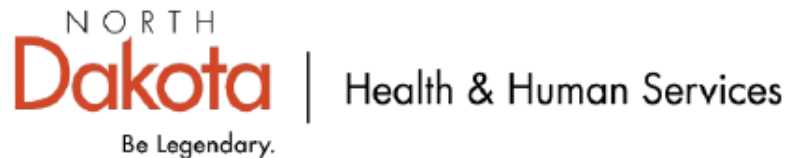


May 2023

**QUALIFIED SERVICE PROVIDER
Family Home Care
Handbook**

Enrollment Procedures & Required Standards

Issued By:



All QSP Handbooks are available at the following website:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>

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

This Handbook includes the standards you must meet to provide Family Home Care (FHC) and receive public pay.

Do not complete this application unless you have already been in contact with a Case Manager and your client has already been approved for this service.

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

If you are enrolling for *Family Personal Care*, **this is not** the correct handbook. Please see the Qualified Service Provider Handbook for Individual Providers.

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Need help completing the application?

For assistance or questions completing the application, contact:



What is the QSP Hub?

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

What is the goal of the QSP Hub?

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

What can the QSP Hub help me with?

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

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

How to contact QSP Hub:

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

Provider Enrollment Contact Information



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

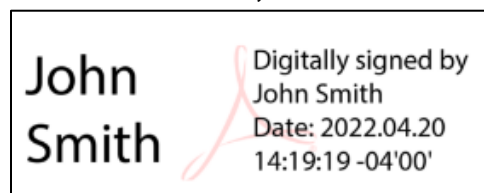
Send completed packets by email or mail to:

Email: QSPEnrollment@noridian.com

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

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

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



Home & Community Based Services (HCBS) Information

Family Home Care (FHC)

The purpose of FHC is to assist individuals to remain with their family members and in their own communities. It provides an option for an individual who is experiencing functional impairments, which contribute to his/her inability to accomplish activities of daily living.

FHC is provided by a spouse or family member who is enrolled as a Qualified Service Provider (QSP). The care may include help with Activities of Daily Living (ADL) such as bathing, dressing, transferring, toileting, assistance with eating, etc. and in some cases supervision is also provided. **The QSP and client must live together to be eligible.**

FHC Definition:

FHC is the provision of room, board, supervisory care, and personal services to an eligible elderly or disabled person by the spouse or by one of the following relatives, or the current or former spouse of one of the following relatives:

- Parent
- Grandparent
- Adult Child
- Adult Sibling
- Adult Grandchild
- Adult Niece
- Adult Nephew

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

Clients are assessed by a Case Manager to determine if they are eligible for HCBS programs. The assessment includes both Functional Eligibility and Financial Eligibility.

If an assessment has not been completed for your potential client, the client may contact the Aging and Disability Resource-Link (ADRL) of North Dakota at 1-855-462-5465 for a referral.

Additional services are available if you enroll as an Individual QSP:

Adult Day Care, Adult Foster Care, Case Management, Chore Service, Environmental Modification, Extended Personal Care, Homemaker, Non-Medical Transportation, Nurse Educator, Personal Care and Respite Care.

If you are interested in enrolling as an Individual QSP for one of these services, more information is available here:

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

You may also contact the Noridian Healthcare Solutions or the ND QSP Hub for assistance. Contact information for both of these resources is found on Pages 3 & 4 of this handbook.

Definitions:

- **Authorization to Provide Service:** A form provided to the QSP by the HCBS Case Manager, authorizing the QSP 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 QSP is authorized to provide.
- **Case Management:** HCBS case management is a service 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 individuals to remain in the community in the most cost-effective manner.
- **Competency Level:** The skills and abilities required to do something well or to a required standard.
- **Individual Provider:** A self-employed person who has been approved by the Department as a QSP.
- **Limited to Tasks:** Limits and cautions placed on tasks provided by QSP.
- **Provider Number:** Number assigned to the enrolled QSP.
- **Respite Care (RC):** Temporary care, for a set period of time, provided to a client so their primary caregiver has relief from the stress and demands of ongoing daily care.
- **Service:** Work done by a provider for payment.
- **SFN:** **SState Form Number**, located on the upper-left side of a form.
- **Standard:** A level of quality or excellence that is accepted as the norm for a specific task.
- **Universal Precautions:** Caregivers who have direct individual contact are required to follow certain guidelines to prevent the spread of infectious diseases. They include work practices to avoid contamination by blood, body fluids, secretions, excretions (except for sweat), nonintact skin, mucous membranes, dried blood, and other body substances including saliva.

STEP 1: ENROLLMENT

All required information must be received and completed correctly before enrollment will be finalized. If assistance is needed with the enrollment process, the QSP Hub is an available resource. Contacting information for the QSP Hub is available at the beginning of this handbook and on the next page. Use the next few pages as a checklist to meet all requirements.

- **Required Forms**

- Copy of Government Issued Identification (i.e. driver's license, tribal ID, etc.)
- SFN 1604 – Request to be a Qualified Service Provider for Family Home Care
<http://www.nd.gov/eforms/Doc/sfn01604.pdf>
- SFN 615 – Medicaid Program Provider Agreement
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- W-9 – Request for Taxpayer Identification Number and Certification
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Direct Deposit – Copy of a voided check or documentation from financial institution for direct deposit.
 - Direct deposit is required for enrollment.
- Fraud, Waste and Abuse (FWA) Training
 - Use this link to access online training:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>
 - Scroll down the page to the **RESOURCES** heading
 - Click on **ONLINE TRAINING** – Fraud, Waste and Abuse
 - Once you complete the training, you must enter your name in the required field.
 - A completion certificate with your name must be submitted with your enrollment documents.

- **Criminal Convictions**

You must disclose if you have ever been convicted of a misdemeanor or felony. Court papers regarding criminal history including misdemeanor and felony offenses (in and out-of-state) not including minor traffic violations, must be submitted. **Criminal convictions may not prevent enrollment but must be reviewed to determine if enrollment standards are met.**

1. *If you have been found guilty of or pled no contest to an offense identified in ND Admin Code 75-03-23-07, your enrollment status or application may be further evaluated to determine if you are sufficiently rehabilitated:*
<https://ndlegis.gov/files/rule-changes/changes/dhs091021changes0230.pdf>
2. *According to ND Admin Code 75-03-23-07, the department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole or other form of community corrections or imprisonment without subsequent charge or conviction has elapsed, unless sufficient evidence is provided of rehabilitation.*

Once enrolled, you are **required** to notify Noridian immediately if your conviction history changes. Contact Noridian Healthcare Solutions at 701-277-6933 or email updates to: QSPEnrollment@noridian.com

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

QSPs are classified as High Risk if any of the following criteria apply:

- You have had a payment suspension within the last ten years associated with a credible allegation of fraud, waste or abuse
- You have been excluded on the OIG exclusion list within the last ten years
- You have an existing overpayment of funds of \$1500 or greater and all of the following:
 - The balance is more than 30 days old
 - Has not been repaid at the time application was filed
 - Is not currently being appealed
 - Is not part of an approved extended repayment schedule for entire outstanding overpayment

If you believe you may be a High-Risk provider or applicant, contact QSP Enrollment for further requirements prior to enrollment.

- **For assistance completing application documents, contact the ND QSP Hub:**

Email: Info@NDQSPHub.org

Phone: 701-777-3432

Website: <https://www.NDQSPHub.org>

Facebook: <https://www.facebook.com/NDQSPHub/>

- **Submit completed enrollment requests to Noridian Healthcare Solutions:**

Email: QSPEnrollment@noridian.com

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

**Faxed documents are NOT accepted for enrollment.

STANDARDS FOR FHC PROVIDERS	
Standard	Required Documentation or Competency Level
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	Statement attesting to his/her status regarding conviction of a misdemeanor, felony, or probation
Have not been abusive or neglectful to someone	Statement attesting to his/her status regarding having been physically, verbally, mentally, or sexual abusive, or neglectful of someone
Have not stolen from someone	Statement attesting to his/her status regarding having stolen from someone
Uphold confidentiality	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Agree to NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance marked agreeing to maintain confidentiality.
Not have an infectious or contagious disease	Statement about having or not having an infectious or contagious disease.
Be physically capable of performing the service	Be physically capable of performing the service. Statement that provider has the physical ability to perform the authorized tasks/service.
Client and provider mutually agree to the arrangement	Client states to HCBS Case Management agency the selection of the caregiver and included in documentation completed by HCBS Case Manager.
Eligible relative relationship	Meets one of the relative relationships identified in N.D.C.C. 50-06.2-02(4) –spouse or by one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew.
24-hour per day service	The FHC provider is responsible for the 24-hour care of the FHC client. If the client can be left alone for routine temporary periods of time without negative impact to the client's welfare and safety, and the client agrees to be left alone, there must be a documented plan to assure the client's welfare and safety.

STEP 2: AFTER QSP APPROVAL

- Once you are approved, the following information will be sent to you by HHS:
 - Your QSP provider number
 - Billing instructions
 - Sample documentation
 - Additional provider responsibilities
 - Contact list of who to call with any questions
- **Authorization to Provide Services and Rate**
 - After the client is determined eligible for FHC and you have been chosen and approved as their FHC QSP, the HCBS Case Manager will provide you an Authorization to Provide Services.
 - **The rate you are authorized to bill for your client will be included on your authorization.**
 - QSPs must have a current authorization for your client before providing services and be eligible for payment by HHS.
 - The authorization describes the tasks you must provide to receive payment. You can only bill for days of service for the dates on the Authorization to Provide Service Form.
 - You must complete the tasks marked on the authorization form; you cannot assign someone else to do them.
- **Billing Information**
 - Remittance Advice (RA)
 - When you bill for services, an RA is generated showing the payments you have received.
 - **You are responsible to keep copies of these documents to be used if income verification is needed for loans, housing enrollment etc.**
 - *If you have not provided services to a public paying client or billed HHS within the last 12 months, your QSP status may be closed.*
 - Recipient Liability / Cost Share
 - Some clients (recipients) are responsible for a portion of their service costs, this is called Recipient Liability (RL) or Cost Share.
 - Your payment from HHS will not include any recipient liability or cost sharing.
 - The client is responsible to pay you directly for any recipient liability or cost sharing, and/or room and board (if the client lives in your home).
- **Taxes**
 - HHS **does not** withhold or pay any social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments you receive as a QSP.
 - Withholding and paying taxes on QSP payments is your responsibility as a self-employed individual.
 - Information on the tax responsibilities of independent contractors is available at www.IRS.gov.

- **Address Changes**
 - You must inform Noridian within 14 days of any address or phone number changes. Contact Noridian Healthcare Solutions at 701-277-6933 or email updates to: QSPEnrollment@noridian.com
- **Conviction History Changes**
 - You are required to notify Noridian immediately if your conviction history changes. Contact Noridian Healthcare Solutions at 701-277-6933 or email updates to: QSPEnrollment@noridian.com
- **Self Employed Contractor**
 - As a QSP, you are not an employee HHS.
 - QSPs are a self-employed, independent contractors that provide an authorized service and are paid for the authorized services that are delivered.
- **Documentation Requirements – Keeping Records**
 - **You must keep records of the services provided. Failure to keep records may subject you to legal and monetary penalties:**
ND Century Code 50-24.8-11.1:
“A person that submits a claim for or receives a payment for a good or service under the state's Medicaid program, at the time the good or service is provided, shall create and retain records as required by rule of the department and chapter 50 - 24.8. A person that submits a claim for or receives payment for a good or service under the state's Medicaid program which willfully fails to create records at the time the service or good is provided, fails to maintain or retain the records for the length of time stated in the most current provider agreement applicable to that provider, fails to provide records when requested to do so by the department or attorney general, or destroys the records in a manner inconsistent with the most current provider agreement applicable to that provider, is guilty of a class A misdemeanor if the value of the payments, benefits, kickbacks, bribes, rebates, remuneration, services, or claims related to the failure to create, retain, or provide records or related to the destruction of records does not exceed ten thousand dollars and a class C felony if the value is greater than ten thousand dollars.”
 - **The records must include:**
 - Your name and provider ID number
 - The client's name and client ID number
 - The date of the service
 - Service location
 - The service code – 00001
 - Tasks performed
 - Start/Stop times
 - If Respite Care was provided
 - Client Hospitalizations or Client out of Home
 - Document one day per sheet
 - Example documentation is included with your information packet you will receive once enrollment is approved.

- Payment can be made only for the days the client is receiving care in his or her own residence.
 - Keep records if there is a break in service, such as a hospital stay.
 - Document when the client left the home and when the client returns home.
 - You cannot bill for the day the client is admitted to the hospital or days the client is hospitalized. You can bill for the day the client returns home.
 - Write down the hours a respite care provider is with the client.
 - Payment may be claimed when care is provided on the day of death if the client is receiving care at home.

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

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

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

Examples (not a complete list):

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

- **Adjustments**

If the Department finds payments were inappropriately made to you, the Department will request a refund or process adjustments to take back these funds.

Some examples include (this list is not all-inclusive):

- Audit findings
- Inappropriate services
- Services not provided
- Provider self-disclosure of inappropriate payments received
- Inappropriate billing, billing over authorization or wrong procedure code
- Inappropriate documentation / records

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

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 HHS within 10 days of receipt of written notice of the denial or termination if you are denied enrollment or terminated as a QSP and/or placed on the State Exclusion list for any of the findings listed above (the list is not all-inclusive).

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

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.

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

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

- **Formal Reviews**

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

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

Send all requests for formal reviews to:

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

- **Fraud, Waste & Abuse (FWA)**

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

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

By enforcing fraud and abuse efforts:

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

What is Fraud?

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

What is Abuse?

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

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

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

REPORT any instance of suspected fraud or abuse.

Report Medicaid Fraud and Other Fraud

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

Examples of Fraud can include:

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

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

How do I report FWA?

- ❖ Phone 1.800.755.2604 or 701.328.4024
- ❖ Email medicaidfraud@nd.gov
- ❖ Fax 701.328.1544
- ❖ Mail
Fraud Waste & Abuse
Administrator
c/o Medical Services
Division
600 E Boulevard Ave Dept
325
Bismarck ND 58505-0250

You can also complete a referral form:

<https://www.nd.gov/eforms/Doc/sfn00020.pdf>

To learn more about fraud and abuse:

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

- **HCBS Settings Rule**

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.

STEP 3: QSP REVALIDATION

- **Revalidation is required a minimum of every five years to maintain enrollment and requires all the same information as an initial enrollment.**
- A revalidation notice and required forms will be sent to you about 4-6 weeks prior to your QSP enrollment expiration date. It is your responsibility to ensure all forms are correct and returned in a timely manner for processing.
- **You must complete all required information correctly and it must be received and processed by Noridian before revalidation will be finalized. If you do not revalidate within the specified timeframe, your payments will be suspended and you may not receive payment for services provided during the gap in your enrollment.**
- Your client must still qualify for Family Home Care to revalidate your enrollment. If you want to provide another HCBS service, please contact Noridian.
- **The following information must be submitted to the correct email or mailing address listed at the beginning of this handbook.**
 - Copy of Government Issued Identification (i.e. driver's license, tribal ID, etc.)
 - SFN 1604 – Request to be a Qualified Service Provider for Family Home Care
<http://www.nd.gov/eforms/Doc/sfn01604.pdf>
 - SFN 615 – Medicaid Program Provider Agreement
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
 - W-9 – Request for Taxpayer Identification Number and Certification
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
 - Fraud, Waste and Abuse (FWA) Training
 - Use this link to access the online training:
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>
 - Scroll down the page to the **RESOURCES** heading
 - Click on **ONLINE TRAINING** – Fraud, Waste and Abuse
 - Once you complete the training, you must enter your name in the required field.
 - A completion certificate with your name must be submitted with your enrollment documents.
 - Direct Deposit
 - If you are not making changes to your existing information, you do not need to send a new copy of voided check documentation from financial institution
 - To make changes to your existing direct deposit information, complete:
SFN 661 – Electronic Funds Transfer (EFT) Form
<http://www.nd.gov/eforms/Doc/sfn00661.pdf>
 - A copy of the most current FHC QSP Handbook is available on our website (available under “Family Home Care Enrollment tab”):
<https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service>

APPENDIX

- **What is a VAPS Report?**

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

- **How to file a VAPS report:**

- **Option 1:**

- Use the online reporting system: <https://fw2.harmonyis.net/NDLiveIntake/>

- **Option 2:**

- Complete a reporting form, SFN 1607 – Report of Vulnerable Adult, Abuse, Neglect, or Exploitation and submit to:
 - The link on the form: www.nd.gov/eforms/Doc/sfn01607.pdf
 - Email the form to: dhsvaps@nd.gov
 - Fax the form to: 701-328-8744

- **What is a Critical Incident Report?**

A critical incident is “any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a program participant.”

QSPs are required by federal law to report all critical incidents involving people they care for. A QSP who is with a client, is involved, witnessed or responded to an event that is a reportable incident, is required to report it.

- Incidents to be reported are:

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

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

- As soon as you are aware of a critical incident:

- **Step 1:**

- Report it to the HCBS Case Manager **and**

- **Step 2:**

- Fill out a Critical Incident Report using the General Event Report (GER) within the Therap case management system.

- **Step 3:**
 - If the QSP does not have access to Therap, the GER offline forms will be used to complete the critical incident report. The completed forms are then sent to the HCBS Case Manager.
 - The offline forms are available here: https://help.therapservices.net/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. The Program Administrator will then enter the GER Event Report and Event Type into Therap.
- If an incident involves abuse, neglect or exploitation, a provider must submit **both**, the incident report **and** report to Vulnerable Adult Protective Services (VAPs).
 - See section above for instructions to submit a VAPS report.
- **Critical Incident Examples:**
 - **Example 1:** If a client falls while the QSP is in the room, but the client didn't sustain injury or require medical attention, a Critical Incident Report is not required.
 - **Example 2:** If a family member informs the Case Manager that a client is in the hospital due to a stroke, a Critical Incident Report is required because the Case Manager or the facility was made aware of the ER visit and/or the hospital admission.
 - **Example 3:** If a QSP comes to a client's home and the client is found on the floor and the QSP calls 911 so the client may receive medical attention, a Critical Incident Report is required because the client required medical attention AND the QSP was notified and aware of the event.
 - **Example 4:** If a QSP is present while the client is participating in illegal activity (e.g. drug use), a critical incident is required as the behavior may jeopardize services.
 - **Example 5:** If the QSP finds bed bugs in the client's bed and notices the client has bug bites resulting in the need to seek medical attention, a critical incident would be required as this is an unsanitary condition resulting in illness or injury.
- **Remediation Plan**

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

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

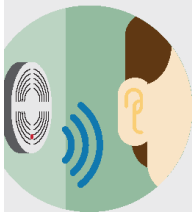
Fire Safety Checklist for Caregivers of Older Adults

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

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

Smoke Alarms

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



Can everyone hear the alarm?

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

Cooking Safety

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

Smoking Safety

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

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

Heating Safety

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

Escape Plan

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



Can everyone get out?

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

Carbon Monoxide Alarms

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

Electrical and Appliance Safety

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

Learn more about fire prevention:
www.usfa.fema.gov

U.S. Fire
Administration



FEMA



The "Invisible" KILLER

Carbon Monoxide (CO) is the "invisible" killer. Carbon monoxide is a colorless and odorless gas. Every year more than 100 people in the United States die from unintentional exposure to carbon monoxide associated with consumer products.

What is carbon monoxide?

Carbon monoxide is produced by burning fuel. Therefore, any fuel-burning appliance in your home is a potential CO source.

When cooking or heating appliances are kept in good working order, they produce little CO. Improperly operating appliances can produce fatal CO concentrations in your home.

Running a car or generator in an attached garage can cause fatal CO poisoning in the home. So can running a generator or burning charcoal in the basement, crawlspace, or living area of the home.



To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270. Consumers can obtain recall information at CPSC's web site at <http://www.cpsc.gov>. Consumers can report product hazards to info@cpsc.gov.

**U.S. Consumer Product Safety Commission
Washington, DC 20207**

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

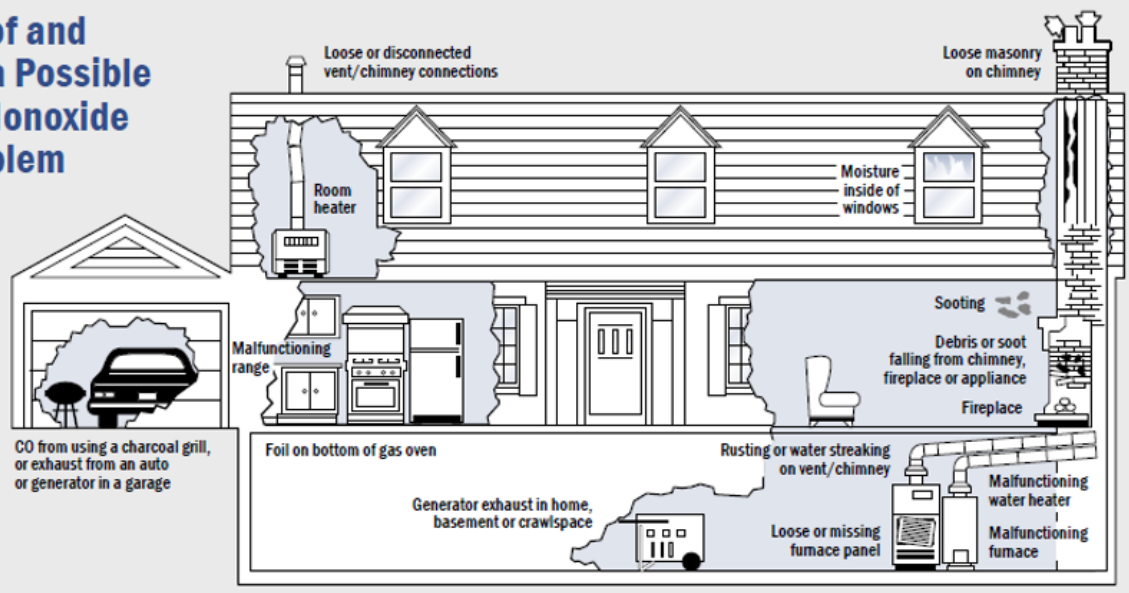
The initial symptoms of CO poisoning are similar to the flu (but without the fever) They include:

- 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.

Sources of and Clues to a Possible Carbon Monoxide (CO) Problem



Carbon monoxide clues you can see...

- Rusting or water streaking on vent/chimney
- Loose or missing furnace panel
- Sooting
- Debris or soot falling from chimney, fireplace, or appliances
- Loose or disconnected vent/chimney, fireplace or appliance
- Loose masonry on chimney
- Moisture inside of windows

Carbon monoxide clues you cannot see...

- Internal appliance damage or malfunctioning components
- Improper burner adjustments
- Hidden blockage or damage in chimneys

Only a trained service technician can detect hidden problems and correct these conditions!

- CO poisoning symptoms have been experienced when you are home, but they lessen or disappear when you are away from home.

Warnings...

- Never leave a car running in a garage even with the garage door open.
- Never run a generator in the home, garage, or crawlspace. Opening doors and windows or using fans will NOT prevent CO build-up in the home. When running a generator outdoors, keep it away from open windows and doors.
- Never burn charcoal in homes, tents, vehicles, or garages.
- Never install or service combustion appliances without proper knowledge, skills, and tools.
- Never use a gas range, oven, or dryer for heating.
- Never put foil on bottom of a gas oven because it interferes with combustion.
- Never operate an unvented gas-burning appliance in a closed room or in a room in which you are sleeping.

Guidelines for Universal Precautions

- **Handwashing:**

- Before, during and after preparing food.
- Before eating food.
- Before and after caring for someone who is sick with vomiting or diarrhea.
- Before and after treating a cut or a wound.
- After using the toilet.
- After changing incontinent care products.
- After blowing your nose, coughing, or sneezing.
- After touching an animal, animal feed or animal waste.
- After handling pet food or pet treats.
- After touching garbage.
- After you have been in a public place and touched an item or surface that is touched by other people.
- Before touching your eyes, nose, or mouth.
- When hands are visibly soiled.
- Immediately after removal of any personal protective equipment. (Example: gloves, gown, masks)
- Before and after providing any direct personal cares.
- Follow these steps when wash your hands every time:**
www.ndhealth.gov/disease/Documents/faqs/handwashposter.pdf
- If soap and water are not available:**
 - Use and alcohol-based hand sanitizer that contains at least 60% alcohol.
- Follow these steps when using hand sanitizer:**
 - Apply the gel product to the palm of one hand in the correct amount.
 - Rub your hands together.
 - Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.
 - Once you are back on-site ALWAYS wash your hands for 20 seconds with soap and water.

- **Personal Protective Equipment (PPE) use:**

- Gloves
 - **Wear when touching blood, body fluids, secretions, excretions, and soiled items like linens, incontinence products, etc.**
 - Perform hand hygiene prior to putting on gloves
 - Remove jewelry; cover abrasions then wash and dry hands
 - Ensure gloves are intact without tears or imperfections
 - Fit gloves, adjusting at the cuffs
 - Remove by gripping at cuffs
 - Immediately dispose of gloves in waste basket
 - Wash hands after removing gloves
 - Replace gloves after sneezing, coughing, touching or the hair or face, or when contaminated
 - DO NOT reuse gloves, they should be changed after contact with each individual
- Gowns
 - **Wear during cares likely to produce splashes of blood or other body fluids.**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
 - Tie all the ties on the gown behind the neck and waist.

- Untie or unsnap all ties or buttons. Some ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement.
 - Reach up to the shoulders and carefully pull gown down and away from your body. You may also roll the gown down your body.
 - Dispose the gown in waste basket.
 - Perform hand hygiene after removing gowns.
- Masks
- Follow community guidance for source control based on community transmission of Covid-19.
 - Clean hands with soap and water or hand sanitizer before touching the mask.
 - Secure ties or elastic bands at middle of head and neck.
 - Fit flexible band to nose bridge.
 - Fit snug to face and below chin.
 - With clean hands, untie or break ties at back of head.
 - Remove mask by only handling at the ties, then discard in waste basket.
 - Wash hands.
 - Homemade masks can be used as a last resort; these should be washed/disinfected daily.
 - DO NOT reuse face masks.
- Full PPE
- Includes gloves, gown, mask and goggles or face shield.
 - Recommended if there is a suspected or confirmed positive COVID-19 case.
- Goggles/Face Shields
- Used to protect the eyes, nose and mouth during patient care activities likely to generate splashes or sprays of body fluids, blood, or excretions.
- Additional Resource:
- <https://www.hhs.nd.gov/health/coronavirus>
- **Sharps:**
- Prevent injuries from used equipment like needles and other sharp instruments or devices during cares provided.
- Do not recap needles or remove needles from syringe.
 - After use, place disposable syringes and needles and other sharp items in a puncture-resistant container for disposal.
 - Clean any equipment used for the individual before and after each use.