

**Community
Mental Health**
FOR CENTRAL MICHIGAN

Provider Network Handbook

FY 2024

October 1, 2023 – September 30, 2024

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Dear Network Providers:

Welcome to Community Mental Health for Central Michigan (CMHCM). We are excited to be able to offer this Provider Network Handbook. All providers and organizations under contract with CMHCM for provision of services have the obligation to maintain provider network performance standards as required in the provider contracts.

This handbook contains resources that will assist you in meeting the CMHCM contractual requirements as well as the standards established by Mid-State Health Network (MSHN) and the Medicaid Provider Manual.

Community Mental Health for Central Michigan staff will communicate any changes that may be of a concern to providers through our website, e-mail, provider meetings, and phone communication. This information can also be obtained from CMHCM's website at www.cmhcm.org

CMHCM Offices

Administration	(989) 772-5938, Fax: (989) 773-1968
Customer Service	(800) 317-0708; (989) 772-5938; customerservice@cmhcm.org
Recipient Rights	(989) 772-5938 or (989) 631-2320; rights@cmhcm.org
Clare County Center	(989) 539-2141, Fax: (989) 539-2143
Gladwin County Center	(989) 426-9295, Fax: (989) 426-2251
Isabella County Center	(989) 772-5938, Fax: (989) 775-7701
Mecosta County Center	(231) 796-5825, Fax: (231) 796-2409
Midland County Center	(989) 631-2320, Fax: (989) 613-9214
Osceola County Center	(231) 832-2247, Fax: (231) 832-3281
Summit Clubhouse	(989) 317-3330, Fax: (989) 779-3237
New Journey Clubhouse	(231) 592-4654, Fax: (231) 592-4657
Michigan Relay 711 (Telecommunication assistance for speech or hearing-impaired)	
Information Systems	<i>CIGMMO technical issues</i> helpdesk@cmhcm.org
Accounts Payable Team	<i>Deadlines, payments, claim submissions</i> payables@cmhcm.org
Incident Report Submission	administrationclerical@cmhcm.org or rights@cmhcm.org

CMHCM Provider Network Team

providernetwork@cmhcm.org

(989) 772-5938

Katherine Squire	<i>Provider Network Manager</i>	ksquire@cmhcm.org	x 1263
Lindsey Recker	<i>Provider Network Specialist</i>	lrecker@cmhcm.org	x 1442
Karen Bressette	<i>Provider Network Monitor</i>	kbressette@cmhcm.org	x 1469
Debbie Bauman	<i>Provider Network Monitor</i>	dbauman@cmhcm.org	x 1257
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Amanda Shanabrook	<i>Provider Network Account Clerk</i>	ashanabrook@cmhcm.org	x 1279
Sue Buss	<i>Provider Network Account Clerk</i>	sbuss@cmhcm.org	x 5093
Erica Thomas	<i>Provider Network Secretary</i>	ethomas@cmhcm.org	x 1317

2.

Website Information

Community Mental Health for Central Michigan encourages providers to check our website www.cmhcm.org on a regular basis. The website section for providers is designed to communicate, inform and assist you in providing quality care and services.

Provider Directory	Quality Reports
Provider Manual	MDHHS Rights Handbook
CIGMMO Information	Contingency Plans for Emergencies
CenTrain	CMHCM Mission
Training Reciprocity Guidelines	Organizational Charts
Choice Voucher Agreement Resources	Board Members
Provider Network Meeting Minutes	Board Meeting Schedule
Annual Report	Mental Health Topics
Employment Opportunities	Resource Materials
Locations/Phone Numbers	Contract provider Forms
Provider Choice Listing	Frequently Asked Questions

Provider Network Manual –

<https://www.cmhcm.org/for-providers/policies-and-procedures-provider-network-manual.html>.

The Provider Network Manual is a resource which contains CMHCM Policies and Procedures that the CMHCM Provider Network must adhere to. These Policies and Procedures are updated throughout the year, and a notification email will go out through Constant Contact (and come from cmh4cm@gmail.com) when changes are made. On the last pages of this handbook (located [HERE](#)) is a listing of the Policies and Procedures, however please utilize the above link to ensure you are always referring to the most current version.

3.

Medicaid Requirements

CMHCM is part of the Mid-State Health Network (MSHN) affiliation. MSHN is a Prepaid Inpatient Health Plan (PIHP) which is a term contained in federal regulations from the Centers for Medicare & Medicaid Services. It means an entity that: 1) provides medical services to enrollees under contract with the state Medicaid agency on the basis of prepaid capitation payments, 2) includes responsibility for arranging inpatient hospital care, and 3) does not have a comprehensive risk contract. The MSHN website can be accessed at this link: www.midstatehealthnetwork.org

Effective January 1, 2014, Michigan formed ten (10) PIHPs, responsible for managing the Medicaid resources for behavioral health and intellectual/developmental disabilities services for Medicaid and Healthy Michigan enrollees.

The Centers for Medicare & Medicaid Services (CMS) have very specific requirements for providers who deliver a Medicaid funded service. The links below will assist you in knowing and understanding the requirements for the service you provide.

- 1) Michigan Department of Health and Human Services (MDHHS): www.michigan.gov
- 2) [Medicaid Provider Manual](#)
- 3) Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Code can be accessed at www.cmhcm.org > Providers tab > Links
- 4) PIHP/CMHSP Encounter Reporting HCPCA and Revenue Codes can be accessed at www.cmhcm.org > Providers tab > Links

4. Site Review Process

Site reviews are conducted for all providers on an annual basis (or more frequently if needed) as a means of measuring and monitoring these performance standards. Please refer to the Provider Network Manual, Section 500 – Monitoring and Profiling for the complete policy and process on Site Reviews:

www.cmhcm.org > Providers tab > [Policies](#) > Chapter 3 > Section 500.001 General Guidelines and Section 500.002 Provider Site Review

The results of this review include findings from the site visit, recommendations for improvement, and, if indicated, request a plan of correction to improve care or services. Results from site reviews will be compiled by CMHCM staff and reported on a regular basis to the agency Performance Improvement Committee (PIC). A written report is sent to the provider. Provider performance reports are available for review by individuals, families, advocates, and the public.

If a deficiency is noted, a Corrective Action Plan (CAP) is required. All Plans of Correction will require an unannounced follow up visits or evidence of compliance must be provided within 60 days to assure that CMHCM providers meet established standards.

If a CMHCM provider receives a provisional license or concerns are noted with Special Investigations an additional site review may be conducted.

5. Event Verification Audits

An Event Verification review will be done for each provider who scored less than ninety (90) percent on any standard in the previous year's Event Verification. Each provider will be reviewed at least biannually. The Event Verification process includes monitoring provider compliance with agency, state, federal, and accreditation standards.

A Provider Network Monitor can also give consultation and technical assistance to service providers regarding contractual terms, service documentation, and claims submission requirements.

Please refer to CMHCM's policy/procedure, Section 500 – Monitoring and Profiling for the

complete policy and process on Event Verification.

www.cmhcm.org > Providers tab > [Policies](#) > Chapter 5 > Section 500.001 General Guidelines and Section 500.003 Event Verification

Event Verification Process: Every month, a maximum of twenty (20) random claims are identified for each scheduled provider. The Provider Network Monitor will request documentation to support the claims that have been randomly selected. The CMHCM Provider Service Documentation Requirements attachment to your contract lists the expected documentation for each service.

In addition, verification is needed that the individual providing each service meets MSHN, MDHHS, and CMHCM requirements. Items that may be requested include:

- Date of Hire
- Copy of Photo ID
- Initial Criminal Background Check
- Annual Criminal Background Check
- Central Registry Check (*Providers working with children*)
- Copy of TB Test
- Initial Recipient Rights Name Check
- Initial Recipient Rights Training
- Annual Recipient Rights Refresher Training
- Corporate Compliance
- Consumer Specific PCP Training
- Person Centered Plan Training
- Introduction to the Role of Direct Support Professional
- HIPAA
- Limited English Proficiency
- Cultural Competency/Diversity
- CPR/First Aid Certificate or Card
- Infection Control/Blood Borne Pathogens Training
- Safety & Fire prevention Training
- Sensitivity Training: Hearing Loss
- Trauma Informed Care Training
- Medication Administration Training
- Health Interventions
- Positive Approaches/Crisis Intervention
- Behavior Technician Certificate (*Providers of Autism Services only*)

Items requested will vary depending on the service provided and in what setting. Training requirements for each setting can be found in the MSHN Minimum Training Requirements attachment to your contract as well as in this Provider Handbook.

If findings are made during the Event Verification process, the provider will be asked to complete a Corrective Action Plan and return it within thirty (30) days.

The services provided by support staff **MUST** be identified in the consumer's Individualized Plan

of Service and relate to a goal/intervention/objective. If you are currently maintaining documentation for the below services, please contact CMHCM Provider Network Department to determine whether your documentation meets all necessary elements to be approved ongoing. If you have any questions regarding documentation, please speak with our Provider Network Monitor or Provider Network Manager.

Providers may be asked to provide additional documentation which could include: Resident Care Agreement, Health Care Appraisal, Fee Discussion Forms, etc. All other requested documents should be emailed to the assigned case manager or emailed to the CMHCM office in the county in which service is provided.

Clare County: clareclerical@cmhcm.org,
 Isabella County: isabellaclerical@cmhcm.org,
 Gladwin County: gladwinclerical@cmhcm.org,
 Mecosta County: mecostaclerical@cmhcm.org,
 Midland County: midlandclerical@cmhcm.org,
 Osceola County: osceolaclerical@cmhcm.org.

All service documentation must:

- **Be sufficiently detailed to allow reconstruction of what transpired for each service,**
 - **Be signed and dated by the individual providing the service,**
 - **Have a start and stop time documented (for 15-minute unit services),**
 - **Be uploaded to the Consumer’s CIGMMO Chart prior to billing.**

HCPC Code	HCPC Description	Required Documentation
H0031	Mental Health Assessment, by Non-Physician	Psychosocial Assessment - annual
H0032	Mental Health Service Plan Development by Non-Physician	PCP Pre-Planning Note Person/Family Centered Plan Addendum to Person/Family Centered Plan Notice of Benefit Determination (Medicaid) Notice of Benefit Determination (Non-Medicaid) IPOS Training Record
H2014	Skills Training and Development, per 15 min	Skill Building Progress Note

H2015	Comprehensive Community Support Services, per 15 min	CLS Progress Note
H2016	Comprehensive Community Support Services, per Day	<p>Option 1 Specialized Residential Progress Note without Daily Data AND Specialized Residential Daily Data</p> <p>Option 2 Specialized Residential Progress Note with Daily Data - form A</p> <p>Option 3 Specialized Residential Progress Note with Daily Data - form B</p>
H2023	Supported Employment, per 15 min	Supported Employment Progress Note
S0215	Non-Emergency Transportation Services	Transportation Log/Mileage Report
T1017	Targeted Case Management, Each 15 Minutes	CIGMMO Progress Note
T1020	Personal Care Services, Per Diem, Not for an Inpatient	<p>Option 1 Specialized Residential Progress Note without Daily Data AND Specialized Residential Daily Data</p> <p>Option 2 Specialized Residential Progress Note with Daily Data - form A</p> <p>Option 3 Specialized Residential Progress Note with Daily Data - form B</p>
T2015	Pre-Vocational Services	Pre-Vocational Progress Notes
T2023	Targeted Case Management Services - Child Waiver	CIGMMO Progress Note

DOCUMENTATION OF SERVICES:

- [CLS Progress Note](#)
- Out-of-Home Non-Vocational Habilitation (HAB) Progress Note: ([fillable version](#)) ([handwritten version](#))
- Pre-Vocational Service Progress Note: ([fillable version](#)) ([handwritten version](#))
- Skill-Building Progress Note: ([fillable version](#)) ([handwritten version](#))
- Supported Employment Progress Note: ([fillable version](#)) ([handwritten version](#))
- Therapeutic Behavioral Service Progress Note: ([fillable version](#)) ([handwritten version](#))
- [Transportation Log/Mileage Report](#)
- [Overnight Health & Safety Services](#)

6. Home and Community-Based Services (HCBS)

Home and Community-Based Services Program Transition

On March 17, 2014, the Centers for Medicare and Medicaid Services published a new set of rules for the delivery of Home and Community Based Services through Medicaid waiver programs. Through these rules, the Centers for Medicare and Medicaid Services aim to improve the experience of individuals in these programs by enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-centered planning.

This rule applies to both Residential and Non-residential Service providers. The HCBS surveys and the link below will assist providers in achieving compliance with the rule. All new providers to the CMHCM Provider Network must demonstrate compliance with the rule.

Home and Community Based Services Transition link:

http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

This link contains information on the following:

- Statewide and Individual Waiver Transition Plan
- Survey Tools and process
- Remediation and On-going Compliance
- Summary of Resident Rights
- MDHHS/LARA Joint Guidance Document
- HCBS readiness Tool Kit for Residential and Non-Residential Providers
- HCBS Heightened Scrutiny Flow charts for institution & Isolation
- HCBS Heightened Scrutiny Process

HCBS resources are available on the CMHCM website: <https://www.cmhcm.org/providers/hcbs-resources/>, and this link contains information on the following:

- MDHHS Website
- Developmental Disabilities Institute – Wayne State University
- Things to Consider for Heightened Scrutiny Decisions
- Home and Community Based Services (HCBS) Handbook
- HCBS FAQ for Individuals and Family Members
- HCBS Guide for Individuals and Family Members
- MDHHS BHDDA HCBS Guardianship FAQ's
- Provisional Approval for New Home Process

Forms to assist residential settings with HCBS Compliance:

- [House Meeting Notes – Template](#)
- [Home Provider's Monthly Report with Community Events/Activities log](#)

Home and Community Based Services:

PROVIDER shall ensure and maintain compliance with HCBS standards and requirements as outlined in the Home and Community Based Services section of the Medicaid Provider Manual - Section 3 and within the Michigan's Statewide Transition Plan for Home and Community-Based Services. PROVIDER that cannot demonstrate compliance by required deadlines within the MDHHS Statewide Transition Plan will be subject to contract termination or contract amendment. CONSUMERS funded by PAYOR must be transferred to an alternate approved provider within the transition period outlined in the MDHHS Statewide Transition Plan.

HCBS Contacts:

- Kobi Hall, HCBS Service Specialist khall@cmhcm.org
- Renee Raushi, Behavior Treatment Committee Chair rraushi@cmhcm.org

7. Quality Improvement & Satisfaction

Community Mental Health for Central Michigan (CMHCM) places quality care for consumers at the core of its mission utilizing the Quality Assessment and Performance Improvement Program (QAPI) Plan and Strategic Plan to advance its agency mission, vision, and values. The QAPI and CMHCM Quality Assessment and Performance Improvement Program Policy (5.300.004) both support this focus through various quality improvement initiatives. CMHCM welcomes suggestions for quality improvement. The form is available at www.cmhcm.org or at this link. [Suggestion for Quality Improvement](#)

CMHCM providers must demonstrate efforts to improve the quality of care/services and maintain a fully operational internal quality improvement program. Please refer to the [Provider Network Manual](#) for more information. The program must include a satisfaction process. A sample questionnaire is below or you may develop your own form based on the care and services you provide. You must also submit this information annually to the Provider Network Department at providernetwork@cmhcm.org.

See next page for an example Satisfaction Questionnaire

Satisfaction Questionnaire

Date: _____ Provider: _____

Please return this questionnaire to: _____

At the following address: _____

No later than: _____

Do you feel that the home provides quality care and services? **Yes** **No**
Comments/suggestions?

Do you feel there is a need for services/care that is not being met? **Yes** **No**
Comments/suggestions?

Are you happy with the home staff? **Yes** **No**
Comments/suggestions?

Are you satisfied with the home environment and décor? **Yes** **No**
Comments/suggestions?

Please feel free to make any additional comments that may assist us in providing quality care and services.

Thank you for participating in this survey.

8. CIGMMO

CIGMMO is the Electronic Medical Record (EMR) system used within CMHCM and by the Provider Network.

All contracted providers must request a login ID for each staff member that requires access. The login ID can be obtained by completing the CMHCM [CIGMMO Access Request](#) form and the CIGMMO [Computer Acceptable Use Agreement](#). It is the Providers responsibility to inform CMHCM of any staff changes so that we may update and/or remove CIGMMO access to ensure only appropriate, approved staff retains access to consumer files.

The CIGMMO login ID will be used to view authorizations for consumers and to submit claims for payment by CMHCM. Additionally, providers are able to print the following: Person-Centered Plans, medical consents, guardianship papers, and any other documents scanned into the PCP attachments link. This access is also utilized to upload documentation into CIGMMO.

To view and complete unsigned notes, go to the ‘Staff To-Do List’ tab, then choose the ‘View and Sign Documents Awaiting My Signature’ link. This link should be reviewed regularly to sign outstanding documents.

The following information is intended to assist with navigating and billing in CIGMMO.

As a reminder, if there are any questions about different sections within CIGMMO, the CIGMMO Help link should be selected. Once selected, this link will open up a help document where specific guidance is given for each section the provider is able to access. Each section will be linked to a help document for frequently asked questions and guidance for each area.

If you forgot your password, please use the “I forgot my password” [link](#) for self-service. If you cannot remember the answers to your security questions and need assistance in resetting your password, please use the [CMHCM CIGMMO Password Reset form](#).

Community Mental Health for Central Michigan

Help

LOGIN

CIGMMO

Welcome to CMHCM!

Access to this site is limited to authorized staff of Community Mental Health for Central Michigan users and authorized providers.

Please enter your Login ID and Password

Login ID:

Password:

Login

[I forgot my password](#)

CMHCM CIGMMO Access Request

User name: _____

Provider: _____

Supervisor: _____

Type of access requested - select one:

<p>Billing <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option for billing access. Phone training to be provided by Payables team.</i></p>	<p>Clinical <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user is a licensed provider staff who enters documentation for services directly into CIGMMO. Training required and scheduled once credentials verified.</i></p>
<p>PCP/Chart View <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user views consumer charts, trains on person-centered plans (PCP), and/or uploads documents. No formal training provided or required.</i></p>	<p>Clinical Supervisor <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user is a clinical supervisor of provider staff and will view consumer charts and enter consultation notes in CIGMMO. Training required and scheduled once credentials verified.</i></p>
<p>Home Manager <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user enters and manages Specialized Residential documentation and reports in CIGMMO. No formal training provided or required.</i></p>	<p>Direct Care Worker <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user will be entering Specialized Residential documentation in CIGMMO. No formal training provided or required.</i></p>
<p>ABA Transcription <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option if the user will be data entering autism forms to be signed by an ABA clinician.</i></p>	

****A signed CMHCM Computer Use Agreement MUST accompany all access requests****

Please complete the following information for **Clinical staff** requesting access:

Start Date: _____

Professional License: _____

Other Credentials (QBHP, CMHP, QMHP, QIDP): _____

NPI: _____

Degree: *(highest achieved – check one)*

- | | |
|--|--|
| Physician Medical <input type="checkbox"/> | Bachelor’s Degree <input type="checkbox"/> |
| Doctorate <input type="checkbox"/> | Associate’s Degree <input type="checkbox"/> |
| Master’s Degree <input type="checkbox"/> | High School Diploma <input type="checkbox"/> |

Please send completed form and signed CMHCM computer use agreement to:
CMHCM Provider Network Team providernetwork@cmhcm.org

Computer Acceptable Use Agreement

I, _____ will:

- Use CMHCM systems (CIGMMO, Email, Network Resources, etc.) on a need-to-know basis only.
- Retrieve or enter information about mutual consumers as required for clinical care or business functions related to clinical care only as it relates to my job duties and licensing.
- Take all reasonable precautions to protect the privacy of consumer information and will not leave display screens or printed materials containing consumer data where they could be viewed inappropriately.
- Not disclose my password to allow another person to log in with my user identification and password.
- Not log on using someone else's user identification and password. I understand that doing so is fraud and not allowed in any circumstance.

Email Address: _____

Phone Number: _____

Provider: _____

Job Type: _____

My signature below indicates that I have read and understand this document. I shall comply with the CMHCM Agency Network, E-Mail, and Internet Policy (5.700.001) and CMHCM Data Security and Confidentiality Policy (5.700.002).

User Signature

Date

As the supervisor for this user, my signature below indicates that I have read, understand, and assure all credentials have been verified and meet the requirements referenced in CMHCM Agency Network, E-Mail, and Internet Policy (5.700.001) and CMHCM Data Security and Confidentiality Policy (5.700.002)

(Check one)

New position:

Replace staff:

Name of staff being replaced: _____

Remove access: YES NO

Supervisor Signature

Date

CMHCM Authorized Signature

Date

CMHCM CIGMMO Password Reset Request

User name: _____
Email address: _____
Provider: _____
Supervisor: _____

The signatures below attest that the above user is requesting a password change, they will not disclose the password to allow another person to log in with their user identification and password, and will not log on using someone else's user identification and password. I understand that doing so is fraud and not allowed in any circumstance.

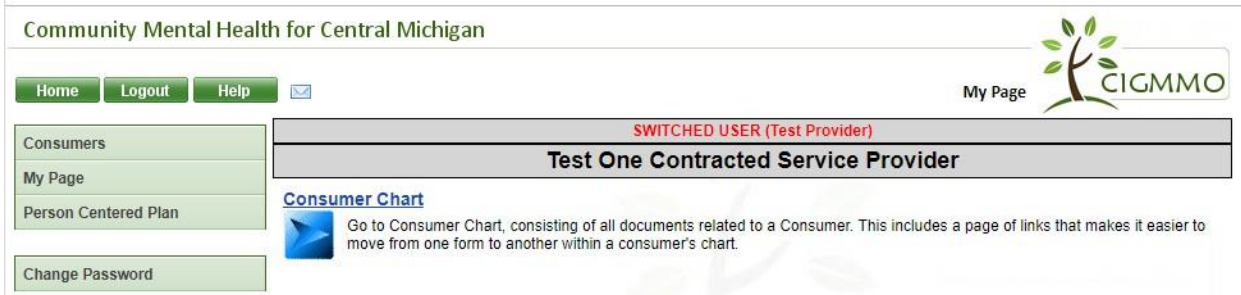
_____	_____
<i>User Signature</i>	<i>Date</i>
_____	_____
<i>Supervisor Signature</i>	<i>Date</i>

Please send completed form to:
CMHCM Provider Network Team providernetwork@cmhcm.org

Provider PCP View

Home Page

When you first log in you will see your Home page. The default Home page is the Consumers page. You can see that it says Consumers at the top right, next to the CIGMMO tree. And the Consumers button in the green menu at the left looks selected. The other buttons in the menu are My Page, Person Centered Plan, and Change Password.



Consumers Page

On the Consumers page, there are 3 links. They are **Consumer Chart, Signed Medication Consents, and Guardianship Papers**. Regardless of which link you click on, the first thing you will see is the consumer search box:

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use a partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Open Cases Only

SEARCH

You can search for a consumer by any of the fields in the box. However, you can't search by First name alone. You have to have part of the last name too. Searching for the first part of a name often is better than the whole name. Because the person that entered the name may not have spelled it like you would.

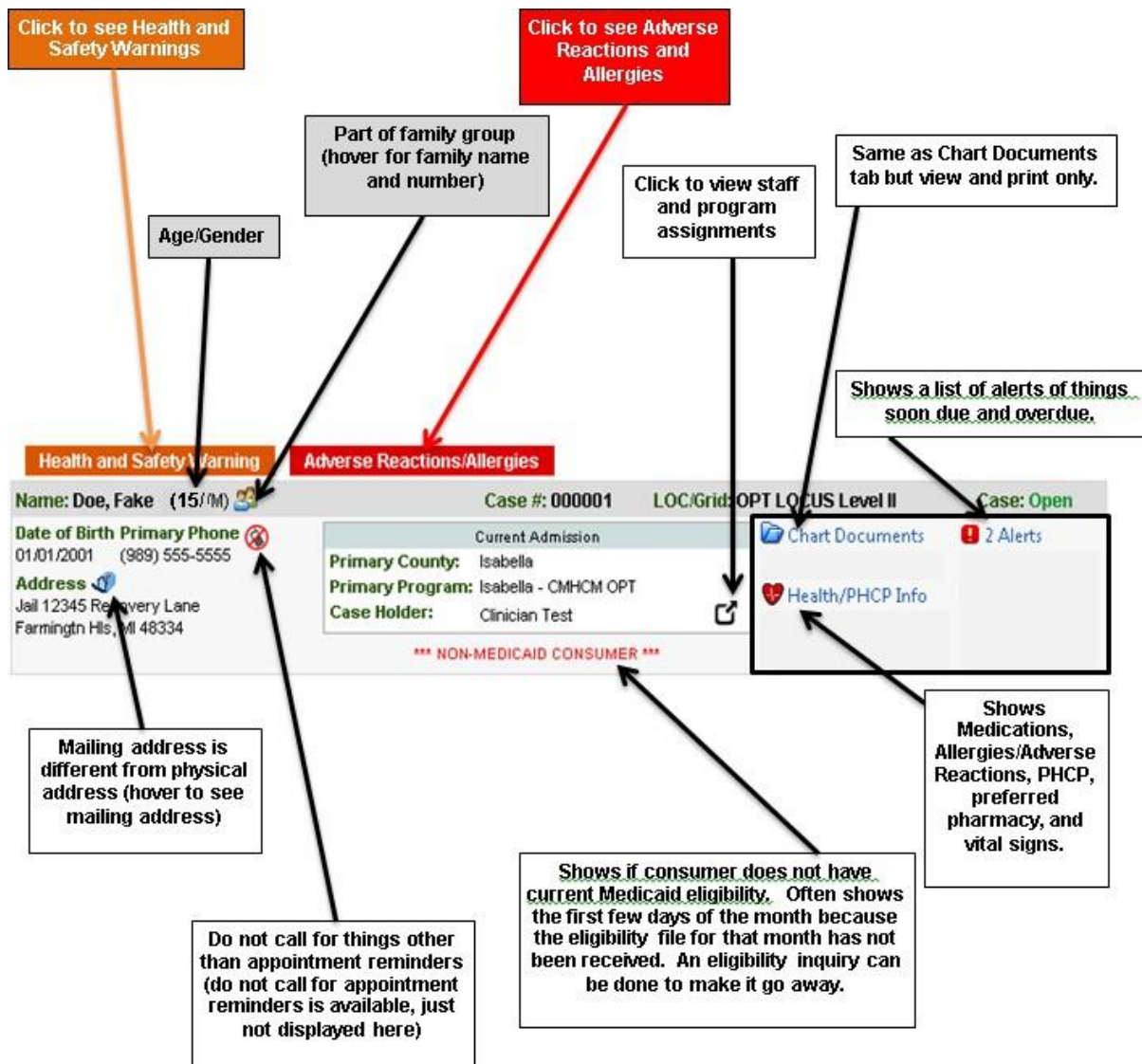
Once you have clicked SEARCH, a list of consumers that fit that criteria will come up. Click the 'Consumer Chart' or 'Select' link to the right of the one you want to work with.

1 Consumer

Last Name	First Name	Case #	SSN	Case Holder	DOB	Admission County	Status	
Doe	Fake	000001	*****4567		04/25/2003	Mecosta Clare Gladwin Isabella Midland	Closed	Consumer Chart

Consumer Chart

At the top of the consumer chart is the consumer header:



Under the header are the links to the parts of the chart:

Chart Links

<p style="text-align: center;">Administrative/Finance</p> <p>Fee Discussion Forms Notices of Benefit Determination - Scanned DHHS Respite Self-Determination/Choice Vouchers AFC Other Admin/Finance Information</p>	<p style="text-align: center;">Clinical Services</p> <p>Person Centered Plans Advanced Directives AFC Autism Behavior Plan Documents CLS Documents Clubhouse Evidence Based Practice Documents School / IEP/ Reports PERS Vocational Services Wraparound / SED Other Clinical Documentation</p>
<p style="text-align: center;">Hospital Records/Crisis Documentation</p> <p>Hospital Correspondence Other Hospital/Crisis Information</p>	<p style="text-align: center;">Legal, Consents, Correspondence</p> <p>Guardianship, DPOA and POA Papers Other Consents HIPAA Correspondence/Letters MDCH Waiver DHHS Other Legal Information</p>
<p style="text-align: center;">Health Services</p> <p>Health Screens (Scanned/Archived) PHCP Signed Medication Consents Consents for Medical Treatment Other Psychiatric/Medical Information</p>	<p style="text-align: center;">Individual Placement and Support</p> <p>Supported Employment ERP Forms</p>
<p style="text-align: center;">Other</p> <p>Scanned Archival Documents</p>	

Most of the links here allow you to View and/or Download documents that have been scanned or uploaded under that link. The highlighted links also let you scan or upload to them.

Person Centered Plans lets you Print or View PCPs and their attachments. Many different documents are stored as attachments to PCPs because providers can view them there. You should be using the most current PCP that has been signed by the staff person completing it.

78 PCPs ◀ PREVIOUS 1 2 3 4 5 6 7 8 9 ... NEXT ▶

Dates	Type									
Planning Start 07/01/2023 Effective 07/03/2023 Expiration 07/02/2024 Early Terminated 09/14/2023	PCP	View Print Authorization Summary Print Current Budget								
<div style="border: 1px solid black; padding: 2px;">Effective and Expiration Dates</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Staff Signature</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; float: right;">Navigate through PCPs</div>										
<div style="background-color: #fff9c4; padding: 5px;"> <p>PCP Preplanning Note</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>County / Affiliate</th> <th>Meeting</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>07/03/2023</td> <td>Isabella</td> <td>Date: 07/03/2023 Time: 8:00AM Location: sadf</td> <td>SIGNED BY: Jane Cole</td> </tr> </tbody> </table> <p style="margin-top: 5px;">0 Attachments</p> </div>			Date	County / Affiliate	Meeting	Status	07/03/2023	Isabella	Date: 07/03/2023 Time: 8:00AM Location: sadf	SIGNED BY: Jane Cole
Date	County / Affiliate	Meeting	Status							
07/03/2023	Isabella	Date: 07/03/2023 Time: 8:00AM Location: sadf	SIGNED BY: Jane Cole							
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Date	County / Affiliate	Status								
07/03/2023	Isabella	SIGNED BY: Jane Cole OBTAINED EXTERNALLY: Consumer								

The highlighted links (AFC, CLS Documents, and Vocational Services) allow you to View, Download, or Add documents. You can add a document by uploading from your computer. The link to Add a document will be at the upper right of the list of documents:

Type	Date	County / Affiliate	Notes	Details	Status
Training	07/25/2017	Isabella	Training	Uploaded By: Julie Rookard on 07/25/2017 13:07:11 Uploaded File Name: I000314434.pdf	Add CLS Document View View Upload
Training	07/25/2017	Isabella	Training	Uploaded By: Julie Rookard on 07/25/2017 12:57:50 Uploaded File Name: I000314421.pdf	View View Upload

Uploading Documents

When you click the link to add a document you will see this screen:

Index

- 1. [Scan or Upload](#)
- 2. [Send Copy to](#)
- 3. [Signatures](#)

1. AFC Document: Scan or Upload

Date of AFC Document

[Use Current Date](#)

Form Type
 * Select Form Type

Notes
characters left: 8000

✔ Spell Check

Enter the date of the document. Upload or scan your document by clicking Upload Document or Scan Document and following the directions on the screen. Enter Consumer Name, Document Name, and Month/Year in Notes and click Save and Continue to Send Copy to.

Send Copy to a staff member, if deemed clinically necessary, by clicking the Send to Staff link and using the lookup to find the staff you want to send to. Click Save and Continue to Signatures:

Index

- 1. [Scan or Upload](#)
- 2. [Send Copy to](#)
- 3. [Signatures](#)

2. AFC Document: Send Copy to

Instructions:
 Once this document has been signed, it will be copied and sent to all parties listed below. For all documents that are to be sent outside of your agency, please be sure you have a valid Authorization for Release of Information before adding this copy request.
 - To notify staff of document completion, click on **Send to Staff**.

0 Document Copies [Send to Staff](#)

Send Copy To / Review By	Status

Record Added provider 05/16/2019 11:51:23 Record Changed provider 05/16/2019 11:51:23

Click Save:

Index	3. AFC Document: Signatures	
<ol style="list-style-type: none"> 1. Scan or Upload 2. Send Copy to 3. Signatures 	Document does not require signatures or a service activity log	
	Record Added provider 05/16/2019 11:51:23	Record Changed provider 05/16/2019 11:51:23
	<input type="button" value="Save"/> <input type="button" value="CANCEL"/>	

In addition to going back to the home page and selecting Consumer Chart to bring up the consumer search box to switch consumers, you can also use the lookup button at the bottom of the Consumer Chart. Click lookup and you will see the consumer search box. Search for and select your consumer. Then click Switch Consumer. You will be taken to the chart of the new consumer.

Case #: <input type="text" value="lookup"/> <input type="button" value="Switch Consumer"/>
--

PCP/Individual Plan of Service (IPOS) Training for Contracted Service Providers

Staff training for the IPOS must be completed using the [handwritten Individual Plan of Service/Addendum Training Record](#) or using the Electronic IPOS Training option in CIGMMO.

If a consumer’s plan of service and authorizations include contract providers, the case holder must train and obtain an IPOS training record for every staff person who is working with the consumer on their plan of service to ensure they are trained and know how they are expected to support the consumer

- Once the IPOS training has been completed, the case holder attaches the IPOS Training Record to the corresponding IPOS or IPOS addendum
- If there is a lead staff or home manager involved, they can complete the training with new staff as long as they have been trained and this is documented by CMHCM staff- the IPOS training record must be completed for every staff person that works with the consumer

IPOS Training for Contracted Service Providers in CIGMMO

PCP

Date	County / Affiliate	Status
06/25/2020	Midland	SIGNED BY: Benjamin Witse VERBALLY CONSENTED: Consumer

[View Document History](#)
[View Appointment](#)
[Print with Original Goals](#)
[Print with Current Goals](#)
[Print Signature Page](#)

1 PCP Cover Letter | 10 PCP Training Records | 1 Attachment

PCP

Date	County / Affiliate	Status
06/26/2020	Midland	SIGNED BY: [REDACTED] VERBALLY CONSENTED: Consumer

[View Document History](#)
[View Appointment](#)
[Print with Original Goals](#)
[Print with Current Goals](#)
[Print Signature Page](#)

1 PCP Cover Letter | 10 PCP Training Records | 1 Attachment

PCP

Date	County / Affiliate	Status
06/26/2020	Midland	SIGNED BY: [REDACTED] VERBALLY CONSENTED: Consumer

[View Document History](#)
[View Appointment](#)
[Print with Original Goals](#)
[Print with Current Goals](#)
[Print Signature Page](#)

1 PCP Cover Letter | 10 PCP Training Records | 1 Attachment

Date	County / Affiliate	Provider Agency
03/03/2021	Midland	Arnold Center
10/22/2020	Midland	Independent Community Living, Inc.
09/16/2020	Midland	Arnold Center
09/15/2020	Midland	Arnold Center
09/11/2020	Midland	Arnold Center
09/10/2020	Midland	Arnold Center
08/27/2020	Midland	Independent Community Living, Inc.
08/27/2020	Midland	Independent Community Living, Inc.
08/27/2020	Midland	Independent Community Living, Inc.
07/29/2020	Midland	Independent Community Living, Inc.

PCP Training Record

Date of Training: PCP Effective Date: 06/30/2020

Provider Type: Contracted Service Direct Service

Contracted Service Provider: [lookup](#)

The following staff have been trained on the PCP

Attending Staff Names:

Electronic Signatures

Instructions
When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Trainer Signature Required By: [lookup](#)
181913 Jenelle Lynch LMSW, QMHP, QIDP, C

Enter your password to sign:

4. Add Staff Trained

2. Choose Contracted Service

3. Lookup Provider Name

1. Date of Training

5. Sign with Password

Signed Medication Consents

This link allows you to View and/or Download documents that have been scanned or uploaded under that link. If a document has been uploaded, you can only download, you can't view.

Guardianship Papers

This link allows you to View and/or Download documents that have been scanned or uploaded under that link. If a document has been uploaded, you can only download, you can't view.

My Page

My Page is blank to begin with. It is where you can put your most used links if you prefer to have them in one place. You can add a link to your My Page by clicking [+myPage](#) at the end of that link's description. You can remove a link from your My Page by clicking [-myPage](#) at the end of the link description on your My Page. You can make My Page (or any other page in the green menu at the left) your Home Page by emailing jcole@cmhcm.org and requesting the change.

Person Centered Plan Page

The Person Centered Plan Page has one link. It takes you to the same screen as the Person Centered Plan link in the Consumer Chart takes you to.

Change Password

The Change Password button at the bottom of the green menu at the left, takes you to a screen where you can change your password and the answers to your security questions.

9. Claim Processing

POLICY:

- A. CMHCM will pay approved clean claims within thirty (30) days of receipt.
- B. CMHCM will assume liability for claims for services that meet the following criteria:
 1. The service provider has billed other liable third parties prior to billing CMHCM, and
 2. The service has been pre-authorized by CMHCM, or
 3. The service has been pre-authorized by another CMHSP on an emergency basis to a consumer who is a resident of the CMHCM service area, or
 4. The service is delivered under a contract between CMHCM and a service provider, or
 5. The service is provided on an emergency basis by an approved member of the CMHCM provider panel, and it can be determined that, but for the urgency of the need, the service would have been pre-authorized by CMHCM.
 6. The claim is adjudicated, submitted, and clean.
- C. During the fiscal year, all clean claims must be submitted within sixty (60) days of the date of service.
- D. At fiscal year-end, all claims must be submitted by 5 p.m. on October 25th. If October

- 25th falls on a weekend or holiday, claims must be submitted by 5 p.m. on the next working day.
- E. Reconsiders will not be processed for rate differences when over sixty (60) days from the date of service.
 - F. Denied claims may be appealed in accordance with the Provider Network Management Appeals Policy, [3.100.002](#).

PROCEDURES:

A. Claims - General

1. Claims are to be submitted in batches that contain dates of service for one month. There should not be two months of service dates combined in the same batch.
2. Claims received through the mail will be date stamped by the mail clerk when received and forwarded to the Accounts Payable Department for processing.
3. Claims received through CMHCM's CIGMMO electronic health record software are time stamped when submitted.
4. It is the provider's responsibility to review the claim adjudication report prior to submitting claims. Any errors must be corrected before submission.
5. Each claim will be scrutinized in order to validate contracted covered service, rates, third party insurance, and pre-authorization.
6. When a claim is approved, it will be paid.
7. When a paper claim is denied, an explanation of the denial will be sent via letter in the US mail.
8. When an electronic claim is denied, the provider will receive notification via of the Explanation of Benefits (EOB).
9. When a claim is denied, it is the responsibility of the provider to make necessary corrections and resubmit within sixty (60) days of the date of service.
10. Internal auditing of claims processing will be performed to ensure accuracy and timeliness.
11. Denied claims may be appealed to the CMHCM Chief Financial Officer following the procedure outlined in the Provider Network Management Manual, Appeals Policy [3.100.002](#).

B. Hospital Claims

1. Clean Claim Processing
 - a. Claims for psychiatric inpatient hospital services should be submitted using the paper form UB-04.
 - b. All claims should be submitted within ninety (90) days from the date of discharge for a consumer eligible for Medicaid only.
 - c. Claims that require coordination of benefits (COB), for individuals that have a third party insurance provider in addition to Medicaid, are to be submitted within 90 days after receipt of the third party payor's EOB.
 - d. Accounts Payable staff will review the claim for verification of inpatient dates approved, county of residence, and insurance policies.
 - e. Claims where the consumer has Medicaid secondary, the Accounts Payable clerk will enter the authorization in the claims processing system and remit payment.
 - f. Clean claims will be paid within forty-five (45) days following receipt.
2. Hospital Denials

- a. Any denial of billed service days will be noted with a written letter including the reason or with partial payment and Explanation of Benefits.
 - b. If the hospital disagrees with the denial, a retrospective review can be requested.
3. Request for a retrospective review
- a. Hospitals are asked to submit a Request for a Retrospective Review under the following circumstances:
 - 1) if they disagree with a denial
 - 2) if CMHCM staff was not aware of the admission
 - b. No retrospective review is necessary for an individual that has Medicare and Medicaid.
 - c. If the hospital and CMHCM are still unable to reach a satisfactory resolution, the hospital may file an appeal in writing.
 - d. Formal appeals to the Deputy Director of Services must be filed within thirty (30) calendar days of the date that the provider receives the initial denial of the Retrospective and Reconsideration Review.
 - e. If the hospital is not satisfied with the Deputy Director's action, they may appeal within ten (10) days of the receipt of the Deputy Director's response to the Executive Director.
 - f. The following procedure should be followed for a request for a hospital retrospective review:
 - 1) Within thirty (30) days of denial, a hospital can request a Retrospective Review of dates not approved for payment.
 - 2) Retrospective Reviews are sent to the Accounts Payable Department.
 - 3) Accounts Payable will send the Retrospective Review request to the Crisis Mobilization and Intervention Team (CMIT) for review.
 - 4) Retrospective Review documentation should be scanned into the consumer's electronic medical record (CIGMMO).
 - 5) After clinical review:
 - a) If approved, the authorization will be entered into CIGMMO and the Retrospective Review form sent to Payables to process the payment.
 - b) If the Retrospective Review is denied, the CMIT Supervisor will conduct a Reconsideration Review of the denial.
 - c) If the Retrospective Review and Reconsideration Review are both denied, the Retrospective Review form is sent to Payables to process a letter of denial, giving the hospital thirty (30) days to appeal to the Deputy Director of Services.
4. Formal Appeal
- a. Appeals must be made to the Deputy Director of Services within thirty (30) days of the date of the Retrospective Review and Reconsideration Review denial letter, with a copy to Accounts Payable.
 - b. Denial/Approval by the Deputy Director of Services is communicated to the hospital and if:
 - 1) Approved – The Appeals Section of the Retrospective Review form is completed and forwarded to Accounts Payable and CMIT to update the

authorization. CMIT will notify Accounts Payable when the authorization is updated so that payment can be made.

- 2) Denied – The Appeals Section of the Retrospective Review form is completed and forwarded to Accounts Payable and CMIT for their records.
5. Appeal of Appeal
 - a. The hospital has ten (10) days from the receipt of the Deputy Director of Services denial to appeal to the Executive Director.
 - b. Denial/approval by the Executive Director is communicated to the hospital by letter and:
 - 1) Approved – A copy of the letter to the hospital is sent to Accounts Payable and CMIT. CMIT will notify Accounts Payable when the authorization is completed.
 - 2) Denial – A copy of the letter to the hospital is sent to Accounts Payable and CMIT for their records.

C. End of Fiscal Year Claims

1. At fiscal year-end all claims must be submitted by 5 p.m. on October 25th. If October 25th falls on a weekend or holiday, claims must be submitted by 5 p.m. on the next working day.
2. Electronic batches must not include claims from two different fiscal years.
3. Requests for claims reconsiders must be submitted by October 15th to allow time for processing and possible rebills.
4. Requests for a waiver of the 60-day restrictions must be requested by October 15th to allow time for processing.

D. Reconsiders

1. Provider sends an email request to payables@cmhcm.org
 - a. All future correspondence regarding a specific reconsider will be made using the original email thread/string.
 - b. The subject line of the request must say “Reconsider” and include the agency name and the consumer’s initials.
 - c. The body of the email request should include the following information and in this order/format:
 - 1) Consumer name and CMHCM ID number
 - 2) Claim number - NOT THE BATCH NUMBER
 - 3) Dates of service
 - 4) Dollar amount to be reconsidered
 - 5) Billing Service Code
 - 6) Reason for the reconsider request
 - 7) Indicate if this reconsider will be re-billed
2. CMHCM Payables will review, process the reconsider, and email the provider when the reconsider is completed.
3. If the reconsider needs to be re-billed, CMHCM will coordinate with the provider the timing of processing the reconsider and the replacement billing via the original email thread/string.
4. Provider will need to rebill within the deadline set by CMHCM Payables or the replacement billing may be denied.
5. CMHCM Payables staff will reply to the original email thread/string indicating the

deadline to submit.

6. Before the provider submits the replacement billing batch, the provider needs to reply to the original email thread/string, with the batch number of the replacement billing. This will ensure that all of the necessary information is provided. The replacement batch should only include the claims that have been reconsidered that need to be re-billed.

E. 60-Day Restriction

1. Provider emails payables@cmhcm.org to request the 60-day restriction be lifted.
 - a. All future correspondence regarding the request will be made using the original email thread/string.
 - b. The subject line of the email should read: “60-day restriction” and include their agency name and consumer’s initials
 - c. The email should include the following and in this order/format:
 - 1) Consumer name and CMHCM ID number
 - 2) Batch number
 - 3) Reason for the request – why is the claim(s) being submitted late?
 - 4) All emails between the provider and the CMHCM staff, such as the case holder, must be included as supporting documentation.
 - d. CMHCM Payables staff will review the request and discuss with the Chief Financial Officer, if necessary.
 - e. The decision will be communicated to the provider by CMHCM Payables staff.
2. If the request is approved, BEFORE the batch is submitted, the provider will email CMHCM payables@cmhcm.org the batch number they are ready to submit. Only those claims approved should be included in the batch.
3. CMHCM Payables staff will have the 60-day restriction removed and email the provider, notifying them they have 24 hours or less, depending on timing of the request, to submit the batch.
4. As soon as the batch is processed, the 60-day restriction will be reinstated.
5. If the request is denied, the provider can appeal using the Provider Network Management Appeal Process, [3.100.002](#).

10. Safety Center

CMHCM encourages all providers to develop a safety center. Some suggested items are listed in this packet.

Residential Providers must have all of the following items available:

- Universal Precautions Kit/Blood Spill Kit*
- First Aid Kit*
- Flashlight & extra batteries
- Battery operated radio & extra batteries
- Weather Radio
- Incident Report Forms*
- Tornado Drill Forms
- Fire Drill Forms
- Material Safety Data Sheets Notebook
- Copies of Training Brochures
- Emergency Procedures Manual*

- Contingency Plans
- Emergency Kit Bag

MDHHS requires Contingency Plans and Emergency Kit Bags the required contents are listed below.

Contingency Plans for licensed Residential Programs must include: Medical Emergency, Missing Consumer, Power Outage, Water Shortage, Fire, Bad Weather, Chemical/Shelter in Place, Choking, Death of a Consumer, Auto Accident, Terrorism Emergency, Chemical Emergency, Hostage Situation, and Emergency Shelter Plans.

A template to assist with developing contingency plans can be accessed on the CMHCM website.

Emergency Shelter Plans require evidence of preplanning for emergency situations.

Residential Providers must obtain a letter from a local hotel stating that the occupants of the home would be provided a room in an emergency, if a room is available.

A letter must be obtained as documentation that the hotel or motel has been contacted and will provide rooms if they are available. A copy of the letter should be attached to the contingency plans. Short & Long term Interim housing plans should be included.

*Items identified with an asterisk are required for all CMHCM Providers.

For all providers who dispense medications a list of the most common controlled substances is included in this packet. This list should be posted. A “Look A-Like Sound A-Like” drug list should be available for staff reference as well.

Please note: any controlled substance must be double locked!

Common Controlled Substances

The following is a list of the most common controlled substances. As a contract provider you are required to assure that controlled substances are double-locked!

Adderall	Norco
Alprazolam	Oxazepam
Ambien	Pemoline
Apap w/Codeine	Phenobarbital
Ativan	Propoxyphene
Chloral Hydrate	Prosom
Clonazepam	Resotril
Clorazepate	Ritalin
Codeine	Serax
Cylert	Soma
Dalmane	Triazolam
Demerol	Tylenol w/ Codeine
Flunazepam	Valium
Halicon	Vicodan
Hydrocodone	Vyvanse
Klonipin	

11. Recipient Rights

Every person who receives public mental health services has certain rights, and the Michigan Mental Health Code protects specific rights. Visit the [Rights](#) section of the CMHCM website for more information and links to complaint forms and rights booklets. Below is a summary of requirements and expectations, and providers should also reference the Recipient Rights sections of their contract.

Recipient Rights Training

All staff of Providers are required to complete Recipient Rights training no later than within thirty (30) days of hire, and then annually thereafter. Providers must utilize a rights training curriculum which is consistent with Chapters 7 and 7A of the Mental Health Code and meets MDHHS and CMHCM approval. Please reference the [Training](#) section of this handbook for links to approved training.

Rights Name Checks

Providers are responsible for verifying any disqualified employees from the CMHCM Provider Network by submitting a request for a [Rights Name](#) check to rights@cmhcm.org prior to hire. [Authorization for Recipient Rights](#) request form is located here.

Annual Reporting

All providers, regardless of location or service provided, are required to submit a [CMHCM ORR Log](#) to rights@cmhcm.org on an annual basis, which contains the following information:

- When (date) employees were hired.
- When (date) initial rights violation checks were completed for on all employees.
- When (date) completed initial recipient rights training (within 30 days of being hired).
- When (date) employees complete an annual recipient rights refresher

12. Required Postings

All providers in the network must have the following postings displayed in an area that is accessible to all staff and visitors to the program. All postings are available at the CMHCM website.

- Recipient Rights
- Whistleblower's Protection Act
- Reporting Abuse & Neglect

Postings on following pages



TO LEARN MORE ABOUT YOUR RIGHTS PLEASE ASK A RIGHTS ADVISOR

www.cmhcm.org

1-800-317-0708

RECIPIENT RIGHTS MAIN OFFICE

301 South Crapo Street, Suite 100
Mt. Pleasant, MI 48858
(989)772-5938

Recipient Rights Advisors

Katie Hohner
Angela Wend
Sarah Watson

Recipient Rights Officer

Jane Gilmore

If hearing or speech impaired

Michigan Relay 7-1-1

**FOR CUSTOMER SERVICE ASSISTANCE, OR INFORMATION ABOUT GRIEVANCES
AND APPEALS**

Emily Shaffer: (989) 772-5938 or (800) 317-0708

ACCESS AVAILABLE TO ALL SIX COUNTIES

Clare, Gladwin, Isabella, Mecosta, Midland and Osceola

This [form](#) must be posted in the home where consumers and visitors can easily view it.

Michigan Whistleblowers' Protection Act (469 P.A. 1980)

ATTENTION EMPLOYEES

The Michigan Whistleblowers' Protection Act (469 P .A. 1980) creates certain protections and obligations for employees and employers under Michigan law.

PROTECTIONS:

It is illegal for employers in Michigan to discharge, threaten or otherwise discriminate against you regarding your compensation, terms, conditions, location or privileges of employment because you or a person acting on your behalf reports or is about to report a violation or a suspected violation of federal, state or local laws, rules or regulations to a public body.

It is illegal for employers in Michigan to discharge, threaten or otherwise discriminate against you regarding your compensation, terms, conditions, location or privileges of employment because you take part in a public hearing, investigation, inquiry or court action.

OBLIGATIONS:

The Act does not diminish or impair either your rights or the rights of your employer under any collective bargaining agreement.

The Act does not require your employer to compensate you for your participation in a public hearing, investigation, inquiry or court action.

The Act does not protect you from disciplinary action if you make a report to a public body that you know is false.

ENFORCEMENT:

If you believe that your employer has violated this Act you may bring civil action in circuit court within 90 days of the alleged violation of the Act.

PENALTIES:

Persons found in violation of this Act may be subject to a civil fine of up to \$500.00. If your employer has violated this Act the court can order your reinstatement, the payment of back wages, full reinstatement of fringe benefits and seniority rights, actual damages, or any combination of these remedies. The court may also award all or a portion of the costs of litigation, including reasonable attorney fees and witness fees to the complainant if the court believes such an award is appropriate. This poster is provided as a courtesy of the Michigan Occupational Safety and Health Administration (MIOSHA). Visit our website at www.michigan.gov/miosha

REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse)	Public Act 238 of 1975 (Child Protection Law)	Public Act 519 of 1982 (Adult Protective Services Law)	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse)
WHERE is the report made?	To the OFFICE of RECIPIENT RIGHTS (ORR) at your Hospital or Community Mental Health Services Program (CMHSP) A list of local rights offices can be found at: http://tinyurl.com/or/offices	To the MDHHS Office of Childrens Protective Services (CPS)	To the MDHHS Office of Adult Protective Services (APS)	To the Michigan State Police (MSP) or Local Sheriff or Local Police Department MSP 517-332-2521
WHAT must be reported?	Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment	Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation	Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation	Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse
WHO is required to report?	All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals	Physicians, nurses, counselors, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers.	Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services law enforcement officers and child care providers	All employees, contract employees of Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals; All mental health professionals.
WHAT is the CRITERIA for reporting?	You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.	You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.	You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.	You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it.
WHEN must the report be made and in what format?	A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift.	A verbal report must be made immediately. A written report on DHS form 3203 must be made within 72 hours	A verbal report must be made immediately. A written report at the discretion of the reporting person.	A verbal report must be made immediately. A written report must be made within 72 hours of the oral report
TO WHOM are reports made?	To your immediate supervisor and to the Recipient, Rights Office at your agency or hospital	Report to Protective Services Reporting Hotline 855-444-3911	Report to Protective Services Reporting Hotline 855-444-3911	The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient.
If there is more than one person with knowledge must all of them make a report?	Not necessarily. Reporting should comply with the policies and procedures set up by each agency.	Someone who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate.	Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.
Is there a penalty for failure to report?	Disciplinary action may be taken and you may be held liable.	You may be held liable. Failure to report is also a criminal misdemeanor.	You may be held liable and have to pay a \$500 fine.	The law states that failure to report or false reporting is a criminal misdemeanor.
Is it necessary to report to more than one agency?	YES	Each of these laws requires that the designated agency be contacted, if an allegation is suspected to have occurred, which falls under its jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required.		
Are there other agencies to which a report can be made?	YES	The Bureau of Community and Health Systems (LARA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 1-800-882-6006 The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL HEALTH CARE FRAUD HOTLINE 1-800-24-ABUSE/ 1-800-247-2373 The LARA Adult Foster Care (AFC) Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems COMPLAINT INTAKE UNIT 1-866-856-0126		



This [form](#) must be posted in the home where consumers and visitors can easily view it.

13. Provider Recognition Program

Community Mental Health for Central Michigan believes that it is important to provide recognition of its service providers and, in so doing, support staff, agency and community learning that enhances the lives of mental health consumers.

The recognition program at CMHCM applies to all providers. Recognition/nomination forms will be accepted from consumers, families of consumers, guardians, providers, CMHCM staff, and the community at any time (not limited to a particular time of the year).

The recognition program provides the opportunity to recognize a specific provider or an individual Direct Support Professional (DSP).

The criteria and forms are also available on the [CMHCM website](#).

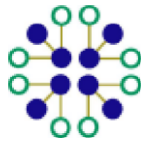
Instructions and forms on following pages

INSTRUCTIONS FOR COMPLETING THE FORM

1. Review the values stated below and then provide a written description identifying which of the values the provider has met and the reasons why. Be sure to identify the provider and include your name and telephone number in case more information is needed.
2. Mail, fax, or hand-deliver the form to CMH for Central Michigan, Attention Customer Services. The mailing address is 301 South Crapo, Mt. Pleasant, MI 48858; the fax number is (989) 773-1968.

VALUES

1. Consumer Focus/Customer Driven Services
Consumer satisfaction, Meet person-centered-plan goals (helping dreams come alive), Listening to what the person wants, Consumer on boards, advisory committees, conduct town hall meetings, Consumer employment, volunteers within organization, Consumer controls own funds, selects their own staff, select their own living situation, Consumer education, Consumer defines quality, Mission, vision, policies support self-determination, Cultural responsiveness
2. Consumer Impact and Quality Improvement
Involvement in the arts, Volunteer opportunities, Employment, Assisting in the development of natural supports, Community inclusion, Relationship development/building, Gives options to choose from, Quality improvement program that is responsive, Meets or exceeds established outcomes or benchmarks, Addresses safety issues, Access to services, Affordable, accessible housing, Grievance and appeals process/policy, Creative and innovative service provision
3. Consumer/Provider/Community Partnering
Systems change initiatives through community collaboration (HSCB participation, local and state initiatives), Advocacy group participation (Arc, RICC), Direct involvement with consumers (assistance with newsletters, micro enterprises, mentoring/teaching)
4. Promoting Education/Advocacy on Mental Health Issues
Newsletters, mental health columns, booths at health fairs, newspaper articles, Community Involvement (civic groups, service organizations, advocacy groups), Political advocacy, Sponsoring conferences and trainings, Community organization around issues



Community Mental Health

FOR CENTRAL MICHIGAN

Professional Recognition Program Weekly Direct Support Professional (DSP) Award

Community Mental Health for Central Michigan believes that it is important to provide recognition of direct support providers and to acknowledge the many contributions of direct support staff.

The Direct Support Professionals (DSP) Recognition Program is an award program to recognize DSPs who "go the extra mile" in their support of individuals with a mental illness or developmental disability, and who serve by example, encouraging other DSPs to strive for excellence. A DSP Awards Panel comprised of individuals with disabilities will determine the winner using the award criteria. Each quarter a **WINNER** will be selected from the nominations received in the quarter. Each winner will receive a \$100.00 gift card and a letter of recognition.

Award Criteria

Awards are solely based upon the information provided in the nomination. Please keep the nine core values from the **DSP** Code of Ethics in mind as you prepare your nomination. Do not simply restate the values; offer specific examples of how your nominee demonstrates or puts the values into practice. You will be notified of the decision of the Awards Panel. If you have questions or need assistance in completing a nomination, please call 1-800-317-0708 or 989-772-5938 and ask to speak to Customer Service.

This award recognizes an individual who:

- Provides direct support to a person/people with disabilities
- Practices the nine core values from the DSP Code of Ethics when providing direct support
- Has exceptional relationship(s) with person(s) supported
- Supports the person(s) in achieving their goals and dreams
- Has a good relationship with co-workers
- Has a genuine commitment to people with disabilities
- Takes extra training to improve skills

CMBOI-172 (1-19-2020)



Community Mental Health

DSP Code of Ethics

Advocacy: As a DSP, I will advocate for the people I support for justice, inclusion, and full community participation.

Person-Centered Approach: As a DSP my allegiance is to the person I support: all other activities and functions I perform flow from this allegiance.

Physical and Emotional Well-Being: As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving services. I will encourage growth and recognize the autonomy of the individuals receiving services; being attentive and energetic in reducing their risk of harm.

Integrity and Responsibility: As a DSP, I will support the mission and integrity of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

Confidentiality: As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.

Justice, Fairness, and Equity: As a DSP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights and responsibilities of the people I support.

Respect: As a DSP, I will respect the human dignity and uniqueness of the people I support, I will recognize each person I support as valuable and help others understand their value.

Relationships: As a DSP, I will assist the people I support to develop and maintain relationships.

Self-Determination: As a DSP, I will assist the people I support to direct their own lives.

Nomination Process:

- Complete nomination form and be as thorough as possible in your description. You may nominate as many DSP staff as you like.
- Describe what makes your DSP nominee stand out in the field and deserving of recognition.
- Include meaningful highlights of his or her stories as examples. Do not use individual names.
- Remember to consider the DSP Code of Ethics when completing the nomination.

Submit nominations to Customer Services via Email, or **do not fail to:**

Community Mental Health for Central Michigan
Attention: Customer Services
301 South Crapo Street, Suite 100
Mount Pleasant, MI 48858

Fax: (989) 773-1968

Email: esbaffet@cmhcnu.org

Questions: Please call (989) 772-5938 or (800) 317-0708 and ask for Customer Service.

Community Mental Health (Revised 9/19/2020)



**Community
Mental Health**
FOR CENTRAL MICHIGAN

Provider Recognition Program - Direct Support Professional Award

NOMINATION FORM

Name of Direct Support Professional (DSP)	Agency/Employer Name
DSP's Address	Agency/Employer Address
DSP's City, State, Zip Code	Agency/Employer City, State, Zip Code
DSP's Email	Employer Phone Number ()
DSP's Phone Number ()	Name of DSP's Supervisor
Number of years DSP has worked in the field	Phone Number or Email of Supervisor ()
DSP's Job Title / Position*	* Job titles vary from agency to agency. Be sure your nominee provides <u>direct</u> support to a person/people with disabilities.
YOUR Name	YOUR Address
YOUR Relationship to Nominee	YOUR City, State, Zip Code
YOUR Phone Number ()	YOUR Email

What makes your DSP nominee a stand out in the field and deserving of recognition? Please provide a minimum of two stories as examples. Do not use consumer names. Feel free to use the reverse for more details. Remember to consider the DSP Code of Ethics when writing your narrative.

Date received/completed: _____ Date of CAC Review: _____

CMHCM-172 (Revised 9/9/2020)

This form is available [HERE](#).

This link will allow multiple submissions via an electronic form: <https://www.surveymonkey.com/r/Z9L6JG2>

14. Training Requirements

Community Mental Health for Central Michigan and the Medicaid Provider Manual requires that **ALL CONTRACTED SERVICE PROVIDERS** receive training. All training, including annual training, must be documented. Documentation must include staff signature, date training was completed, trainer name, trainer signature, trainer title, and name/topic of training.

Training documentation forms can be obtained on the CMHCM website, www.cmhcm.org, under the Providers tab.

Required training and timelines for completion is determined by the Medicaid service provided. Please see: CMHCM Provider Network Training Folder and the Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes for the specific requirements. Additionally, all providers should reference the Mid-State Health Network (MSHN) Minimum Community Mental Health Service Program (CMHSP) Training Requirements; these are included in this manual.

Residential Providers must complete Group Home Curriculum (GHC) training and this can be accessed on the CMHCM website. CMHCM uses the CenTrain curriculum.

The CenTrain curriculum and training record/verification forms can be obtained on the CMHCM website under the Providers tab and CenTrain [link](#). The handwritten form is available [here](#); click [here](#) for the fillable form.

Any provider who dispenses medication must have a policy/procedure regarding medication management which includes medication storage, administration and disposal practices. Additionally, a controlled substance list and a Look A-like Sound A-like drug list must be available for reference.

Providers dispensing medications in licensed residential settings:

Providers must retain the “Behavioral Objectives for the Administration of Medications” form located in the CenTrain curriculum. Observation of medication administration is an important part of staff training and provides documentation that staff was observed a minimum of three (3) times administering medications. Medication administration observation sheets must be complete and available in all staff training records.

For licensed residential providers, all tests answer sheets for all units must be kept for review by MDHHS licensing consultants.

Please review the CMHCM training requirements on page 44-45 and ensure that you are up to date with all required trainings. Refer to the second table for required annual trainings.

Any licensed residential providers who employ a DSP trained more than 5 years ago or who have not worked providing direct support services for more than 5 years are strongly encouraged to update training as there have been many changes in the past few years that impact care and services.

*Self-Direction Employers/Employees should refer to Page 54 for training requirements.

TRAINING: Table of Contents

Annual contractual required trainings for ALL CMHCM SERVICE PROVIDERS.

Please reference the Training grid for additional training requirements related to the Medicaid Service provided.

1. **Recipient Rights**
*You must complete an online “Rights of Recipients of Mental Health Services” training provided by Community Mental Health for Central Michigan.
*This training **must** be completed within 30 days of beginning employment.*
2. **Recipient Rights Refresher Training**
**Required Annually*
3. **Corporate Compliance, Ethics, & Deficit Reduction Act Training**
**Required Initially & Annually*
4. **Person Centered Plan Training and Training Verification**
**Required Initially & Annually*
5. **Health Insurance Portability & Accountability Act (HIPAA)**
**Required Initially & Annually*
6. **Limited English Proficiency (LEP)**
**Required Initially & Annually*
7. **Cultural Competency/Diversity**
**Required Initially & Annually*
8. **First Aid & CPR Training**
Required every 2 years. **All aide level staff must complete First Aid. Residential Providers must complete CPR and First Aid*
9. **Infection Control/Blood Borne Pathogens**
**Required Initially & Annually*
10. **Safety & Fire Prevention**
**Required Initially*
11. **Sensitivity Training: Hearing Loss**
**Required initially within 30 days*
12. **Trauma Informed Care Training**
** Required Initially within 90 days.*
13. **Basic Medication Administration**
**Required initially within 90 days for Residential providers.
Required if recommended in individual’s PCP for staff providing Community Living Supports (CLS).
14. **Positive Approaches/Challenging Behaviors/Non-Aversive Techniques & Crisis Intervention/Non-Physical Intervention/Verbal De-Escalation**
**Required initially within 90 days for ALL providers.*

FY24 Training Grid

ATTACHMENT 'K' MSHN Regional Minimum CMHSP/SUD Training Requirements																			
Source Document Key: 1. Behavioral Health Act 2. Health Insurance Portability and Accountability Act (HIPAA) 3. Health Information Act 4. Michigan Department of Health & Human Services (MDHHS) 5. Michigan Administrative Code 6. Michigan Mental Health Code 7. Occupational Safety & Health Administration (OSHA) 8. Code of Federal Regulations 9. MSHN with Provider Manual	DBH employee Administration Group	CCH Information/ Access	Other Professional Service (JOP,PT, Dietary, Psychological Therapy)	CCH employee Stakeholder	Medical Professional	Nursing Supervisor/OT License	APC Counselor/ Direct Care Staff	Allied health staff providing services in the community or an unlicensed setting	Allied health staff providing services in full licensed unlicensed unlicensed setting	Students/ Volunteers/ Temporary workers	Primary Service Providers	Individual/ Group Therapist	Counselor/ Dispar/ Peer Supports	CCH employee Transportation	ACT	Substance Use Disorder			
																Substance Technician	MSAS JOP JOP JOP JOP	Treatment Prevention Recovery	
Training	Requirements	Source	Renewal Key: 1 = Initially A = Initially & Annually 2 = Initially & every 2 years																
Assessive Community Treatment (ACT)	180 days of live for work in ACT	4														1			
Advance Directives	90 days of live	1, 4	1	1												1			
Advanced Certifications	90 days of live	1, 4, 5	A	A	A	A	A	A	A							A	A	A	A
CAFIAS and/or PECAFIS (if working with children)	90 days of live	4		2												2	2		
Corporate & Regulatory Compliance	90 days of live	1, 3	A	A	A	A	A	A	A							A	A	A	A
CPM & First Aid*	30 days of live	4, 5, 8							2	2 - first aid only								2	2 - first aid only
Cultural Competency & Diversity	1 year of live	4, 5, 8	A	A	A	A	A	A	A							A	A	A	A
DECA (if working with children ages 0-47 months)	Prior to conducting assessments	4		2												2	2		
Environmental Safety/Emergency Procedures	1 year of live	3, 4	1	1	1	1	1	1	1	1 - for OSHA, CWP, SEDU						1	1	1	1
Health Management - (Blood Borne Pathogens/Infection Control)	30 days of live	4, 5, 6, 7	A	A	A	A	A	A	A	A						A	A	A	A
HIPAA Privacy & Security	30 days of live	2, 4, 5, 8	A	A	A	A	A	A	A							A	A	A	A
IDOT/COD	90 days of live	4			(COD)							1 (COD)	1 (COD)						
Limited English Proficiency (LEP)	90 days of live	1, 4	A	A	A	A	A	A	A							A	A	A	A
Medication Administration	90 days of live	5						1	1 - passing exam									1 - if passing exam	1 - if passing exam
Non-Physical Intervention (Verbal De-escalation)	90 days of live	3		1				1	1							1	1	1	1
Person-Centered Planning	30 days of live	4, 6, 8	A	A	A			A	A	A	A					A	A	A	A
Resident Rights	30 days of live	4, 5, 6	A	A	A	A	A	A	A	A						A	A	A	A
Self-Determination	90 days of live	4														A	A	A	A
Trauma Informed Care	90 days of live	4	1	1	1	1	1	1	1						1	1	1	1	1
SUD Standardized Test (SARN + Care or ASAM)	90 days of live	4														1*	1*		
SUD Standardized Test (SARN + Care or ASAM)	120 days of live	4																	1***

*2 years or based on Certification Length set by the training entity (i.e., American Red Cross, ASHA, AHA, etc.)
 ** SUD training to include Prevention of Communicable Diseases
 *** Applies only to clinicians conducting assessments (HHS002); standardized tool to be determined and announced
 * While references are not defined with a specific interval, the organization has a LDCUS training approach that promotes reliability, fidelity, and sustainability (Source: LDCUS; MHSat Results)
 → Customer Service staff must receive training as defined in MDHHS RHP Customer Service Standards. SUD Treatment must complete training for ISAAS TWS (Wellcoming)
 → POS training required for all CMH direct employed and contracted provider network staff working with individuals prior to providing services initially and as IPDS is updated
 → Additional training requirements may not be included on this training grid such as program specific training, service specific training, and position qualification related training as outlined in the MI Medicaid Provider Manual, MDHHS BH Code chart and Qualifications chart, and MDHHS policies and procedures.
 This is a set of MSHN minimum training requirements and is not all inclusive to each individual CMHSP/SUD Provider. Any county, accreditation, evidence-based practice, or CMHSP specific training will be additionally documented by each CMHSP in their respective subcontracts. Not all requirements for accredited services (by CARF, etc.) are indicated.

https://midstatehealthnetwork.org/application/files/5616/8994/3508/FY24_MSHN_Training_Grid_-_Final.pdf

Recipient Rights & the Michigan Mental Health Code

The Code says that recipients of mental health services have **additional** rights beyond those that are guaranteed to all citizens. These rights will be discussed individually.

Recipients of mental health services have the right to be treated with dignity and respect. The Code also extends this right to family members of recipients of mental health services.

A staff person needs to remember not only to be respectful under all circumstances but also to *promote* a recipient’s dignity where it might be challenged or compromised. The use of inappropriate work place language could be interpreted as being disrespectful. Failing to assist a recipient with grooming before going out in public could demonstrate a failure to recognize each recipient’s dignity. Supporting a recipient’s decision, such as how to spend money that is earned in a paycheck, would also demonstrate respect and promote dignity.

Recipients of mental health services have the right have an individualized written plan of service developed through the Person-Centered Planning process. Recipients have the right to receive the services outlined in that plan.

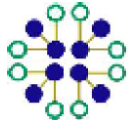
The Administrative Rules detail the requirements of the many components that a recipient’s Person-Centered Plan must contain and who was involved in the creation of the plan. There are many types of services offered by CMHCM and the Person-Centered Planning process will identify specifically which services a person can expect to receive.

Recipients may receive residential services, psychiatric services; services related to developing job skills, services that help recipients learn skills that they need to access and enjoy their community. Some recipients live independently with support and may need help to maintain their independence such as help taking medication, help with grocery shopping, transportation assistance, etc.

The plan states who will provide those services and how often the service is to be provided. If there are to be any restrictions or limitations of a recipient’s rights, the plan will include the justification for the limit and how long it will be continued. Such restrictions or limits must be presented to and approved by the CMHCM Behavior Treatment Committee. **Failing to deliver a required service is against the law.**

Contacts:

<i>Katie Hohner, Advisor</i>	<i>(989) 772-5938</i>	<i>Mt. Pleasant</i>
<i>Sarah Watson, Advisor</i>	<i>(989) 772-5938</i>	<i>Mt. Pleasant</i>
<i>Angela Wend, Advisor</i>	<i>(989) 631-2320</i>	<i>Midland</i>
<i>Jane Gilmore, Officer</i>	<i>(989) 772-5938</i>	<i>Mt. Pleasant</i>



**Community
Mental Health**
FOR CENTRAL MICHIGAN

Authorization to Disclose Information
& Release of Liability

Client Name: _____ Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

_____ a. authorization to disclose information and release of liability for the Central Michigan Community Mental Health (CMHCM) (p. 1 of 2)

to disclose to the PROVIDER the information and records of the client in your possession including any information of the client's right to privacy. I understand that this disclosure cannot include confidential information protected by the Federal, State or Local laws.

Please check the appropriate box: I acknowledge that I understand the information in this document is for my use for employment or provider membership. I understand that the following information and my permission for you to disclose it with their county's Office of Recipient Rights:

I have not worked in the mental health field prior to my application for employment or membership.

I, _____, hereby authorize the Central Michigan Community Mental Health (CMHCM) and any other CMHCM member to disclose to the provider listed on this form all information from any and all liability claims, suits and matters of nature, including but not limited to the information by myself and the provider, and shall indemnify and hold them harmless from any claims, suits, or damages they may incur.

Applicant's Signature

Applicant's Maiden Name (if applicable)

Applicant's Social Security # (last 4 digits only)

Applicant's Home Address: _____
City: _____ State: _____ ZIP Code: _____

RECIPIENT RIGHTS OFFICE USE ONLY

- A. The applicant has the following Recipient Rights Violation(s) of the Michigan Neglect and Abuse Reporting Act (MARA):
 CMHCM: Yes No
 Name of County: _____ Yes No
 Name of County: _____ Yes No
- B. The applicant has the following Recipient Rights Violation(s) according to the Michigan Neglect and Abuse Reporting Act (MARA):
 CMHCM: Yes No
 Name of County: _____ Yes No
 Name of County: _____ Yes No

C. If the applicant was received from another county, provide the following information:
 Name of County and ORR Staff: _____
 Name of County and ORR Staff: _____

CMHCM-3: (Rev. 1/13)

The [Requirements for Reporting Abuse and Neglect](#) form below must be posted in the home and can be found online at www.cmhcm.org:

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT					
	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse)	Public Act 238 of 1975 (Child Protection Law)	Public Act 519 of 1982 (Adult Protective Services Law)	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse)	
WHERE is the report made?	To the OFFICE of RECIPIENT RIGHTS (ORR) at your Hospital or Community Mental Health Services Program (CMHSP) A list of local rights offices can be found at: http://hmyul.com/orroffices	To the MDHHS Office of Childrens Protective Services (CPS) ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911	To the MDHHS Office of Adult Protective Services (APS)	To the Michigan State Police (MSP) or Local Sheriff or Local Police Department MSP 517-332-2521	
WHAT must be reported?	Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment:	Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation	Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation	Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse	
WHO is required to report?	All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals	Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers.	Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services, law enforcement officers and child care providers.	All employees, contract employees of Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals, All mental health professionals.	
WHAT is the CRITERIA for reporting?	You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.	You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.	You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.	You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it.	
WHEN must the report be made and in what format?	A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift.	A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours.	A verbal report must be made immediately. A written report at the discretion of the reporting person.	A verbal report must be made immediately. A written report must be made within 72 hours of the oral report	
TO WHOM are reports made?	To your immediate supervisor and to the Recipient Rights Office at your agency or hospital	Report to Protective Services Reporting Hotline 855-444-3911	Report to Protective Services Reporting Hotline 855-444-3911	The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient.	
If there is more than one person with knowledge must all of them make a report?	Not necessarily. Reporting should comply with the policies and procedures set up by each agency.	Someone who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate.	Everyone who has knowledge of a violation or alleged violation must make a report. MDHHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.	
Is there a penalty for failure to report?	YES Disciplinary action may be taken and you may be held liable.	You may be held liable. Failure to report is also a criminal misdemeanor.	You may be held liable and have to pay a \$500 fine.	The law states that failure to report or false reporting is a criminal misdemeanor.	
Is it necessary to report to more than one agency?	YES Each of these laws requires that the designated agency be contacted. If an allegation is suspected to have occurred, which falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required.				
Are there other agencies to which a report can be made?	YES The Bureau of Community and Health Systems (LARA) The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL HEALTH CARE FRAUD HOTLINE 1-800-24-ABUSE/1-800-242-2873 The LARA Adult Foster Care (AFC) Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems COMPLAINT INTAKE UNIT 1-866-856-0236				

08H-0727

4/2018



Abuse & Neglect Reporting

Abuse and Neglect Reporting REQUIREMENTS:

Abuse – of a recipient by someone paid to provide service to him or her.

A non-accidental act (or the provocation of another to act) that results in:

- ✓ **Death, an injury, pain, or sexual abuse/harassment**
- ✓ Use of **unreasonable force** (with or without apparent harm)
Physical management when there is not someone in imminent risk of physical harm, use of techniques not approved by CMHCM and/or the person's plan of service or when less restrictive things could have been tried and weren't.
- ✓ **Emotional harm** or treating someone (with no guardian) as if they are not competent
- ✓ **Misuse or misappropriation of a recipient's funds or property** for the benefit of someone other than the recipient.
- ✓ Any communication that is **threatening or degrading**

Neglect – of a recipient by someone paid to provide service to him or her.

Act of commission or omission that results from not complying with a rule, law, plan of service, instructions, etc.

That results in any of the above (see definitions under Abuse) or places or could place a recipient at **risk of physical harm**.

Neglect is also the failure to report **APPARENT** or **SUSPECTED** abuse or neglect!!!!

You are required to:

- Take the necessary steps to ensure the health and safety of the recipient.
- Notify (by phone during business hours or voice mail or email to be received the beginning of the next business day) the Recipient Rights Office of the events causing you to suspect abuse or neglect.

Remember, this course is NOT complete until you sign, date, and submit the [form](#) documenting completion.

Corporate Compliance, Ethics, & Deficit Reduction Act

CODE OF PROFESSIONAL ETHICS

All Providers shall conduct their professional relationships in accordance with the following code of professional ethics. Providers:

1. Shall not discriminate against or refuse professional services to anyone on the basis of race, color, age, sex, religion, national affiliation, marital status, height, weight, arrest record, disability, medical condition or sexual orientation.
2. Shall regard as their primary objective the welfare of the individual or group served.
3. Shall not without proper credentials provide care, treatment or services that require a license, registration or certification under applicable law or regulation.
4. Shall not use professional relationships to further their own interests, shall remain sensitive to any potential conflict of interest, or appearance of conflict of interest, and shall discuss such situations with CMHCM.
5. Shall maintain responsibility for providing quality services, only so long as there is a clear benefit to the person, and shall assist with obtaining other needed services when their services are no longer appropriate.
6. Shall not engage in sexual relationships with persons they serve in a professional capacity and shall not engage in sexual relationships with the significant others of the persons they serve in a professional capacity.
7. Shall recognize and advocate for the rights afforded consumers of mental health services.
8. Shall respect the privacy of service consumers and hold in confidence all information obtained in the course of professional service, disclosing confidences only when mandated or permitted by law. This applies both during and after the CMHCM contractual relationship.
9. Shall display a professional attitude toward applicants, consumers, colleagues and any sensitive situations arising within CMHCM.
10. Shall respect the rights, findings, views and actions of colleagues, shall treat them with fairness, courtesy and good faith, and shall use appropriate channels to express judgment.
11. Shall be aware of their potential influence on students and colleagues and shall not exploit their trust.
12. Shall not engage in nor condone any form of harassment or discrimination.
13. Shall accept the responsibility to help protect the community against unethical practice by any individual or organization engaged in mental health services.
14. Shall accurately represent themselves and CMHCM to the public, distinguishing clearly between statements and actions made as individuals or as representatives of CMHCM, and refraining from any public activity, which could harm CMHCM or its consumers.
15. Shall observe the following marketing, admissions and billing practices:
 - a. Consumers who are billed for services are billed for only those services received and the services are summarized in an itemized list.
 - b. Consumers are informed about the source of reimbursement and any limitations on the duration of services.
16. Shall understand that violation of this Code of Ethics may be considered a material breach of contract and could result in contract termination.

False Claims Act

The False Claims Act (FCA) is a Federal law that establishes criminal and civil liability when any covered person or entity improperly receives reimbursement from or avoids payment to the Federal government.

TYPES OF FRAUD PROSECUTED UNDER THE FEDERAL FCA:

- Billing for goods and services that were never delivered or rendered.
- Submitting false service records or samples in order to show better than actual performance.
- Performing inappropriate or unnecessary medical procedures.
- Billing in order to increase revenue instead of billing to reflect actual work performed.
- Up Coding
- Inflating bills by using diagnoses, billing codes that suggest a more expensive illness or treatment or coding longer than actual face to face time.
- Double Billing
- Charging more than once for the same service or goods.
- Prescribing a medicine or recommending a type of treatment or diagnosis regimen in order to win kickbacks from hospital, laboratory or pharmaceutical companies.
- Billing for unlicensed or unapproved drugs.
- Forging physician signatures when such signatures are required for reimbursement from Medicare or Medicaid.
- Billing for work or tests that were not performed.
- Phantom employees and doctored time slips; charging for employees that were not actually on the job, or billing for made up hours in order to maximize reimbursements.
- A grant recipient charges the government for costs not related to the program.
- Billing Medicare for services that were not performed or were unnecessary.

In particular, the Federal FCA prohibits:

- Knowingly presenting, or causing to be presented, a false or fraudulent claim for payment;
- Knowingly making, using or causing to be made or used, a false record of statement to get a false claim paid or approved;
- Conspiring to defraud by getting a false claim allowed or paid;
- Certifying recipient of property from an unauthorized officer of the government, and;
- Knowingly making, using or causing to be made or used a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the government.

TIME PERIOD FOR A CLAIM TO BE BROUGHT

The statute of limitations for suits under the False Claims Act is the later of:

- a) Within six years of the illegal conduct, or
- b) Within three years after the Government knows or should have known about the illegal conduct, but in no event later than ten years after the illegal activity.

WHAT MONEY CAN BE RECOVERED

A person who brings a False Claims Act case is entitled to a proportional share of the funds that are recovered for the government. As a part of the process, the individual must provide the government with all of his or her information.

PROTECTIONS FOR PEOPLE WHO BRING FCA CASES

Anyone who lawfully acts to bring suit is protected from:

- a) Discharge, demotion, suspension, threats, harassment, and discrimination.
- b) If violated, an employee is entitled to reinstatement with seniority, double back pay, interest on back pay, compensation for discriminatory treatment, and attorney's fees.

MICHIGAN FALSE CLAIMS ACT

An Act to prohibit fraud in the obtaining of benefits or payments in connection with the medical assistance program; to prohibit kickbacks or bribes in connection with the program; to prohibit conspiracies in obtaining benefits or payments; to authorize the Attorney General to investigate alleged violations of this

act;...to provide for civil actions to recover money received by reason of fraudulent conduct;...to prohibit retaliation; to provide for certain civil fines; and to prescribe remedies and penalties.

Any person may bring a civil action in the name of the State to recover losses.

At the time of filing, the person shall disclose, in writing, substantially all material evidence and information supporting the complaint.

The Attorney General may proceed, or if not, the individual may proceed with action.

If a person other than the Attorney General prevails in an action that the person initiates, the court shall award that person: Costs, reasonable attorney's fees, and based on effort, a percentage of monetary proceeds.

If the court finds an action under this section based primarily on information from other than the person bringing the action, the court shall award costs, reasonable attorney's fees, and not more than 10% of monetary recovery. If court finds that the person bringing the action planned, initiated, or participated in the conduct upon which the action is brought, then court may reduce or eliminate the share of proceeds.

A person other than the Attorney General shall not bring an action that is already the subject of a civil suit, criminal investigation, prosecution, or administrative investigation.

Frivolous Actions:

If a person proceeds with an action after the Attorney General declines, and the court finds it to be frivolous, the court shall award prevailing defendant actual and reasonable attorney's fees and expenses and impose a civil fine of not more than \$10,000.

No Retaliation:

An employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee who initiates, assists, or participates in a proceeding or court action.

An employer who violates this is liable to the employee for all of the following:

- Reinstatement to position without loss of seniority
- 2x back pay
- Interest on back pay
- Compensatory damages
- Other relief as necessary to make employee whole

WHISTLEBLOWERS' PROTECTION ACT

An Act to provide protection to employees who report a violation or suspected violation of state, local or federal law; to provide protection to employees who participate in hearings, investigations, legislative inquiries, or court actions; and to prescribe remedies and penalties.

An employer shall not discharge, threaten or otherwise discriminate against an employee regarding compensation, terms, conditions, location, or privileges of employment because the employee reports or is about to report a violation.

A person who alleges a violation of this act may bring a civil action for appropriate injunctive relief, or actual damages, within 90 days after the occurrence of the alleged violation.

An employer is not required to compensate an employee for participation in an investigation, hearing or inquiry held by a public body in accordance with this Act.

WHAT SHOULD I DO IF I RECOGNIZE A PROBLEM EXISTS?

You play a critical role in upholding the public trust by bringing compliance and ethics questions, issues and suggestions for correcting them to the attention of the following appropriate person(s). If you recognize a problem similar to those mentioned in this training, please inform any one of the following, as applicable:

CONTACT INFORMATION FOR SUSPECTED COMPLIANCE VIOLATIONS

Please report suspected compliance violations to the CMHCM Chief Quality & Compliance Officer:

Kara Laferty

301 S. Crapo Street, Suite 100, Mt. Pleasant, MI 48858

(989) 772-5938

klaferty@cmhcm.org

Reports can also be made to the Mid-State Health Network (MSHN) Compliance Officer:

Kim Zimmerman

530 W. Ionia Street, Suite F

Lansing, MI 48933

P: 517.253.7525 C: 616.648.0485

kim.zimmerman@midstatehealthnetwork.org

MSHN COMPLIANCE LINE 1-844-793-1288

Complaints can also be made to:

MDCH Medicaid Fraud Hotline: 1.855.MI.FRAUD (643.7283)

HHS/OIG Hotline: 1.800.HHS.TIPS (447.8477)

The complexity of our operations demands a constant vigilance on everyone's part to assure a strong future in mental health service delivery.

All employees are responsible for reporting suspected fraud and ethical violations, and should do so without fear of retaliation.

Concerns may be reported via email, can be verbal or on an anonymous basis through U.S. mail.

Thank YOU for your commitment to fiscal integrity and ethical practices to uphold the public trust and support quality service.

You have finished reviewing the Corporate Compliance, Ethics and Deficit Reduction Act training. Remember, this course is NOT complete until you sign, date, and submit the [form](#) documenting completion.

Person-Centered Planning and Self-Determination

The 1996 revisions to the Mental Health Code require a “person-centered” approach to the planning, selection, and delivery of the supports, services, and/or treatment consumers receive from Community Mental Health Services Programs (CMHSPs) and providers under contract to CMHSPs.

It is the policy of Community Mental Health for Central Michigan (CMHCM) that all individuals will have an individual plan of service developed through a Person-Centered Planning process regardless of age, disability or residential setting.

The emphasis in using PCP processes should be on meeting the needs and desires of the individual when he or she has them, irrespective of the reason for the plan change. CMHCM shall advocate for the use of PCP processes where a change in circumstance is reasonably foreseeable and will work with consumers to promote timely PCP processes to mitigate unforeseen circumstances.

What is Person-Centered Planning?

Person-Centered Planning (PCP) is a process of learning how a person wants to live.

An individual plan of service (IPOS) is developed through the person-centered planning process. The person builds upon individual strengths and his or her capacity to engage in activities that promote community life.

The PCP honors the person’s preferences, choices and abilities, while involving family, friends and professionals as the person desires or requires.

If, for any reason, an individual is being excluded from the PCP process that a consumer desires to be included, justification for the exclusion will be documented in the case record.

Person-Centered Planning and CMHCM

The process encourages formal and informal feedback from the individual about his/her supports and services, the progress made, and any changes desired or required.

The Person-Centered Plan includes a mutually agreed upon set of services and supports that the individual wants/needs and CMHCM has agreed to provide.

Guiding Principles—8 Essential Elements

The eight essential elements for person-centered planning include the following characteristics:

1. Person-Directed. The person directs the planning process (with necessary supports and accommodations) and decides when and where planning meetings are held, what is discussed, and who is invited.
2. Person-Centered. The planning process focuses on the person, not the system or the person’s family, guardian or friends. The person’s goals, interests, desires, and preferences are identified with an optimistic view of the future and plans for a satisfying life. The planning process is used whenever the person wants or needs it, rather than viewed as an annual event.

3. **Outcome-Based.** Outcomes in pursuit of the person's preferences and goals are identified as well as services and supports that enable the person to achieve his or her goals, plans, and desires and any training needed for the providers of those services and supports. The way for measuring progress toward achievement of outcomes is identified.
4. **Information, Support and Accommodations.** As needed, the person receives comprehensive and unbiased information on the array of mental health services, community resources, and available providers. Support and accommodations to assist the person to participate in the process are provided.
5. **Independent Facilitation.** People have the information and support to choose an independent facilitator to assist them in the planning process. The facilitator chosen by the person must not have any other role within the CMHSP. CMHCM will make available a choice of at least two independent facilitators.
6. **Pre-Planning.** The purpose of pre-planning is for the person to gather all of the information and resources (e.g., people, agencies) necessary for effective person-centered planning and set the agenda for the process. Each person (except for those individuals who receive short-term outpatient therapy only, medication only, or those who are incarcerated) is entitled to use pre-planning to ensure successful PCP. Pre-planning, as individualized for the person's needs, is used anytime the PCP process is used.

The following items are addressed through pre-planning with sufficient time to take all necessary/preferred actions (i.e., invite desired participants):

- a. When and where the meeting will be held.
 - b. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).
 - c. What will be discussed and not discussed.
 - d. What accommodations the person may need to meaningfully participate in the meeting (including assistance for persons who use behavior as communication).
 - e. Who will facilitate the meeting?
 - f. Who will record what is discussed at the meeting.
7. **Wellness and Well-Being.** Issues of wellness, well-being, health and primary care coordination or integration, supports needed for a person to continue to live independently as he or she desires, and other concerns specific to the person's personal health goals or support needed for the person to live the way they want to live are discussed and plans to address them are developed. If so desired by the person, these issues can be addressed outside of the PCP meeting.
 8. **Participation of Allies.** Through the pre-planning process, the individual selects allies (friends, family members and others) to support him or her through the person-centered planning process. Pre-planning and planning help the individual explore who is currently in his or her life and what needs to be done to cultivate and strengthen desired relationships.

Designing the Individual Plan of Service

The individual plan of service will serve as a road map of the person's dreams and desires. The PCP process allows the development of treatment strategies based on informed choice.

Treatment choices are informed by:

- The hopes, dreams, preferences, values, and desires of consumers (and natural supports, where appropriate);
- Health and safety needs and concerns of the individual;
- The availability or potential development of resources, such as natural supports and other resources;
- Funding source rules;
- Procedures matching mental health/developmental conditions to appropriate levels of treatment;
- Best practice standards; and
- Evidence-based alternatives.

REVIEW:

- 1. True or False? Person-Centered Planning will begin with input from the professionals working with the person.**

False, it begins with the individual

- 2. True or False? Person-Centered Planning Process does not apply to addendums or semi-annual reviews of progress.**

False. The individual plan of service will serve as a road map of the consumer's dreams and desires. The plan will respect the consumer's preferences. It must speak to the consumer's health and safety needs and concerns. Changes in amount, scope and duration such as extending the authorization period to accommodate rescheduling or correcting a data entry error that would generate a new addendum, requires a contact to the individual to offer the opportunity to meet and discuss these changes. If a consumer agrees to changes to the IPOS without wanting a PCP meeting to be held (e.g., correcting an error, extending an authorization), the caseholder shall record the contact in the electronic health record through a progress note. After changes to the IPOS have been documented in an addendum and discussed with the individual, the caseholder will provide the individual with a copy of the addendum letter, addendum, and the Action Notice and Hearing Rights.

- 3. True or False? Once a person-centered plan is developed it never changes.**

False. Planning is an ongoing process. The plan shall be updated as frequently as needed through ongoing reviews of progress and plan addendums. The consumer will be provided the opportunity for a person-centered planning meeting no less than annually. If a consumer has a significant change in functioning or level of need during their plan year, a full person-centered planning process will commence as directed by the consumer.

What is Self-Determination?

Self-Determination is a natural development of the Person-Centered Planning process.

Self-Determination assures people with intellectual/developmental disabilities and/or mental illness the authority to make meaningful choices and control their own lives.

Without utilizing good Person-Centered Planning processes, self-determination is not possible.

It involves providing choices and new experiences.

Through experiencing choice, good decision-making can be learned. This process is helping a person to *want* more control over their lives.

Persons who want control over their services and supports budget, who want to hire and fire their own staff, and want to choose where and who they live with are leading a self-determined life.

Self-Determination enables all eligible individuals to assume responsibility for planning and spending for the supports necessary to live and participate in the community for purposes of achieving the individual's Person-Centered Planning goals.

It provides freedom and authority to make choices regarding services and supports both formal and informal. CMHCM supports this right via Michigan's Mental Health Code.

Therefore, CMHCM will support Self-Determination as a part of the Person-Centered Planning process.

A key component of Self-Determination:

- Recovery is choosing and reclaiming a life full of meaning, purpose and one's sense of self. People should be able to define what they need for a life they seek, have access to meaningful choices, and have control over their lives.

For this to happen, services and supports are to be used to:

- Create connections
- Develop real work opportunities
- Facilitate meaningful community participation

CMHCM and Self-Determination

Self-Determination refers to a person's rights to:

1. Direct their own services
2. Make decisions concerning their health and well-being
3. Be free from involuntary treatment
4. Have leadership roles in the design, delivery and evaluation of supports
5. Personal resolve and belief in one's self-development and achievement of personally meaningful life goals
6. Self-management of disability
7. Economic independence and prosperity
8. The ability to advocate for oneself and find a place in the community.

[Link to Self-Determination/Choice Voucher Resources and Training Requirements](#)

References

Michigan Department of Community Health. Community Mental Health for Central Michigan Policy # 2.300.015.

Person-Centered Planning Training Verification

A Person-Centered Plan assists individuals to create a personalized image of a desirable future.

Characteristics of All Person-Centered Plans:

Person-Directed – The plan for the individual is that the person’s vision of what he or she would like to do. The plan is not static but rather it changes as new opportunities and obstacles arise.

Capacity Building – Planning focuses on the person’s gifts, talents and skills rather than on deficits. It builds upon the individual’s capacities and affords opportunities which will reasonably encourage individuals to engage in activities that promote a sense of belonging to the community.

Person-Centered – The focus is continually on the person for whom the plan is being developed and not on plugging the person into available slots in a program. The individual’s choices and preferences must be honored.

Network Building – Is the process of bringing people together who care about the person and are committed to helping the person articulate their vision of a desirable future. They learn together and invent new courses of action to make the vision a reality.

Outcome-Based – The plan focuses on increasing any or all of the following experiences which are based on the individual:

- ✓ Growing in relationships or having friends
- ✓ Contributing or performing functional/meaningful activities
- ✓ Sharing ordinary places or being part of their own community
- ✓ Gaining respect or having a valued role which expresses their gifts and talents
- ✓ Making choices that are meaningful and express individual identity

Community Accountability – The plan will assure adequate supports when there are issues of health and safety while respecting and according their dignity as a fully participating member of the community.

**There must be documentation that all staff have been trained on each Individual’s Person-Centered Plan prior to the effective date of the PCP/Addendum. Consumer specific training is important and must not be overlooked. Any special training or in-service related to the individual needs of a consumer (or any aspect of their care) should be documented as “consumer specific training.”*

Person-Centered Plan/Addendum Training Record Instructions

The purpose of the Person-Centered Plan/Addendum Training Record is to document training on the Person-Centered Plan or Addendum.

Fields to complete:

- Consumer Name
- Date of Birth (DOB)
- Case Number
- Provider Agency
- Date of the Person-Centered Plan or Addendum
- Trainer's Name/Signature/Title
- Date of the Training on the Person-Centered Plan or Addendum

Each provider of service should print their name in the "Name of Staff Attending" section to document the receipt of training on the Person-Centered Plan or Addendum.

The CMHCM staff overseeing the plan reviews the plan with at least one Provider staff, and signs and dates the form. The Provider staff member, who now takes on the role as trainer, should then train others who will be working with the consumer.

- Multiple staff and multiple dates can be on one training record, as long as the trainer remains the same
- There should be separate training records for each trainer, if the trainer changes.
- The date of the training needs to be at the top of the training record, or a date next to each staff member indicating when they were trained.

Keep a copy of the training in your records. Then, then scan the training record into CIGMMO and save as an attachment to the consumer's Person-Centered Plan or Addendum.

Health Insurance Portability & Accountability Act (HIPAA)

This federal law was enacted in 1996 to improve the efficiency and effectiveness of health care, reduce administrative costs through standardization (especially of claims/billing), protect the rights of all consumers of healthcare, and ensure the privacy and security of health information. This act applies to mental health information as well as physical health and covers three main areas. They are *Transactions* (electronic billing), *Privacy* and *Security*.

CMHCM and members of the provider network need to comply with HIPAA practices.

All staff needs to be aware of the various parts of the privacy and security sections to assure protection of information of consumers and to comply with the law.

The Privacy rule creates the first national standards to protect an individual's medical records and other personal health information. Further, it gives consumers more control over their health information; sets boundaries on the use and release of health records; establishes appropriate safeguards that healthcare providers and others must achieve to protect the privacy of health information; holds violators accountable with civil and criminal penalties; and strikes a balance when public responsibility supports disclosure of some forms of data.

In general, the agency must:

- ✓ Inform consumers about their privacy rights and how their information can be used. This will be in the form of a *Privacy Notice*. The agency must also obtain written acknowledgement of the consumers' receipt of the notice.
- ✓ Adopt and implement privacy policies and procedures.
- ✓ Train employees about HIPAA
- ✓ Designate an individual to be responsible for seeing that the privacy procedures are adopted and followed.
- ✓ Protect consumer records so that they are not readily available to those who do not need them.
- ✓ Follow the "*minimum necessary*" standard in using and disclosing health information.
- ✓ Assure that the agency has a HIPAA compliant agreement with "business associates" who have access to healthcare information.

What rights do consumers have under HIPAA Privacy?

In general, consumers have the right to:

- ✓ Receive a copy of the agency Privacy Notice
- ✓ Inspect and copy their case record
- ✓ A list of disclosures
- ✓ Request restriction on the use or disclosure of information
- ✓ Request confidential communications (for example- request not to have the agency send mail to their home address)

Remember, this course is NOT complete until you sign, date, and submit the [form](#) documenting completion.

Limited English Proficiency (LEP)

Why do we need to know about Limited English Proficiency (LEP)?

According to Michigan Association of Community Mental Health Boards (MACMHB), all Community Mental Health staff is required to know about accommodating persons with Limited English Proficiency (LEP). LEP is defined as an individual's inability to speak, read, write or understand English at a level that permits effective interaction with health care providers.

We need to make sure that staff recognizes language limitations some consumers may have. We must be willing and prepared to help those where language is a barrier and obtain needed treatment and support. We can't say "we don't have an ethnic population in our area." That would be indirect discrimination.

The Legal Basis

LEP compliance is our legal obligation; however, there is no single LEP law. It's a combination of existing laws, sets of regulations and court decisions. Plus, English is not the "official" language of the United States. It is common, but not the legal standard.

What are our obligations as a provider?

- We are required to examine our practices to assure there are no unintended barriers to LEP persons.
- We must provide language assistance to a consumer, at the level necessary, at no cost to the individual.
- We must provide interpreters who are competent in mental health terminology. They must also be committed to confidentiality requirements.
- We must have a plan that includes who we can contact for help with an LEP consumer.
- We must have access to a qualified interpreter.
- We must not allow minors, other consumers, or consumer's family members or friends to act as interpreters. This is only acceptable in emergency situations. If the consumer chooses a family member or friend, after they have been informed of their right to free language assistance, it must be documented with the consumer's sign-off.

Which languages are relevant to LEP?

- Clare- German (111)
- Gladwin- German (96)/West German (124)
- Isabella- Spanish (251), German (134)
- Midland- Spanish (111), German (206)
- Mecosta- Spanish (171), German (111)
- Osceola- All numbers less than 100

Remember, this course is NOT complete until you sign, date, and submit the [form](#) documenting completion.

Cultural Competency and Diversity in the Community

Communities are made up of a variety of people. These people are all different in many ways. A diverse community could be compared to a quilt made up of many pieces of different kinds of cloth and patterns all bound together to form a single unit. It is important to understand, manage and value diversity in the community.

Some diversities include:

- Gender
- Race
- Sexual Orientation
- Age
- Ethnicity
- Physical Abilities

You may have found other diversities in people you have worked with or known.

Diversity education is not about “conforming” or all becoming like each other. It is about valuing diversity. Allowing, respecting and appreciating differences are all benefits that will enhance relationships in a work or community environment. Different perspectives can enhance lives and boost morale. We can learn from each other’s unique ideas and perspectives; we can all appreciate diversity.

Prejudice is not just about race. It is a natural human emotion. We all tend to fear or distrust people and ideals that are different to us, or what we have grown accustomed to. It is important to learn ways of overcoming this fear so we can accept each other for who we are. We all have the right to be treated with respect and equality.

Some good pointers for communication in a diverse community are:

- Openness
- Active listening
- Respectful language
- Sensitivity

Remember, this course is NOT complete until you sign, date, and submit the [form](#) documenting completion.

First Aid Training

www.ecprcertification.com

After submitting the exam, a page will appear indicating the number of correct answers out of the 22 questions. *A score of 18 or more correct is required to pass.*

First Aid/CPR training requires a certificate of completion or First Aid/CPR card. Complete the order form and follow the instructions to purchase.

The screenshot shows a web browser window with the URL ecprcertification.com/index.php/main/test_results/firstaid. The page features a dark blue header with the eCPRCertification.com logo and navigation links: Home, CPR, First Aid, CPR/FAid, and Contact Us. Below the header, a summary box displays the following information:

Correct answers:	20 correct answers from 22
Questions missed:	2
Your grade:	90 %

Congratulations! You have now passed the test and are ready to proceed with certification registration. Please fill out the form below.

**Please complete the form.
Please enter your name as you would like it to appear on your certificate.**

Select Certificate Type *
\$ 21.79 Basic First Aid - Wallet Card Only

Mail it. Please check here if you would like your certification mailed.

First Name *
Last Name *
E-Mail *
Confirm E-Mail *
Address
City
State
ZIP Code
Phone (xxx-xxx-xxxx)

Most CPR/FA programs offer a card or certificate of completion, which includes an expiration date. Other sources for CPR/FA training include:

- Red Cross
- American Heart Association
- Green Cross
- American Health and Safety Institute
- ProCPR & ProFirstAid.

Infection Control/Blood Borne Pathogen Training

Infection control is preventing the spread of **germs** that cause illness and infection. Infection control starts with understanding germs and how they are spread.

ABOUT GERMS

Everyone comes in contact with millions of germs (microorganisms) each day. All germs need warmth, moisture, darkness and oxygen to live and grow. Many germs are harmless and are needed for our bodies to function in a healthy way. For example: elimination of waste products, (feces and urine) from our bodies. Some germs are very harmful and cause infections, diseases, and illnesses by rapidly multiplying and overwhelming the body's natural defenses. An infection can be local in one spot, like an infected cut, or it can be systemic; throughout the whole body, like food poisoning or pneumonia.

THREE WAYS GERMS ARE SPREAD

Germs are spread in the environment three ways: direct contact, indirect contact, and droplet spread.

1. **Direct Contact** means that germs are spread *from one infected person to another*. An example of direct contact is the person infected with a cold putting his hands to his mouth while coughing or sneezing and then touching or contacting another person before he has washed his hands. A similar situation happens when the person has an infected or open sore or wound or bodily fluids that are full of germs (feces, urine) or blood (HIV, AIDS, Hepatitis A, B, or C) or saliva that is contaminated, and the other person is contacted directly by the germs.
2. **Indirect Contact** means that germs are spread from one infected person to another person *through an object*. The germ from the person infected contaminates the object, and the person who touches the object is then contaminated. Indirect contact is a common way for germs to spread between people who live, work and play together. The spread of germs though indirect contact can happen when eating contaminated food (E. coli, salmonella), handling soiled linens, soiled equipment, using soiled utensils, or from a gastrointestinal infection. The Hepatitis B virus can live up to 10 days in dried blood and can also be spread indirectly.
3. **Droplet Spread** means that germs are spread through the air from one infected person to another person. The germs are airborne and are carried over short distances. When people talk, cough or sneeze they are spreading germs through the air. The germs of the common cold, flu, and even tuberculosis travel from one person to another by droplet spread.

CONTROLLING THE SPREAD OF GERMS

Knowing how germs are spread is the first step in practicing infection control and preventing illness. Knowing how to control the spread of germs is the second step. You can protect yourself and the individuals with whom you work from germs or contamination by doing the following:

1. Know and practice standard precautions (defined in next section), especially hand washing and gloving.
2. Keep yourself, the individual, and the environment clean.
3. Be aware of the signs and symptoms of illness and infection and accurately record and report them to the doctor.

STANDARD PRECAUTIONS

Standard Precautions, including hand washing and using disposable gloves and wearing of personal protective equipment, protect both the individual you work for and you from the spread of germs and infection. Standard precautions are a set of infection control safeguards. They are especially important to prevent the spread of blood-borne and other infectious diseases (AIDS, Hepatitis A, B, and C).

You should use these precautions when coming in contact with blood and all body fluids, secretions, and excretions (urine and feces), whether or not they contain visible blood; when touching mucous membranes such as the eyes or nose; and when dealing with skin breakdown such as a cut, abrasion, or wound.

Body Fluids Include:

Blood	Blood Products	Secretions
Semen	Vaginal Secretions	Nasal Secretions
Septum	Saliva from Dental Procedures	Excretions
Urine	Feces	Vomit

Hand Washing

Frequent, thorough, and vigorous hand washing will help in decreasing the spread of infection.

Germs are spread more frequently by hands and fingers than by any other means.

When employee's SHOULD WASH THEIR HANDS:

- Employees should wash their hands when they come to work and before leaving.
- Hands should be washed at work before touching:
 - Food
 - An individual's medicine
 - Kitchen utensils and equipment
 - Someone's skin that has cuts, sores, or wounds
 - Before putting on disposable gloves
- Employee's should always wash their hands after:
 - Using the bathroom
 - Sneezing, coughing, or blowing one's nose
 - Touching one's eyes, nose, mouth, or other body parts
 - Touching bodily fluids or excretions
 - Touching someone's soiled clothing or bed linens

Gloving

Practicing standard precautions also includes the wearing of disposable (single use) latex gloves whenever you come in contact with body fluid. (Non-latex gloves should be purchased for people who are allergic to latex.) Putting on disposable gloves and taking them off correctly is especially important in preventing the spread of germs and infection. Gloves should be used only one time and changed after each use. New gloves should be put on each time you work with a different individual. Used or contaminated gloves should be thrown away. Gloves become contaminated after each use and can spread germs between individuals if used more than once and if they are not properly disposed of.

If bodily fluids or blood touches the skin, wash the area vigorously and thoroughly with soap and warm water. If the gloves tear or break, take them off and vigorously wash your hands. Put on a new pair of gloves and continue assisting the individual.

- Employees should follow procedure for putting on disposable gloves at the end of this unit.
- Employees should always use gloves when providing or assisting an individual with:
 - Rectal or genital care
 - Tooth brushing or flossing
 - Menstrual care
 - Bathing or Showering
 - Cleaning bathrooms
 - Cleaning up urine, feces, vomit, or blood
 - Cleaning toilets, bed pans or urinals
 - Providing wound care
 - Handling soiled linen or clothing
 - Giving care when the DSP has open cuts or oozing sores on his/her hands
 - Providing first-aid
 - Disposing of waste in leak proof, airtight containers
- **Always use a new pair of gloves for each activity**
- **Always use a new pair of gloves for each individual**
- **Always wash your hands before and after using gloves**
- **Never wash and use again**

Since hand washing can easily dry out a person's skin, remember to apply hand lotion or cream often throughout the day. It is a best practice to keep natural nails short and avoid the use of artificial nails when providing personal care. Many hospitals have banned artificial and natural long nails for employees who provide personal care. Research has shown that healthcare workers who wear artificial nails are more likely to harbor germs than those who don't. Employees with long nails are at risk of puncturing or tearing disposable gloves. Alcohol based hand rubs or hand sanitizers may also be used. They provide a great alternative to hand washing for the following reasons:

- Alcohol based hand rubs (foam or gel) kill more effectively and more quickly than hand washing with soap and water.
- They are less damaging to skin than soap and water, resulting in less dryness and irritation.
- They require less time than hand washing with soap and water.
- Bottles/dispensers can be placed at the point of care so they are more accessible.

Other Protective Equipment

Depending on your job, you may be expected to wear other **Personal Protective Equipment (PPE)**, such as a face mask or eye shields. The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

Employees should always remember to:

- Keep hands away from face

- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

If you must use PPE you should put the equipment on in the following order:

- **Gown** – Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and waist. Wear a gown during procedures that are likely to generate splashes or sprays of blood, bodily fluids, secretions, or excretions. Remove soiled gown as soon as possible, and wash hands after removing gown.
- **Mask or Respirator** – Secure ties or elastic bands at middle of head or neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Check respirator fit.
- **Goggles or Face Shield** – Place over face and eyes and adjust to fit. Wear a mask and eye protection, or a face shield, during procedures that are likely to generate splashes or sprays of blood, bodily fluids, secretions or excretions.
- **Gloves** – Extend to cover wrist of isolation gown. You should use gloves when hands may become contaminated with blood, bodily fluids, excretions, or secretions, **or** when touching mucous membranes or non-intact skin, **or** contaminated surfaces or objects.

If this equipment is required in your work setting you should receive training on the location, proper use and disposal of the PPE.

Cleaning and Disinfecting

The second way for employee's to prevent the spread of germs is through cleaning and disinfecting the environment. Employees should be careful not to transfer infection to others and equally important, employees should be careful not to become infected themselves.

Remember, this course is NOT complete until you sign, date, and submit the [form](#) documenting completion.

Safety & Fire Prevention

As a Direct Support Professional (DSP), you must understand how to react to a fire or smoke emergency when you are work.

- Evacuation is your absolute **FIRST PRIORITY** in a fire or smoke emergency. **GET PEOPLE OUTSIDE!**
- **EVACUATE IMMEDIATELY – Time is the most important factor!**

If you smell smoke, see flames or smoke, or hear the fire alarm you must evacuate immediately! If any of those above situations occur do not consider it a “false alarm,” just evacuate!

- Do not look for the fire! Do not attempt to fight the fire! A fire doubles in size every 19 seconds! Just get out! Go to your **designated** meeting place.
- Do not waste time getting people dressed!
- Do not try to save property or possessions!
- Encourage the person you work for to have regular fire drills to prevent panic and assure proper action in an actual emergency.

DON'T RE-ENTER THE HOME - once you are out, stay out! Call the fire department and other emergency numbers from a neighbors or a cell phone.

FIRE EXTINGUISHMENT

Never use a fire extinguisher to put out a fire! Putting out a fire is the job of a professional fire fighter! The **only two reasons** you should ever use a fire extinguisher are:

1. **RESCUE – if you need to get to someone to evacuate them and there is a fire between you and them.**
2. **ESCAPE – a fire may be blocking your exit and you need to use the extinguisher to suppress the flames long enough to get the person out.**

An ABC (multi-purpose) extinguisher will put out most fires that start in a home. An extinguisher is useless unless you know how to operate it.

Using a fire extinguisher:

1. Hold extinguisher upright. Pull the pin out.
2. Stand at least 6-8 feet from the fire. Do not get closer!
3. Aim the nozzle at the base of the fire and squeeze the handles.
4. Sweep side to side slowly, moving closer as the flames diminish.

Fire extinguishers last only about 8-10 seconds! Fires can and do re-ignite. If you need to use an extinguisher for **RESCUE** or **ESCAPE** do it quickly and **GET OUT!**

HOME SPECIFIC PROTECTION PLAN

Encourage the people you work with to design a protection plan. All staff should review the protection plan for the home. Be sure you know all of the following information!

- ✓ Specific evacuation procedures for all people who reside in the home. Do they need assistance to get into a wheelchair? Are they unsteady at night? Do they take medications that may reduce the chance they would hear a smoke detector in the night? Do they sleep without hearing aids?
- ✓ Evacuation procedures staff must follow for each person living in the building – **know your role!**
- ✓ Location of the meeting area or destination where the “head count” is completed. This area should be just outside the primary exit door – in case someone is not accounted for.
- ✓ Location of the place of safety. This is a place far enough away from the home to keep everyone safe from the fire and emergency vehicles. It should be in the front of the home if possible.
- ✓ Primary exits from all rooms.
- ✓ Alternate exits.
- ✓ Where your emergency kit bag is located and what you will need in it if you have to evacuate suddenly.
- ✓ Emergency numbers and who should be contacted.

Each protection plan should contain **KNOWLEDGE OF FIRES** section. This is the information *all* Direct Support Professionals must know!

KNOWLEDGE ABOUT FIRES

A. GENERAL KNOWLEDGE:

1. The absolute **FIRST PRIORITY** in a fire emergency is to evacuate everyone in the home.
2. **Time** is the most important factor in a fire. Any delay may increase the danger, and decrease people’s chance to escape.
3. **CLOSING THE DOORS** on the way out will help contain smoke and fire spread – giving more time for evacuation.
4. Smoke rises – **KEEP LOW!** Smoke is the real killer in fires.
5. Once everyone is out – do *not* re-enter the house!

B. FIRE EXTINGUISHMENT:

1. No attempt should be made to fight a fire except:
 - a. To create an escape route, if trapped, OR
 - b. To rescue someone who is trapped
2. How to use a Fire Extinguisher:
 - i. Hold the extinguisher firmly upright and pull the pin
 - ii. Stand 6 – 8 feet from the fire – no closer.
 - iii. Aim the nozzle at the base of the fire and squeeze the handles.
 - iv. Sweep slowly in a side to side motion and move forward as the flames subside.
 - v. Fires can re-ignite! Get Out!!!!!!

C. IF YOU ARE TRAPPED:

1. Close the room door and stuff bedding, clothes, etc., under the door.
2. Open a window for air. You may have to break it.
3. Stay close to the floor to avoid smoke.
4. Make noise or hang something out the window to let people know where you are.

It is important to know what to do in a fire emergency. Learning the correct action could save your life!

Most people die or are injured in a fire for the following reasons:

- They do not have sufficient warning.
- They do not evacuate immediately.
- Once they are out, they go back into the house for some reason.

FIRE PREVENTION IS KEY TO A SAFE ENVIRONMENT!

SMOKE DETECTORS – Provide Warning

- Have enough working smoke detectors to provide warning. There should be a minimum of one on every level and outside sleeping areas. Smoke detectors are recommended inside bedrooms, especially if a person sleeps with their door closed.
- Make sure that smoke detectors are properly placed. See manufacturer instructions.
- Test the detectors monthly. Testing them on the first day of each month will help you remember.
- Replace batteries at least once per year. Do this on a birthday or a holiday so that you won't forget.
- Replace the entire detector every 5 years or as recommended in the manufacturer instructions. When you purchase a detector, you should write the install date on the inside cover in permanent marker.
- Don't take the battery out of a smoke detector! If you are having nuisance alarms, check to see if the detector is located too close to an area that would cause problems such as the kitchen or bathroom.

FIRE DRILLS:

Fire drills are strongly recommended for all people. This helps all remain calm and organized when responding to an actual fire or smoke emergency. Participating in enough fire drills to be efficient and well-practiced in the event of an emergency is always a good safety practice.

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Sensitivity Training: Hearing Loss

Deafness and Hard of Hearing:

- The Center for Disease Control and Prevention (CDC) refer to hard of hearing conditions as those that affect the frequency and/or intensity of one's hearing.
- Although the term "deaf" is often mistakenly used to refer to all individuals with hearing difficulties, it actually describes a more limited group.
- According to the CDC, "deaf" individuals do not hear well enough to rely on their hearing to process speech and language.
- Individuals who are hard of hearing differ from deaf individuals in that they use their hearing to assist in communication with others.

Deafness and Hearing Loss Definitions:

Hearing loss: Decrease in hearing sensitivity in one or both ears. It can be caused by many physical conditions such as childhood illness, heredity, injury, age, or prolonged exposure to noise. Hearing can vary with mild to moderate loss. Individuals may be able to hear sound but have difficulty distinguishing specific speech patterns in a conversation.

Deafness: Profound or total loss of hearing in both ears resulting in not hearing well enough to rely on hearing to process speech and language.

Preferred Terminology by those with hearing loss:

Acceptable to Neutral terminology:

- A person who has a speech disorder
- Deaf
- Hard of hearing

Unacceptable to Offensive:

- Deaf and dumb
- Deaf mute
- Hearing impaired
- Hearing Loss

Hearing loss can affect an individual in the way they experience sound, communicate with others, and view their hearing loss.

For example, some individuals who develop hearing losses later in life find it difficult both to adjust to a world with limited sound and to adopt new behaviors that compensate for hearing loss. As a result, they may not use American Sign Language (ASL) or other communication methods at all. They may not be as proficient as individuals who experience hearing loss at birth or at a very young age.

Barriers to Accessing Health Care

People with hearing loss have challenges accessing health care. For various reasons, the method of communication that suits them best may not be understood or accommodated by the health care provider resulting in poor engagement. Barriers can be related to:

- Access
- Attitude
- Competency
- Safety risk
- Potentially poor care
- Stress

Factors That Influence Understanding of What is Being Said

LISTENER:	SPEAKER
<ul style="list-style-type: none"> • Level of hearing loss • Type of hearing loss • Use of hearing aid • Use of assistive listening devices • Attention level • Motivation to hear • Expectations • Emotional state • Fatigue • Distracting sensations • Distracting thoughts • Speechreading skills • Tinnitus • Tension Level • Manual communication 	<ul style="list-style-type: none"> • Voice intensity • Voice projection • Rate of speech • Clarity of speech • Facial expression • Body language • Foreign accent • Facing listener • Monotonous tone • Beard/mustache • Emotionality • Mannerisms • Objects in mouth • Interest of message • Relationship to listener • Quality of interpreter • Quality of typist

Maximizing the Hard of Hearing (HOH) Person’s Ability to Participate in Conversation

<p>NONVERBAL AIDS:</p> <ul style="list-style-type: none"> • Get the person’s attention by raising an arm or hand • Face HOH person directly • Give visual cues to conversation • Avoid careless expression that can be misinterpreted • Make certain your face is as clearly visual as possible • Move closer to the person and toward the better ear if he does not hear you • Write out proper names • Avoid covering mouth or face with hands • Do not attempt to converse while you have something in your mouth (pipe, cigarette, gum) • Maintain eye contact • Avoid a distracting environment 	<p>VERBAL AIDS:</p> <ul style="list-style-type: none"> • Speak slowly and distinctly, pausing more frequently than normally • Raise volume of voice and keep your voice at about the same volume throughout each sentence • Ask the HOH person what is a comfortable voice level • Avoid dropping your voice at the end of each sentence • Speak as clearly and accurately as possible; do not over-accentuate words • Articulate consonants with special care • Pronounce names with care; make a reference to the name if possible • Change to a newer subject at a slower rate • Talk in a normal or lower tone of voice • Use shorter phrases which tend to be easier to understand • Do not show annoyance by careless facial expression • In a group, repeat important statements and avoid asides to others in the group
<p>ADAPTING THE ENVIRONMENT:</p> <ul style="list-style-type: none"> • Eliminate background noise • Place person in the most strategic place to hear • Use furnishings and materials that absorb sound and reduce resonance • Avoid the use of intercommunication systems 	<p>OBSERVE THE HOH PERSON FOR UNDERSTANDING:</p> <ul style="list-style-type: none"> • Inattention, facial expression, tiredness • Appropriate response • Accurate repetition of information • Irritability

Guidelines for Better Communication

Tips for a good listening environment:

- Decrease background noise whenever possible; move away from fans and noisy machines
- Modify lighting and seating arrangement; this may require you to change old habits about where you sit
- Provide good lighting- keep light on your face, not behind you otherwise it causes a harsh glare/shadow that makes lip reading difficult
- Encourage groups to sit closer to the speaker and to each other
- Make sure only one person speaks at a time

Guidelines for Better Communication

Tips for the Speaker:

- Face to face communication is the easiest; don't call someone from another room; move closer to the listener and get their attention before speaking
- Continue to face the listener while speaking; don't turn away
- Be patient with listeners
- Remember there is a logical reason behind most lip reading errors and listening errors.
- Encourage them to wear hearing aids; offer help with obtaining assistive listening devices at lecture sites, theaters, and places of worship
- Ask questions using an "either-or" format, or a "yes-no" format
- Try to be understanding and caring when someone with a hearing problem asks you to help them understand better
- Repeat or rephrase information if the listener appears to have misunderstood
- Give important information to the listener in writing to be used later as a reference
- In a group situation, repeat questions or comments before responding
- If someone joins a conversation in progress, give the newcomer a short summary of the topic before proceeding with your discussion
- Be flexible with types of cues, paraphrasing, and clarifications you give; when changing topics, make sure listener is aware of the new topic
- Remember it takes two people to hold a conversation and both people have to do their part to make a conversation work
- Communicating with Deaf or Hard of Hearing Individuals
- It is appropriate to tap a person who is deaf gently on the arm or shoulder to gain their attention.
- Look directly at the individual, face the light, speak clearly, in a normal tone of voice, and keep your hands away from your face. Use body language; it offers important clues about what you are saying. Don't shout or speak too loudly.
- Ask about the best way to communicate, and arrange for a sign language interpreter if needed. If the person uses an interpreter, speak directly to the person who is deaf, not the interpreter.
- When calling an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly and be prepared to repeat who you are, and the reason for the call if asked.

Communicating with Deaf or Hard of Hearing Individuals

- Rephrase rather than repeat. If the person did not understand you, then try using different words to express your ideas. Short sentences tend to be understood better.
- Ask information about their hearing loss and listening needs. Ask for tips on how you should speak and what you can do to facilitate communication.
- Many people who are deaf prefer to use text messaging or Video Relay Service to communicate. The phone number you dial may be a relay operator that will use ASL to communicate your information.
- TTY is not as common, but still used by some. If you do not have ready access to a TTY you can dial 711 to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY.
- Ask the person what method they prefer. Never assume the same method works best for everyone.

Resources for Deaf and Hard of Hearing Consumers

Additional resources specific to Behavioral Health Services can be accessed via the following website:

<http://www.deafcan.org/behavioral-health-services.html>

Resources

- Guidelines for Better Communication. (n.d.). Hearing and Speech Center. Retrieved February 7, 2018, from: <https://d2edgo5zyrsrw1.cloudfront.net/wp-content/uploads/2016/08/Guidelines-for-Better-Communication.pdf>
- Molina MyCare Ohio Disability Awareness & Sensitivity Training. (n.d.). Molina HealthCare. Retrieved February 7, 2018, from: <http://www.molinahealthcare.com/providers/oh/PDF/Duals/Sensitivity-Training-Orientation-Presentation.pdf>
- Questions and Answers about Deafness and Hearing Impairments in the Workplace and the Americans with Disabilities Act. (n.d.). U.S. Equal Employment Opportunity Commission. Retrieved February 7, 2018, from: https://www.eeoc.gov/eeoc/publications/qa_deafness.cfm

You have finished reviewing the Sensitivity Training on Hearing Loss.

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Trauma Informed Care

Many of the “most difficult” individuals in your homes have experienced complex trauma.

- ✓ Trauma can affect an individual’s behavior, feelings, relationships, and their view of the world in profound ways
- ✓ An individual’s traumatic stress reactions and other responses to trauma can disrupt a home environment
- ✓ It’s not the answer to everything, but it’s another piece of the puzzle.
- ✓ It’s not an excuse, but it may be an explanation

What is Trauma? A traumatic experience:

- Threatens the life or physical integrity of a child or of someone critically important to that child (such as a parent, grandparent, or sibling)
- Causes an overwhelming sense of terror, helplessness, and horror
- Produces physical changes such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control

Types of Trauma

- **Acute Trauma:** A single event that lasts for a short time
- **Complex Trauma:** The experience of multiple traumatic events.

The term *Complex Trauma* is used to describe a specific kind of chronic trauma and its effects on children and adults:

- Multiple traumatic events that begin at a very young age
- Events caused by the actions, or inactions, of adults who should have been caring for and protecting the child

Over time, *Complex Trauma* can get in the way of healthy development and affect the individual in the following ways:

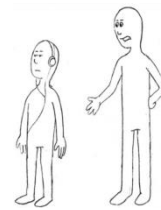
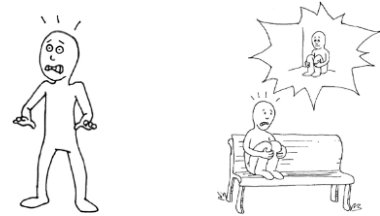
- Ability to trust others
- Sense of personal safety
- Emotional reactions and ability to manage emotions
- Ability to navigate and adjust to life’s changes
- Physical and emotional responses to stress

Factors that influence responses to a traumatic event include:

- Age and developmental stage
- Perception of the danger faced
- Past experience with trauma
- Challenges faced after the trauma
- Presence and availability of adults who can offer help, reassurance, and protection

Responses to Trauma:

- Hyperarousal:
 - Nervousness, jumpiness, quickness to startle
- Re-experiencing:
 - Intrusive Images, sensations, dreams
 - Intrusive memories of the traumatic event or events
- Avoidance and withdrawal:
 - Feeling numb, shut down, or separated from normal life
 - Pulling away from activities and relationships
 - Avoiding things that prompt memories of the trauma



What are some examples of reminders of trauma?

- Screaming or shouting
- The sight of blood
- The dark
- An angry expression on an adult's face
- Seeing another child get hurt
- The color red
- The smell of alcohol
- Having to go to the bathroom
- Shadow on the wall
- Scar
- Stomachache or headache
- Being dropped off at school
- Losing a tooth
- Santa Claus
- Seeing a group of young men hanging out on a street corner

Talking about Trauma

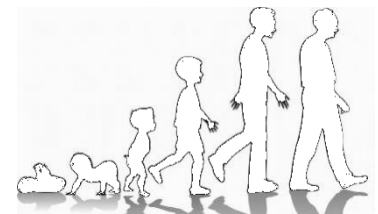
- Talking about certain events all the time
- Bringing up the topic seemingly “out of the blue”
- Be confused or mistaken about details
- Remember only fragments of what happened

What you might see:

- Problems with concentrating, learning, or taking in new information
- Difficulty going to sleep or staying asleep; nightmares
- Emotional instability; moody, sad, angry or aggressive, etc.

Traumatized Young Children:

- Be very sensitive to loud noises
- Revert to behaviors they had previously outgrown (e.g., thumb sucking), or lose skills they had developed (e.g., toilet training)
- Be clingy and unwilling to separate from familiar adults
- Resist leaving places where they feel safe
- Reject or avoid being touched
- Be confused about what's dangerous and who to go to for protection



Traumatized School-Age Children:

- Alternate between being shy and withdrawn and unusually aggressive
- Have difficulties with learning
- Demand attention (increased demands for food, toys, etc.)
- Revert to old behaviors (wanting adults to feed or dress them, baby talk)
- Show specific anxieties and fears (such as fear of the dark)

Traumatized Adolescents or Adults:

- Live “in the moment” and have trouble imagining or planning for the future
- Over or underestimate danger
- Behave in aggressive or disruptive ways
- Abuse drugs or alcohol
- Engage in reckless or self-destructive behaviors, including “cutting” and risky sexual behaviors

What about Post-Traumatic Stress Disorder?

Post-Traumatic Stress Disorder (PTSD) is diagnosed when the person displays several traumatic stress reactions, the reactions persist for a long period of time, and the reactions get in the way of living a normal life.

Getting Development Back on Track!

- ✓ Trauma survivors can learn new ways of thinking, relating, and responding
- ✓ Rational thought and self-awareness can help children override primitive brain responses
- ✓ Unlearning and rebuilding takes time

What is Safety?

Physical safety is not the same as Psychological safety. To feel psychologically safe, individuals need:

- To feel oriented in their own environment
- To have control over some aspects of their lives
- To know what will happen next
- To be seen and appreciated for who they are
- To have a sense of connection and continuity with their past.

Individuals who have been through trauma are less likely to feel safe than others who have not experienced trauma. These individuals may have real life worries pertaining to safety:

- Will my stepfather seek revenge because I got him arrested?
- Will my sister be okay in her abusive marriage?
- Will my mom get so depressed without me to cheer her up that she goes back to drugs?

Rules and Control

When explaining House Rules:

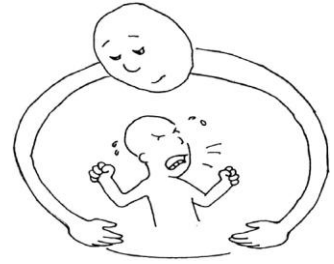
- ✓ Don't overwhelm
- ✓ Stress Protection
- ✓ Be Flexible

Provide Opportunities for control within limits, by providing an individual control over:

- ✓ Environment
- ✓ Self
- ✓ Activities

Look Forward - Let the individual know what will happen next, such as:

- Location and schedule for the day
- Upcoming doctor or dentist visits
- Timing and location of mental health treatment
- Legal proceedings, court dates, etc.
- Contact with caseworker and other members of the team



Be an “Emotional Container”

- Be willing and prepared to tolerate strong emotional reactions
- Respond calmly but firmly to emotional outbursts
- Help identify sometimes-frightening feelings
- Let them know that these feelings are okay

Physical Boundaries

Individuals who have been neglected and abused may:

- Have never learned that their bodies should be cared for and protected
- Feel disconnected and at odds with their bodies
- See their bodies as “vessels of the negative memories and experiences they carry, a constant reminder not only of what has happened to them but of how little they are worth.”

Recovering from Trauma: The Role of Resilience

Resilience is the ability to recover from traumatic events. In general, Individuals who are resilient:

- ✓ See themselves as safe, capable, and loveable
- ✓ See the world, and life, as manageable, understandable, and meaningful

Recovering from Trauma: Growing Resilience

Some factors that can increase resilience include:

- ✓ A strong relationship with at least one competent, caring adult
- ✓ Feeling connected to a positive role model/mentor
- ✓ Having talents/abilities nurtured and appreciated
- ✓ Feeling some control over one’s own life
- ✓ A sense of belonging to a community, group, or cause larger than oneself

Coping with Trauma Reminders

Plan Ahead - Help the individual to develop a plan for coping when faced with reminders:

STOP:

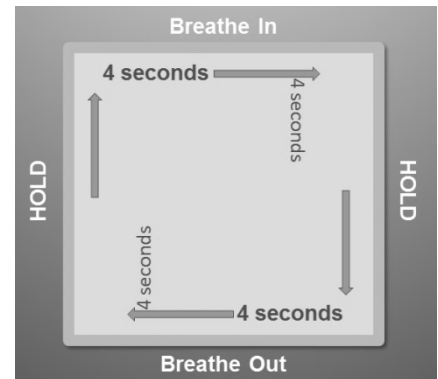
- Stop and take several long, deep breaths

ORIENT:

- Look around and take in where you are right now
- Note what's going on in your body

SEEK HELP:

- Use a “stress buster” to help you calm down
- If needed, call a friend or adult you can trust
- Practice Square Breathing:



Encourage positive behaviors:

- ✓ “Catch” others good moments
- ✓ Praise, Praise, Praise!
 - Be specific
 - Be prompt
 - Be Warm
- ✓ Strive for at least six praises for every one correction

Encourage and support the individual’s strength and interests:

- ✓ Offer choices whenever possible
- ✓ Let others “do it themselves”
- ✓ Recognize and encourage unique interests and talents
- ✓ Help master a skill

Correct and Build

When correcting negative or inappropriate behavior and setting consequences:

- Be calm, clear, and consistent
- Target one behavior at a time
- Keep age and “emotional age” in mind...exposure to trauma can stunt emotional development!
- Help with understanding links between thoughts, feelings, and behaviors
- Help with understanding consequences of behavior (relevant to them, not you!)
- Help with identifying alternatives to problem/negative behaviors
- Encourage practice of techniques for changing negative thoughts and calming runaway emotions

Myths to Avoid

- If I love this person enough, I can erase the effects of everything bad that has happened before.
- They will be grateful for what I’m doing.
- They will love me as much as I love them.
- If they reject me, I’m a failure.
- They shouldn’t love the parent or person who abused him or her.

When Others Trauma Becomes Your Own

Exposure may cause:

- Intrusive images
- Nervousness or jumpiness
- Difficulty concentrating or taking in information
- Nightmares, insomnia
- Emotional numbing
- Changes in your worldview (how you see and feel about your world)
- Feelings of hopelessness, helplessness
- Anger at society or even at God
- Feeling disconnected from loved ones
- You may respond inappropriately or disproportionately, withdraw, or avoid trauma material

When Other's Trauma is a Reminder

- Recognize the connection between other's trauma and your own history
- Distinguish which feelings belong to the present and the past
- Be honest with yourself and others
- Take a timeout
- Seek support
- Seek trauma-focused treatment—It's never too late

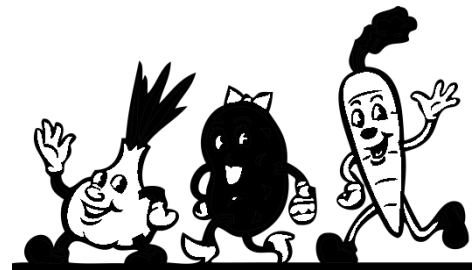
Self-Care Basics

Take care of yourself!

- ✓ Get enough sleep
- ✓ Eat well-balanced meals, not on the run
- ✓ Use alcohol only in moderation
- ✓ Exercise regularly
- ✓ Take regular breaks from stressful activities
- ✓ Laugh every day
- ✓ Spend some time alone

What do you do every day, just for you?

- ✓ Walk the dog
- ✓ Play with the cat
- ✓ Exercise
- ✓ Pray
- ✓ Meditate
- ✓ Read a romance novel
- ✓ Write in a journal
- ✓ Chat with neighbors
- ✓ Breathe deeply



You have finished reviewing the Trauma Informed Care training.

Remember, this course is NOT complete until you sign, date, and submit the [form](#) documenting completion.

Appeals & Grievances Training

Please reference the Training grid to determine training requirements related to the Medicaid Service provided.

Guidelines:

- Consumers have the right to file a grievance.
- If an adverse determination has been made to previously authorized services, a consumer can request an appeal.
- Applicants can request a Second Opinion and they must be informed of that right at the time services are authorized or denied.
- Applicants and consumers will be informed of their right to access various appeal processes.

Definitions:

- **Applicant:** An individual seeking admission to mental health services from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program
- **Enrollee:** A Medicaid beneficiary who is currently enrolled in a Community Mental Health Services Program, Managed Care Organization, Prepaid Inpatient Health Plan, Pre-paid Ambulatory Health Plan, Primary Care Case Management (PCCM), or PCCM entity in a given managed care program
- **Consumer:** Broad, inclusive reference to an individual receiving mental health services delivered and/or managed by CMHCM, including Medicaid beneficiaries, and all others receiving CMHCM services
- **Recipient:** An individual who receives mental health services from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program

Grievances:

A grievance is any expression about service issues other than “determinations.” Consumers have the right to express dissatisfaction with their services, supports, or staff.

- To file a grievance, consumers may contact CMHCM Customer Service.
- An independent reviewer will review the documentation and facilitate a resolution or make a decision.

Local/Internal Appeals:

Appeals are initiated by a determination defined as a decision that adversely impacts a consumer’s claim for service (Adverse Benefit Determination).

- Reduction, suspension or termination of services
- Denial of consumer’s request for more or additional services
- Failure to provide services within 14 calendar days of the start date agreed upon during the PCP process.

If a determination occurs, staff provides the consumer with a Notice of Benefit Determination (NBD):

- NBD is required for reduction, suspension or termination of services at least **10 days prior to the date of the determination.**
- Adequate notice is required at the time of the PCP or decision.

Can an appeal be expedited?

Local/internal appeals may be expedited if the standard time frame may seriously jeopardize the consumer’s life or health, or ability to attain, maintain, or regain maximum function.

- Expedited timeframe for Medicaid beneficiary is 72 hours from request.

- Expedited timeframe for non-Medicaid is 3 days from request.

Grievance & Appeal Time Frames:

Dispute Type	Medicaid	Non-Medicaid
Local appeal filed	60 days to request	30 days to request
Local appeal resolution	30 days to resolve	45 days to resolve
Local appeal resolution (expedited)	72 hours	3 days
Grievance request filed	At any time	At any time
Grievance resolution	90 days	60 days
Appeal resolution to request State Fair Hearing	120 days	N/A
Appeal resolution to request ADR	N/A	10 days
NBD provided/mailed to consumer	10 days	30 days

State Fair Hearings:

Medicaid consumers have the right to request a State Fair Hearing after receiving an upheld disposition from a local appeal.

- The request must be in writing using the Request for Medicaid Enrollees or Waiver Applicants form
 - This form will be provided as an enclosure with their local appeal disposition letter
- CMHCM staff may assist if requested

Alternative Dispute Resolution for Non-Medicaid Consumers:

All contact information to file a grievance, appeal, Alternative Dispute Resolution and/or Second Opinion appear in the Notice of Benefit Determination.

- Non-Medicaid/GF consumers *cannot* request a continuation of services – this is only a Medicaid requirement
- The individual has 10 days from receiving the outcome of the CMHCM Local Appeal to request the MDHHS Alternative Dispute Resolution process.

Second Opinions:

Applicants have the right to a Second Opinion when they are denied the following by the Assessment Specialist or the Crisis Intervention Team (CMIT):

- Services
- Hospitalization
- Request for Family Support Subsidy

- At the time of denial, applicants will be given a Notice of Benefit Determination, which could also be mailed to the applicant, guardian, or parent of a minor.
- The Notice of Benefit Determination informs applicants of their right to request a Second Opinion by calling Customer Service. The Customer Service Coordinator will assist the applicant in submitting the request to the Executive Director.
- The Executive Director will facilitate the Second Opinion process.

**CMHCM Customer Service Coordinator
301 South Crapo, Suite 100 Mt. Pleasant, MI 48858
(989) 772-5938 or (800) 317-0708 or Michigan Relay 7-1-1**

Remember, this course is NOT complete until you sign, date, and submit the form documenting completion.

Signatures

Trainer information is required and training will not be considered complete without both staff and trainer attestation.

I have completed the Recipient Rights and Requirements for Reporting Abuse & Neglect training:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed Corporate Compliance, Ethics & Deficit Reduction Act training:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed Person-Centered Plans & Self-Determination training:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed Health Insurance Portability & Accountability Act (HIPAA) training:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed Limited English Proficiency (LEP) training:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed Culture Competency/Diversity:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed Infection Control/Blood Borne Pathogens training:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed Fire Safety & Prevention training:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed Training: Hearing Loss:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed Trauma Informed Care training:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

I have completed training on Appeals & Grievances:

Please reference the Training grid to determine training requirements related to the Medicaid Service provided.

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

Basic Medication Administration and Positive Approaches/Challenging Behaviors/Non-Aversive Techniques are both contained in the CenTrain Curriculum.

Staff in Licensed Residential must complete all the training contained in CenTrain.

Staff providing Community Living Supports (CLS) must complete additional training if the Individuals Person Centered Plan (PCP) recommends.

Please reference the CMHCM training grid contained in this packet or your contract for specific training requirements.

Basic Medication Administration

Basic Medication Administration training can be accessed at the following link:

<http://www.cmhcm.org/for-providers/centrain/>

I have completed Basic Medication Administration Training, including completion of Behavioral Objectives for the administration of medications observation check form:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

Positive Approaches/Challenging Behaviors/Non-Aversive Techniques

Positive Approaches/Challenging Behaviors/Non-Aversive Techniques training can be accessed at the following link:

<http://www.cmhcm.org/for-providers/centrain/>

I have completed Positive Approaches/Challenging Behaviors/Non-Aversive Techniques training:

Signed: _____ Date: _____

Print Name: _____

My Employer: _____

Trainer Signature: _____

Trainer - Print Name: _____

Trainer - Title: _____

CMHCM Annual Training Requirements
for ALL Medicaid Service Providers

I have completed training on Recipient Rights & Requirements for Reporting Abuse & Neglect:

Date: _____

I have completed training on Corporate Compliance, Ethics & Deficit Reduction Act:

Date: _____

I have completed training on Person-Centered Plans & Self-Determination:

Date: _____

I have completed training on Health Insurance Portability & Accountability Act (HIPAA):

Date: _____

I have completed training on Limited English Proficiency (LEP):

Date: _____

I have completed training on Cultural Competence and Diversity:

Date: _____

I have completed training on Infection Control/Blood Borne Pathogens:

Date: _____

I have completed training on Fire Safety & Prevention:

Date: _____

I have completed training on Sensitivity Training: Hearing Loss and Trauma Informed Care

Date: _____

Signed: _____

Print Name: _____ Employer: _____

Trainer Signature: _____

Trainer Name: _____ Title: _____

Trainer information is required and training will not be considered complete without both staff and trainer attestation.

Provider Network Manual

CHAPTER 1 – BOARD STRUCTURE AND ORGANIZATION

SECTION 100 – GENERAL STRUCTURE AND ORGANIZATION

001 Mission, Vision, and Values

SECTION 200 – GENERAL MANAGEMENT STRUCTURE AND ORGANIZATION

01 Agency Management Structure – Guideline

CHAPTER 2 – SERVICES ADMINISTRATION

SECTION 100 – CONCERNS, COMPLAINTS, DISPUTES, GRIEVANCES, AND APPEALS

001 Overview

002 Recipient Dispute Resolution and Grievance Systems

003 Requests for Second Opinions

SECTION 200 – BEHAVIOR SERVICES

01 Behavior Treatment

SECTION 300 – DIRECT SERVICES

01 Crisis Services

02 Person-Centered Planning Process and Individual Plan of Service

002A Case Coordination/Primary Clinician - Guideline

03 Self-Determination

005 Access to Services

006 Service Delivery

07 Psychiatric Hospitalizations

08 Prevention Services

09 Respite Services - Guideline

012 Cultural Competence and Limited English Proficiency

016 Service Planning and Documentation

019 Advance Planning for Urgent and Emergency Situations

023 Licensed Residential Placement Protocol

024 Duty to Warn

033 Home and Community-Based Service Settings

034 Competitive Integrated Employment Services

SECTION 400 – UTILIZATION MANAGEMENT

001A Service Authorization Process - Guideline

001 Services Administration

SECTION 500 – PHARMACEUTICAL PRACTICES

001 Pharmaceutical Practices

001C Look Alike - Sound Alike Drugs – Guideline

CHAPTER 3 – PROVIDER NETWORK MANAGEMENT

SECTION 100 – PROVIDER NETWORK DEVELOPMENT

- 001 Provider Network General Guidelines
- 002 Appeals
- 04 Provider Recognition
- 05 Corporate Compliance and Ethical Standards
Contact Information for Suspected Compliance Violations
- 006 Out of Network Providers

SECTION 200 – PROCUREMENT OF SERVICES

- 01 Application
Provider Network Application
- 002 Requests for Proposals/Quotes
- 004 Residential Provider Enrollments - Guideline

SECTION 300 – CONTRACTOR QUALIFICATIONS

- 01 Clinical Credentialing and Privileging
Clinical Privileges Application
- 02 Credentialing of Organizations
- 003 Training Reciprocity Guideline

SECTION 400 – CONTRACT MANAGEMENT

- 001 Negotiation and Execution of Contracts
- 002 Disqualified Individuals/Organizations
- 03 Claims Processing

SECTION 500 – MONITORING AND PROFILING

- 01 General Guidelines
- 002 Provider Site Review
- 003 Event Verification
- 04 Ad Hoc Investigations Guideline

Safety - Health - Environment Annual Site Report
HCBS Residential Site Review
HCBS Non-Residential Site Review

CHAPTER 4 – HUMAN RESOURCES

Human Resource Practices

CHAPTER 5 – GENERAL ADMINISTRATION/QUALITY MANAGEMENT/SAFETY, HEALTH & ENVIRONMENT

SECTION 100 – GENERAL ADMINISTRATION

- 05 Acronym/Abbreviation List - Guideline

SECTION 300 – QUALITY MANAGEMENT

- 02 Customer Services
- 004 Quality Assessment and Performance Improvement

SECTION 600 – SAFETY, HEALTH & ENVIRONMENT

- 001 Infection Control & Risk Reduction
- 001A Infection Control Plan

- 003 Tobacco-Free Environment
- SECTION 700 – MANAGEMENT OF INFORMATION SYSTEMS
- 001 Agency Network, Email, and Internet
- 002 Data Security & Confidentiality

CHAPTER 6 – This chapter intentionally left blank

CHAPTER 7 – RECIPIENT RIGHTS

SECTION 100 – GENERAL ADMINISTRATION

- 001 Establishment of Recipient Rights Office
- 002 Service Animals
- 003 Recipient Rights Advisory Committee
- 006 Recipient Rights, General Administration, General Rights

SECTION 200 – REPORTING, REVIEWING AND INVESTIGATING

- 001 Appeals Process
- 003 Investigation of Complaints
- 004 Mediation of a Dispute
- 005 Monitoring Residential Homes and Unusual Incidents
- 006 Staff Training in Consumer Rights

SECTION 300 – SAFEGUARDING THE RIGHTS OF RECIPIENTS

- 001 Consent to Treatment
- 002 Suitable Services, Treatment Environment, Right to Second Opinion
- 003 Access to Services and Barriers to Treatment
- 004 Confidentiality and Disclosure
- 005 Communication, Mail, Telephone, Visits, Access to Media and Entertainment Materials
- 006 Electroconvulsive Therapy
- 007 Fingerprinting, Photographing, Audio and/or Video Recording, Use of One-Way Glass
- 008 Freedom of Movement
- 009 Consumer Funds
- 010 Guardianship and Alternatives to Guardianship
- 011 Performance of Labor
- 012 Medical Services and Psychotropics
- 013 Personal Property
- 014 Recipient Abuse or Neglect
- 017 Rights for Minors
- 018 Restraint, Physical Management and Seclusion
- 019 Sterilization, Abortion and Contraception
- 020 Treatment by Spiritual Means

FY24 Change Log

- 1/9/2024—updated CIGMMO request form.