NORTH COUNTRY
COMMUNITY MENTAL HEALTH

PROVIDER MEETING MINUTES

Wednesday, August 5, 2026
'IN-PERSON MEETING'

PROVIDERS REPRESENTED: Bergmann Center, Crisis Center/Listening Ear, Crossroads Straits Area Services, Summertree, Srebnik AFC, Ryder SC, Bedford SC/Bedford TL, Community Home & Health Services, Spectrum, Ohana/Shepler's

NCCMH REPRESENTED: Katie Lorence, Angie Balberde, Joe Balberde, Brian Babbitt, Amanda Cordova, Jim Snclair, Marcia Peterson, Barb Woodhams, Dominique Cook, David Hornibrook, Andrea Rose, Lynn Pearson, Ann Friend, Kim Rappleyea

Introduction: Katie Lorence, Contract Manager.
Minutes and presentation materials to be posted on the NCCMH website. Agenda reviewed.

Welcome: Brian Babbitt, Chief Executive Officer
Brian welcomed providers and NCCMH staff. He emphasized the importance of the meeting and ongoing collaboration to ensure the best outcomes for clients.

Brian reported that there is currently little legislative activity to discuss. A brief discussion was held regarding the State Budget and a review of the Boilerplate provisions. At this time, Brian does not anticipate any significant funding disruptions or major changes. However, he noted that there is increased scrutiny regarding services being provided.

Brian also discussed the possibility of a forthcoming Request for Proposal (RFP) process and its potential implications.

Provider Award: Angie Balberde
Angie read the nominations submitted by David Hornibrook and Pam K. Wespiser for the Outstanding Provider Award. Crossroads Industries was selected as the recipient of this year's Outstanding Provider Award. The organization was recognized for its dedication and contributions to serving clients and supporting the mission of NCCMH.

Preferred Pharmacy: Betsy Blackwell, Janus Rx
A presentation was provided via Microsoft Teams by Betsy, who gave an overview of Janus Rx and the services they offer to support residential homes. Betsy explained that there are seven Janus Rx pharmacies located throughout Michigan and highlighted their approach of bringing pharmacy services directly to residential settings.

Key services discussed included:

- Free home delivery provided by a Janus Rx driver.
- After-hours support available during evenings and weekends.

- Medication Administration Records (MARs) available in either paper or electronic format.
- Customized medication packaging, including blister packs, with sample blister packs displayed during the presentation.

Contact information for Janus Rx was provided to attendees for future reference and inquiries.

Training Uploads: Amanda Cordova, Training Specialist
Amanda reviewed FY 2026 training data and discussed overall training participation trends. She addressed no-show rates and emphasized the importance of attendance to ensure staff receive required training and certifications.

Amanda reported that Supervisor Meetings have had excellent participation, creating opportunities for providers to have questions answered directly and to receive appropriate follow-up when needed. She reviewed the purpose and content of these meetings and noted that additional sessions are planned, including one in the fall and another in January prior to the audit.

Updates to the Provider HUB were also shared, including the availability of a new How-To Video as a resource for providers. Attendees were encouraged to utilize Improving MI Practices resources whenever applicable. Several helpful resource links were included on the presentation slides.

Amanda reviewed the Training Calendar and reminded providers that if a training date is listed but no longer appears on the calendar, it indicates the class has reached capacity. Providers who need placement in a full class were encouraged to contact Amanda directly for assistance. Additional training reminders included:

- Staff should use their legal name when registering for training to ensure certificates and transcripts are accurate.
- Providers should submit training certificates in PDF format only; photographs of certificates will not be accepted.

Amanda also introduced JotForm, a new system being implemented across NCCMH platforms, including Training. She explained that JotForm is HIPAA-compliant and streamlines several processes into a single workflow, including:

- Creating training records,
- Posting completed training to staff transcripts,
- Uploading training documentation.

Training submissions will still require review and approval before being finalized. Amanda shared a demonstration slide and provided an overview of how the new JotForm process will work.

Reimbursements, EVV, and H0043: Dominique Cook, Reimbursement Supervisor
An update was provided regarding Electronic Visit Verification (EVV), the system used to verify that authorized in-home service visits occur as documented. Providers were reminded that the compliance threshold is 85%. Any visits requiring manual edits are considered non-compliant for EVV

purposes. Current EVV exemptions were reviewed, and attendees were advised that exemption requirements may change based on future state or federal policy updates.

Providers were also informed that H0043 (CLS Per Diem) should be utilized for beneficiaries who are authorized to receive 10 to 15 hours of Community Living Supports (CLS) per day.

As the fiscal year draws to a close, providers were reminded to submit all claims for services provided between October 1, 2025, and September 30, 2026, no later than November 6, 2026, to ensure timely processing and reconciliation.

Staying Safe Online: Joe Balberde, Chief Information Officer
Joe provided a presentation on cybersecurity awareness and shared tips for staying safe while online. The presentation focused on recognizing common cyber threats and following best practices to protect personal and organizational information.

Topics reviewed included:

- **Phishing by Text (Smishing):** How fraudulent text messages attempt to obtain personal information or encourage users to click malicious links.
- **Phishing by Email:** Identifying suspicious emails, attachments, and links designed to steal information or compromise accounts.
- **QR Code Phishing (Quishing):** Risks associated with scanning unknown QR codes that may direct users to fraudulent websites.
- **"Prove You're a Human" Scams:** Fake verification prompts that may be used to trick users into providing information or downloading malicious software.
- **Fake Virus Warnings:** Recognizing fraudulent pop-up messages that falsely claim a device is infected and encourage unnecessary downloads or payments.

Joe also discussed the end of support for Windows 10, noting that security updates are no longer being provided. Users were advised not to continue operating outdated software due to increased security risks.

Additional cybersecurity best practices included:

- Avoid running unsupported or outdated software.
- Use secure and trusted Wi-Fi networks.
- Regularly back up important data to ensure information can be recovered in the event of a cyber incident or device failure.

Attendees were encouraged to remain vigilant and report suspicious communications or potential security concerns promptly.

Record Retention: Kim Rapleyea, Chief Operating Officer

Kim shared a PowerPoint presentation addressing the importance of record retention and the applicable rules and guidelines governing record maintenance. The presentation emphasized the role of proper record retention in ensuring compliance, supporting audits and investigations, protecting organizational interests, and maintaining accurate historical documentation.

Key points discussed included:

- Why record retention is important for compliance, accountability, and operational effectiveness.
- Applicable record retention requirements and guidance.
- Responsibilities related to maintaining and disposing of records appropriately.
- The importance of following established retention schedules and policies.

Kim reminded providers that when records are subject to multiple retention requirements, the longest retention period should always be followed to ensure compliance with all applicable regulations and standards. Attendees were encouraged to review retention requirements carefully and maintain records accordingly.

ARCHIVED PRESENTATION MATERIAL: http://www.norcocmh.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@norcocmh.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:
Friday, November 13, 2026
VIRTUAL on Microsoft Teams
10:00AM – 12:00PM

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ACCESS TO SERVICES 877-470-7130
CRISIS HELP LINE 877-470-4668
CUSTOMER SERVICE 877-470-3195
NORCOCMH.ORG

QUARTERLY PROVIDER MEETING AGENDA

Wednesday, August 5, 2026

In Person

10:00am	**Introductions**	Katie Lorence, Contract Manager
	Welcome	Brian Babbitt, Chief Executive Officer
	Preferred Pharmacy	Betsy Blackwell, Janus Rx
	Training Uploads	Amanda Cordova, Training Specialist
	Reimbursements, EVV, and H0043	Dominique Cook, Reimbursement Supervisor
	Staying Safe Online	Joe Balberde, Chief Information Officer
	Record Retention	Kim Rappleyea, Chief Operating Officer
12:00pm	**Open Discussion**	

THANK YOU FOR PARTICIPATING!

OUR NEXT QUARTERLY PROVIDER MEETING IS SCHEDULED FOR

Friday, November 13, 2026

10:00am – 12:00pm

VIRTUAL on Microsoft Teams

- Please add providerrelations@norcocmh.org and constantcontact.com to approved contacts.
- Provider Meeting information can be found here: http://www.norcocmh.org/provider-meetings/
- Contract Manager, Katie Lorence, at klorence@norcocmh.org or call 231-439-1297 with questions.

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QUARTERLY PROVIDER NETWORK MEETING

AUGUST 2026

AGENDA

10:00am	**Introductions**	Katie Lorence, Contract Manager
	Welcome	Brian Babbitt, Chief Executive Officer
	Provider Award	
	Preferred Pharmacy	Betsy Blackwell, Janus Rx
	Training Uploads	Amanda Cordova, Training Specialist
	Reimbursements, EVV, and H0043	Dominique Cook, Reimbursement Supervisor
	Staying Safe Online	Joe Balberde, Chief Information Officer
	Record Retention	Kim Rappleyea, Chief Operating Officer
12:00pm	**Open Discussion**	

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Enhanced Pharmacy

1. What is Enhanced Pharmacy?
   - Physician-ordered, nonprescription "medicine chest" items as specified in the beneficiary's IPOS.
   - Items that are of direct medical or remedial benefit to the beneficiary.
   - Items not available through Medicaid or other insurances.

2. Who is eligible?
   - Client's who are on HAB or iSPA Waiver.

3. How to obtain the benefit?
   - Reach out to the client's Case Manager.

4. Currently approved pharmacies:
   - Janus Rx*
   - LTC Pharmacy LLC*
   - LTC MedEx Direct

   (* Preferred Pharmacy that bills Medicare Part D)

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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

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

HOPE RECOVERY RESILIENCE WELLNESS

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THANK YOU

Next Meeting
Friday, November 13, 2026
10:00am – 12:00pm
VIRTUAL on Microsoft Teams

Contract Manager
Katie Lorence – klorence@norcocmh.org

Provider Network Manager
Angie Balberde – abalberde@norcocmh.org

Training Updates

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August 2026

OVERVIEW

1. **Training Recap FY 2026**
2. **Supervisor Meetings/New Supervisors**
3. **Hub Updates**
4. **Certificates of Completion**
   - PDF
5. **JotForms**

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Training Recap FY 2026

CPR/FA/AED

256 Staff Trained

32 Cancelled

44 No Call/No Show

Mandt Day 1

285 Staff Trained

53 Cancelled

45 No Show

Recipient Rights

278 Staff Trained

33 Cancelled

37 No Show

Medication/Vitals

136 Staff Trained

52 Cancelled

60 No Show

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Supervisor Meetings

- **Great turn out!**
- **Able to answer questions directly/follow up**
- **New Supervisors, 1:1 Teams meetings as needed/requested**
- **Will continue the meetings as needed**

Month Year

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Training Hub Updates

Hub How-to Video

Updated Links

Training Calendar

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NCCMH Training Hub Video

- Overview of Training Hub
- How to Register/Deactivate/Request
- Training timeframes initial/ongoing
- When training is cancelled
- How to cancel staff for training

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Updated Links

Encourage Providers to utilize ImprovingMiPractices as applicable
-Reciprocity, Approved State Curriculum

3 ORR Links (Required per Provider Type)

HCBS

Infection Control, Emergency Preparedness

Other helpful trainings so you don't have to re-create the wheel

Recipient Rights | Improving MI Practices*

Recipient Rights: Residential Rights | Improving MI Practices*

Recipient Rights Process | Improving MI Practices*

Corporate Compliance | Improving MI Practices

Emergency Preparedness | Improving MI Practices

Home and Community Based Services (HCBS) Case Manager/Supports Coordinator (CM/SC) Training:

- Module 1 (Audio Recording & Powerpoint)
- Module 2 (PDF Slides)
- Module 3 (PDF Slides)

Infection Control & Standard Practices Infection Control & Standard Precautions | Improving MI Practices

Limited English Proficiency | Improving MI Practices

Cultural Competence | Improving MI Practices

HIPAA Essentials | Improving MI Practices

Person-Centered Planning Process with Children, Adults, & Families | Improving MI Practices

Creating Cultures of Trauma-Informed Care | Improving MI Practices

Documentation Training PowerPoint

Updated Training Handout & Checklist

Documentation Training Quiz

Documentation Training Quiz Answer Sheet

* ALL three linked ORR trainings *must* be completed with the training certificate for each of the modules be sent to providertraining@norcocmh.org

Training Calendar

If date is on calendar, but ***not*** on registration form, the training is full

Please feel free to email me to see if I can squeeze a staff in to a sooner training; not always possible, but I'm always willing to try!

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.

- + July 2026
- + August 2026
- + September 2026

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Training Certificates

Legal name of Staff, Trainer *(No nicknames!)*

No photos of certificates- PDF uploads only

Adobe Acrobat Document

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JotForms

New Program to be used across NCCMH platforms, including Training
Availability to upload directly to Transcript
Will still need to be reviewed and “Approved” to Transcript.

New System:
-HIPAA Compliant
-Creates training class
-Passes staff on transcript
-Uploads training document

…..all in one click!

ProviderTraining_DocumentationForm

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Documentation Upload

Use this form to provide NCCMH with proof of your required trainings that are training by NON NCCMH staff.

Provider Name *

This field is required.

Type of Provider *

AFC

Type of class? *

Bloodborne Pathogens

Type of Instruction

Full Class

Date of Class *

07-25-2025

Date

Instructor Name *

This field is required.

Document Type

Answer 'Yes' to the next question if any of the following is true:

- This was a individual instruction class (such as online)
- This was a group class, but each attendee has their own certificate as a result of the class (such as a CPR Class)

Answer 'No' to the next question if any of the following is true:

- This was a group class, but you do not have a certificate, you only have a group attestation or signup sheet.

Is the document you need to upload specific to a person such as a CPR certificate? *

Yes No

Staff Training ID

e.g., 23

Staff Name *

First Name Last Name

Staff Email

example@example.com

Staff Date of Birth

MM-DD-YYYY

Date

Document upload instructions

Please upload this persons certification, the document must be for ONE person. If it was a group class with multiple certificates you will need a new form for each class, however you will be prompted on submi to use a prefilled form so you dont have to enter it all again.

Single Person Upload (must be PDF)

Browse Files

Drag and drop files here

Submit

HIPAA


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THANK YOU

Quarterly Provider Meeting

Billing Updates: CLS Per Diem Code, Fiscal Year-End Claims, and EVV Compliance

August 5th, 2026

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

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CLS Per Diem Code Update (Tentative Implementation: 10/1/26)

Overview of Anticipated Coding Structure:

H0043 – CLS Per Diem
Used for beneficiaries authorized for 10–15 hours of CLS per day

H0043-TJ Modifier – CLS Per Diem
Used for beneficiaries authorized for 16+ hours of daytime CLS

H2015 – CLS (15-minute units)
Continues to be used for beneficiaries authorized for fewer than 10 hours of CLS per day.

Fiscal Year-End Deadline

All claims for services provided from October 1, 2025, through September 30, 2026, must be submitted no later than November 6th, 2026.

Timely Resubmission of Denied Claims

If a claim is denied, it must be resubmitted clean (corrected and complete) within 10 business days of the date of the denial.

Monthly Submission Expectation

Per your contract, claims should be submitted by the 5th day of the month following the date of service. While we've been flexible with these guidelines throughout the year, we are now at a critical point in the fiscal cycle. It is essential that all outstanding claims be brought up to date as soon as possible.

Review of EVV

Electronic Visit Verification (EVV)

EVV is a system used to verify that in-home service visits occur as scheduled.

It captures clock-in and clock-out times for services delivered in the client's home.

Helps reduce claim denials and ensures compliance with billing requirements.

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EVV-Required Codes

Current EVV-Required Procedure Codes:

H2015 – Community Living Supports (CLS)

T1005 – Respite Services

⚠️ ***EVV is only required for in-home services.***

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EVV Compliance Requirements

To ensure compliance:

Clock-in/out times must match EVV system records.

Helps avoid overlapping claims and reduces risk of denials.

Future state: Billing will transition to a fully EVV-driven payer portal.

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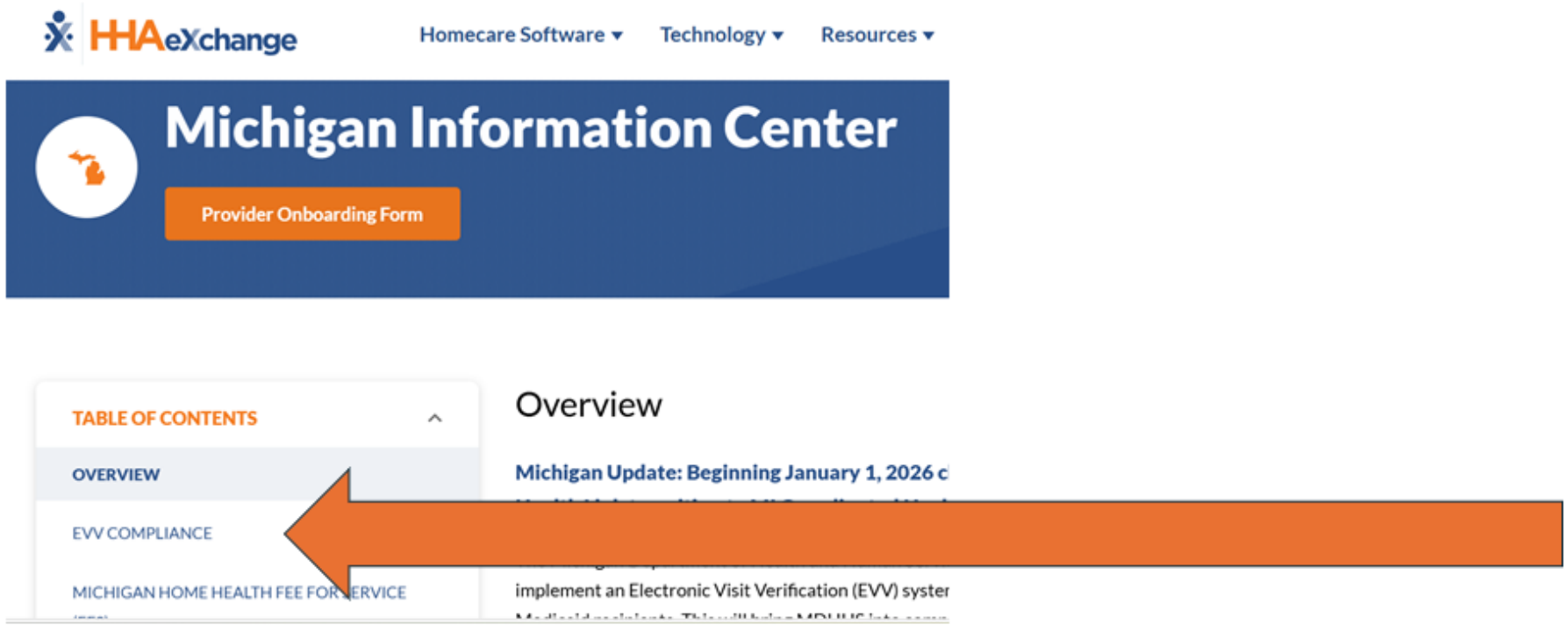
EVV Compliance Requirements

Starting in April, providers are expected to meet a new EVV compliance threshold of 85%.
For more information about EVV Compliance you can access the HHA exchange Michigan info hub page: **Michigan EVV (Electronic Visit Verification) | HHAeXchange**



Reasons EVV Compliance May Be Low

- Training gaps or incomplete EVV training
- GPS or clock in/clock out errors
- Connectivity Issues in rural areas
- Manual edits to EVV records

EVV Exemptions

The following situations are currently excluded from EVV requirements:

Community-Based CLS Services: EVV is not required when Community Living Supports (CLS) services are provided in the community rather than the client's home.

Congregate Living Settings: Licensed Adult Foster Care (AFC) homes serving two or more clients in. Other residential settings (including unlicensed provider-owned/operated and privately owned/leased locations) that have 24 hours per day and 7 days per week service availability for two or more unrelated individuals throughout a shift.

Live-In Caregiver Arrangement: EVV is not required when the caregiver:
Resides in the same home as the beneficiary, and the home is the caregiver's permanent and primary residence.

Dual Service Exclusion (Home Help + CLS): Beneficiaries receiving both Home Help and Behavioral Health (CLS) services from the same caregiver during the same visit are currently excluded from behavioral health EVV as they should already be reporting under the home help.

⚠️ ***These exceptions are subject to change based on state or federal policy updates.***

Live-In Caregiver Exemption

In-home providers may qualify for an EVV exemption if they reside in the same home as the individual receiving services.

Required Documentation:

Live-In Caregiver Attestation Form: Complete and sign the official state form confirming that the shared home is your permanent and primary residence

Two Proofs of Residency: Provide two official documents displaying your name and the shared household address. Accepted documents include:

-Valid driver's license or state ID
-Utility or credit card bill (past 90 days)
-Bank or financial account statement (past 90 days)
-Lease, rental agreement, or mortgage
-Pay stub or insurance policy
-Vehicle registration or government-issued mail/tax document.

Need Assistance?

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

General Inquiries:
Dominique Cook
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.
cmelke@norcocmh.org

Cheryl Hoover
Handles: Day Programs – Bergmann, Crossroads, STRAITS, Northern Family Intervention Services, Respite, Respite Camps, Autism, and Self-Determination claims.
choover@norcocmh.org

Kathy Brodie
Handles: Autism, and Self-Determination claims
kbrodie@norcocmh.org

STAYING SAFE ONLINE

Ten habits that protect your devices, your accounts, and the people we serve

NCCMH Provider Meeting | August 2026

Joseph Balberde, Chief Information Officer

Why this matters

$20.9 billion

reported lost to online crime in 2025 — up 26% in one year

1,008,597

complaints filed with the FBI in 2025

$7.7 billion

lost by Americans 60 and older — up roughly 60%

Source: FBI Internet Crime Complaint Center (IC3), 2025 Annual Report, published 2026.

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TEN HABITS

1. Use long, unique passphrases
2. Let a password manager do the remembering
3. Add passkeys wherever they're offered
4. Turn on multi-factor authentication
5. Slow down on links, QR codes and attachments
6. Verify the person, not just the message
7. Keep software and devices updated
8. Use secure Wi-Fi
9. Back up your data and guard what you share
10. Trust your instincts — and report

LOCK DOWN YOUR ACCOUNTS

HABIT 01

Passwords

Length beats complexity

The federal guidance reversed in 2025.

WHAT'S OUT

Required mixes of upper, lower, number and symbol

Mandatory password changes every 90 days

Password hints and security questions

WHAT'S IN

15+ characters when the password stands alone; 8+ when MFA also protects the account

Passphrases — four or five unrelated words beat P@ssw0rd1

Change a password when there's evidence of compromise, not on a calendar

Never reuse one password across sites

NIST Special Publication 800-63B, Revision 4, finalized 2025.

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Use a password manager

Nobody can memorize a hundred unique passphrases. That's not a discipline problem.

A password manager generates them, stores them encrypted, and fills them in for you.

You remember one strong passphrase. It remembers everything else.

Most will also warn you when a saved password turns up in a breach.

Common options: 1Password, Bitwarden, Keeper, and the managers built into iOS, Android, Chrome and Edge.

HABIT 03

Passkeys

5 billion in use

No longer experimental.

WHAT IT IS

Your face, fingerprint or device PIN unlocks a key kept on your device

Nothing to type, nothing to remember, nothing to steal from the website

WHY IT'S BETTER

A passkey can't be phished — it only works on the genuine site

90% of consumers now recognize them; 75% have enabled at least one

Already available on Microsoft, Google, Apple, Amazon and most banks

Turn it on where offered, and keep one backup sign-in method

FIDO Alliance, State of Passkeys 2026.

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Turn on multi-factor authentication

MFA means a password plus something else — a code, an app prompt, or a physical key.

It blocks the overwhelming majority of automated account takeovers.

But not all MFA is equal. Weakest to strongest:

Text message codes — better than nothing, but interceptable

Authenticator app codes — good

Number-matching push prompts — better

Passkeys and hardware security keys — phishing-resistant

Use the strongest option your email, bank and health accounts offer.

START WITH EMAIL

Your email account is the master key — it can reset the password on everything else. If you protect only one account, protect that one.

WATCH FOR

Authentication abuse

65% of incidents

Up from 35% the previous quarter.

THE PROMPT YOU DIDN'T ASK FOR

Someone with your password spams approval prompts until a tired user taps Approve

If a prompt arrives and you weren't signing in: deny it, then change that password

FAKE SIGN-IN PAGES

Attacker-in-the-middle sites pass your code to the real site in real time

They steal the session, so they never need your password again

The page looks flawless because it's a live mirror of the real one

Passkeys and security keys are the fix — they verify the domain for you

Cisco Talos Incident Response trends, Q2 2026.

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SPOT THE CON

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Phishing by text

Ask three questions

Is this how this company normally contacts me?

Do I even use this service?

Am I being rushed?

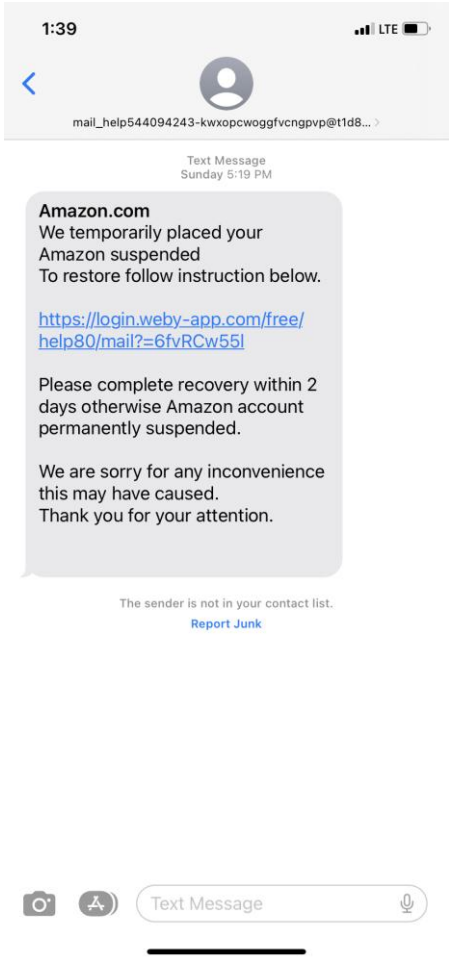
Then look closer

Check the sender. A real Amazon message doesn't come from a 40-character address.

Read the link before tapping. Why would Amazon send you to weby-app.com?

You already know how to reach your account. Use that route instead.

As a rule: never follow a link in a text.



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Phishing by email

Do you recognize the company?

If you've never heard of them, why are they managing your password?

Is there only one option?

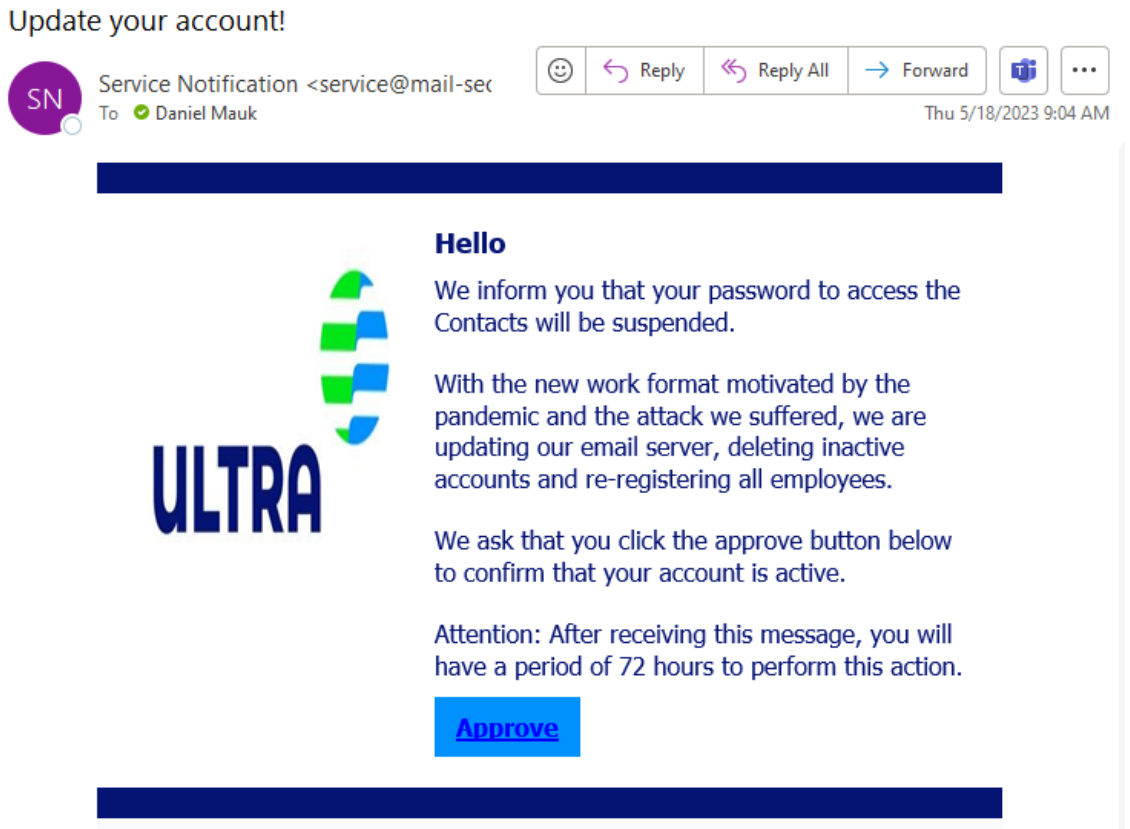
A single button and no way to decline is a deliberate design choice.

Does the writing feel off?

Odd phrasing and stitched-together justifications are classic tells — though AI has made this one much less reliable than it used to be.

Is there a countdown?

“72 hours to act” exists to stop you from checking.



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QR codes: scan with suspicion

QR phishing — “quishing” — hides the link inside an image, so email filters can't read it.

Microsoft tracked QR phishing rising from 7.6 million attacks in January 2026 to 18.7 million by March.

Printed stickers get stuck over real codes on parking meters, flyers and invoices.

Before scanning: did this code come from somewhere I actually trust?

After scanning: read the address before tapping. Does the domain match the business?

If it asks you to sign in, stop. Open the app or type the address yourself.

PHYSICAL CODES DESERVE A LOOK

Run a thumbnail over the code. If it's a sticker on top of another sticker, don't scan it.

A newer trick worth knowing

The fake “prove you're human” box

HOW IT WORKS

1. A page claims verification failed and gives you steps to “fix” it.
2. It tells you to press Windows+R, paste, and hit Enter.
3. That paste is a command. Running it installs software that harvests saved passwords and session cookies.
4. No download warning appears — because you ran it yourself.

THE ONE RULE

1. A real CAPTCHA never leaves your browser. You click pictures or type characters — that's it.
2. If any “verification” asks you to open a system window, press key combinations, or paste something: close the tab.
3. Not Microsoft, not Adobe, not your bank. Nobody legitimate asks for this.
4. Viewing the page doesn't harm you. Only running the command does.

FTC consumer alert on CAPTCHA scams, June 2026.

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Fake virus warnings

These come from a web page, not your antivirus.

Real security software doesn't warn you inside a browser tab, and it never asks you to phone anyone.

The phone number is the scam.

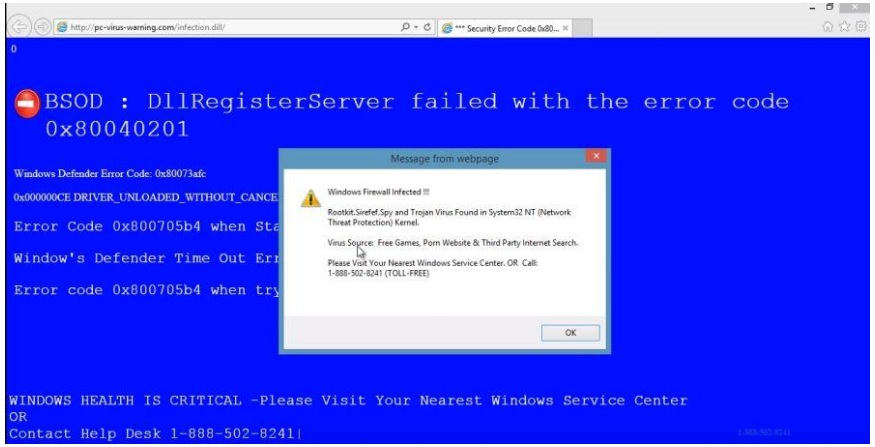
Calling reaches someone who wants remote access to your machine. Tech support fraud cost victims over a billion dollars last year.

What to do instead

Close the browser. If it won't close, restart the computer.

Run a scan from your actual antivirus software.

Call your support person or help desk — NEVER the number on the screen.



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AI CHANGES THE GAME

HABIT 06

Agree on a family safe word

The lowest-tech defense we have — and the most effective.

WHAT'S HAPPENING

A few seconds of audio from a social media post is enough to clone a voice

The call comes in panicked and crying, asking for money immediately

The FBI logged over 3,100 AI-related complaints from people 60+ in 2025, with losses above $352 million

WHAT ACTUALLY WORKS

Pick a word only your family knows. Ask for it on any emergency call.

Hang up and call back on a number you already have saved

Tell your family you will never be offended by a hang-up and callback

No real emergency falls apart because you took two minutes to verify

FBI IC3 2025 Annual Report.

PROTECT THE DEVICE

HABIT 07

Windows 10 support has ended

Free security updates stopped 14 October 2025.

IF YOU STILL RUN WINDOWS 10 AT HOME

Consumer Extended Security Updates run until 12 October 2027

Enroll free by syncing PC settings, with 1,000 Microsoft Rewards points, or for $30

One enrollment covers up to 10 devices

ESU is a bridge, not a destination — plan the move to Windows 11

EVERYTHING ELSE

Turn on automatic updates for your phone, browser and apps

Updates close holes attackers already know about and are actively using

Microsoft, Windows 10 Consumer Extended Security Updates, verified August 2026.

NORTH COUNTRY
COMMUNITY MENTAL HEALTH

Use secure Wi-Fi

Look for the padlock.

A network without one is open — anyone within range can see traffic that isn't encrypted.

Turn off “Connect Automatically” on public networks.

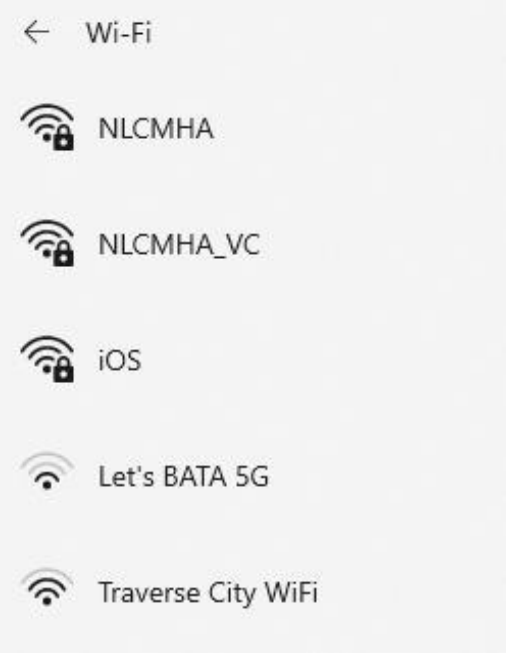
Otherwise your phone will silently rejoin any network with a matching name, anywhere.

Don't handle banking or client information on open Wi-Fi.

If you have to, use your phone's hotspot.

At home, change the router's default password.

Default credentials are published online. Keep the router's firmware updated too.



NORTH COUNTRY
COMMUNITY MENTAL HEALTH

Two habits that limit the damage

Back it up. Guard what you share.

BACK UP YOUR DATA

1. Three copies, two kinds of storage, one kept somewhere else.
2. Ransomware is survivable when the backup is clean and recent.
3. Test a restore once. An untested backup is a hope, not a plan.
4. Phone photos count — most people's irreplaceable files live there.

GUARD PERSONAL INFORMATION

1. Mother's maiden name, pet names, birthdays — these are password reset answers.
2. Ask why anyone needs your Social Security or account number.
3. Most websites will never ask for your password. Neither will your bank.
4. Caller ID can be faked. A familiar number proves nothing at all.

IF SOMETHING GOES WRONG

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If you think you've been caught

DISCONNECT

Turn off Wi-Fi or unplug the cable. Don't wipe or reinstall a work device before IT sees it.

TELL SOMEONE

Work device or client information: call your support person or your help desk right away. There is no penalty for reporting fast.

CHANGE PASSWORDS

From a different, clean device. Start with email — it unlocks everything else.

REPORT IT

ic3.gov for internet crime, reportfraud.ftc.gov for scams. Reporting is how patterns get caught.

Where to go next

CISA Secure Our World — cisa.gov/secure-our-world

Plain-language guides you can hand to a client or a parent

FTC Consumer Advice — consumer.ftc.gov

Current scam alerts, written for the general public

FBI IC3 — ic3.gov

Report internet crime; the annual report is genuinely readable

Have I Been Pwned — haveibeenpwned.com

Check whether your email address appears in a known breach

WHEN IN DOUBT

Support Person or Company Help Desk

For anything on a work device, or any message that claims to be from your agency.

AARP Fraud Watch Helpline

877-908-3360 — free, and useful for clients and family members.

HABIT 10

Trust your instincts

Urgency is the tell.

EVERY SCAM NEEDS YOU TO HURRY

“Act now.” “Your account will be closed.” “Don't tell anyone.”

Real organizations are fine with you hanging up and calling back

THE THREE-QUESTION TEST

Am I being rushed?

Am I being asked for money, credentials or personal information?

Did I start this contact, or did they?

Two yeses: stop, and verify through a channel you chose yourself.

NORTH COUNTRY
COMMUNITY MENTAL HEALTH

Questions

What's the one habit you'll change this week?

Thank you

Joseph Balberde

Chief Information Officer

North Country Community Mental Health

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

HOPE RECOVERY RESILIENCE WELLNESS

NORTH COUNTRY
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Record Retention and Destruction

NORTH COUNTRY
COMMUNITY MENTAL HEALTH

August 2026 Provider Network Meeting

Why does this matter?

Poor record management can lead to:

- Licensing deficiencies
- Contract violations or termination
- Audit findings
- Non-payment or payment claw backs
- Recipient Rights concerns

“If you can’t produce the record, it never existed.”

POP QUIZ!

- LARA (AFC Licensing) says I only have to keep a resident record for 2 years after discharge. The client discharged 3 years ago. Can I shred the file?

- A fire drill record is 26 months old. Can it be destroyed?

- Which retention requirement should you follow?
  A. The shortest one
  B. The most convenient one
  C. The longest applicable one

Retention and destruction requirements apply regardless of the:

Tool used to create the records.

- Computer, websites, pen and paper, cell phone, camera, scanner, personal devices, etc.

Format the records exist in

- Paper, Electronic Health Record, databases, photographs, recordings, voice mail, Teams messages, email, texts, etc.

Location where records are stored

- Designated offices, file cabinets, off-site storage, hard drives, cloud/vendor, servers, phones, SharePoint, EHR, websites

DTMB - Records Management Guidance

What rules require specific retention periods?

- AFC Licensing Rules LARA
- NCCMH Contract Requirements and policies
- Michigan Department Technology, Management & Budget
- MDHHS Home Help
- Other…

When multiple retention periods apply, follow the **LONGEST** applicable requirement.

REQUIREMENT	RETENTION (generally)
LARA AFC Licensing	2 years/ 2 years after discharge
MDHHS Home Help	7 years
NCCMH/Provider Contract	**10 years after term of agreement**
State of MI/ DTMB	**Longer as applicable in GS20**

LARA Retention Requirements

Record	Retention Length
Resident Records	2 years after discharge
Assessment Plans	2 years after discharge
Incident Reports	2 years
Staff Files	2 years after employment
Fire Drill Records	2 years
Emergency Training Records	2 years
Fire Safety Inspections	2 years
Financial Documents	2 years
Menus	90 days
Staffing Schedules	90 days

Examples of DTMB Retention Periods

Record Type	Retention
Adult Clinical Medical Record	Last service date + 10 years
Adult Summary Record	Last service date + 20 years
Personnel File	Employment end + 7 years
Financial Records	Fiscal year + 7 years
Policies and Procedures	Active + 7 years
MSDS Hazardous Material Data Sheets	Active + 30 years

Whose record requirement is this?

NCCMH records:

- Are created or provided by NCCMH.
- Must be submitted to North Country CMH for any reason
- Document services funded, authorized, monitored, or reviewed by North Country CMH.
- Are subject to contract, Medicaid, MDHHS, or audit requirements.

Examples: Data sheets, progress notes, outing logs, IPOS, Assessments, financial reports, claims, payroll records, etc.

LARA Records:

- Records maintained primarily to demonstrate compliance with AFC licensing rules.

Examples: Resident agreement, resident funds, fire drills, e-scores, menus, staff records etc.

Many records serve both LARA and CMH (and other agency) purposes and requirements:

Examples: Incident reports, staff training records, medication administration records, drill logs, background checks, records used in audits and investigations, service delivery, etc.

What records are NOT covered by retention requirements?

- Draft documents that are replaced by new or final versions.
- Duplicate copies of a document.
- Fax cover letters that do not add any information to the transmitted material.
- Notes and recordings that have been transcribed into another format for record retention.
- Mass mailings, notices, flyers, e-mails, etc. that are received for informational purposes.
- Advertisements, spam, and junk mail.
- Routine correspondence (may include e-mail messages) that do not document treatment decisions, significant activities or legal and functional responsibilities
- If paper records are scanned to an electronic format, the paper can be destroyed and the digital images can be used as records, unless the paper document must be kept in the original format because of a law (deeds, bank notes, legal evidence, etc.)

Don't memorize retention periods. Memorize the process.

- Before Destroying Any Record:
  - What does LARA/CMH/MDHHS require?
  - What does the contract say?
  - Is an audit, investigation, or review pending?
  - Has the retention period actually expired?

Keep the record long enough to satisfy all applicable requirements, make it available when requested, and never destroy it while an audit, investigation, or review is pending.

Termination of Agreement-Return of Records

Return By NCCMH request:

Per the NCCMH/ Provider contract, upon termination of the agreement and/or removal of the client from services with the provider, if requested in writing by NCCMH the provider must return:

- all original documents or copies of the clinical records and documents of the client
- all documents, correspondence, files, records, or papers of NCCMH that the provider may have in their possession or control, including, but not limited to, copies of other records as required.

Return By Provider request:

If requested by the provider, NCCMH will take back records at the end of the agreement so that the provider does not have to maintain them for 10 additional years.

- NCCMH will not accept third party records, or documents required to be retained by LARA, unless they are also required by NCCMH.
- Records can be delivered in any format as agreed by the parties (i.e. paper/electronic.)
- If the records are not collected by NCCMH, the provider is responsible for ensuring adherence to all regulatory retention requirements (minimum of 10 years.)

Methods of Destruction of expired records:

Per HIPAA guidance, examples of proper disposal methods may include, but are not limited to:

- For PHI* in paper records, shredding, burning, pulping, or pulverizing the records so that PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed.
- Maintaining labeled prescription bottles and other PHI in opaque bags in a secure area and using a disposal vendor as a business associate to pick up and shred or otherwise destroy the PHI.
- For PHI on electronic media, clearing (using software or hardware products to overwrite media with non-sensitive data), purging (degaussing or exposing the media to a strong magnetic field in order to disrupt the recorded magnetic domains), or destroying the media (disintegration, pulverization, melting, incinerating, or shredding).

*PHI: Protected Health Information

When must suspension of disposal of expired records happen?

Immediately stop destruction if there is:

- An audit
- Investigation
- Litigation
- Recipient Rights investigation
- LARA/APS
- Government inquiry
- FOIA requests*

(*Providers are not subject to FOIA as this applies only to governmental entities. However, any documentation, including copies of provider records in the possession of NCCMH are subject to a FOIA review and possible release.)

POP QUIZ!

LARA (AFC Licensing) says I only have to keep a resident record for 2 years after discharge. The client discharged 3 years ago. Can I shred the file?

No, clinical records must be kept 10 years from the last date of service.

A fire drill record is 26 months old. Can it be destroyed?

Yes, only the LARA 2-year requirement applies *unless* there is a related audit, investigation, or litigationopen.

Which retention requirement should you follow?

A. The shortest one
B. The most convenient one
C. The longest applicable one

C. The longest applicable one

Resources:

- NCCMH/ Provider Contract
- GS20 - Community Mental Health Services Programs Approved 05-01-2007
- NCCMH RETENTION AND DESTRUCTION OF RECORDS Policy
- AFC Licensing Rules
- HIPAA physical safeguards guidance
- HIPAA Media Sanitization guidelines
- DTMB - Records Management Guidance
- DTMB - Records Management Training
- Your organization’s record management polices and procedures