



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 Community Mental Health (MDCMH)

Serving Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego Counties ...
 Keeping Services Close to Home!



WHY ARE POLICIES PLANS AND PROCEDURES IMPORTANT?

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

Mental Health Policies, Plans and Procedures are essential **to coordinate all services and activities related to mental health**. Without adequate plans, policies and procedures, mental disorders are likely to be treated in an inefficient and fragmented manner. Policies and procedures are an excellent way to communicate to providers and their employees the desired outcomes for our mutual clients. They help employees of both NCCMH and our providers understand their roles and responsibilities in delivering client care. In the mental health environment specifically, **policies and procedures set the foundation for the delivery of safe and cost-effective quality care.**

NCCMH recognizes that it is difficult to stay on top of changes in standards and thus has an established review period for all policies and procedures. In the past our providers may not have received these periodic updates. Therefore, providers will be notified via email when new or updated policies and procedures are posted to the online provider manual. When notified of changes, we ask provider management to take steps to compare the new procedures with the training and procedures currently followed within their own organization, and to make updates/changes accordingly with provider staff.

SUMMARY: UPDATED MEDICATION PROCEDURES/POLICIES

To become knowledgeable of procedures or policies which govern how provider staff should manage, deliver or administer medications, please review the following summaries of policies which may not have been included in the current or past online Provider Manuals. Full copies of these policies are available upon request at this time and will be added to a New Provider Manual to be posted online in the near future.

TELEMEDICINE PROCEDURE: This procedure applies to psychiatrists, nurse practitioners and physicians and describes the requirements for telemedicine eligibility, scheduling, preparation for sessions, securing protected health information, nursing sessions, provider sessions, prescriptions, and contingency planning due to equipment or other system failure, and telemedicine provided off site.

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UPDATED MEDICATION PROCEDURES/POLICIES

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

SUMMARY: UPDATED MEDICATION PROCEDURES/POLICIES (Continued)

NOLOXONE ADMINISTRATION POLICY: This applies to all providers. It is the policy of North Country Community Mental Health to provide personnel with the necessary training and tools to permit support staff and clinical staff to carry, hold, and administer, when appropriate, intranasal naloxone (Narcan).

MEDICATION CONSENT PROCEDURE: The purpose of this procedure is to ensure that clients receiving medications prescribed by NCCMH approved Providers receive medication only when the individual, guardian, or parent of minor child has provided informed consent consistent with all applicable regulations. It describes the standards, procedures to be followed by the provider, pharmacist or nurse, and when/if consents may be revoked.

INJECTIBLE MEDICATIONS PROCEDURE: This procedure applies to all NCCMH providers and programs and is intended to ensure that injectable medications, when prescribed, are administered safely. Per MDHHS bulletin MSA 15-19: As a reminder, pharmacy providers may not dispense a physician-administered injectable drug directly to the beneficiary – to ensure the content and integrity of the drug administered to the beneficiary, the drug must be delivered from the pharmacy directly to the physician for administration. The method of delivery of the injectable drug to the physician should be agreed upon by the pharmacy and physician. The refrigeration, stabilization, and other storage and handling requirements of the drug must be met during delivery and at all points of the transaction. The costs associated with the delivery of the injectable drug to the physician are not reimbursable by the Michigan Department of Health and Human Services (MDHHS). The injectable drug must be administered to the beneficiary within 14 days of the arrival of the drug to the physician's office. For multi-dose vials, the first dose must be administered to the beneficiary within 14 days of the arrival of the drug to the physician's office. This procedure discusses delivery, administration, documentation and billing.

MEDICATION ERROR PROCEDURE: The purpose of the medication error procedure is to ensure prompt and appropriate response in the event of any error involving the use of medications. This procedure applies to all contracted providers and describes the standard actions that must be taken in the event of an error, including evaluation of client's physical status to determine any life-threatening symptomatology or acute illness, requirements for client notifications, staff and supervisory actions.

MEDICATION LIST PROCEDURE: The purpose of this procedure is to ensure that a written record of medications is updated and kept in the client's records. This procedure applies to all providers. This procedure identifies who will reconcile medications – whether prescribed by NCCMH or outside providers, when and how medications should be reviewed with the client, new medication orders, discontinuations or changes in the medications, its refills or orders, and requirements for posting this information in the client's electronic health record.

This listing is not all inclusive and providers are encouraged to check online periodically for updates to the provider manual, plans, policies or procedures in the Provider Section of www.norccmh.org.



REVISED AVAILABILITY FOR VIRTUAL RECIPIENT RIGHTS TRAINING

By Kim Rappleyea, Director of Recipient Rights (krappleyea@norcocmh.org)

TRAINING INFO UPDATED 6/25/2020

NCCMH face to face Recipient Rights training is currently suspended. Providers are still expected to meet the 30-day training window for new hires. **You are responsible for reporting your new employee's date of hire and date/method/proof of training via email to providertraining@norcocmh.org.** We will only accept "live/virtual" New Hire Recipient Rights training from a Community Mental Health (CMH) Rights Office. We are offering the information below as our preferred option for "live virtual training."

Network 180 (CMH) is currently offering "New Hire Recipient Rights" trainings live via [Microsoft Teams](#). Participants can join the training directly by using the links at the bottom of this notice, which will take them right to [Network 180's website](#).

Considerations for Virtual Trainings:

1. **An internet capable device with a reliable connection to the internet is required.** You *must* have a screen to view the presentation. There is no 'call-in only' option to listen to the presentation.
2. Students will need speakers or headphones.
3. Students will have the best experience when they use a desktop computer, laptop, or tablet. Connecting via smart phone will work but is not recommended.
4. **Connect early to work out any issues beforehand.** Network 180 may be able to troubleshoot minor issues before the start of training but cannot work on issues after the training starts.
5. **NOTE:** Students connecting more than 15 minutes after the start of training will not be allowed to participate and will be asked to join the next training.
6. Groups of people connecting from one location is completely fine.
7. Mid-way through the presentation all students will be asked to email the presenter. During the training, the presenter will send out a link to the online test. Each student will be asked to *individually* complete the test by the end of the class.
8. All participants are expected to complete the final test on their own, even if attending in a group.
9. Regarding Microsoft Teams: You do not need to download and install Microsoft Teams, however, students who use the app have the best experience. Apps are available for both desktop computer and mobile devices. For more information about Microsoft Teams: <https://www.microsoft.com/en-us/microsoft-365/microsoft-teams/download-app>
10. **Active participation in the training is required.** Students will be able to interact with the presenters and others in the class via web chat.
11. If you have questions about joining this virtual training, contact Network 180's training department at training@network180.org before the beginning of class.
12. For questions about Rights training content or training modality in general, contact Kim Rappleyea, NCCMH ORR Director, at 231-439-1368 or at Recipient-Rights@norcocmh.org

System Requirements and Supported Platforms

13. Supported operating systems: Windows 7 and later (32-bit and 64-bit), macOS X 10.10 and later
14. Supported mobile operating systems: Android 4.4 and later, iOS 10 and later
15. Supported web browsers: Chrome (last 3 versions), Edge RS2 and later, Firefox (last 3 versions), Internet Explorer 11, Safari

TO JOIN A VIRTUAL RECIPIENT RIGHTS NEW HIRE TRAINING:

Direct Service Providers (suitable for all staff):

- Trainings are held **Fridays, 9:00AM to 12:30 PM**. [CLICK HERE](#) to join at Network 180's site.
- [Direct Care Training Handouts](#)

Clinicians (ONLY suitable for clinical staff, including CSM/SC's):

- Trainings are held the **First Thursday of each month, 9:00AM to 12:00 PM**. [CLICK HERE](#) to join at Network 180's site.
- [Clinical Training Handouts](#)

OFFICE OF RECIPIENT RIGHTS, HEALTH & SAFETY: PROVIDER QUARTERLY UPDATE

Emergency Preparedness

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

Are you Ready?

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

Create, Practice, and Update your Disaster Plans

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

<p>Should Contain:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blankets and raincoats/ # _____ <input type="checkbox"/> Portable radio <input type="checkbox"/> Consumer profiles (take medication book) <input type="checkbox"/> Radio (weather) <input type="checkbox"/> First aid kit <input type="checkbox"/> Flashlight <input type="checkbox"/> Appropriate batteries. <input type="checkbox"/> Keys: Van & house <input type="checkbox"/> Gloves <input type="checkbox"/> Disposable briefs (as appropriate) <input type="checkbox"/> Wet wipes/ hand sanitizer <input type="checkbox"/> Other: i.e., cell phone, flares, reflectors for van 	<p>Food Items (Labeled)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bottled water (expiration date/enough for everyone) <input type="checkbox"/> Snacks (expiration dates) <input type="checkbox"/> Sugar free (Diabetics) <p>Telephone Numbers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Guardians <input type="checkbox"/> Staff <input type="checkbox"/> Process to Contact Others (management/staff phone #'s)
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EMERGENCY BAG MONTHLY CHECKLIST (*Home-wheeled*)

DATE _____ SIGNATURE _____

Does your plan include the location of your utilities (electric, gas, water)? Emergency personnel may ask the location so they can turn them off. In an emergency you may not be able to contact the person who is responsible for making major decisions for your site. We have many resources such as FEMA, Red Cross, and MDHHS that have information on emergency preparedness for people with special needs. If you have any questions, need assistance updating your emergency plans, or need more information on how to access any of the resources, please feel free to contact Linda Kleiber at 231-439-1230.

***** TRAINING REMINDER** - if your staff have participated in any of the online Recipient Rights training you must provide North Country CMH with documentation.

If you have any questions, please contact providertraining@norcocmh.org

CIVIL RIGHTS DURING COVID-19

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

MDHHS Administrative Rules state "...A violation of civil rights shall be regarded as a violation of recipient rights ..." As advocates for our clients, we can empower them and educate others about their right to be treated equally, especially during this public health emergency when lives are at stake.

On March 28, 2020 the [Federal Office for Civil Rights issued guidance](#) for covered entities on their obligation to assure anti-discrimination and equitable access to medical care for all individuals during the COVID-19 pandemic. It said in part, "...In this time of emergency, the laudable goal of providing care quickly and efficiently must be guided by the fundamental principles of fairness, equality, and compassion that animate our civil rights laws. This is particularly true with respect to the treatment of persons with disabilities during medical emergencies as they possess the same dignity and worth as everyone else.

... Decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence. "HHS is committed to leaving no one behind during an emergency, and this guidance is designed to help health care providers meet that goal," said Roger Severino, OCR Director. "Persons with disabilities... should not be put at the end of the line for health services during emergencies. Our civil rights laws protect the equal dignity of every human life from ruthless utilitarianism," Severino added."

On April 29, 2020, Governor Whitmer issued [Executive Order 2020-64](#) to strengthen Michigan's own anti-discrimination policies. The following are critical sections of her mandate:

1. It is the public policy of this state that no person should be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person's relative "worth," including judgments about a person's worth based on the presence or absence of disabilities.
2. Health care providers shall take all necessary steps to ensure non-discrimination ... in the delivery of critical care and allocation of other medical resources to those in need of treatment for physical and psychiatric illnesses.
3. Health care providers shall continue to support individuals' functional needs to the fullest extent possible. For purposes of this order, "functional needs" includes the needs for independence, communication, transportation, supervision, and medical care. When effective communication requires that a sign language interpreter be present, a sign language interpreter must be permitted to be present and provided with appropriate PPE."

Suspected or known Civil Rights violations involving staff of NCCMH or a contracted provider can be reported to the Office of Recipient Rights as well as [State](#) and [Federal](#) Civil Rights Offices.

CALENDAR

PROVIDER QUARTERLY MEETING:

9:30 am (coffee)

10:00 am – 12 noon



The location (skype, in-person or both) of future meetings will be announced in each of the upcoming meeting email notifications. Please verify location before traveling. Thank you!

- Tuesday, August 4, 2020
- Tuesday, November 3, 2020

THE POWER OF VITAMIN D

By Katherine Keys, Registered Nurse (kkeys@norcochm.org)



In these unprecedented times, we all are finding ourselves at home. Most of us are in the home much more than we ever have been before. Now that our weather is getting nicer, the option to be outside is finally here. The sun is a great source of Vitamin D, and as long as you are using the proper sun protection, allowing our bodies to naturally obtain this is very important to many of our bodies functions.

Your body must have vitamin D to absorb calcium and promote bone growth. Too little vitamin D results in soft bones in children (rickets) and fragile, misshapen bones in adults (osteomalacia). You also need vitamin D for important body functions.

Vitamin D deficiency has now been linked to breast cancer, colon cancer, prostate cancer, heart disease, depression and weight gain and other maladies.

These studies show that people with higher levels of vitamin D have a lower risk of disease, although they do not definitively prove that lack of vitamin D causes disease -- or that vitamin D supplements would lower risk.

Vitamin D is so important that your body makes it by itself -- but only after skin exposure to sufficient sunlight. This is a problem for people in northern climates. In the U.S., only people who live south of a line drawn from Los Angeles to Columbia, S.C., get enough sunlight for vitamin D production throughout the year. Thirty minutes of sun exposure to the face, legs, or back, using sunscreen, should give you plenty of Vitamin D.

Surprisingly few foods contain Vitamin D-- unless it's added to the food. That's because your body is built to get vitamin D through your skin (from sunlight) rather than through your mouth (by food). But once your body has enough, it doesn't matter whether you got it through your skin or through your stomach.

There are three vitamin D super foods:

- Salmon (*especially wild-caught*)
- Mackerel (*especially wild-caught; recommendation: 12 oz. a week of a variety of fish and shellfish that are low in mercury*)
- Mushrooms exposed to ultraviolet light to increase vitamin D

Other food sources of vitamin D include:

- Cod liver oil (warning: cod liver oil is rich in Vitamin A; too much may be bad for you)
- Tuna canned in water
- Sardines canned in oil
- Milk or yogurt -- regardless of whether it's whole, nonfat, or reduced fat -- fortified with vitamin D
- Beef or calf liver
- Egg yolks
- Cheese

Nearly all milk in the U.S. is fortified with vitamin D. So are many brands of orange juice, yogurt, margarine, and ready-to-eat breakfast cereals.

Let's all be intentional about getting outside and eating our Vitamin D rich foods. Our body AND mind will thank us!



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.

JUNE 2020

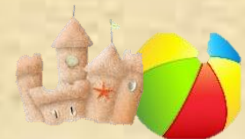
NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	6/11/20
Ben Hur	<i>Ben Hur</i>	6/11/20

Environmental Emergencies

Recipient Rights

Medication Updates

As we enjoy our summer here in NW Lower Michigan, we want to express our thanks to our many contract providers and their staff for the incredible job they are all doing in keeping our mutual clients, their co-workers, and their own families safe during the COVID-19 Stay Home, Stay Safe order. You are the Heroes manning our front lines. We know it, and we appreciate it.



We hope you enjoy a healthy, happy summer while we all continue social distancing.

THANK YOU! YOU ARE APPRECIATED!