



QUARTERLY PROVIDER BULLETIN

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 877-470-4668 TTY: 711

North Country CMH receives its principal funding from the Michigan Department of Human and Health Services (MDHHS)

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



Insurance Requirements for Contract Providers

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

The current master contracts state the following: The Provider shall procure, pay the premium on, keep and maintain various liability insurance coverage for the supports/services performed, with limits of not less than the following:

- 1. Commercial General Liability Insurance** with limits of \$1,000,000 per occurrence and \$3,000,000 aggregate if Provider 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 Provider 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 Provider provides unlicensed support services or operates residential homes licensed as Child Foster Care Homes.

- 3. Professional Liability Insurance** with limits of \$1,000,000 per occurrence and \$3,000,000 aggregate if providing services requiring a professional license; and

- 4. Vehicle Liability Insurance** and Michigan no-fault coverage at \$1 million combined single limit on all owned, non-owned and hired vehicles if transporting Payor Clients.

- 5. Worker’s Compensation Insurance** or WC-337 Exclusion Form. It is understood that the Provider carries workers’ compensation insurance with statutory limits for the Term of this Contract. If the Provider has no

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As we pass thru the season of Thanksgiving and begin to celebrate the holidays, we pause to say **THANK YOU** to each of our provider organizations and their valued staff for their individual and team contribution to maintaining continuous client services through another year of the COVID pandemic.

YOU are the front-line workers in the field of mental health, a field we all recognize as increasingly demanding during these turbulent times.

YOU are valued not just by our agency, but particularly by the clients you care for. Thank you for holding their hands this past year, providing a safe, secure and comforting environment that helps stabilize an individual's mental health. Know that what you do makes a tremendous difference to many! Thank you and Happy Holidays!



Insurance Requirements for Contract Providers

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

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workers' compensation insurance because Provider is qualified for an exemption pursuant to Michigan law, then a completed "Payor Notice to Provider Sub-Contractor" Form and the State of Michigan's Worker's Compensation Agency's approved WC-337 Exclusion Form will be accepted instead.

REQUIREMENT FOR NAMING OF ADDITIONAL INSURED

The Payor, its elected and appointed officers, employees, servants and agents shall be named as Additional Insureds on the Provider's insurance coverage. It is expressly understood and agreed that the Provider's liability coverage required above shall be primary to the Additional Insureds and not contributing with any other insurance or similar protection available to the Additional Insureds, whether other available coverage be primary, contributing or excess. The advantage of naming NCCMH as Additional Insured is that NCCMH will automatically receive notification of your insurance policy renewals. Otherwise, the Provider is required to send in their Certificate of Insurance every time the policy is renewed. Failure to send in your Certificate of Insurance can result in a compliance issue for the provider.

ALL PROVIDERS ARE ASKED TO VERIFY THAT THEIR INSURANCE POLICIES CONTAIN THE FOLLOWING REQUIREMENTS:

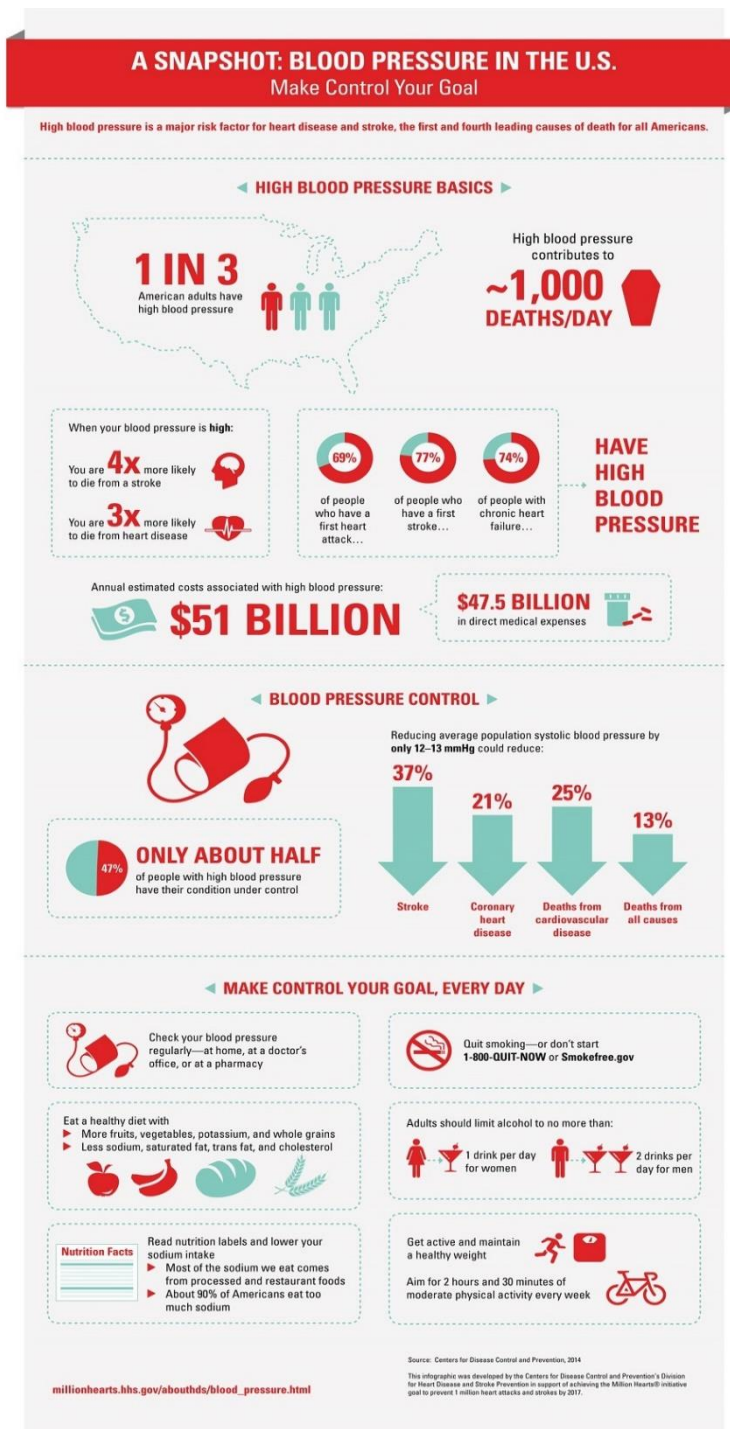
- Show NCCMH as additional insured on General Liability, Vehicle Liability, and Worker's Compensation Insurance policies.
- Have appropriate coverage limits as stated above.
- Have General Liability insurance coverages as stated above outside of the Property Insurance coverages typically used for liability coverage on a family group homes, child foster care homes, or private residential care homes.
- Pay into worker's compensation insurance if you have any persons working for you which qualify under state of Michigan law as employees, and for which worker's compensation insurance is a state requirement.
- Optional, but sometimes necessary insurance coverages, including CyberSecurity, Abuse and Molestation coverages, are not required at this time but may be beneficial to an individual provider.

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

HYPERTENSION & HIGH BLOOD PRESSURE

By Vikky Holloway, RN (vholloway@norcocmh.org)

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



Hypertension or High blood pressure is an elevated pressure in your blood vessels. As you read the infographic at left from the CDC, we realize how serious this can be. Only half of those with high blood pressure have it controlled. It is a leading risk factor for heart disease and stroke. Plus, there is a rise in youth that have elevated blood pressure. We all need to take steps to control our blood pressure.

Lifestyle changes for those with high blood pressure is key in having control. First is our diet. Eat a diet that is low in salt and fat. It is recommended that one eats a diet high in fresh fruits and vegetables. Second, be active and try to get in aerobic exercise like walking daily. Work towards a goal of 30 minutes a day! Lastly, if you smoke, stop. Just a little side note, preventing blood pressure is the same as these lifestyle changes.

In addition to the lifestyle changes, you should take your meds as prescribed and check your blood pressure to keep an eye on it. We can't always tell when our blood pressure is elevated, so keeping a diary of those readings helps at your providers appointments. Remember 1 in 3 people have high blood pressure and many don't even know it.

For more information on this or other infectious diseases, contact Vicki Holloway, RN (vholloway@norcocmh.org)

Basic Overview - Recipient Rights

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

Individuals receiving mental health services are entitled to additional rights that are protected by Michigan's Mental Health Code and many other State, Civil, and Federal Laws. Any person responsible for providing services to a recipient is required, by these laws, to uphold and protect these rights. A failure to do so may result in a substantiated Recipient Rights violation, civil and/or criminal charges. All service providers are required to treat recipients and their family members with dignity and respect. Family members also have the right to be provided with general information and education related to medical disorders, medication side effects, support services, advocacy groups, financial assistance, and coping skills.



Any restriction or limitation of a recipient's rights must be specifically included in a Plan of Service or Behavior Treatment Plan, as approved by the Behavior Treatment Committee.

Upon initiation of services and annually thereafter, recipients are provided with a Recipient Rights booklet, outlining their rights. Information must be provided to them in a manner that is understood. Recipients have the right to not be physically, sexually, or otherwise, abused or neglected.

A recipient or legal guardian must provide consent prior to fingerprinting, photographing, audio and video recording and the use of one-way glass. Video surveillance is not permitted in home and community-based settings. Recipients have the right to have their mental health treatment information kept private. Confidentiality must be maintained and may only be shared/released consistent with law, court-order or consent. A recipient who does not have a guardian (or a recipient's legal guardian) has the right to request their mental health treatment records in full.

A safe, sanitary and humane treatment environment must be provided to recipients living in a residential program. Additionally, recipients are entitled to be provided with hot/cold water, personal storage space, appropriate heating and cooling, lighting and privacy. Recipients have the right to access and use their personal property, to communicate (privately) by mail, telephone, and during visits. Recipients also have the right to access all entertainment materials, information, news, and to participate in the religion of their choice and treatment by spiritual means.

Recipients have the right to participate in the development of their Individualized Plan of Service (IPOS), using a 'Person Centered' planning process, and be provided a choice of treating physician and/or mental health professional and be provided with information (and the ability to ask questions) concerning diagnosis, treatment and family planning.

True or False

1. Any restriction or limitation of a recipient's rights must be specifically included in a Plan of Service or Behavior Treatment Plan, as approved by the Behavior Treatment Committee. **TRUE**
2. Consent must be obtained prior to taking photos and videos of a recipient. **TRUE**
3. A recipient who does not have a guardian (or a recipient's legal guardian) has the right to request their mental health treatment records in full. **TRUE**
4. Individuals receiving mental health services are entitled to additional rights that are protected by Michigan's Mental Health Code and many other State, Civil, and Federal Laws. **TRUE**

Preventing Slips and Falls

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

Wet floors, an open drawer, items left or dropped on the floor, slippery shoes or floors, an icy walkway – all can lead to serious, painful injuries. Slips, trips and falls account for more than 20% of all non-fatal injuries and are one of the leading causes of accidents. Slips, trips and falls can be reduced by staying alert and aware of your surroundings.

Examples of preventable slips, trips and falls:

- Wipe shoes thoroughly on rugs and wear non-slip footwear.
- Wipe up spills (even a small one) – even if it is not your spill. If you see a hazard on the floor, clean it up.
- Keep all areas & walkways clear of boxes, bags, papers, cords, etc.
- Watch for curled rugs, chipped flooring, etc.
- Close drawers and cabinet doors after each use.
- Correct or report potential trip hazards.

Falls happen when your center of gravity is in an unsupported position.

- Keep your center of gravity supported.
- Keep your arms and legs as close to your center of gravity as possible.

Safety is up to you!

- Preventing accidents and injuries involves teamwork.
- You and your co-workers need to work cooperatively to identify, report and correct unsafe conditions and behaviors.
- Make a commitment to yourself and the individuals you work for to develop an awareness of potential hazards.



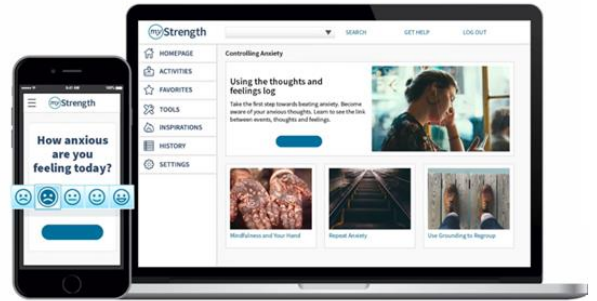
REGARDING SEVERE WEATHER PROTOCOL WHEN YOU ARE SCHEDULED TO ATTEND A TRAINING CLASS:

In person training-All in-person training for providers is held in Gaylord. If Gaylord schools are closed due to inclement weather *in-person training will be cancelled.*

ZOOM Trainings – Zoom trainings *will not* be cancelled due to inclement weather

TAKING CARE OF YOUR OWN MENTAL HEALTH IS IMPORTANT

The MyStrength App is available to all providers, their staff and the community as a service to assist individuals whose service is crucial to the industry, and our community, to manage difficulties affecting a person’s mental well-being. It is a totally secure and private app usable by any individual to reach their own personal mental health goals. On this app you can find assistance for overcoming stress, depression, smoking cessation and more. This holiday season, give yourself the gift of time! Make the time to care for yourself by using your MyStrength account. No one can see your participation, nor view your personal information, responses or involvement. Take advantage of this free service today, which includes a handy phone app for your use.



SIMPLY CLICK [HERE](#) TO SET UP YOUR PERSONAL ACCOUNT AT **MyStrength**



WHAT SHOULD PROVIDERS DO WITH THIS BULLITIN?

Residential or Service Sites subject to site reviews should distribute this publication to all direct service staff. Each distribution location is required to create a signature sheet (example below) to record that staff have read and will comply with the material presented. This quarterly bulletin serves as the Medicaid required annual update on Environmental Emergencies, Recipient Rights, and Medications.

Sign off sheets are verified as being completed as part of site reviews. Therefore, we suggest printing & posting the Quarterly Recipient Rights and Safety pages of this bulletin on site, as well as reviewing them during staff meetings.

STAFF REVIEW VERIFICATION DECEMBER 2021 QUARTERLY PROVIDER BULLETIN

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	12/20/21
Ben Hur	<i>Ben Hur</i>	12/19/21