



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!

NCCMH ADMINISTRATIVE TEAM

Over the last year, you may have noticed that North Country Community Mental Health added some new or newly appointed finance and administrative team members to assist both our providers and clients. Please note these contacts which work specifically with our provider network:



(l-r) Christine Gebhard, Chief Executive Officer; Brian Babbitt, Chief Operating Officer; Scott Shearer, Chief Financial Officer



(l-r) Pam Hutchison, Accountant; Lani Laporte, Contract Manager; Cynthia Crumbaugh, Administrative Assistant

MAY 1, 2018 PROVIDER MEETING!

NCCMH invites providers to send appropriate staff to all regularly scheduled quarterly provider meetings held 10 am – 12 noon on the first Tuesday of every third month at the University Center in Gaylord, Michigan. 2018 dates are as follows:

MAY 1, 2018 ○ **AUGUST 7, 2018** ○ **NOVEMBER 6, 2018**
SAVE THE DATE

Please join our Administrative and Clinical Teams at our quarterly Provider Meeting on Tuesday, May 1, 2018, from 10 am – 12 pm, followed by a Provider Appreciation Luncheon from 12 noon – 1 pm. Providers will receive a separate invitation detailing the event and requesting an RSVP. Our agenda will include information on May's Mental Health Awareness events.

MAY IS MENTAL HEALTH AWARENESS MONTH

Do You Focus on Fitness #4Mind4Body?

This *May is Mental Health Awareness Month!* NCCMH is raising awareness about the connection between physical health and mental health, through the theme *Fitness #4Mind4Body*. The campaign is meant to educate and inform individuals about how eating healthy foods, gut health, managing stress, exercising, and getting enough sleep can go a long way in making you healthy all around.

Mental health is essential to everyone's overall health and well-being, and mental illnesses are common and treatable. So much of what we do physically impacts us mentally –it's important to pay attention to both your physical health and your mental health, which can help you achieve overall wellness and set you on a path to recovery.

A healthy lifestyle can help to prevent the onset or worsening of mental health conditions like depression and anxiety, as well as heart disease, diabetes, obesity and other chronic health problems. It can also play a big role in helping people recover from these conditions. Taking good care of your body is part of a 'before Stage Four' approach to mental health. Getting the appropriate amount of exercise can help control weight, improve mental health, and help you live longer and healthier. Recent research is also connecting your nutrition and gut health with your mental health. Sleep also plays a critical role in all aspects of our life and overall health. Getting a good night's sleep is important to having enough physical and mental energy to take on daily responsibilities. And we all know that stress can have a huge impact on all aspects of our health, so it's important to take time to focus on stress-reducing activities, like meditation or yoga.

NCCMH wants everyone to know that mental illnesses are real, and recovery is always the goal. Living a healthy lifestyle may not be easy, but by looking at your overall health every day – both physically and mentally – you can go a long way in ensuring that you focus on your *Fitness #4Mind4Body*.

NCCMH invites provider staff, consumers and interested family and friends to participate in the NCCMH events listed on page four of this publication. Providers are also encouraged to support the whole mind and body through the Mental Health Awareness Program toolkit, including templates, free posters, and more found at www.mentalhealthamerica.net/may

MAY IS 2
MENTAL 0
HEALTH 1
MONTH 8
#4mind4body



**TAKE THE
CHALLENGE**



**SHARE YOUR
PROGRESS**



**LEARN MORE BY CALLING
Meghan Grebe or
Laurie Stockero
NCCMH Charlevoix Office
231/547-5885**

RESIDENTIAL HOME MAINTENANCE CHECKLIST

Rule 400.1426 of the Medicaid Manual points out specific maintenance guidelines for licensed residential homes. Spring is the perfect time to review your regularly scheduled maintenance routines. The handy checklist below includes the requirements of Rule 400.1426 and includes a few additional home maintenance tips frequently incorporated by our residential providers:

Plumbing/Mechanical/Waste Systems:

- Routine scheduled preventive maintenance is performed according to manufacturer's operating manuals on all water heaters (including draining), furnaces/heaters/boilers, air conditioners and other permanently installed household appliances and vents.
- Flame producing water heaters are properly vented & have a temperature/pressure relief valve with discharge pipe attached.
- If using well water, verify adequate pressure and faucet heads are free from lime buildup.
- Hot Water temperature at faucet is maintained between 105 - 120 Deg. F.
- Septic is cleaned annually or more frequently depending on size of home and number of residents.
- Septic Field is not blocked due to trees and there is no standing sewage in yard.
- Proper drainage is evident when flushing toilets and running sink water. There is no evidence of plumbing leaks or standing water underneath sinks, toilets, tubs, showers, basements or crawl spaces.
- Fire Suppressant Systems, Fire Alarms {and CO Monitors as applicable} of all types are regularly tested and proven to be in satisfactory condition.

Ventilation:

- There is a steady, on-going air exchange that controls odors.
- There is no extreme humidity, dryness, mold or mildew present on household surfaces, particularly basements, bathrooms, kitchen, laundry.
- Room Air Conditioning Units** are installed in an aesthetically pleasing manner, and do not allow insect access or structural water entrainment.

Vermin Protection:

- Check for places where vermin can enter the structure and seal off accordingly. Pest Control Services may be helpful.
- Poisons used to detract vermin are labeled and stored appropriately.
- Rubbish containers are easily reached, sealed with properly fitting lids and emptied weekly.

Windows:

- Window screens are in good repair.
- There are no windows with broken seals.
- Windows can be easily opened and closed.

Interior Walls, Ceiling, Woodwork, Flooring and Lighting:

- There is no evidence of water leakage on ceilings or walls, including ceilings and walls in attics, basements and crawl spaces.
- There are no breaks, cracks, flaking paint or plaster defects in any room.
- Floor, door, chair-rail, protective corners of any type and window moldings are all tightly affixed.
- Floor material is free from tears, rips, disjointed planking, and it is not worn through in any location.
- Flooring in kitchens and bathrooms are impervious to water, not spongy and free from cracks or weakness, while presenting no strong odors.
- All lighting fixtures and bulbs are functional and there is adequate lighting inside and outside of the residence.
- Nonskid surfacing or strips are installed and functional in all showers and tub flooring areas.

Landscaping:

- Landscape is cut back appropriately to avoid vermin nesting areas; all trees & shrubs are in healthy condition, free from dead/falling debris.
- Landscape elements, such as embankments, are in good repair and structurally sound.

Exterior Structural Evaluation:

- Eave troughs and down spouts are free from dirt and debris, are securely fastened, and in good repair.
- Roof is free from plant growth, and shows no raised, rolled or eroded shingles. There is no shingle grit runoff from the roof (usually evident in nearby landscaping). There is no evidence of any flashing or soffit repair needed.
- Siding and siding materials are free from holes, splits and all pieces are securely fastened to the structure.
- Brick and stone chimney mortar is intact.

Food Preparation Area should be checked for proper operation, seals, and sanitary usage as follows:

- Countertops are free from color wearing off, cracks and unsealed joints.
- Cupboards and drawers are clean, free from holes and have appropriate handles and functioning locks where appropriate.

Walkways, Driveways, Decks, Porches and Railings:

- Concrete walks or driveways are free of broken or uneven surfaces.
- Handicap ramps are installed to meet building code where required.
- Fire Escape Routes are free of hazards, such as debris and uneven surfaces that may prohibit exit when necessary.
- Exterior porch railings are installed on all open sides greater than 8 inches above grade.
- Interior and exterior stair handrails are properly installed and meet the minimum & maximum height requirements.

PROVIDER ANNOUNCEMENTS

OPT BACK IN TO THE DIRECT CARE WAGE PASS-THRU PROGRAM:

Some providers initially elected to opt out of participating in this program. However, there is still time to opt back in! To Opt Back in, please contact Lani Laporte, Contract Manager (llaporte@norcocmh.org) for additional information.

SUPPLEMENTAL PROVIDER INFORMATION REQUEST: FEDERAL REGULATION 42 CFR §438.10(H), as identified in Amendment #1 to the Agreement between the Michigan Dept. of Health and Human Services (MDHHS) and our Northern Michigan Regional Entity (NMRE), was accepted and signed on November 7, 2017. This regulation asks NCCMH to collect additional information from our contracted providers, such as the provider's website, language capabilities, etc. In April 2018 providers will be asked to complete a **Supplemental Provider Information Form**. Cynthia Crumbaugh, Admin. Assistant (ccrumbaugh@norcocmh.org) will be sending this request to providers to facilitate collection of the information required. This supplemental information will be requested in the Provider Application at the time of future contract renewals.

Q & A

QUESTION: PROVIDER DISCLOSURES: When are providers required to update their Provider Disclosure Forms?

ANSWER: Minimally, the provider has a contractual responsibility to report changes of ownership or management authority to the NCCMH Contract Manager within five (5) days of the change, and as requested at time of contract renewal. Providers should update their disclosure form specifically when there are changes in positions of authority or ownership, i.e. changes in board members, executive directors or chief financial officers, or when there are terminations or additions of employees in management or positions of authority.

SUBCONTRACTING STAFF: Can subcontractors be hired as residential home care providers?

ANSWER: In addition to the recommendation that providers comply with all local, state, & federal wage and hour laws, our standard provider contract specifies that services cannot be *“assigned, delegated or subcontracted by the CONTRACTOR without the prior written consent of the BOARD. This does not include providers whose staff are generally independent contractors”*. Contracted providers that utilize 1099 type subcontractors and who are unsure of how this requirement applies are requested to contact the NCCMH Contract Manager for clarification.

CALENDAR

PROVIDER QUARTERLY MEETING:

Tuesday, May 1, 2018, 10 am – 12 pm, followed by Appreciation Luncheon at the Gaylord University Center, Gaylord

THIRD THURSDAY SUPERVISORS

MEETING: Thursday, April 19, 2018, 10 am in the NCCMH Gaylord Office, Meeting Room A. These meetings are for any supervisor in any setting or situation, and are helpful for supervisors required to have their staff go through “Working with People”, also known as Gentle Teaching.

MENTAL HEALTH AWARENESS

MONTH ACTIVITIES:

PUBLIC EVENTS:

MAY 2ND: WALK-A-MILE IN

LANSING, sponsored by the Community Mental Health Association of Michigan (CMHAM)

MAY 8TH: CHILDREN’S MENTAL

HEALTH AWARENESS WALK IN LANSING, sponsored by Alliance for Children’s Mental Health

NCCMH SPONSORED EVENTS:

MAY 5TH: AUTISM AWARENESS

WALK, 9 am Registration, 10 am Walk begins at Veteran’s Memorial Park, Boyne City. Cost \$10 (includes T-Shirt)

MAY 19TH: SPLASH OF COLOR FUN

RUN, 9 am Registration, 10 am, Run begins at Festival Park, Petoskey Waterfront. Register at EventBrite

More awareness events will be added. For additional information please contact Meghan Grebe or Laurie Stockero NCCMH Charlevoix Office 231/435-5885

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

**Safety, Health and
Recipient Rights
Contributors:**



▲ Linda Kleiber,
Safety Specialist



▲ Brandy Marvin,
Recipient Rights
Specialist



▲ Kim Rappleyea,
Director of
Recipient Rights



▲ Marcia Peterson,
RN, Cheboygan

TORNADO SAFETY: Time to Review

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

Spring is traditionally regarded as tornado season, but tornadoes can occur in any month of the year given the right situation and location. March is a good time to review your worksite's tornado procedure, which should include procedures for when you are in the building, out in the community, or in a vehicle.

Although the chances that a tornado will strike a building are very small, you can greatly reduce the chance of injury by preparing and practicing. One of the most important things you can do to prevent being injured in a tornado is to be **ALERT** for the onset of severe weather.

It is important to know the terminology:

- Tornado **"watch"** means a tornado is "possible".
- Tornado **"warning"** means a tornado has been spotted, or is strongly indicated on radar and you should go to a safe shelter immediately.

Be sure to have emergency supplies on hand. Check your worksite's emergency bag for:

- ✓ First aid kit
- ✓ Battery operated radio
- ✓ Flashlight
- ✓ Emergency blankets
- ✓ Cell phone & emergency phone numbers
- ✓ Extra batteries
- ✓ Food supply/bottled water (monitor expiration dates). Food should meet the needs of the individual's served.



**SAFETY STARTS
WITH YOU!**

INCIDENT REPORTING: The Basics

by Kim Rappleyea, Recipient Rights Officer (krappleyea@ncccmh.org)

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

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

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

*If the incident involves ABUSE or NEGLECT or other potential recipient rights violations, you MUST notify the Office of Recipient Rights (ORR) immediately. Failing to contact the ORR about a rights violation may cause you to receive a recipient rights violation. Note: Submitting an IR is *not* considered "notifying the rights office."

HOW:

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

WHERE: Clients designated as "MI": Fax to 231-258-2999

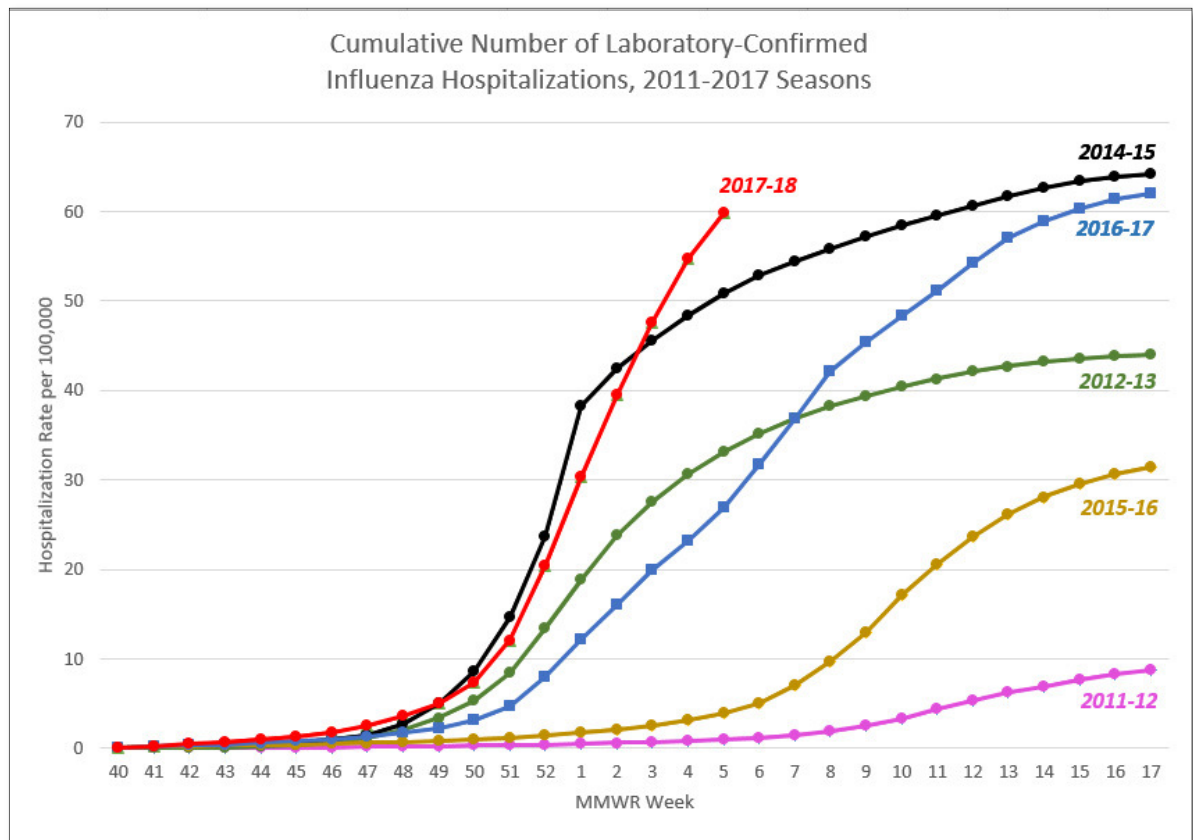
Clients designated as "DD": Fax to 989-732-0780

DO NOT send directly to the Recipient Rights Office or multiple CMH staff members unless requested. The IR's will be viewed by the appropriate CMH staff within the electronic record system once the fax is processed by clerical.

INFLUENZA UPDATE 2018

by Marcia Peterson, RN Cheboygan (mpeterson@norccmh.org)

With so much going on in the news about the flu this year, I thought it would be interesting to look at the CDC's facts about the season so far. This table can be found here with all of the interpretations put forth by the CDC: <https://www.cdc.gov/media/releases/2018/a0209-widespread-flu-activity.html>



Looks like an active flu season. What we are looking at is the number of confirmed cases of flu that were lab confirmed and resulted in hospitalization. It is certainly a year where we have more cases that were confirmed earlier than several seasons past. This year we know the vaccine was considered to have reduced effectiveness than in years past, but getting the vaccine still shows that it may help to get over the flu faster when infected! If you show signs of the flu or a flu-like illness, consult with your primary care provider about antivirals if needed.

How to prevent the spread of the germs? Every day take preventative action! Avoid close contact with sick people and if you are sick, limit contact with others. You should stay home until the fever is gone for 24-hours. Cover your cough, avoid touching mucous membranes, and use a disinfectant to clean up surfaces. Above all, **WASHING YOUR HANDS WITH SOAP AND WATER** is preferred. If that is not an option, then use a hand sanitizer.

The flu is still in our communities and so are many, many flu-like illnesses. Take the time to prevent the spread of germs, wash your hands and sanitize surfaces. The good news is that we are over halfway through the dreaded flu season!

INFORMED CONSENT

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



Informed consent has four critical elements:

- Legal Competency:** It's important to know if a recipient has a guardian and if so, what type.
 A "full" guardian has the power to give consent in most situations.
 A "partial" guardian only has the power to give consent in limited circumstances, like medical or financial decisions. The recipient can make decisions about everything else.
 The court papers will list the areas that the partial guardian has authority over.
 If a person does not have a guardian, and has not been ruled by a court as "incompetent", they have the power to make all their own decisions.

The guardianship papers should always be checked to figure out what authority a guardian may have, prior to obtaining consent.

- Knowledge:** To consent, a recipient or guardian must have information about the treatment being offered. They must be told the purpose, risks and benefits, and other available options. The person consenting must also be given the chance to ask questions.
- Comprehension:** The consenting person must be able to understand the implications of providing consent based upon the information they receive. Sometimes a clinician or a person on the treatment team may feel that the recipient does not understand. In this case, they may take action with the court to have a guardian appointed to help the recipient make informed decisions.
- Voluntariness:** The person consenting must have free choice and not be forced, tricked or coerced, including promises of privileges or freedom.
 The recipient or recipient's guardian will be told that consent may be withdrawn, and participation may be discontinued at any time. It will never be held against them if they decide they no longer wish to consent.

EXAMPLE: If a guardian has power over a recipient's medical decisions, the recipient needs the guardian to give consent before having surgery or starting a medication.

EXAMPLE: If a recipient has a guardian who only has power over medical decisions, the recipient can give consent for all other things like financial or housing decisions.

EXAMPLE: A recipient who does not have a guardian must not be bribed to get their consent.

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.

MARCH 2018

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	3/03/18
Ben Hur	<i>Ben Hur</i>	3/03/18