

# Quality Assurance Response System (QARS): Monitoring and Training (M&T) Procedure Manual

Developmental Disabilities (DD) Section  
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The Quality Assurance Response System (QARS) is mandatory for all licensed Providers. Providers must comply with state law, regulations and policies for reporting serious events and investigating suspected reports of abuse, neglect and exploitation.

Monitoring and Training (M&T) is completed by the DD Section. The goal is to provide training on and monitor the Provider's compliance with PI 18-04 Incident Reporting: Abuse, Neglect, Exploitation & Quality Assurance Response System

## QARS: Provider Participants

When M&T is scheduled, the Provider QA staff will be consulted on dates. Provider QA staff is responsible for ensuring that any staff who complete the review of incident reports and investigations are included in the M&T to ensure the overall Quality Assurance. This may include, but is not limited to the CEO, QA staff, QDDPs, PC, RCs, supervisor staff, nursing staff, etc.

If the Provider serves people in multiple regions, The Provider will need to ensure staff from all regions are in attendance. Additionally, the in-person M&T for Providers serving multiple regions may be scheduled in varying regions. In person attendance is preferred but not required. The Provider will work with DD Section staff to ensure there are conferencing options available upon request.

## QARS: Schedule of Monitoring and Training

For new Providers the DD Section will complete a shortened version of the M&T after accepting and beginning services with one or more individuals. This will occur 6-12 months after the services have begun to ensure there is data present for the review. The purpose of this M&T is to ensure the new Provider understands and is implementing the components of PI 18-04. Based on the findings from this M&T communication will be given when the next M&T occurs. An additional M&T will occur around the time of the new provider's annual licensure or sooner

if needed unless plans have already been arranged to complete the initial M&T or follow-up M&T.

For all Providers, the DD Section will complete Monitoring and Training every three years (not to be exceeded). There may be times that the M&T may occur sooner.

During each M&T, the future visit/review will be determined based on the Provider understanding and exhibiting the comprehension of PI 18-04. The timelines for M&T are also based on compliance and findings.

Furthermore, the following indicators may result in a need for an off-cycle M&T (list is not all-inclusive):

1. Title XIX or HCBS survey where immediate jeopardy is cited, or significant concerns are identified.
2. Patterns of investigations or reports where the Provider fails to implement corrective action steps.
3. Demonstrated pattern of not implementing DD policies.
4. Significant staffing changes that would impact the Providers implementation of the QARS processes.
5. Failure to record and report incidents
6. Concerns or complaints received by the Department or other entities (Title XIX, P&A, ICPS/CPS, etc.).
7. Repeated issues are identified because of any system monitoring for the Provider; or
8. Results from any identified trending or tracking data.

## QARS: Three Components

There are three components of the Monitoring and Training (M&T)

- **QARS M&T Component One: Off Site Desk Audit**

The DD Section will monitor the GERs in the quarter(s) preceding the date of audit. If the sample size for that quarter is too small, the review may add additional months to review an adequate sample.

The off-site desk audit will review the following GERs:

- 10% of Medium/Low GERs (minimum of 25)
- 10% of Medication Error GERs (minimum of 10)
- 30 (minimum) High Level GERs

\*Combined total of GERS reviewed will not exceed 125 GERS

In situations where a Provider does not have enough documented GERs to meet the minimum criteria for the off-site desk audit, t-logs or other documentation will be reviewed to ensure appropriate recording and reporting of incidents as directed in PI 18-04.

The off-site desk audit will pull these GERs randomly from the identified quarter. If the minimum number of GERs are not present in the identified quarter, the GER review can go up to a year prior to the date of the on-site visit.

The focus of the M&T is on the low and medium GERs to ensure that the Provider is completing all components of PI 18-04. By focusing on the low and medium GERs, the desk audit can determine if the Provider is recording and reporting incidents as directed in PI 18-04.

The review of high GERs is to focus on the completion of timelines and follow-up as outlined in PI 18-04.

Information from the past M&T will also be used to determine progress, deficiencies and/or maintenance of each area.

Once the GER random sample is determined, DD Section staff will review the documentation for each GER. Each section of the GER will be given a rating on its content and comments will be provided on the data sheet to review during the on-site. The following components of the GER will be reviewed, scored and discussed:

1. Timelines for reporting incident and entering/approving GERs per PI 18-04
2. Risk Management (immediate and future) are identified and documented as completed
  - a. Recommendations are documented as being completed
3. The Provider has documented in the GER all incidents were screened for Serious Event Criteria and/or RDGs.
4. Appropriate and necessary notifications are present for all incidents
  - a. Medical/medication errors must have medical professional notification identifying harm/risk of harm
  - b. Guardian notified (if applicable)
  - c. DDPM notified (if applicable)
5. Each component of the GER has comprehensive information which ensures the incident was screened appropriately:
  - a. When applicable, was documentation present up to 24 hours prior to the incident occurring
  - b. Was there a need and was documentation present for additional information/clarification based on the content of the GER
  - c. Follow-up on each incident is documented and completed
  - d. Timelines are met for completion of AA, CA, IAs (as assigned)
6. GERs were leveled correctly

The documentation will be rated on these factors which will be summarized for the Provider and reviewed during the onsite M&T. A copy of this report will be distributed to the Provider after the M&T.

- **QARS M&T Component Two: Training**

Information from PI 18-04 will be reviewed during the on-site M&T. Depending on what was found in the off-site or on-site review, certain pieces of PI 18-04 may be highlighted more than others. The training will also focus on any areas of non-compliance that is found in either review/monitoring.

### **QARS: Investigator Competencies and Training Requirements**

The Provider will need to ensure that the staff responsible for completing Agency Action (AA), Corrective Actions (CA) and Investigative Actions (IA) has received training in the areas of: Abuse, Neglect & Exploitation, Mandatory reporting, Conducting investigations, Risk management, Response planning and the Implementation of Serious Event Criteria and RDGs.

If no staff with the Provider has completed this training or there has been a change in staffing, the Provider will need to identify who will conduct the investigations in the interim while they arrange for the staff to complete the required training. This must be completed as soon as possible but not to exceed one year. P&A can also provide technical assistance until someone can get through the Investigations Training.

Re-training/Recertification for those conducting investigations should occur at minimum every three years. Compliance in this area will be reviewed during the M&T. There may be times when DD Section staff, P&A staff or DDPM/DDPA staff may determine and communicate with a Provider that they could benefit from further Investigations training. Information on these trainings can be found through DD Section staff and/or P&A staff.

- **QARS M&T Component Three: On-site Review**

Prior to the M&T occurring, the Provider will be given a list of People Supported. This list will be generated randomly by DD Section Staff. If the Provider is new and/or does not have many people supported all individuals supported documentation may be reviewed. The Provider is expected to bring any paper documentation for the names that were selected for the random sample. This information will be used to apply the information that has been reviewed and ensure compliance with reporting and recording incidents. Additionally, the Provider should bring or have access to the following:

- Provider policies and procedures for incident reporting
- Tools the Provider uses to track and trend incidents
- Laptops or access to information/data that is documented on-line

The Provider should ensure that key staff are in attendance for the M&T to assure that anyone who reviews, screens and inputs incident reports understands and complies with the processes outlined in PI 18-04. DD Section staff will also attempt to coordinate the M&T schedule with regional DDPM/DDPA. All these entities will work together to review the sampled individuals during the on-site review.

The on-site review will go through the Person supported's file, this includes but is not limited to: GERs, Program Data, T-logs, nursing notes, Daily logs, staff communication logs, and any other documentation that is taken or has been developed. If there are Provider specific items that are not recorded in Therap, the monitoring may include the information from these other sources.

During the on-site review process, the reviewing teams may review all level GERs. There may be times when there is a question of if a plan was implemented correctly. Depending on the outcome of the additional information reviewed and discussed, there may be times where recommendations come from the on-site desk review. The reviewing teams may also look at GERs where AA, CA and IAs were determined to have occurred and ensure that recommendations were completed and implemented.

After the teams have completed their review, they will report back to the collective group to determine if findings were consistent with what was found in the off-site review or if additional findings were noted.

There may be times that either during one of the M&T components that a GER needs to be re-leveled or documentation indicates that a GER should have been generated. Those discussions and remediation determinations will be discussed if that occurs.

## QARS M&T: Report of Findings

After Monitoring and Training occurs, DD Section Staff will issue a Report of Findings to the Provider within 15 business days of the Monitoring and Training occurring. The Report of Findings would indicate if the Provider must respond with a Plan of Correction (POC). This Plan of Correction will ensure the Provider addresses any opportunities or follow-up that were discussed during the M&T and outlined in the Report of Findings. The Provider will have 20 working days to submit their POC.

If a POC is identified by DD Section staff as being unacceptable, notification will be sent to the Provider to update and resubmit the POC to the DD Section within 5 business days. DD Section Staff may assist with recommendations as necessary. At any time, a Provider may request, and DD may grant, one 15 business day extension to submit their POC to DD for good cause.

It is expected that the DD Provider will implement action steps that are identified in their POC to make any necessary improvements or come into compliance with requirements.

Should concerns arise at any point in time, the Provider will receive notification that a more in-depth monitoring of a Provider's compliance will be completed. Depending on the outcome of the review, the Provider may receive additional training and further reviews to bring the Provider into compliance.

If a Provider is found to not be in compliance after attempts to bring them into compliance are made, The DD Section may initiate steps within NDAC 75-04-01-03.1.(3) which allows the Department to issue a restricted license upon noncompliance and NDAC 75-04-01-40(6) which allows the Department the right to withhold a payment for services or suspend or terminate Medicaid enrollment if the DD licensee has failed to abide by terms of Medicaid contract, federal and state laws, regulations and policies regarding documentation or data reporting.

### QARS M&T: Expansion of services or establishment of services in a new region

If services are being expanded by the DD Provider, the Provider must notify the DD Section and P&A so that additional training is conducted to review the new services and/or locations.

If the DD Provider currently provides services state-wide or in multiple locations, then all pertinent personnel will be required to participate in the Monitoring and Training process.