



# QUARTERLY PROVIDER BULLETIN

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**NORTH COUNTRY COMMUNITY  
 MENTAL HEALTH AUTHORITY**

**1420 PLAZA DRIVE  
 PETOSKEY, MI 49770  
 Ph: 231/347-7890  
 Fax: 231/347-1241  
[www.norcocmh.org](http://www.norcocmh.org)**

**Access to Services & Customer Service:  
 877-470-7130  
 24 Hour Crisis Help Line:  
 877-470-4668 TTY: 711**

North Country CMH receives its principal funding from the Michigan Department of Human and Health Services (MDHHS)

Serving Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego Counties ...  
 Keeping Services Close to Home!



# Disclosure of Ownership Requirements

*By Lani Laporte, Contract Manager (llaporte@norccmh.org)*

The Disclosure of Ownership requirements are spelled out very specifically in the new contract templates. Direct Service Providers receiving more than \$25,000 in annual reimbursements are required to comply with the Disclosure of Ownership regulations. With the many changes in staffing occurring throughout our provider network, **please remember to update the Disclosures of Ownership under these circumstances:**

1. When the Provider submits a new application
2. Upon execution of a Provider agreement
3. During re-credentialing or re-contracting
4. Within 35 days of any change in ownership (management or control) of a disclosing entity

**Providers should remember to submit a new Disclosure of Ownership when persons in Management and Control have changed!** Persons in Management and Control are defined as the CEO and CFO, or persons/entities in a position of authority, such as a contract signer/authorized representative, or owner. Persons in Management and Control also include any members of the contracted entity's Board of Directors. This information must be submitted to the NCCMH Contract Manager within 35 days of the change of managing persons.

**Specifically, disclosing information is required of the person who signs the Disclosure of Ownership.** The person who signs the Disclosure of Ownership should be listed in the current Disclosure Form under Section IX – Management and Control, Subparagraph 1.0 Managing Employees.

In addition to the management and control individuals listed in Section IX- Management and Control Subparagraph 1.0 as discussed above, there are times when additional information must be disclosed. If the contracted provider has assigned management or control responsibilities to alternative persons or entities, i.e. an outside or internal agent, list them under Section IX – Management and Control, Subparagraph 2.0 Agents. For entities with a Board of Directors, please list all Board Members under Section IX – Management and Control, Subparagraph 3.0 Board Members. Recognizing that entities with board members frequently have changes in board membership on an annual basis, it is likely that the disclosing entity has to resubmit a new Disclosure of Ownership at least annually.

**All persons listed in the Disclosure of Ownership, Section IX – Management and Control should include the full name, date of birth, home address and full social security number of each person in management and control. In all cases, there needs to be at least ONE person listed in Section IX– Management and Control, Subsection 1.0. This section should never be blank.**

Disclosure of Ownership documents are also used to inform NCCMH of any controlling interest in any other Provider entity, subcontractor, or wholly owned supplier, as well as disclosure of criminal convictions, sanctions, exclusions, debarment, and termination.

**Completion and submission of a Disclosure statement is a contractual obligation. Failure to submit the requested information may result in denial of a claim, a refusal to enter into a contract, or termination of existing contracts. For information on when a new Disclosure of Ownership should be provided to NCCMH's Contract Manager, please call 231/439-1297 or email [llaporte@norccmh.org](mailto:llaporte@norccmh.org).**

To download current [Disclosure of Ownership Form for a Contracted Entity](#) OR [Disclosure of Ownership Form for a Sub-contractor](#) of a Contracted Entity, click [HERE](#) or go to [Provider Manual – North Country Community Mental Health \(norccmh.org\)](#).

## NORTHERN REGIONAL CONFERENCE ON DEVELOPMENTAL DISABILITIES (NRCODD)



For almost forty years, NRCODD has continued to present an annual conference for direct service professionals (DSPs). The organization's goal is to provide quality training and education "to people who make a difference" in the behavioral health industry, and to provide support of those who perform these critically important roles in serving the developmentally disabled. The NRCODD seeks to have DSP positions respected and appreciated, and provides DSP's with a chance to meet, network and exchange ideas on how to improve the outcomes of clients with disabilities, while supporting the effort of DSPs in NW Michigan.

The roots of the NRCODD training conferences go back to the old Alpine Regional Center for Developmental Disabilities, which closed in 1982. Several regional Community Mental Health agencies provided staff in support of the conference upon its closure; over the years the NRCODD organizing committee's efforts evolved to serving direct support providers involved with North Country Community Mental Health. Incorporated many years ago, the NRCODD obtained their 501c3 non-profit status in 2017.

Because of the pandemic, virtual conferences via Zoom were offered in October 2020 and April 2021. Topics at the October 2020 conference included dealing with direct care worker and supports coordinator stress and burnout (topics of serious concern during the past year!), as well as dialectical behavioral therapy and options for guardianship. The October 2020 Zoom conference also saw "door" prizes being awarded, thanks to the generosity of private donors. Another virtual conference is tentatively planned for October 2021. Options for eventual in-person, or hybrid in-person/Zoom are under consideration for the remainder of 2021.

October 2021 conference topics have not yet been decided, all topic suggestions from caregivers are welcome. At least one session will stress self-care and "Responding to crises without becoming part of the crisis". The conference agenda will contain practical training by professionals who have actually done DSP work and understand the complex challenges of the job and the clients served.

Key contributors to our conferences include NCCMH staff Tricia Farkas and Janelle Kassien, whose efforts are especially appreciated by the NRCODD Committee chair and organization members.

The NRCODD is always in search of new members; current members include NCCMH staff, staff from contract provider organizations and retired professionals offering years of wisdom. Due to high turnover in DSP staff, attendance, and participation in NRCODD conferences by new DSP personnel is encouraged throughout the NCCMH staff and provide networks as a means of staff retention and training.

Find NRCODD on Facebook under Northern Regional Conference on Developmental Disabilities. Please join the Facebook group via a simple online request. The NRCODD web site is <http://www.nrcodd.org>. There you will have access to presentations from the October and April conferences, and updates (when available) on upcoming conferences.



## OVERDUE TIME STUDIES

**Time Studies are a contractual requirement** implemented in order to determine the split of Medicaid reimbursements between client CLS and Personal Care codes of service. As you know, time studies are due annually on this basis:

- Within 30 days of a new placement in an AFC or shared personal residential home environment, and
- 30 days prior to the renewal of an IPOS or no later than September 30 annually

In May, providers were contacted by the client's Supports Coordinator requesting completed Time Studies. **On June 10, providers missing time studies were emailed a listing of missing Time Studies by the Contract Manager for NCCMH.** Those who were contacted had one or more clients for whom a current Time Study is on record, i.e., a time study completed in the twelve months prior to June 10, 2021. Providers missing Time Studies should complete one and turn it in to the client's respective Supports Coordinator via NorthStar Email (automatically encrypted) or encrypted regular email within 30 days in advance of IPOS meeting (if that meeting is occurring before July 30, 2021) - OR – no later than July 30, 2021. Completion of your client time studies will allow your organization to remain in contract compliance.

Please take a moment to seek out and review any emails listing required Time Studies. If you believe you have completed a Time Study and we do not show it received, please resend to your supports coordinator as shown in your email.

Time Study forms and instructions are listed on our website [HERE](#).

NCCMH offers a 1-hour free virtual Time Study training class for any provider staff needing to attend. Simply email [llaporte@norcocrmh.org](mailto:llaporte@norcocrmh.org) to set up a convenient date.

NEXT  
MEETING...

In person meeting at  
August 2021 – Exciting!

LIMITED  
SPACE

*It has been almost 1 ½ years since we last met in person. We are excited to finally be able to meet in person for our next Quarterly Provider Meeting. Any COVID restrictions will be announced in the next Quarterly Provider Email Invitation.*

**LIMITED SPACE:** Currently social distancing will limit the number of provider staff who may attend in person. If you are interested in attending in person, **please let us know by emailing [www.providerrelations.com](http://www.providerrelations.com).** You will still have the option of attending via TEAMS.



\*\*\* University Center \*\*\* Gaylord, MI \*\*\* Tuesday, August 3, 2021 \*\*\* 10 am – 12 noon \*\*\*

# TAKE CHARGE OF YOUR MENTAL HEALTH

## SIGN UP TODAY

1. Visit [www.myStrength.com](http://www.myStrength.com) and click "Sign Up"
2. Enter Access Code: **NCCMHcomm**
3. Complete the sign up process and profile



Go Mobile! Download the myStrength mobile app, log in, and get started today.

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## Recharge, Refresh and Improve Your Mood with myStrength

We all have our struggles. Finding support to focus on your emotional health is important.

## Now you can use web and mobile tools to help you get better and stay mentally strong.

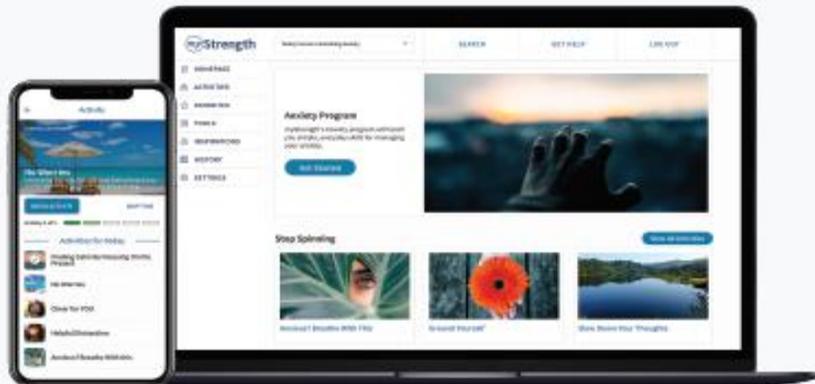
myStrength offers personalized resources to improve your mood. Learning to use myStrength's tools can help you overcome the challenges you face. And it's all safe, secure and personalized – just for you.

*"myStrength is a great wellness tool for your mind, body and spirit! I love the daily inspirational quotes and wellness articles. It is a great way for me to proactively take care of myself."*

—Jennifer,  
Working Mom, Kansas



is presented by



Ask your provider how you can get **FREE, unlimited access to myStrength.**



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# PROVIDER QUARTERLY UPDATE - OFFICE OF RECIPIENT RIGHTS, HEALTH & SAFETY

## Sun Protection

By Linda Kleiber ([lkleiber@norccmh.org](mailto:lkleiber@norccmh.org))



**Summer is a great time to enjoy the outdoors in Northern Michigan – but don't forget to take care of your skin!**



The best way to prevent skin irritation and sunburn is to always wear sunscreen when you are enjoying outdoor activities. Even when it is cloudy the sun's UV rays can damage unprotected skin. Doctors recommend a "Broad Spectrum Sunscreen" with SPF of 30 or more. This should be applied at least 30 minutes before going outdoors. It is necessary to reapply about every 2 hours, and more frequently if swimming or sweating.

Along with a broad-spectrum sunscreen, always wear a protective hat and sunglasses when going outdoors. A hat will protect your face, neck and ears. The sunglasses will protect your eyes from a sunburn too. Try to avoid the sun when the UV rays are the strongest, between 10 am and 4 pm. Michigan summers are too short, so get out and enjoy the day, just remember to protect your skin. Tanned skin is damaged skin, and it is the accumulation of this damage that can lead to increased risk of skin cancer.

## Head Lice

By Lindsay Gaertner ([lgaertner@norccmh.org](mailto:lgaertner@norccmh.org))

Head lice are a pest that is commonly found in school aged children. There are many myths associated with head lice as well as many home remedies that are thought to work. We will discuss the transmission, identification, and treatment of lice in this article.

Head lice are spread by direct contact of an infected person's head to another. It is not related to cleanliness. Lice cannot hop or fly, they crawl. Pets such as dogs and cats cannot transmit head lice. It is also possible to transmit lice through use of recently infected personal items such as comb, brush, towel, hat, clothing, bedding and pillows. Lice can be found in stuffed animals.

You will find lice in an infected person's hair. This is a photo of an adult louse:

Lice lay eggs called nits and they are attached to the base of the hair shaft. They are white and can resemble rice. Visualization of lice or nits is needed to determine that one has head lice. Usually, lice are found at the nape of the neck and around the ears. They can cause itching. Lice feed on human blood and need to feed every 48 hours for survival.



Continued on page 8

# Michigan Mental Health Code 330.1708

By Brandy Marvin, Recipient Rights Specialist (bmarvin@norccmh.org)

**Michigan Mental Health Code 330.1708 (1)** A recipient shall receive mental health services suited to his or her condition.

**WHO is responsible for providing and assuring recipients receive appropriate Services Suited to his/her Condition?** Any individual authorized to implement, coordinate and/or perform services included in a recipient's Individualized Plan of Service (IPOS/POS). [*i.e. Contracted Service Providers, Direct Care Workers, NCCMH Employees*]

**WHAT are a few examples of recipient guidelines that must be followed?** Individualized Plan of Service, Health Care Plan, Care Plan, Physical/Occupational Therapy Plan, Crisis Plan, Behavior Treatment Plan and any other required standard of care including contract, policy or law.

**WHEN and HOW often should guidelines be followed?** Every recipient has their own individualized guidelines, goals, and objectives which are very specific to their needs and are based upon their required level of care. Not all recipients have authorizations to receive the same services; however, all recipients do have a written Plan of Service which indicates other applicable service authorizations.

[*i.e.: Each IPOS will indicate whether or not the recipient has additional guidelines that need to be followed, such as a Behavior Treatment Plan, Care Plan, Health Care Plan, Crisis Plan, PT/OT etc. It is important to know the requirements of each guideline.*]

## **NCCMH CONTRACT LANGUAGE**

**The CONTRACTOR agrees to:** Work with supports coordinator. Assure services are provided consistent with a consumer's POS in the amount and duration specified. Maintain a current signed POS (at the home) and any other records required to document delivery of each consumer's objectives. Documentation must be maintained as required by the consumer's POS. Collect data and maintain written progress of all objectives in each consumer's POS including Health Care Plan. Personal care and community living support (CLS) log will be recorded daily.

**NCCMH agrees to:** Assign a supports coordinator to ensure program compliance. The supports coordinator shall ensure that consumer's needs are addressed and coordinate the provision of services required by each consumer's POS, monitor the implementation, quality and quantity of services provided, and evaluate the results of those services for or in relation to the consumer.

## **POLICIES & PROCEDURES**

NCCMH and most Contracted Providers have established Policies and Procedures which are required to be followed. A failure to follow these guidelines could result in a substantiation of a Failure to Provide Services Suited to Condition.

## **MANDATED STATE, FEDERAL AND LOCAL LAWS, REGULATIONS, AND COURT DECISIONS:** (Just a

few examples) The Michigan Mental Health Code, Civil Rights Laws, Court Orders and Rulings, Epidemic Orders, Americans with Disabilities ACT (ADA), Traffic Laws, Controlled Substance Laws, Fair Housing Act, MIOSHA, Health Laws and Regulations, COVID-19 Guidelines and Recommendations.

Continue on Page 8 for Questions

*Continued from page 6*

## Brandy Marvin – Recipient Rights Specialist

### Michigan Mental Health Code 330.1708 - QUESTIONS

1. Contracted Service Providers are required to assure that NCCMH recipients are provided with all authorized services consistent with each Individualized Plan of Service in the amount and duration specified, as required by contract with NCCMH. **TRUE**
2. A failure to follow individualized guidelines, agreements included within NCCMH Contract, state, federal, or local laws and regulations could result in a substantiated violation of a Failure to Provide Services Suited to Condition. **TRUE**
3. It is the responsibility of each assigned NCCMH Supports Coordinator to monitor, ensure, and evaluate the provision of services and level of care required by each consumer's Plan of Service. **TRUE**
4. It is the responsibility of the Contracted Service Provider (and its employees) as well as the designated NCCMH case holder to ensure any/all applicable guidelines remain current in the client's home and consistent in the amount and duration of specified directives. **TRUE**
5. All recipients have the same individualized guidelines, goals and objectives. **FALSE**

*Continued from page 6*

## Head Lice

*By Lindsay Gaertner (lgaertner@norcocmh.org)*

Treatment is completed by using a prescription strength or over the counter pediculicide. The dosage and strength are based on the patient's age and weight so consulting a medical professional or the health department would be appropriate to determine recommended treatment.

Overuse of pesticides are not recommended for several reasons: 1. Lice can become resistant to the chemicals used in treatment. 2. large doses of the chemicals for people especially children is not recommended for your health!

Many professionals recommend removal of nits as pediculicides (chemical treatment for lice) may not kill 100% of the nits. Other recommendations include washing or dry-cleaning personal care items, bedding, and clothing in water 130 degrees or warmer. Bagging up stuffed animals or other non-washable items in plastic bags for 2 weeks would kill any lice on these items. Drying items in a dryer, routine house cleaning, vacuuming surfaces and dry-cleaning items in contact with an infected person up to 48 hours is recommended.

Home remedies such as suffocating lice with olive oil or mayonnaise have not been proven effective. Also fumigating a home is not necessary. Following the directions on using the pediculicide is necessary to eliminate lice infestation and possible reinfestation. The most important thing to remember is that lice die within a day or two if they cannot feed off a host and nits cannot hatch if they are not kept at a constant warm temperature. Prevention of getting infected is key but once infected it takes a concerted effort to break the life cycle of lice by both pediculicide as well as non-medication interventions as mentioned above.



Residential or Service Sites subject to site reviews are requested to please create a signature sheet (example below) to record that staff have read and will comply with the material presented in the Quarterly Recipient Rights, Health and Safety pages of this bulletin, which replaces the previously issued Quarterly Brochure. This bulletin also replaces annual updates of Environmental Emergencies, Recipient Rights, and Medications. Sign off sheets will be monitored during annual site visits. We suggest printing & posting the Quarterly Recipient Rights and Safety pages of this bulletin on site, as well as reviewing them during staff meetings.

#### JUNE 2021

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	6/18/21
Ben Hur	<i>Ben Hur</i>	6/18/21

*Environmental Emergencies*

*Recipient Rights*

*Medication Updates*

June 2021



### PROVIDER INITIATED DOCUMENTATION REQUIREMENTS:

Providers are encouraged to complete and submit the following information required by contract as shown:

- **Disclosures of Ownership** – Submit within 35 days of when the provider has a change in management
- **FY22 Rate Schedules or Budgets (Proposed)** – Submit by August 1, 2021
- **Quarterly and YE Financials** – For providers receiving over \$500,000 in annual reimbursements, submit Quarterly unaudited Income Statement for the program, and annually submit audited financial statements.
- **Updated Professional Licenses, AFC Licenses and Certificates of Liability & Workman's Comp Insurance** – Submit prior to or at the time of license expiration.
- **Consumer Satisfaction Surveys (when required)** – Due annually, i.e., no later than September 30, 2021, for FY21
- **Time Studies (Lic. Res & PRH only)** – Due within 30 days of placement, 30 days prior to IPOS renewal meeting, or no later than September 30 annually.