



# QUARTERLY PROVIDER BULLETIN

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A publication for the providers of  
**NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY**  
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Access to Services & Customer Service:  
 877-470-7130 \*NEW NUMBER\*  
 24 Hour Crisis Help Line:  
 877-470-4668 \*NEW NUMBER\*  
 TTY: 711

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: How to Report Medicaid Fraud and Abuse

Submitted by Lani Laporte, Contract Manager (llaporte@norcoemh.org)

North Country CMH

### If I suspect Medicaid fraud or abuse, what should I do?

It is your right, and your responsibility to report actual and suspected Compliance violations to the CMHSP's Compliance Officer and/or NMRE Compliance Officer.

You may not be intimidated, threatened, coerced, discriminated against, or subjected to other retaliatory action for making a good faith report of an actual or suspected violation.

#### NCCMH Compliance Office

- Name: Brian Babbitt
- Telephone: 231-439-1240
- Email: [bbabbitt@norcoemh.org](mailto:bbabbitt@norcoemh.org)
- Mailing: 1420 Plaza Drive, Petoskey, MI 49770

#### NMRE Compliance Office

- Name: Jodie Balhorn
- Telephone: (231) 383-6522
- Mailing: 1999 Walden Drive, Gaylord, MI 49735
- Hotline: 1-866-789-5774
- Website: [nmre.org/Resources/Compliance/Report](http://nmre.org/Resources/Compliance/Report) Compliance issues, enter summary of your issue.

North Country Community Mental Health (NCCMH) has recently activated two new email addresses which will allow providers the option to either submit incident reports via **encrypted** email or by fax. Please be sure to inform all staff **that IR's MUST BE ENCRYPTED prior to sending**. *Unencrypted IR's will not be accepted*. Listed below are the designated email addresses and current fax numbers for MI and DD Incident Reports.

### DD Incident Reports

Email: [DDIR@norcoemh.org](mailto:DDIR@norcoemh.org)

Fax: 989.732.0780

### MI Incident Reports

Email: [MIIR@norcoemh.org](mailto:MIIR@norcoemh.org)

Fax: 231.547.0136

# NORTH COUNTRY COMMUNITY MENTAL HEALTH POLICY UPDATE

**Providers by contract are required to comply with policies of NCCMH. The following policy was revised, and all providers need to be aware of, train on, and comply with this policy.**

**POLICY NAME: RELIGIOUS WORSHIP AND TREATMENT BY SPIRITUAL MEANS**

**EFFECTIVE DATE: 3/1/2010, Revised** September 1, 2019

**PURPOSE:** To establish guidelines allowing for religious freedom with regard to worship, religious activities, and treatment by spiritual means.

**APPLICATION:** All North Country Community Mental Health direct service programs and contracted direct service providers.

**DEFINITION:** Treatment by Spiritual Means encompasses a spiritual discipline or school of thought upon which a recipient wishes to rely to aid physical or mental recovery.

**POLICY:**

A recipient shall be permitted access to religious services and worship on a nondiscriminatory basis.

A recipient shall not be coerced into engaging in religious activity.

Recipients shall be permitted treatment by spiritual means upon the request of the recipient, a guardian, if any, or parent of a minor recipient.

Opportunities for contact with agencies providing treatment by spiritual means will be provided in the same manner as recipients are permitted to see private mental health professionals.

Requests for printed, recorded, or visual material essential or related to treatment by spiritual means, and to a symbolic object of similar significance shall be honored and made available at the recipient's expense.

The "right to treatment by spiritual means" includes the right of recipients, guardians, or parents of a minor to refuse medication or other treatment on spiritual grounds which predate the current allegations of mental illness or disability, but does not extend to circumstances where either:

- A guardian or the provider has been empowered by court to consent to provide treatment and has done so.
- A recipient poses harm to himself/herself or others and treatment is essential to prevent physical injury.

The right to treatment by spiritual means does not include the right to any of the following:

- To use mechanical devices or chemical or organic compounds which are physically harmful.
- To engage in activities prohibited by law.
- To engage in activities which physically harm the recipient or others.
- To engage in activities which are inconsistent with court-ordered custody or voluntary placement by a person other than the recipient.

Recourse to court is ensured if medication or other treatment for a minor is refused.

Written notice will be given to the requesting person of a denial of treatment by spiritual means with the reason for the denial.

The individual requesting treatment by spiritual means will be provided, upon request, with administrative review or an appeal of a denial of the request.

**REFERENCE:** MDHHS Administrative Rule R330.7009, R330.7135

# CONTRACT Q & A

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

## DISCLOSURE UPDATE REQUIREMENTS:

**Q:** We have a new Executive Director and some new board members. Does NCCMH need to be informed?

**A:** Yes! If the provider has added or deleted names from their board of directors, or has changed persons of management and control, such as a CEO or CFO, then the Disclosure of Ownership form must be updated. The contract states that **"This information must be provided or updated within 35 days of a change or of a request for update."** Medicaid payments, for services furnished during the period beginning on the day following the date the information was due until it is received, may be denied. (42 CFR §455.105) if we are not suitably informed of changes. It is the provider's responsibility to assure that a new Disclosure of Ownership is completed on a timely basis.

## GENERAL LIABILITY INSURANCE – WHO HAS TO HAVE IT:

**Q:** What type of general liability insurance does a small provider need to have?

**A:** All providers have to have some form of liability insurance. **For those who operate single AFC or CFC homes, please note that homeowner's insurance may not be adequate to meet your contractual insurance requirements! Here are the requirements:**

1. Commercial General Liability Insurance with limits of \$1,000,000 per occurrence and \$3,000,000 aggregate if **CONTRACTOR** operates any of the following programs:
  - a. Residential adult foster care in homes licensed as Small, Medium or Large Group Homes;
  - b. Residential foster care in Child Caring Institutions;
  - c. Community Living Supports in Day Programs; and
  - d. Supported Employment, Skills Training/Development and Out-of-Home Pre-Vocational Services.
2. General Liability Insurance
  - a. With limits of \$500,000 per occurrence and \$1,000,000 aggregate if **CONTRACTOR** operates residential adult foster care homes licensed as Family Group Homes or Private Residential Home programs in unlicensed settings;
  - b. With limits of \$300,000 per occurrence if **CONTRACTOR** provides unlicensed support services or operates residential homes licensed as Child Foster Care Homes.

**If you are unsure if your homeowner's insurance includes the above requirements, please contact your insurance agent for clarification!**

## QUESTION ON TIME STUDIES:

**Q:** A provider asked: "We are working on a time study for one of our residents. This individual receives daily range of motion/physical therapy programs performed by the staff at the home. Where would they indicate this time spent on the time study form? We thought it could go in the monitoring health and safety section, but the staff are hands-on not just monitoring. Can you give us some direction?"

**A:** The best Time Study Report section to account for hands on ROM/PT would be in the direct care section under ambulation/mobility and noted as such in the comments section. However, if the client performs his ROM/PT program mostly independently with staff monitoring/assisting for correct form and/or prompting for completion, account for staff time under CLS Activities of Daily Living, again noting this in the comments section as well.

## UPDATING CELLULAR DEVICE/INSTALLING NORTHSTAR AUTHENTICATOR:

**Q:** I have a new/existing staff person for which we need to install the NorthStar Authentication App. Who can help with that?

**A:** For staff persons of contracted providers that are authorized by provider management to have access to NorthStar, the provider supervisor should do these two things:

1. If required, verify that the staff person has an approved NorthStar User Registration on file with Ann Friend, NCCMH Reimbursement Supervisor (afriend@norcocmh.org) or by calling direct: 231/439-1233.
2. Contact NCCMH IT Staff, Tim Stapp, and arrange for the authenticator app to be installed on the appropriate device. Tim can be reached at tstapp@norcocmh.org or by calling direct: 231/439-1261.



## News Release

Serving Antrim, Charlevoix, Emmet, and Otsego Counties Visit us at [www.nwhealth.org](http://www.nwhealth.org)

***Surprise! You may qualify for free mammograms, a free gas card and more***

July 18 – Many women are surprised to find that the Health Department of Northwest Michigan's Breast and Cervical Cancer Control Program's (BCCCP) income guidelines allow them to qualify for free services, according to Joy Klooster, who coordinates the program. And, thanks to Rally for the Cure, women who live in Otsego County receive a gas card to help with travel expenses to and from their appointments.

Appointments are available now at the Health Department of Northwest Michigan's BCCCP clinics in Antrim, Charlevoix, Emmet and Otsego Counties. FREE mammograms and pap tests are given for eligible women 40-64 years of age, who meet income guidelines and who lack health insurance or coverage for mammograms.

"Many people think the Health Department programs are only for those with severe financial concerns," Klooster said. "But the guidelines are really very generous, because it's just that important to connect women in all communities, and all financial situations, with the health services they need." Guidelines are based on family size. For example, a woman with a family of three can have an income up to \$48,825 and qualify for BCCCP. The program includes a clinical breast exam, Pap test, and mammogram by trained professionals. If further testing is needed, that's also covered. Cancer treatment is covered by the Medicaid Treatment Act. BCCCP appointments can include blood pressure, Body Mass Index, cholesterol and blood sugar screening. An RN trained in lifestyle counseling will review health information and assist with understanding tests. Women 50 and over may also receive colorectal cancer screening.

The Health Department of Northwest Michigan is mandated by the Michigan Public Health Code to promote wellness, prevent disease, provide quality healthcare, address health problems of vulnerable populations, and protect the environment for the residents and visitors of Antrim, Charlevoix, Emmet, and Otsego counties. **For additional information about the BCCCP program, or to schedule an appointment in Mancelona, Charlevoix, Petoskey/Harbor Springs, or Gaylord, call:**

**(800) 432-4121**

# 2019 NORTHERN REGIONAL CONFERENCE ON DEVELOPMENTAL DISABILITIES

ONE DAY CONFERENCE, WITH REPEAT  
PRESENTATIONS ON  
OCTOBER 9TH OR 10TH, 2019

LOCATION:

**E-FREE CHURCH, GAYLORD MICHIGAN**

- Choose the date that works for you!
- Valuable for direct support professionals in the Northern MI area.
- Interesting and inspirational topics and laughs, along with 2018's favorite speaker, Philip Gardiepy, a recognized leader in Mental Health Training
- Contact: [Providerrelations@norcomh.org](mailto:Providerrelations@norcomh.org) for Registration forms. \$25 per person for registrations received by October 4, 2019. \$35 thereafter.

# SAVE THE DATE!

# North Country Community Mental Health-Incident Reporting: The Basics

By Brandy Marvin - Recipient Rights Specialist (bmarvin@norcocmh.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, 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. Refer to the bottom of the second page of the NCCMH incident report for all other reportable categories. 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.

- PRINT legibly. Keep in mind, the IR must be read when faxed. 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 with along 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 231-547-0136 or Email (encrypted) MIIR@norcocmh.org

Clients designated as "DD": Fax to 989-732-0780 or Email (encrypted) DDIR@norcocmh.org

The IR's will be viewed by the appropriate CMH staff and Recipient Rights Office within the electronic record system once processed by the designated clerical staff.

\*If the incident involves ABUSE, NEGLECT you MUST notify the Office of Recipient Rights (ORR) immediately. Failing to contact the ORR about any witnessed or suspected rights violation may cause you to receive a recipient rights violation. Note: Submitting an IR is not considered "notifying the rights office." Contact the NCCMH ORR at 800-281-0481 for more information about how to file a complaint.

**Incident Reporting continued on Page 6**

# FIRE PREVENTION WEEK 2019

## “Not Every Hero Wears a Cape. Plan and Practice Your Escape!”

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

Fire Prevention week is almost upon us, October 6, 2016 -October 12, 2019. The National Fire Protection Association (NFPA) has announced “Not Every Hero Wears a Cape. Plan and Practice Your Escape!” is the theme. This year’s campaign recognizes everyday people. These people are the ones who motivate their businesses, schools, communities and households to develop and practice a fire escape plan. These seemingly basic behaviors can have a life-saving impact.

“Not Every Hero Wears a Cape. Plan and Practice Your Escape!” also focuses on what your escape plan entails and the value of practicing it. These messages are more important than ever, particularly because today’s home/businesses can burn faster than ever. Spokesperson Carli of the National Fire Protection Agency notes that synthetic fibers used in modern furnishings, along with the fact that newer construction tend to be built with more open spaces and unprotected lightweight construction, are contributing factors to the increased burn rate. People tend to underestimate their risk to fire, particularly at home and work. That over-confidence lends itself to a complacency toward escape planning and practice.

An escape plan includes working smoke alarms on every level of your home or business. In your home, the NFPA recommends having one in every bedroom, and near all sleeping areas. It also includes two ways out of every room, usually a door and a window, with a clear path to an outside meeting place (like a tree, light pole or mailbox) that is a safe distance from the structure. Escape plans should be practiced regularly.

For more information about Fire Prevention Week and “Not Every Hero Wears a Cape. Plan and Practice Your Escape!” along with a wealth of resources to help promote the campaign locally, visit [fpw.org](http://fpw.org).

RECIPIENT RIGHTS, HEALTH AND SAFETY QUARTERLY UPDATE - PLEASE PRINT AND POST

**Incident Reporting Cont'd from Page 5**

**INCIDENT REPORTABLE**

- Accident - Fall
- Accident - Vehicle
- Accident - Other
- Aggressive Behavior (aggressor)
- Arrest
- Choking/Obstructed Airway
- Criminal Act without Arrest
- Death
- Evacuation – Fire
- Evacuation - Utilities
- Evacuation – Weather
- Homicide – Attempt/Threat
- Illness / Health Issue
- Inappropriate Sexual Behavior
- Infection Control Issue
- Injury - Minor
- Injury - Serious

- Injury - Serious
- Injury – Aggression by other
- Medication – Client Refused
- Medication – Count Discrepancy
- Medication – Delay/Missed
- Medication – Wrong Dose
- Medication – Wrong Med
- Medication – Wrong Person
- Medication – Wrong Route
- Medication – Wrong Time
- Medication - Other
- Privacy / Confidentiality
- Probation/Parole Violation
- Safety Concern
- Substance Use
- Suicide
- Unauthorized Leave of Absence
- Victim- Aggressive behavior without physical injury
- Victim – Sexual assault
- Victim - Theft

**TREATMENT/ OUTCOME**

- Assessed; No Treatment Required
- First Aid by Staff
- Physician Appointment
- Emergency Medical Treatment
- Hospital Admission
- 9-1-1 for Police Assistance
- Physical Intervention Used
- Behavior Treatment Plan Followed
- Behavior Treatment Plan Requested
- Risk Exposure: Clients/Others at risk, but no adverse outcome
- \*\*If the event was caused by “harm to self or others”, please indicate if the client or other person received emergency medical treatment or if the client or other person was hospitalized.

# SLEEP HYGIENE

by Marcia Peterson, RN, Nurse Care Coordinator (mpeterson@norcocmh.org)

## What is sleep hygiene?

Sleep hygiene is a variety of different practices that are necessary to have normal, quality nighttime sleep and full daytime alertness.

## What are some examples of good sleep hygiene?

The most important sleep hygiene measure is to maintain a regular sleep and wake pattern seven days a week. It is also important to spend an appropriate amount of time in bed, not too little, or too excessive. This may vary by individual; for example, if someone has a problem with daytime sleepiness, they should spend a minimum of eight hours in bed, if they have difficulty sleeping at night, they should limit themselves to 7 hours in bed in order to keep the sleep pattern consistent. In addition, good sleep hygiene practices include:

Avoid napping during the day; it can disturb the normal pattern of sleep and wakefulness.

- Avoid stimulants such as caffeine, nicotine, and alcohol too close to bedtime. While alcohol is well known to speed the onset of sleep, it disrupts sleep in the second half as the body begins to metabolize the alcohol, causing awakening.
- Exercise can promote good sleep. Vigorous exercise should be taken in the morning or late afternoon. A relaxing exercise, like yoga, can be done before bed to help initiate a restful night's sleep.
- Food can be disruptive right before sleep; stay away from large meals close to bedtime. Also, dietary changes can cause sleep problems, if someone is struggling with a sleep problem, it's not a good time to start experimenting with spicy dishes. And, remember, chocolate has caffeine.
- Ensure adequate exposure to natural light. This is particularly important for older people who may not venture outside as frequently as children and adults. Light exposure helps maintain a healthy sleep-wake cycle.
- Establish a regular relaxing bedtime routine. Try to avoid emotionally upsetting conversations and activities before trying to go to sleep. Don't dwell on or bring your problems to bed.
- Associate your bed with sleep. It's not a good idea to use your bed to watch TV, listen to the radio, or read. (No screen time 30-60 minutes before bed)
- Make sure that the sleep environment is pleasant and relaxing. The bed should be comfortable, the room should not be too hot or cold, or too bright (light interferes with circadian rhythm).

## How Much Sleep Do I Need?

Group	Age	Recommended Hours of Sleep per 24 hours
Newborn	0-3 months	14-17 hours (National Sleep Foundation)
Infant	4-12- months	12-16 hours per 24 hours (including naps)
Toddler	1-2- years	11-14 hours per 24 hours (including naps)
Preschool	3-5 years	10-13 hours per 24 hours (including naps)
School Age	6-12 years	9-12 hours per 24 hours
Teen	13-18 years	8-10 hours per 24 hours
Adult	18-60 years	7 or more hours per night
	61-64 years	7-9 hours
	65 + years	7-8 hours

*Continued on page 8*

RECIPIENT RIGHTS, HEALTH AND SAFETY QUARTERLY UPDATE - PLEASE PRINT AND POST

**Why is it important to practice good sleep hygiene?**

Sleep hygiene is important for everyone, from childhood through adulthood. A good sleep hygiene routine promotes healthy sleep and daytime alertness. Good sleep hygiene practices can prevent the development of sleep problems and disorders.

**How does someone know if his or her sleep hygiene is poor?**

Sleep disturbances and daytime sleepiness are the most telling signs of poor sleep hygiene. If one is experiencing a sleep problem, he or she should evaluate their sleep routine. It may take some time for the changes to have a positive effect.

**How do I know the best sleep hygiene routine for me?**

If you're taking too long to fall asleep, or awakening during the night, you should consider revising your bedtime habits. Most important for everyone is to maintain a regular sleep-wake schedule throughout the week and consider how much time you spend in bed, which could be too much or too little.

**What Should I do if I Can't Sleep?**

It's important to practice good Sleep habits, but if your sleep problems continue or if they interfere with how you feel or function during the day, you should talk to your doctor. Before visiting your primary care doctor, keep a diary of your sleep habits for 10-14 days to discuss the facts with your provider. Example of Sleep Diary per Sonia Ancoli-Israel, PhD is:

Date	1	2	3	4	5	6	7
Time to bed							
Time tried to sleep							
Time to sleep onset							
Times awake							
Total awake time							
Final awakening							
Time out of bed							
Sleep quality (1-5)							
Comments							
Sleep efficiency goal 90%	Actual sleep time						
	# of minutes in bed						

*References: Michael Thorpy, MD / Centers for Disease Control and Prevention / Sonia Ancoli-Israel, PhD*

**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.

MAY 2019

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	5/03/19
Ben Hur	<i>Ben Hur</i>	5/03/19