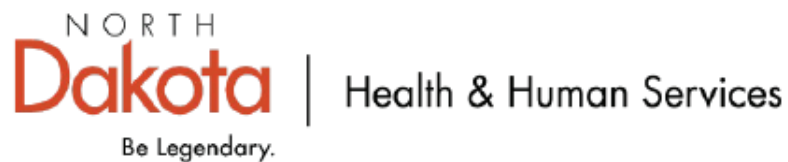


January 2025

QUALIFIED SERVICE PROVIDER (QSP)

Family Home Care Handbook



Enrollment Procedures & Required Standards

This handbook includes the requirements to enroll as a provider for Family Home Care (FHC) services to public pay individuals. If you are enrolling for Family Personal Care, this is not the correct handbook.

QSP Handbooks are available [online](#).

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How to Enroll & QSP Hub

Access the QSP Enrollment Portal: www.hhs.nd.gov/qsp



Need help with the application process?

For help or questions completing the application, contact the QSP Hub.

What is the QSP Hub?

The QSP Hub is a central source for support and information for QSPs.

Services provided by the QSP Hub

Support, educational tools and training opportunities to walk QSPs through all stages of the QSP process.

What can the QSP Hub help me with?

One-on-one support by email, phone or video conferencing to help with:

- Enrollment
- Revalidation
- QSP web portal use

Guidance and referrals on where to go for help with:

- Electronic visit verification (EVV) (Therap)
- Documentation
- Billing processes
- Business operations and processes

Other QSP Hub resources:

- Library of easy-to-understand tip sheets and guides
- Training events/opportunities for both individual and agency QSPs
- Education tools
- Create a mentoring network for QSPs and QSP agencies
- Create awareness of HCBS policy changes and updates

How to contact QSP Hub:

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

Home & Community Based Services (HCBS) Information

Purpose of HCBS: The primary goal of HCBS is to offer essential and appropriate services that help individuals sustain themselves in their homes and communities. These services aim to delay or prevent the need for institutional care, providing a more individualized and community-based approach to care. Assessments are led by a Case Manager to determine HCBS services are appropriate.

Assessment Process: Individuals interested in HCBS programs undergo assessments conducted by Case Managers. These assessments evaluate both functional and financial eligibility to determine if individuals qualify for the services.

Functional Eligibility: Evaluates the individual's ability to perform various activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Functional assessments help identify the level of assistance an individual may require to live independently.

Financial Eligibility: Considers the individual's financial situation to determine their eligibility for HCBS programs. Criteria may include income, assets or other financial resources.

Once an individual is found eligible, the following law applies:

ND Century Code 50-06.2, Effective July 1, 1989:

- Each person eligible for services, or the person's representative, must be free to choose among available qualified service providers (QSP's) that offer competitively priced services, and
- The Case Manager must inform each eligible individual of the available QSPs in their service area to provide the service(s) needed by the eligible aged or disabled individual.

If you only want to work with private pay individuals – people who pay you for services with their own money, you do not have to enroll as a QSP.

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 (or Step Parent)
- Grandparent
- Adult Child (or Step Child)
- Adult Sibling
- Adult Grandchild
- Adult Niece
- Adult Nephew

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

Adult Day Care, ~~Case Management~~, Chore, Companionship, Environmental Modification, Extended Personal Care, Homemaker, Non-Medical Transportation - Escort, Non-Medical Transportation – Driver, Nurse Education, Personal Care, Respite Care, Respite in an Adult Foster Care, Respite Home Care, Supervision and Transition Coordination.

If you are interested in enrolling as an Individual QSP for one of these services, more information is available [online](#). You may also contact the ND QSP Hub for assistance, see Page 4.

Definitions

- Abuse: If someone hurts or exploits a vulnerable adult physically, mentally, sexually or financially on purpose.
- Case Management (CM): A case manager manages services so functionally impaired people can stay in the community, cost-effectively, based on an assessment.
- Case Manager (CM): A case manager is a licensed social worker that helps elderly and disabled people find resources and services they need. The case manager helps the individual to make a plan of care for service.
- Client: An individual who meets the eligibility requirements and is receiving services from the Department.
- Client Share (also known as Service Fee, Cost Share, or Recipient Liability): Amount a client/individual must pay for the cost of services. This amount is deducted from the QSPs payment before payment is issued. The QSP must collect payment due from the individual.
- Competency Level: Skills and abilities required to do something well or to a required standard.
- Cost Share: (see Client Share)
- Critical Incident: Any actual or alleged event or situation that created a significant risk of substantial or serious harm to the physical or mental health, safety, or wellbeing of any client receiving HCBS.
- Documentation: A written record of when a service started and ended, and what service was given.
- Financial Exploitation: Use or receipt of services provided by the vulnerable adult without just compensation, the taking, acceptance, misappropriation, or misuse of property or resources of a vulnerable adult by means of undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft or other unlawful/improper means.
- Fraud: A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.
- Individual Provider: A self-employed person, approved by the Department as a QSP.
- Limited to Tasks: Limits and cautions placed on tasks provided by QSP.
- Medical Services Division/The Department: A division within Health and Human Services (HHS), which is responsible to enroll QSPs, conduct audits and set rates for services.
- Mental Anguish: Psychological or emotional damage that requires medical treatment or care or is characterized by behavioral change or physical symptoms
- Neglect: Failure of a caregiver to provide essential services necessary to maintain 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.
- ND Health Enterprise MMIS Portal (MMIS): The payment system ND Medicaid uses to process QSP payments for services provided.

- Physical Injury: Damage to bodily tissue caused by nontherapeutic conduct, including fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness or impairment of physical function.
- Provider Number: Number assigned to the enrolled QSP, also called a QSP number.
- Qualified Service Provider (QSP): A self-employed individual that meets all standards and requirements and is approved by HHS as a provider.
- Recipient Liability (RL): (see Client Share)
- Remittance Advice (RA): After you submit a claim, a document is created to explain what was or wasn't paid. The information is available in MMIS and shows information about the claim; days and amount billed and amount paid or denied for a specific payment period. If you are paid less than what you submit or your claim is denied, a reason is included for each. A payment total for the past year is included.
- Respite Care (RC): Temporary relief to an individual's primary caregiver (QSP) for a specific period of time to relieve the stress and demands of continuous daily care.
- Respite Home Care (RHC): Temporary relief to an individual's primary caregiver (QSP) for a specific period of time to relive the stress and demands of continuous daily care. This service is provided in the respite QSPs home. The respite QSP must have a home evaluation completed.
- Service: Work done by a provider for payment.
- Service Authorization (SA): An authorization created by a Case Manager (CM). The SA authorizes a QSP to provide services and lists the tasks a QSP can provide, the dates the service can be provided within and the maximum amount of service authorized per month.
- Service Fee: (see Client Share)
- 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.
- SFN: State 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 with direct individual contact are required to follow certain guidelines to prevent the spread of infectious diseases. Caregivers must use 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.
- Vulnerable Adult: An adult who has substantial mental or functional impairment.
- Waste: Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.

ENROLLMENT STEPS

A Case Manager (CM) must initiate your application in the QSP Enrollment Portal (Portal) before you can start. Once this step is completed, follow the steps below to start your application.

All information must be correct and all required information submitted before enrollment is approved. If you need help, contact the QSP Hub; their contact information is on Page 4. Use the next few pages as a checklist of information needed to enroll.

- **Create an Account in the QSP Enrollment Portal**

- ☐ Access the Portal using the link on the [QSP website](#).
- ☐ To create a profile in the Portal, the QSP must first have an email account to receive emails.
- ☐ If you previously signed up for other State of North Dakota services (e.g., SPACES, Secretary of State Business "First Stop, etc.) you may already have an ND Login username. You can use your ND Login to start your QSP application.
- ☐ We recommended you do NOT share an email account with unauthorized people such as family or friends. If you do use a shared account, the QSP must get written permission from any persons receiving care to allow release of confidential information.

- **Required Forms & Documents**

- ☐ Copy of current government issued identification (ex: driver's license, tribal ID)
- ☐ Direct Deposit is required. To set up a direct deposit account, one of the following forms of verification documents is required:
 - **Voided check from your checking account**
 - You must write "VOID" across the front of the check
 - "Starter checks" are not allowed
 - You cannot hand-write your name and address on the top left of the voided check, it must be pre-printed by the bank or financial institution
 - **Letter from your bank or financial institution.**
 - You cannot hand-write any information on the letter; it must be pre-printed by the bank or financial institution. Letters missing information will be returned and delay the processing of your application.
 - Your full name and address
 - Signature of bank employee
 - Bank name and address
 - Full bank routing number
 - Full bank account number (Checking or Savings)
 - (Include all leading zeros)
 - If using someone else's bank account, include a letter of permission, signed and dated from the account owner, allowing you to receive payment into their account.
 - You will receive a paper check for your first two billing cycles until the account is verified.

- ❑ Fraud, Waste and Abuse (FWA) Training
 - Training link is available in the Portal or can be accessed at this [link](#).
 - Once completed, you must enter your name in the training certificate.
 - Upload the completion certificate into the Portal.
- ❑ Onboarding Orientation Training
 - Training is available using the link in the enrollment portal or use this [link](#).
 - Once completed, you must enter your full name in the training certificate.
 - Upload document into the QSP enrollment portal.

- **Criminal Convictions & Enrollment Approval**

Court papers regarding criminal history including misdemeanor and felony offenses both in-state and out-of-state may be requested at the time of enrollment. Criminal convictions may not prevent enrollment but each conviction is reviewed to determine if you meet standards for enrollment.

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.

Once enrolled, you must notify QSP enrollment **within five business days** if your conviction history changes. Email QSPinfo@nd.gov once you receive notice of a conviction. **Failure to do so may result in termination of your QSP enrollment.**

- **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 listed 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 the QSP Hub at 701-777-3432 or email info@ndqspshub.org with questions.

STANDARDS FOR FHC PROVIDERS

Standard	Required Documentation or Competency Level
Basic ability to read, write and verbally communicate.	Assurance verified indicating educational level or demonstrated ability
Not have been convicted of an offense that has a direct bearing on fitness to be a QSP. Have not been abusive or neglectful to someone. Have not stolen from someone.	Statement attesting to his/her status regarding conviction of a misdemeanor, felony, or probation. The provider must pass all screening requirements. 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 verified agreeing to maintain confidentiality.
If have infectious or contagious disease, understand universal precautions to prevent spread of illness. Be physically capable of performing the service.	Assurance checked stating having the physical capability to perform the 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 Case Manager.
Eligible relative relationship	Meets one of the relative relationships identified in N.D.C.C. 50-06.2-02(4) – by one of the following relatives of the individual to receive care (or the current or former spouse of one of the following relatives): Spouse, parent, grandparent, adult child, child, adult sibling, adult grandchild, adult niece or adult nephew, aunt or uncle.
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.
Use of Personal Protective Equipment (PPE)	QSPs are responsible to provide their own business supplies, including PPE.

AFTER QSP APPROVAL

Once approved, you will receive an approval email with your QSP number in the QSP Enrollment Portal (Portal). You can also find important information on the HHS QSP [website](#). The following important instructions and resources are on your dashboard in the Portal to help you understand your responsibilities as a QSP:

- Important QSP Info Packet
- Billing instruction [links](#)
- Documentation example [links](#)
- Training resources
- Links to important websites
- **Self Employed Contractor**
 - As a QSP, you are not an employee of HHS.
 - QSPs are a self-employed, independent contractors that provide an authorized service and are paid for the authorized services they deliver.
- **Taxes**
 - Social security, federal and state income tax are not paid or withheld from your QSP payments.
 - 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.
- **Service Authorizations**
 - After the client is determined eligible for FHC and you are approved as their QSP, the Case Manager (CM) will provide you a Service Authorization.
 - The rate you are authorized to bill for your client is 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 rate you are authorized and the tasks you are expected to provide to receive payment.
 - QSPs must complete tasks marked on the authorization themselves, they cannot be assigned to someone else to complete.
- **Documentation Requirements**
 - QSPs must keep service records for 42 months from the date the services were delivered.
 - Example documentation available on the QSP [website](#).
 - Documentation must be stored by QSP for required 42 month period, even if your status as a QSP closes, you stop providing care to the individual, or the individual you are caring for passes away.
 - Records cannot be copied or cloned with times, dates or months changed.
 - Records must include:
 - Name and ID # of the client
 - Name and ID # of the provider
 - Full date of the service MM/DD/YYYY
 - Location of the service
 - Start time and end time (including a.m. and p.m.)
 - Number of units of service, (use task name as listed on the SA)
 - Tasks performed (use task name as listed on the SA)

- **Failure to keep service records may subject you to legal and monetary penalties**
(N.D.C.C. §50-24.8-11 and N.D.C.C. § 50-24.8-11.1)
 - Upon reasonable request, the Department, the Medicaid Fraud Control Unit, the US DHHS or their agencies, shall be given immediate access to, and permitted to review and copy all records relied on by the QSP in support of services billed to Medicaid or the State general fund programs.
 - *"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.**"*

- **Billing Information**

- **Timely Claims Filing Requirements**
 - QSPs must follow ND Medicaid Timely Claims Filing Policy when submitting claims for reimbursement. ND Medicaid must receive an original claim within one hundred eighty (180) days from the date of service.
 - For more information regarding this policy, visit this [link](#).
- **Client Liability / Cost Share**
 - Some individuals (clients) are responsible for a portion of their service costs.
 - This amount is deducted from the QSPs payment before payment is issued. The QSP must collect payment due from the individual.
 - The HCBS CM, QSP Enrollment and the Claims Department are not responsible to collect the client liability/cost share from eligible individuals **or assist the QSP in collecting this amount.**
- **Billing Tips**
 - QSPs cannot provide services if the individual you provide care to (the client) is not home. Services can only be provided to individual in their home when they are present.
 - You can only bill for days of service you provide for the dates on the authorization.
 - **You may not be paid if you provide services before you receive an SA.**
 - 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.
 - Do not 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.
 - If the client passes away while receiving care at home, you can bill for that day of service.
 - If you do not provide services to a public paying client or billed HHS within a 12 month period, your QSP status may be closed.

- **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 if you need them for income verification for loans, housing enrollment etc.
- For help to access your RA, see instructions [online](#).

- **Email Address Updates**

- Make sure to keep your email address up to date in the [QSP enrollment portal](#).
- All communication about your enrollment is sent by email, it is your responsibility to make sure the email address we have on file for you is current and you check your email regularly for new information.

- **Address Changes**

- Update your address in the [QSP enrollment portal](#) within 14 days of a change.
- If you cannot be reached after two attempts, your status may be closed.

- **Name Changes**

- You must update your name in the Portal within 14 days of a change to your current, legal name. To update your name, login to the Portal and upload the following information:
 - Government issued ID with new name.
 - Social Security Card with new name.
 - [W-9 - Request for Taxpayer Identification Number and Certification](#) with new name.

- **Criminal Conviction Changes**

QSPs are required to notify QSP Enrollment **within five business days** if your conviction history changes by sending an email to QSPinfo@nd.gov. Failure to report changes to your conviction history may result in termination of your enrollment. If at any time, the QSP fails to meet the standards outlined, HHS will notify the QSP that they must immediately stop providing services to public pay individuals.

Any new conviction will be reviewed to determine if the QSP continues to meet standards for enrollment or may continue to provide services. Convictions, offenses and rehabilitation are reviewed and determined if they impact enrollment ND Administrative 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.

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

HHS is required to complete reviews of QSPs to ensure individuals 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 must recover all funds paid for services not delivered according to policies and procedures per ND Administrative Code 75-03-23-10. Some examples for recovery reasons (list not all-inclusive):

- Failure to keep appropriate records may subject you to legal and monetary penalties
- If you did not provide the service
- **Inappropriate billing**

- 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, we will request a refund or process adjustments to take back these funds. Some examples include (list 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**

If denied enrollment or terminated as a QSP and/or placed on the State Exclusion list for any of the findings listed above (list not all-inclusive), you will receive a written denial/termination reason with a citation. You may also 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.

If excluded, you will not be eligible to provide services to individuals 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.

Once OIG receives a 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 of reinstatement.

Denial or terminations may be appealed within 10 days of receiving the notice from the Department.

Send all requests to appeal a denial, termination or exclusion decision to:

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

○ **Formal Reviews**

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

- A QSP may not request a formal review of the rate paid for each disputed item.
- Send a written request within 30 days of notice of the adjustment or request for refund.
- The notice 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 the Department with all documents, written statements, exhibits, and other written information supporting your request for review.
- The Department has 75 days to make a decision from the date we received the notice of a request for review. **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

The mission of HHS is to provide quality, efficient, and effective human services, which improve the lives of people. HCBS and Medicaid provide healthcare coverage to qualifying low-income, disabled individuals, children, and families. 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: 1-800-472-2622 or email dhseo@nd.gov.

How do I report Medicaid fraud or abuse?

- ❖ Phone 1.800.755.2604 or 701.328.4024
- ❖ Email medicaidfraud@nd.gov
- ❖ Fax 701.328.1544
- ❖ Mail:
Fraud Waste & Abuse
Administrator
Medical Services Division
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250
- ❖ Or complete the Suspected Fraud Referral ([SFN 20](#))

To learn more about fraud and abuse, go [online](#).

QUALIFIED SERVICE PROVIDER (QSP) COMPLAINTS

A Qualified Service Provider (QSP) complaint is information about an issue involving a QSP that affects an individual's quality of care, health/welfare/safety, inappropriate billing, potential fraud/waste/abuse or failure to meet or maintain enrollment standards.

- ❖ Absenteeism
- ❖ Abuse/neglect/exploitation
- ❖ Breach of confidentiality
- ❖ Criminal History/Activity
- ❖ Disrespectful
- ❖ Inappropriate Billing
- ❖ Care Unacceptable to the Department
- ❖ Property Damage
- ❖ Self-Neglect
- ❖ Providing care under the influence of drugs/alcohol
- ❖ Medication errors that result in adverse effects
- ❖ Not submitting a critical incident report

HOW TO SUBMIT A COMPLAINT

A complaint can be made by any person with information who suspects wrongdoing by an individual QSP, agency QSP or agency employee.

A complaint can be made by:

Email: carechoice@nd.gov

Phone:

ADRL 1-855-GO2LINK (1-855-462-5465)

Mail:

Adult and Aging Services
QSP Complaint
1237 W Divide Ave; Suite 6;
Bismarck ND 58501

What to do if you are notified of a QSP complaint against you...



All QSP complaints are reviewed and processed by Adult and Aging Services. If we receive a complaint about you or your agency, you will be notified by phone or receive a letter by email.

Complaint letters are emailed to the email address on file with QSP Enrollment. (Check your email regularly for correspondence from HHS.)

Follow the instructions in the letter and return phone calls promptly.

Promptly provide any additional information and documentation requested by the Complaint Administrator.

REVALIDATION

- Enrollment Revalidation is required a minimum of **every five (5) years** to maintain enrollment.
- An **email notice** of revalidation and instructions will be sent to QSPs 30 days before your QSP expiration date. You must log into the [enrollment portal](#) to submit all required information and complete your revalidation **before** your expiration date.
- **It is your responsibility as a QSP to ensure you stay up to date with all notices and respond in a timely manner. Notices are only sent via email, a notice will not be sent by US mail.**
- QSPs should start this process **as soon as the notice is received** to allow enough time for processing. **Payments will be suspended** if a complete revalidation is not received by your expiration date.
- The enrollment portal leads you through all information, documents and forms required for revalidation. The current version of all forms must be used. If you do not complete your QSP revalidation on time, your **QSP status will be closed.**
- Revalidations require you to update information you submitted at initial enrollment. If you do not complete your QSP revalidation, **your status as a QSP will be closed.**
- If you have not billed the Department for QSP services in a 12-month period or are not providing services to a public paying client, **your QSP status may be closed.**
- Your client must still qualify for Family Home Care to revalidate your enrollment. If you want to provide another HCBS service, log in to your QSP Portal and request to add new services through the Administrative Change request process.
- A copy of the most current FHC QSP Handbook is available on our [website](#) (look for the "Family Home Care or Family Personal Care Enrollment" tab):

APPENDIX

Critical Incident Reports

□ **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 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 (CM) **and**
 - **Step 2:**
 - Fill out a critical incident report using the General Event Report (GER) module 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 CM.
 - The offline forms are available here:
<https://help.therapservices.net/s/article/2039>
 - 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 CM 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 CM within 24 hours of the incident.

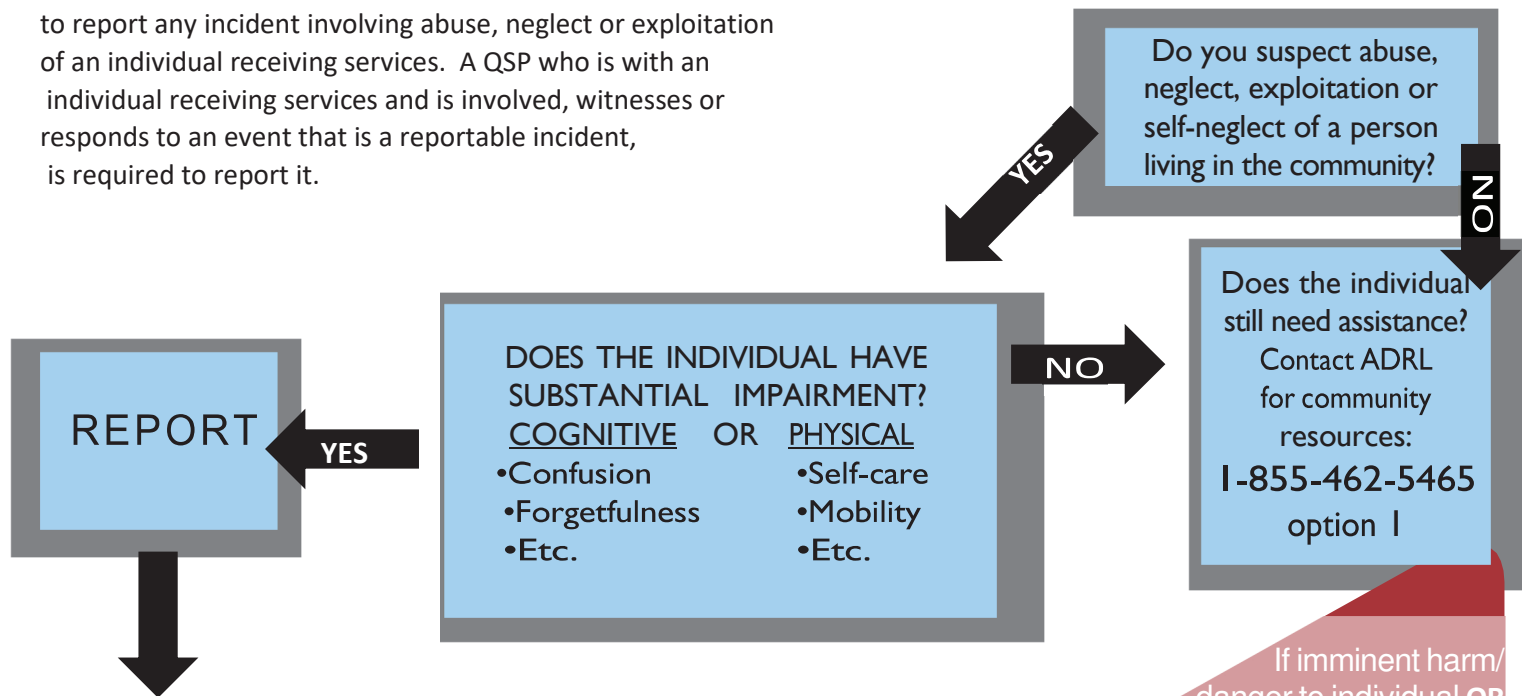
- **Step 4:**
 - The HCBS CM and program administrator will receive the incident report once it is submitted for review in Therap. If the GER offline form is used, the HCBS CM will fax the form to (701) 328-4875 or email: dhscbs@nd.gov. The Program administrator will then enter the GER Event Report and Event Type into Therap.
- If an incident involves abuse, neglect or exploitation, a provider must submit **both**, the incident report **and** report to VAPS.
 - See next page 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 CM that a client is in the hospital due to a stroke, a critical incident report is required because the CM 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 CM and program administrator are responsible to follow up with the QSP to ensure the remediation plan is acceptable.

Vulnerable Adult Protective Services (VAPS) reports must be filed to report any incident involving abuse, neglect or exploitation of an individual receiving services. A QSP who is with an individual receiving services and is involved, witnesses or responds to an event that is a reportable incident, is required to report it.

SHOULD I REPORT?



Go to:

www.hhs.nd.gov

click on Service Areas then Adults & Aging

REPORT HERE: [Reporting Abuse](#)

REPORTING OPTIONS

- Online <https://bit.ly/3vbYbEj>
- Reporting Form, [SFN 1607](#)
Email to: dhsvaps@nd.gov or Fax to: 701-328-8744
- Phone if no computer or internet accessibility
1-855-462-5465, option 2 Available Monday thru Friday 8 a.m.-5 p.m.

Reports are processed in the order they are received.

For guidance on complaints/concerns about **HOSPITALS**, contact ND State Department of Health 701-328-2372d

For guidance on complaints/concerns about **NURSING HOMES**, contact the Ombudsman 1-855-462-5465, option 3

For guidance on complaints/concerns about **GROUP HOMES**, contact Protection & Advocacy 701-328-3950

If imminent harm/danger to individual OR to request a welfare check.

Call 911

EVEN IF YOU BELIEVE SOMEONE ELSE HAS FILED A REPORT, WE WANT TO HEAR FROM YOU!

WHEN IN DOUBT, FILL A REPORT OUT!

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.

- **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 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.

Fire Safety Checklist for Caregivers of Older Adults

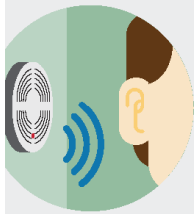
Older adults are more likely to die in home fires because they may move slower or have trouble hearing the smoke alarm. Make sure the people you know are prepared and safe.



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.

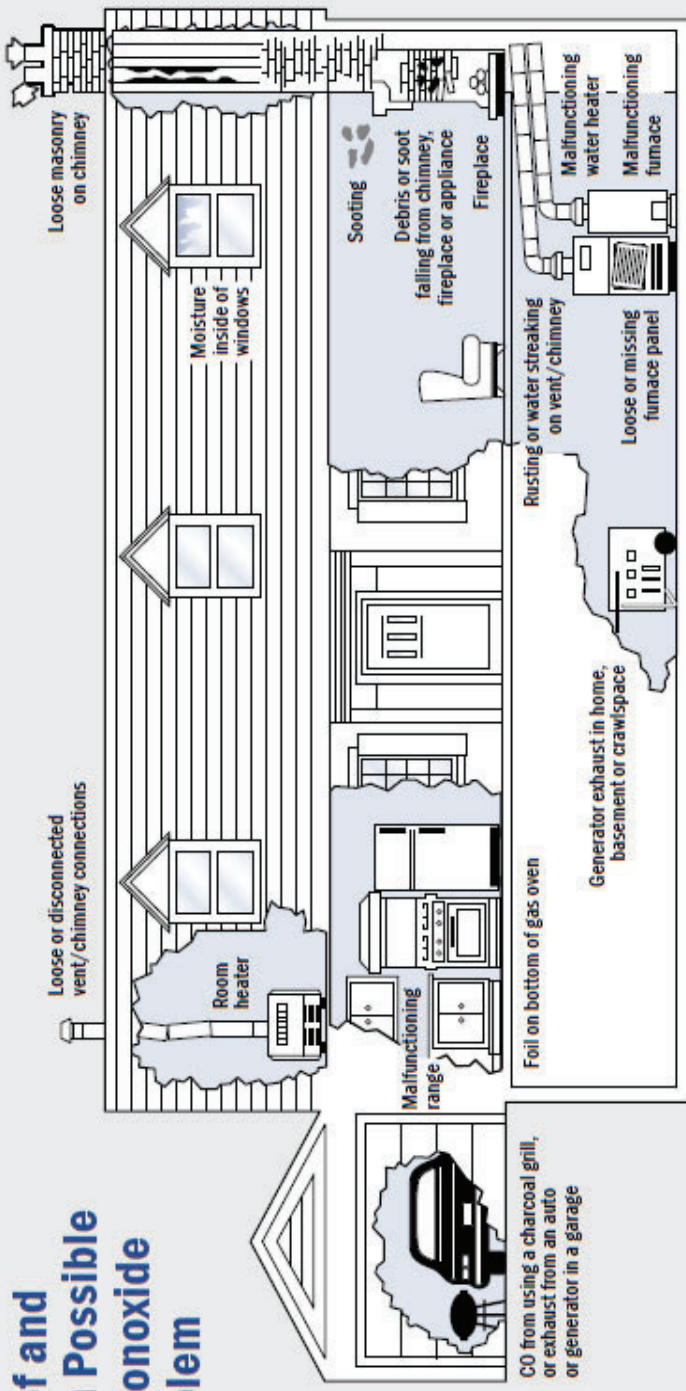
Get medical attention immediately and inform medical staff that CO poisoning is suspected. Call the Fire Department to determine when it is safe to reenter the home.



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.