



QUARTERLY PROVIDER BULLETIN

INSIDE THIS ISSUE

Worker’s Disability Compensation Insurance Requirements 1
 Continued on page 3

Tips on Providers Responsibilities When Transporting Clients2
 Continued on page 3

PROVIDER QUARTERLY UPDATES OFFICE OF RECIPIENT RIGHTS, HEALTH AND SAFETY:

Sepsis 4

Emergency Preparedness and Tornado Safety 5

Duty to Cooperate with the Office of Recipient Rights (ORR) 6

Signature Sheet 6

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



Worker’s Disability Compensation Insurance Requirements

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

Contracted providers meeting the State of Michigan regulations for Worker’s Compensation Insurance are required within their contract to show proof of Worker’s Compensation Insurance on a continual basis. If the employer does not meet the state requirements to have Worker’s Compensation Insurance, the contracted provider should have a WC Insurance Waiver on file with NCCMH. (This form is available by emailing providerrelations@norcocmh.org. It is also online at: [www.norcocmh.org/Providers/Provider Manual – Provider Forms](http://www.norcocmh.org/Providers/ProviderManual-ProviderForms).) The requirement for worker’s compensation applies to all providers based on the state regulations, and not necessarily on the type of contracted services being performed.

Caution! Contracted Providers who hire workers on a 1099 sub-contractor basis and who otherwise would meet the criteria noted below (state requirements for employers to purchase of Worker’s Compensation Insurance) may be in violation of a number of Michigan laws. Most individuals hired to perform services for pay on an ongoing basis are considered an employee under State law. However, there are some legitimate exceptions, including some farm workers and qualified independent contractors.

The Workers’ Disability Compensation Act (WDCA) requires that employers that meet the following criteria **must** carry workers’ compensation insurance:

- a. All private employers regularly employing 1 or more employees 35 hours or more per week for 13 weeks or longer during the preceding 52 weeks.
- b. All private employers regularly employing 3 or more employees at one time. (This includes part-time employees.)
- c. Agricultural employers if they employ 3 or more employees 35 hours or more per week for 13 or more consecutive weeks.
- d. Households employing domestic servants if they employ anyone 35 hours or more per week for 13 weeks or longer during the preceding 52 weeks.
- e. All public employers

Continued on page 3

Tips On Provider Responsibilities When Transporting Clients

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

Contracted providers and their staff are responsible for client safety and security during client transport. But what exactly does that mean? Here's a quick list of tips that will help keep the provider and the provider staff safely in the driver's seat, eliminating undue risk during client transport.

1. **Vehicle Maintenance/Safety:** Providers are contractually responsible for the safe mechanical functionality of vehicles used to transport a client. Specifically, the provider is to assure that safety inspections and maintenance are completed regularly on each vehicle, and that maintenance records are maintained. Safety issues on vehicles need to be addressed immediately. This applies to provider owned vehicles, or vehicles owned by staff used to transport clients. Staff owned vehicles used for client transport should have a requirement to show proof of regular vehicle maintenance and safety inspections.



2. **Policies and Procedures:** Providers should have written policies, procedures, and required staff training on vehicle maintenance, safety inspections and authorized use for client transport. These policies should state simple, but sometimes overlooked requirements such as wearing safety belts or using car seats (children), doing preliminary safety checks prior to each vehicle use, maintaining vehicle use logs of destinations and mileage, defining when use of the vehicle is disallowed (i.e. when driver is taking certain medications or under the influence of prohibited substances), requirement to eliminate distractions (such as disallowing the use of a cell phone or eating while driving), requirements concerning who can or cannot be in the vehicle while transporting clients, use of individual staff owned or provider-leased /hired vehicles, reimbursement standards for use of staff-owned vehicles, who is responsible should the driver get a citation/ticket, gasoline charges, can a provider-owned vehicle be used for non-business purposes, or requirements for insurance coverage.
3. **Insurance:** Providers are contractually responsible to assure that vehicles used to transport clients, are properly insured. Vehicle Liability Insurance and Michigan no-fault coverage is contractually required at \$1 million combined single limit on all owned, non-owned and hired vehicles utilized for client transport. It is recommended that Providers allowing their staff to use staff-owned vehicle for transport of clients be required to periodically show proof of insurance meeting contracted minimums levels of coverage.
4. **Handling Accidents:** Providers should have written policies and provide training to vehicle drivers on the steps to be taken if the vehicle is involved in an accident of any type, including care for the passenger(s) in the vehicle, client reporting/incident reports, vehicle damage/repair guidelines, etc.

Continued on Page 3

Continued from Page 1

Worker's Disability Compensation Insurance Requirements

Who typically does not have to have Worker's Compensation insurance? Examples would be a single respite provider, or a sole proprietor who operates a family AFC where clients living in the home are served only by the owner(s) of the home. A sole proprietor (self-employed individual) working in his or her sole proprietorship is never an employee of that business.

The State defines an employee as any person in the service of another, under any contract of hire, express or implied. A partner is considered an employee of the partnership, a corporate officer is considered an employee of the corporation, and a member who is a manager is considered an employee of a limited liability company.

The WDCA provides employers three different methods to comply with its insurance mandate. Compliance may be achieved by purchasing insurance, self-insuring, or properly executing an exclusion form. In addition, any employer not meeting the above criteria may voluntarily assume the liability for compensation and benefits imposed. This flexibility ensures that coverage is available only where it is needed. Compliance with state coverage requirements is essential for providing protection to both employees and provider employers. Employers are advised that the failure to comply with coverage requirements could result in varying penalties against the employer by the State of Michigan.

2022 **PROVIDER MEETING** **SCHEDULE:**

Tuesday, May 3, 2022

Tuesday, August 2, 2022

Tuesday, November 1, 2022



Continued from Page 2

Tips On Provider Responsibilities When Transporting Clients

5. **Keep Information Handy:** Keep policies, procedures, and safety equipment in the vehicle or, alternatively, provide a vehicle safety kit (useful for staff-owned or hired vehicles). Safety kits could include a binder containing travel/mileage logs, maintenance logs, inspection reports, schedules of upcoming maintenance, fuel charge cards, flares, first aid kits, emergency phone numbers, vehicle liquid level refills (oil, antifreeze, windshield wiper fluid) or fire extinguishers.



Following these guidelines and establishing good driving habits among staff will help keep everyone safe while traveling on Michigan roadways any time of year!

TIME STUDIES FOR AFC HOMES

INSTRUCTIONS FOR PROVIDER COMPLETION OF TIME STUDY FOR CLIENTS RECEIVING PERSONAL CARE AND COMMUNITY LIVING SUPPORTS ARE AVAILABLE ON THE NCCMH WEBSITE AT:

[Provider Manual – North Country Community Mental Health \(norccmh.org\)](http://norccmh.org)

Time Studies are used to determine % of a client's per diem reimbursement rate that is attributed to Personal Care (T1020), and % Attributed to Community Living Supports (H2016) in a licensed residential setting. From these minutes, NCCMH Finance calculates the PC/CLS split of the client's daily per diem (dollars) using calculations which differ by county.

Personalized instruction may be arranged by contacting either:

- Julie Kosloskey, NCCMH Supports Coordinator Asst. at jkoslosk@norccmh.org
P: 231.533.8619 x3119
- Lani Laporte, Contract Manager at llaporte@norccmh.org P: 231.439.1297

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

Sepsis

By Megan Scott RN, (msscott@norccmh.org)

Sepsis is one of the leading causes for disease-associated death in the United States. Sepsis is a serious medical emergency that needs to be quickly recognized and treated before it develops into severe sepsis and septic shock which can cause tissue damage, organ failure and even death.

Sepsis is not a specific type of infection but can be caused by all kinds of different infections. Our immune systems are made to attack germs and keep away illness. Sepsis begins when instead of fighting germs, the immune system starts to fight with itself. The body "overreacts" to an infection in a way that ends up becoming harmful.

Some people are at higher risk for developing sepsis. Being very old or being very young, having a chronic illness like diabetes, cancer or chronic UTI's, having an impaired immune system or being recently hospitalized are all risk factors.


Signs and symptoms of sepsis include:

- Rapid breathing
- Shortness of breath
- Temperature changes (higher or lower than normal)
- Mental status changes (increased confusion or sleepiness)
- Severe pain or discomfort
- Low blood pressure
- Low urine output
- Active or suspected infection (such as pneumonia, urinary tract infection, wound, etc.)

When it comes to sepsis, remember
IT'S ABOUT TIME™. Watch for:

T	I	M	E ™
TEMPERATURE higher or lower than normal	INFECTION may have signs and symptoms of an infection	MENTAL DECLINE confused, sleepy, difficult to rouse	EXTREMELY ILL severe pain, discomfort, shortness of breath

If you experience a combination of these symptoms: seek urgent medical care, call 911, or go to the hospital with an advocate. Ask: "Could it be sepsis?"

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A person who has more than one symptom (especially if the person also has a suspected or known infection) or who has high risk factors would be suspect for sepsis and **should seek medical attention**. Sepsis prevention includes measures that prevent illness such as vaccination, handwashing, proper personal and environmental hygiene and avoiding people who are sick.

Emergency Preparedness and Tornado Safety

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

Are You Ready?

Emergency preparedness for floods, tornadoes, blizzards, pandemic or even acts of terrorism are on 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 clients.

You have a plan on how to evacuate if there is a fire; you have plans for the safest location at your site in case of a tornado? Do your plans include where to relocate if you cannot go back to your worksite in the interim or for overnight emergency shelter? If your emergency shelter is a local hotel/motel you should have something in writing from them stating under what conditions, they can accommodate your sites needs and this should be verified with them at least annually. Loss of heat in the winter may be another reason to relocate. What is the criteria to relocate in this situation? What emergency supplies (water, food, First Aid kit, etc.) do you have and where are they located? Where are the emergency phone numbers? All sites are required to have Emergency bags (wheeled) they must be checked monthly and documented; they must meet the needs of the individuals at your location.

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.

Tornado Safety: It is the time of the year to practice. Spring is traditionally regarded as tornado season, but they 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. This should include when you are in your building, out in the community, or in a vehicle. Tornadoes are dangerous. They can destroy well-made structures, uproot trees and hurl objects through the air like deadly missiles. Although severe tornadoes are most common in the plain states, they can happen anywhere.

Identify a safe place in the home/site where everyone will gather during a tornado: a basement or an interior room on the lowest floor with no windows.

A tornado WATCH means a tornado is possible.

A tornado WARNING means a tornado is already occurring or will occur soon. **GO TO YOUR SAFE PLACE IMMEDIATELY.**

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.**

Duty to Cooperate with the Office of Recipient Rights (ORR)

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

The Michigan Mental Health Code gives the Office of Recipient Rights unimpeded access to all staff employed by or under contract with community mental health service programs, service sites, recipients, records, and any other evidence that may be necessary to conduct a complete and thorough investigation and to monitor services and activities.

During the course of an investigation, it is customary for ORR staff to conduct interviews with potential witnesses and other individuals that may be conducive to an investigation. Regardless of a lack of desire or willingness to participate, you are obligated to fully cooperate with ORR investigations and any other monitoring function. You must make yourself readily available, in a timely manner to answer questions posed to you both orally and in writing. A failure to comply with the Office of Recipient Rights may result in disciplinary sanctions, including employment termination.

The ORR takes every possible precaution to ensure a participant's request to remain anonymous. Per contract with North Country Community Mental Health, appropriate disciplinary action will be taken if there is any evidence of retaliation or harassment against an individual who files a recipient rights complaint and any staff member, acting on behalf of a recipient, while participating in recipient rights activities.

True or False

1. The Mental Health Code gives the Office of Recipient Rights unimpeded access to all staff, service sites, and applicable client records. (TRUE)
2. Failure to comply with the Office of Recipient Rights could result in disciplinary action and /or employment termination. (TRUE)
3. Regardless of desire or willingness to participate, staff are required to comply with ORR investigations. (TRUE)

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 2022

NAME	SIGNATURE	DATE
Mary Smith	<i>Mary Smith</i>	3/21/22
Ben Hur	<i>Ben Hur</i>	3/21/22

Environmental Emergencies
Recipient Rights
Medication Updates