



QUARTERLY PROVIDER BULLETIN December 2023
NORTH COUNTRY COMMUNITY MENTAL HEALTH

INSIDE THIS ISSUE

PROVIDER QUARTERLY UPDATES
OFFICE OF RECIPIENT RIGHTS & SAFETY

Incident Reporting (IR) 1-2
Be Prepared for Winter Driving 3
Signature Page 4
Next Provider Meeting4

CONTRACT UPDATES

Contracting Updates..... 5
News from Kim Rappleyea 6
NCCMH Site Visit Tool 2024 7-17

NORTH COUNTRY
COMMUNITY MENTAL HEALTH
AUTHORITY

1420 PLAZA DRIVE
PETOSKEY, MI 49770
Ph: 231/347-7890
Fax: 231/347-1241
www.norcccmh.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
Health and Human Services (MDHHS)

Serving Antrim, Charlevoix, Cheboygan,
Emmet, Kalkaska, and Otsego Counties...



PROVIDER QUARTERLY UPDATE
OFFICE OF RECIPIENT RIGHTS, HEALTH & SAFETY

INCIDENT REPORT (IR)

Amanda Cordova, Office of Recipient Rights (acordova@norcccmh.org)

An Incident Report (IR) is used to document an unusual event involving a
recipient. This contractually required document is legally protected and is not
made part of the client’s record or released outside of NCCMH. AFC Licensing
also has incident/accident reporting requirements; either the Licensing IR
form or the NCCMH IR form may be submitted to NCCMH.

Types of incidents that need to be reported include, and are not limited to:
accidents, aggressive behavior, arrest, death or suicide, evacuation of a
facility, illness or health-related issues, any time a client travels by ambulance
for care, unplanned doctor visits, inappropriate sexual behavior, infection
control issues, injuries, medication refusals/errors, breaches of privacy,
safety concerns, substance use, treatment issues and unauthorized leaves of
absence.

If the incident involves Serious Illness/Injury, Hospitalization, Death, AWOL,
or Abuse/Neglect it MUST be reported by phone to the NCCMH primary case
holder immediately. The staff member filling out the IR must do so prior to
the end of their shift. The completed incident report with corrective action
MUST be sent to NCCMH within 48 hours of the incident.

It's important to note that the staff member who directly witnesses or
discovers the event must write the IR. If there is more than one witness only
one form must be submitted. A supervisor or other staff member MAY NOT
complete or re-write the form on behalf of a witness. The writer and the
supervisor must SIGN and DATE the IR in the designated areas.



Continue on page 2

*Continued from Page 1***INCIDENT REPORT (IR)***By Amanda Cordova, Recipient Rights Specialist (acordova@norcocmh.org)*

The IR's will be viewed by the appropriate CMH staff and Recipient Rights Office within the electronic record system once processed by the designated clerical staff. If these IR's aren't legible, are missing information, or are unclear, you will be contacted for further information and clarification.

Important Reminders:

- **PRINT legibly.** Keep in mind, the IR must be read when faxed/emailed. You do not need to fit all the information in the description box, you can use extra sheets of paper.
- **Complete ALL the fields.** You must fill in the dates, program type, name of AFC, client name, address, witnesses, etc. Use the NCCMH category definitions and choose the most appropriate event box. *Caution: If the incident involves other recipients, use only their initials or client ID #'s.* It is OK to use the names of staff and the recipient who the IR is about. File separate IR's for other clients that are affected by the incident.
- **Just the facts.** Write only what you observed. For example: who, what, when, where? What happened just before the event? Do not include opinions or guesses. You may submit supporting documents with along the IR (i.e. hospital discharge papers.)
- **If medical care was provided,** make sure to complete the "Treating Physician/Medical Facility" section including an explanation of the diagnosis or injury.
- **If the incident involved physical management,** you **MUST** also complete and submit the "NVCI form" also known as "Justification for Use of Each Application of Non-Violent Crisis Intervention." Please send the NVCI form along with the IR.
- **Follow-Up.** Prior to submitting the IR, the supervisor should review it for completeness and document any further action taken to address the event.
- **Document a summary** of the event in the applicable section of the recipient's record (i.e. Progress, Notes, Self-Limiting, MAR, etc.)

Where to send incident reports:

Clients designated as "MI": Fax to 231-547-0136* or Email (encrypted) MIIR@norcocmh.org

Clients designated as "DD": Fax to 989-732-0780* or Email (encrypted) DDIR@norcocmh.org

****It is important to note that while a fax line IS available to send IR's, the preferred method is to be sent through encrypted email to the appropriate email address listed above.***

-

BE PREPARED FOR WINTER DRIVING

By Linda Kleiber, Safety Specialist (lkleiber@norcoemh.org)

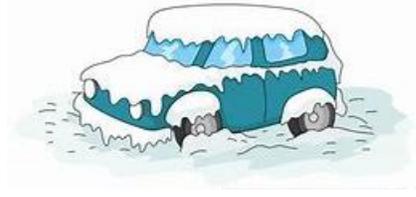
Driving in the winter can be stressful, especially in snowstorms and icy conditions. Getting your vehicle ready for winter and using some simple tips to drive safely will help to alleviate some of the stress.

Prepare Your Vehicle for Winter

In addition to regular maintenance, here are some tips to winterize your vehicle:

- Have the battery tested; battery power drops as the temperature drops
- Make sure the cooling system is in good working order
- All-season tires, check the tread and replace if less than 2/32 of an inch
- Check the tire pressure; tire pressure drops as the temperature drops
- Check your wiper blades and replace if needed
- Add wiper fluid rated for -30 degrees
- Keep your gas tank at least half full to avoid gas line freeze.

Remember to keep your vehicle's emergency preparedness kit fully stocked.



Before You Start Out

- Clean your vehicle's external camera lenses and side mirrors
- Remove dirt, ice and snow from sensors to allow the assistive-driving features, like automatic emergency braking, to work in frigid weather

How to Avoid a Crash AAA offers the following driving tips.

- Avoid using cruise control in wintry conditions
- Steer in the direction of a skid, so when your wheels regain traction, you don't have to overcorrect to stay in your lane
- Accelerate and decelerate slowly
- Increase following distance to 8 to 10 seconds
- If possible, don't stop when going uphill

If visibility is severely limited due to a whiteout, pull off the road to a safe place and do not drive until conditions improve. Avoid pulling off onto the shoulder unless it is an absolute emergency. Limited visibility means other vehicles can't see yours on the shoulder.

Know Your Vehicle's Capabilities

[My vehicle does what?](#) is a national campaign to help educate drivers about the safety features built into vehicles. Search your vehicle and find out what safety features are already built in.

Traction control is now standard on most new vehicles. This function helps your vehicle gain traction on snowy, icy or wet surfaces, particularly when accelerating from a stopped or slowed position, or when trying to make it up a slippery hill.

Anti-lock braking system (ABS) helps you steer in emergencies by restoring traction to your tires and is standard on most new vehicles. ABS may vibrate or pulse when engaged. This is normal. Continue to press and hold pressure to the brake pedal.

Remember, you are your vehicle's best safety feature. Take precautions to ensure you arrive safely at your destination. If you become stranded in an unfamiliar area, do not leave your vehicle. Light flares in front and behind the vehicle and make sure the exhaust pipe is not blocked by snow, mud or objects.

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. 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 2023

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	12/14/2023
Ben Hur	<i>Ben Hur</i>	12/14/2023

Environmental Emergencies

Recipient Rights



VIRTUAL QUARTERLY PROVIDER MEETINGS WILL CONTINUE UNTIL NOTIFIED OTHERWISE.

THE NEXT QUARTERLY PROVIDER MEETING:

**Tuesday, February 6, 2023
VIA TEAMS * * * 10 AM - 12 NOON**

RECIPIENT RIGHTS AND SAFETY QUARTERLY UPDATE – PLEASE PRINT AND POST

CONTRACT UPDATES

Lani Laporte, Contract Manager llaporte@norcocmh.org

CONTRACT CARRY-OVER CLAUSE

What is a Term Carry-Over Clause? All NCCMH contracts have a specific term and effective dates. When that contract term or addendum effective date expires, such as contracts expiring September 30, 2023, the clause takes effect. This clause states that the contract shall continue on a month-to-month basis thereafter upon the terms and conditions set forth herein, and at the fee and service levels authorized in the exhibits, until amended, or until canceled.

The carryover clause in the provider's master contract maintains the entire pre-existing contract terms until subsequently changed or terminated. This also means that any addendums, rates, fees, programs, or requirements of the provider as previously agreed upon also remain in effect past the initial term date.

NEW CREDENTIALING REQUIREMENTS ADDED TO FY24 CONTRACT BOILERPLATE: SUMMARY

FY24 NCCMH Contract Boilerplates now spell out the following standards for credentialing of Provider staff and related individuals. Providers should ensure that their internal practices are in compliance with the following and that their credentialing Policies and Procedures contain similar language to the FY24 contract.

1. Providers must conduct criminal background checks on employees prior to hire and at least every two years using [ICHAT](#) (or similar) and the [national](#) and [state](#) sex offender registries.
2. Providers who serve children under our contract must also check the [Central Registry](#) prior to hire.
3. Report to NCCMH in writing, any employee with any criminal convictions (felony or misdemeanor,) pending felony charges, or placement on the Central Registry, at hire or within 10 days of the event after hiring.
4. Use the [Michigan Medicaid Manual](#) (Section 6.) and the [Social Security Act](#) to determine whether to prohibit an employee from working with or accessing information about recipients in based on the results of a positive ICHAT response, reported criminal felony conviction or perpetrator identification.
5. Use the [Michigan Medicaid Manual](#) (Section 6.) and the [Social Security Act](#) to determine whether to prohibit an employee from working with or accessing information about CHILDREN served under contract, based on the results of a positive Central Registry response or reported perpetrator identification.

It is important to note that the Provider should maintain accurate records of each individual staff person's initial or renewal credentialing. NCCMH may request to review those records.



NEWS FROM KIM RAPPLEYEA

Kim Rappleyea, Chief Operation Officer krappleyea@norcocmh.org

CONTRACT MANAGER RETIRING

Lani Laporte, NCCMH Contract Manager (CM) has announced her retirement in mid-January 2024. We thank her for her meticulous and professional work over the past six and a half years, and her dedication to our provider network. We wish her all the best in her future endeavors and congratulate her on her well-earned retirement.

Interviews are currently underway for a new Contract Manager. We will send new contact information out as soon as we are able, but any non-specific contact information will remain the same, such as the Provider Relations email address, CM phone number, etc. Angie Balberde, NCCMH Provider Network Manager, and Cynthia Crumbaugh, Admin. Assistant, will continue to be available to assist providers with any needs they may have. Please be patient with us through this transition period. We will do our best to make this as seamless a transition as possible!

ONSITE REVIEWS BEGINNING SOON

For providers within our six-county catchment area, full site visits will be starting soon under the supervision of the Provider Network Manager.

NEW THIS YEAR: A new auditing tool has been developed to include standards covering ORR, HCBS, health/safety issues, medication, and required training/documentation. We have included only the standards which are required by NCCMH pursuant to a cited legal, regulatory, or contractual reference. We have also added standards to ensure HCBS compliance.

To reduce redundancy, we have eliminated many of the standards that are also reviewed by AFC Licensing, except those standards that are also contractually required. If the site is licensed, we will instead review the most recent LARA licensing inspection and any special investigation reports to ensure that any noted issues have been fully corrected. Our auditors will also review substantiated ORR complaints (if applicable) to assure that systemic issues are resolved.

Additionally, this year's training review section has been streamlined to audit priority subjects. All required training and related documentation should continue as usual and may still be reviewed if concerns are noted in other audited areas.

Finally, beginning in 2024, when providing requested documentation to NCCMH as part of the audit, **please do not submit documents individually**, they MUST be submitted at the same time as a completed "packet." Please only send what is requested to meet the standard.

Attached, please find a copy of the new site review standards which includes a "Job Aid/Guidance" column to assist you in understanding each standard and what the auditor will be reviewing. Please pay special attention to the documentation requirements for training, on the tool. Site visits will start after the new year and scheduling will begin soon.

STANDARD:	Guidance for Auditor
<p><u>STRUCTURE:</u> (example first row below) Title Reference/Citation Instruction to Auditor (if applicable)</p>	
<p>Title: Issues identified in most recent AFC LARA inspection and special investigations (if any) have been adequately addressed.</p> <p>Reference: <i>NCCMH/Provider Contract</i></p> <p>Instruction to Auditor: Record date of last license certification in "comments." Verify that any noted issues in licensure or investigations were corrected.</p>	<p>Review AFC license initial or 2-year renewal. Review Special investigation reports. If issues persist, contact LARA.</p>
<p>Issues identified as requiring remediation in RR substantiated cases (if any) have been adequately addressed.</p> <p><i>NCCMH/Provider Contract</i></p> <p>Note in comment section <i>substantiated</i> rights complaints since last site visit (annual) and category. Include case # for reference</p>	<p>Include case # for reference (ex. simple: 2023-0999 Dignity and Respect; 2023-0879 Abuse Class III; Services Suited to Condition). If issues persist, report to ORR.</p>
<p>Incident Reports are completed for required categories and written/sent within required timelines (24h/48h.)</p> <p><i>MDHHS/PIHP Master Contract, Sec. 1; L. Grievance and Appeals; NCCMH/Provider Contract; NCCMH IR guidelines</i></p> <p>Review a sample of IR's at the site, compare with NorthStar logs. In "comments" section note # of IR's recorded in NS since last audit.</p>	<p>IR's should be legible, complete, include corrective action, be written within 24 hours, and filed within 48 hours via dedicated NCCMH email. IR's must be filed for medication errors, use of NVCI (w/attached form), serious injuries, hospitalization, property damage, vehicular accidents, etc.</p>
<p>A) Rights booklets were provided to recipients and readily available for review. B) Rights booklets provided the correct information for contacting the ORR</p> <p><i>MHC 330.1755(5)(a)(b); 330.1706a</i></p> <p>List other CMH's and names of ORR Directors/Officers observed on RR booklets in "comments."</p>	<p>Rights Book should be the latest version (2023.) Rights book should be available to recipients; not stored in the office or other location that is not accessible. Recording names of CMH/ORR staff assures reciprocity.</p>

<p>Posters providing contact information for the NCCMH Rights Office are conspicuously posted and visible to recipients and staff.</p> <p><i>MHC 330.1755(5)(c); NCCMH/Provider Contract Exhibit H. IV. A.</i></p> <p>List other CMH's and names of ORR Directors/Officers observed on RR booklets in "comments.</p>	<p>Not applicable to SIP/PRH sites, unless there is a staff specific area (i.e. office) otherwise, this should be located in areas accessible to recipients. Recording names of CMH/ORR staff assures reciprocity.</p>
<p>The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them.</p> <p><i>MHC 330.1722(1);DCH-0727_ 11/2022_ Orange and White</i></p> <p>Verify staff know what needs to be reported and to whom (interview staff).</p>	<p>i.e. do staff understand that most ORR complaints must also be reported to LARA and sometimes APS or Law Enforcement?</p>
<p>A summary of "Whistleblowers Protection Rights" is posted in conspicuous STAFF area.</p> <p><i>MDHHS/PIHP Master Contract Sec. 1.R.; False Claims Act; NCCMH/Provider Contract XVIII. G.</i></p>	<p>This info is for staff and generally should not be placed in recipient areas.</p>
<p>Recipient Rights complaint forms readily available.</p> <p><i>MHC 330.1776(1); DCH-0030_ Rev. 09/2020</i></p>	<p>Recipients should not have to ask staff for a form; Forms should be easily accessible so that the client does not fear retaliation.</p>
<p>RECIPIENTS are aware of how to file a complaint.</p> <p>MHC 330.1776(5); NCCMH/Provider Contract Exhibit H</p> <p>Auditor should ask at least two recipients if possible.</p>	<p>Complaints can be filed in any format (official form, phone, email, any paper, fax, etc.).</p>
<p>STAFF are aware of how to file a complaint.</p> <p><i>MHC 330.1776(1); NCCMH/Provider Contract XX.B</i></p> <p>Auditor should ask at least two staff if possible.</p>	<p>Complaints can be filed in any format. Staff must assist a recipient with filing a complaint if asked.</p>

<p>A) Copies of MHC Chapter 7 and 7A and; B) NCCMH ORR policies are accessible to staff.</p> <p>MHC 330.1706; NCCMH/Provider Contract</p> <p>Staff must demonstrate that they know where to access the information if it is not printed and stored onsite (internet/NCCMH website.)</p>	<p>Staff must demonstrate that they know where to access the information if it is not printed and stored onsite (internet/NCCMH website.)</p>
<p>Contraband items that are excluded from the site are posted and visible to recipients and visitors.</p> <p><i>MHC 330.1728(3)</i></p>	<p>Contraband: “Contraband” means any property that is prohibited by any law to be owned, carried, concealed, or possessed. (i.e. illegal drugs or weapons)</p>
<p>Records and other confidential information were secured and not open for public inspection.</p> <p><i>MHC 330.1748(1); HIPAA</i></p>	<p>Includes all client specific documentation; staff should use discretion when speaking about clients in front of others. "Books" day logs and other documentation should be locked and inaccessible when not in use.</p>
<p>A)The site is clean and maintained and; B) There are no health or safety issues identified.</p> <p><i>MHC 330.1708(2); AFC licensing rules, NCCMH/Provider Contract</i></p> <p>List issues identified, report to LARA, or initiate RR complaint, if applicable.</p>	<p>Health/ Sanitary/ Safety issues may include but are not limited to the following: Food service area and equipment is clean and working. Food is properly stored. Furniture is comfortable and clean. Walls and floors are clean in and good repair. Pervasive offensive odors are not present. Ventilation is adequate. Windows and doors are working. Documentation of adaptive equipment cleaning and maintenance is present (if applicable.) Clients are wearing clean and weather appropriate clothing.</p>
<p>Interior of site is free of surveillance/monitoring/recording devices.</p> <p><i>MHC 330.1724; Medicaid HCBS Final Rule</i></p>	<p>SECURITY cameras in staff only areas (office, medication rooms, etc.) or outdoors for security reasons (not client monitoring) are permitted.</p>

<p>Restrictions/Limitations on movement, access, personal property, communication, etc. are not present at the site, except as indicated in a BTP/IPOS.</p> <p><i>MHC 330.1744 (1); 330.1728 (1); Medicaid HCBS Final Rule</i></p> <p>Documentation: BTP for serious challenging behavior. IPOS Modification for health and safety.</p>	<p>*If restrictions/limitations are present for individual(s) exhibiting seriously aggressive, self-injurious, or other challenging behaviors that may cause harm, they restrictions/limitations are addressed in a current behavior treatment plan (BTP).</p> <p>*If restrictions/limitations are present for individual(s) with serious health/safety concerns, the HCBS Rule modification is addressed in the current IPOS.</p> <p>Clients are free to come and go as they please, (with or without support.) Individuals must have access to all public areas of their home. Recipients must be allowed to participate in legal activities (i.e., 18+ years can vote, 21+ years can drink alcohol.) If clients have access to a communication device, they can use it privately.</p>
<p>There are appropriate accommodations made for persons with physical disabilities.</p> <p><i>MHC 330.1704(1); ADA; Medicaid HCBS Final Rule; AFC Licensing Rules</i></p>	<p>Handrails/Grab bars are secure. Bathrooms are barrier free. Sidewalks and other walkways are clear and free of blockages (snow, clutter, debris, etc.) W/C and other assisted ambulation is accommodated throughout site. If w/c's are used, there are 2 means of egress from the 1st floor. Emergency alarms use lights, sounds or other mechanisms to alert individuals with reduced vision or who are deaf/hard of hearing.</p>
<p>There is documentation that all staff were trained in recipient rights within 30 days of hire.</p> <p><i>AFC Licensing; Medicaid HCBS Rules; NCCMH/Provider Contract, MHC 330.1755(5)(f)</i></p> <p>Record names of non-compliant staff in "comments" section.</p>	<p>Verify documentation, compare with NCCMH transcripts, collect documentation to be added to NCCMH training database if it is not on NCCMH transcript. Training must be done by a CMH ORR or other approved curriculum (MI Practices, etc.) Must include date of training</p>
<p>There is documentation that all staff reviewed RR content in NCCMH quarterly brochures and/or annual RR refresher training.</p> <p><i>AFC Licensing; Medicaid HCBS Rules; NCCMH/Provider Contract</i></p>	<p>Verify documentation for last four quarters, staff are required to sign after reading. Refresher RR training must be done by a CMH ORR or other approved curriculum (MI Practices, etc.) Must include date of training</p>

<p>A) Staffing is sufficient to execute recipients' IPOS as authorized. B) Staffing is available anytime that recipients are in the facility.</p> <p><i>NCCMH/Provider Contract; AFC Licensing Rules</i></p> <p>In comment section, record current average staffing levels per shift. (ex. 2-2-1) include staff to client ratios if appropriate (ex. 1:6 7p-7a)</p>	<p>Refer to recipients' IPOS or BTP for required staffing levels, verify staff are required to stay awake if POS requires it (Note: Providers may not bill for sleeping staff.), assure that recipients who have plans change will always be able to go home or stay home with appropriate supervision. Verify schedules.</p>
<p>Provider assures staff who use personal vehicles to transport clients have insurance binder, certificate, or policy on file.</p> <p><i>NCCMH/Provider Contract</i></p>	<p>Current insurance requirements for staff to use their personal vehicles for client transport or business is \$500,000 per occurrence; \$1 million in aggregate. Request the insurance certificate or policy, verify effective/expiration dates and policy holder (staff) name.</p>
<p>A) There is documentation of proof of staff age (18+) for all staff. B) There is a copy of valid driver's license on file, if staff transport clients.</p> <p><i>AFC Licensing, Medicaid HCBS Rules; NCCMH/Provider contract</i></p> <p>Verify age by driver's license, MI ID, birth certificate, etc.</p>	<p>Verify age by driver's license, MI ID, birth certificate, etc. Assure Driver's ID is not expired. If married/ name changed since document issued, assure there is a copy of the marriage license or other legal documentation of the name change on file.</p>
<p>There is documentation of a criminal background check completed PRIOR to the date of hire and every two years after that.</p> <p><i>AFC Licensing, Medicaid HCBS Rules; NCCMH/Provider contract.</i></p> <p>Provide immediate consultation if CBC was received after hire.</p>	<p>Verify staff records. All staff are required to have a CBC prior to hire, no exceptions. Provide immediate consultation if CBC was received after hire.</p>
<p>Individualized Plan of Service (IPOS) and Care Plans are present for each client and current.</p> <p><i>Medicaid HCBS Rules, NCCMH/Provider contracts</i></p>	<p>All care plans, treatment plans, BTP, addendum, client specific emergency procedures, and NCCMH directives are current. Verify spec. residential documentation log in client book that is reviewed monthly by the case holder, and f/u happened if indicated (ex. loss of >10 pounds) Also see training section</p>

<p>If a restriction/limitation is in place for an individual(s) in a home, there is evidence that staff accommodate the other resident(s) as directed by each individual’s IPOS.</p> <p><i>MHC 330.1744 (1); 330.1728 (1); Medicaid HCBS final Rule</i></p>	<p>IPOS must show how the restriction/limitation/modification is overcome for clients who are not restricted. (ex. if cupboard doors are locked, other residents have a key, can request immediate access from staff, keep own snacks elsewhere, etc.)</p>
<p>Residents have access to food at any time.</p> <p><i>AFC licensing Rules; NCCMH/Provider Contract; Medicaid HCBS Final Rule</i></p>	<p>Access to food does not mean the provider must make full meals on demand, but there should be a type of food/snack the client <i>likes</i> to eat available. "Access" means a way of getting food.</p>
<p>Nutritional food is present in the home in sufficient amounts to prepare three meals minimum daily and any additional food that is requested.</p> <p><i>AFC licensing Rules; NCCMH/Provider Contract; Medicaid HCBS Final Rule</i></p>	<p>View food stored on site, compare with weekly menus (required for AFC's.) Verify food is not expired and is properly stored. If a recipient has a prescribed diet, the food is made available (client may refuse*)</p>
<p>The residential fund record matches the receipts and cash on hand.</p> <p><i>AFC Licensing; Medicaid HCBS Final Rule</i></p>	<p>Verify at least one resident's fund balance and documentation by provider, if deficiencies are noted, a full audit of each client's fund record is recommended.</p>
<p>The resident(s) have access to their personal funds and resources at any time.</p> <p><i>AFC Licensing; Medicaid HCBS Final Rule</i></p> <p>Interview clients, assure that staff on site have ability to give clients their funds if requested.</p>	<p>Interview clients, assure that staff on site have ability to give clients their funds if requested. Clients may spend their money as they choose. Clients have access to all of their resources, valuables, property, etc.</p>
<p>Resident bathroom and bedroom doors are lockable. Clients are afforded privacy.</p> <p><i>Medicaid HCBS Final Rule</i></p>	<p>The doors must be lockable from the inside of the room and be equipped with positive latching against egress hardware. (Able to be opened from inside in one motion.)</p>

<p>Residents are allowed to have visitors of their choosing at any time.</p> <p><i>Medicaid HCBS Final Rule</i></p> <p>Verify there are no "visiting hours" or "house rules."</p>	<p>Verify there are no "visiting hours" or "house rules" imposed by the provider and that space for visitors is made available. *Clients may have visitors in their bedroom with the door shut, unless there is an objecting roommate. Visitation times and circumstances may be negotiated between residents.</p>
<p>There is evidence that individuals have the freedom to control their schedule and activities.</p> <p><i>NCCMH/ Provider Contract; MHC; Medicaid HCBS Final Rule</i></p>	<p>Observe activity calendars, outing logs, day books, etc. Residents should have the opportunity for contact with people not receiving services more than once per week. (outings, activities, events, friends, family, church, visits etc.) Transportation is provided or arranged for residents to make trips to their community.</p>
<p>Residents have a lease or in absence of a lease, there is a signed LARA AFC residential care agreement AND there is evidence that they were given a summary of their discharge rights.</p> <p><i>Medicaid HCBS Final Rule</i></p>	<p>Review documentation.</p>
<p>Vehicles used to transport clients are in safe operating condition. (Overall performance, heating and cooling, seatbelts, lift systems.)</p> <p><i>NCCMH/Provider Contract</i></p> <p>Documentation of annual safety inspection by licensed mechanic. Recommended: emergency bag, auto emergency preparedness kit/bag</p>	<p>Documentation of annual safety inspection by licensed mechanic. Recommended: emergency bag, auto emergency preparedness kit/bag (First Aid Kit required-see safety section)</p>
<p>First Aid kit(s) present at site, and in vehicles if used to transport clients. First Aid Kits include minimum ANSI requirements.</p> <p><i>OSHA First Aid Standard 29 CFR 1910.151(b); AFC Licensing Rules; ANSI Z308.1-2021 checklist</i></p>	<p>Review First Aid Kits to ensure all required items are present and in good condition. (Checklist) Verify staff know where located.</p>

<p>Blood spill cleanup kit is on site with required items.</p> <p><i>MIOSHA Part 554; OSHA 29 CFR 1910.1030</i></p> <p>Review blood spill kit to assure all required items are present and in good condition. Verify staff know where located.</p>	<p>Review blood spill kit to assure all required items are present and in good condition. Verify staff know where located.</p> <p>Kit contains: Instructive guide, absorbent paper towel, pre-moistened germicidal wipes, pre-moistened antimicrobial disinfectant wipes, pack of chlorinated granular fluid absorber, plastic scoop, red biohazard bag, PPE including: disposable gown, shoe covers, eye shields, latex gloves.</p>
<p>For residential sites using "fuel fired/burning" appliances and heating (gas), a carbon monoxide detector/alarm is present and operational.</p> <p><i>MI Construction Code 125.1504f (Overbeck law)</i></p>	<p>Recommended, but not required at non-residential sites.</p>
<p>Smoke alarms are present and operational. Documentation is provided indicating that smoke alarms are tested periodically and inspected annually.</p> <p><i>AFC Licensing Rules; MI Construction Code 125.1504c; NCCMH/Provider Contract</i></p>	<p>Visually verify that alarms are present and working, review documentation/logs, and provider policies. Assure that testing is completed per provider policy/ manufacturer recommendation and that annual inspection is complete.</p>
<p>A) Fire extinguishers are present, accessible, and not expired. B) Documentation is provided indicating that fire extinguishers are inspected annually.</p> <p><i>AFC Licensing Rules; NCCMH/ Provider Contract; MIOSHA R 408.10835</i></p> <p>Verify fire extinguishers and review attached tags for expiration, maintenance (if applicable) and inspection dates.</p>	<p>Visually verify fire extinguishers and review attached tags for expiration, maintenance (if applicable) and inspection dates.</p>
<p>A) There is documentation that Emergency and Evacuation drills (Fire, Medical, Severe Weather) were completed at least once during daytime, evening, and sleeping hours each quarter. B) Documentation of emergency plan and evacuation drills is provided.</p> <p><i>AFC Licensing Rules, NCCMH/Provider contract</i></p>	<p>Review drill logs. Requirements for drill frequency may vary by site (i.e. day program is one shift.)</p>

<p>A) Documentation of emergency plans is provided. B) Emergency numbers and contacts, including poison control # are easily accessible.</p> <p><i>AFC Licensing Rules, NCCMH/Provider contract</i></p>	<p>Review emergency and evacuation plans, policies and procedure. Emergency preparedness is recommended to include (but not limited to) contingency planning when site is uninhabited (e.g. power outage), when staffing is "short" and maintaining emergency bags with items to sustain individuals for 72 hours (water, food, blankets, flashlights, etc.) Information is posted near a phone or otherwise immediately accessible.</p>
<p>A) Evacuation routes are posted and accurate. B) Staff can identify designated tornado shelter onsite.</p> <p><i>AFC Licensing Rules, NCCMH/Provider contract</i></p>	<p>View evacuation routes posted. Interview staff regarding location of tornado shelter. Verify emergency contact for medical, fire, police, poison control, management, guardians, etc.,</p>
<p>Evacuation Scores (E-Scores) documentation present and current.</p> <p><i>AFC Licensing Rules; NCCMH/Provider Contract</i></p>	<p>Residential AFC only. Required within 30 days of admission and updated annually.</p>
<p>A) Staff know how to access MSDS (Material Safety Data Sheets) B) all hazardous substances are labeled (e.g. cleaning products)</p> <p><i>OSHA 29 CFR 1910.1200; MIOSHA Right to Know Law</i></p>	<p>MSDS/SDS can be in paper or electronic form. Interview staff to confirm they know how to locate and use them.</p>
<p>Medication is properly stored and secured.</p> <p><i>AFC Licensing Rules; NCCMH/Provider Contract</i></p>	<p>Meds are separated by client, stored as required (in the refrigerator, topicals are not kept with orals, etc.) There is no evidence that staff set up more than one client's meds at a time. Controlled substances are locked. OTC/ PRNS are labeled.</p>
<p>A) Prescriptions match Medical Administration Record (MAR) and labels on containers. B) Medication is not expired. AFC Licensing Rules</p> <p><i>NCCMH/Provider Contract</i></p> <p>Review MAR, verify meds are accurately recorded and counted.</p>	<p>Review Medication Administration Record (MAR), verify meds are accurately recorded and counted.</p>
<p>Missed and Refused Medications are recorded on an IR and sent to NCCMH.</p> <p><i>AFC Licensing Rules; NCCMH/Provider Contract</i></p> <p>Review MAR for missed/refused med and verify that NorthStar has correlating IR</p>	<p>Review MAR for missed/refused med and verify that NorthStar has correlating IR</p>

<p>IPOS Training Form is present and complete for each client's IPOS (training must include BTP and client specific emergency procedures, if applicable.)</p> <p><i>Medicaid HCBS Rules, NCCMH/Provider contract</i></p> <p>List non-compliant staff name and client # in "comments" section. Notify Caseholder if training is needed.</p>	<p>Training form must be signed (not initialed) by staff for each POS. The form indicates that DCW's were trained by someone (supervisor) who received training from NCCMH. Must include date of training, content, trainee, and trainer names. May not be self-attestation.</p>
<p>There is documentation that all staff were trained and are current in CPR/First Aid.</p> <p><i>AFC Licensing; Medicaid HCBS Rules; NCCMH/Provider Contract</i></p>	<p>Verify documentation/certification, compare with NCCMH transcripts, collect documentation to be added to NCCMH training database if it is not on NCCMH transcript. Required every 2 years. Verify expiration date.</p>
<p>There is documentation that all staff were trained in Bloodborne pathogens. (Infection Control. Communicable Diseases. Universal precautions.)</p> <p><i>AFC Licensing; Medicaid HCBS Rules; NCCMH/Provider Contract, OSHA</i></p> <p>List non-compliant staff name in "comments" section.</p>	<p>Must include date of training, content, trainee and trainer names and indicate pass/fail or score. May not be self-attestation. Required every minimum of every 2 years.</p>
<p>There is documentation that all staff were trained in Emergency Procedures (preventing and preparing for emergencies, weather, fire, chemical, etc.)</p> <p><i>AFC Licensing; Medicaid HCBS Rules; NCCMH/Provider Contract, OSHA</i></p> <p>List non-compliant staff name in "comments" section.</p>	<p>Must include date of training, content, trainee, and trainer names and indicate pass/fail or score. May not be self-attestation. Required annually.</p>
<p>There is documentation that staff who administer medication were trained in Medication Administration.</p> <p><i>AFC Licensing; Medicaid HCBS Rules; NCCMH/Provider Contract</i></p>	<p>Verify documentation/certification, compare with NCCMH transcripts, collect documentation to be added to NCCMH training database if it is not on NCCMH transcript. Must include date of training, content, trainee, and trainer names. Within 90 days of hire and annually thereafter</p>

<p>There is documentation that all staff were trained in Non-Violent Crisis Intervention (CPI or approved equivalent)</p> <p><i>NCCMH/Provider Contract</i></p>	<p>Verify documentation/certification, compare with NCCMH transcripts, collect documentation to be added to NCCMH training database if it is not on NCCMH transcript. Within 90 days of hire and every 3 years thereafter.</p>
--	--