

**Community  
Mental Health**  
FOR CENTRAL MICHIGAN

# **Provider Network Handbook**

## **FY 2025**

**October 1, 2024 – September 30, 2025**

## *Table of Contents*

1. Contact Information
2. Website Information
3. Medicaid Requirements
4. Site Review Process
5. Event Verification Audits
6. HCBS
7. Quality Improvement & Satisfaction
8. CIGMMO
9. Claim Processing
10. Safety Center
11. Recipient Rights
12. Required Postings
13. Provider Recognition
14. Training Requirements

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](http://www.cmhcm.org)

## CMHCM Offices

|  |  |
|--|--|
| Administration   | (989) 772-5938, Fax: (989) 773-1968  |
| Customer Service   | (800) 317-0708; (989) 772-5938; <a href="mailto:customerservice@cmhcm.org">customerservice@cmhcm.org</a>   |
| Recipient Rights   | (989) 772-5938 or (989) 631-2320; <a href="mailto:rights@cmhcm.org">rights@cmhcm.org</a>   |
| 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> <a href="mailto:helpdesk@cmhcm.org">helpdesk@cmhcm.org</a>  |
| Accounts Payable Team  | <i>Deadlines, payments, claim submissions</i> <a href="mailto:payables@cmhcm.org">payables@cmhcm.org</a>   |
| Incident Report Submission   | <a href="mailto:administrationclerical@cmhcm.org">administrationclerical@cmhcm.org</a> or <a href="mailto:rights@cmhcm.org">rights@cmhcm.org</a> |

## CMHCM Provider Network Team

[providernetwork@cmhcm.org](mailto:providernetwork@cmhcm.org)

(989) 772-5938

|                   |  |  |        |
|-------------------|--|--|--------|
| April Higgins     | <i>Provider Network Manager</i>          | <a href="mailto:ahiggins@cmhcm.org">ahiggins@cmhcm.org</a>       | x 1437 |
| Lindsey Recker    | <i>Provider Network Specialist</i>       | <a href="mailto:lrecker@cmhcm.org">lrecker@cmhcm.org</a>         | x 1442 |
| Karen Bressette   | <i>Provider Network Monitor</i>          | <a href="mailto:kbressette@cmhcm.org">kbressette@cmhcm.org</a>   | x 1469 |
| Debbie Bauman     | <i>Provider Network Monitor</i>          | <a href="mailto:dbauman@cmhcm.org">dbauman@cmhcm.org</a>         | x 1257 |
| Jennifer Dunlop   | <i>Provider Network Monitor</i>          | <a href="mailto:jdunlop@cmhcm.org">jdunlop@cmhcm.org</a>         | x 1224 |
| Amanda Shanabrook | <i>Provider Network Account Clerk</i>    | <a href="mailto:ashanabrook@cmhcm.org">ashanabrook@cmhcm.org</a> | x 1279 |
| Sue Buss          | <i>Provider Network Account Clerk</i>    | <a href="mailto:sbuss@cmhcm.org">sbuss@cmhcm.org</a>             | x 5093 |
| Kristina Meyer    | <i>Residential Placement Coordinator</i> | <a href="mailto:kmeyer@cmhcm.org">kmeyer@cmhcm.org</a>           | x 1376 |
| Erica Thomas      | <i>Provider Network Secretary</i>        | <a href="mailto:ethomas@cmhcm.org">ethomas@cmhcm.org</a>         | x 1317 |

## 2.

## Website Information

Community Mental Health for Central Michigan encourages providers to check our website [www.cmhcm.org](http://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](mailto: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](http://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](http://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](http://www.cmhcm.org) > Providers tab > Links
- 4) PIHP/CMHSP Encounter Reporting HCPCA and Revenue Codes can be accessed at [www.cmhcm.org](http://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](http://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 visit 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](http://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
- Environmental Safety/Emergency Procedures
- 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](mailto:clareclerical@cmhcm.org),  
 Isabella County: [isabellaclerical@cmhcm.org](mailto:isabellaclerical@cmhcm.org),  
 Gladwin County: [gladwinclerical@cmhcm.org](mailto:gladwinclerical@cmhcm.org),  
 Mecosta County: [mecostaclerical@cmhcm.org](mailto:mecostaclerical@cmhcm.org),  
 Midland County: [midlandclerical@cmhcm.org](mailto:midlandclerical@cmhcm.org),  
 Osceola County: [osceolaclerical@cmhcm.org](mailto: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              | <a href="#">Psychosocial Assessment - annual</a>  |
| H0032     | Mental Health Service Plan Development by Non-Physician | <a href="#">PCP Pre-Planning Note</a><br><a href="#">Person/Family Centered Plan</a><br><a href="#">Addendum to Person/Family Centered Plan</a><br><a href="#">Notice of Benefit Determination (Medicaid)</a><br><a href="#">Notice of Benefit Determination (Non-Medicaid)</a><br><a href="#">IPOS Training Record</a> |
| H2014     | Skills Training and Development, per 15 min             | <a href="#">Skill Building Progress Note</a>  |
| H2015     | Comprehensive Community Support Services, per 15 min    | <a href="#">CLS Progress Note</a>   |

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



## **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](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](mailto:khall@cmhcm.org)
- Dr. Madison Chapman, Behavior Treatment Committee Chair [mchapman@cmhcm.org](mailto:mchapman@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 (QAPIP) Plan and Strategic Plan to advance its agency mission, vision, and values. The QAPIP 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](http://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](mailto: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



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><b>Billing</b> <input type="checkbox"/></p> <p style="text-align: center;"><i>Select this option for billing access.<br/>Phone training to be provided by Payables team.</i></p>   | <p><b>Clinical</b> <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><b>PCP/Chart View</b> <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><b>Clinical Supervisor</b> <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><b>Home Manager</b> <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><b>Direct Care Worker</b> <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><b>ABA Transcription</b> <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](mailto: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.

\_\_\_\_\_

*User Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Supervisor Signature*

\_\_\_\_\_

*Date*

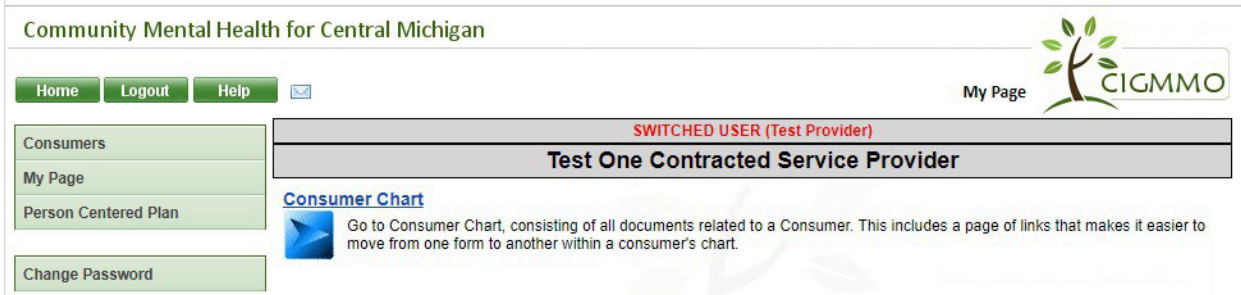
Please send completed form to:  
CMHCM Provider Network Team [providernetwork@cmhcm.org](mailto:providernetwork@cmhcm.org)



# 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:



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.

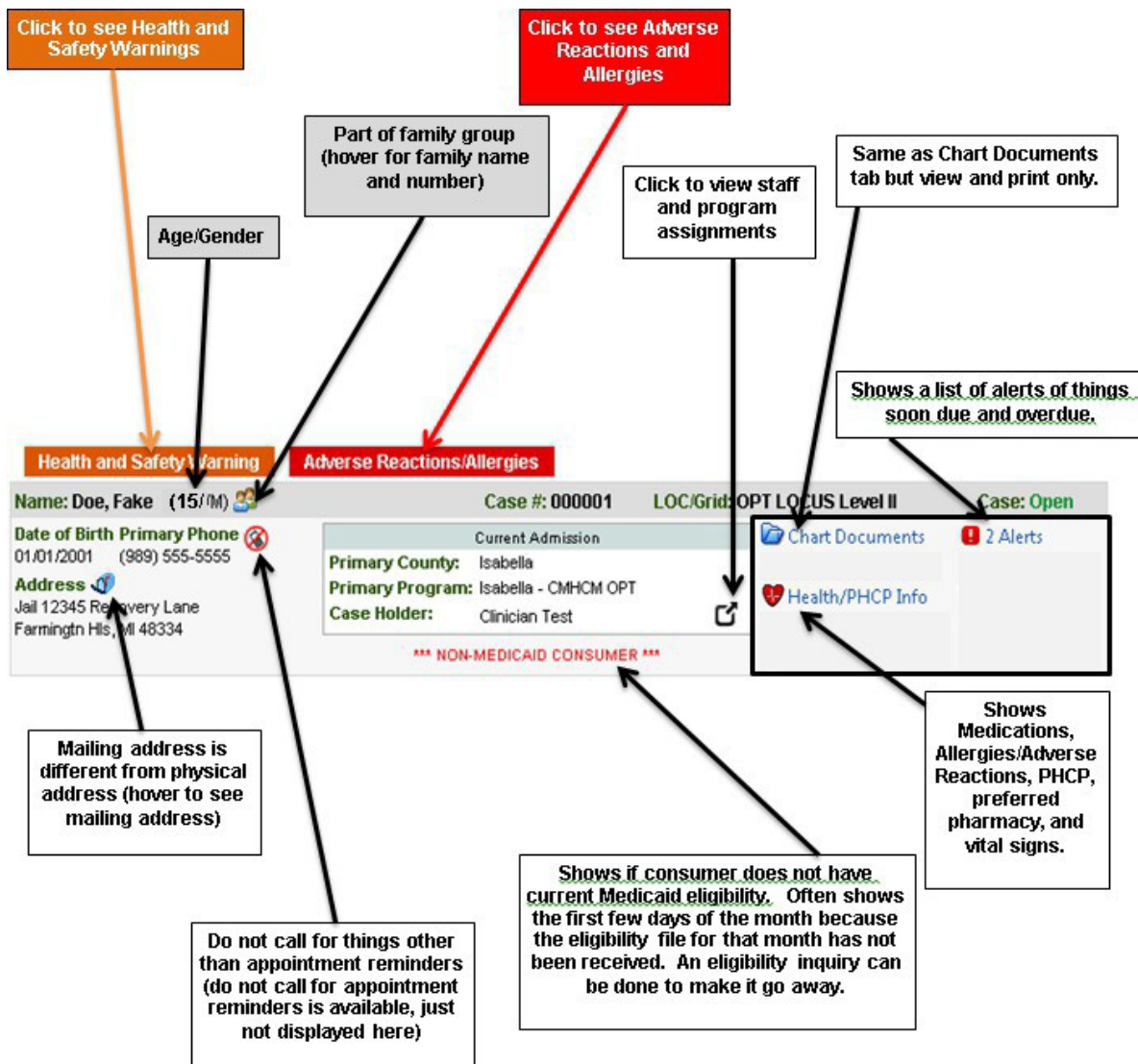
Once you have clicked SEARCH, a list of consumers that fit that criteria will come up. Click the 'Consumer Chart' or 'Select' link to the right of the one you want to work with.

1 Consumer

| Last Name | First Name | Case # | SSN      | Case Holder | DOB        | Admission County                                   | Status |                                |
|-----------|------------|--------|----------|-------------|------------|--|--------|--------------------------------|
| Doe       | Fake       | 000001 | ****4567 |             | 04/25/2003 | Mecosta<br>Clare<br>Gladwin<br>Isabella<br>Midland | Closed | <a href="#">Consumer Chart</a> |

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

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<br>07/01/2023<br>Effective<br>07/03/2023<br>Expiration<br>07/02/2024<br>Early Terminated<br>09/14/2023 | PCP   | <a href="#">View Print Authorization Summary</a><br><a href="#">Print Current Budget</a>   |
| <div style="border: 1px solid black; padding: 2px;">Effective and Expiration Dates</div>                              |   | <div style="border: 1px solid black; padding: 2px;">Staff Signature</div>  |
| <div style="border: 1px solid black; padding: 2px;">Navigate through PCPs</div>                                       |   |  |
| PCP Preplanning Note  |   |  |
| Date  | County / Affiliate  | Meeting  |
| 07/03/2023  | Isabella  | Date: 07/03/2023<br>Time: 8:00AM<br>Location: sadf   |
| Status  | SIGNED BY: Jane Cole<br><a href="#">Change Signed Document</a><br><a href="#">View Print Document History</a> |  |
| 0 Attachments   |   |  |
| PCP   |   |  |
| Date  | County / Affiliate  | Status   |
| 07/03/2023  | Isabella  | SIGNED BY: Jane Cole<br>OBTAINED EXTERNALLY: Consumer<br><a href="#">Change Signed Document</a><br><a href="#">View Delete Document History</a><br><a href="#">Print with Current Goals</a><br><a href="#">Print Signature Page</a><br><a href="#">ABD Notices</a> |
| <div style="border: 1px solid black; padding: 2px;">Cover Letters, Training Records, and Attachments</div>            |   |  |
| <div style="border: 1px solid black; padding: 2px;">0 PCP Cover Letters   1 PCP Training Record   1 Attachment</div>  |   |  |

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:

| 7 CLS Documents |            |                    |          |   |        |  |
|-----------------|------------|--------------------|----------|---|--------|--|
| Type            | Date       | County / Affiliate | Notes    | Details   | Status | <a href="#">Add CLS Document</a>                 |
| Training        | 07/25/2017 | Isabella           | Training | Uploaded By: Julie Rookard on 07/25/2017 13:07:11<br>Uploaded File Name: I000314434.pdf |        | <a href="#">View</a> <a href="#">View Upload</a> |
| Training        | 07/25/2017 | Isabella           | Training | Uploaded By: Julie Rookard on 07/25/2017 12:57:50<br>Uploaded File Name: I000314421.pdf |        | <a href="#">View</a> <a href="#">View Upload</a> |

## 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:

|  |   |  |
|--|---|--|
| <b>Index</b>   | <b>3. AFC Document: Signatures</b>  |  |
| <ol style="list-style-type: none"> <li>1. <a href="#">Scan or Upload</a></li> <li>2. <a href="#">Send Copy to</a></li> <li>3. <b>Signatures</b></li> </ol> | Document does not require signatures or a service activity log            |  |
|  | Record Added<br>provider 05/16/2019 11:51:23                              | Record Changed<br>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 the provider prior to service delivery and staff working with the consumer. IPOS training records for every staff person who is working with the consumer must be kept up-to-date and uploaded to CIGMMO to ensure staff 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 and uploaded to CIGMMO for every staff person that works with the consumer, prior to staff working with the consumer.
- Contract Providers are required to maintain an accessible copy of the current IPOS at the provider setting.



# IPOS Training for Contracted Service Providers in CIGMMO

**PCP**

|                           |                                      |  |  |
|---------------------------|--------------------------------------|--|--|
| <b>Date</b><br>06/25/2020 | <b>County / Affiliate</b><br>Midland | <b>Status</b><br>SIGNED BY:<br>Benjamin Witse<br>VERBALLY CONSENTED:<br>Consumer | <a href="#">View Document History</a><br><a href="#">View Appointment</a><br><a href="#">Print with Original Goals</a><br><a href="#">Print with Current Goals</a><br><a href="#">Print Signature Page</a> |
|---------------------------|--------------------------------------|--|--|

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

**PCP**

|                           |                                      |  |  |
|---------------------------|--------------------------------------|--|--|
| <b>Date</b><br>06/26/2020 | <b>County / Affiliate</b><br>Midland | <b>Status</b><br>SIGNED BY:<br>[REDACTED]<br>VERBALLY CONSENTED:<br>Consumer | <a href="#">View Document History</a><br><a href="#">View Appointment</a><br><a href="#">Print with Original Goals</a><br><a href="#">Print with Current Goals</a><br><a href="#">Print Signature Page</a> |
|---------------------------|--------------------------------------|--|--|

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

**PCP**

|                           |                                      |  |  |
|---------------------------|--------------------------------------|--|--|
| <b>Date</b><br>06/26/2020 | <b>County / Affiliate</b><br>Midland | <b>Status</b><br>SIGNED BY:<br>[REDACTED]<br>VERBALLY CONSENTED:<br>Consumer | <a href="#">View Document History</a><br><a href="#">View Appointment</a><br><a href="#">Print with Original Goals</a><br><a href="#">Print with Current Goals</a><br><a href="#">Print Signature Page</a> |
|---------------------------|--------------------------------------|--|--|

1 PCP Cover Letter | PCP Training Records | 1 Attachment

| Date       | County / Affiliate | Provider Agency                    |   |
|------------|--------------------|------------------------------------|---|
| 03/03/2021 | Midland            | Arnold Center                      | <a href="#">View Print Document History</a> |
| 10/22/2020 | Midland            | Independent Community Living, Inc. | <a href="#">Change View Print</a>           |
| 09/16/2020 | Midland            | Arnold Center                      | <a href="#">View Print Document History</a> |
| 09/15/2020 | Midland            | Arnold Center                      | <a href="#">View Print Document History</a> |
| 09/11/2020 | Midland            | Arnold Center                      | <a href="#">View Print Document History</a> |
| 09/10/2020 | Midland            | Arnold Center                      | <a href="#">View Print Document History</a> |
| 08/27/2020 | Midland            | Independent Community Living, Inc. | <a href="#">Change View Print</a>           |
| 08/27/2020 | Midland            | Independent Community Living, Inc. | <a href="#">Change View Print</a>           |
| 08/27/2020 | Midland            | Independent Community Living, Inc. | <a href="#">Change View Print</a>           |
| 07/29/2020 | Midland            | Independent Community Living, Inc. | <a href="#">Change View Print</a>           |

**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:  [Add Attending Staff](#)

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](#)  
181943 Jenelle Lynch LMSW, QMHP, QIDP, C

Enter your password to sign:

1. Date of Training

2. Choose Contracted Service

3. Lookup Provider Name

4. Add Staff Trained

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](mailto: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 25<sup>th</sup>. If October

- 25<sup>th</sup> falls on a weekend or holiday, claims must be submitted by 5 p.m. on the next working day.
- E. Reconsiderers 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 25<sup>th</sup>. If October 25<sup>th</sup> 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 15<sup>th</sup> to allow time for processing and possible rebills.
4. Requests for a waiver of the 60-day restrictions must be requested by October 15<sup>th</sup> to allow time for processing.

#### **D. Reconsiders**

1. Provider sends an email request to [payables@cmhcm.org](mailto: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](mailto: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](mailto: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       | Alprazolam         | Ambien                     |
| Apap w/Codeine | Ativan             | Chloral Hydrate Clonazepam |
| Clorazepate    | Codeine            | Cylert                     |
| Dalmane        | Demerol            | Flunazepam                 |
| Halicon        | Hydrocodone        | Klonipin                   |
| Lomotil        | Medperidine        | Norco                      |
| Oxazepam       | Pemoline           | Phenobarbital              |
| Propoxyphene   | Prosom             | Resotril                   |
| Ritalin        | Serax              | Soma                       |
| Triazolam      | Tylenol w/ Codeine | Valium                     |
| Vicodan        | Vyvanse            | Xanax                      |

## 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](mailto: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](mailto: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](http://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**

Keegan Sarkar  
Angela Wend  
Sarah Watson

**Recipient Rights Officer**

Katie Hohner

**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](http://www.michigan.gov/miosha)



## REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

|   | Section 723, Public Act 258 of 1974<br><i>as amended</i><br>(Mental Health Code-Recipient Abuse)  | Public Act 238 of 1975<br>(Child Protection Law)  | Public Act 519 of 1982<br>(Adult Protective Services Law)   | Section 723, Public Act 258 of 1974<br><i>as amended</i><br>(Mental Health Code-Criminal Abuse)  |
|---|---|---|---|--|
| WHERE is the report made?   | A list of local rights offices can be found at:<br><a href="https://tinyurl.com/CAU-ORR">https://tinyurl.com/CAU-ORR</a>  | ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911   | To the Michigan State Police, Local Sheriff or Local Police Department  | Contract your local police or sheriff department   |
| 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:<br>Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.   | You must report if you:<br>Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.  | You must report if you:<br>Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.  | You must report if you:<br>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 (390.1723)  |
| 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?<br>YES                                | Disciplinary action may be taken and you may be held civilly liable.  | You may be held civilly liable. Failure to report is also a criminal misdemeanor.   | You may be held civilly 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?<br>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?<br>YES                  | The Bureau of Community and Health Systems (LABA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 800-693-6006<br>The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL 24 hour HEALTH CARE FRAUD HOTLINE 800-24-ABUSE/ 800-242-2873<br>The LABA-SCHS Adult Foster Care and Camps Licensing Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems (LABA) COMPLAINT INTAKE UNIT 866-856-0126 |   |   |  |



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



## 13. 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](http://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. **Environmental Safety/Emergency Procedures**  
*\*Required Initially and every 3 years*
11. **Trauma Informed Care Training**  
*\* Required Initially within 90 days.*
12. **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).*
13. **Positive Approaches/Challenging Behaviors/Non-Aversive Techniques & Crisis Intervention/Non-Physical Intervention/Verbal De-Escalation**  
*\*Required initially within 90 days for ALL providers.*



## 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, Officer</i>  | <i>(989) 772-5938</i> | <i>Mt. Pleasant</i> |
| <i>Sarah Watson, Advisor</i>  | <i>(989) 772-5938</i> | <i>Clare</i>        |
| <i>Angela Wend, Advisor</i>   | <i>(989) 631-2320</i> | <i>Midland</i>      |
| <i>Keegan Sarkar, Advisor</i> | <i>(989) 772-5938</i> | <i>Mt. Pleasant</i> |





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

| <b>REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT</b>                             |   |   |   |
|---|---|---|---|
|   | Section 723, Public Act 258 of 1974<br>as amended<br>(Mental Health Code-Criminal Abuse)  | Public Act 238 of 1975<br>(Child Protection Law)  | Public Act 519 of 1982<br>(Adult Protective Services Law)   |
|   | To the MDHHS, CMHSP, or Hospital<br>OFFICE OF RECIPIENT RIGHTS<br><a href="https://tinyurl.com/CALL-ORR">https://tinyurl.com/CALL-ORR</a>   | To the MDHHS Office of Children<br>Protective Services  | To the MDHHS Office of Adult<br>Protective Services   |
|   | A list of local rights offices can be found at:<br><a href="https://tinyurl.com/CALL-ORR">https://tinyurl.com/CALL-ORR</a>  | ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911   | Contact your local police or sheriff department   |
| <b>WHERE is the report made?</b>  | 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   |
| <b>WHAT must be reported?</b>   | 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. |
| <b>WHO is required to report?</b>   | You must report if you:<br>Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.   | You must report if you:<br>Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.  | You must report if you:<br>Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.  |
| <b>WHEN must the report be made and in what format?</b>                         | 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.   |
| <b>TO WHOM are reports made?</b>  | To your immediate supervisor and to the Recipient Rights Office at your agency or hospital  | Report to Protective Services<br>Reporting Hotline<br>855-444-3911  | Report to Protective Services<br>Reporting Hotline<br>855-444-3911  |
| 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.   |
| Is there a penalty for failure to report?<br>YES                                | Disciplinary action may be taken and you may be held civilly liable.  | You may be held civilly liable. Failure to report is also a criminal misdemeanor.   | You may be held civilly liable and have to pay a \$500 fine.  |
| Is it necessary to report to more than one agency?<br>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?<br>YES                  | The Bureau of Community and Health Systems (LABA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 800-882-8006<br>The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL 24 hour HEALTH CARE FRAUD HOTLINE 800-24-ABUSE/ 800-242-2873<br>Call the LABA-CHS Adult Foster Care and Camps Licensing Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems (LABA) COMPLAINT INTAKE UNIT 966-956-0126 |   |   |
|   | The law states that failure to report or false reporting is a criminal misdemeanor.   | Someone who has knowledge must report or cause a report to be made.   | 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.      |
|   |    |   |   |

0CH-0727

03/2024

## 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 or 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 Operating Officer & Compliance Officer:

**Renee Raushi**

301 S. Crapo Street, Suite 100, Mt. Pleasant, MI 48858  
(989) 772-5938  
[rraushi@cmhcm.org](mailto:rraushi@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](mailto: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](http://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](http://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 red-bordered box displays test results: Correct answers: 20 correct answers from 22; Questions missed: 2; Your grade: 90 %. A congratulatory message follows: "Congratulations! You have now passed the test and are ready to proceed with certification registration. Please fill out the form below." Below this, another red-bordered box contains a registration form with the heading "Please complete the form. Please enter your name as you would like it to appear on your certificate." The form includes a dropdown menu for "Select Certificate Type \*" (currently set to "\$ 21.79 Basic First Aid - Wallet Card Only"), a checkbox for "Mail it.", and several text input fields for "First Name \*", "Last Name \*", "E-Mail \*", "Confirm E-Mail \*", "Address", "City", "State", "ZIP Code", and "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.**



## WEATHER-RELATED SAFETY

### **KNOW THE DIFFERENCE BETWEEN A WATCH AND A WARNING!**

- A “**watch**” means: conditions are favorable for a condition (severe storm, tornado, flooding, etc.) to occur.
- A “**warning**” means: that a condition (severe storm, tornado, flooding, etc.) is actually happening – TAKE COVER.

A **Severe Storm** is a storm with high winds, dangerous lightning, and possibly hail. It could cause power outages, and damage to homes and property.

**Thunderstorms:** Advance warning of a coming storm is critical to prevent being caught in a storm. Make sure you are aware of the weather forecast when planning outdoor activities. If you are outside when a thunderstorm threatens, get inside a home, large building or an automobile.

**Lightning:** Lightning often occurs during thunderstorms. Precautions can be taken to reduce your risk of being struck.

- Stay away from tall isolated trees, telephone poles, hilltops or other high areas that act as natural lightning rods.
- In a forest, seek shelter under a thick growth of small trees. In open areas, go to a low place such as a ravine or valley.
- Seek shelter in a home large building or an automobile.
- Get away from open water, metal equipment or metal objects such as bicycles, motorcycles or golf carts.
- Stay away from wire fences, clotheslines, metal pipes and rails. If you are walking in a group, spread out and try to stay several yards apart.

**Tornado:** A tornado is a column of violently rotating winds that extend down from a thunderstorm cloud and touch the earth. A tornado can occur anytime but are most common during the months of April, May, June and July.

- When a “watch” is issued, prepare to move to your safe area. Monitor the local radio station for sudden weather changes or bulletins.
- If any of the following occur:
  - High winds in excess of 30 miles per hour
  - A fire siren is blown
  - A funnel cloud is spotted
  - A TORNADO WARNING is issued - **SEEK SHELTER IMMEDIATELY!**
- Close interior and exterior doors to minimize the chance of injury due to flying glass. Stay away from windows and outside walls!
- Stay tuned to the local station while you are in your safe area.
- When the storm has passed leave the safe area with caution. If any potentially dangerous conditions exist (broken glass, windows, or other damage) contact the proper person.

If you are traveling when conditions are favorable, drive to the nearest large building that can be used as a shelter. Stay near a shelter until the threat has passed. If you are driving and a warning is issued, seek shelter in a large building. If a building is not available, you may need to lie down in a ditch or ravine. Do not try to outrun a tornado in your vehicle!

**Floods:** Usually occur in Michigan during the Spring or Fall when rainfall and water runoff are at their peak. Flash floods are particularly hazardous because they can occur quickly and without warning. Swiftly moving water can damage or destroy buildings and structures. This can lead to injuries and drowning. Floods can interrupt power and make roads impassable. Severe floods occur rarely, but knowing how to prepare and respond can prevent disaster.

- Notification and warning
- Notification of a flood watch or warning is received by:

- Radio and television
- Sirens and alert monitors
- Emergency personnel who go door to door
- National Weather Service or local emergency jurisdiction

Never drive through an area where water is covering the road or moving swiftly across the road. Turn around and find another route.

**Winter Storms:** Winter storms call for special precautions. Snowfall, blizzards and ice storms can trap people inside for days. Snow and ice can break power lines and cause loss of electricity and heat.

- A battery-powered radio is your best source of information in an emergency. Remember to have extra batteries on hand! Listen to the radio to keep posted on weather reports.
- Draw water into as many containers as possible. Gather battery-powered lanterns, flashlights, etc. in case you lose your power. Make sure your home has a corded phone!
- If candles are used, BE CAUTIOUS! Candle-holders should surround the candle totally (like a glass globe or a fish bowl). Do not leave a candle burning unattended. Battery operated candles or camp lights are recommended.
- If you experience heat failure, dress in layers and keep moving!
- If your home has fuel delivery, remember to assure an adequate supply of fuel is available at all times, especially if a winter storm is predicted!

### **How to Prevent Cold-Related Illnesses (Hypothermia and Frostbite)**

Avoid frostbite and hypothermia when you are exposed to cold temperatures by wearing layered clothing, eating a well-balanced diet, and drinking warm, non-alcoholic, caffeine-free liquids to maintain fluid levels. Avoid becoming wet, as wet clothing loses 90 percent of its insulating value.

### **How to Prevent Hyperthermia and Heat-Related Illness**

- Drink more fluids and avoid fluids containing alcohol or sugar.
- Stay indoors. If outdoor activity is a must, limit activity to morning and evening hours when it's cooler.
- Wear lightweight, light-colored, loose-fitting clothing.
- **NEVER** leave anyone in a closed, parked vehicle.

## **FIRE SAFETY AND PREVENTION**

Evacuation is your absolute **FIRST PRIORITY** in a fire or smoke emergency. **GET EVERYONE 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! In a residential setting there are no “false alarms”. That means even if you know the toaster set off the smoke alarm...evacuate!

Do not look for the fire! Do not attempt to fight the fire! A fire doubles in size every 19 seconds!

- Get out!
- Go to your designated meeting place.
- Do not waste time getting dressed!
- Do not try to save property or possessions!
- Have regular fire drills to prevent panic and assure proper action!
- **DON'T RE-ENTER THE HOUSE** – Once you are out, stay out! Call the fire department and other emergency numbers from a neighbor's residence.

**Fire Extinguishment:** You must never use a fire extinguisher to put out a fire! Putting out a fire is the job of a professional fire fighter! There are only two reasons you will ever use a fire extinguisher:

- **RESCUE** – If you need to get to someone to evacuate them and there is a fire between you and them.
- **ESCAPE** – A fire may be blocking your exit and you need to use the extinguisher to suppress the flames long enough to get this 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:

- Hold extinguisher upright. Pull the pin out.
- Stand at least 6-8 feet from the fire. Do not get closer!
- Aim the nozzle at the base of the fire and squeeze the handles.
- 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!

## **LEAKS AND POISONING**

### **Gas Leaks**

If you think there is a gas leak do the following:

- Evacuate immediately!
- Do not turn any electrical switches on or off.
- Do not use the telephone.
- Do not use any matches or lighters.
- Go to a neighbor's and call the gas company right away.

### **Preventing Poisoning from Medications**

- Follow directions on the label when you give or take medicines.
- Read all warning labels. Some medicines cannot be taken safely when you take other medicines or drink alcohol.
- Assure you have adequate light when you give or take medicines so that you know you have the correct amount of the right medicine.
- Keep medicines in their original bottles or containers.
- Keep opioid pain medications, such as methadone, hydrocodone, and oxycodone, in a double locked cabinet that can only be reached by people responsible for medication passing.
- Dispose of unused, unneeded, or expired prescription drugs

### **Household Chemicals and Carbon Monoxide**

- Always read the label before using a product that may be poisonous.
- Keep chemical products in their original bottles or containers. Do not use food containers such as cups, bottles, or jars to store chemical products such as cleaning solutions or beauty products.
- Never mix household products together. For example, mixing bleach and ammonia can result in toxic gases.
- Wear protective clothing (gloves, long sleeves, long pants, socks, shoes) if you spray pesticides or other chemicals.
- Turn on the fan and open windows when using chemical products such as household cleaners.
- Understand the dangers and symptoms of carbon monoxide poisoning.

### **Keep People Safe from Poisoning**

- Put the poison control number, 1-800-222-1222, on or near every home telephone and save it on the home cell phone, (if one is available). The line is open 24 hours a day, 7 days a week.
- Keep all drugs in medicine cabinets or other childproof cabinets that young children cannot reach.
- Do not call medicine candy.
- Be aware of any legal or illegal drugs that others may bring into the home.
- Do not let other employees leave personal prescription drugs where they can be ingested. Staff medications should be locked if they are in the home at all.
- When you take medicines yourself, do not put your next dose on the counter or table where someone else can reach it.
- Never leave people in your care alone with household products or drugs.
- Do not leave household products out after using them. Return the products to a locking cabinet as soon as you are done with them.

- Identify poisonous plants in your house and yard and place them out of reach of people in your care.

### **What To Do If a Poisoning Occurs**

- Remain calm!
- Call 911 if you have a poison emergency and the victim has collapsed or is not breathing. If the victim is awake and alert, call poison control 1-800-222-1222. Try to have this information ready:
  - the victims age and weight
  - the container or bottle of the poison if available
  - the time of the poison exposure
  - the address where the poisoning occurred
  - Stay on the phone and follow the instructions from the emergency operator or poison control center.
  - If they request that you bring the person in to the hospital, you must take the suspected poison, or bottle and any vomit (if the person has thrown up).

### **ADDITIONAL EMERGENCIES**

#### **Power Outage Concerns:**

- **Air Conditioning Failure**

Air conditioning failure can pose a serious threat to the elderly or those with other health conditions. The following tips will help you keep cool in an air conditioning failure:

- Shut all curtains
- Don't open windows unless it will let cooler air in.
- Go to a lower level of the home if possible to stay cool.
- Keep individuals well hydrated- offer fluids frequently.

- **Foods That Spoil**

If a power failure continues for a long time, food may begin to spoil.

- A loaded freezer will keep foods frozen 36 – 48 hours if the door is kept shut.
- Avoid opening freezer and refrigerator doors more than necessary.
- Transfer foods you will use soon to an insulated chest type freezer.
- If you can obtain ice, transfer as much as possible into coolers.
- Cold foods are to be kept at 40 degrees Fahrenheit or lower.

- **Water Shortage Precautions**

- Water supply must be stored in clean dated containers and exchanged every 6 months.
- If there is room in your freezer water can be frozen and melted as needed.
- Keep a supply of bottled water.
- Fill bathtubs if a water shortage is possible. This will allow water for filling toilets, washing dishes, personal care, etc.
- If water is contaminated or questionable, treat it with “potable” water tablets. These tablets make water safe to drink and can be purchased at hardware or drug stores.

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

## 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:

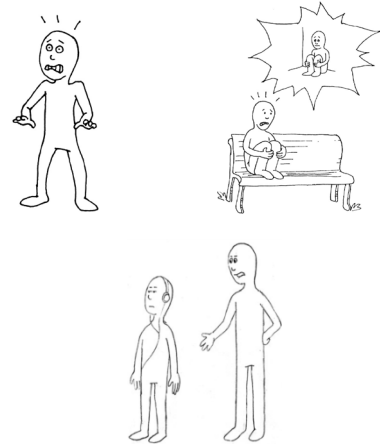
- Ability to trust others
- Sense of personal safety
- Emotional reactions and ability to manage emotions
- Ability to navigate and adjust to life’s changes
- Physical and emotional responses to stress

**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

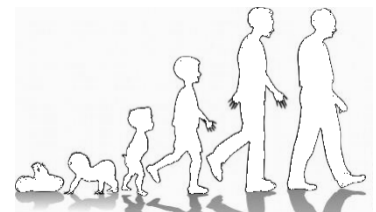
- Talking about certain events all the time
- Bringing up the topic seemingly “out of the blue”
- Be confused or mistaken about details
- Remember only fragments of what happened

## 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:

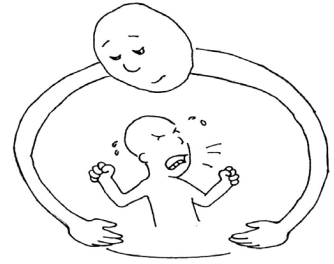
- ✓ Don't overwhelm
- ✓ Stress Protection
- ✓ Be Flexible

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:

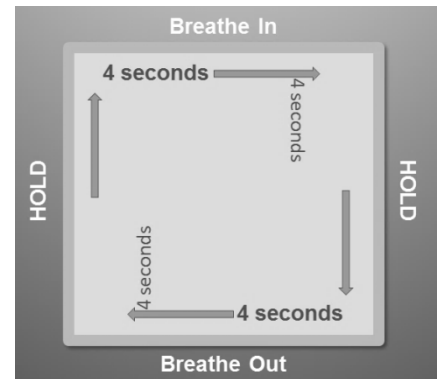
- Stop and take several long, deep breaths

### 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

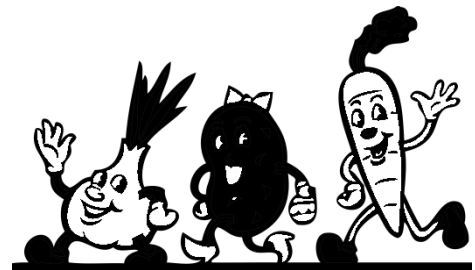
## Self-Care Basics

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:**

| <b>Dispute Type</b>                             | <b>Medicaid</b>    | <b>Non-Medicaid</b> |
|---|--------------------|---------------------|
| 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 Environmental Safety/Emergency Procedures:**

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 Environmental Safety/Emergency Preparedness

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

## FY25 Change Log

- January 2025:
  - Page 3: Add Kristina Meyer to the Provider Network Team as Residential Placement Coordinator.
  - Page 10: Add Dr. Madison Chapman as BTC Chair, replacing Renee Raushi.
  - Page 30 and 26: Update Recipient Rights poster and contact information to reflect Katie Hohner as the Recipient Rights Officer, having replaced Jane Gilmore and Keegan Sarkar as the new Rights Advisor.
  - Page 43: Add Renee Raushi as the Compliance Officer, having replaced Bryan Krogman.
  - Updated Fire & Safety Prevention to Environmental Safety/Emergency Procedures throughout. The correlating training/overview on pages 60-63 were also added to.
  - Sensitivity Training – Hearing Loss has been removed as a required training.
- February 2025:
  - Page 32 and 38: Added updated Requirements for Reporting Abuse and Neglect flyer.