

**April 2022**

**QUALIFIED SERVICE PROVIDER  
Agency Foster Home for Adults  
(AFHA)  
Handbook**

**Enrollment Procedures & Required Standards**

Issued By:



All QSP Handbooks can be found at the following website:

<http://www.nd.gov/dhs/services/adultsaging/providers.html>

**Individual QSP's are required to have a copy of the most current Handbook on file.**

**You must also have a Forms Packet to  
complete your application.**

*This handbook contains the requirements for you to enroll as a provider delivering services for  
which you want to receive public pay.*

# **Provider Enrollment questions?**

**Call**

**701-277-6933**

Forms must be completed with a pen or typed.

**Send completed packets by email, fax or mail to:**

**Email: [QSPEnrollment@noridian.com](mailto:QSPEnrollment@noridian.com)**

**Fax: 701-277-6635**

**Mail:**

Noridian Healthcare Solutions  
Attn: ND Medicaid Provider Enrollment QSP  
PO Box 6055  
Fargo, ND 58108-6055

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## Home & Community Based Services (HCBS) Information

The North Dakota Department of Human Services funds and oversees Home and Community Based Services (HCBS) for the elderly and disabled. Clients are assessed by a case manager to determine if they are eligible for HCBS programs. The assessment includes both Functional Eligibility and Financial Eligibility.

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.

Once the client is found eligible, the following law applies:

Effective July 1, 1989, state law requires that each person eligible for services under Chapter 50-06.2 of the North Dakota Century Code (this includes HCBS), or the person's representative, must be free to choose among available qualified service providers (QSP's) that offer competitively priced services.

The law also states that the HCBS Case manager must inform each eligible client of the available QSPs in their county to provide the service(s) needed by the eligible aged or disabled client.

### Services Available:

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

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

Some requirements to provide these services include:

- All staff must complete Department approved modules of Medication Administration, TBI and Dementia training.
- The agency must complete Level 1 Council on Quality and Leadership (CQL) accreditation prior to receiving their license.

## Definitions:

- Abuse - Any willful act or omission by an individual which result in physical injury, mental anguish, unreasonable confinement, sexual abuse, or exploitation to or of a resident.
- Agency - An organization which operates the facility.
- Agency Foster Home for Adults (AFHA) - A residential home in which residential habilitation or community supports is regularly provided exclusively to Medicaid waiver recipients by professional staff trained to provide services to older adults or adults with a disability, to four or fewer adults who are not related by blood or marriage to the owner or lessee, for hire or compensation.
- Applicant - The agency completing and submitting to the department an application to be licensed to provide agency foster care for adults.
- Authorization to Provide Service (SFN 410): A state form sent to the AFHA/QSP provider by the HCBS Case Manager, authorizing the AFHA/QSP provider to provide services. This form lists the time frame in which the service can be provided; maximum amount of service authorized per month, and the tasks the AFHA/QSP provider is authorized to provide (brief definitions are printed on back of the form).
- Care - The provision of residential habilitation or community support services, as defined by chapter 75-03-23, in an agency foster care for adults.
- Case Management: HCBS Case Management is a social work process that provides specialized assistance to aged and disabled individuals who desire and need help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired persons to remain in the community in the most cost-effective manner.
- Community Support Services: Community supports is provided to eligible individuals who require some level of ongoing daily support and may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. The participant must be able to benefit from one or more of the following care coordination, community integration/inclusion, adaptive skill development, assistance with activities of daily living, instrumental activities of daily living, social and leisure skill development, medication administration, homemaking, protective oversight supervision, and transportation.
- Competency Level: The skills and abilities required to do something well or to a required standard.
- Council on Quality and Leadership (CQL): Council on Quality and Leadership (CQL) assists communities, systems and organizations to help people discover and define their own quality of life, measure personal quality of life for individuals, organizations and systems and improve the quality of life for people with disabilities, people with mental illness and older adults — and the people, organizations and communities that support them.
- Department - The North Dakota department of human services (DHS).

- Endorsement: A task that requires special skill and approval.
  - Global Endorsement: These QSP endorsements apply for all clients.
  - Client Specific Endorsement: These endorsements require specific instruction for each individual client who requires the extra endorsement(s).
- Facility - A licensed agency foster care home for adults providing residential habilitation or community support services.
- Financial exploitation – Use or receipt of services provided by the vulnerable adult without just compensation, the taking, acceptance, misappropriation, or misuse of property or resources of a vulnerable adult by undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful/improper means.
- Home and community-based setting experience interview - An instrument used to record information about a resident's experiences in the facility.
- License - A document issued by the department authorizing an applicant to operate a facility.
- Limited to Tasks: Limits and cautions placed on tasks provided by AFHA/QSP.
- Mental anguish - Psychological or emotional damage that requires medical treatment or medical care or is characterized by behavioral changes or physical symptoms.
- Monitoring - Overseeing the care provided to a resident by a provider and verifying compliance with laws, rules, and standards pertaining to care and the resident's rights related to the facility.
- Neglect - The failure of the provider to provide the goods or services necessary to avoid subjecting a resident to physical harm, mental anguish, or mental illness.
- Person-centered service plan - A plan that describes the Medicaid waiver recipient resident's assessed needs, outcomes, and goals and how the services and natural supports provided will assist the resident in achieving their outcomes and live safely and successfully in the community.
- Provider - An agency enrolled to operate the facility whose employees have documented qualifications in providing care and is enrolled as a qualified service provider agency.
- Provider Number - Number assigned to the enrolled AFHA/QSP provider.
- Qualified service provider agency - An organization that has met all standards and requirements for that status established under chapter 75-03-23.
- Resident - Any adult who is receiving care in a facility for compensation up to twenty-four-hour per day.
- Residential Habilitation - Residential Habilitation is formalized training and supports provided to eligible individuals who require some level of ongoing daily support and may be provided in community residential settings leased, owned, or controlled by the provider agency, or in a private residence owned or leased by a participant. The participant must be able to benefit from skills training, restoration or maintenance and could also benefit from one or more of the following: care coordination, community integration/inclusion, adaptive skill development, assistance with activities of daily living, instrumental activities of daily living, social and

leisure skill development, medication administration, homemaking, protective oversight supervision, and transportation.

- Service: Work done by a provider for payment.
- Sexual abuse - Conduct directed against a resident which constitutes any of those sex offenses defined in North Dakota Century Code sections 12.1-20-02, 12.1-20-03, 12.1-20-03.1, 12.1-20-04, 12.1-20-05, 12.1-20-06, 12.1-20-06.1, 12.1-20-07, 12.1-20-11, 12.1-20-12.1, and 12.1-20-12.2, and North Dakota Century Code chapter 12.1-41.
- SFN: (State Form Number) - located on the upper left side of each form.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.

## STEP 1: ENROLLMENT

All required information must be received and completed correctly before the Department can finalize enrollment or renewal. Agency renewals require the same documentation as an initial enrollment. Please use the next few pages as a checklist to meet all requirements.

Prior to enrollment approval, you must receive licensing through the Department.

- Contact the ARDL Intake Line to connect with an HCBS Case Manager to start the licensing process at 1-855-462-5465**
  - Initial AFHA licensure and enrollment is valid for no longer than 12 months from the date of issuance.
  - After the initial licensing period has expired, an AFHA License is valid no longer than 24 months from the date of issuance or the date of expiration of the provider's status as a QSP, whichever comes first.
- Contact Aging Services Nursing Program Administrator at 1-800-366-6888 or 701-328-8994 to complete the required background check**
  - Requires fingerprinting if lived outside of North Dakota in the last 11 years.
    - This is required for all owners (direct or indirect ownership of more than 5% in your agency), managers and employees.
  - New Background checks are needed if an AFHA closes and reapplies.
  - Contact Aging Services for additional requirements.
- Contact the QSP Enrollment Office at 701-328-4602 for the required documents to enroll.**

### **Required Forms**

- SFN 1619** - Request to be a Qualified Service Provider/Agency for Foster Home for Adults/AFHA <https://www.nd.gov/eforms/Doc/sfn01619.pdf>
- SFN 615** - Medicaid Program Provider Agreement <http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- SFN 1168** - Ownership/Controlling Interest and Conviction Information <http://www.nd.gov/eforms/Doc/sfn01168.pdf>
- W-9** - Request for Taxpayer Identification Number and Certification <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Electronic Funds Transfer/Direct Deposit Verification – copy of a voided check or documentation from financial institution
- National Provider Identifier (NPI) Number
- SFN 583** – North Dakota Medicaid Electronic Remittance Advice (835) Enrollment <https://www.nd.gov/eforms/Doc/sfn00583.pdf>
- Agency Employee Verification Checklist



- All employees that provide direct services to public pay clients must be listed.
- SFN 433 – Child Abuse and Neglect Background Inquiry  
<https://www.nd.gov/eforms/Doc/sfn00433.pdf>
- SFN 750 – Documentation of Competency OR Copy of License/Certification  
<https://www.nd.gov/eforms/Doc/sfn00750.pdf>

**The following forms must be mailed directly to Aging Services AFC Program Manager**  
(address located on each form)

- SFN 466 – Background Check Address Disclosure
- SFN 467 – Personal Authorization for Criminal Record Inquiry

### **Enrollment Criteria for Agency Direct Service Employee(s)**

The following pages detail the information that is required for each employee providing direct services to HCBS Clients.

There can be no less than two direct service employees that can provide backup as needed for clients. Employees should have the same global endorsements and client specific endorsements as needed to serve your clients.

The direct service provider employee shall:

- Be literate and capable of understanding instructions and communicating in the English language;
- Be in good physical health, emotionally, and functionally stable, and not abusing drugs or alcohol;
  - Direct service provider employees shall undergo a medical examination, psychological evaluation, or substance abuse evaluation when requested by the department or human service zone when there is reason to believe that such an examination or evaluation is reasonably necessary.
- Successfully complete criminal background check requirements as specified in North Dakota Century Code sections 50-11-02.4 and 50-11-06.8;
  - **Verification of Background Screening completion should be kept in your employee personnel files for each employee. It is the responsibility of the Agency to ensure the employee meets Department standards at all times. Please be aware that if it is found the employee has not met the standards, your agency could be required to repay any funds paid for services provided during the time the employee was not eligible.**
- Employees must always meet the provider standards and agreements during their employment if providing services to public pay clients.

- Information regarding Direct Bearing Offenses and provider standards found in ND Administrative Code 75-03-23-07 can be found at the following website:  
<http://www.legis.nd.gov/information/acdata/pdf/75-03-23.pdf>
- Employees must review the following fact sheets found in the appendix, on Pages 33 – 37.
  - Working Together for Home Fire Safety.
  - Carbon Monoxide Fact sheet (Exposing an Invisible Killer).
  - How to read an authorization to provide services form.

## **Required Standards, Policies and Procedures**

- Agency Organizational structure
- Provide an organizational chart with key positions (include names of staff).
- Provide the number of years of experience as a service provider.
- Provide date and purpose of incorporation or type of partnership.
- If there is a board of directors for a non-government agency, provide their names, addresses, date of birth and social security number as they are considered managing employees and should be listed on the SFN 1168.
- Job descriptions of each employee position.
- Valid form of ID (copy) for individuals listed on the SFN 1168.
- Examples of acceptable identity: driver's license, SSN card, passport, tribal ID.
- Direct Deposit (Electronic Funds Transfer - EFT).
- Attach a voided check or documentation from your financial institution.
- Direct Deposit is required for Agency enrollment.
- Private pay service fee schedule.
- Verification of registration with ND Secretary of State Office.
- Current license(s) if applicable (e.g. Basic Care License/contractor license).
- Current verification of Unemployment insurance.
- New agencies with a lower number of employees can request voluntary coverage.
- Please contact ND Job Service for more information.
- Current verification of Workforce Safety and Insurance coverage.
- Agency compliance program.
- Additional information on compliance program structure available in appendix Page 36.
- Annual training: Employee/contractor education on FWA detection and reporting.
  - Agency representative who has completed training must provide a copy of the certificate of completion at initial enrollment and renewal.
  - Submit checklist of employee(s) participation at initial enrollment and renewal.
- Reporting suspected FWA – Include process for notifying the Department when:
  - An employee has been terminated for suspected fraudulent behavior.
  - A new or existing employee is flagged/identified on the required initial, routine, and/or ongoing criminal background checks.
- Employee/contractor screening: initial, routine, and ongoing.
- Reporting Critical incidents to the Department.
- An example of your documentation must be provided and include:
  - Client name and ID number.
  - Agency name and ID number.
  - Individual employee providing the service.
  - Date format to include MM/DD/YYYY .

- Location of service.
- Service provided including start and stop times.
- Provide plan for training employees to accurately document time and tasks for services provided and how to read an Authorization to Provide Services.
  - SFN 410 - Form attached at the end of this handbook.
  - Internal documentation review/audit of employee service records.
- Smoking – to include e-cigarettes/vaping.
- Consuming alcoholic beverages and/or illegal drugs.
- Soliciting or accepting gifts and money from the client.
- Conducting personal business in the client’s home.
- Consuming the client’s food.
- Using the client’s property.
- Handling of the client’s money.
- Supervision of employee including:
  - Who (classification or job title) supervises direct care employees.
  - How the supervision takes place (e.g. in client home, at office, by phone).
  - Frequency of supervision.
- Timeliness of service delivery upon receipt of referral.
  - Include routine and emergency referrals.
- Providing staff up to 24 hours per day.
- Procedure for coverage for clients during employee absence (vacation/sick leave).
- Confidentiality of client information.
- How client complaints are handled.

## **Employee Screening**

All providers agree to screen their employees per Federal Regulations under 42 CFR 455.436. To ensure that program standards are met, the provider will:

- Prior to an employee providing services to public pay clients:
  - Confirm the identity and age of the employee. Employees must be age 18 or over.
  - Search all websites required on the Employee Verification Checklist by all names of any individual or entity.
  - Contact the Department for prior approval if any employee is identified on any of the required sites during your screening process.
- Ongoing:
  - Continue to screen new and current employees/contractors on a routine basis and immediately report any findings to the Department.
  - The Department requires employee checks on an ongoing basis. If at any time, an employee is found not to meet the standards outlined, funds may be recouped from your agency for noncompliance with program standards.
  - All employees must complete Department approved modules of Medication Administration, TBI and Dementia training.
- Agency Employee Verification Checklist – (See Page 17)
  - All employees that provide direct services to public pay clients must have an employee verification conducted and documented on the checklist.
  - All information must be completed on the checklist for each employee at initial hire and updated noting most recent date of ongoing routine background site checks.

- A copy of the verification checklist must be submitted to the Department at initial enrollment and renewal.
- Check all names used by the employee in the past (Include maiden names/aliases).
- The checklist indicates which information should be kept in your personnel files and what must be submitted with your enrollment. Please provide only the required documents. Information not required with your application should be kept in your employee personnel files.
  - In the event of an audit, the Department may ask you for these records. If the documents cannot be provided, the Department may recoup funds paid for services rendered by agency employees that do not have the required verifications.
- Required website verifications for employees.
 

**If an employee or an owner with direct or indirect ownership of more than 5% in your agency is on any of these lists, contact the Department.**

  - District State Court website for criminal history/court information.
    - State of North Dakota – criminal/traffic category only. Contact the QSP Enrollment Administrator if there are any guilty findings or if the individual is currently on probation. <http://publicsearch.ndcourts.gov/default.aspx>
  - Individuals on the following lists are not eligible to serve public pay clients:
    - National sex offender registry  
Enter name on National Sex Offender Quick Search. <http://www.nsopw.gov>
    - ND Sex Offender registry  
Check the box “All Offenders”  
<http://www.sexoffender.nd.gov/OffenderWeb/search/publiclist>
    - ND Sex Offender registry  
Scroll to the “Offenders Against Children” link <https://attorneygeneral.nd.gov/public-safety/sex-offender-information>
    - ND Medicaid Exclusions list  
<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/prov-exclusion-list.pdf>
    - System for Award Management (SAM)  
Click on Search Records tab <https://www.sam.gov/SAM/>
    - Health & Human Services (HHS) Office of Inspector General  
<http://exclusions.oig.hhs.gov/Default.aspx>
- SFN 433 – Child Abuse & Neglect Background Inquiry
  - Complete this form for all employees that provide direct services to HCBS Clients. Form must be completed and processed by Children & Family Services (CFS) prior to providing services to public pay clients.
  - Send all forms directly to Children & Family Services (CFS). Mailing, fax and email information is found at the bottom of the form.
  - Please allow 48 – 72 hours for processing of this form once you submit it to CFS.
  - This form is not considered complete until CFS has signed it and returned the finalized form to your agency.
    - The finalized form will have one of the two boxes in Part III checked:
      - Box 1 – Indicates the individual listed on the form was not listed on the ND Child Abuse/Neglect information index.

- If this box is checked, the employee has passed this screening requirement and does not have a “services required” finding.
  - Box 2 – Indicates the individual is listed on the ND Child Abuse/Neglect Information Index and DOES HAVE A FINDING OF SERVICES REQUIRED.
    - If this box is checked, further information is necessary to determine if this individual is eligible to provide services to HCBS clients.
    - You **MUST** contact the Department for review and potential approval.
- The finalized form is valid for two years once signed by CFS. A new form must be completed prior to expiration of document.
- New agencies should send all SFN 433’s completed by CFS to QSP Enrollment Office along with your other application forms.
- Renewing agencies should send a copy of the most recent, valid form at the time of renewal request. Submit a new form to CFS only if the current form on file is nearing the two-year expiration.
- If this form is returned by CFS and shows a Services Required finding – at any time, you are REQUIRED to submit the form to the QSP Enrollment Office.
  - The QSP Enrollment Office will collect information and determine if the employee can provide services to HCBS Clients.
  - The agency cannot make the determination on their own. If a determination is made without prior approval, your agency could be required to pay back any funds paid to you for services the employee provided.
  - Until a determination is made by the Department, the employee cannot provide services to HCBS clients.
  - If you are given approval by the Department for an employee, this will be provided in writing by email or mail and should be kept in your employee personnel file.
  - If the Department denies approval for an employee, the agency must wait a minimum of six months before requesting another review or approval for the same individual.
- Employee Competency
 

Competency can be demonstrated with an SFN 750, CNA, RN or LPN.

  - If employed by a licensed Developmental Disabilities (DD) agency, documentation of current employment can be used to substitute for this requirement.
    - Employee is required to complete TBI and Dementia training.
  - SFN 750 - Documentation of Competency
    - Complete this form for all employees that provide direct services to HCBS Clients (unless employee has a current CNA, RN or LPN). Form must be completed prior to providing services to public pay clients.
    - The form is valid for two years. A new form must be completed prior to expiration of document.
    - It is important that the SFN 750 is completed correctly. Forms that have missing or incomplete information will not be accepted, and a new form will be required.
    - Certificates or other forms acknowledging completion of a training or education program that focuses on in-home care, will be considered if the curriculum includes standards 5 through 25 (on SFN 750), and the training program is provided by a licensed health care professional. The program must also have a renewal process every two years.
    - Verification of Employee Signing the Documentation of Competency. A qualified individual with current licensure must sign the SFN 750 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.

- To verify licensure of individual signing the SFN 750:
  - Board of Medical Examiners. Checked to verify credentials of the individual certifying the SFN 750. <http://www.ndbomex.com/SearchPage.asp>
  - Board of Occupational Therapy. Checked to verify credentials of the individual certifying the SFN 750. <https://www.ndotboard.com/>
  - Board of Physical Therapy. Checked to verify credentials of the individual certifying the SFN 750. <https://www.ndbpt.org/verify.asp>
  - Board of Chiropractic Examiners. Check to verify credentials of the individual certifying the SFN 750: <https://www.ndsbce.org/>
- Competency verified by CNA/RN/LPN
  - Include a copy of the license or certificate.
- Verify employee's credentials and or any complaints or judgments against employee.
  - Certified Nurse Assistant Registry – CNA.
    - [http://www.health.state.nd.us/HF/North\\_Dakota\\_certified\\_nurse\\_aide.htm](http://www.health.state.nd.us/HF/North_Dakota_certified_nurse_aide.htm)
    - Individuals must be on this list to verify they have a current certificate and do not have any disciplinary actions.
  - Board of Nursing LPN/RN [https://www.ndbon.org/verify\\_renew/verify\\_default.asp](https://www.ndbon.org/verify_renew/verify_default.asp)
    - Individuals must be on this list to verify they have a current license and do not have any disciplinary actions.
    - Board of Nursing's listing checked to verify credentials of individual certifying the SFN 750.

## **Criminal Convictions & Direct Bearing Offenses**

Effect on licensure and operation of a facility

An individual employed by, or providing care in, a facility may not have been found guilty of, pled guilty to, or pled no contest to:

A provider or an individual seeking designation as a qualified service provider:

- b. Must not be an individual who has been found guilty of, pled guilty to, or pled no contest to:
- (1) An offense described in North Dakota Century Code chapter 12.1-16, homicide; 12.1-18, kidnapping; 12.1-27.2, sexual performances by children; or 12.1-41, Uniform Act on Prevention of and Remedies for Human Trafficking; or North Dakota Century Code section 12.1-17-01, simple assault, if a class C felony under subdivision a of subsection 2 of that section; 12.1-17-01.1, assault; 12.1-17-01.2, domestic violence; 12.1-17-02, aggravated assault; 12.1-17-03, reckless endangerment; 12.1-17-04, terrorizing; 12.1-17-06, criminal coercion; 12.1-17-07.1, stalking; 12.1-17-12, assault or homicide while fleeing peace officer; 12.1-20-03, gross sexual imposition; 12.1-20-03.1, continuous sexual abuse of a child; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or solicitation of minors; 12.1-20-05.1, luring minors by computer or other electronic means; 12.1-20-06, sexual abuse of wards; 12.1-20-06.1, sexual exploitation by therapist; 12.1-20-07, sexual assault; 12.1-20-12.3, sexual extortion; 12.1-21-01, arson; 12.1-22-01, robbery; or 12.1-22-02, burglary, if a class B felony under subdivision b of subsection 2 of that section 12.1-29-01, promoting prostitution; 12.1-29-02, facilitating prostitution; 12.1-31-05, child procurement; 12.1-31-07, endangering a vulnerable adult; 12.1-31-07.1, exploitation of a vulnerable adult; 14-09-22, abuse of a child; 14-09-22.1, neglect of a child; subsection 1 of section 26.1-02.1-02.1, fraudulent insurance acts; or an offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the enumerated North Dakota statutes or

(2) An offense, other than a direct-bearing offense identified in paragraph 1 of subdivision b of subsection 2, if the department determines that the individual has not been sufficiently rehabilitated.

(a) 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, or unless sufficient evidence is provided of completion of any relevant rehabilitation program.

(b) An individual's completion of a period of three years after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent charge or conviction, is prima facie evidence of sufficient rehabilitation;

c. In the case of an offense described in North Dakota Century Code section 12.1-17-01, simple assault, if a felony; 12.1-17-01.1, assault; 12.1-17-01.2, domestic violence, if a misdemeanor; 12.1-17-03, reckless endangerment; 12.1-17-04, terrorizing; 12.1-17-06, criminal coercion; 12.1-17-07.1, stalking; 12.1-18-03, unlawful imprisonment; 12.1-20-05, corruption or solicitation of minors, if a misdemeanor; 12.1-20-07, sexual assault, if a misdemeanor; or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction, the department may determine that the individual has been sufficiently rehabilitated if five years have elapsed after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent convictions;





## CHART A – Standards & Allowable Tasks/Activities for Community Supports & Residential Habilitation

STANDARD	REQUIRED DOCUMENTATION of COMPETENCY LEVEL	LIMITED TO TASKS
Have basic ability to read, write, and verbally communicate.	Assurance checked indicating educational level or demonstrated ability.	
Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider.  Have not been abusive or neglectful of someone in your care.  Have not stolen from someone in your care.	Documentation attesting to his/her status regarding conviction of a felony or misdemeanor that would jeopardize the health and safety of the service recipient.  Documentation attesting to his/her status regarding having been physically, verbally, mentally or sexually abusive or neglectful of someone in your care.  Documentation attesting to his/her status regarding having stolen from someone in your care.	
Be physically & mentally capable of performing the service.	Assurance checked attesting to having the physical & mental capability to perform the service.	
Uphold Confidentiality.	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Will NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance signed agreeing to maintain confidentiality.	
Know generally accepted practice of proper hand washing methods.	Washed hands before and after each task, used enough soap to lather, rubbed skin to eliminate germs, rinsed under running water above wrists to fingertips. Turned faucet off with paper towel to avoid recontamination of hands. If soap and water are not available, you should use an alcohol-based hand sanitizer.	
Keep generally accepted practice of handling and disposing of body fluids.	Followed Body Substance Isolation (BSI) recommended practice that includes the use of gloves, plastic aprons, and proper disposal of both body fluids and items used.	Gloves must be used when handling body fluids.
Know generally accepted practice in bathing techniques: bed, tub, and shower.	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 if client has open areas on skin or if providing perineal care. 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). Remove gloves and wash hands. Cleanse bath or shower.	
Know generally accepted practice in hair care techniques: bed and sink shampoo, shaving.	<u>Bed shampoo:</u> Gathered supplies/equipment (shampoo, towel(s), pail, bucket, chair); place pail or bucket on chair at head of bed; check for appropriate water temperature; protect mattress & chair with plastic or towel; use plastic drainable trough cup or pitcher to pour water; shampoo, rinse, dry hair; clean up. If a shampoo board is used, the board must be completely sanitized before being used for the next client.  <u>Sink shampoo:</u> Gather necessary supplies/equipment (shampoo, towel(s), washcloth); place towel on client's shoulders; use washcloth to cover eyes; have client lean toward sink, wet hair; shampoo, rinse, dry hair; clean up. If a shampoo board is used, the board must be completely sanitized before being used for the next client.	

	<u>Shaving</u> : Gather necessary supplies/equipment (electric razor, safety blade (no straight-edged razor), towel(s), lotion); have client in sitting position or on back; apply warm washcloth and then shaving cream or gel if using safety blade; hold skin tautly; shave in direction of hair growth; rinse shaven area; apply shaving lotion, if desired; clean up. No sharing of razor blades.	
<b>STANDARD</b>	<b>REQUIRED DOCUMENTATION of COMPETENCY LEVEL</b>	<b>LIMITED TO TASKS</b>
Know generally accepted practice in oral hygiene techniques: brushing teeth, cleaning dentures.	Washed hands; 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.	
Know generally accepted practice in how to dress/undress client.	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.	
Know generally accepted practice in assisting with toileting.	<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. <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.	For assisting with suppository. Endorsement D.
Know generally accepted practice of caring for incontinent client	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. Use gloves throughout activity and washed hands afterward.	For assisting with suppository, Endorsement D.
Know generally accepted practice of how to feed or assist client with eating.	Washed hands; 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.	Does NOT include tube feeding.
Have knowledge of basic meal planning and preparation.	<u>Planning</u> : Developed a menu utilizing the basic food groups; made a shopping list, considered variety, texture, flavors, color, and cost of foods. <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. <u>Preparing the Meal</u> : Washed hands; 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.	Does <b>NOT</b> include canning of produce or baking of such items as cookies, cakes & bread.

<p>Know generally accepted practice for routine eye care.</p>	<p>Able to assist in self-administration of routine eye care; assemble supplies, eye care products, and wear gloves. Wash hands and apply gloves if necessary. Instill solution according to manufacturer's guidelines. Remove gloves and wash hands.</p>	<p>Routine regimen eye drops, ointment, eye pad after a well-established routine of care has been set forth for the client.</p>
<p>Know generally accepted practice in proper care of nails.</p>	<p><u>Nail Care:</u> 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 and wear gloves. Properly disposed of nail clippings. Wash hands.</p>	<p>Routine fingernail care. ONLY if the client DOES NOT have diabetes, heart disease, circulatory disease or fungus.</p>
<p><b>STANDARD</b></p>	<p><b>REQUIRED DOCUMENTATION of COMPETENCY LEVEL</b></p>	<p><b>LIMITED TO TASKS</b></p>
<p>For clients who can self-direct their own care and understand the medication, route, purpose, dose, and side effects of their medications. This does not include injectable medications.</p> <p>The QSP must know the generally accepted practice for assisting a client with self-administration of prescription and over-the-counter medications.</p>	<p>Wash hands. Assist the client who can self-direct, to proper position for self-administration of medication. Assist the client with opening container, positioning, fluid intake and recapping. Medication should be properly labeled so you can see the name of the medication, instructions, dose and time medication should be taken. Verify the name of the individual on the prescription medication label is that of the client. If medication has been set up in medication container or planner by nurse, family, or pharmacy make sure it is clearly marked/labeled. Make sure medication is taken on appropriate day and time of day. Assist client with opening container. Provide drinking fluid to swallow medication, assist client to close container and store medication properly. The QSP may assist the client by placing the oral medication in the client's mouth and may assist with the application of prescription eye drops or prescription ointments. The QSP must follow the critical incident policy for medication errors and omissions. (HCBS Policy 525-05-42).</p>	<p>Assisting the client in self-administration by doing the following - open container, assist client with proper position for taking medication or placing the oral medication in the client's mouth, assist in giving client drinking fluid to swallow medication, recap container. Assist with the application of prescription eye drops/ointment.</p> <p>The QSP may remind the client when it is time to take routine medications with the exception of narcotics.</p>

<p>QSP Administration of prescription medication and over-the-counter medication assistance to individuals unable to self-direct their own care.</p> <p>An employee of a QSP agency who has completed department approved training on the administration of routine meds, under the direction and training of a licensed RN, shall administer routine medications other than the parenteral route.</p>	<p>Follow the policies and procedures of the department approved training. NDAC 50-24.1-18 and Nurse Practice Act 43-12.1-04</p>	<p>May administer medications to individuals or groups of individuals with stable, predictable conditions according to facility policies and procedures.</p> <p>CLIENT SPECIFIC ENDORSEMENTS:</p> <p>May administer medications when specifically delegated by a licensed nurse or a specific person by the gastrostomy, jejunostomy, Sub-Q and premeasured injectable meds for allergic reactions.</p>
<p>Know generally accepted practice of caring for skin.</p>	<p>Wash hands. 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.</p>	<p>Prophylactic (prevent-active) and palliative (relief or relieving) skin care, including bathing and application of non-prescriptions lotions or treatment for minor skin problems.</p> <p>Do not rub reddened areas. Report notice of reddened skin areas or open areas to HCBS Case Manager.</p>
<p><b>STANDARD</b></p>	<p><b>REQUIRED DOCUMENTATION of COMPETENCY LEVEL</b></p>	<p><b>LIMITED TO TASKS</b></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>	

<p>Know generally accepted practice in transferring client; using belt, standard sit, bed to wheelchair.</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>Know generally accepted practice of assisting client with ambulation.</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>Assisting client to walk, use wheelchair, walker, crutches or cane.</p>
<p>Know generally accepted practice for maintaining kitchen, bathroom and other rooms used by client in a clean and safe condition.</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 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><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>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>
<p><b>STANDARD</b></p>	<p><b>REQUIRED DOCUMENTATION of COMPETENCY LEVEL</b></p>	<p><b>LIMITED TO TASKS</b></p>
<p>Know generally accepted procedure of making beds.</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</p>	<p>See Endorsements section for mechanical or therapeutic devices.</p>

	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.	
Know generally accepted practice – in laundry techniques; (include mending).	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.	Includes washing, drying, folding, putting away ironing, mending, and related tasks.
Background checks.	All AFHA applicants/providers are subject to mandatory state and nationwide background checks.	
Licensing standards	All AFHA applicants/providers must meet all other licensing standards.	

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

As performed by:														
ENDORSEMENTS	PHYSICIAN		RN		LPN		CNA		OT		PT		Chiropractor	
	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize	Can Perform	Can Authorize
Maintenance Exercise	X	X	X	X	X	X	X		X	X	X	X	X	X
Catheter Care	X	X	X	X	X	X	X		X		X			
Medical Gases	X	X	X	X	X	X	X		X		X			
Suppository	X	X	X	X	X	X	X		X		X			
Cognitive	X	X	X	X	X	X	X		X	X	X	X	X	X
Taking BP/TPR	X	X	X	X	X	X	X		X	X	X	X	X	X
Ted Socks (surgical stockings)	X	X	X	X	X	X	X		X	X	X	X	X	X
Prosthesis/Orthotics	X	X	X	X	X	X	X		X	X	X	X	X	X
Hoyer Lift/Mechanized Bath Chair	X	X	X	X	X	X	X		X	X	X	X	X	X

# GLOBAL ENDORSEMENTS

## GLOBAL ENDORSEMENTS

- Not required to enroll as a QSP unless enrolling for Respite Care, Supervision or Companionship Services
- May be required to provide care for some clients according to their authorization.
- Are specific to each client that may need assistance with additional services.
- A QSP may choose to meet the standards for any or all of the endorsements but will not be approved unless competency is shown on either the SFN 750 or given through CNA/RN/LPN/OT/PT endorsements.

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 RESPITE CARE, SUPERVISION & COMPANIONSHIP SERVICES**)
- F. Taking Blood Pressure, Pulse, Temperature, Respiration Rate
- G. Ted Stockings (surgical stockings)
- H. Prosthesis/Orthotics/Adaptive Devices
- I. Hoyer Lift/Mechanized Bath Chair

### Requirements for Global Endorsements

- If you have any of the following current licenses or certifications, you automatically qualify for all Global Endorsements:
  - Registered Nurse,
  - Licensed Practical Nurse,
  - Registered Physical Therapist,
  - Registered Occupational Therapist, and
  - Certified Nurse Assistant.
- If you do not have any of the above listed licenses or certifications, you must send a completed DOCUMENTATION OF COMPETENCY (SFN 750) to be given any and/or all of these endorsements.



## CHART C – GLOBAL ENDORSEMENTS

ENDORSEMENT	STANDARD	REQUIRED DOCUMENTATION or COMPETENCY LEVEL	LIMITED TO TASKS
A. MAINTENANCE EXERCISE	Know generally accepted practice of how to perform maintenance exercise regimens.	Exercises are maintenance oriented and client specific. Assisted client to complete exercises <b>which have been taught to client</b> – 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, or endurance; passive exercise maintain motion in paralyzed extremities, not related to a specific loss of function, and assistive walking.	Limited to general observation of exercises which have been taught to the client; including the actual carrying out of maintenance program, the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance, passive exercises to <u>maintain</u> range of motion in paralyzed extremities which are not related to a specific loss of function and assistive walking.
B. CATHETER	Know generally accepted practice of procedure for routine care of indwelling bladder catheter care.	Washed hands and applied gloves and facemask, 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 <b>NOT</b> 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 facemask and washed hands.	Limited to general maintenance care <u>after</u> a well-established routine of care has been set forth for the client. <b>NO CATHETERIZATION OF CLIENT ALLOWED.</b>
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 and facemask 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. (This is determined in care planning)
G. TED SOCKS (surgical stockings)	Know generally accepted procedure of applying surgical stockings.	Gathered appropriate supplies: Applied surgical stockings 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 **particular** client who requires the endorsement.

Note: Send the completed Request for Client Specific Endorsement, SFN 830 to Medical/HCBS Services **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 and facemask; 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 and facemask.	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. JOBST SOCKS (compression stockings)	Know generally accepted procedure of applying compression stockings.	Gathered appropriate supplies; applied compression stockings 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

- Upon hire of any new employees and prior to the employee providing any services:
  - Contact the Aging Services Nursing Program Administrator for AFHA to complete the required background check
  - Employees cannot provide any services until all required screenings are complete.
  - Employees must complete Department approved modules of Medication Administration, TBI and Dementia training.
- As an enrolled QSP agency, you are not employed by the Department of Human Services.
- The Department **does not** withhold or pay any social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments you receive as a QSP. Withholding and paying taxes on QSP payments is your responsibility. Information on the tax responsibilities of independent contractors can be found at [www.IRS.gov](http://www.IRS.gov).
- You are also responsible to keep your remittances (the papers showing the payments you have received) and provide copies if income verification is needed for loans, housing enrollment, etc. If providing this information, ensure that all private client information is redacted.
- As an agency, you can only provide authorized services and will be paid for the services delivered.
- A packet of information will be sent to you by the Medical Services/QSP Enrollment. Some of the information provided includes:
  - Agency provider number,
  - Additional provider responsibilities,
  - Billing instructions.
- Your agency enrollment information is added to the list kept by the Department and distributed to each case management agency.
- The case management agency will determine the client's need for services. The client selects their QSP from a list.
- If you are chosen as a QSP, the case manager will give you an SFN 410, Authorization to Provide Services. You must have this form in your possession before providing services.
- You must then review the SFN 410, for the following information:
  - Ensure that the service you are being asked to provide are consistent with how you are enrolled.
  - You may not provide or bill for services not associated with your enrollment.
    - If you provide a service you are not enrolled for, payment cannot be guaranteed.
  - The tasks the agency is authorized and expected to provide.
    - The maximum number of units you can provide/bill. (a unit is one day)
  - The definitions of the tasks are located on the back of the authorization. Tasks are limited to these definitions.

### Access to records

- The applicant shall affirm the right of duly authorized representatives of the department to inspect the records of the applicant, to facilitate verification of the information submitted with an application for licensure, and to determine the extent to which the applicant is in compliance with the rules of the department and North Dakota Century Code chapter 50-11.

#### **Denial of access to facilities and records**

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

#### **The provider:**

- Shall permit a representative of the department, human service zone, or other individual or organization serving a resident entry into the facility without prior notice;
  - Shall provide information about the residents to the department, human service zone, or other individual or organization serving a resident with reasonable promptness;
  - Shall report illness, hospitalization or unusual behavior of resident to the individual or organization serving the resident and to the resident's legal representative, whichever is appropriate;
  - Shall assure that information related to the resident is kept confidential, except as may be necessary in the planning or provision of care or medical treatment, as related to an investigation or license review under this chapter, required or permitted by law, or as authorized by the resident;
  - May not practice, condone, facilitate, or collaborate with any form of illegal discrimination on the basis of race, color, sex, age, religion, national origin, marital status, political belief, or mental or physical disability;
  - Shall accept direction, advice, and suggestions concerning the care of residents from the department, human service zone, or other individual or organization serving a resident;
  - Shall assure that residents receiving care are not subjected to abuse, sexual abuse, neglect, or financial exploitation by the provider, employees, or volunteers;
  - Shall coordinate and facilitate the release of a report of any examination or evaluation, required (subsection 3 of section 75-03-21.1-29) to the Department;
  - Shall immediately report changes in the identity or number of individuals living in the facility to the department;
  - Shall immediately report an inability to provide care to the resident to the department;
  - Shall allow a representative of the Department to enter the premises, examine the facility, and interview the residents, provider, and employees in order to evaluate compliance with this chapter and North Dakota Century Code chapter 50-11;
  - Shall cooperate with the department or human service zone in inspections, complaint investigations, planning for the care of a resident, application procedures, and other necessary activities, and allow access of the department, human service zone, ombudsman, or other authorized individuals to the facility and its residents;
  - Shall provide twenty-four-hour care and supervision of all residents residing in the facility, unless otherwise documented and justified in the person-centered service plan or service.
- **The QSP must maintain service records** for a period of 42 months from the close of the Federal Fiscal Year (October 1 – September 30) in which the services were delivered. Records must be kept, **even if your status as a QSP closes.**  
All records must include:

- Name and ID # of the client
  - Name and ID # of the provider
  - Name of the employee who performed the task.
  - 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)
  - Start time and end time of each task provided.
- Services provided must be documented prior to or shortly after providing them. Service documentation may not be created in advance or in anticipation of services you will provide.
  - Records cannot be copied or cloned with dates or months changed.
  - Sample documentation will be sent in the information packet after enrollment is approved.
  - The QSP Agency will bill the Department directly for services provided.
  - Payment by the Department will be minus any client liability or cost sharing (some clients are responsible for a portion of their service costs). The client is responsible to pay the QSP directly for any client liability/cost sharing.
  - The Department will request a refund or process adjustments to take back payment made to a provider **if** the provider does not keep appropriate records, does not provide the service, bills over the authorized amount, uses the wrong billing codes, or otherwise makes billing errors.

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

The Department of Human Services is required to complete provider reviews of QSPs to ensure that clients are receiving the services they need and to assure that the 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 recoup all funds paid for services that were not delivered in accordance with policies and procedures per NDAC (ND Administrative Code) 75-03-23-10. For example, if the provider does not keep appropriate records, does not provide the service, bills over the authorized amount, uses the wrong billing codes, or makes any other type of billing errors.

- Per ND Admin Code 75-03-23-12, if you disagree with any action **regarding provider reimbursement**, you may submit a formal written request for review. Formal requests must be made in writing within 30 days of notification of the adjustment or request for refund. 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, you shall provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review.
  - A provider may not request a formal review of the rate paid for each disputed item. The Department has 75 days from the date the notice of a request for review was received to make a decision.
  - Requests for formal reviews should be sent to:

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

**If you are denied enrollment or terminated as a QSP and/or placed on the State Exclusion list for any of the following possible findings** (this list is not all-inclusive), federal law requires that we refer our final decision to the Office of the Inspector General (OIG) to exclude the provider from participating in the State Medicaid Program.

**This means that you could not work for any organization that receives Medicare or Medicaid funds. Please be aware this does not impact your eligibility to receive Medicaid or Medicare benefits.**

- 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,
- Fail to comply with a request to send records or information,
- Fail to set up payment arrangements or pay back funds paid in error,
- Professional incompetence or poor performance,
- Financial integrity issues,
- Certain criminal convictions

You may 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. This means that you could not work for any organization that receives Medicare or Medicaid funds.

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

- Per N.D. Admin Code §75-03-23-13, you have a right to request an administrative hearing appealing a decision **to deny or terminate QSP enrollment** by filing a written appeal with the Department within 10 days of receipt of written notice of the denial or termination.
  - Upon receipt of a timely appeal, an administrative hearing may be conducted in the manner provided in chapter 75-01-03.
  - A provider or applicant who receives notice of termination or denial of the individual's QSP status and requests a timely review of that decision is not eligible to provide services until a final decision has been made by the Department that reverses the decision to terminate or deny the qualified service provider status.
  - A request for an administrative hearing can be made by sending a written request within 10 days to:

ND Department of Human Services - Appeals Supervisor  
600 East Boulevard Ave  
Bismarck, ND 58502-1250

## **Fraud, Waste & Abuse**

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

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

By enforcing fraud and abuse efforts:

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

### **What is Fraud?**

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

### **What is Abuse?**

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

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

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

REPORT any instance of suspected fraud or abuse.

### **How do I report Medicaid fraud or abuse?**

- ❖ **By completing the Surveillance and Utilization Review Section (SURS) Referral (SFN 20)**
- ❖ **By calling 1.800.755.2604 or 701.328.4024**
- ❖ **By email at [medicaidfraud@nd.gov](mailto:medicaidfraud@nd.gov)**
- ❖ **By fax at 701.325.1544**
- ❖ **By letter at:**

**Surveillance Utilization  
Review Administrator**

**c/o Medical Services  
Division**

**600 E Boulevard Ave Dept  
325**

**Bismarck ND 58505-0250**



## **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, please call, 1-800-755-2604 and select 6 to speak with an attendant, or email: [medicaidfraud@nd.gov](mailto:medicaidfraud@nd.gov)

To report other program fraud, call the Fraud Hotline at 1-800-472-2622 or email [abramussen@nd.gov](mailto:abramussen@nd.gov)

## **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.

## AFHA RENEWAL

- AN INITIAL AFHA LICENSE IS VALID FOR NO LONGER THAN 12 MONTHS FROM THE DATE OF ISSUANCE.
- AFTER THE INITIAL LICENSING PERIOD HAS EXPIRED, AN AFHA LICENSE IS VALID FOR NO LONGER THAN 24 MONTHS FROM THE DATE OF ISSUANCE OR THE DATE OF EXPIRATION OF THE PROVIDER'S STATUS AS A QSP, WHICHEVER COMES FIRST.
- Contact the HCBS Case Manager to start the AFHA Licensing renewal process.
- A notice of renewal is sent from the QSP Enrollment office approximately 60 - 90 days prior to your QSP enrollment expiration date. Your renewal information must be received by the Department no later than 30 days prior to your expiration date to allow sufficient time for processing.
- To renew, you must complete and submit a complete, new packet and all required additional documentation. The most current version of all forms must be used.
- Failure to renew QSP enrollment may result in automatic closure of your QSP enrollment.
- If you have not billed the Department for QSP services in a 24-month period or are not providing services to a public paying client, your QSP status may be closed.
- Please Note: Any ownership changes within the Agency must be sent to the Department in writing within 30 days of the change. Additional documentation will be required.

# APPENDIX

## Compliance Program

A compliance program consists of agency internal policies and procedures to help your agency comply with the law. The Office of Inspector General (OIG) provides Compliance Program Guidance (CPGs); information that offers principles to apply to your unique agency. There is not a standard template; however, OIG indicates that there are seven basic elements that are fundamental to any compliance program. The Department requires QSP agencies submit copies of their compliance program upon initial enrollment, renewal, or by request.

For more information, visit <https://oig.hhs.gov/compliance/compliance-guidance/index>

### Requirements:

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

### Additional Resources:

Compliance Program Basics – YouTube

<https://www.youtube.com/watch?v=bFT2KDTEjAk>

Measuring Compliance Program Effectiveness: A Resource Guide

<https://oig.hhs.gov/compliance/compliance-resource-portal/files/HCCA-OIG-Resource-Guide.pdf>

Tips for Implementing an Effective Compliance Program – YouTube

[https://www.youtube.com/watch?v=w\\_q1bVT12Yg](https://www.youtube.com/watch?v=w_q1bVT12Yg)

## **Criminal Convictions**

Court papers regarding criminal history including misdemeanor and felony offenses both in-state and out-of-state, not including minor traffic violations, need to be submitted to the Department.

Criminal convictions may not prevent enrollment but needs to be reviewed to determine if standards for enrollment are met.

1. If you have been found guilty of or pled no contest to an offense identified in ND Admin Code 75-03-23-07, your enrollment status or application may be further evaluated to determine if you are sufficiently rehabilitated.
2. According to ND Admin Code 75-03-23-07, the department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole or other form of community corrections or imprisonment without subsequent charge or conviction has elapsed, unless sufficient evidence is provided of rehabilitation.

You are **required** to notify the department if your conviction history changes.

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

The settings rule was published in the Federal Register on January 16, 2014 and applies to settings where HCBS or Technology Dependent waiver services are provided.

The purpose of the rule is to ensure that individuals 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 home and community-based waiver settings meet certain qualifications. These include and are not limited to the following:

- The setting is integrated in and supports full access to the greater community.
- Is selected by the individual from among setting options.
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes autonomy and independence in making life choices.
- Facilitates choice regarding services and who provides them.
- Ensure that staff have adequate training in person-centered planning and unsafe wandering or exit-seeking.
- Person centered services involve knowing individual's condition(s), needs, and history to create strategies to assure the individual is free to interact with others and the community in the most integrated way possible and still prevent injury for those who wander or exit-seek unsafely.

The rule includes additional requirements for provider-owned or controlled home and community-based residential settings. These additional rules apply to but are not limited to Adult Day Care, Adult Foster Care and Adult Residential Care services.

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;
- An intermediate care facility for individuals with intellectual disabilities; or a hospital.

The rule includes requirements for provider-owned or controlled home and community-based residential settings.

- ✓ The individual must provide a lease or legally enforceable agreement that complies with ND landlord-tenant laws (NDCC chapter 47-32).

## **High Risk Provider Guidelines and Additional Requirements**

Qualified Service Providers (QSPs) will be 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, please contact QSP Enrollment for further requirements prior to enrollment.

## **What is a VAPS Report?**

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

### **How to file a VAPS report**

#### **Option 1:**

- Use the online reporting system.
- Using Internet Explorer, visit: <https://fw2.harmonyis.net/NDLiveIntake/>
- To add the client, scroll down to the bottom of report and choose "Add."

#### **Option 2:**

- Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at [www.nd.gov/eforms/Doc/sfn01607.pdf](http://www.nd.gov/eforms/Doc/sfn01607.pdf)

## How to report a Critical Incident for Qualified Service Providers

Qualified Service Providers (QSPs) are required by federal law to report all critical incidents involving people they care for.

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.”

### Incidents that need to be reported are:

1. Abuse (physical, emotional, sexual), neglect, or exploitation;
2. Rights violations through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation, or policy;
3. Serious injury or medical emergency, which would not be routinely provided by a primary care provider;
4. Wandering or elopement;
5. Restraint violations;
6. Death of a client and cause (including death by suicide);
7. Report of all medication errors or omissions; and
8. Any event that could harm client’s health, safety or security if not corrected.
9. Changes in health or behavior that may jeopardize continued services.
10. Illnesses or injuries that resulted from unsafe or unsanitary conditions.

### **How to Submit a Critical Incident Report:**

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

### When a provider finds out about a critical incident, follow these steps:

**Step 1:** Report it to the Home and Community Based Services (HCBS) case manager **and**

**Step 2:** Fill out a critical incident report using the General Event Report (GER) 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 can be found here:  
[https://help.therapservices.net/app/answers/detail/a\\_id/2039/kw/offline%20forms#OfflineForms-GER](https://help.therapservices.net/app/answers/detail/a_id/2039/kw/offline%20forms#OfflineForms-GER)
- 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](mailto:dhscbs@nd.gov). The Program administrator will then enter the GER Event Report and Event Type into Therap.

If an incident involves abuse, neglect or exploitation, a provider must submit **both**, the incident report **and** report to Vulnerable Adult Protective Services (VAPs).

To file a VAPS report, there are two options:

1. Use the online reporting system.
  - Using Internet Explorer, visit: <https://fw2.harmonyis.net/NDLiveIntake/>
  - To add the client, scroll down to the bottom of the report and choose “add.”
2. Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at [www.nd.gov/eforms/Doc/sfn01607.pdf](http://www.nd.gov/eforms/Doc/sfn01607.pdf)

### **Examples of Critical Incidents**

**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 not required because the case manager nor QSP witnessed or responded to the event.

**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 responded to the event (fall).

**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 is required to 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 will include corrective actions taken, a plan of future corrective actions, and a timeline to complete the plan if applicable. The HCBS case manager and program administrator are responsible to follow up with the QSP to ensure the remediation plan is acceptable.



# Fire Safety Checklist for Caregivers of Older Adults

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

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

## Smoke Alarms

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



### Can everyone hear the alarm?

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

## Cooking Safety

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

## Smoking Safety

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

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

## Heating Safety

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

## Escape Plan

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



### Can everyone get out?

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

## Carbon Monoxide Alarms

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

## Electrical and Appliance Safety

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

Learn more about fire prevention:  
[www.usfa.fema.gov](http://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.

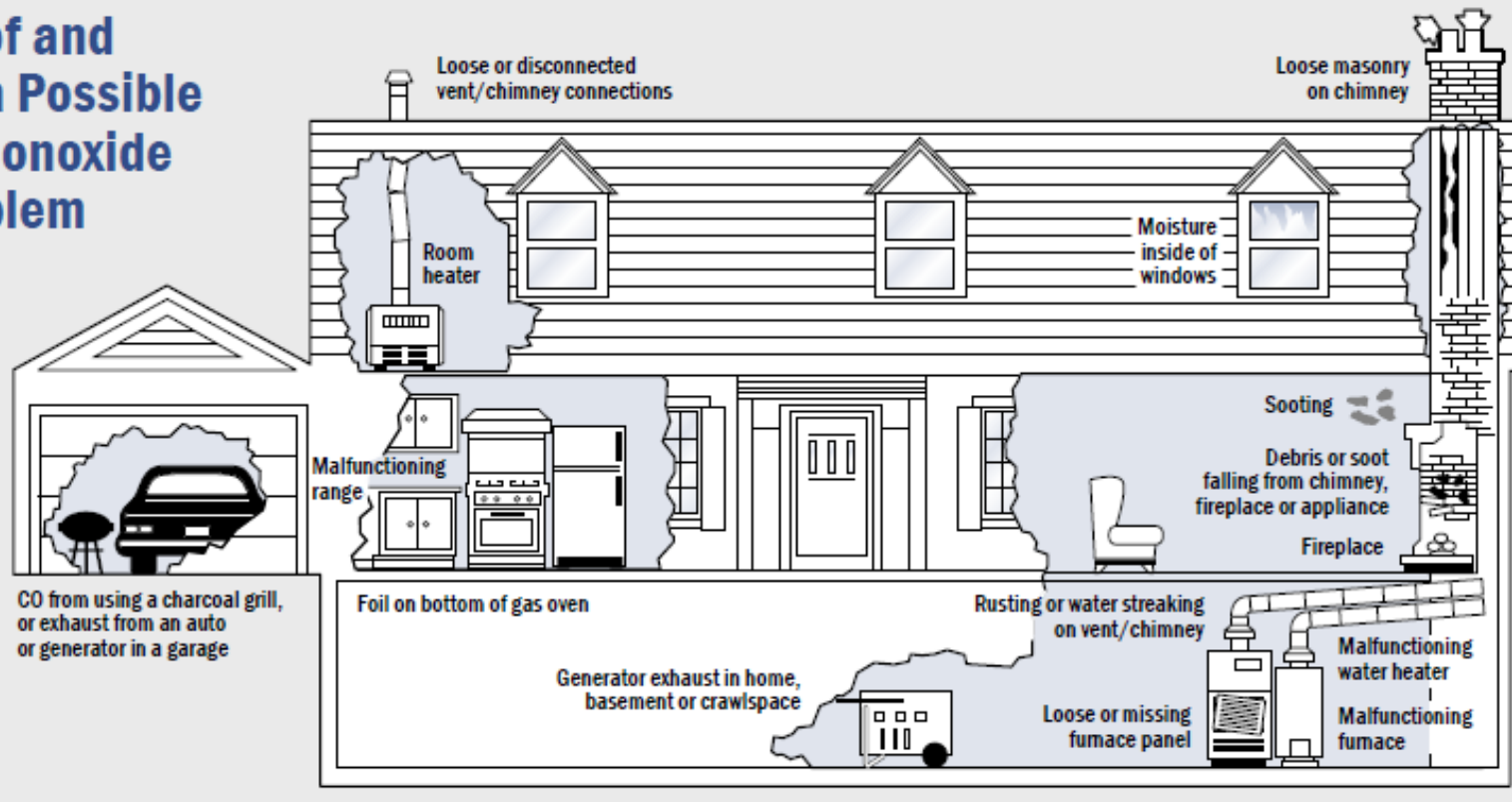


To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270.

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

## **Use of Personal Protective Equipment (PPE):**

**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 - should be worn during cares that are likely to produce splashes of blood or other body fluids.**

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- Tie all the ties on the gown behind the neck and waist.
- Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
- Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
- Dispose the gown in waste basket.
- Perform hand hygiene after removing gowns.

**Masks – Due to the prevalence of COVID-19 spread without symptoms, providers are always expected to wear a face mask when interacting with clients.**

- 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
- Removed 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 that are likely to generate splashes or sprays of body fluids, blood, or excretions.**

Refer to these guidelines for PPE: [https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19\\_PPE\\_illustrations-p.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf)

Donning of PPE: <https://www.youtube.com/watch?v=H4jQUBAIBrI>

Doffing of PPE: <https://www.youtube.com/watch?v=PQxOc13DxvQ#action=share>

**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.

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# WHY WE WEAR MASKS

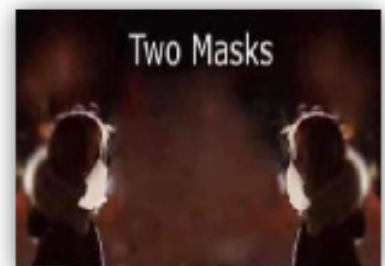
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All QSPs are now required to wear a mask in your home for your protection and safety.

COVID-19 can be spread by people who may not know they have symptoms and do not know they are ill.

Face masks prevent droplets from coughing, sneezing, or talking from traveling into the air to other people.

Face masks, frequent handwashing, social distancing and checking for fever, cough and shortness of breath can help stop the spread of COVID-19.



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**BY WORKING TOGETHER, WE CAN ALL STAY SAFE!**

[WWW.HEALTH.ND.GOV/MASKUPND](http://WWW.HEALTH.ND.GOV/MASKUPND)

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