

**December 2020**

**QUALIFIED SERVICE PROVIDER  
Family Home Care Provider  
Handbook**

**Enrollment Procedures & Required Standards**

Issued By:



**Medical Services/HCBS Division  
North Dakota Department of Human Services  
600 E Boulevard Ave, Dept 325  
Bismarck, ND 58505-0250**

All QSP Handbooks can be found at the following website:  
<http://www.nd.gov/dhs/services/adultsaging/providers.html>

Individual QSP's are required to have a copy of the most current Handbook on file.

**You must also have a Forms Packet to  
complete your application.**

*This handbook contains the requirements for you to enroll as a provider delivering services for  
which you want to receive public pay.*

# **Provider Enrollment questions?**

**Call**

**1-800-755-2604**

First, select Option “1”, then Option “4”

**or**

**701-328-4602**

Forms must be completed with a pen or typed.

**Send completed packets by email, fax or mail to:**

**Email: [DSHCBS@ND.GOV](mailto:DSHCBS@ND.GOV)**

**Fax: 701-328-4875**

**Mail:**

Medical Services/HCBS Division  
North Dakota Department of Human Services  
600 E Boulevard Ave. Dept. 325  
Bismarck ND 58505-0250

# INTRODUCTION

## Family Home Care (FHC)

The purpose of Family Home Care (FHC) is to assist individuals to remain with their family members and in their own communities. It provides an option for an individual who is experiencing functional impairments, which contribute to his/her inability to accomplish activities of daily living.

FHC is provided by a spouse or family member who is enrolled as a Qualified Service Provider (QSP). The care may include help with Activities of Daily Living (ADL) such as bathing, dressing, transferring, toileting, assistance with eating, etc. and in some cases supervision is also provided.

**FHC is the provision of room, board, supervisory care, and personal services to an eligible elderly or disabled person by the spouse or by one of the following relatives, or the current or former spouse of one of the following relatives: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew.**

**The QSP and client must live together to be eligible.**

The North Dakota Department of Human Services funds and oversees Home and Community Based Services (HCBS) for the elderly and disabled. Clients are assessed by a Case Manager to determine if they are eligible for HCBS programs. The assessment includes both Functional Eligibility and Financial Eligibility.

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

If an assessment has not been completed for your potential client, the client may contact the Aging and Disability Resource-Link (ADRL) of North Dakota at 1-855-462-5465 for a referral.

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

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

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

## BACKGROUND INFORMATION

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

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

### Definitions:

- Authorization to Provide Service: A state form sent to the QSP by the HCBS Case Manager, authorizing the QSP to provide services. This form lists the time frame in which the service can be provided; maximum amount of service authorized per month, and the tasks the QSP is authorized to provide (brief descriptions are printed on back of the form).
- Case Management: HCBS case management is a service that provides specialized assistance to aged and disabled individuals who desire and need help in selecting and/or obtaining resources and services. This includes coordinating the delivery of the services in order to assist functionally impaired individuals to remain in the community in the most cost-effective manner.
- Competency Level: The skills and abilities required to do something well or to a required standard.
- Individual Provider: A self-employed person who has been approved by the Department as a QSP.
- Limited to Tasks: Limits and cautions placed on tasks provided by QSP.
- Provider Number: Number assigned to the enrolled QSP.
- Respite Care (RC): Temporary care, for a set period of time, provided to a client so their primary caregiver has relief from the stress and demands of ongoing daily care.
- Service: Work done by a provider for payment.

- SFN: **S**tate **F**orm **N**umber, located on the upper-left side of a form.
- Standard: A level of quality or excellence that is accepted as the norm for a specific task.
- Universal Precautions: Caregivers who have direct individual contact are required to follow certain guidelines to prevent the spread of infectious diseases. They include work practices to avoid contamination by blood, body fluids, secretions, excretions (except for sweat), nonintact skin, mucous membranes, dried blood, and other body substances including saliva.

## STEP 1: ENROLLMENT

All required information must be received and completed correctly before the Department can finalize enrollment or renewal. Individual QSP renewals require all the same information as an initial enrollment.

- ☐ COPY OF OFFICIAL IDENTIFICATION (i.e. driver's license, tribal ID, etc.)
- ☐ SFN 1604 – INDIVIDUAL REQUEST TO BE A QUALIFIED SERVICE PROVIDER FOR FAMILY HOME CARE
- ☐ SFN 1168 – OWNERSHIP/CONTROLLING INTEREST AND CONVICTION INFORMATION
- ☐ SFN 433 - CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
- ☐ SFN 615 – MEDICAID PROGRAM PROVIDER AGREEMENT
- ☐ W-9 – REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
- ☐ FRAUD, WASTE, AND ABUSE (FWA) TRAINING
  - The online training is available at DHS QSP site. See instructions below to access the training:
    - Use the following link to access the training on our website:
      - <http://www.nd.gov/dhs/services/adultsaging/providers.html>
    - Scroll down the page to the RESOURCES heading
    - Click on ONLINE TRAINING – Fraud, Waste and Abuse
      - Once you've completed the training, enter your name in the required field.
      - A certificate of completion will be generated; this certificate should be included your enrollment documents.

### **High Risk Provider Guidelines and Additional Requirements**

Qualified Service Providers (QSPs) will be classified as High Risk if any of the following criteria apply:

- ✓ You have had a payment suspension within the last ten years associated with a credible allegation of fraud, waste or abuse
- ✓ You have been excluded on the OIG exclusion list within the last ten years

- ✓ You have an existing overpayment of funds of \$1500 or greater and 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, please contact the Enrollment Administrator at 701-328-4602 for further requirements prior to enrollment.***

<b>STANDARDS FOR FAMILY HOME CARE PROVIDERS</b>		
<b>Service</b>	<b>Standard</b>	<b>Required Documentation or Competency Level</b>
1. FHC	Have basic ability to read, write and verbally communicate	Assurance checked indicating educational level or demonstrated ability.
2. FHC	<p>Not have been convicted of an offense that has a direct bearing on the individual's fitness to be a provider</p> <p>Have not been abusive or neglectful to someone</p> <p>Have not stolen from someone</p>	<p>Statement attesting to his/her status regarding conviction of a misdemeanor, felony, or probation.</p> <p>Statement attesting to his/her status regarding having been physically, verbally, mentally, or sexual abusive, or neglectful of someone.</p> <p>Statement attesting to his/her status regarding having stolen from someone.</p>
3. FHC	Uphold confidentiality	Agree to refrain from discussing any information pertaining to clients with anyone NOT directly associated with service delivery. Agree to NOT reveal client personal information except as necessary to comply with law and to deliver services. Assurance marked agreeing to maintain confidentiality.

<b>Service</b>	<b>Standard</b>	<b>Required Documentation or Competency Level</b>
4. FHC	<p>Not have an infectious or contagious disease</p> <p>Be physically capable of performing the service</p>	<p>Statement about having or not having an infectious or contagious disease.</p> <p>Statement that provider has the physical ability to perform the authorized tasks/service</p>
5. FHC	Client and provider mutually agree to the arrangement	Client states to HCBS case management agency the selection of the caregiver and included in documentation completed by HCBS case manager.
6. FHC	Eligible relative relationship	Meets one of the relative relationships identified in N.D.C.C. 50-06.2-02(4) – spouse or by one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew.
7. FHC	24-hour per day service	The FHC provider is responsible for the 24-hour care of the FHC client. If the client can be left alone for routine temporary periods of time without negative impact to the client's welfare and safety, and the client agrees to be left alone, there must be a documented plan to assure the client's welfare and safety.



## STEP 2: AFTER QSP APPROVAL

- As a Qualified Service Provider (QSP), you are **not** an employee of the North Dakota Department of Human Services.
- **You are a self-employed, independent contractor.** QSP's provide service and are paid for the authorized services that are delivered.
- The Department **does not** withhold or pay any social security, federal or state income tax, unemployment insurance, or workers' compensation insurance premiums from the payments you received as a QSP. Withholding and paying taxes on QSP payments is your responsibility as a self-employed individual. Information on the tax responsibilities of independent contractors can be found at [www.IRS.gov](http://www.IRS.gov).
- **You are responsible to keep your Remittance Advice (RA) (the papers showing the payments you have received) and provide copies if income verification as needed for loans, housing enrollment etc.**
- A packet of information is sent to you by the North Dakota Department of Human Services Division. Included in the packet is:
  - Your QSP provider number,
  - Rules about keeping service records
  - Billing instructions
  - A copy of the annual QSP newsletter
  - Phone List of who to call with any questions
- After the client is determined eligible for FHC and you have been chosen and approved as their FHC QSP, the HCBS case manager will give you an Authorization to Provide Service Form. This form describes the tasks you must provide to receive payment. You can only bill for days of service for the dates on the Authorization to Provide Service Form.
- You must complete the tasks marked on the authorization form; you cannot assign someone else to do them.
- You **must** have a current **Authorization to Provide Services** in your possession for each client before providing services and to be eligible for payment by the North Dakota Department of Human Services.

### **Address & Phone Number Changes:**

- **You must inform HCBS Medical Services within 14 days of any address or phone number changes by contacting the HCBS enrollment office at 701-328-4602. Changes can also be emailed to: [DSHCHCBS@ND.GOV](mailto:DSHCHCBS@ND.GOV).**

**Please Note:** You are required to notify the department if your conviction history changes.

- **If you have been found guilty of or pled no contest to an offense identified in ND Admin Code 75-03-23-07, your application may be taken to a department team meeting to determine if you are sufficiently rehabilitated.**
- **According to ND Admin Code 75-03-23-07, the department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole, or other form of community corrections or imprisonment without subsequent charge or conviction.**

## Keeping Records

- **You must keep records of the services provided. The records must include:**
  - your name
  - the client's name
  - the date of the service
  - the service code – 00001
  - tasks performed
  - document one month per sheet
- Refer to the sample documentation included with your information packet from the Department after enrollment is approved.
- Payment can be made only for the days the client is receiving care in his or her own residence.
  - Keep records if there is a break in service, such as a hospital stay.
  - Document when the client left the home and when the client returns home.
  - You cannot bill for the day the client is admitted to the hospital or days the client is hospitalized. You can bill for the day the client returns home.
  - Write down the hours a respite care provider is with the client.
  - Payment may be claimed when care is provided on the day of death if the client is receiving care at home.
- Your payment from the Department will not include any client liability or cost sharing (some clients are responsible for a portion of their service costs). This is referred to as Recipient Liability (RL).
  - The client is responsible to pay you directly for any client liability/cost sharing, and/or room and board (if the client lives in your home).
- **If you do not keep appropriate records, if you do not send service records upon request, if you do not provide the service, if you bill over the authorized amount, if you use the wrong billing codes, or if you otherwise make billing errors, the Department will request a refund or process adjustments to take back payments made to a you.**

- Per ND Admin Code 75-03-23-12, if you disagree with any action regarding provider reimbursement, you may submit a formal written request for review. Formal requests must be made in writing within 10 days of notification of the adjustment or request for refund. Notification may be contained in the remittance advice or may be included in a document sent to you by the Department.

Within 30 days of requesting a review, you shall provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review.

A provider may not request a formal review of the rate paid for each disputed item. The Department has 75 days from the date the Department received the notice of a request for review to make a decision.

### **QSP Audits, State Exclusion & OIG Referrals**

The Department of Human Services is required to complete provider reviews of QSPs to ensure that clients are receiving the services they need and to assure that the services provided meet standards set by the Department. When you enrolled as a QSP, you agreed to assist the Department in completing these reviews and you agreed to submit documentation upon request.

The Department is required to recoup all funds paid for services that were not delivered in accordance with policies and procedures per NDAC (ND Administrative Code) 75-03-23-10. For example, if the provider does not keep appropriate records, does not provide the service, bills over the authorized amount, uses the wrong billing codes, or makes any other type of billing errors.

**If you are denied enrollment or terminated as a QSP and/or placed on the State Exclusion list for any of the following possible findings (this list is not all-inclusive),** Federal law requires that we refer our final decision to exclude the provider from participating in the State Medicaid Program to the Office of the Inspector General (OIG).

**This means that you could not work for any business that receives Medicare or Medicaid funds. Please be aware this does not impact your eligibility to receive Medicaid or Medicare benefits.**

- Failure to keep appropriate records,
- If you did not provide the service,
- Billing over the authorized amount or billing the wrong code,
- Photocopied records, indicating service records were not completed at the time of service,
- Billing for an authorized task that is utilized in an unreasonable time frame,
- Fail to comply with a request to send records or information,
- Fail to set up payment arrangements or pay back funds paid in error,

- Professional incompetence or poor performance,
- Financial integrity issues,
- Certain criminal convictions

You may be referred to the OIG (Office of Inspector General) for possible exclusion in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act. This means that you could not work for any business that receives Medicare or Medicaid funds.

Once the OIG receives this referral, they make an independent decision based on their own criteria if the individual will be excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(b)(5) of the Social Security Act.

If an excluded individual wishes to again participate as a provider in the Medicare, Medicaid and all Federal health care programs, they must apply for reinstatement and receive authorized notice from OIG that reinstatement has been granted.

Per ND Admin Code 75-03-23-12, if you disagree with any action regarding provider reimbursement, you may submit a formal written request for review. Formal requests must be made in writing within 10 days of notification of the adjustment or request for refund. Notification may be contained in the remittance advice or may be included in a document sent to you by the Department. Within 30 days of requesting a review, you shall provide to the Department all documents, written statements, exhibits, and other written information supporting your request for review. A provider may not request a formal review of the rate paid for each disputed item. The Department has 75 days from the date we received the notice of a request for review to make a decision.

***Requests for formal reviews should be sent to:***

ND DHS Medical Services Division  
600 E Boulevard Ave  
Dept 325 - HCBS  
Bismarck, ND 58505-0250

## **Fraud, Waste & Abuse**

The North Dakota Department of Human Services' mission is to provide quality, efficient, and effective human services, which improve the lives of people.

Medicaid provides healthcare coverage to qualifying low-income, disabled individuals and children, and families. HCBS services are part of those services. Fraud can be committed by Medicaid providers (including QSPs) or clients. The Department does not tolerate misspent or wasted resources.

By enforcing fraud and abuse efforts:

- ❖ Medicaid providers receive the best possible rates for the services they provide to Medicaid recipients;
- ❖ Medicaid recipients are assured that their out-of-pocket costs are as low as possible;
- ❖ Tax dollars are properly spent;
- ❖ North Dakota Medicaid recipients receive necessary healthcare services (including HCBS).

### **What is Fraud?**

Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to them or some other person.

### **What is Abuse?**

Abuse is when provider practices are inconsistent with sound fiscal, business, or medical practices that result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or services that fail to meet professional recognized standards for healthcare.

Abuse may also include recipient practices that result in unnecessary costs to the Medicaid programs.

### **What is my role in helping prevent Medicaid fraud and abuse?**

REPORT any instance of suspected fraud or abuse.

### **How do I report Medicaid fraud or abuse?**

- ❖ By completing the Surveillance and Utilization Review Section (SURS) Referral (SFN 20)
- ❖ By calling 1.800.755.2604 or 701.328.4024
- ❖ By email at [medicaidfraud@nd.gov](mailto:medicaidfraud@nd.gov)
- ❖ By fax at 701.325.1544
- ❖ By letter at:

Surveillance Utilization  
Review Administrator  
c/o Medical Services  
Division  
600 E Boulevard Ave Dept  
325  
Bismarck ND 58505-0250

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

## **Report Medicaid Fraud and Other Fraud**

Anyone suspecting Medicaid fraud, waste, or abuse is encouraged to report it.

Examples of Fraud can include:

- Billing for services not performed
- Billing duplicate times for one service
- Billing outside the allowable limits
- Billing without an authorization to provide the service

To report suspected Medicaid Fraud, please call, 1-800-755-2604 and select 6 to speak with an attendant, or email: [medicaidfraud@nd.gov](mailto:medicaidfraud@nd.gov)

To report other program fraud, call the Fraud Hotline at 1-800-472-2622 or email [abramussen@nd.gov](mailto:abramussen@nd.gov)

## **HCBS Recipient's Right of Privacy, Dignity and Respect, and Freedom from Coercion and Restraint:**

Individuals receiving HCBS have a right of privacy, dignity, and respect when receiving services. The use of coercion, seclusion, and restraint of recipients in all settings with the exception of the limited use of restraints in adult residential service settings as described in NDCC 50-10.2-02 (1) is prohibit.

## How to report a Critical Incident for Qualified Service Providers

Qualified Service Providers (QSPs) are required by federal law to report all critical incidents involving people they care for.

A critical incident is “any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a waiver participant.”<sup>1</sup>

Incidents that need to be reported are:

1. Abuse (physical, emotional, sexual), neglect, or exploitation;
2. Rights violations through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation, or policy;
3. Serious injury or medical emergency, which would not be routinely provided by a primary care provider;
4. Wandering or elopement;
5. Restraint violations;
6. Death of client and cause (including death by suicide);
7. Report of all medication errors or omissions; and
8. Any event that could harm client’s health, safety or security if not corrected.
9. If an incident involves abuse, neglect or exploitation, a provider must report to Vulnerable Adult Protective Services (VAPS). To file a report, there are two options:

### Option 1:

1. Use the online reporting system.
2. Using Internet Explorer, visit: <https://fw2.harmonyis.net/NDLiveIntake/>
3. To add the client, scroll down to the bottom of report and choose “Add.”

### Option 2:

4. Fill out SFN 1607 (Report of Vulnerable Adult, Abuse, Neglect, or Exploitation), online at [www.nd.gov/eforms/Doc/sfn01607.pdf](http://www.nd.gov/eforms/Doc/sfn01607.pdf)
5. A copy of the form is included (Attachment 1).

### Critical Incident Reporting Requirements:

1. Any QSP who is with a client and is involved, witnessed or responded to an event that is a reportable incident, is required to report it.
2. When a provider finds out about a critical incident, follow these steps:
  1. **Step 1**
    3. Report it to the Home and Community Based Services (HCBS) case manager

### 1. Step 2

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<sup>1</sup> In accordance with the North Dakota Medicaid Waiver for Home and Community Based Services under the authority of §1915(c) of the Social Security Act, ND Century Code 50-25.2-03(4)

4. Fill out an incident report (SFN 53601 – Risk Management Medical Services Incident Report) from the HCBS case manager or online at <https://www.nd.gov/eforms/Doc/sfn53601.pdf>.
- A copy of the form is included (Attachment 2).
  1. Contact the HCBS case manager if you need help filling out the form.
  2. The completed SFN 53601 needs to be sent to the HCBS case manager within 24 hours of the incident.
  3. The HCBS case manager will forward it to the North Dakota Department of Human Services Aging Services Division.
  4. If the HCBS case manager has first-hand knowledge of a critical incident, he or she will forward the completed SFN 53601 to the Aging Services Division within 24 hours.

#### 10. Example 1

- If a client falls while a provider is in the room, but the client didn't have an injury or need medical attention, a critical incident report is not required.

#### 11. Example 2

- If a family member tells the HCBS case manager that a client is in the hospital due to a stroke, a critical incident report is not required because neither the HCBS case manager or provider saw or responded to the event.

#### 12. Example 3

- If a provider comes to a client's home and the client is on the floor and 911 is called for medical attention, a critical incident report is required because the client required medical attention AND the provider responded to the event (fall).



## STEP 3: QSP RENEWAL

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

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

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

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

- Copy of Government Issued Identification (i.e. driver's license, tribal ID, etc.)
- SFN 1603 – Individual Request to be a Qualified Service Provider
- SFN 1168 – Ownership/Controlling Interest & Conviction Information
- SFN 433 – Child Abuse & Neglect Background Inquiry
- SFN 615 – Medicaid Program Provider Agreement
- W9 – Request for Taxpayer Identification Number & Certification
- Fraud, Waste, and Abuse (FWA) Training
  - The online training is available at DHS QSP site:
    - <http://www.nd.gov/dhs/services/adultsaging/providers.html>

## LINKS TO FORMS

- SFN **1604** Request to be a Qualified Service Provider for Family Home Care  
<http://www.nd.gov/eforms/Doc/sfn01604.pdf>
- SFN **615** Medicaid Program Provider Agreement  
<http://www.nd.gov/eforms/Doc/sfn00615.pdf>
- **W-9** Taxpayer Identification Number and Certification  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- SFN **1168** Ownership/Controlling Interest and Conviction Information  
<http://www.nd.gov/eforms/Doc/sfn01168.pdf>
- SFN **433** Child Abuse and Neglect Background Inquiry  
<http://www.nd.gov/eforms/Doc/sfn00433.pdf>

### **Family Home Care Qualified Service Provider (QSP) Handbook:**

[www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-family-home-care.pdf](http://www.nd.gov/dhs/info/pubs/docs/medicaid/qsp-handbook-family-home-care.pdf)

This link will always have the most current handbook.

### **The Following Forms Must Also Be Reviewed:**

1. Working Together for Home Fire Safety
2. Exposing an Invisible Killer, Dangers of Carbon Monoxide



# Working Together for Home Fire Safety

A Factsheet on Home Fire Prevention

**M**ore than 4,000 Americans die each year in fires and 20,000 are injured. An overwhelming number of fires occur in the home. There are time-tested ways to prevent and survive a fire. It's not a question of luck. It's a matter of planning ahead.

## EVERY HOME SHOULD HAVE AT LEAST ONE WORKING SMOKE ALARM

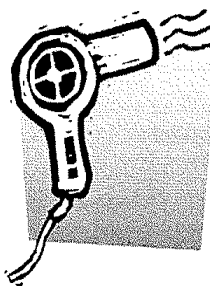
Buy a smoke alarm at any hardware or discount store. It's inexpensive protection for you and your family. Install a smoke alarm on every level of your home. A working smoke alarm can double your chances of survival. Test it monthly, keep it free of dust and replace the battery at least once a year. Smoke alarms themselves should be replaced after ten years of service, or as recommended by the manufacturer.

## PREVENT ELECTRICAL FIRES

Never overload circuits or extension cords. Do not place cords and wires under rugs, over nails or in high traffic areas. Immediately shut off and unplug appliances that sputter, spark or emit an unusual smell. Have them professionally repaired or replaced.

## USE APPLIANCES WISELY

When using appliances follow the manufacturer's safety precautions. Overheating, unusual smells, shorts and sparks are all warning signs that appliances need to be shut off, then replaced or repaired. Unplug appliances when not in use. Use safety caps to cover all unused outlets, especially if there are small children in the home.



## ALTERNATE HEATERS

- Portable heaters need their space. Keep anything combustible at least three feet away.
- Keep fire in the fireplace. Use fire screens and have your chimney cleaned annually. The creosote buildup can ignite a chimney fire that could easily spread.
- Kerosene heaters should be used only where approved by authorities. Never use gasoline or camp-stove fuel. Refuel outside and only after the heater has cooled.

## AFFORDABLE HOME FIRE SAFETY SPRINKLERS

When home fire sprinklers are used with working smoke alarms, your chances of surviving a fire are greatly increased. Sprinklers are affordable--they can increase property value and lower insurance rates.

## PLAN YOUR ESCAPE

Practice an escape plan from every room in the house. Caution everyone to stay low to the floor when escaping from fire and never to open doors that are hot. Select a location where everyone can meet after escaping the house. Get out then call for help.

## CARING FOR CHILDREN

Children under five are naturally curious about fire. Many play with matches and lighters. Tragically, children set over 20,000 house fires every year. Take the mystery out of fire play by teaching your children that fire is a tool, not a toy.

## CARING FOR OLDER PEOPLE

Every year over 1,200 senior citizens die in fires. Many of these fire deaths could have been prevented. Seniors are especially vulnerable because many live alone and can't respond quickly.

### For more information contact:

The U. S. Fire Administration  
16825 South Seton Avenue  
Emmitsburg, MD 21727

or

Visit the USFA Web site:  
[www.usfa.fema.gov](http://www.usfa.fema.gov)



Homeland  
Security



# Exposing an Invisible Killer

A Factsheet on the Dangers of Carbon Monoxide

**E**ach year in America, unintentional carbon monoxide (CO) poisoning claims more than 400 lives and sends another 20,000 people to hospital emergency rooms for treatment.

The U. S. Fire Administration (USFA) and the National Association of Home Builders (NAHB) would like you to know that there are simple steps you can take to protect yourself from deadly carbon monoxide fumes.

## UNDERSTANDING THE RISK

### WHAT IS CARBON MONOXIDE?

Carbon monoxide is an odorless, colorless and toxic gas. Because it is impossible to see, taste or smell the toxic fumes, CO can kill you before you are aware it is in your home. At lower levels of exposure, CO causes mild effects that are often mistaken for the flu. These symptoms include headaches, dizziness, disorientation, nausea and fatigue. The effects of CO exposure can vary greatly from person to person depending on age, overall health and the concentration and length of exposure.

### WHERE DOES CARBON MONOXIDE COME FROM?

CO gas can come from several sources: gas-fired appliances, charcoal grills, wood-burning furnaces or fireplaces and motor vehicles.

### WHO IS AT RISK?

Everyone is at risk for CO poisoning. Medical experts believe that unborn babies, infants, children, senior citizens and people with heart or lung problems are at even greater risk for CO poisoning.

### WHAT ACTIONS DO I TAKE IF MY CARBON MONOXIDE ALARM GOES OFF?

What you need to do if your carbon monoxide alarm goes off depends on whether anyone is feeling ill or not.

#### IF NO ONE IS FEELING ILL:

1. Silence the alarm.
2. Turn off all appliances and sources of combustion (i.e. furnace and fireplace).
3. Ventilate the house with fresh air by opening doors and windows.
4. Call a qualified professional to investigate the source of the possible CO buildup.

#### IF ILLNESS IS A FACTOR:

1. Evacuate all occupants immediately.
2. Determine how many occupants are ill and determine their symptoms.
3. Call your local emergency number and when relaying information to the dispatcher, include the number of people feeling ill.
4. Do not re-enter the home without the approval of a fire department representative.
5. Call a qualified professional to repair the source of the CO.

### PROTECT YOURSELF AND YOUR FAMILY FROM CO POISONING

- Install at least one carbon monoxide alarm with an audible warning signal evaluated by a nationally recognized laboratory, such as Underwriters Laboratories (UL), near the sleeping areas and outside individual bedrooms. Carbon monoxide alarms measure levels of CO over time and are designed

to sound an alarm before an average, healthy adult would experience symptoms. It is very possible that you may not be experiencing symptoms when you hear the alarm. This does not mean that CO is not present.

- Have a qualified professional check all fuel burning appliances, furnaces, venting and chimney systems at least once a year.
- Never use your range or oven to help heat your home and never use a charcoal grill or hibachi in your home or garage.
- Never keep a car running in a garage. Even if the garage doors are open, normal circulation will not provide enough fresh air to reliably prevent a dangerous buildup of CO.
- When purchasing an existing home, have a qualified technician evaluate the integrity of the heating and cooking systems, as well as the sealed spaces between the garage and house. The presence of a carbon monoxide alarm in your home can save your life in the event of CO buildup.

#### For more information contact:

The U. S. Fire Administration  
16825 South Seton Avenue  
Emmitsburg, MD 21727

or

Visit the USFA Web site:  
[www.usfa.fema.gov](http://www.usfa.fema.gov)



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