

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BISMARCK, NORTH DAKOTA
July 22, 2021**

IM 5442

To: Whom it may concern

From: Nancy Nikolas Maier, Director, ND DHS Aging Services Division

Subject: Policy updates effective 8/1/2021

Program(s): Home and Community Based Services Policies and Procedures
Manual 525-05

Retention: Until Manualized

The purpose of this IM is to amend the following section of Service Chapter 525-05. The change is effective August 1, 2021.

Chore Service 525-05-30-20

Purpose

The purpose of Chore Service is to complete tasks which an ~~elderly or disabled-eligible~~ individual is not able to complete in order to maintain ~~his/her~~ their home, lawn, or walkway. The chore service tasks authorized must be directly related to the health and safety of the ~~client~~ individual, or maintaining access to safe and appropriate housing.

Chore Service can provide for the completion of one time, intermittent, or occasional home tasks which enable ~~people~~ individuals to remain in their homes.

Service Eligibility, Criteria for

The individual receiving Chore Service ~~will~~ must meet the following criteria:

1. Must be eligible for Medicaid Waiver for Home and Community Based Services, SPED, or ExSPED.

2. For Emergency Response Service, is limited to installation and monthly rental fee. ERS Service is restricted to individuals living alone.
 1. Exception: If an individual resides in a multiple person household and there are occasions when the client may be at risk due to the absence of the other household member(s), it is allowable to authorize (ERS) as long as the case manager documents the need and benefit to the individual. ~~contact the HCBS Program Administrator for one-time prior approval to allow a client to receive Emergency Response Service.~~
3. The individual is not able to complete tasks to maintain his/her residence, lawn, or walkway.
4. The chore activity is a one-time or intermittent task.
5. If the individual is a renter, chore services shall not replace the responsibilities of the landlord to complete tasks to maintain the residence, or walkway.
6. ~~No family, friends, or neighbors (informal network) are available/willing/capable of completing the chore tasks to maintain the individual's residence, or walkway.~~
7. ~~There are no alternative community resources such as local community action agency, housing rehabilitation, church groups, or service groups to complete chore tasks.~~
8. Pre-approval from the Department of Human Services is required if the cost of the service is expected to exceed \$200 per month. See Service Tasks listed below for specific tasks that require additional prior approval.
9. Emergency Response Service is limited to persons cognitively and physically capable of activating the emergency call.

Service Tasks

Professional extermination or sanitation Need prior approval	Snow/Ice removal (when measurable snowfall or drifts)
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Authorized per job, not units	present a safety hazard to the client) Authorized per job, not units
Floor care/cleaning of unusual nature, tacking down loose rugs or tiles Need prior approval	Moving heavy furniture and cleaning on seasonal basis for safety reasons
Cleaning appliances (may include moving to clean around or behind)	Cleaning and garbage removal of unusual nature Need prior approval
Professional ERS installation and monthly rental fees are allowed -- does not include maintenance or repair of ERS	Clean windows (may include seasonal removal of screens or storm windows)
<p><u>Lawn mowing</u></p> <p><u>The purpose of this service is to maintain access and prevent any barriers to safe and appropriate housing. The service is not to be utilized for cosmetic purposes, but instead to comply with city ordinances related to grass control.</u></p> <p><u>Limits:</u></p> <p><u>Limited to seasonal cutting and trimming grass, bagging/dumping.</u></p> <p><u>Does not include landscaping, fertilizing, or weed control.</u></p> <p><u>Maximum service amount is set at once per week.</u></p> <p><u>If a provider is to use an individual's equipment to complete this task, the individual must sign a statement granting permission. The case manager must maintain this statement in the individual's file.</u></p>	

Critical Incident Reporting 525-05-42

Critical Incident

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 any ~~client~~ individual receiving HCBS.

In order to assure the necessary safeguards are in place to protect the health, safety, welfare of all **clients individuals** receiving HCBS, all critical incidents (as defined in this chapter) must be reported and reviewed (as described in this chapter). The goal of the incident management system is to proactively respond to incidents and implement actions that reduce the risk of likelihood of future incidents.

Reportable incidents

1. Abuse (physical, emotional, sexual), neglect, or exploitation;
2. Rights violations through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation, or policy;
3. Serious injury or medical emergency, which would not be routinely provided by a primary care provider;
4. Wandering or elopement;
5. Restraint violations;
6. Death of an **client individual** and cause (including death by suicide);
7. Report of all medication errors or omissions; and
8. Any event that has the potential to jeopardize the **client's individual's** health, safety or security if left uncorrected.
9. Changes in health or behavior that may jeopardize continued services.

10. Illnesses or injuries that resulted from unsafe or unsanitary conditions.

HCBS Case Manager will follow up with all reported critical incidents.

If HCBS Case Manager has first-hand knowledge of a critical incident, follow incident reporting requirements.

If the case involves abuse, neglect or exploitation, a formal VAPS (Vulnerable Adult Protective Services) referral will be initiated according to ND Century Code 50-25.2-03. VAPS will be responsible for independent review and follow up.

If the incident involves a provider, the complaint protocol will be followed to determine the next steps, which may include involving law enforcement.

Incident reporting requirements

Any paid provider or family member who is with a client, involved, witnessed, or responded to an event that is defined as a reportable incident, is required to report the critical incident.

Note: A General Event Report (GER) in the Therap case management system is the same as a Critical Incident Report (CIR) ~~in the Therap case management system~~ referenced in this policy.

As soon as a paid provider or paid family member learns of a critical incident involving an ~~client~~ individual, the incident must be:

1. Reported to the HCBS Case Manager and
2. ~~Complete a~~ A Critical Incident Report (CIR) must be completed and submitted using the General Event Report (GER) within Therap.
 - a. The completed CIR is to be submitted within 24 hours of the incident. ~~The HCBS Case Manager will receive notification of the incident report within Therap. and the HCBS Case Manager must be notified of the incident.~~
 - b. If the QSP does not have access to Therap, the GER offline forms will be completed and submitted to the HCBS case manager.
 - i. The offline forms can be accessed here: https://help.therapservices.net/app/answers/detail/a_id/2039/related/1#OfflineForms-GER
 - ii. The GER Event Report along with the GER Event Type form (e.g. medication error, injury, etc.) are to be completed and submitted together.

- c. The HCBS Case Manager and program administrator will receive the incident report once submitted for review in Therap. If the GER offline form is used, the HCBS Case Manager will fax the form to (701) 328-4875 or email: dhshcbs@nd.gov. The program administrator will then enter the GER Event Report and Event Type into Therap.

Examples

Example 1: If an ~~client~~ individual falls while the QSP is in the room but the ~~client~~ individual didn't sustain injury or require medical attention, a critical incident report is not required.

Example 2: If a family member informs the case manager that an client individual is in the hospital due to a stroke, a critical incident report is not required because the case manager nor QSP witnessed or responded to the event.

Example 3: If a QSP comes to an client's individual's home and the ~~client~~ individual is found on the floor and the QSP calls 911 so the ~~client~~ individual may receive medical attention, a critical incident report is required because the ~~client~~ individual required medical attention AND the QSP responded to the event (fall).

Example 4: If a QSP is present while the ~~client~~ individual is participating in illegal activity (e.g. drug use), a critical incident is required as the behavior is jeopardizing services.

Example 5: If the QSP finds bed bugs in ~~the client's~~ an individual'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.

Department Responsibilities

Within 24 hours or 1 business day of receiving the report from the HCBS case manager, the department will submit a medical case incident report for high level incidents into the ND Risk Management Incident Reporting system. The department will submit a medical case incident report into the ND Risk Management Incident Reporting system received from the HCBS case manager within 24 hours of receiving the report.

The program administrator will also enter GER offline reports into Therap within 24 hours of receiving report or 1 business day.

The department will hold quarterly critical incident team meetings to review all critical incident reports for trends, need for increased training and education, additional services, and to ensure proper protocol has been followed. The team consists of the ND DHS Aging Services Division Director, HCBS program administrator(s), HCBS nurse administrators, Vulnerable Adult Protective Services (VAPS) staff, LTC Ombudsmen, and the DHS risk manager.

The Department of Justice (DOJ) agreement coordinator (Aging Services Division Director) is responsible to ~~report~~ ensure that critical incidents as described in the settlement agreement to the DOJ and the subject matter expert (SME) within 7 calendar days of the receipt of the critical incident.

Remediation Plan

A remediation plan is required to be developed and implemented for each incident except for death by natural causes as required by the DOJ and the Aging Services Department. The department will be responsible to monitor and follow up as necessary to assure the remediation plan was implemented.

The remediation plan will include corrective actions taken, a plan of future corrective actions, and a timeline to complete the plan if applicable. The HCBS case manager and program administrator are responsible to follow up with the QSP to ensure the remediation plan is acceptable.