



QUARTERLY PROVIDER BULLETIN

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A publication for the providers of
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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 ...
 Keeping Services Close to Home!

PROTECTING PHI AT THE PROVIDER LEVEL

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

On many levels, from individual client care to finance, both NCCMH and all their providers engage in the handling of Protected Health Information (PHI) during the course of conducting regular client services. It is important for all providers to consider the protection of our client’s PHI that may occur in conducting standard administrative functions, such as a simple email between NCCMH and the provider’s finance office.

Let’s review what PHI and IHI actually are:

PHI under US Federal Law is “individually identifiable health information” held or transmitted by a covered entity (NCCMH) or its business associate (provider), in any form or media, whether electronic, paper or oral.

Individually Identifiable Health Information (IIHI) is information, including demographic data, that relates to the individual’s past, present, or future physical or mental health or condition, provision of healthcare, or payment for healthcare to the individual, and that identifies or could reasonably be used to identify the individual.

Individual Identifiers include:

- Name: First/Last Name or Alias of recipient or relatives, their employers or household members.
- Address: Smaller than state, i.e. street address, city, county zip code (or equivalent).
- Dates: Dates that are directly related to an individual including birth date, admission date, discharge date and death date.
- Telephone Numbers
- Fax numbers
- Email addresses
- Social security numbers
- Medical record numbers
- Health Plan Beneficiary numbers
- Account Numbers
- Certificate/License Numbers
- Vehicle identifiers: serial numbers, including license plate numbers
- Device Identifiers: Serial Numbers (prosthetics, hearing aids, individual’s serialized property)
- WEB URLs
- Internet Protocol (IP) Addresses
- Biometric identifiers: finger and voice prints
- Photographs: full face and any comparable images
- Any other unique identifying number, characteristic, or code

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PROTECTING PHI AT THE PROVIDER LEVEL

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

The prior Individual Identifier information should not be included in any emails, email attachments, phone texts, or transmitted in any way by and between a provider and NCCMH offices or staff without proper encryption. Text messages, as an example, are not secure, and thus it is recommended that no transmission of client information is conducted via text. As an alternative, email the person you are trying to reach and advise them that you have left them an encrypted message in Northstar. **Northstar IS secure** and it is recommended that the Northstar email system be used when contacting NCCMH staff about client particulars. **Emails outside of Northstar, including attachments containing PHI, should always be encrypted when transmitting between the provider and NCCMH, and/or between provider locations.**

Employees can be a provider's first and last line of defense in preventing PHI hacks or leaks. We recommend that provider staff do not use the same password for their provider email account as they would use for other non-work related or personal email accounts, or online shopping accounts. Use of the same password is an easy way that hackers can obtain not only the employee's information, but client PHI. Provider staff are recommended to change their email passwords regularly. Providers should also periodically remind all employees about the risk of cyber leaks of PHI, the magnitude and growth of phishing and email scams and have specific training for the more at-risk employees who deal with PHI on a daily basis.

Here are a few simple steps to assist provider network members – large or small – from hacking and the potential, frequently inadvertent loss of PHI:

1. **Change default passwords** used by some software with built-in passwords allowed after installation. It is extremely unwise to leave it unchanged.
2. **Identify entry points** and install proper scanning software programs to identify all entry points a hacker could use – from the internet into the internal network of the company.
3. **Implement and use an electronic device, password and computer usage policies.** Specify in employment policies any allowable or required password use, password length/digits, password protection, frequency of password changing, if users can download software, shop/play games or other non-business-related activities using a company computer, or the use of a personal email to conduct employer business. This is just a very basic list of training requirements and there are obviously many more topics that would be valuable to protecting PHI.
4. **Create a user-awareness campaign.** All possible steps must be taken to make all the users of the network aware of the pitfalls of security and the necessary security practices to minimize risks. Training is recommended on the use of encrypted email, the definitions of PHI and IIHI, use of personal or corporate telephones for conducting client related business, and more.
5. **Periodically inspect computer and telephone devices,** removing unnecessary applications and software that may have been installed by the company or by others.

A Business Associate/Contracted Entity (Provider) is responsible to report all suspected breaches of PHI to NCCMH (Covered Entity) without unreasonable delay.

What's Happening

**Save these dates for
2019's Provider
Meeting's**

Tues., Feb. 5



(1st Tuesday)



Tues., May 14

NOTE: (2nd Tuesday)



Tues., Aug. 13

NOTE: (2nd Tuesday)



Tues., Nov. 5

(1st Tuesday)

**9:30 am Registration and
Sign-in**

10 am – 12 noon meeting

**University Center at
Gaylord, 80 Livingston Blvd**

Gaylord, MI

Phone: 989-705-3700

Room U111/112

*Please notice, not all the meetings are
on the 1st Tuesday.*

CONTRACT Q AND A

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

Q: NPI NUMBERS – WHO NEEDS ONE?

A: According to CMS (<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand>), "Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA." HHS (<https://aspe.hhs.gov/report/frequently-asked-questions-about-national-provider-identifier-npi>) adds, "This includes physicians and other practitioners, physician/practitioner groups, institutions such as hospitals, laboratories, and nursing homes, organizations such as health maintenance organizations, and suppliers such as pharmacies and medical supply companies." **NPI Numbers are recommended for all NCCMH providers who contract to provide direct service programs to clients.**

Q: CHAMPS REGISTRATION – WHO NEEDS TO REGISTER?

A: On March 1, 2018, the Medicaid rule regarding CHAMPS registrations went into effect. The rule prohibits payment to providers not appropriately screened and enrolled through CHAMPS based on (1) **TYPICAL** and (2) **ATYPICAL** providers. Providers from these two groups have different registration deadlines.

CURRENTLY ALL TYPICAL PROVIDERS SHOULD BE REGISTERED IN CHAMPS. (ATYPICAL PROVIDERS ARE NOT YET REQUIRED TO REGISTER). Typical providers include professional health care providers that provide health care services to beneficiaries, and also meet educational and state licensure requirements, and have assigned NPI Numbers. Examples of typical providers include, but are not limited to physicians, physician assistants, therapists, certified nurse practitioners, dentists and chiropractors. If the provider type is currently unavailable as an option in CHAMPS, it does not mean the provider is not required to enroll, only that the provider type is not currently being accepted for enrollment in CHAMPS.

The provider support Help Line for Typical Providers is 1-800-292-2550. Provider Enrollment General Information is found at www.Michigan.gov/medicaidproviders>>Provider Enrollment. To Enroll, visit the CHAMPS Provider Enrollment website at: <https://milogintp.michigan.gov>.

All professional providers are required to provide their NPI number and verify CHAMPS registration with NCCMH. You can do this simply by emailing your registration information to the Contract Manager at llaporte@norcocmh.org.

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Call to Action

As you may know, the executive office submitted to the legislature a FY19 supplemental budget request - that request did NOT include any additional funding for a direct care worker wage increase. We know the Legislature will adopt a FY19 supplemental budget before they complete their lame duck session and we anticipate that final budget being quite large, which is why we want to add this important request to their list.

REQUEST FOR URGENT ACTION:

Please contact your House and Senate members urging them to support additional Medicaid funding for a \$0.75 per hour wage increase for direct care workers in the Fiscal Year 2019 Supplemental Appropriations Budget. This allocation is intended to recognize the impact of the upcoming minimum wage increase that was passed by the Michigan Legislature in September and stabilize the workforce for these individuals. **EXPLAIN** that a staff wage increase advances the objectives of improving the quality of life for individuals with disabilities and increasing their access to supports and services. **SHARE** stories on how the staffing crisis negatively impacted your agency or the people you serve.

We also need you to ask that the members of your Board of Directors, your staff, and your community partners make those same contacts – SIMPLY FORWARD THEM THE ACTION ALERT. These contacts are critical, legislators must hear from us as there will be numerous requests for final appropriations during lame duck.

Click the link below to log in and send your message:

<https://macmh.org/public-policy/take-action?vvsrc=%2fCampaigns%2f61780%2fRespond>

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CONTRACT Q AND A

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

Q: HOW LONG ARE PROVIDERS REQUIRED TO KEEP CLIENT CLINICAL RECORDS?

A: The Provider Master Contract states that “The **CONTRACTOR** is expected to fully comply with all policies, procedures and expectations for case management, care management, care coordination and clinical services as outlined by the **BOARD**”. The current NCCMH policy on **DIRECT SERVICE PROGRAM CLIENT RECORD RETENTION IS AS FOLLOWS:**

RECORD TYPE	RECORD RETENTION POLICY
<p>Consumer Case Records – Adults – Identifying and Summary Data This information is found in the consumer case record and will document the basic identification information for a consumer including the final face sheet, final discharge summary, and diagnosis. The records will be retained until the last date of service plus 20 years.</p>	<p>THROUGH ACTIVE DATE OF SERVICE + 20 YEARS</p>
<p>Consumer Case Records – Adults – Medical Data This information is found in the consumer case record and will document adult consumers who are receiving services and/or support from the CMHS Program, a contracted provider of the CMHS Program, or a vendor under valid contract with the CMHS Program. The case records will contain clinical/medical information including consents, releases, treatment plans, financial status updates, reports, plans and strategies, evaluation, assessments, testing, consumer contact sheets, health and history reviews, progress notes, charge slips, PES, medication reviews, psychological evaluations, medication order sheets, bridge scripts, medication consent forms, labs, Aims test, health provider correspondence, discharges, transfers, third party information, self-determination agreements, etc. Records may be in hard copy or electronic format and will be retained until the last date of active service plus 10 years. NOTE: If documents are purged from this file they must be retained until the last active date of service plus 10 years.</p>	<p>THROUGH ACTIVE DATE OF SERVICE + 10 YEARS</p>
<p>Consumer Case Records- Adults – Non-medical Data Non-medical and non-psychological treatment/case management information including correspondence and copies of information from other agencies shall be retained through active date of service plus 7 years.</p>	<p>THROUGH ACTIVE DATE OF SERVICE + 7 YEARS</p>
<p>Consumer Case Records – Children – Medical Data These records will document consumers under the age of majority who are receiving services and/or support from the CMHS Program, a contracted provider of the CMHS Program, or a vendor under valid contract with the CMHS Program. The case records may contain face sheets, consents, releases, treatment plans, financial status updates, reports, plans and strategies, evaluations, assessments, testing, consumer contact sheets, health and history reviews, progress notes, charge slips, PES, medication reviews, psychological evaluations, medication order sheets, bridge scripts, medication consent forms, labs. Aims test, health provider correspondence, discharges, transfers, third party information, etc. Records may be in hard copy or electronic format and will be retained until the client is 6 years past the age of majority and last active date of service plus 10 years.</p>	<p>UNTIL CLIENT IS 6 YEARS PAST AGE OF MAJORITY AND THROUGH LAST ACTIVE DATE OF SERVICE + 10 YEARS</p>
<p>Consumer Case Records – Children – Non-medical Data Non-medical and non-psychological treatment/case management information including correspondence and copies of information from other agencies shall be retained for a period not less than 7 years after the consumer reaches the age of majority.</p>	<p>THROUGH ACTIVE DATE OF SERVICE + 7 YEARS</p>
<p>Client Demographic and Billing Info Data will be retained until it is determined to have no further value, i.e. through active date of service plus 7 years.</p>	<p>THROUGH ACTIVE DATE OF SERVICE + 7 YEARS</p>

QUARTERLY UPDATE **RECIPIENT RIGHTS, HEALTH AND SAFETY** QUARTERLY UPDATE

You're invited



*To a free screening
of the movie*

RESILIENCE

WHEN:

Wednesday

January 16, 2019

TIME:

10 am

Sponsored by

WHERE:

Otsego Co. United Way

116 E. Fifth Street

Gaylord, MI 49735

231-331-4821

Snacks/drinks will be served.

Seating is limited to 60.

Please RSVP to: Laurie Andrews

OHSN Coordinator

Otsego County United Way

116 E. Fifth St., Gaylord, MI 49735

989-732-6232

HOLIDAY HAZARDS

By Sherri Briley, Registered Nurse (sbriley@norcocmh.org)



Holiday hazards: Be careful when decorating, especially with small children and animals. Holly, mistletoe and many decorating berries can be poisonous. There are many other items that can pose a choking hazard, such as pinecones.

Food: Food should be in bite size pieces and chewed completely.

Decorating: Decorating for the holidays is fun. Yet, more than 5000 people are injured in decorating falls each year. Make sure your ladder is stable, centered, and locked open. Do not use the top two rungs and keep the area clear of obstacles.

Weight gain: Most people eat more during the holidays. The average person gains one-pound that they never lose. Remember to keep moving and drink lots of water.

Holiday heart attacks: Christmas is the deadliest day of the year! There is various reason this is true. Some of the main ones are listed:

- ✿ Holiday Stress
- ✿ Heavy Meals
- ✿ Ignoring Chest pain (*Not wanting to disrupt the holiday*)
- ✿ Skipping Medications (*Usually unintentional*)
- ✿ Understaffed Hospitals

Be careful not to skip your medications! And be aware of what your body is telling you.

Stress: Are you Stressed? The easiest way to eliminate stress is to not over commit. Ask for help. 44% of women and 31% of men report increased stress during the holidays.

Car accidents: While Thanksgiving driving is deadly, nearly half of all fatal accidents on Christmas and New Years are alcohol related. Remember to wear your safety belts. Stay sober or use a designated driver.

Happy Holidays



RIGHTS PROTECTION SYSTEM

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

RETALIATION/HARASSMENT

Any individual who files a recipient rights complaint on behalf of a recipient is protected from retaliation and/or harassment as written in the Mental Health Code, NCCMH Policy, and NCCMH Provider Contract.

Michigan Mental Health Code 330.1755 Office of Recipient Rights

(3) Each community mental health services program and each licensed hospital shall endeavor to ensure all of the following:

(a) Complainants, staff of the office of recipient rights, and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.

North Country Community Mental Health Policy

J. The CMH Chief Executive Officer (CEO) shall:

4. Assure non-retaliation and protection from harassment to all Rights Staff and any individual involved in the filing of a rights complaint and assure that appropriate disciplinary action is taken if there is evidence of such harassment or retaliation.

North Country Community Mental Health (Provider Contract Language)

The CONTRACTOR agrees to protect the recipients from rights violations while they are receiving services. The CONTRACTOR agrees to abide by the service provision and recipient right policies of the BOARD, the Michigan Mental Health Code, and MDHHS Administrative Rules regarding recipient rights; and specifically agrees, by this Contract, to the following:

Assure that complainants and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.

Otsego Office: 989-732-6292

Center Supervisor: Jennifer Pewinski

Supports Coordinators/Case Managers:

- o Sue Petee
- Becky Flint
- Shawna Shepard
- Bobbi Moore
- Edith Soper
- Mark Jasinski
- Cortnee Nye

Antrim Office: 231-533-8619

Kalkaska Office: 231-258-5133

Center Supervisor: Lorie Minidis

Case Managers / Supports Coordinators:

- Melinda Booy
- Lisa DeJonge
- Lisa Youngman-Loose
- Rachel Jaroneski
- Katie Somers
- Julie Kosloskey

NCCMH County Teams and Contact Information

Cheboygan Office: 231-627-5627

Center Supervisor:
Jennifer Morse-Griffin

Supports Coordinators/Case Managers:

- Tracy Antkoviak
- Patty Crist
- Julia Mauldin
- Alison Reed
- Jackie Paul

Charlevoix Office: 231-547-5885

Center Supervisor: Nina Martinson

Case Managers/Supports Coordinators:

- Meghan Grebe
- Trisha Farkas
- Joanne Jasinski

Emmet Office: 231-347-7890

Center Supervisor: Natalie Weber

Supports Coordinators/Case Managers:

- Janelle Kassien
- Vicki Kemp
- Stacie Richard-Schumann
- Elise Holland



←
County Teams & Contacts
Continued



SAFE LIFTING

by Linda Kleiber, Safety Manager (lkleiber@norcocmh.org)

Skiing available:
Offered January – March (weather dependent) at the Challenge Mountain Lodge and Ski Area on **Tuesdays and Thursdays** from 9:30 am – 2:00 pm and **Saturdays** from 10:00 am – 3:00 pm or **by appointment** at local ski resorts. Check the calendar for current events then call or email to schedule a winter adventure.

- Downhill skiing
- Sit-skiing (bi-ski and mono-ski)
- Snowboarding
- Cross country skiing
- Snowshoeing
- Sledding

Free instruction and use of equipment is available at Challenge Mountain to participants and their families, schools, individuals, and organizations that serve people living with disabilities.

Register for programs by calling 231.535.2141 or emailing programming@challengemtn.org.

Can you think of even one occupation where you never have to lift an object? Lifting objects can range from very light such as a piece of paper or a pen to very heavy objects like boxes. Lifting is very much a part of our every day jobs. Since it is something we do so often, we tend to do it without thinking, or at least we do until we strain a muscle, or worse, hurt our backs.

Lifting incorrectly can result in a variety of injuries. Back strain is very common resulting from over-stretching certain muscles and can be avoided by practicing safe lifting techniques. Safe lifting plays an important role in keeping your back healthy and there are several techniques that take strain off the lower back area. They recommend you “size up the load”. That is, look it over. Decide if you can handle it alone or if you need help. When in doubt, ask for help. Moving a box or other object that is too heavy for one person is not worth strained and sore back muscles. Also “size up the area”. Look over the area you are carrying the object to and make sure it is clear of obstacles before beginning.

Good foot position allows you to keep your balance and bring into play the full power of your leg muscles. Leg muscles are more powerful and more durable than back muscles. Let your leg muscles do the work. Use your feet to change direction. Don’t twist your body. Twisting can compound the stress of the lift and affects your balance. Keep your chin up; it helps maintain correct back posture. When you have someone helping you lift an object, lifting and lowering should be done in unison.

Don’t underestimate the importance of being in good physical condition. Years of poor posture, overeating, lack of exercise, stress and improper lifting can catch up with you. Learn how your back works and what you can do to keep it strong. Ask for your physician’s recommended stretching, warm-up, some reconditioning exercises. (For more information on safe lifting techniques visit the MIOSHA Website.)



SIGNATURE SHEET REQUIREMENT

Residential or Service Sites subject to site reviews are requested to please create a signature sheet (example below) to record that staff have read and will comply with the material presented in the Quarterly Recipient Rights, Health and Safety pages of this bulletin, which replaces the previously issued Quarterly Brochure. This bulletin also replaces annual updates of Environmental Emergencies, Recipient Rights, and Medications. Sign off sheets will be monitored during annual site visits. We suggest printing & posting the Quarterly Recipient Rights and Safety pages of this bulletin on site, as well as reviewing them during staff meetings.

December 2018

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	12/30/18
Ben Hur	<i>Ben Hur</i>	12/30/18