ND Family Caregiver Support Program (NDFCSP)

HANDBOOK for Providers

ND Department of Human Services
Aging Services Division
May 2017
The ND Family Caregiver Support Program (NDFCSP) is a federally funded program that offers services to individuals who are caring for a loved one on a 24 hour basis at home. The goal of the NDFCSP is to provide support to the caregiver.

This ND Family Caregiver Support Program HANDBOOK serves as a reference guide for NDFCSP services by answering frequently asked questions.

Respite care services help caregivers take a much needed break from providing 24 hour care and take time for themselves.

An Aging Services staff member manages the NDFCSP in every region and works at the local Human Service Center. Aging Services staff is available to assist with any questions or concerns you may have about the caregiver program.

If there are any questions, please contact Aging Services staff in your area.
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Section 1: General Information

What is the purpose of the North Dakota Family Caregiver Support Program (NDFCSP)?
- The NDFCSP is supported by Older Americans Act funding and was created to offer support and services to informal, unpaid caregivers who are providing 24 hour care so they can take care of their loved ones at home for as long as they choose.

What services does the program provide to caregivers?
- Program services include:
  - Counseling for coping with caregiver challenges
  - Training to learn how to perform caregiving tasks
  - Respite care services for breaks from providing 24 hour care
  - Supplemental services to help with the cost of home adaptive devices or incontinence supplies
  - Information on resources and services available in the community

Is there a cost to the caregiver?
- All services are federally-funded and are provided at no cost to the caregiver.
- Caregivers are given information on the opportunity to contribute toward the cost of services.
- No one is denied services because of inability or unwillingness to contribute.

Is there an enrollment period for caregivers and respite care providers?
- The enrollment period for the NDFCSP begins July 1 and runs through June 30 of the following year.
- Respite care providers must complete a NDFCSP Program Provider Agreement (See example in Section 7) before they are eligible to receive payment for respite care services.
- A new NDFCSP Program Provider Agreement must be completed with each enrollment period.
- If the NDFCSP Program Provider Agreement has not been completed or renewed, payment for services cannot be made.

Section 2: Becoming a Respite Care Provider

What is respite care?
- Respite care is having a NDFCSP approved provider stay with the individual who needs care (care recipient) so the caregiver can take occasional breaks from providing 24 hour care and have some time for themselves.
Who is eligible to provide respite care and be paid for by the NDFCSP?

- The program can pay for respite services provided by:
  - A relative of the care recipient
  - A Qualified Service Provider (QSP)
  - A home health agency
  - A nursing facility
  - A swing bed unit
  - A memory care facility
  - A licensed adult or child day care center
  - A licensed foster care home for adults or children

Which relative can qualify to be eligible to receive NDFCSP payment for respite care services?

- An eligible relative is:
  - A parent (not of the child who is the care recipient)
  - A grandparent
  - An adult child (age 18 & older)
  - An adult sibling (age 18 & older)
  - An adult grandchild (age 18 & older)
  - An adult niece or nephew (age 18 & older)

- A relative must complete a NDFCSP Program Provider Agreement (See example in Section 7) before they are eligible to receive payment for providing respite care services.
- A relative must comply with the guidelines for completing the NDFSCP Provider Service Log (See example in Section 7).
- A relative is responsible to keep a respite care journal (See example in Section 7).

What is a qualified service provider (QSP)?

- A QSP is a self-employed individual who completes the enrollment process with the Department of Human Services to provide in-home care.
- Aging Services staff has QSP Handbooks that include instructions and application forms for enrollment. The QSP Handbook is available online at www.nd.gov.

How is a respite care provider selected?

- Each caregiver is given a list of QSP’s, eligible respite care providers and home care agencies that provide respite care services in their community. It is your decision if you want to be included on the regional NDFCSP provider list.
- The caregiver is responsible to call and interview individuals QSP’s, eligible respite care providers or home care agencies and to choose their own respite care provider.

What happens when a caregiver chooses a respite care provider?

- After the caregiver chooses a respite care provider, Aging Services staff will contact the respite care provider to make sure they are eligible to receive payment for providing respite services.
What is the rate a respite care provider can be paid to provide respite services?

- Respite care provider rates cannot exceed the Department’s authorized maximum QSP rate for the enrollment period. Aging Services staff will tell you the maximum QSP rate.
- QSP rates are entered on the NDFCSP Provider Agreement. (See example in Section 7.)
- The state has an authorized maximum daily rate (24 hour rate) for in-home services. Aging Services staff can tell you the current maximum QSP daily rate.
- Payment for respite care services for one day of service (midnight to midnight) cannot exceed the maximum QSP daily rate.
- If a QSP has a private pay rate that is less than the Departments current QSP rate, you must charge the NDFCSP your private pay rate.

How do respite care providers get paid?

- When the provider enrollment has been completed, Aging Services staff will give you copies of the NDFCSP Provider Service Log billing form. (See example in Section 7.)
- Individual providers are required to have the caregiver sign each entry for respite services on the NDFCSP Provider Service Log to verify respite services are being provided and before payment can be made.
- The respite care provider sends the NDFCSP Provider Service Log to Aging Services staff at the regional Human Service Center for payment.
- Respite care providers are to send in the NDFCSP Provider Service Logs to the Human Service Center by the 5th day of the following month in which services were provided.

Can a caregiver use more than one respite care provider?

- Caregivers can use as many respite care providers as they wish.
- Caregivers can change or add respite care providers at any time. Aging Services staff is to be notified when this occurs.
- The respite care provider has the right to choose which caregiver clients they do or do not want to work with.

How are arrangements for respite care services made?

- The caregiver is responsible to call and schedule their respite care services directly with the respite care provider.

How much respite funding does the caregiver have to use?

- Aging Services staff authorizes respite care funding for each caregiver.
- The caregiver’s funding is reviewed by Aging Services staff. Additional funding is managed based on the caregiver’s needs and funds available for the NDFCSP.
- The caregiver is responsible to manage the usage of their authorized funding.
- If the caregiver’s use of services exceeds the amount of funding authorized, they are responsible to pay any amount over what has been authorized.
- Contact Aging Services staff if you have any questions about caregiver funding.
Is the caregiver eligible to receive payment for respite care services while they are at work?

- The NDFCSP does not allow payment of respite care services while the caregiver is on the job; i.e. working at their place of employment, on a trip for business purposes, engaged in farm or ranch operations, etc.

Section 3: What a Respite Care Provider Can Do Under Respite Care

Can a respite care provider be authorized to provide personal care?

- A respite care provider can assist the care recipient with taking a bath, dressing and undressing, using the bathroom and other approved personal care services.

What other tasks may be covered under the NDFCSP?

- The purpose of respite care is to assist the care recipient and make sure they are safe, while giving the 24 hour caregiver a break. The respite care provider may play games, visit, read, etc. with the care recipient.
- As part of respite services, the NDFCSP pays for respite care providers to work together with a care recipient to complete tasks such as baking, folding clothes, gardening, etc. if the care recipient is physically able to participate.
- Taking a care recipient for a walk around the caregiver’s property or neighborhood, if the care recipient is able, is an allowable task.

Can a QSP cook a meal?

- Fixing a meal for a care recipient is an allowable service only if the respite care provider is providing respite care services during a meal time.
- Assisting the care recipient with eating is an allowable activity.
- Giving nutritional supplements through a feeding tube is not allowed.

Can a QSP be paid for housecleaning or laundry services?

- If the respite care provider is helping with a bath or fixing a meal, cleaning up the bathroom or kitchen afterwards is an allowable activity.
- Routine housecleaning such as dusting, vacuuming, laundry or cooking/baking is not covered by the NDFCSP standards and these service activities will not be paid for by the program.

Can a QSP provide transportation?

- Respite care services by a respite care provider are to be provided in the caregiver’s home or other approved setting.
- Taking a care recipient out of the home for car rides, shopping trips, coffee, hair or clinic appointments, etc. is not allowed.
- Accompanying the caregiver or care recipient out of the home for errands, clinic appointments, etc. is not allowed.
Can a respite care provider administer medications to the care recipient?
- Respite care providers can only assist with self-administration of medication.
- Respite care providers can assist by doing the following:
  - Opening the container
  - Assisting the care recipient with proper positioning for taking the medication
  - Assist by giving the care recipient fluids to swallow the medication
  - Recapping the container
- The respite care provider is not allowed to give any medicine by injection, such as insulin.

Can a respite care provider accept money or gifts from a caregiver?
- Respite care providers are not allowed to ask for or take any money or gifts from a caregiver. (Does not apply to family members.)
- If a caregiver offers a gift or money, the respite care provider is not allowed to accept. (Does not apply to family members.)
- Caregivers are instructed to notify Aging Services staff if a non-relative respite care provider asks them for gifts or money.

Section 4: Respite Care Provider Personal Journal

- For auditing purposes, respite care providers are required to complete a personal journal for each caregiver. (See example in Section 7.) This is in addition to completing the NDFCSP Provider Service Log.
- As part of yearly NDFCSP program reviews, the Aging Services Division NDFCSP Program Administrator may request a respite care provider send in copies of their personal journal.
- Your personal journal may be used to verify that approved respite services are provided and that billings submitted for payment for services coincide with journal entries.
- Failure to send in a personal journal when requested may result in a recoupment of payments made or termination of the NDFCSP Provider Agreement.
Section 5: Concerns/Complaints

What if there is a concern about a caregiver or care recipient?

- If there is a concern about a caregiver or care recipient, the respite care provider should contact Aging Services staff.
- Examples of concern might be:
  - Caregiver’s health or ability to provide care is failing
  - Care recipient’s needs have become greater and it is more difficult for the caregiver or QSP to provide safe and proper care
  - Reports of ill treatment between the caregiver and care recipient
  - Care recipient or caregiver act physically or verbally abusive towards the QSP or others

Section 6: Termination of NDFCSP Provider Enrollment

Can a respite care provider have their NDFCSP Provider Agreement terminated?

- A NDFCSP Provider Agreement can be terminated at any time.
- If a respite care provider decides to terminate their involvement with the program, they must notify Aging Services staff.
- Individuals enrolled as Qualified Service Providers must maintain their QSP enrollment, which is renewed every two years, to continue eligibility for payment from the NDFCSP.
- If the respite care provider is not a relative of the care recipient and their QSP enrollment closes, they are no longer authorized to receive payment.
- Reasons for the termination of the NDFCSP Provider Agreement are listed in NDAC 75-03-23-08 and may include:
  - Improper billing practices
  - Failure to send in personal respite journal when requested
  - Failure to return a Provider Agreement
  - Frequently arriving late or not showing up at scheduled respite appointments
  - Substantiated report of physical or verbal abuse of the caregiver or care recipient
  - Completing tasks which are not authorized by the NDFCSP
  - Requesting and accepting money or gifts from a caregiver
Section 7: Program Forms

NDFCSP Provider Agreement – SFN 128

- Respite care providers must meet the NDFCSP eligibility requirements before they are able to receive payment to provide respite care services through the NDFCSP. An example of a completed NDFCSP Provider Agreement is on the following page.

- All items in Section 5 must be initialed to indicate your understanding and agreement.

- A new NDFCSP Provider Agreement must be completed with each enrollment period which begins each July 1st. The NDFCSP Provider Agreement authorizes the respite care providers hourly and daily rate, not to exceed the maximum rates allowed for the enrollment period.

- If the NDFCSP Provider Agreement is not renewed with each enrollment period, the respite care provider is not eligible to receive payment from the NDFCSP.

- Respite care providers must accept the authorized provider rate as payment in full for services and must not request additional payment from the caregiver.

- Payment for services is issued through the Department of Human Services.
SECTION 1. CONTACT INFORMATION (Indicate the type of provider)

- Family Member  [ ] Qualified Service Provider (QSP)  [ ] Agency

<table>
<thead>
<tr>
<th>GSP Number (if applicable)</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1934567</td>
<td>7/1/17</td>
<td>6/30/18</td>
</tr>
</tbody>
</table>

- Individual/Agency Legal Name: Jane Doe
- Address: 183 Main Street
- City: Bismarck
- State: ND
- ZIP Code: 58501
- Email Address: jdoe@gmail.com
- Agency Contact Person: N/A
- Telephone Number: 765-4567
- Cell Phone Number: (701) 234-5678

SECTION 2. SERVICE AND REIMBURSEMENT RATE (Indicate service(s) to be provided and hourly/daily rate)

- [ ] Respite Care (Maximum payment per hour cannot exceed the current maximum Medicaid Qualified Service Provider rate.) $20.36
- [ ] Respite Care - Daily Rate (Maximum payment for overnight/24-hour care cannot exceed the current swingbed rate.) $248.74
- [ ] Individual Caregiver Training
- [ ] Individual/Family Counseling

SECTION 3. LIST OF ELIGIBLE PROVIDERS

Do you want to be on the regional list of available FCSP providers that is given to clients? [ ] Yes  [ ] No

Provider names will remain on the list through the effective dates of this Agreement.

SECTION 4. BILLING PROCEDURES

- Submit a completed "Substitute IRS Form W-9" (SFN 53656) to the Department of Human Services Regional Human Service Center. A Substitute IRS Form only needs to be submitted once.
- Submit a completed North Dakota Family Caregiver Support Program (FCSP) Provider Service Log (SFN 135 or SFN 492) for each FCSP client you serve during the billing period to the Department of Human Services Regional Human Service Center for payment.
- Provider Service Logs must be submitted for payment by the 5th day of the month following the month services were provided.
- Provider Service Logs submitted more than ninety days following the expiration of this agreement will not be reimbursed.

SECTION 5. INITIAL EACH OF THE FOLLOWING TO INDICATE UNDERSTANDING AND AGREEMENT

- [ ] I will notify Aging Services Staff when possible abuse or exploitation of the client occurs.
- [ ] I will not abuse, neglect, exploit, or assert undue influence on anyone under my care.
- [ ] I understand that I am a self-employed person and that I am responsible to pay self-employment taxes and estimated tax on payments received. I understand that the Department will not withhold or pay any social security, federal, or state income tax, unemployment insurance, or worker’s compensation insurance premiums from the payments I receive. These are my responsibilities as a self-employed individual.
- [ ] I will not charge the Department (FCSP clients) more than I charge my private pay clients.
- [ ] I understand that the Department of Human Services may require an individual/agency to pay back FCSP funds that were received by the provider as the result of an overpayment, false claim or any other manner of inappropriate billing.
- [ ] I agree to assist the Department of Human Services in compliance investigations/reviews and will provide information in writing upon request.

(continued next page)
SECTION 5. INITIAL EACH OF THE FOLLOWING TO INDICATE UNDERSTANDING AND AGREEMENT (cont)

I will keep records for each client visit that show the provider name, caregiver name, date of service, start time and end time, and tasks performed during that time.

I will provide records to the Department of Human Services upon request. The Department can request a refund to take back payment made to a provider if the provider does not provide the requested records or keep appropriate records. The records must be retained for a period of 75 months.

I will obey all applicable federal and state laws.

I agree to not discuss any information, including personal health information, relating to clients with anyone not directly associated with the service delivery. I will not reveal personal information except as necessary to comply with the law and to deliver services. I understand this includes when others assist with my billing.

I will not smoke, consume alcoholic beverages or report for work under the influence of drugs or alcohol.

The parties stipulate that this agreement may be terminated at any time upon the giving of written notice to the other party.

I understand services cannot be provided until Aging Services Staff have approved this agreement and returned a copy to me.

SECTION 6. SIGNATURES

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>7/1/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approved</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Aging Services Program Admin.</td>
<td>7/1/17</td>
</tr>
</tbody>
</table>

DISTRIBUTION: Original - Human Service Center Copy - Provider
The NDFCSP Provider Service Log is used by the program as the method of billing for respite care services provided. An example of a completed NDFCSP Provider Service Log is on the following page.

Individual respite care providers are required to have the caregiver sign each entry for respite care services before payment can be made.

Aging Services staff will tell you which Human Service Center should receive the NDFCSP Provider Service Logs. The names and addresses are listed below.

Respite care providers are to send in the NDFCSP Provider Service Logs by the 5th day of the following month in which services were provided.

Respite care providers must accept the authorized provider rate as payment in full and may not request additional payment from the caregiver.

If a NDFCSP Provider Service Log is received at the Human Service Center and is not completed properly, it will be returned to the respite care provider for correction before a payment will be made.

Copies of the NDFCSP Provider Service Log (SFN 135 and SFN 492) are available on the “Forms” Section on the website: www.nd.gov.

Northwest Human Service Center
PO Box 1266
Williston, ND  58802-1266

Southwest Human Service Center
2624 9th Ave S
Fargo, ND  58103-2350

North Central Human Service Center
1015 S Broadway Ste 18
Minot, ND  58701-4667

South Central Human Service Center
PO Box 2055
Jamestown, ND  58402-2055

Lake Region Human Service Center
200 Hwy 2 SW
Devils Lake, ND  58301-0650

West Central Human Service Center
1237 W Divide Ave Ste S
Bismarck, ND  58501-1208

Northeast Human Service Center
151 S 4th St Ste 401
Grand Forks, ND  58201-4735

Badlands Human Service Center
300 13th Ave W Ste 1
Dickinson, ND  58601-4875
Complete the entire form, sign and send the original copy to:

**SECTION 1. INDIVIDUAL REQUESTING REIMBURSEMENT FOR SERVICES**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Jane Doe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>123 Main St</td>
</tr>
<tr>
<td>City</td>
<td>Bismarck</td>
</tr>
<tr>
<td>State</td>
<td>ND</td>
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<tr>
<td>ZIP Code</td>
<td>58501</td>
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</tbody>
</table>

**SECTION 2. FAMILY CAREGIVER ENROLLED IN FCSP**

<table>
<thead>
<tr>
<th>Caregiver Name</th>
<th>Charlotte Nelson</th>
</tr>
</thead>
</table>

Type of Service Received (Check One)
- [X] Respite Services
- [ ] Supplemental Services

Insert the day, the times of service, and number of hours or days of service that were provided to this caregiver.

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
<th>Number of Hours or Days of Service</th>
<th>Caregiver Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2/17</td>
<td>4:00 pm</td>
<td>6:00 pm</td>
<td>2 hrs</td>
<td>Charlotte Nelson</td>
</tr>
<tr>
<td>7/7/17</td>
<td>2:30 pm</td>
<td>5:30 pm</td>
<td>3 hrs</td>
<td>Charlotte Nelson</td>
</tr>
<tr>
<td>7/9/17</td>
<td>1:30 pm</td>
<td>6:30 pm</td>
<td>5 hrs</td>
<td>Charlotte Nelson</td>
</tr>
<tr>
<td>7/27/17</td>
<td>1:15 pm</td>
<td>3:00 pm</td>
<td>1.75 hrs</td>
<td>Charlotte Nelson</td>
</tr>
</tbody>
</table>

14.75 Hours x Established Hourly Rate of $20.34 = $293.92

(Per day hourly reimbursement total cannot exceed the allowable maximum daily rate)

Total Amount Requested $293.92

**SECTION 3. CERTIFICATION AND AGREEMENT OF PROVIDERS**

This is to certify that the foregoing information is true, accurate, and complete. That services herein charged were actually rendered and were rendered under the conditions specified. I understand that payment and satisfaction of this claim will be from federal and or state funds, and accept, as payment in full, the amounts paid, and that any false claims, statements, or documents or concealment of a material fact, may be prosecuted under applicable federal or state laws.

Provider Signature: Jane Doe

Date: 7/31/2017
Respite care providers are responsible to keep a respite care journal for every caregiver with whom they work. An example of a completed Respite Care Journal is on the following page. A blank form is also included and may be copied for your use.

The respite care journal must contain:
- Respite care provider’s name
- Caregiver’s name
- Date the service was provided
- Time the respite care provider arrived and the time they left the caregiver’s home
- Tasks performed while providing respite

Respite care providers are required to keep their respite care journals for a period of 75 months, as agreed to on the NDFCSP Program Provider Agreement, before the journals can be destroyed.

A respite care provider may be asked to send their journal to the NDFCSP Program Administrator at the Aging Services Division to verify that approved services are provided and that billings submitted for payment coincide with journal entries.

Failure to send in a personal journal when requested may result in recoupment of payments made or termination of the NDFCSP Provider Agreement.
### Respite Care Services Journal

**Respite Care Provider Name:** Jane Doe  
**Caregiver Client Name:** Charlotte Nelson

<table>
<thead>
<tr>
<th>Day/Month/Year</th>
<th>Start Time</th>
<th>End Time</th>
<th>List Activities Performed While in the Caregiver’s Home</th>
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<tbody>
<tr>
<td>7/2/17</td>
<td>4pm</td>
<td>6pm</td>
<td>Played cards, watched TV, fixed supper, and cleaned up kitchen light.</td>
</tr>
<tr>
<td>7/7/17</td>
<td>2:30 pm</td>
<td>5:30 pm</td>
<td>Watched TV, walked around yard with Mr. Nelson.</td>
</tr>
<tr>
<td>7/9/17</td>
<td>11:30 pm</td>
<td>6:30 pm</td>
<td>Helped with Mr. Nelson's bath, cleaned up bathroom, watched TV, fixed supper, cleaned up kitchen.</td>
</tr>
<tr>
<td>7/27/17</td>
<td>1:15 pm</td>
<td>3pm</td>
<td>Mr. Nelson napped entire time, sat in living room while he slept.</td>
</tr>
</tbody>
</table>

Reminder: Journal must be kept for 75 months following the closure of a caregiver client.
Respite Care Services Journal

Respite Care Provider Name: __________________________________________

Caregiver Client Name: _____________________________________________

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<th>Day/Month/Year</th>
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Reminder: Journal must be kept for 75 months following the closure of a caregiver client.