



**INSIDE THIS ISSUE**

**CONTRACT UPDATES**

When is Worker's Compensation Insurance Required? ..... 1 - 2

Registration Procedures for Users of NorthStar ..... 2

Contract Provider Requirements for AFC Home TB Testing ..... 3

#MENTALHEALTHMATTERS ..... 4

Splash of Color ..... 5

**PROVIDER QUARTERLY UPDATES  
OFFICE OF RECIPIENT RIGHTS,  
AND HEALTH AND SAFETY:**

Emergency Preparedness and Tornado Safety ..... 6

When is it Appropriate to Contact the Police ..... 7-8

Signature Page ..... 8

**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...**

**WHEN IS WORKER'S  
COMPENSATION INSURANCE  
REQUIRED?**

*By Lani Laporte, Contract Manager [llaporte@norcocmh.org](mailto:llaporte@norcocmh.org)*

According to the State of Michigan, the Workers' Disability Compensation Act (WDCa) requires that employers that meet the following criteria **must** carry workers' compensation insurance:

- a. All private employers regularly employing 1 or more employees 35 hours or more per week for 13 weeks or longer during the preceding 52 weeks.
- b. All private employers regularly employing 3 or more employees at one time. (This includes part-time employees.) ...
- c. All public employers.

An employee is any person in the service of another, under any contract of hire, express or implied.

1099 Employees: If you hire staff as non-employees, but are responsible for directing their work, their hours, and other key elements, then you likely need to have worker's compensation insurance as the State will consider those individuals employees even if you do not withhold State of Michigan income tax, nor process them in a payroll.

The WDCa provides employers three different methods to comply with its insurance mandate. Compliance may be achieved by purchasing insurance, self-insuring, or properly executing an exclusion form. In addition, any employer not meeting the above-criteria may voluntarily assume the liability for compensation and benefits imposed by the WDCa.

Compliance with WDCa coverage requirements is essential for providing protection to both employees and employers.

Contracted providers of NCCMH are required to comply with WDCa coverage requirements. For those providers required by the state to have workman's compensation insurance, the provider is required to submit a current Workman's Compensation Certificate of Insurance Coverage to NCCMH.

*Continued on Page 2*

Continued from Page 1

### WHEN IS WORKER'S COMPENSATION INSURANCE REQUIRED?

For providers not required to have the insurance, the provider must have the Workman's Compensation Insurance Exclusion Form completed, submitted and retained on file by NCCMH. Submit documentation to [providerrelations@norcocmh.org](mailto:providerrelations@norcocmh.org)



## REGISTRATION PROCEDURES FOR USERS OF NORTHSTAR

By Lani Laporte, Contract Manager [llaporte@norcocmh.org](mailto:llaporte@norcocmh.org)

New Providers, or existing providers with changes of staff are required by contract to notify NCCMH's finance department immediately when there are changes in a NorthStar User's status or when a new user needs to be added. Technically there are two different forms for these functions, as follows (click on link to website for the required form):

[NorthStar New User Request Form](#) is to be used when a new provider first sets up their use of NCCMH's NorthStar Electronic Health Record System. Submit one form per new person authorized to use NorthStar. This form must be signed by a management person within the provider's organization.

[NorthStar User Verification Form](#) is to be used when an existing provider needs to remove or confirm who among their staff should remain as a registered NorthStar user. Submit one form listing/confirming all current users of NorthStar for your organization. This form must be signed by a management person within the provider's organization.

When required, submit either of these forms to Dominique Cook, Reimbursement Supervisor, at [dcook@norcocmh.org](mailto:dcook@norcocmh.org).

**NOTE: WHEN A NORTHSTAR USER IS TERMINATED BY THE CONTRACTED EMPLOYER PROVIDER, THE PROVIDER IS OBLIGATED TO SUBMIT THE TERMINATION INFORMATION TO NCCMH IMMEDIATELY.**



# CONTRACT PROVIDER REQUIREMENTS FOR AFC HOME TB TESTING

By Lani Laporte, Contract Manager [llaporte@norcocmh.org](mailto:llaporte@norcocmh.org)

**LARA indicates the following requirements for Tuberculosis testing of new hires, direct care staff, licensed residential and related administrative staff, as contracted by NCCMH: R 400.14205**

A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

(2) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

As a reminder, all contracted providers were notified in 2013 of the requirements that their staff should comply with the above three-year testing requirement and to have similar written, approved policies and procedures for their contracted entity. Minimally, all contracted providers shall provide proof of requalification and completion of TB testing upon contract renewal by providing either a written, approved TB Testing policy and procedure, on letterhead, or, provide copies of updated TB test results for management and direct care staff. This is a compliance requirement for all contracted providers.

---

## REMININDER

**NEXT QUARTERLY PROVIDER MEETING... is MAY 2<sup>nd</sup>**

**It will be in person at The University in Gaylord, MI.**

**10am-12noon. Also available via Teams**



# NORTH COUNTRY

## COMMUNITY MENTAL HEALTH

*is seeking community partners and sponsors!*

May is Mental Health Month is a good opportunity for us to share information with community members on how to protect and support our own mental health and be helpful to others with mental health issues or developmental disabilities.

**Will you help us?** In recognition of May is Mental Health Month, North Country Community Mental Health (NCCMH) is looking for community agencies, organizations, and companies interested in hosting mental health awareness events of their choosing, with support from us if needed or wanted, and for monetary sponsors to defray costs of advertising, color run paint, printing, t-shirts, and banners.

Events being planned now include the 23rd Annual Splash of Color Fun Run, #Tools4Resilience Virtual Education Series, Travelling Art Show, and more!

Contact Trenton Lee at [tlee@norcocmh.org](mailto:tlee@norcocmh.org) or at 1-231-758-9228 for more info.

## #MENTALHEALTHMATTERS

### Green Sponsor - \$500+

- Facebook Shoutout
- Logo and Business name
- Featured Sponsor on Splash of Color Eventbrite Page

### Blue Sponsor - \$250-\$499

- Facebook Shoutout
- Business name on Banner

### Silver Sponsor - \$100-\$249

- Business name on Banner and Flyer

### Client Sponsor

\$25 will sponsor a client's registration and t-shirt to participate in the 23rd Annual Splash of Color 5K Run/1 Mile Walk

# Splash of Color Fun Run & Walk For Mental Health Awareness

May is Mental Health Awareness Month

Join North Country CMH in Petoskey for the 23rd Annual Splash of Color Fun Run and Walk for Mental Health Awareness.

## 5K Run & Awareness Walk

1 in 4 adults live with a diagnosable mental disorder in a given year (source: Johns Hopkins). Join NCCMH in raising awareness for mental health services in our community.

#MENTALHEALTHMATTERS



**When:** Saturday, May 20th at 10am

**Where:** Festival Park in Petoskey

**Registration costs \$25 per person.**

**Scan the QR Code above or call 231-439-1228 to Register**

**FUN FOR  
ALL AGES!**

\*Group rates available for groups of 5 or more.

\*Registration includes a T-Shirt, NCCMH Swag Bag, and a chance to win door prizes!

\*All proceeds are donated to our Client Special Needs Fund, helping our clients achieve their treatment goals!

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

## EMERGENCY PREPAREDNESS AND TONADO SAFETY

*By Linda Kleiber, Safety Specialist (lkleiber@norco cmh.org)*

**Are you Ready?** Emergency preparedness: flood, tornadoes, blizzards, pandemic or even acts of terrorism are on everyone's mind. We know they can happen, but are we really prepared?

### **Create, Practice, and Update your Disaster Plans**

There are many types of disasters. Be realistic and learn what types of disasters could affect your area. If you are aware you can prepare. Once you have a plan you need to practice and update it regularly. Take the time to review your plan with staff and consumers.

You have a plan on how to evacuate if there is a fire; you have plans for the safest location at your site in care of a tornado. Do your plans include where to relocate if you cannot go back to your worksite in the interim or for overnight emergency shelter? If your emergency shelter is a local hotel/motel you should have something in writing from them stating under what conditions, they can accommodate your sites needs and this should be verified with them at least annually. Loss of heat in the winter may be another reason to relocate. What is the criteria to relocate in this situation? What emergency supplies (water, food, First Aid kit, etc.) do you have and where are they located? Where are the emergency phone numbers? All sites are required to have Emergency bags (wheeled) they must be checked monthly and documented; they must meet the needs of the individuals at your location.

Does your plan include the location of your utilities (electric, gas, water)? Emergency personnel may ask the location so they can turn them off. In an emergency you may not be able to contact the person who is responsible for making major decisions for your site. We have many resources such as FEMA, Red Cross, and MDHHS that have information on emergency preparedness for people with special needs.

**Tornado Safety:** It is that time of the year to practice. The voluntary statewide tornado drill is scheduled for March 22, 2023 at 1:00pm. Spring is traditionally regarded as tornado season. However, they can occur in any month of the year, given the right situation and location. March is a good time to review your worksite's tornado procedure. This should include when you are in your building, out in the community, or in a vehicle. Tornadoes are dangerous. They can destroy well-made structures, uproot trees and hurl objects through the air like deadly missiles. Although severe tornadoes are most common in the plains states, they can happen anywhere.

Identify a safe place in the home/site where everyone will gather during a tornado: a basement or an interior room on the lowest floor with no windows.

**A tornado WATCH** means a tornado is possible. **A tornado WARNING** means a tornado is already occurring or will occur soon. GO TO YOUR SAFE PLACE IMMEDIATELY.

*If you have any questions, need assistance updating your emergency plans, or need more information on how to access any of the resources, please feel free to contact Linda Kleiber at 231-439-1230.*

## WHEN IS IT APPROPRIATE TO CONTACT THE POLICE?

Brandy Marvin ([bmarvin@norcofmh.org](mailto:bmarvin@norcofmh.org))

**When a situation is out of control (and) all other possible attempts have been made to mitigate the issue.**

If an individual is exhibiting a seriously aggressive, self-injurious or other behavior that place the individual or others at risk of physical harm (AND) caregivers are unable to safely remove those individuals from the hazardous situation to assure their safety and protection, safe implementation of approved physical management have been attempted or are impractical or unsuccessful in reducing or eliminating the imminent risk of harm to the individual or others.

### To Report Abuse and/or Neglect

If you suspect (or have reasonable cause to believe) that a child or a vulnerable adult has been **ABUSED, NEGLECTED, EXPLOITED**:

1. Take IMMEDIATE ACTION to protect, comfort, care for, and seek necessary treatment for the recipient.
2. Report To: The Office of Recipient Rights, APS/CPS, Licensing, and Law Enforcement.

### DUTY TO WARN: \*Mental Health Professional(s)

IF A RECIPIENT...

1. Communicates a Threat of Violence Against Another Individual (**and...**)
2. Has Apparent Intent (**and...**)
3. Has the Ability to Carry Out the Threat in the Foreseeable Future

**(16) "Mental health professional" means an individual who is trained and experienced in the area of mental illness or developmental disabilities and who is 1 of the following:**

(a) A physician.

(b) A psychologist.

(c) A registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242.

(d) A licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code, 1978 PA 368, MCL 333.18501 to 333.18518.

(e) A licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code, 1978 PA 368, MCL 333.18101 to 333.18117.

(f) A marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code, 1978 PA 368, MCL 333.16901 to 333.16915.

Also See 330.1946 Threat of physical violence against third person; duties.



Continued on Page 8

Continued from Page 7

## WHEN IS IT APPROPRIATE TO CONTACT THE POLICE?



**If you suspect (or are aware of) recipient involvement in illegal incidents or activity such as: \*Probation Violations \*Theft \*Speeding \*Drugs \*Disputes**

*[EXAMPLE: A direct care worker witnesses a recipient steal an item from a store during a community outing. It is NOT APPROPRIATE for staff to contact the store manager and/or law enforcement to report the theft!]*

**Staff Should:**

- \*Attempt positive redirection with the recipient and remind them of the possible legal consequences that could occur.
- \*Complete an Incident Report
- \*Discuss issues and concerns with the recipients NCCMH Supports Coordinator/Case Manager

**During a “Manageable” Behavior--Prior to Contacting Law Enforcement**

**Staff Should:**

- \*Attempt redirection approaches and utilize any applicable recipient guidelines included in the recipients’ Individualized Plan of Service/Behavior Support Plan/Crisis Plan etc.,
- \*Utilize approved physical management techniques (only) if/when necessary

**True or False**

1. Staff should contact the police immediately if they witness a recipient stealing. **False**
2. Staff should contact the police whenever a recipient is upset just in case the situation escalates. **False**
3. Mental Health Professionals are required by law to report incidents of alleged and suspected Abuse/Neglect of a vulnerable adult. **True**

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 and Safety pages of this bulletin. This bulletin 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.

**December 2022**

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	3/15/2023
Ben Hur	<i>Ben Hur</i>	3/15/2023

*Environmental Emergencies  
Recipient Rights*