



QUARTERLY PROVIDER MEETING AGENDA

Tuesday, November 4, 2025

Virtual on Teams

10:00am	Introductions	Katie Lorence, Contract Manager
	Welcome	Kim Rappleyea, Chief Operating Officer
	Authorizations	Dominique Cook, Reimbursement Supervisor
	Training Compliance	Amanda Cordova, Training Specialist
	Advanced Directives	Kim Rappleyea, Chief Operating Officer
11:45am	Open Discussion	

THANK YOU FOR PARTICIPATING!

OUR NEXT QUARTERLY PROVIDER MEETING IS SCHEDULED FOR

Monday, February 9th

1:30pm – 3:30pm

Virtual on Teams

- Please add providerrelations@norcocmh.org and constantcontact.com to email server contact lists.
- Provider Meeting information can be found here: <http://www.norcocmh.org/provider-meetings/>
- Please contact our Contract Manager, Katie Lorence, at klorence@norcocmh.org or call 231-439-1297 to suggest topics for future meetings.



PROVIDERS REPRESENTED: Alan Dyer, Amy Carter, Amy Demott, Carrie Borowiak, Cindy Seger, Connie Hart, Deb Daly, Jim Boyd, Lacy, Meredith Aleccia, Ryder, Sherry Kidd, and Tracy Trasky

NCCMH REPRESENTED: Amanda Cordova, Amy Christie, Andrea Rose, Angela Balberde, Ann Friend, Barb Woodhams, David Hornibrook, Dominique Cook, Katie Lorence, Kim Rappleyea, Lynne Person, Meagan Scott, Pam Krasinski-Wespiser, Patrick McCleary, and Trenton Lee

Introductions: Katie Lorence, Contract Manager

- Meeting recordings and minutes are available on the North Country CMH website
- Recordings remain posted for approximately 30 days following each meeting.
- Anyone not receiving meeting invitations or updates should contact **Provider Relations** via email at ProviderRelations@norcocmh.org to be added to the distribution list.

Contract Updates: Katie Lorence, Contract Manager

- Medicaid providers must disclose ownership details: name, address, DOB, SSN (per CFR).
- Criminal background checks required before hire and every 3 years, per Michigan law; use Michigan Workforce Background Check System.
- Proof of insurance (general liability, workers' comp/WC-337, auto, professional, cyber) required at credentialing, re-credentialing, and upon expiration.
- Contract renewal includes comprehensive provider review via internal survey (clinical, administrative, finance, recipient rights, training).
- Credentialing and re-credentialing require identical documentation; must meet federal/state standards and agency requirements.

Authorizations: Dominique Cook, Reimbursement Supervisor

- Manual calculation of remaining authorization units should be completed as the displayed available units may be incorrect.
- Authorization units remaining calculated as: authorized units minus claimed units.
- Monitor weekly usage; contact case manager if usage deviates from plan of service.
- Over-utilization can result in denied payments.
- Contact case manager or reimbursement team for unresolved authorization questions.

Training Compliance: Amanda Cordova, Training Specialist

- Registration emails sent at registration, day before training, and to supervisors; include class details and instructions.
- Training schedule posted through March 2026 on training hub; locations rarely change (Gaylord, Petoskey).
- Notify via email to cancel training or submit completion certificates to free up spots and maintain records.

- Supervisors can add a second contact to receive compliance and training updates for all staff.
- Certificates required for CPR, first aid, recipient rights (within 30 days of hire, then annually/3 years), bloodborne pathogens, and emergency preparedness (within 60 days, then every 3 years).
- Compliance rates: FY2025 at 22% hire-date, 0% continuing; current year at 14% hire-date, 10% continuing.
- Monthly compliance emails sent to supervisors, starting 90 days before training expiration, with staff status and registration links.

AFC Licensing, DNR Orders, and Advanced Directives: Kim Rappleyea, COO

- New contract evaluation process includes compliance with training requirements.
- AFC licensing rules updated: staff must not perform CPR on residents with valid DNR orders.
- AFCs must verify, document, and communicate DNR status; DNR must be accessible and in assessment plan.
- DNR orders require specific legal steps, signatures, and court authority for guardians; can be revoked verbally or in writing.
- RFP/PIHP court ruling: state can use procurement for PIHPs, but legality of some RFP specifics questioned; further court action pending.

State/Federal Program and Policy Updates: Kim Rappleyea, COO

- AFC licensing rules updated; all group home codes combined, many regulations removed as of yesterday.
- AFC licensing rules and technical assistance available under licensee section for implementation guidance.
- SNAP food benefits held for November; state released additional funding 5 days ago; federal government to release partial SNAP funding.
- Emergency food assistance and food banks (with extra funding) available; map link provided for local food banks.
- Government shutdown does not affect North Country CMH funding or services at this time.

ARCHIVED PRESENTATION MATERIAL: <http://www.norcccmh.org/provider-meetings/>

If you would like to hear about a specific topic at our quarterly provider meetings or wish to have staff from your program added to our invitation list, please email: providerrelations@norcccmh.org and let us know!

**THANK YOU FOR PARTICIPATING IN OUR QUARTERLY PROVIDER MEETING.
VIRTUAL QUARTERLY PROVIDER MEETINGS WILL CONTINUE UNTIL NOTIFIED OTHERWISE.**

**NEXT QUARTERLY PROVIDER MEETING:
Monday, February 9, 2026
VIRTUAL TEAMS MEETING
1:30 PM – 3:30 PM**



NORTH COUNTRY
COMMUNITY MENTAL HEALTH

QUARTERLY PROVIDER NETWORK MEETING

November 2025

AGENDA

10:00 am

Introductions

Welcome

Authorizations

Training Compliance

Advanced Directives

11:45 am

Meeting Begins

Katie Lorence, Contract Manager

Kim Rappleyea, COO

Dominique Cook, Reimbursement Supervisor

Amanda Cordova, Training Specialist

Kim Rappleyea, COO

Open Discussion



Contracts

Disclosure of Ownership (DOO) is a requirement of all Medicaid providers for “significant business transaction[s]” and can be found at 42 CFR 455 (eCFR :: 42 CFR Part 455 Subpart B -- Disclosure of Information by Providers and Fiscal Agents). It is important to note that as a “Medicaid agency must require that disclosing entities...provide the following disclosures:” name, address, date of birth, and social security number.

Criminal Background Check Policies are required to ensure the organization is meeting standards defined by:

- Sections 20173a and 20173b of the Michigan Public Health Code
- Section 134a of the Michigan Mental Health Code
- Sections 34b and 34c of the Michigan Adult Foster Care Licensing Act
- Public Law 92-544

Michigan Workforce Background Check system meets Criminal Background Check requirements. Checks must be completed prior to hire and every 3 years thereafter.

signNow is the electronic signature program we use to obtain signatures on contracts.

Insurance: Commercial General Liability, Worker’s Compensation/WC337, Auto Liability if transporting clients, Professional Liability if providing services that require a professional license, Cyber Liability if using an EHR.



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Contracts

Provider Survey: Our Contract Renewal Procedure requires the Contract Manager to compile a comprehensive written review of providers at renewal. We are now utilizing an internal survey that is completed by clinical and administrative staff who have interacted with the provider within the last year. Replies are collected and average ratings given.

CLINICAL

- Documentation - detailed, accurate, and timely
- Responsive to requests and concerns
- Adequately communicates and reports issues as they arise
- Maintains adequate staffing levels to execute each client's IPOS
- Initiates medical appointments for clients
- Demonstrates that they meet the overall needs of clients in their care
- Actively assist clients to meet or exceed IPOS goals and objectives
- Ensures clients have a choice of activities and availability of regular, meaningful community access

CONTRACT

- Regularly attends the quarterly network provider meetings
- Submits updated documentation as it expires and/or as required between recredentialing
- Meets contract requirements related to their subcontractors
- Credentialing is up to date

FINANCE

- Submit clean claims
- Exceed unit rates or unit quantities authorized in the IPOS
- Submit invoices within 5 days following the month of service

RECIPIENT RIGHTS

- Corrects issues identified during the annual site review audit
- Demonstrates that they meet the overall needs of clients in their care
- Demonstrate a commitment to protecting the rights of the clients

TRAINING

- Staff demonstrate positive engagement in training
- Staff consistently attend training classes as scheduled
- Staff are up to date with the required (tracked) training



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Contracts

Constant Contact: We utilize Constant Contact to push information out to Provider, and to gain information through surveys. A survey was sent on October 15th requesting information to update our Provider Directory as required by contract and 42CFR (<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.10>). If you did not receive the survey, please mail klorence@norcocmh.org so that you can be added to our contact list.

- Are you accepting new clients?
- Do you offer physical accommodations?
- Do you use MANDT or another method of Personal Intervention?
- Do you require Cultural Competency Training?
- What languages do you offer at your locations?
- Do you offer or participate in telehealth?

What is the difference between Credentialing and Recredentialing? Credentialing is the first time you have worked with this agency; recredentialing is any time after that; however, there is no difference in the documentation required for contracting purposes. To be eligible for a contract, the provider must meet Federal and State credentialing standards (ex: ICHAT, OIG, SPL, DOO) and our agency documentation requirements (ex: W9, EFT, Training Attestation).



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Contracts

Universal Credentialing in the MDHHS Customer Relationship Management (CRM) System

- Individual Licensed Professionals & Organizations are required to be in the CRM.
- The Provider uploads data, dates, and documents.
 - Insurance
 - Licenses
 - Accreditation
- Provider Acknowledges and Attests to the information each time something is updated.
- CMH confirms information from the provider and completes a Primary Source Verification
 - Licenses
 - MDHHS Sanctioned Provider
 - SAM.gov
 - Office of Inspector General
 - Proof of Accreditation
- CMH completes a Subscription which generates a Decision Letter from MDHHS. NCCMH has also chosen to attach a copy of their Credentialing letter to this.



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Contracts

Universal Credentialing in the MDHHS Customer Relationship Management (CRM) System

- How to Register:
 - Visit: <https://MiLogintp.michigan.gov/> and login, if you have one, to the MiLogin site. If you do not have a current login, please click the “Create an Account” link.
 - After logging in, you will need to request access to the MiCAL portion of the site. This can be done by clicking the “Find Services” link at the bottom of the Discover Online Services section of the page. Under the Search for Services, you will type in Michigan Crisis and Access Line to request access. If you are experiencing issues logging into the system, please contact MDHHS-BH-CRM@michigan.gov.
- Job Aids within the CRM. You can navigate to them by clicking FILES > LIBRARIES > JOB AIDS > UNIVERSAL CREDENTIALING > ORGANIZATION or INDIVIDUAL PRACTITIONERS
- Emails: You will receive an email each time an item expires in the CRM. It is important that you work with us to get the expired information updated as soon as possible. This not only affects your status with NCCMH, but any CMH you work with.



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AGENDA

10:00 am

Introductions

Welcome

Authorizations

Training Compliance

Advanced Directives

11:45 am

Meeting Begins

Katie Lorence, Contract Manager

Kim Rappleyea, COO

Dominique Cook, Reimbursement Supervisor

Amanda Cordova, Training Specialist

Kim Rappleyea, COO

Open Discussion





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COMMUNITY MENTAL HEALTH

Where our **clients** and
community are the mission.

HOPE RECOVERY RESILIENCE WELLNESS

Access to Services:
1-877-470-7130

24-Hour Crisis Help Line:
1-877-470-4668

Customer Services:
1-877-470-3195

Office of Recipient Rights:
1-800-281-0481





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THANK YOU

Next Meeting
Monday, February 9th
1:30pm – 3:30pm
Virtual on Teams

Contract Manager
Katie Lorence – klorence@norcocmh.org

Provider Network Manager
Angie Balberde – abalberde@norcocmh.org



NORTH COUNTRY
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Understanding Authorizations: What to Look For

Presented by: North Country Community Mental Health
Contact: Dominique Cook – dcook@norcocmh.org | 231-439-1233

November 2025

- Focus on the “**Claimed**” column, not the “Available” amount.
- The “Available” total may not reflect accurate authorization data.

4 Authorizations

Authorization #	Effective/Expiration Dates	Provider	Status	Change View Delete Print Early Terminate Void Client Chart
2509A0096786	09/05/2025 - 09/04/2026	Outpatient (19)	Approved	
Authorized Service(s) Description		Authorized	Claimed	Available
9083X Related SALs	Individual Therapy 90832, 90834, 90837 (Panel Type: Outpatient)	24 (2 Per Month) Rates	2	22



2509A0096702	08/08/2025 - 09/30/2025 Early Termination: 09/29/2025				Approved	Change View Delete Print Void Client Chart
Authorized Service(s) Description		Authorized	Claimed	Paid	Available	
H2015 Related SALs	CLS in Community (Panel Type: Other)	2226 (42 Per Day)	1522	780	1446	
		Rates	EFF: 08/08/2025 EXP: 09/29/2025 ⓘ			

◀PREVIOUS 1 2 3 NEXT▶

Why Focus on “Claimed” Instead of “Available or paid”?

The “Available” column may not accurately reflect units already submitted or processed. To get the most accurate count of remaining authorized units, subtract the “Claimed” amount from the total authorized.

Example:

For instance, it shows only 780 units paid, but 1,522 units have actually been claimed.

To calculate the true number of units remaining:

2,226 authorized – 1,522 claimed = 704 units available, not 1446 like this authorization shows.



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Need Assistance?

We're here to help and ensure everything runs smoothly!

General Inquiries:

Dominique Cook

📞 231-439-1233

✉️ dcook@norcocmh.org

Claim-Specific Contacts:

Cheryl Melke

Handles: Adult Foster Care/Children Foster Care, Supported Independent Living Program (SIP Homes), Hospital, Specialized Recover Services, and Grand Traverse Industries claims.

📞 231-439-1231

✉️ cmelke@norcocmh.org

Cheryl Hoover

Handles: Day Programs – Bergmann, Crossroads, STRAITS, Northern Family Intervention Services, Respite, Respite Camps, Autism, and Self-Determination claims.

📞 231-439-1270

✉️ choover@norcocmh.org



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COMMUNITY MENTAL HEALTH

THANK YOU

Training Updates and Reminders

November 4, 2025



NORTH COUNTRY
COMMUNITY MENTAL HEALTH

Month Year

OVERVIEW

- 1. Registration Emails**
- 2. Cancellation**
- 3. Supervisor (s) on File Emails**
- 4. Certificates of Completion
Expectations**
- 5. Current Compliance Rates**

**Class
Registration
Emails**

Upon Registration

Day Before/Map

Inbox/Print

Registration Email- New Staff Form

SUCCESS | A NEW STAFF for Aspen has been submitted and added to the database.

PT

Provider Training<providertraining@norcocmh.org>
To: Provider Training
Cc: [redacted]

Reply

Reply all

Forward

Tue 2025-11-04 8:18 AM

North Country Community Health New Staff Form

A new form has been submitted from [redacted]. This staff member has been added and enrolled for new classes.

Staff Information	
NCC Training Staff ID:	5753
Student Name:	[redacted]
Phone Number:	[redacted]
Date of Birth:	1969/11/10
Staff Email:	[redacted]
Job Title:	Care giver
Hire Date:	2025/11/20
Provider Name:	[redacted]
Provider Contact Email:	[redacted]
Provider Type:	AFC
Employee Type:	New (never worked at any NCCMH contracted providers or at NCCMH)

Registration Information	
Adult CPR/ First Aid/ AED:	Not required/Already registered
Recipient Rights:	12/02/2025
Medication Administration/Vital Signs:	12/10/2025
Gentle Teaching/De-escalation:	Not required/Already registered
Mandt Day 1:	Not required/Already registered
Mandt Day 2:	Not required/Already registered

Thank You,
Provider Training

Reply

Reply all

Forward

Class Confirmation Email

You have been enrolled in a Medication Administration/Vital Signs class.

PT

Provider Training<providertraining@norccmh.org>
To: [Redacted]
Cc: Provider Training

Reply

Reply all

Forward

...

Tue 2025-11-04 8:18 AM



North Country Community Health

Class Confirmation

You have been enrolled in a class for Aspen taught by North Country Community Mental Health.

Class Information	
Class Name:	Medication Administration/Vital Signs
Class Date:	12/10/2025
Class Location:	1066 Cross St Gaylord, MI
Time:	10:00 AM to 4:00 PM

Instructions for Training Attendance

Class Participation Is Required.
Inclement Weather: If the local school system is closed for that day then class will be rescheduled (for example, if class is in Petoskey, and Petoskey schools are closed for weather then class is rescheduled).
If you need to cancel, 24-hour WRITTEN notice must be given. Send by email to providertraining@norccmh.org.
Participants are expected to arrive 15 minutes prior to class start time. Late arrivals will be required to reschedule.

Thank You,
Provider Training

Reply

Reply all

Forward

Day Before Training- Curtesy Email w/Map

Reminder Adult CPR/First Aid/AED class is tomorrow.

PT

Provider Training <providertraining@norccmh.org>

To: [REDACTED]

← Reply ↩ Reply all → Forward 📧 ...

Mon 2025-11-03 12:00 PM

 GaylordStreetMap.pdf
382 KB

Dear [REDACTED]

This is a reminder email that you have a training class tomorrow.

Class Information

Class Name: Adult CPR/First Aid/AED

Class Date/Time: 11/04/2025 at 09:00 AM to 12:00 PM

Location: 1066 Cross St Gaylord, MI

Instructions for Training Attendance

Class Participation Is Required.

- Inclement Weather: If the local school system is closed for that day then class will be rescheduled (for example, if class is in Petoskey, and Petoskey schools are closed for weather then class is rescheduled)
- If you need to cancel, 24-hour WRITTEN notice must be given. Send by email to providertraining@norccmh.org.
- Participants are expected to arrive 15 minutes prior to class start time. Late arrivals will be required to reschedule.

If you need to reschedule training, please email providertraining@norccmh.org. A street map is attached.

Thank You,
Training Specialist
North Country Community Mental Health

← Reply

→ Forward

Verifying Training Location/Date/Time

24 / Crisis Help Line: 011-910-4000 Access to Services: 011-910-1100 Customer Services: 011-910-3170 Search here... Select Language

 NORTH COUNTRY
COMMUNITY MENTAL HEALTH

Home About Services Resources Providers Careers

Client Portal

NCCMH Training Schedule

Classes are capped at certain numbers, and if the training is not an option on the sign-up form, despite it showing on the calendar, that class has reached capacity and sign-up is no longer available for that date. Please select another training date.

Please note: All trainings are ONLY available to providers and others contracted by NCCMH.

+ October 2025

+ November 2025

+ December 2025

+ January 2026

+ February 2026

+ March 2026

Training Requirements

November 2025

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COMMUNITY MENTAL HEALTH

NOV25

SUN	MON	TUE	WED	THU	FRI	SAT
						01
02	03	04 In Gaylord CPR/FIRST AID/AED 9AM-12PM RECIPIENT RIGHTS 1PM-4PM	05 Location TBD MANDT 9AM-4PM	06 Location TBD MANDT 9AM-4PM	07	08
09	10	11	12 In Gaylord MEDICATION ADMINISTRATION & VITAL SIGNS 10AM-4PM	13 In Gaylord GENTLE TEACHING 9AM-4PM	14	15
16	17	18 In Petoskey CPR/FIRST AID/AED 9AM-12PM RECIPIENT RIGHTS 1PM-4PM	19	20	21	22
23	24	25	26	27	28	

Cancelling Training

- If you register for Recipient Rights, CPR/First Aid training and complete it elsewhere, **please notify me as soon as possible via email.**
- This allows us to open the spot for someone else who is waiting to attend.
- When participants don't cancel, it results in **unused spots** and **larger-than-necessary preparations.**
- Trainers spend time and effort preparing for full trainings, and it is **very frustrating** when registrants don't show up.
- A **quick email** is all it takes to help us plan more effectively and be respectful of everyone's time.



1st/2nd Supervisor E-Mail on File

- Not all supervisors handle training logistics or compliance.
- If your organization has a **Residential Manager, Office Manager, HR representative, or Compliance Officer** who oversees training schedules, completions, and transcript collection:
 - Please send me an email with their name, email and contact info. They will be added on for every person who registers in the future as well!***
- They'll be added as the second supervisor so they receive **pass/fail results, no-show notifications**, and other key updates.
- This helps eliminate unnecessary back-and-forth and ensures you have the information you need **without having to follow up**.
- It also allows you to quickly see if staff attended or need to be **rescheduled**.

Certificates of Completion

- **For ALL CPR and Recipient Rights trainings, you are contractually obligated** to send the **certificate of completion** so it can be added to the student's record to reflect on their transcript if it is taken online or elsewhere
- **Currently only 2 providers (Listening Ear and CHHS)** are submitting training certificates for RR and CPR/First Aid taken elsewhere for all new hires
- **Reached out asking, no response**
- **Please remember: THIS IS A CONTRACTUAL OBLIGATION**

What We Need From You Now

Recipient Rights- Within 30 days of hire, annually

CPR/First Aid- Within 30 days of hire, every 2 years

Bloodborne Pathogens- Within 60 days of hire, 3 year cycle continuing

Emergency Preparedness- Within 60 days of hire, 3 year cycle continuing

For the Annual/ 3-year cycle continuing training: We ask that these trainings be done as a GROUP, at a staff meeting, etc. This allows us to easily enter and upload multiple people into a training course and 'Pass' all staff so it will register on their individual transcripts.

**If you do these trainings individually online through ImprovingMiPractices, please send individual certificates.

**If you do a training roster, you must include staff name, staff signature, date of training, Pass/Fail for each individual, and signature of trainer.

Please send your most ***current training on record*** for each training listed above for your active staff. These are the trainings MDHHS requires and checks for audits, and it has been so easy to pull student transcripts showing these trainings for staff who have provided them to NCCMH.

Certificates of Completion Once Received

- **Once received:**
 - **Certificates will be added to student profile/transcript as soon as possible– typically same day**
 - **If I am out of office, my auto-reply will let you know when I'll be back and give an expected date of follow-up and completion of record entry.**

Compliance Rate

14% Hire Date

10% Continuing

86%/90%

Compliance Emails

Subject: Training Out of Compliance/Expirations

North Country Community Health Provider Training Compliance Status

Below is a list of Staff that we have as active employees who are either **out of compliance** or **who are coming due within 90 days** for the required training for their staff type. This list is grouped by supervisor emails in our system, so if a staff does not appear in this list for you, they may appear on another supervisors list.

How to read the table

Staff ID	Use this ID if you need to deactivate a staff member.
Staff Name	The staff member's name.
Provider Name	Which provider this staff works for.
Class Type	The required class.
Class Expire Date	The last date we have for this class type with a grade of <i>Pass</i> .
Compliance Status	This class's current compliance status.
Training Due Status	• Expired – Class is expired. • Due in 30 Days – Class will expire within 30 days of this email. • Due in 90 Days – Class will expire within 90 days of this email. • None Found – No training on file for this required class.
Next Registered Class Date	If this staff member is registered for a future class this is the date.

If you have staff on this list that is no longer with your company please use the staff ID and this link to deactivate them. [Staff Deactivation Form](#)

As a reminder, your contract requires **all** staff to be in compliance with **all the required training(s)**. A staff member will not come off this list until they have a "Pass" grade for the required training(s),

Out compliance means either a class is expired **or** we do not have documentation of the training. Please either have staff register for their training(s) or supply us with the required documentation.

Link to training: [Register for Training](#)

Staff ID	Staff Name	Provider Name	Class Type	Class Expire Date	Current Status	Training Due	Next Registered Date
513	Nicholas Stout	Ausable In Home Care Llc	Adult CPR/First Aid/AED	02-01-2025	Not compliant	Class Expired	None Found
513	Nicholas Stout	Ausable In Home Care Llc	Recipient Rights	09-30-2024	Not compliant	Class Expired	None Found
555	Shauna Patton	Summertree Sip	Adult CPR/First Aid/AED	None Found	Not compliant	No proof of any training found	None Found
555	Shauna Patton	Summertree Sip	Recipient Rights	None Found	Not compliant	No proof of any training found	None Found
556	Monica Jacobs	Ausable In Home Care Llc	Adult CPR/First Aid/AED	11-07-2024	Not compliant	Class Expired	None Found
556	Monica Jacobs	Ausable In Home Care Llc	Recipient Rights	09-30-2024	Not compliant	Class Expired	None Found

Thank You,
Amanda Cordova



NORTH COUNTRY
COMMUNITY MENTAL HEALTH



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COMMUNITY MENTAL HEALTH

DNR orders in AFC's

Updates from new LARA AFC Rules and Technical Guidelines

11/04/25 presented by Kim Rappleyea, COO



What is CPR?

Cardiopulmonary resuscitation (CPR) is specifically meant for individuals whose hearts have stopped beating and/or individuals who are not breathing normally, or not breathing at all.

It is not appropriate to perform CPR on an individual whose heart and breathing are still functioning.

What is a DNR?



A Do Not Resuscitate (DNR) order is a legal medical order that instructs individuals, including AFC staff members, **not to perform CPR**, if the resident stops breathing or their heart stops and that resident is wearing a do-not-resuscitate identification bracelet or that individual has notice of the resident's do-not-resuscitate order in accordance with [MCL 333.1061 \(3\)](#). (paraphrased below)

If the client is wearing a DNR ID bracelet or there is a DNR order for the client, staff shall not attempt to resuscitate the client before a health professional arrives at the client's location.

What is resuscitation?

The [Do-Not-Resuscitate Procedure Act](#) defines “resuscitate” as performing cardiopulmonary resuscitation (CPR) or a component of CPR, including, but not limited to, any of the following:

- (i) Cardiac compression.
- (ii) Endotracheal intubation or other advanced airway management.
- (iii) Artificial ventilation.
- (iv) Defibrillation.
- (v) The administration of a cardiac resuscitation medication.
- (vi) Another related procedure.



What is not resuscitation?

Providing abdominal thrusts (formally known as the Heimlich Maneuver) is not considered resuscitation.

Use of NARCAN for a suspected drug overdose is also not considered resuscitation as it is given when a resident is still breathing (although it may be shallow breaths that are difficult to detect).





What is an AFC's role in DNR's?

AFC homes must honor DNR orders.

The AFC home must:

1. Identify residents who have a valid DNR-- Verify authenticity (signatures, form date, expiration)
2. Have DNR orders immediately accessible if a crisis occurs
3. Inform all staff of DNRs and include DNR status in residents' AFC assessment plans



What should staff do if there is **no** DNR?

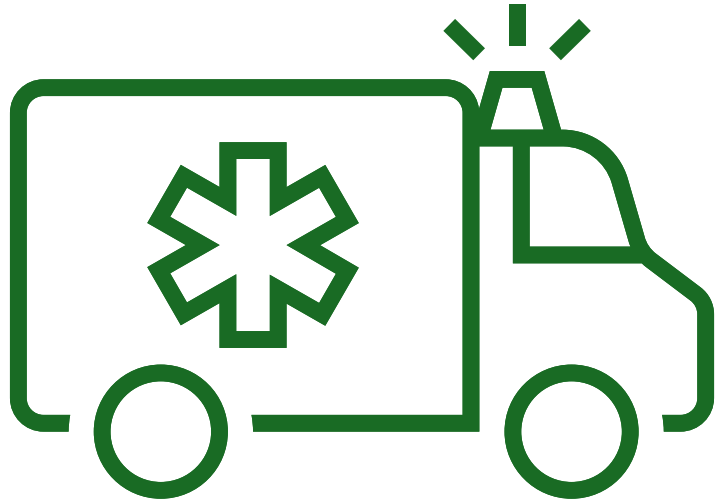
Start CPR if the resident is unresponsive **and does not have a DNR and:**

1. Is not breathing or only gasping (agonal breathing*)
2. Has no pulse

Call 911 immediately, or instruct someone else to call, and begin CPR right away.

*Agonal breathing means irregular, ineffective, gasping breaths that happen when the brain is not receiving enough oxygen. This type of breathing is not true respiration; it is a reflexive response from the brain when oxygen levels are critically low.

Do **NOT** start CPR if the resident:



1. Is conscious and talking or moving
2. Is breathing normally, even if unconscious
3. Has a pulse and is breathing normally
4. Has a valid DNR order pursuant to the [Michigan Do-Not-Resuscitate Procedure Act](#) (even if the resident is unresponsive, does not have a pulse and/or is not breathing)

Make the resident comfortable and call **911** to report the situation.

What to do if there is a DNR:

If the resident has a **verified DNR** and experiences respiratory or cardiac arrest, AFC staff should:

- Calmly advocate comfort measures (monitoring, positioning),
- Immediately call 911, and
- Refrain from CPR in accordance with Michigan law and the AFC Facility Licensing Act.

If the resident is enrolled in a licensed **hospice** program and has a DNR included in their AFC assessment plan, the AFC home may directly contact the hospice provider instead of emergency first responders.



How does a client get a DNR?

- **Clients who have a guardian (DD) under the Michigan Mental Health Code**
 - The guardian must petition the court for the specific authority to execute a DNR.
- **Clients who have a guardian (MI) under the Estates and Protected Individuals Code (EPIC):**
 - If the court has granted the authority to a guardian, they can execute a DNR but must:
 - Visit the client no more than 14 days before executing the DNR and engage in meaningful communication with them about the client's wishes (if possible.)
 - Consult directly with the client's attending physician about medical indications that warrant a DNR.
 - Not less than annually thereafter, reaffirm the DNR order with the client and physician as above.
- **Clients without a guardian:** an individual who is 18 or older and of sound mind may execute a DNR order on his or her own behalf.
- **A patient advocate of an individual:** who is 18 or older may execute a do-not-resuscitate order on behalf of that individual if granted authority in the written designation.

Who must sign a DNR form?

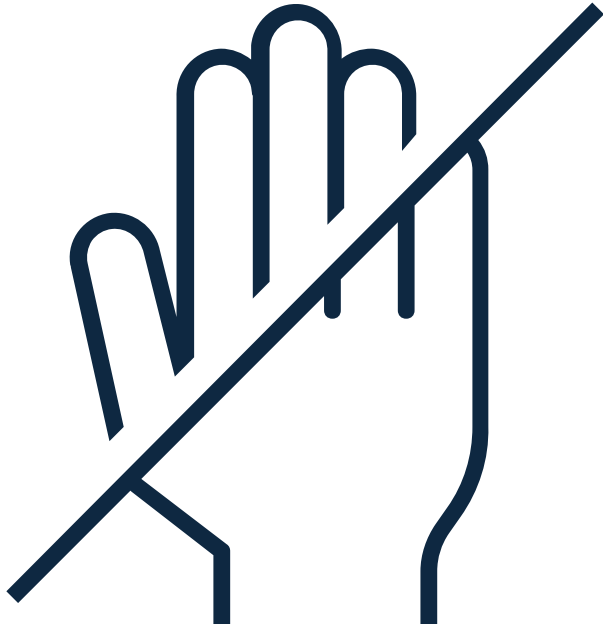


The DNR form must be signed by:

- The person, the person's patient advocate, or another person directed by and in the presence of a person to sign the document,
- The person's attending physician, AND
- Two witnesses who are 18 years of age or older and at least one of whom is not the person's spouse, parent, child, grandchild, sibling, or heir.

Is there an exception to who must sign the DNR form?

There is an exception only for people who belong to a church or religion that does not believe in medical intervention and relies on prayer alone for healing. In these cases, everyone must sign the form EXCEPT for a physician.



Can a DNR order be revoked?

YES. A person can revoke any DNR order signed by expressing the desire to revoke the order in *any manner*.

If the person doesn't revoke the DNR in writing, anyone who observed the revocation should write down how this was communicated and give this document to either the person's physician or to the administrator of a facility, if applicable.

A patient advocate or a guardian can also revoke an order on a person's behalf but must do so in writing and give it to the person's physician or to the administrator of a facility, if applicable.

The person who has notice that the DNR was revoked should write "VOID" on all pages of the order and remove the DNR bracelet (if applicable.)

Questions?

