 21244

- **Compliance Program**

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

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

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

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

<https://oig.hhs.gov/compliance/compliance-guidance/>

1. Standards, Policies, and Procedures
 - Update periodically as your organization grows and changes.
 2. Designated Compliance Officer
 - An agency representative responsible for staying up to date with federal and state compliance requirements and recommendations.
 3. Conduct effective training
 - How will you educate your employees and ensure staff understands program policies?
 4. Means of communication between the compliance officer and the employees.
 - Example: Comment boxes, anonymous hotlines or an open-door policy.
 5. Internal monitoring process
 - Who will conduct audits to evaluate compliance efforts?
 6. Enforce your standards
 - How will you ensure employees are following standards?
 - What action will be taken for noncompliance?
 7. Response to issues
 - How quickly will reports of misconduct be addressed?
- **Additional Resources:**
- Compliance Program Basics – YouTube
<https://www.youtube.com/watch?v=bFT2KDTEjAk>
 - Tips for Implementing an Effective Compliance Program – YouTube
https://www.youtube.com/watch?v=w_g1bVT12Yg
 - Measuring Compliance Program Effectiveness: A Resource Guide
<https://oig.hhs.gov/compliance/compliance-resource-portal/files/HCCA-OIG-Resource-Guide.pdf>

- **Quality Improvement (QI) Program**

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

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

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

Standard 1:

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

- **Required Policies & Procedures:**

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

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

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

- **Standard 2:**
 - QSP staff know how to prevent, identify, mitigate, and report allegations of abuse, neglect, mistreatment and exploitation
 - Onboarding and annual training
 - Employee education on Fraud, Waste, Abuse detection and reporting
 - Staff training in strategies to prevent, identify and mitigate harm and the process of reporting
 - Reporting processes are clearly outlined and include who staff report to, what information needs to be reported and what staff are responsible for doing.
 - Staff training on identifying and reporting critical incidents
 - Staff demonstrate competency in prevention, identification and mitigation or harm and procedures to report harm;
 - The organization maintains internal documentation (available for state review/audit) of staff training;
 - Staff training is frequent enough to keep people safe from harm (recommended annually);
 - Staff training on required policies and procedures in Standard 1.

- **Standard 3:**
 - Clients or people receiving services (and families if applicable) from a QSP:
 - Know how to recognize and report allegations of abuse, neglect, mistreatment and exploitation
 - Are provided information on recognizing and reporting possible incidents of harm (abuse, neglect, mistreatment and exploitation)
 - Are given information on their rights and responsibilities as a service recipient.
 - This includes the right to be free from harm as well as the right to privacy, dignity and respect, freedom from coercion, freedom from restraint and freedom to choose their QSP.
 - Are given information on how to share feedback/grievances, presented in an easy-to-understand manner.
 - The QSP provides a mechanism for service recipients and their families when applicable, to provide anonymous feedback.
 - Indicate if you have a process for collecting feedback i.e. through satisfaction survey
 - The QSP shares results of investigations and its responses with people entitled to the information, including the alleged victim based on confidentiality rules.
 - Alleged victims of harm (abuse, neglect, mistreatment and/or exploitation received supports to mitigate the effects of ANME.
 - The alleged victim is protected from harm when an allegation is made and while an investigation is occurring.
 - Indicate process to investigate and substantiate incidents.

□ **Standard 4:**

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

□ **Standard 5:**

- The QSP maintains documentation of services provided.
- Refer to page 43 of this handbook, "After QSP Approval", for documentation requirements.
- Plan of staff training to accurately document time and tasks.
- Include documentation guidelines:
 - How your procedures assure accuracy of billing
 - An example of your documentation
 - Internal documentation review/audit of employee service records

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

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

- **Required Qualifications** include but are not limited to:
 - Be integrated in and support access to greater community.
 - Provide opportunity to seek employment and work in competitive settings, engage in community life, and control personal resources.
 - Ensure individuals receive services in community to the same degree of access as individuals not receiving Medicaid HCBS.
 - Ensure rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - Optimize individual initiative, autonomy and independence in making life choices.
 - Facilitate individual choice regarding services and supports, and who provides them.
 - Additional requirements for provider owned or controlled settings:
 - A lease or similar agreement that provides protection from eviction
 - Lockable entrance door's to the individual's unit
 - Freedom to control his/her daily schedule and activities
 - Freedom to furnish and decorate his/her living unit
 - Access to food at all times
 - Rights to accept visitors at anytime
 - Choice of roommate if a person lives in double occupancy room
 - Physical accessibility of the setting to the person's disability
 - These requirements can only be modified in limited circumstances as supported in the individual's assessment and person centered plan of care.
- **Provider-owned or controlled home and community-based residential settings** must meet additional requirements. These additional rules apply to but are not limited to Adult Day Care, Adult Foster Care and Adult Residential Care.
 - Provide a lease or legally enforceable agreement that complies with ND landlord-tenant laws (NDCC chapter 47-32).
- Waiver services cannot be provided in the following settings:
 - A skilled nursing facility
 - Institutional Respite care is excluded from this requirement
 - An Institution for Mental Diseases (IMD)
 - An Intermediate Care Facility (ICF) for individuals with intellectual disabilities; or a hospital.

- **What is a VAPS Report?**

Vulnerable Adult Protective Services (VAPS) reports must be filed to report any incident involving abuse, neglect or exploitation of an individual receiving services. Any QSP who is with an individual receiving services and is involved, witnesses or responds to an event that is a reportable incident, is required to report it.

- 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:**

- 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) module within the Therap case management system.

- **Step 3:**
 - If the QSP does not have access to Therap, the GER offline forms will be used to complete the critical incident report. The completed forms are then sent to the HCBS Case Manager.
 - The offline forms are available here:
<https://help.therapservices.net/s/article/2039>
 - 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 or the GER offline form needs to be sent to the HCBS Case Manager within 24 hours of the incident.
- **Step 4:**
 - The HCBS Case Manager and program administrator will receive the incident report once it is submitted for review in Therap. If the GER offline form is used, the HCBS 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 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.

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.

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.

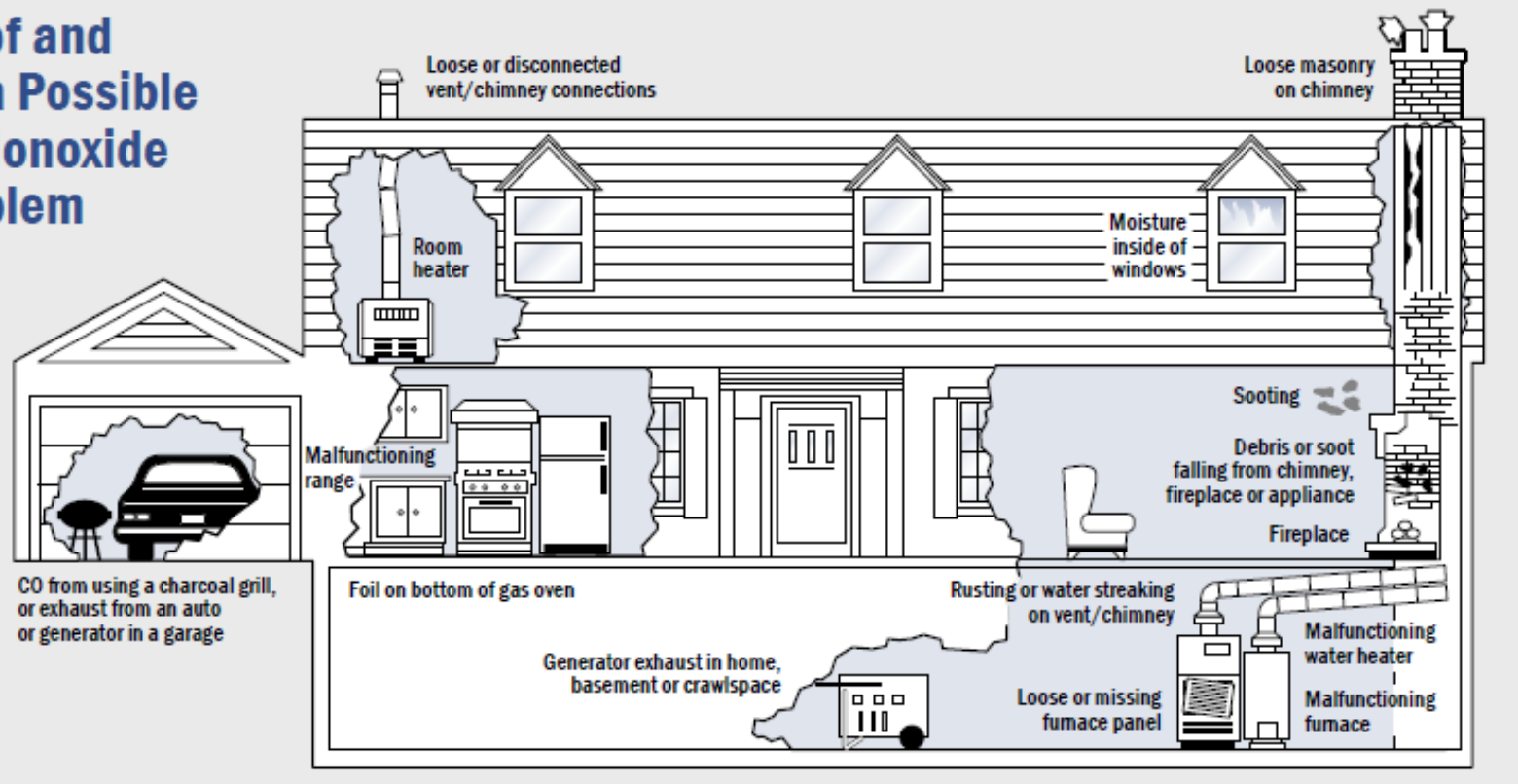


To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270.

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.