QUARTERLY PROVIDER BULLETIN

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PROVIDER BULLETIN:

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

A publication for the providers of
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800-442-7315
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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!

TRAINING RECIPROCITY PROGRAM

TRAINING RECIPROCITY is a program under development at the state level to address improvements in training efficiencies across the community mental health industry. MDHHS expects that each PIHP, and their service provider networks throughout the state, will demonstrate internal and external training reciprocity efforts, or ensure expedited alternative processes are available where relevant provider differences occur. Thus, the Training Reciprocity Program is intended to offer an alternative approach to required training that is both vetted and approved by MDHHS, LARA and the CMHs, and also meets mandatory training requirements. The program goals include successfully focusing on:

- Eliminating duplication of Direct Care and CMH Workers training requirements among multiple providers;
- Vetting and standardization of training requirements, curricula and qualifying testing;
- Training reciprocity between providers/agencies.

The full program, once rolled out, is intended to provide a more streamlined, reciprocous training program valued by all CMHs, providers and their employees.

HOW WILL THE TRAINING RECIPROCITY PROGRAM WORK? Training Reciprocity requires, if not standardized training, then standardized expectations for training. Standardized training would be ideal, though not realistic, because many organizations and providers have invested great resources into their staff development programs. Therefore, training reciprocity will be achieved through compliance with standards established to guide curriculum development. One host venue for a reciprocous training program is found at ImprovingMIpractices.org. This website, funded by grant dollars, has existed since 2013. It has the potential to eliminate the need for duplicate training in many, but not all areas of required curricula, as well as offer training conforming to state accepted guidelines and maintain training records by individual participants.

HOW IS A TRAINING RECIPROCITY PROGRAM BEING DEVELOPED? Representatives from MDHHS, LARA, and various PIHPS/CMHs created a State Training Guidelines Workgroup (STGW) and are working through the process of creating, vetting, and implementing an effective training reciprocity program. The implementation plan will follow these steps:

(Continued on page 4)

DISABLED VOTER RIGHTS

The United States Constitution guarantees every U.S. citizen age 18 or older the right to vote. Our state constitution further defines the right to vote by also requiring voters to be residents of Michigan and registered to vote in their city or township of residence. They must also fulfill Michigan's voter identification requirement. The requirement can be met in two ways: 1) by bringing acceptable ID, such as a Michigan driver's license, personal ID card or other current ID document or 2) by signing an affidavit stating you are not in possession of ID. Other than city or township residency, identification and age requirements, state and federal laws do not place any other restrictions on the right to vote. Our right to vote is basic to our system of democracy, and depends on all people having full and equal access to the ballot.

Voting at the polls can present a unique set of challenges to people with disabilities. Federal and state laws require Michigan's cities, townships and villages to provide a reasonable number of accessible registration facilities. It is the intent of the law to ensure that voters with disabilities are fully able to exercise their voting rights at the polls. Any action or physical barrier that prevents voters with disabilities from casting a ballot is unacceptable.

Election officials must consider access from outside and inside the polling place. Problems with the physical surroundings such as narrow doorways, stairs, broken pavement and other obstacles outside can prevent voters with disabilities from entering a polling place. Inside a polling place, issues like inadequate lighting and seating, and voting stations that cannot accommodate a person who is seated can further hamper someone's right to vote.

To ensure that proper accessibility is maintained, polling places are required to remove or make accommodations for any barriers that prevent voters with disabilities from voting, including unblocking doors, offering alternatives to stairs such as ramps or elevators, and adequate lighting and seating. Inside the polling location, at least one voting station should be adapted to allow a person to vote while seated. In addition, all voters, including voters with disabilities, should have access to the AutoMARK Voter Assist Terminal in all polling places. Voters have the opportunity to learn more about this equipment by visiting the Michigan Voter Information Center website.

Voters with disabilities who require assistance in casting a ballot may receive assistance from another person, provided that the person assisting the voter is not the voter's employer, agent of that employer or an officer or agent of a union to which the voter belongs.

If you or someone you know requires special access to the polls, it's important to call the clerk's office ahead of time to make sure your voting site is free of obstructions. If your precinct is not accessible, you will be directed to an alternative site that is accessible. For more information, contact your local clerk. Hearing impaired residents with questions may contact the Department of State's Bureau of Elections by email at elections@michigan.gov.

This information is made available through https://www.michigan.gov/sos website of the State of Michigan Secretary of State.

DID YOU KNOW?

1 That there were 16 million people with disabilities that voted in the 2016 presidential election?

2 The voter turnout rate of people with disabilities was 6 percentage points lower than that of people without disabilities during the 2016 election (Lisa Schur & Douglas Kruse, Rutgers University).

3 Employed people with disabilities, however, were just as likely as employed people without disabilities to vote; suggesting that employment helps bring people with disabilities into mainstream political life (Lisa Schur * Douglas Kruse, Rutgers University).

4 If people with disabilities voted at the same rate as people without disabilities in 2012, there would have been an additional 3 million votes cast (Schur, Adya & Kruse, Rutgers University). (Statistics extracted from American Association of People with Disabilities).

What these statistics are telling us is that people with disabilities are not being represented equally at the polls. In order to participate in the electoral process, persons with disabilities need to register at their local Secretary of State's office, their local clerk's office, or any voter registration drive.

TO VOTE IN THE AUGUST 2018 PRIMARY, THE PERSON MUST REGISTER BY JULY 9, 2018. TO VOTE IN THE NOVEMBER GENERAL ELECTION, THE PERSON MUST REGISTER NO LATER THAN OCTOBER 9, 2018. THE ONLY TIME A PERSON NEEDS TO RE-REGISTER IS IF THEY CHANGE THEIR NAME OR MOVE!

NOTE: NCCMH OFFICES CAN OFFER ASSISTANCE AND INFORMATION ON VOTER REGISTRATION.

PROVIDER DISCLOSURE REQUIREMENTS

NCCMH is required to assure that providers meet all Medicaid requirements. As an agency of the Northern Michigan Regional Entity (NMRE), North Country Community Mental Health (NCCMH) is required to collect disclosures of ownership, controlling interest and management information from providers that participate in the Medicaid and/or the Children's Health Insurance Program (CHIP) managed care network pursuant to a Medicaid and/or CHIP State Contract with the State Agency and the federal regulations set forth in 42 CFR Part §455.

Completion and submission of the Disclosure of Ownership, along with information about any pending litigation or significant business transactions, is a condition of participation in the Medicaid and/or CHIP managed care network and is a contractual obligation with NCCMH for services to members under Medicaid and CHIP benefit plans. Failure to submit the requested information may result in denial of a claim, a refusal to enter into a provider contract, or termination of existing provider contracts.

Required information includes: 1) the identity of all owners and others with an ownership or controlling interest; 2) certain business transactions as described in 42 CFR §455.105; 3) the identity of managers and others in a position of influence or authority; and 4) criminal conviction, sanction, exclusion, debarment or termination information for the provider, owners, and managers. The information required includes, but is not limited to, name, address, date of birth, social security number (SSN) and tax identification (TIN). NCCMH requests this information so that appropriate background checks can be run as required to qualify providers for Medicaid reimbursements.

WHEN IS A DISCLOSURE OF OWNERSHIP NEEDED?

The Disclosure of Ownership Information is required at time of initial contract and should be updated every three (3) years, or at the renewal of the contract, at any time there is a revision to the information or a change in ownership, or simply upon a request for updated information. As per contract, ALL providers are required to notify NCCMH with a Disclosure of Ownership when the following situations occur:

Litigation: **The CONTRACTOR will notify the BOARD immediately when there is litigation initiated against the CONTRACTOR that may involve or represent liability to BOARD or misappropriation of funds.**

Change of Ownership: **The CONTRACTOR will notify the BOARD of any change in ownership of its organization within five business days of final transfer of such ownership. The BOARD reserves its right to cancel this Contract and all its provisions within 90 calendar days of the ownership transfer. If the BOARD is not notified in a timely manner, the BOARD reserves the right to cancel this Contract at any time.**

Significant Business Transactions: **In accordance with 42 CFR 455.105, CONTRACTOR will disclose within 35 days of request from the State Medicaid Agency or the Secretary of the U.S. Department of Health and Human Services ownership information about any sub-contractor with which the CONTRACTOR has had more than $25,000 in business during the 12-month period ending on the date of the request and any information about significant business transactions, as defined in 42 CFR 455.101, between the CONTRACTOR and a wholly owned supplier or between the CONTRACTOR and any sub-contractor during the five year period ending on the date of the request.**

CONFIDENTIALITY

NCCMH considers contracted provider information to fall within the confines of Section No. 330.1748 of the Mental Health Code, which mandates that information received from contracted providers during the course of conducting business on behalf of clients, i.e. contracted provider social security numbers, financial documents, etc., shall remain permanently confidential and secure.

TRAINING RECIPROCITY (CONT'D)

(Continued from Page 1)

1. *Identify required training based on role of employee*
2. *Validate previous training*
3. *Ensure vetted training curricula are available*
4. *Provide training according to state approved guidelines*
5. *Testing for competency*
6. *Document all training completed by employee*

Intended training reciprocity program participants are both direct and indirect care employees, social workers, administrative staff, home managers, and their employers/CMHs throughout the state.

WHAT DOES THE PROGRAM LOOK LIKE RIGHT NOW? **ImprovingMIpractices.org** is currently being vetted for program objectives as one method for providing standardized training and testing. It could also house a central registry of participants' completed training that is accessible by employers across the state. **ImprovingMIPractices.org** currently provides some, but not all, online industry - related training, including CEU's for Social Workers and required direct care/provider network staff.

Note that use of www.ImprovingMIpractices.org will not be made mandatory by the state. Also note that the vetting of this website for use in the Training Reciprocity Program has not yet been completed. If desired, however, providers are invited to register designated staff on **ImprovingMIpractices.org** at this time to become comfortable with website navigation and to explore what the website offers. Registration and use is free.

TRAINING RECIPROCITY – THE NEXT STEPS: While the statewide CMH Chief Executive Officers have met and approved the Implementation Plan for the Training Reciprocity Program, actual implementation of this plan has not yet begun. The statewide implementation team will discuss the next steps over July and August, and will be communicating further information following that time. Regardless of how the PIHP/CMHSP 'System' provides new/refresher training to direct care staff, reciprocity requires all training/refresher training first be 'vetted' against formally approved State Guidelines, with evidence of training provided prior to testing for competency. Therefore, the expected statewide implementation is planned to begin in fall of 2018, and be completed by April 2019, if all goes well. The Statewide Training Guidelines Workgroup has already finalized and approved for use a grid of training requirements by job type within community mental health. This grid will be adjusted and adapted by each individual CMH to comply with local agency standards and course offerings, while still complying with state mandated curricula. **Stay tuned for more information from NCCMH.**

CALENDAR

PROVIDER QUARTERLY MEETING:

Tuesday, August 7, 2018, 10 am – 12 pm, at the Gaylord University Center, Gaylord. Light continental breakfast provided.

Tuesday, November 6, 2018, 10 am – 12 pm at the Gaylord University Center, Gaylord. Light continental breakfast provided.

THIRD THURSDAY SUPERVISORS MEETING: Scheduled dates are July 19, August 16, September 20, October 18, & November 15, 2018, NCCMH Gaylord, Conference Room A, 10 am – noon. 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.

NETWORKING OPPORTUNITY

THE PROVIDER ALLIANCE is Michigan's provider agencies working together to provide a network of mental health, developmental disability and substance abuse disorder services across Michigan. This group is an affiliate of the Michigan Association of Community Mental Health Boards in Lansing. CMH and providers are invited to participate through membership, which provides a forum for problem solving issues that cross the entire spectrum of PHIPs, Agencies and provider networks. Membership provides education and training opportunities, advocacy for consumers, networking and sharing best practices. More information may be obtained by checking out the "Becoming an Affiliate Member" website OR CALLING 517/374-6848.

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

May ~ Mental Health Awareness Month!

TROUBLESOME BED BUGS

by Katie Keys, Registered Nurse (kkeys@norcocmh.org)

Bed bugs are troublesome household pests. They're sneaky, hard to find, and can pose potential health risks for you and your family. Bedbugs are pests that can live anywhere in the home. They can live in cracks in furniture or in any type of textile, including upholstered furniture. They are most common in beds, including the mattress, box springs, and bed frames. Bed bugs are small, oval insects that feed by sucking blood from humans or animals. A bedbug bite is painless and is generally not noticed. The bites may be mistaken for a rash of another cause. Small, flat, or raised bumps on the skin are the most common sign. Symptoms include redness, swelling, and itching. Typically, no treatment is required for bedbug bites. If itching is severe, steroid creams or oral antihistamines may be used for symptom relief.

To prevent bed bugs in your home:

- Check secondhand furniture for any signs of bed bugs before bringing it home
- Use a protective cover that encases mattresses and box springs. Check it regularly for holes
- Reduce clutter in your home so they have fewer places to hide
- Unpack directly into your washing machine after a trip and check your luggage carefully. When staying in hotels, put your suitcases on luggage racks instead of the floor. Check the mattress and headboard for signs of bed bugs.

To get rid of bed bugs:

- Wash and dry bedding and clothing at high temperatures
- Use mattress, box spring, and pillow encasements to trap bed bugs and help detect infestations
- Use pesticides if needed

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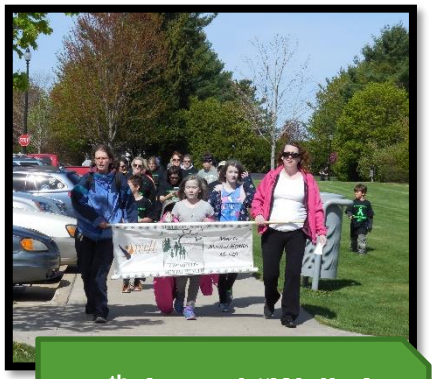
7th Annual Autism Fun Walk in Boyne City

21st Annual Splash Run/Walk-Petoskey



14th Annual "Walk A Mile In My Shoes"

SAFETY STARTS WITH YOU!

A Brief History of the Michigan Mental Health Code

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

In 1841 Dorothea Dix began advocating for humane treatment of individuals deemed "insane, deaf, dumb and blind" after she witnessed a large population incarcerated in jails and being treated poorly. She was told by one jail employee that "the insane need no heat." She made it her personal crusade to help by making continuous trips to Washington, DC and negotiating with Congress, requesting that they set aside state property that could be used to properly house those in need. In 1852, after several years of relentless advocacy, Congress finally listened; sparking the "State Hospital Era." Dorothea continued advocating for the mentally ill and developmentally disabled until her death in 1887.

A total of sixteen state-operated facilities were eventually opened in Michigan, each intended to provide short-term help, structure, and support. Instead, institutionalization ultimately led to long-term and sometimes life-long residencies. In the beginning, psychiatric care was not available and individuals were involuntarily committed by either family members or the court. Even worse, recipients were given no individual rights and the facilities were understaffed and employed by untrained staff which contributed to exceeding low life expectancies.

Between 1900 and 1940, institutions became increasingly overpopulated, remained unstructured, and funding sources created much dilemma and debate. It wasn't until the mid-1950's that select residents began to receive minimal psychiatric care; most were placed on a long waiting list. By the 1960's, increased horror stories publicly came to life due to the huge gap in care. Journalists began to publicize the wretched conditions, chaotic environments, abusive treatment, and filthy conditions of those being "warehoused" within the overflowing institutions.

During the late 1960's through the early 1970's adversarial energies were erupting nationwide in correlation with the Civil Rights Movement. Prospective visions of equal rights were beginning to prevail and the determination was made that "being mentally ill did not qualify as being incompetent." In 1963, President John F. Kennedy proposed a federally funded formation of mental health care programs which passed later that year as the *Community Mental Health Care Act.* In 1974, a very basic outline of the Michigan Mental Health Code was put into place which included *Consent for Medical Treatment* and *Comprehensive Mental Evaluations*.

Finally, in the mid-late 1980's the process of "deinstitutionalization" began; which sadly it consisted of moving patients out of state institutions and leaving many with no place to go. Most were discharged without ensuring follow-up care, rehabilitation services, or even the properly prescribed medication that was necessary to aid in the transition of living successful lives within community settings.

1990-2000 was known as the "Treatment Era" which focused on the individual. In 1996, the Mental Health Code was revised again and introduced further rights to individuals receiving mental health services including: Dignity and Respect, Personal Property, Communication and Visits, Safe and Sanitary Environment, and Services Suited to Condition.

After nearly a century and a half of improper treatment and insufficient care in institutionalized settings, the Michigan Mental Health Code assured that recipients receiving Community Mental Health Services would have additional rights to protect them and services centered around each recipient's individual needs.

EMERGENCY PREPAREDNESS

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

Are you Ready?

Emergency Contingency Plans: Are you prepared for bioterrorism, bombing, chemical/biological attacks /spills, driving accidents, emergency shelters (interim & overnight), fires, floods, tornadoes, blizzards, medical/deaths, missing persons, power outages, water shortages and weather (such as flood, tornadoes and blizzards).

Create, Practice, and Update your Plans

There are many types of disasters. 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.

Do you have a plan on how to evacuate if there is a fire? Do you have plans for the safest location at your site in case of a tornado?

Does 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 the hotel/motel 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 must have Emergency bags (wheeled). They must be checked monthly and documented. They must meet the needs of the individuals at your location. Below is an example of what should be in the emergency bag.

Should Contain:

- ☐ Blankets and rain coats/ #_____
- ☐ Portable radio
- ☐ Consumer Profiles (take med book)
- ☐ Radio (weather)
- ☐ First Aid Kit
- ☐ Flash Light
- ☐ Appropriate batteries
- ☐ Keys: Van & House
- ☐ Gloves
- ☐ Disposable briefs (as appropriate)
- ☐ Wet Wipes/Hand Sanitizer
- ☐ Other i.e. cell phone, flares, reflectors for van

Food Items (Labeled)

- ☐ Bottled Water (Expiration Date) Enough for everyone
- ☐ Snacks (Expiration Dates)
- ☐ Sugar Free (Diabetics)

Telephone Numbers

- ☐ Guardians
- ☐ Staff
- ☐ Process to Contact Others (management /staff Phone #'s)

EMERGENCY BAG MONTHLY CHECKLIST (Home-Wheeled)

DATE_____ SIGNATURE _____

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RECIPIENT RIGHTS AND SAFETY QUARTERLY UPDATE - PLEASE PRINT AND POST

Emergency Preparedness - Continued from Page 7

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.

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The removal of bed bugs can be pesky to say the least. Since bedbugs can hide in a wide range of places in the home, they are not easy to remove. It is advisable to bring in a pest control professional. Removing excess clutter from the house, giving the bedbugs fewer places to hide, makes inspection and removal less difficult. Some pest control companies request that furniture is pulled away from walls and mattresses and box springs stood on edge before they enter the home. Other companies prefer everything to be left where it is so that they can perform a check before moving the furniture themselves.

Bed bug support is widely available from a variety of sources. Many communities offer resources related to bed bugs. Visit the website of your state or local health and regulatory departments as possible sources of bed bug information and assistance.

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 2018

NAME	SIGNATURE	DATE
Mary Smith	*Mary Smith*	3/03/18
Ben Hur	*Ben Hur*	3/03/18