



Updated: June 19, 2019

**Alaska Consumer-Directed Personal Care and
Home and Community-Based Waiver Services**

CAREGIVER TRAINING GUIDE: RECERTIFICATION



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Assistance with Self-Administration of Medication (ASAM) Training

Source Material Credit: *Medication Administration*. Alaska Board of Nursing, 2013.

Training Requirement

State law requires that caregivers delivering most kinds of direct care services be trained to understand the types of support that they may provide to clients who need assistance with the self-administration of prescribed oral medications, eye drops, and skin ointments.

It is CDCN's policy to train all caregivers, regardless of the specific types of services that they may be hired to provide, to meet this requirement.

ASAM: Definition

There are two kinds of caregiver medication assistance recognized in state law:

- **Medication administration.**
Medication administration is the direct delivery or application of medication to or into the body of a client who is unable to administer medication independently (for example, applying a cream, placing a pill into a client's mouth, inserting a suppository, or using an epinephrine auto-injector).
- **Assistance with self-administration of medication (ASAM).**
ASAM is the provision of minor assistance to a client who is otherwise able to administer medication independently (for example, providing reminders, opening bottles, bringing liquids or food, or reading labels).

ASAM is not medication administration. ASAM support includes ONLY the following activities:

- Reminding a client to take a medication at the right time (within 1 hour before or 1 hour after scheduled).
- Opening a medication container or prepackaged medication for a client.
- Reading a medication label to a client.
- Providing food or liquids if a medication label instructs a client to take a medication with food or liquids.
- Observing a client while the client takes a medication.
- Checking a client's self-administered dosage against the label of a medication container.
- Reassuring a client that the client is taking a dosage as prescribed.
- Directing or guiding the hand of a client, at the client's request, while the client administers a medication.

ASAM: When It Can Be Provided

Even though CDCN requires all **caregivers** to complete basic ASAM training, not all **clients** are approved to receive ASAM assistance.

- Before you assist a client in any way with ASAM, you must review the client's current service plan/plan of care or speak with CDCN staff to confirm that medications are an approved task.
- If medications are not an approved task, you may not provide ASAM support, even if you have completed the *ASAM Training* or some other more advanced training through the agency.
- CDCN's various services require different levels of training and/or authorization before caregivers can provide ASAM support. The following chart outlines the different trainings and authorizations required.

Service Type	Authorization on Current Service Plan/Plan of Care	Completion of the <i>ASAM Training</i>	Specific Authorization from CDCN
Personal Care Services (CFC/PCS)	X	X	
Habilitation (day habilitation, in-home support, supported living)	X	X	X
Respite Care	X	X	X
Chore	*ASAM is not permitted under this service type*		

There is ONE exception to the rule limiting caregivers to ASAM-only medication activities without further training or agency authorization. The exception applies ONLY to caregivers providing *personal care services*.

- If a client is approved to receive dressing (bandage) changes and/or wound care on his/her personal care service plan, a caregiver who has completed the *ASAM Training* may directly apply prescription medications as part of dressing changes and/or wound care.
- Any application of prescription medication under this exception must be documented like other ASAM support.

You may not help with non-ASAM medication activities without authorization from CDCN.

- If you provide services other than personal care, you may be approved to help with additional medication activities, but only after receiving further training and a specific authorization from the agency.
- **You must speak with CDCN staff if you have any questions or concerns about the types of medication activities that you are permitted to help a client to complete.**

Medication Basics: Why Medications Are Given

- The human body does not always function perfectly. Almost everyone, at one time or another, will use some type of medication.
- Medications are given in the hope of obtaining a beneficial effect.

Medication Basics: Beneficial Effects

Medications may:

- **PREVENT** illness.
 - Polio and tetanus vaccines PREVENT illness.
- **ELIMINATE** disease.
 - Antibiotics such as penicillin ELIMINATE illness.
- **REDUCE** symptoms related to illness or injury.
 - Cold remedies/suppressants and aspirin REDUCE symptoms.
- **REPLACE** something the body lacks.
 - Substances such as insulin REPLACE what the body cannot produce.

Medication Basics: Prescribed vs. Over-the-Counter

Prescribed medications:

- Require an order from a healthcare provider such as a:
 - Physician

- Physician Assistant
- Advanced Nurse Practitioner
- Osteopath
- Optometrist
- Podiatrist
- Dentist
- Must be obtained from a pharmacy.

Over-the-counter (OTC) medications:

- Do not require an order from a healthcare provider (may be purchased and used at client discretion), but **may be prescribed** by a provider as part of a course of treatment.
- May be obtained from pharmacies, stores, health food outlets, or other vendors.

It is important to understand that under state law an OTC medication that is ordered by a healthcare provider must be handled just like a medication that is available only with a prescription. This means that an OTC medication that is ordered by a provider cannot be directly administered to a client who is receiving ASAM support, only assisted with as permitted by ASAM rules.

Medication Basics: Naming

All medications have two names:

- **Trade/Brand Name:** Chosen by the drug manufacturer and picked to be simple or memorable. Brand names are capitalized (for example, Prozac).
- **Generic Name:** Generally derived from the chemical structure of a drug. Generic names are lower case (for example, metformin).

Remember that VERY different medications can have VERY similar generic names (for example, fluoxetine and fluvoxamine).

Medication Basics: Packaging

MediSets:

- May be in the form of blister packs, bubble packs, or reusable hard cases.
- Contain medications for an entire week.
- Are delivered on the same day of every week.
- Feature a clear plastic cover on the front of the package to allow for easy inspection.

MediSet labels often list the following:

- Client name
- Name of medication
- Directions
- Pill descriptions
- Start/end date
- Number of pills provided
- Name/number of prescriber
- Prescription number
- Dosage time and amount
- Number of refills
- Notes identifying medications needing prescriber renewal

Pharmacy bottles:

- Come in a variety of sizes and colors, depending on the pharmacy and medication.

- May contain either solid or liquid medication.
- May or may not be see-through.

Pharmacy bottle labels often list the following:

- Client name
- Name of medication
- Directions
- Number of pills or amount of liquid provided
- Number of refills
- Prescription number
- Name/number of prescriber

Medication Basics: Samples

Doctors, nurse practitioners, and other healthcare providers may give clients samples of medications.

All medication samples should be labeled with:

- Prescriber's name and address
- Date medication was provided
- Medication name
- Medication dose
- When medication should be taken

DO NOT ASSIST a client with taking a sample medication if the above information isn't on the sample package!

Medication Basics: Storage

- Medications should be secured so that they cannot be tampered with or accidentally taken.
- Refrigerated medications should have safeguards, such as locked drawers.
- Medications should be kept in their original container or MediSet, with original labeling.
- Topical medications should be stored separately from internal medications.
- Each client in a home should have his/her own compartment, bin, or area for his/her own medications.

Remember:

- Medications may be used ONLY by the client for whom they are prescribed.
- Medications should not be used after the expiration date.

Medication Basics: Hygiene

You should always follow basic rules of hygiene when providing ASAM support. These include:

- Hand washing: Always wash before and after providing ASAM.
- Universal precautions: Use universal precautions according to your training with CDCN, including wearing gloves when necessary.

Medication Basics: Route of Entry

A **route of entry** is a way a medication enters the body. There are many routes of entry:

- **Mouth/Oral:** Delivery of tablets, capsules, or liquids through the mouth.
 - *Sublingual* means "under the tongue."
 - *Buccal* means between the cheek and teeth.
- **Topical/Transdermal:** Application of creams, lotions, ointments, drops, powders, oils, or patches (transdermal patches) to the skin.
- **Eyes/Ophthalmic:** Application of drops and ointments to the eyes.

- **Ears/Otic:** Application of drops or ointments to the ears.
- **Nasal:** Delivery of sprays or liquids through the nose.
- **Inhalation/Lungs:** Delivery of sprays through the airway/lungs.
- **Intramuscular, Intravenous, Subcutaneous/Intradermal:** Injection of liquids into the muscles, veins, or (under/into) the skin.
- **Rectal:** Insertion of suppositories, ointments, or creams into the rectum.
- **Vaginal:** Insertion of douches, vaginal suppositories, or creams into the vagina.
- **Gastrostomy/Jejunal Tube:** Delivery of liquids through a g-tube or j-tube directly to the digestive tract (used when a client has difficulty swallowing).

Medication Basics: Route of Entry Do Nots

- **Oral Route:** DO NOT measure, pour, or prepare a medication dose, or place a medication into a client's mouth.
 - **Sublingual/Buccal Route:** DO NOT place a medication into a client's mouth.
- **Topical/Transdermal Route:** DO NOT apply ANY medicated creams, ointments, lotions, or transdermal patches onto/into a client's skin.
- **Nose, Eyes, Ears Route:** DO NOT place ANY type of medicated drop or spray into a client's nose, eyes, or ears.
- **Inhalation Route:** DO NOT place a medication into ANY inhaler device or place an inhaler device into a client's mouth.
- **Rectal or Vaginal Route:** DO NOT insert ANY rectal or vaginal medications into a client (for example, a suppository).
- **Injection Route:** DO NOT draw up, prepare, and/or inject ANY medication for a client.

Medication Basics: Absorption

- Medications are absorbed or used by many different parts of the body.
- Factors affecting absorption include:
 - Body weight
 - Age
 - Gender
 - Physiological status of cells/tissues
 - Diagnosis
 - Dosage
 - Route
 - Genetics
 - Immune status
 - Psychological and emotional factors
- Some medicines must be given with food.
- Some medicines must NOT be given with food.
- You should always read ALL labels on each medication.
- A printout from the pharmacy or other source for each medication can be helpful (if one is lost or unreadable, you should get a new one).

Medication Basics: Abbreviations

Abbreviations commonly appearing on prescription labels include the following:

- AM = morning
- cc = cubic centimeter
- h or hr = hour
- hs = at bedtime
- ml = milliliter
- PM = afternoon; evening
- po = by mouth
- prn = as needed
- sup or supp = suppository
- tab = tablet
- Tbsp = tablespoonful
- tsp = teaspoonful
- mg = milligram
- gt/gtt = drops
- BID = twice a day
- daily = once a day
- TID = three times a day

Medication Basics: Solid Measures

Most solid medications (capsules and tablets) are measured in micrograms (mcg), milligrams (mg), or grams (gm). Some common conversions for these units of measure include:

- 1000 mcg = 1 mg
- 1000 mg = 1 gm
- 500 mg = 0.5 gm
- 250 mg = 0.25 gm

Medication Basics: Liquid Measures

Most liquid medications are measured in milliliters (ml) or liters (L). However, sometimes they are measured in cubic centimeters (cc), teaspoons (tsp), tablespoons (Tbsp), fluid ounces (oz), or cups (c). Common conversions for these units of liquid measure include:

- 1 ml = 1 cc
- 5 ml = 5 cc = 1 tsp
- 2 ½ ml = ½ tsp
- 15 ml = 15 cc = 3 tsp = 1 Tbsp
- 15 ml = 1 Tbsp = 0.5 oz
- 30 ml = 30 cc = 1 oz
- 240 ml = 240 cc = 8 oz = 1 c
- 30 ml = 1 oz

When a client is preparing his/her dose of liquid medication, you can remind the client to hold the measure at eye level, with a thumbnail resting on the mark that indicates the level to which the liquid should be poured. **However, you must remember that you CANNOT pour or measure the medication—the client must do so.**

Medication Basics: Six Rights

The **Six Rights of Medication Administration** is a traditional checklist used in the healthcare field to promote accuracy with medication assistance. The list is used for types of care more extensive than ASAM, but it still can be useful in helping you to provide quality ASAM support. The Six Rights are:

- Right Person
- Right Medication
- Right Dose
- Right Route
- Right Time
- Right Documentation

When you provide ASAM support, you must keep these rights in mind:

- The Right **Person**
 - The name on the prescription label must match the name of the client being assisted.

- A medication may to be used **ONLY** by the client whose name is on the prescription label.
- **The Right Medication**
 - The medication must be the one prescribed by the client’s healthcare provider.
 - Many medication names sound alike, even if the medications themselves are **VERY** different. Also, there can be several names for the same medication (brand name vs. generic).
- **The Right Dose**
 - The dose must match what is documented on the prescription label.
 - A dose may involve multiple tablets or measured liquids.
 - Abbreviations and measurement conversions may be used.
- **The Right Route**
 - The route of delivery must match the route on the prescription label (oral, eye drops, ear drops, inhaler, rectal, vaginal, topical, etc.).
- **The Right Time**
 - The medications must be taken within 1 hour before or 1 hour after the scheduled time (most medications are ordered on a specific time schedule).
 - Some medications are given multiple times during the day.
 - Some medications are ordered for once a day or on different days of the week.
 - Some medications are ordered to be given “as needed” (this is also called “PRN”).
- **The Right Documentation**
 - You must follow CDCN’s instructions for documenting the ASAM support you provide, as discussed later in this pamphlet.

Medication Basics: Right to Refuse

A client has the right to refuse his/her own medications/treatments/care. If a client chooses to refuse his/her medication or assistance with medication, you must document that, as discussed later in this pamphlet, and inform the client’s care team.

Medication Basics: What to Do If Medication Is Refused

Try, try, try again. There are many reasons a client may choose **NOT** to take a medication. Possible reasons include:

- The client does not like the effect of the medication.
- The client is not having any more symptoms.
- The client is tired of taking the medication.
- The client is having problems swallowing.
- The client has many medications to take.

To be supportive of a client who does not want to take a medication, you might:

- Remove distractions, if necessary.
- Try to determine if the medication needs to be taken in a different form (for example, liquid rather than capsule/tablet, or vice versa). If you think a change might be helpful, you should communicate your observations to the client and the client’s care team, as applicable.
- Gently encourage and remind the client why he/she takes the medication in the first the place.

Medication Side Effects

Many medications have side effects that can impact a client’s physical or mental condition. Side effects can show up at any time, but often appear during the first few days a medication is taken. You should always:

- Observe and report any changes in a client's physical or behavioral condition to CDCN and the client's care team, as applicable.
- Document any changes (and who you reported the changes to) in your case notes.
- **Call 911 immediately if any changes appear to be life threatening.**

Medication Interactions

Medication interactions occur when a combination of medications or other substances creates an effect that is wanted or unwanted.

- The chances of a medication interaction increase when a client takes several medications.
- A primary healthcare provider should always be aware of all medications a client is taking, including OTC substances such as vitamins, cold remedies, laxatives, or pain relievers.
- A client should always obtain a specific order from a primary healthcare provider for each of his/her medications.
- If a primary healthcare provider **discontinues** a medication, a client should make sure to write a reminder down to avoid continuing to take the discontinued medication by accident.
- If a primary healthcare provider adds a new medication, the levels and effects of other medications may be impacted.
- Medication interactions may increase or decrease the effects of one or more other medications. For example, antacids given with an antibiotic may prevent the antibiotic from being absorbed through the stomach, reducing or eliminating the intended effect of the antibiotic.
- Some foods can interact with medications. If medication instructions indicate that a medication needs to be taken with/without food, or that a client needs to avoid certain kinds of food, those instructions must be followed.

Adverse Reactions

Sometimes a client can react strongly to a medication, either because he/she has taken an incorrect dose, or because of how his/her body responds to certain substances. These reactions are called **adverse reactions**.

A high dose (overdose) of medication can be poisonous or harmful to a client. Overdose symptoms can include:

- Blurred or double vision
- Dizziness
- Convulsions/seizures
- Muscle weakness that is severe
- Confusion
- Shortness of breath
- Unusually sleepiness or grogginess (fatigue)
- Vomiting
- Anxiety

If you notice any symptoms of overdose, you must ACT! **If the symptoms seem to be life threatening, call 911 immediately.**

Adverse Reactions: Tardive Dyskinesia

Tardive dyskinesia is a neurological syndrome caused by the long-term use of neuroleptic medications. Neuroleptics are generally prescribed for psychiatric disorders, as well as for some gastrointestinal and neurological disorders.

Tardive dyskinesia is characterized by repetitive, involuntary movements. Features of the disorder may include:

- Grimacing
- Lip puckering
- Rapid movements (arms, legs, trunk)
- Tongue protrusion
- Lip pursing
- Impaired finger movements (playing invisible guitar or piano)
- Lip smacking
- Rapid eye blinking

The symptoms of tardive dyskinesia may remain long after neuroleptic medications have been discontinued. With careful management, some symptoms may improve and disappear over time. If a client has been diagnosed with tardive dyskinesia, you need to be aware of his/her symptoms and pay close attention to how the client behaves so that you can recognize whether or not the client is experiencing some other form of adverse reaction not related to the disorder. If you are unsure of what is causing symptoms that look like tardive dyskinesia, you must ACT! **If the symptoms seem to be life-threatening, call 911 immediately.**

Adverse Reactions: Neuroleptic Malignant Syndrome

Another possible life-threatening reaction associated with the use of neuroleptic medications is **neuroleptic malignant syndrome**. Symptoms include:

- Sudden fever
- Rapid pulse
- Rigidity
- Shaking
- Red, sweaty skin

If you observe a client experiencing symptoms of neuroleptic malignant syndrome, call 911 immediately.

Allergies

- A client can develop allergies to medications at any time.
- Allergies can be life threatening.
- You should be aware of any current medication allergies for a client under your care.

Allergies: Anaphylaxis

Severe allergic reactions are known as anaphylaxis. Signs of anaphylaxis may include:

- Rash
- Hives
- Runny nose
- Difficulty breathing
- Swelling (of the face or body)
- Wheezing
- Generalized itching
- Sore or itchy throat
- Difficulty breathing
- Abdominal cramps
- Low blood pressure/Shock
- Swelling in the throat
- Itching of the eyes or nose
- Cough
- Flushing of the skin
- Increased heart rate

Non-life-threatening reactions include:

- Mild rash

Life-threatening reactions include:

- Difficulty breathing
- Swelling of any body part

Allergies: Responding to Anaphylaxis

If you observe a client experiencing difficulty breathing and/or swelling of the face, lips, or some other body part, call 911 immediately.

If you see some other an unexpected reaction:

- Observe the client.
- Hold the medication (do not give more).
- Contact the primary healthcare provider for instructions. If you do not hear back from the provider within 1 hour, contact the emergency room for guidance.

Allergies: Anaphylaxis Points to Remember

- Allergic reactions can usually be easily reversed if treated early, BUT they can be life threatening without immediate medical attention.
- Severe allergic reactions can occur from medications, insect stings, injections, or food.
- Some people with allergies, such as to bee stings or peanuts, have a device called an EpiPen prescribed by their healthcare provider.
 - If a client uses one of these devices, you should know where it is located so you can help the client get to it quickly.

Med Logs

As with all service tasks, you must document the ASAM assistance you provide to a client, including any assistance you provide with the use of a prescribed OTC medication (refer to CDCN's documentation guides for detailed instructions). **However, if you are providing habilitative or respite care services, you must document your ASAM assistance using CDCN's *Medication Log* (med log, for short).**

- Med logs record the medications that you assist a client with each day.
- Each client's med log must STAY at the client's home while it is being used during the week of service.
- All completed med logs must be turned in to CDCN for the week of service **at the same time** as the weekly timesheet (due the following Monday by midnight if faxed or dropped off, and postmarked by Monday if mailed).
- Completed med logs are a permanent part of a client's record.
- If a client refuses a regularly scheduled medication, you must enter that information according to the instructions on the med log and make a note about the refusal on the back of the log.

Med Logs: Documentation Basics

Follow the instructions on the med log.

- Use blue/black ink.
- Write neatly.
- Be accurate—document only the assistance provide, being sure to include exact dates and times.
- Do not document for anyone but yourself.
- Print and sign your name at the bottom of the med log, and enter the date of your signature.
- Do not assign blame if information is missing—simply provide the missing information to the best of your ability.

Med Logs: Documentation Corrections

If you make a mistake while entering information on a med log, don't panic. Most mistakes can be easily corrected, as described below.

DO draw ONE line through the mistake, place your first initial, last name, and the date next to the line, and enter the correct information below the mistake.

DO NOT try to correct a mistake by:

- Using white out (whiteout is not acceptable on any documentation).
- Attempting to erase an entry that is written in ink.
- Attempting to recreate the med log.
- Blacking out an entry with permanent marker.

Remember, a med log is a LEGAL DOCUMENT.

Medication Errors

A medication error is any:

- Failure to document the provision of ASAM.
- Failure to assist a client with ASAM, if so requested, within 1 hour before or 1 hour after a medication is scheduled to be taken.
- Delivery or use of a medication that is:
 - At the wrong time (more than 1 hour before or after scheduled)
 - Not by the right route
 - Not the right dosage
 - Not intended for a client
 - Intended for a client, but given to another individual

If a medication error occurs, take the following steps:

- Check the level of consciousness and breathing of the client. **If there are breathing problems or seizures, or if it is difficult to arouse the client, call 911 immediately.**
- Call the healthcare provider who prescribed the medication to explain what happened and to see if anything needs to be done. If the provider does not respond within 1 hour, call the emergency room for guidance.
- Provide supportive care as needed.
- Call CDCN to make a report (leave a message if necessary) and document per agency policy.
- Follow any further agency instructions.

Remember, medication errors that result in the need for evaluation by or consultation with medical personnel are considered **critical incidents** and must be handled according to your critical incident training and the agency's critical incident reporting procedure

Sources of Medication Information

Some common and reliable sources of information about medications include:

- *Physicians' Desk Reference* (commonly referred to as the "PDR")
- Nursing drug guides and reference manuals
- *Drugs in Pregnancy and Lactation*
- www.drugs.com
- Drugs.com smartphone app (free)
- Epocrates smartphone app (free)
- The pharmacy where a prescription was filled

- A client's primary healthcare provider

In Summary

- You must be competent and knowledgeable to ensure quality care for, and the safety and well-being of, a client.
- You must understand the types of activities that you can assist with under ASAM, as well as the specific medication policies of CDCN.
- You must know specific information about a client and his/her ordered medications.
- You must know when to ask for help and when to report problems (if you are ever in doubt, ask!).

In Summary: What to Do If You're Concerned

As a caregiver, YOU are responsible for a client while you are providing support. If you have ANY medication-related concerns, you must contact:

- A client's primary healthcare provider
- A client's pharmacist
- A client's care team, as applicable
- CDCN
- **911 (for emergencies)**

When in doubt, ask, ask, ask!

Critical Incident Reporting (CIR) Training

Source Material Credit: *Critical Incident Reporting*. Alaska Department of Health and Social Services, Division of Senior and Disabilities Services, 2018.

What is a critical incident?

A critical incident stands out from what you already know about a client and what you already do to support him or her. In general, it is **a significant event that is out of the ordinary and not addressed by the actions described in a client's service plan/plan of care**. Critical incidents must be reported by clients and caregivers to CDCN, and by CDCN to the state.

Incidents that must be reported as critical are listed in regulation at 7 AAC 125.102, 7 AAC 127.155, and 7 AAC 130.224.

Things that you should report include:

- Safety concerns:
 - A missing client, if law enforcement is notified.
 - Client behavior that results in harm to self or others, and requires intervention beyond the services specified in the client's service plan.
 - Restrictive interventions.
 - Are defined in in regulation at 7 AAC 125.104, 7 AAC 127.160, and 7 AAC 130.229.
 - Include any actions or procedures that limit a client's movement or access to other individuals, locations, or activities.
 - May be used **only per agency policy** and must be reported when:
 - Misused.
 - Used as a crisis response (i.e., when there is imminent danger to self or others) **and** result in the need for evaluation by or consultation with medical personnel.
- The death of a client.
- An accident, injury, or other unexpected event affecting a client's health, safety, or welfare, if evaluation or consultation with medical personnel is needed.

- A medication error that results in evaluation by or consultation with medical personnel.
- An event that involves a client and a response from a law enforcement officer.

Examples of medication errors include:

- Failure to document assisting with medications.
- Failure to provide medications at, or within one hour before or one hour after, scheduled times.
- Delivery of medications at times other than when medications are scheduled, if the times are outside the acceptable range described above.
- Delivery of medications:
 - Other than by the prescribed routes.
 - Other than in the prescribed dosages.
 - Not intended for a client, or intended for a client but given to another individual.

Again, medication errors are considered critical incidents only if they result in the need for evaluation by or consultation with medical personnel. “Evaluation by or consultation with medical personnel” means analysis of the incident with respect to a client’s health, safety, and welfare for the purpose of determining an appropriate treatment or course of action.

When do you report critical incidents?

If you are involved in, witness, or become aware of a critical incident, **you must immediately (absolutely no later than 24 hours after the event) contact CDCN to make a report**, even if the agency is closed and you must leave a message. Agency staff will follow up as necessary to collect information, determine what actions the agency needs to take, and prepare a critical incident report for submission to the state.

What if there is a medical emergency or a dangerous situation?

If there is a medical emergency or dangerous situation, **you must contact 911 right away**. CDCN does not provide emergency care or medical services. If you have contacted 911 about a client you must:

- Provide emergency care and support to the client, according to your skill and experience, until emergency responders arrive.
- Cooperate with responders as requested, including providing the client’s current health, diagnostic, and medication information as needed and as available.

Who do you report critical incidents for?

Anyone you serve directly whose services are paid for by the State of Alaska (Senior and Disabilities Services), including anyone receiving:

- Home and community-based waiver services
- Personal care services
- General relief
- Grants

Things that should NOT be reported as critical incidents include:

- Scheduled medical procedures (e.g., planned surgeries).
- Falls that do not require medical consultation.
 - If a client is receiving residential supported living services, such as an elder or an adult with a physical disability who lives in an assisted living home, **all falls** must be reported as critical incidents. **Note: CDCN does not provide residential supported living services.**
- Emergency room visits for **regular** medical interventions, if/as described in a client’s service plan/plan of care.

- Scheduled/expected medical procedures or visits that **lead directly to** emergency room visits or hospital admissions (for example, a client visiting his/her doctor because of a persistent cold, and the doctor ordering immediate hospitalization for treatment of pneumonia).

Fraud Prevention Training

Be Aware

EMPLOYEES Fraud Prevention Program



- ▶ *Understanding fraud and the possible risks*
- ▶ *Assuring compliance with Federal and State laws*
- ▶ *Preventing fraudulent activities*

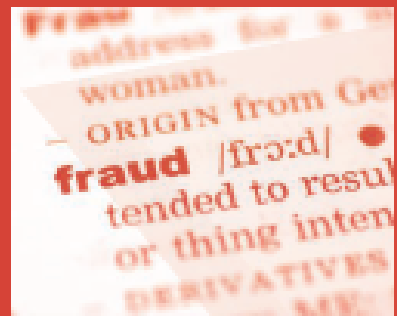
Your employer's goal is to create a better workplace, and to ensure and improve the quality of care. Employers should:

- ▶ Promote **integrity and ethical behavior**
- ▶ Support high standards of conduct and **zero tolerance for fraud**

Fraud is defined as:

The intentional deception or misrepresentation that an individual knows, or should know to be false, or does not believe to be true, and makes, knowing the deception could result in some unauthorized benefit to himself or some other person(s).

(Centers for Medicare & Medicaid Services)



Examples of fraud:

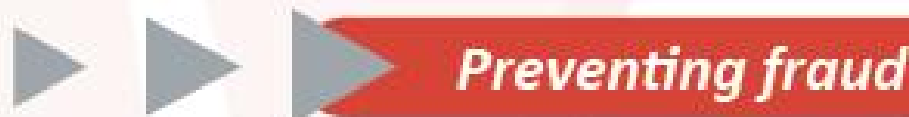
- Accepting pay for time you did not work
- Recording more time than actually worked on a time sheet: "Padding" time sheets... such as showing up late or leaving early, or taking a break and not subtracting break time when you write down time
- Stating that tasks or procedures were completed when you did not do them
- Forging other employee's or participants's signature
- Changing another person's time sheet or paperwork
- Turning in a false claim for time worked or tasks completed when these were not done and you knew it
- Suggesting or helping a participant get services or supplies that are not required for the person's disability
- Not following all parts of the contract with the company
- Not providing the expected quality of services for a participant

FRAUD

Committing fraud

Fraud may result in significant penalties ranging from warnings to suspension, termination, fines or jail time. If an employee gives false information or knows of false information and fails to report it, he/she could be convicted of a crime. The employee might have to pay large sums of money or go to jail for up to a year.

If there is reason to believe that the misconduct may violate criminal, civil, or administrative law, then your employer and the organization must promptly report the existence of misconduct to the appropriate Federal and State authorities.



Current Fraud Prevention Components:

- All employees are required to pass a criminal and Office of Inspector General (OIG) background check
- All employees receive initial and ongoing training on fraud topics:
 - The Employee Handbook includes the company's standards of conduct, a statement on Corporate Compliance and a fraud component
 - Regular fraud prevention training, as well as education topics, are provided in newsletters
- Coordinators may make unannounced visits and/or calls
- Participants and employees sign an acknowledgement and an anti-fraud statement on every time sheet
- A Fraud Prevention Manual will be available for administrative employees
- A Fraud Prevention Hotline for response to suspected incident of fraud

Federal/State law: fraud must be reported

As an approved provider or contracted agency with public health and human services departments, employers must comply with all applicable Federal, State and local laws. Therefore, employers are charged by Federal and State law with the responsibility of identifying, investigating, and referring to law enforcement officials, cases of suspected fraud or abuse.



Fraud is a crime against all taxpayers and is a State and Federal crime. Employers are mandatory reporters of any suspected fraud.

All cases of possible fraud and program abuse should be reported immediately.

To make a report, please call

1-877-532-8530

Fraud Hotline

Toll Free

Print Caregiver Name _____

INSTRUCTIONS: Review the training materials provided to you and ask questions as necessary to ensure that you fully understand the information presented. Then, complete, sign, date, and return this form to CDCN. **Note: The brackets ([...]) underneath each title tell you which training materials to reference for answers.**

Assistance with Self-Administration of Medication (ASAM) [Reference material: <i>Caregiver Training Guide</i>]	SCORE: _____
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1. Which of the following is true about ASAM?
 - a. It does not include actually placing a medication into or onto a client’s body
 - b. It can involve reassuring a client that a dosage is being taken as prescribed
 - c. It does not involve crushing or splitting a pill
 - d. All of the above

2. Reminding a client to take medication is considered ASAM. T F

3. Opening a medication container is not allowed as part of ASAM. T F

4. Reading a medication label to a client is considered ASAM. T F

5. You may not provide foods or liquids as part of ASAM—a client must do that. T F

6. Which of the following are allowed as part of ASAM?
 - a. Observing a client while he/she takes a medication
 - b. Checking a dosage against the label of a medication container
 - c. Directing or guiding the hand of a client at the client’s request
 - d. All of the above

7. Helping with ASAM means that caregivers do not actually place medication into or onto a client’s body. T F

8. While assisting a client with ASAM, you may pour, measure, or prepare a dose, or place a medication into a client’s mouth. T F

9. While helping with ASAM, you may not observe a client placing sublingual medication under his/her tongue. T F

10. While helping with ASAM, you may administer a suppository by placing it into a client’s body. T F

11. To better assist a client with ASAM, you should review a client’s service plan/plan of care to understand his/her medication needs. T F

12. Even though CDCN requires all caregivers to receive basic ASAM training, not all clients are approved to receive ASAM assistance. T F

13. ASAM *may* be provided under chore services. T F

14. Which of the following is a medication error?
 - a. Delivering a medication at the time scheduled
 - b. Delivering a medication to the intended client
 - c. Failing to document assisting with ASAM
 - d. Checking that a medication is delivered via the right route



15. While helping Melissa with ASAM, you notice that one of her medications is going to expire next week. What should you do?
- Talk to Melissa and/or her responsible party about ordering new medications
 - Remind Melissa that she should not take expired medications
 - Document in your case notes that you discussed expiring medications with Melissa and/or her responsible party
 - All of the above
16. There may be situations when you have to force a client to take his/her medications. T F
17. If a client refuses to take medication because he/she says the pills are hard to swallow, the **best response** would be to:
- Tell the client you don't really like swallowing pills either
 - Do nothing because the client is allowed to refuse
 - Call 911—it is important that the client take ALL medications on time
 - Suggest that the client or the client's care team talk with the doctor to see if the medication might be available in another form
18. If a client refuses medication because he/she is agitated or confused, it can be helpful to:
- Reattempt several minutes later
 - Offer gentle encouragement
 - Remove environmental distractions, such as noise
 - All of the above
19. You observe a client experiencing a change in physical condition that you suspect might be a side effect from a new medication. You should:
- Observe and report the change to CDCN and to the client's care team
 - Document the change (and who you reported the change to) in your case notes
 - Call 911 immediately if the change appears to be life threatening
 - All of the above
20. If a side effect, adverse reaction, or allergic reaction appears to be life threatening, you must act immediately by contacting 911. T F

<p>Critical Incident Reporting (CIR) [Reference material: <i>Caregiver Training Guide</i>]</p>	<p>SCORE: _____</p>
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1. Some injuries, accidents, and serious service events must be reported by clients and caregivers to CDCN, and by CDCN to the state. T F
2. Critical incidents are considered significant events that are out of the ordinary and may include:
- A missing client
 - Client behavior that results in harm to self or harm to others
 - Use of a restrictive intervention that results in the need for client evaluation by or consultation with medical personnel
 - The death of a client
 - An accident, injury or other unexpected event affecting a client's health, safety, or welfare
 - A medication error
 - An unexpected hospitalization or emergency room visit
 - An event that involves a client and requires a law enforcement response
 - All of the above



3. If caregivers are involved in, witness, or become aware of a critical incident, they must contact CDCN to make a report, even if the agency is closed and they must leave a message. T F
4. Caregivers must report a critical incident to the agency no later than _____ after they become aware of the event.
5. If a critical incident is a medical emergency, caregivers should call CDCN because the agency can provide emergency care or medical services. T F
6. If caregivers are unsure whether an event is a critical incident, they must still report it. T F

Fraud Prevention [Reference material: <i>Caregiver Training Guide</i>]	SCORE: _____
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1. Fraud is a crime against all taxpayers and is a State and Federal crime. T F
2. CDCN is a mandatory reporter of any suspected fraud. T F
3. Fraud is the intentional deception or misrepresentation that an individual knows, or should know, to be false, or does not believe to be true, and makes, knowing that the deception could result in some unauthorized benefit to himself/herself or some other person(s). T F
4. What are some examples of fraud? _____, _____, _____, _____.
5. Giving false information and/or failing to report fraud could lead to suspension, termination, fines, or jail time. T F
6. What is the fraud hotline phone number? _____.
7. When should you call the fraud hotline? _____.

Acknowledgement

I acknowledge that:

- I have completed the *Caregiver Training* packet to the best of my ability.
- If I have misrepresented another’s work as my own, I will lose my eligibility to be employed by CDCN, among other potential consequences.
- If I have further questions about the materials contained in the *Caregiver Training* packet it is my responsibility to contact CDCN staff for clarification or additional training.

Caregiver Signature _____ Date

CDCN Use Only

Expiration Date: _____ (expiration must match expiration date of **current** CPR/FA)





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