



# QUARTERLY PROVIDER BULLETIN

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**Access to Services & Customer Service:  
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**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)

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 Keeping Services Close to Home!**



## TB Testing Policy for Contract Providers

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

Transmission of tuberculosis (TB) is a risk in healthcare and other congregate settings where many people share the same space for extended periods of time. AFC Homes, Day Programs, Clubhouses, and personal residential home services are types of spaces where the spread of TB can occur. Transmission of disease in these spaces is most likely to occur when clients or staff have unrecognized TB or have received ineffective or incomplete treatment for known disease.

TB is a contagious and potentially life-threatening infectious disease caused by a bacteria which is spread from person to person through the air. People with TB disease of the lungs or larynx release the bacteria into the surrounding area when they cough, sneeze, talk, or otherwise expel air, dispersing droplets that contain M. tuberculosis. These droplets can dry into tiny particles that remain suspended in the air for long periods of time. Other people can breathe the infectious particles into their lungs and become infected. Infection usually requires prolonged sharing of airspace with a person actively spreading TB bacteria into the area. TB is preventable and, in most cases, treatable. Infection control practices can help reduce the risk of TB transmission.

All providers are contractually required to perform TB testing on their staff prior to hire, and to maintain employee’s medical statements proving negative TB test results in their personnel files. In addition, providers should have a corporate policy on the requirement for pre-hire TB testing, and frequency or need for retesting. A procedure should also be in place for how to handle a positive TB test.

**Do providers have to submit ALL staff TB test results for contracting?**

NO, this is not needed providing the contractor has submitted their corporate TB Testing Policy to the NCCMH Contract manager for review, and that policy is found by NCCMH to be robust in nature and adhered to throughout the contracted entity. Select test results may be requested.

**Do small providers or Individual sole proprietors also require a TB Testing Policy and Procedure?**

In most cases where the provider has employees other than the owner or sole proprietor, it is recommended to have a written TB Testing policy as part of either corporate policy or the provider’s employee handbook. In cases where the provider owner actively works with clients by themselves, or other situations, NCCMH will request a copy of a negative TB test of provider staff or management at contracting or renewal.

# Have You Been Feeling the Heat?

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

Does it seem as if Northern Michigan summers are getting warmer, and the sun more intense, in the last few years? If that's how you are feeling, you are probably right! But what can we do to adapt to yet more environmental changes? Studies show that human performance and human comfort is affected by all kinds of factors, from the environmental and emotional, to the physical and pharmaceutical. Studies also show that people are susceptible to even mild fluctuations in the ambient temperature of living and working conditions. The ideal thermal comfort level inside a home is essentially subjective and depends on such variables as the season, geographic region, a person's metabolic rate or activity level, and the amount of insulation gained from clothing. Home managers seeking to provide the optimal indoor living and working conditions for the greatest number of people should consider their facility's temperature and understand how airflow and humidity affect it, as well as what effects that overheated or overly cooled conditions are likely to have on both the clients we serve, and home staff productivity.

OSHA (governing occupational health and safety) has no regulations specifically addressing indoor temperature and humidity. However, in Section III, Chapter 2, Subsection V of the *OSHA Technical Manual*, the agency does recommend temperature control in the range of 68-76 degrees Fahrenheit and humidity control in the range of 20 percent to 60 percent.

**Medicaid Licensing Rule R 400.14406 Room temperature, Rule 406 states: "All resident-occupied rooms of a home shall be heated at a temperature range between 68 and 72 degrees Fahrenheit during non-sleeping hours. Precautions shall be taken to prevent prolonged resident exposure to stale, noncirculating air that is at a temperature of 90 degrees Fahrenheit or above. Variations from the requirements of this rule shall be based upon a resident's health care appraisal and shall be addressed in the resident's written assessment plan. The resident's care agreement shall address the resident's preferences for variations from the temperatures and requirements specified in this rule."**

## What is the ideal indoor temperature?

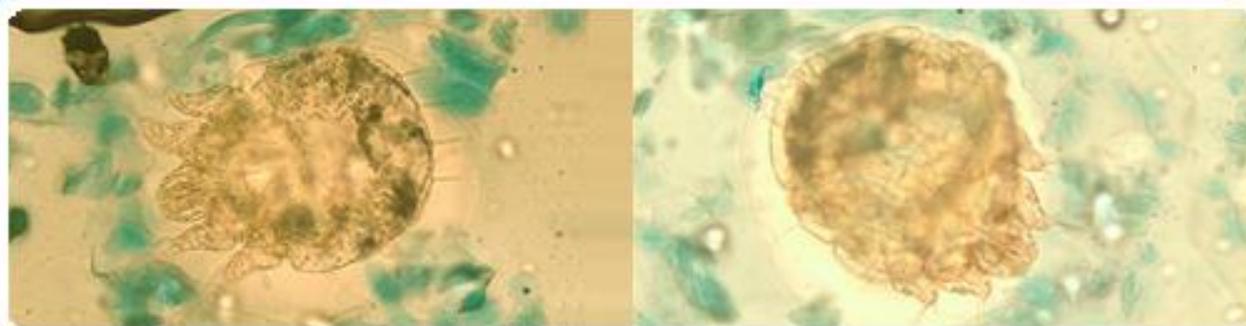
High environmental temperatures can be dangerous. In the range of 90° and 105°F (32° and 40°C), a person can experience heat cramps and exhaustion. Between 105° and 130°F (40° and 54°C), heat exhaustion is more likely. Depending on the season, the ideal house temperature for both comfort and efficiency is recommended by professionals to be 68 to 78 degrees Fahrenheit. In the summer, the recommended thermostat setting is 78 degrees F. or lower depending on available cooling systems and personal preference. In the winter, 68 degrees is recommended for energy savings. However, these temperatures aren't perfect for every situation. Personal homes, licensed residential homes, and the staff that monitor living arrangements for clients in these environments should be familiar with Medicaid regulation and be sure to monitor and manage indoor temperatures and humidity by opening or closing windows, adjusting fans, closing shades/drapes on the sunny side of the home when too warm, and assuring adequate air conditioners are positioned in the home (when available) such that comfort and fresh air circulation is provided to both residents and provider staff in the home.



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

## Scabies

By Michelle Marsh, RN Care Manager ([mmarsh@norcocmh.org](mailto:mmarsh@norcocmh.org))



The above picture is taken from the CDC's website.

Scabies is a microscopic mite that burrows into a person's skin. It lives there and lays its eggs. Overall, it causes the infected person to have intense itching and a rash. Scabies is a skin disorder that can cause the person discomfort and pain.

The transmission of Scabies is person to person with prolonged skin to skin contact. The rash may not start for a month or two in a person who has been exposed to the mite for the first time. If a person were to get multiple exposures overtime, the rash will develop much faster. Generally, the rash is seen on the person's trunk, armpits, between fingers, groin and the waist. Typically, diagnosis is by the distinct appearance of the rash that is very itchy and has raised bumps like pimples. Skin scrapings are sometimes ordered for diagnosis.

Treatment for scabies requires a prescription cream or lotion. The patient needs to follow the directions carefully on where to apply the cream, how long to leave it on, to wear clean clothing after treatment, as well as to use all clean linen after each application. All members of a household who have had prolonged skin to skin contact should be treated at the same time. The mite doesn't live more than three days off the skin, so bedding and clothing worn in the three days prior to treatment need to be washed and dried in hot water. Things that cannot be washed need to be sealed in plastic bags to suffocate the mite. Vacuuming beds and other surfaces should be completed to prevent the spread of the mites and eggs. Pesticides and fumigation is not found to be helpful nor is it recommended.

*For more information on this or other infectious diseases, call Michelle Marsh RN at 231.258.5133 ext. 3210.*

## COMING SOON - ONLINE ZOOM RECIPIENTS RIGHTS TRAINING

Tentatively the 1<sup>st</sup> training is scheduled for 11/18/2021 9am-Noon

Keep checking our website for updated information:

<http://www.norcocmh.org/provider-training/>

# It's Not Just WHAT You Say - But HOW You Say It

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

You've heard the old saying, "It's not just what you say, but how you say it." This holds very true with the way we communicate and interact with our recipients. Whether interactions occur in person, by phone, in writing, via telehealth or otherwise, it is important to be mindful (not only) of our choice in words, volume and tone, but to also be aware of our use of body language. Much of 'how and what' we say is communicated through nonverbal expressions; such as body posture, hand gestures, facial expressions, eye contact, body positioning, and use of personal space.

***Abuse Class III: Use of language or other means of communication (by an employee, volunteer, or agent of a provider) to degrade, threaten, or sexually harass a recipient.***

***Degrade:*** To treat humiliatingly...to cause a loss of status, reputation or self-esteem, to degrade, debase, demean, shame, disgrace or humiliate...to insult the persons heritage, mental status, race, sexual orientation, gender or intelligence...to swear at or use foul language at a recipient.

***Threaten:*** To tell someone that you will hurt them or cause them problems if they do not do what you want.

***Sexual Harassment:*** Sexual advances to a recipient, requests for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient.

***Dignity and Respect: A recipient has the right to be treated with dignity and respect.***

***Dignity:*** To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing, condescending or demeaning; to be treated as an equal; to be treated the way any individual would like to be treated.

***Respect:*** To show deferential regard for; to be treated with esteem, concern, consideration, or appreciation; to protect the individual's privacy, to be sensitive to cultural differences; to allow an individual to make choices.

*Scenario 1: Staff encourages a recipient to clean their bedroom and offers support and assistance, if necessary, based on goals and objectives included in the recipient's Individualized Plan of Service.*

***{Appropriate-No Violation Established}***

*Scenario 2: Staff tells a recipient to go clean their bedroom because it's disgusting, and it stinks as bad as they do. {Failure to Provide Dignity and Respect}*

*Scenario 3: Staff approaches a recipient with a raised voice and a pointed finger telling them they need to get in there and clean their bedroom or they are going to be in trouble. {Abuse-Class III}*

***Plan now to attend the next  
QUARTERLY PROVIDER MEETING***

Tuesday, November 2, 2021 \*\*\* Via Teams \*\*\* 10 am to 12 pm

# Fire Safety Week is Approaching October 3-9, 2021

By Linda Kleiber, Safety Specialist ([lkleiber@norcocmh.org](mailto:lkleiber@norcocmh.org))

## This year's theme is "Learn the Sounds of Fire Safety!"

The goal is to educate everyone about the different sounds the smoke and carbon monoxide alarms make. Knowing what to do when an alarm sounds will keep you, your co-workers, consumers and your family safe. When an alarm makes noises, such as a beeping sound or a chirping sound, you must take action.

### What if someone in my home is deaf or hard of hearing?

There are smoke alarms and alert devices that alert people who are deaf or hard of hearing. These devices include strobe lights that flash to alert people when the smoke alarm sounds. Pillow or bed shakers designed to work with your smoke alarm, can be purchased and installed.

[For more information on this important topic, visit Fire Safety for the deaf or hard of hearing section.](#)

### Frequently Asked Questions about smoke and carbon monoxide (CO) alarms:

- **What's the difference between smoke alarms and carbon monoxide (CO) alarms?**
- **Why do I need both?**
  - Smoke alarms sense smoke long before you can, alerting you to danger. In the event of a fire, you may have as little as 2 minutes to escape safely, which is why smoke alarms need to be in working condition.
  - Carbon monoxide is an odorless, colorless gas that displaces oxygen in your body and brain and can render you unconscious before you even realize something is happening to you. Without vital oxygen, you are at risk of death from carbon monoxide poisoning in a short time. CO alarms detect the presence of carbon monoxide and alert you so you can get out, call 9-1-1, and let the professionals check your home.

It is important to know your sites procedures and evacuation plans.





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.

SEPTEMBER 2021

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	9/16/21
Ben Hur	<i>Ben Hur</i>	9/16/21

*Environmental Emergencies*  
*Recipient Rights*  
*Medication Updates*