

April 2022

**QUALIFIED SERVICE PROVIDER
Family Home Care
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

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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INTRODUCTION

Family Home Care (FHC)

The purpose of Family Home Care (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.

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, or adult nephew.

The QSP and client must live together to be eligible.

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.

The Home and Community-Based Services (HCBS) case manager meets with the potential FHC client to complete an assessment to determine if a client qualifies and what tasks need to be authorized.

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.

This Handbook includes the standards a Qualified Service Provider (QSP) must meet to provide Family Home Care (FHC).

A separate packet includes the forms needed to enroll or renew as a FHC QSP.

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

BACKGROUND INFORMATION

The North Dakota Department of Human Services (Department) funds and administers Home and Community-Based Services (HCBS) for individuals who are aged and disabled. Family Home Care is one of these services. Other services include Adult Day Care, Adult Foster Care, Chore Service, Homemaker Service, Non-Medical Transportation, Personal Care Service, Respite Care, Residential, Transitional, and Supported Employment, Environmental Modification, and Specialized Equipment.

- If interested in enrolling as an Individual QSP for another service, please visit this website to find the most up to date Individual QSP Handbook and Form Packets:
 - Website: <http://www.nd.gov/dhs/services/adultsaging/providers.html>
- Or, contact the QSP Enrollment Specialist for extra forms or handbooks.
 - E-mail: DSHCBS@ND.GOV
 - Phone: 701-328-4602 or 1-800-755-2604 (Option 1, then Option 4)

Definitions:

- Authorization to Provide Service: A state form sent 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 (brief descriptions are printed on back of the form).
- 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: **S**tate **F**orm **N**umber, 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 the Department can finalize enrollment or renewal. Individual QSP renewals require all the same information as an initial enrollment.

- Copy of Government Issued Identification (i.e. driver's license, tribal ID, etc.)
- SFN 1603 – Individual Request to be a Qualified Service Provider for Family Home Care
- SFN 433 – Child Abuse and Neglect Background Inquiry
- SFN 615 – Medicaid Program Provider Agreement
- W-9 – Request for Taxpayer Identification Number and Certification
- Copy of Voided Check or Documentation from Financial Institution to Enroll in Direct Deposit
- Fraud, Waste and Abuse (FWA) Training
 - Use the following link to access the online training on our website:
 - <http://www.nd.gov/dhs/services/adultsaging/providers.html>
 - Scroll down the page to the RESOURCES heading
 - Click on ONLINE TRAINING – Fraud, Waste and Abuse
 - Once you've completed the training, enter your name in the required field.
 - A certificate of completion will be generated; this certificate should be included in your enrollment documents.

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 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.

STANDARDS FOR FAMILY HOME CARE PROVIDERS		
Service	Standard	Required Documentation or Competency Level
1. FHC	Have basic ability to read, write and verbally communicate	Assurance checked indicating educational level or demonstrated ability.
2. FHC	<p>Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider</p> <p>Have not been abusive or neglectful to someone</p> <p>Have not stolen from someone</p>	<p>Statement attesting to his/her status regarding conviction of a misdemeanor, felony, or probation.</p> <p>Statement attesting to his/her status regarding having been physically, verbally, mentally, or sexual abusive, or neglectful of someone.</p> <p>Statement attesting to his/her status regarding having stolen from someone.</p>
3. FHC	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.
4. FHC	<p>Not have an infectious or contagious disease</p> <p>Be physically capable of performing the service</p>	<p>Statement about having or not having an infectious or contagious disease.</p> <p>Statement that provider has the physical ability to perform the authorized tasks/service</p>

Service	Standard	Required Documentation or Competency Level
5. FHC	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.
6. FHC	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.
7. FHC	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.

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.

Terminations & Denials

The department may deny an application to become a QSP or terminate a current QSP's status. For more information, please refer to ND Admin Code 75-03-23-07 and 75-03-23-08

An applicant or provider may appeal 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 according to ND Admin Code 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 qualified service provider status.

Should you choose to request a hearing, your written appeal request must be received by the North Dakota Department of Human Services/Appeals Supervisor within ten days of your receipt of this denial notice. You may appeal the decision by sending a written request to:

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

STEP 2: AFTER QSP APPROVAL

- As a Qualified Service Provider (QSP), you are **not** an employee of the North Dakota Department of Human Services.
- **You are a self-employed, independent contractor.** QSP's provide service and are paid for the authorized services that are delivered.
- 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 received 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 can be found at www.IRS.gov.
- **You are responsible to keep your Remittance Advice (RA) (the papers showing the payments you have received) and provide copies if income verification as needed for loans, housing enrollment etc.**
- A packet of information is sent to you by the North Dakota Department of Human Services Division. Included in the packet is:
 - Your QSP provider number
 - Rules about keeping service records
 - Billing instructions
 - Phone List of who to call with any questions
- After the client is determined eligible for FHC and you have been chosen and approved as their FHC QSP, the HCBS case manager will give you an Authorization to Provide Service Form. This form 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.
- You **must** have a current **Authorization to Provide Services** in your possession for each client before providing services and to be eligible for payment by the North Dakota Department of Human Services.

Notice of Changes:

- You must inform HCBS Medical Services within 14 days of any address or phone number changes by contacting Noridian Healthcare Solutions at 701-277-6933
- Changes can also be emailed to: QSPEnrollment@noridian.com

- You are required to notify the department if your conviction history changes.
- If you have been found guilty of or pled no contest to an offense identified in ND Admin Code 75-03-23-07, your application may be taken to a department team meeting to determine if you are sufficiently rehabilitated.
- 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.

Recordkeeping

- You must keep records of the services provided. The records must include:
 - your name and provider ID number
 - the client's name and client ID number
 - the date of the service
 - the service code – 00001
 - tasks performed
 - document one day per sheet
- Example documentation is included with your information packet from the Department after initial 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.
- Your payment from the Department will not include any client liability or cost sharing (some clients are responsible for a portion of their service costs). This is referred to as Recipient Liability (RL).
 - The client is responsible to pay you directly for any client liability/cost sharing, and/or room and board (if the client lives in your home).
- **If you do not keep appropriate records, do not send service records upon request, do not provide the service, bill over the authorized amount, use the wrong billing codes, or make other billing errors, the Department will request a refund or process adjustments to correct these 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
- ❖ 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

To learn more about fraud and abuse visit the Department's website at:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/fraud-abuse.html>

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

To report other program fraud, call the Fraud Hotline at 1-800-472-2622 or email 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 prohibit.

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

- 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).

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

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.

STEP 3: QSP RENEWAL

Renewal is required at a minimum of every two years to maintain enrollment.

Your client must still qualify for Family Home Care to renew. If you want to provide another HCBS service, please check with the QSP Enrollment Specialist to determine if you can and what forms are needed.

A renewal notice and required forms are sent about 4-6 weeks prior to your QSP enrollment expiration date. It is the QSPs responsibility to ensure all forms are correct and returned in a timely manner for processing.

To renew your QSP enrollment, you must complete and return all of the **following newly completed forms and documentation to the correct address/fax/email listed on Page 2 of this handbook.**

- Copy of Government Issued Identification (i.e. driver's license, tribal ID, etc.)
- SFN 1603 – Individual Request to be a Qualified Service Provider for Family Home Care
- SFN 433 – Child Abuse and Neglect Background Inquiry
- SFN 615 – Medicaid Program Provider Agreement
- W-9 – Request for Taxpayer Identification Number and Certification
- Copy of Voided Check or Documentation from Financial Institution to Enroll in Direct Deposit
- Fraud, Waste and Abuse (FWA) Training
 - Use the following link to access the online training on our website:
 - <http://www.nd.gov/dhs/services/adultsaging/providers.html>
 - Scroll down the page to the RESOURCES heading
 - Click on ONLINE TRAINING – Fraud, Waste and Abuse
 - Once you've completed the training, enter your name in the required field.
 - A certificate of completion will be generated; this certificate should be included in your enrollment documents.

LINKS TO FORMS

- **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** - Taxpayer Identification Number and Certification
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- **SFN 433** - Child Abuse and Neglect Background Inquiry
<http://www.nd.gov/eforms/Doc/sfn00433.pdf>

The following optional form is available at the link provided:

- **SFN 661** – Electronic Funds Transfer (EFT) Form
<http://www.nd.gov/eforms/Doc/sfn00661.pdf>

Family Home Care Qualified Service Provider (QSP) Handbook:

<http://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-family-home-care.pdf>

This link will always have the most current handbook.

The Following Forms Must Also Be Reviewed:

1. Working Together for Home Fire Safety
2. Exposing an Invisible Killer, Dangers of Carbon Monoxide
3. Guidelines for Universal Precautions
4. Why We Wear Masks

Fire Safety Checklist for Caregivers of Older Adults

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

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

Smoke Alarms

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



Can everyone hear the alarm?

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

Cooking Safety

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

Smoking Safety

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

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

Heating Safety

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

Escape Plan

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



Can everyone get out?

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

Carbon Monoxide Alarms

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

Electrical and Appliance Safety

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

Learn more about fire prevention: www.usfa.fema.gov U.S. Fire Administration



FEMA



The "Invisible" KILLER

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

What is carbon monoxide?

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

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

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

What should you do?

Proper installation, operation, and maintenance of fuel-burning appliances in the home is the most important factor in reducing the risk of CO poisoning.

Make sure appliances are installed according to the manufacturer's instructions and the local codes. Most appliances should be installed by professionals.

Always follow the appliance manufacturer's directions for safe operation.

Have the heating system (including chimneys and vents) inspected and serviced annually by a trained service technician.

Examine vents and chimneys regularly for improper connections, visible cracks, rust or stains.

Look for problems that could indicate improper appliance operations:

- Decreased hot water supply
- Furnace unable to heat house or runs continuously
- Sooting, especially on appliances and vents
- Unfamiliar, or burning odor
- Increased moisture inside of windows

Operate portable generators outdoors and away from open doors, windows, and vents that could allow CO to come indoors.

In addition, install battery-operated CO alarms or plug-in CO alarms with battery back-up in your home. Every home should have a CO alarm in the hallway near the bedrooms in each separate sleeping area. The CO alarms should be certified to the requirements of the most recent UL, IAS, or CSA standard for CO alarms. Test your CO alarms frequently and replace dead batteries. A CO alarm can provide added protection, but is no substitute for proper installation, use and upkeep of appliances that are potential CO sources.

Symptoms of CO poisoning

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

- Headache
- Fatigue
- Shortness of breath
- Nausea
- Dizziness

If you suspect that you are experiencing CO poisoning, get fresh air immediately. Leave the home and call for assistance from a neighbor's home. You could lose consciousness and die from CO poisoning if you stay in the home.

Get medical attention immediately and inform medical staff that CO poisoning is suspected. Call the Fire Department to determine when it is safe to reenter the home.

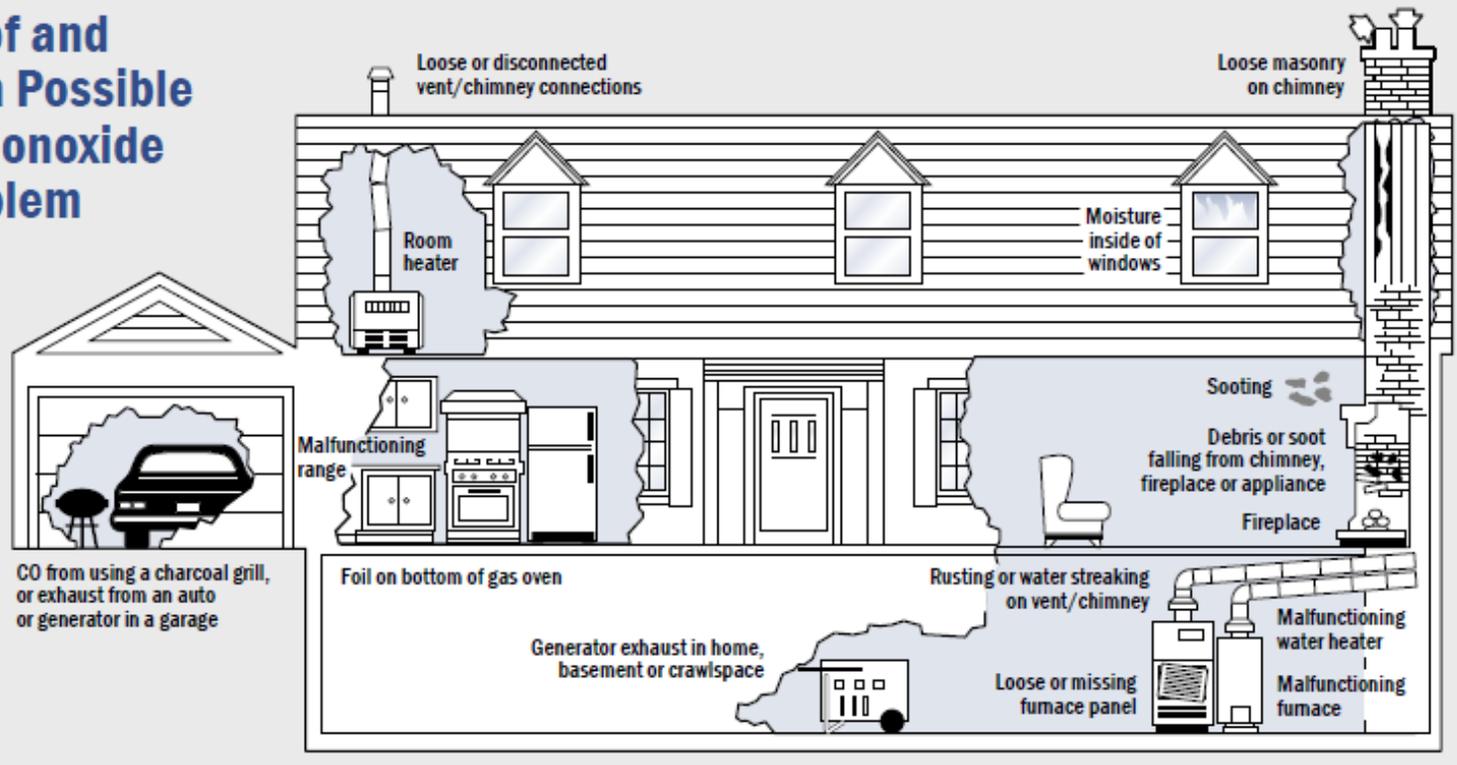


To report a dangerous product or a product related injury, call CPSC's hotline at (800) 638-2772 or CPSC teletypewriter at (800) 638-8270.

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

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

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



Carbon monoxide clues you can see...

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

Carbon monoxide clues you cannot see...

- Internal appliance damage or malfunctioning components

- Improper burner adjustments
- Hidden blockage or damage in chimneys

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

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

Warnings...

- Never leave a car running in a garage even with the garage door open.
- Never run a generator in the home, garage, or crawlspace. Opening doors and windows or

using fans will NOT prevent CO build-up in the home. When running a generator outdoors, keep it away from open windows and doors.

- Never burn charcoal in homes, tents, vehicles, or garages.
- Never install or service combustion appliances without proper knowledge, skills, and tools.
- Never use a gas range, oven, or dryer for heating.
- Never put foil on bottom of a gas oven because it interferes with combustion.
- Never operate an unvented gas-burning appliance in a closed room or in a room in which you are sleeping.

Guidelines for Universal Precautions

Handwashing:

- Before, during and after preparing food
- Before eating food
- Before and after caring for someone who is sick with vomiting or diarrhea
- Before and after treating a cut or a wound
- After using the toilet
- After changing incontinent care products
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed or animal waste
- After handling pet food or pet treats
- After touching garbage
- After you have been in a public place and touched an item or surface that is touched by other people
- Before touching your eyes, nose, or mouth
- When hands are visibly soiled
- Immediately after removal of any personal protective equipment (example: gloves, gown, masks)
- Before and after providing any direct personal cares

Follow these steps when wash your hands every time:

www.ndhealth.gov/disease/Documents/faqs/handwashposter.pdf

If soap and water are not available:

- Use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Follow these steps when using hand sanitizer:

- Apply the gel product to the palm of one hand in the correct amount.
- Rub your hands together.
- Rub the gel all over the surfaces of your hands and fingers until your hands are dry, which should take around 20 seconds.
- Once you are back on-site ALWAYS wash your hands for 20 seconds with soap and water.

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

Donning of PPE: <https://www.youtube.com/watch?v=H4jQUBAIBrl>

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.

WHY WE WEAR MASKS

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.



BY WORKING TOGETHER, WE CAN ALL STAY SAFE!

WWW.HEALTH.ND.GOV/MASKUPND
