



QUALITY IMPROVEMENT PROGRAM STANDARDS

For QSP Agencies
Aging Services

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OBJECTIVES

- Background
- Standard 1: The QSP implements policies and procedures that identify, address, and mitigate harm
- Standard 2: QSP staff know how to prevent, identify, mitigate, and report allegations of abuse, neglect, mistreatment, and exploitation
- Standard 3: People receiving services from a QSP know how to recognize and report allegations of abuse, neglect, mistreatment, and exploitation (ANME)
- Standard 4: The QSP maintains a system to promote open communication with case management entities
- Standard 5: The QSP maintains documentation of services provided

BACKGROUND

Requirements

N.D.A.C. 75-03-23-07.1-13

- 13. Agency providers who employ nonfamily members must have a department-approved quality improvement program that includes a process to identify, address, and mitigate harm to the clients they serve.

Department of Justice Settlement Agreement

- XVI. Quality Assurance and Risk Management
 - The State will ensure that all licensed agencies or entities employing non-family community providers have a quality improvement program that identifies, addresses, and mitigates harm to Target Population members they serve.

BACKGROUND

Timeline

Initial QSP Focus Group on **January 7th, 2022**

- Gathered input from 42 participants on the most effective way to implement this requirement

Second focus group **February 11th, 2022**

- Shared draft of the standards with QSP feedback

Final recommendation of
standards received from
CQL by the state on
2/23/2022

Final draft of standards
established and for
review **today**

STANDARD 1:

The QSP Implements Policies and Procedures That Identify, Address, and Mitigate Harm

Evidenced by Policy and Procedures (Appendix: QSP handbook)

- Reporting Critical Incidents to the Department
- The QSP analyzes data on abuse, neglect, mistreatment, and exploitation for the presence of patterns or trends. The policy defines how the QSP responds to issues identified through this analysis in timely manner.
- Smoking- to include e-cigarettes and vaping
- Consuming alcoholic beverages and/or illegal drugs
- Soliciting or accepting gifts and money from an individual
- Conducting personal business in the individual's home
- Consuming the individual's food
- Using the individual's property
- Handling of individual's money

STANDARD 1:

The QSP Implements Policies and Procedures That Identify, Address, and Mitigate Harm

Evidenced by Policy and Procedures

- Supervision of employee including:
 - Who (classification or job title) supervises direct care employees;
 - How the supervision takes place (e.g., in the individual's home, at office, by phone);
 - Frequency of supervision.
- Timeliness of service delivery upon receipt of referral;
 - Include routine and emergency referrals.

STANDARD 1:

The QSP Implements Policies and Procedures That Identify, Address, and Mitigate Harm

Evidenced by Policy and Procedures

- Plan to meet the requirements for seven day per week service coverage for Personal Care Services, Respite Care Services, Residential Habilitation and Community Supports (if applicable)
- Procedure for coverage for individuals during employee absence (vacation/sick leave)
- Confidentiality of individual's information
- How complaints are handled for individuals being supported

STANDARD 2:

QSP Staff Know How To Prevent, Identify, Mitigate, and Report Allegations of Abuse, Neglect, Mistreatment, and Exploitation

Onboarding and **Annual** training- submit verification to the Department **upon request**:

- Employee education on Fraud, Waste, Abuse detection and reporting
 - ✓ Agency representative who has completed training must provide a copy of the certificate of completion at initial enrollment and renewal.
- Staff training in strategies to prevent, identify, and mitigate harm, and on the process of reporting
 - ✓ Reporting processes are clearly outlined and include to who to report, what information needs to be reported, and what staff are responsible for doing.
 - ✓ Staff training on identifying and reporting critical incidents.
- Staff demonstrate competency in prevention, identification, and mitigation or harm as well as in procedures to report harm
- The organization maintains internal documentation (available for state review/audit) of staff training
- Staff training is frequent enough to keep people safe from harm (annual)
- Staff training on required policies and procedures (listed in Standard 1)

STANDARD 3:

People Receiving Services From a QSP Know How to Recognize and Report Allegations of Abuse, Neglect, Mistreatment, and Exploitation (ANME)

- People receiving services, and families where applicable, are provided information on recognizing and reporting possible incidents of harm (abuse, neglect, mistreatment, and exploitation).
 - ✓ Provide example of information given.
- People receiving services, and families where applicable, are given information on their rights and responsibilities as a service recipient. This includes the right to be free from harm as well as the right to privacy, dignity and respect, freedom from coercion, freedom from restraint, and freedom to choose their qualified service provider (QSP).
 - ✓ Provide example of bill of rights
- People receiving services, and families where applicable, are given information on how to share feedback/grievances. The information is presented in an easy-to-understand manner.
 - ✓ Provide copy of grievances/filing complaint policy and information shared.

STANDARD 3:

People Receiving Services From a QSP Know How to Recognize and Report Allegations of Abuse, Neglect, Mistreatment, and Exploitation (ANME)

- The QSP provides a mechanism for service recipients, and their families when applicable, to provide anonymous feedback.
 - ✓ Indicate if you have a process for collecting feedback i.e., through survey or satisfaction survey
- The QSP shares results of investigations and its responses with people entitled to the information, including the alleged victim based on confidentiality rules.
- Alleged victims of harm (abuse, neglect, mistreatment, and/or exploitation) receive supports to mitigate the effects of ANME.
- The alleged victim is protected from harm when an allegation is made, and while an investigation is occurring.
 - ✓ Indicate process to investigate and substantiate incidents.

STANDARD 4:

The QSP Maintains a System to Promote Open Communication with Case Management Entities

- QSP staff document any noted changes in health condition or support needs of service recipient.
 - ✓ Provide evidence of how this is documented.
- Changes in health condition or support needs are communicated timely with case management.
 - ✓ Evidence of this in policy/procedure- critical incident reporting.
- The QSP has a system in place to ensure necessary support needs changes are responded to in a timely manner.
- The QSP is provided with sufficient information from the case management entity prior to engaging in services to ensure they can support the person and keep them, and their employees, safe from harm.
 - ✓ Provide evidence of intake process (e.g. do they meet with the individual first, collect information from the health care provider, etc).

STANDARD 5:

The QSP Maintains Documentation of Services Provided

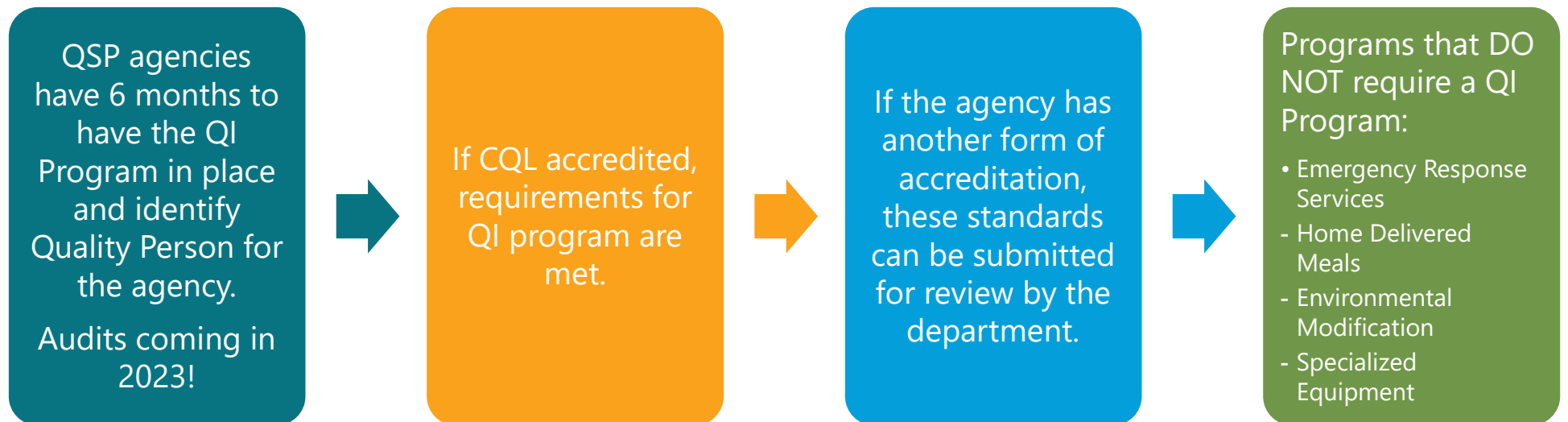
- An example of your documentation must be provided and include (p. 45-46)
 - Individual's name and ID number;
 - Agency name and ID number;
 - Individual employee providing the services;
 - Date format to include MM/DD/YYYY;
 - Location of services;
 - Service providing including start and stop times.
- Provide plan of training staff to accurately document time and tasks for services provided and how to read an Authorization to Provide Services.
- Include documentation guidelines, how your procedures assure accuracy of billing, an example of your documentation, and internal documentation review/audit of employee service records.

DEFINITIONS

NDCC 50-25-2

- **Abuse** means any willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation to or of a vulnerable adult.
- **Financial Exploitation** means use or receipt of services provided by the vulnerable adult without just compensation, the taking, acceptance, misappropriation, or misuse of property or resources of a vulnerable adult by means of undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful or improper means
- **Mental Anguish** means psychological or emotional damage that requires medical treatment or care or is characterized by behavioral change or physical symptoms.
- **Neglect** means the failure of a caregiver to provide essential services necessary to maintain the physical and mental health of a vulnerable adult, or the inability or lack of desire of the vulnerable adult to provide essential services necessary to maintain and safeguard the vulnerable adult's own physical and mental health.
- **Physical Injury** means damage to bodily tissue caused by nontherapeutic conduct, which includes fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness, or impairment of physical function.
- **Sexual Abuse or Exploitation** includes those sex offenses defined in sections 12.1-20-02, 12.1-20-03, 12.1-20-04, 12.1-20-05, 12.1-20-06, 12.1-20-07, and 12.1-20-11.

REQUIREMENTS



RESOURCES

- Aging Services Provider link:
www.nd.gov/dhs/services/adultsaging/providers.html
 - Link to QSP Handbook on this website
 - Link to Critical Incident Reporting online module
- QSP Resource Hub: www.ndqsphub.org
- VAPs online resources:
www.nd.gov/dhs/services/adultsaging/reporting.html
 - Online training link on how to report

QUESTIONS?



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