

**RESPITE
PROVIDER
PACKET**



STUART T. WILSON CPA, PC

CERTIFIED PUBLIC ACCOUNTANT
FISCAL INTERMEDIARY

Fiscal Intermediary Respite Employment Agreement

Employer SSN: _____ - _____ - _____

Employer is always the participant, even if a minor.

Employee SSN: _____ - _____ - _____

Respite provider

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

The employee recognizes that employment is conditioned on the employer's participation with Community Mental Health Services.

Employee agrees/understands:

1. This is an "at will" employment relationship, which can be terminated at any time.
2. Although a third party, called a "fiscal intermediary", will draft my pay check; they are only acting as a financial administrator and *are not my employer.*
3. To hold the "fiscal intermediary" harmless for their role as the financial administrator.
4. Community Mental Health service's role is that of project administrator and they are not my employer.
5. To hold Community Mental Health harmless for their role as project administrator.
6. To keep records indicating the extent of respite care provided.
7. To furnish, upon request, any records regarding services provided and payments received to Mental Health Services, the State of Michigan, and/or federal Medicaid agencies.
8. Respite hours are not subject to overtime payment.

Employer agrees:

1. To pay my employee as described on the respite voucher.
2. Provide Mental Health services with the necessary documentation to assure timely compensation of my employee.

Employer Signature

Date

Employee Signature

Date



STUART T. WILSON CPA, PC
CERTIFIED PUBLIC ACCOUNTANT
FISCAL INTERMEDIARY

Criminal Background Check Authorization Form

Do not provide any services prior to authorization. You will not be paid for any time worked prior to a clear criminal background check and the completion of required trainings.

Employer (Participant): _____ Organization/Agency: _____

Employee Full Name: _____

Previous Names Used (Include maiden name): _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's License #: _____

Social Security #: _____

Phone #: _____

You MUST include a copy of your Driver's License or State ID with this form.

I authorize the release of my criminal background information and driving record to my employer, to be run ongoing, and to the "Host Agency" which acts as project administrator; and to the "Fiscal Intermediary" which serves as my employer's financial administrator.

Furthermore, I acknowledge that I am required to notify Stuart T. Wilson CPA, PC as soon as possible, but no later than the next business day, if I have been convicted of any crime.

Signature

Date

Results are released to the participant/guardian or case manager.

For results contact:

Participant/Guardian Name: _____

Phone #: _____ Email: _____

or

Case Manager: _____

Phone #: _____ Email: _____

Employee's Withholding Certificate

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.
▶ Your withholding is subject to review by the IRS.

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

Use the www.irs.gov **Withholding Estimator** for most jobs. For more information, see **Step 4(c)** below.

Complete the **Multiple Jobs Worksheet** on page 2. This worksheet will result in **Step 4(c)** below.

If you have **only two jobs total**, you may be able to use the **Two Jobs Worksheet**. Do the same on Form W-4 for each job. This option is only available for jobs with similar pay; otherwise, the amount of withholding may be less than necessary.

If you are **married filing jointly**, submit a 2020 Form W-4 for each job. If you (or your spouse) are an **employee**, use the **Withholding Estimator**. If you (or your spouse) are an **independent contractor**, use the **Withholding Estimator**.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 ▶ \$

Add the amounts above and enter the total here **3** \$

Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income. **\$**

(b) **Deductions.** If you expect to claim deductions other than the standard deduction, and you want to increase your withholding, use the **Multiple Jobs Worksheet** on page 2 and enter the result here. **\$**

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



Employment Eligibility Verification
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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided.

Document Title	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p align="center">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

****Each provider MUST read through the booklet, understand it, and sign the signature page
Which then is returned to Bay Arenac Behavioral Health for the provider's employment file.**

Trainings included in this booklet include:

Infection Control/Blood Borne Pathogens
Safety and Fire Prevention
Health Insurance Portability & Accountability Act (HIPAA)
False Claims Act
Michigan Whistleblower's Protection Act
Recipient Rights of Mental Health Services
Limited English Proficiency
Corporate Compliance, Ethics, & Deficit Reduction
Person Centered Planning
Cultural Competence and Diversity in the Community
Basic First Aid

****All Respite Providers must provide a copy of these two documents with the provider packet to receive payment.**

**Drivers License
Social Security Card**

Respite fund guidelines for amounts/payments

****Respite care allotment amounts vary and are determined by the Respite Care Coordinator or Client Services Specialist. You will receive a letter in the mail to notify you of your approved respite care allotment for the year.**

The maximum respite allotment per **calendar year** is \$1,999.99 (January through December) to eliminate all payroll tax reporting requirements. *This does not mean you will receive this amount, please refer to your letter for your approved amount.

*The respite funds granted are attached to the person's **Person Centered Plan (PCP) dates** that will fall within a calendar year.*

A respite care provider can only be paid \$999.99 **per quarter in the calendar year** – the quarters per calendar year are as follows:

January, February, March

April, May, June

July, August, September

October, November, December

Respite providers cannot reside in the same home of the person receiving the respite services. Respite checks under **no** circumstances will be mailed to the address of the respite consumer for a provider. Provider checks will only be mailed to the provider's home address.

Each consumer (employer) completes a respite invoices (voucher), has employee sign and then it must be submitted to Bay Arenac Behavioral Health for payment authorization. Upon authorization, the invoice (voucher) will be forwarded to the fiscal intermediary, Stuart Wilson for payment. *Please allow two weeks before calling to check on the status of your payment.

****All** respite invoices (vouchers) submitted must have dates **within three months** on when it was received. (**ALSO** dates on the invoice submitted must fall between the PCP beginning and end dates)

ALL respite claims invoices (vouchers) must be mailed or faxed to:

Bay Arenac Behavioral Health

Respite Services

Attn: Susan or Chelli

201 Mulholland

Bay City, MI 48708

Or

Fax: 1-989-497-1569

****What is needed for a Respite Provider Packet or Consumer Packet (you may receive one or both packets) PLEASE follow instructions below.**

***What is needed from you as (parent/guardian or self), the Employer to complete the Respite CONSUMER Packet:**

1. Fiscal Intermediary Respite Program – Respite Referral Sheet
 - Completely fill out this form
2. SS-4 Form
 - **Signature and date only**
 - Parent/guardian can sign the SS-4 form but it **MUST BE IN THE CHILD’S NAME**
 - If child’s name is not signed then you must supply documentation stating you have guardianship
3. 2848 Form
 - Signature and date only (2nd page)
 - **SIGNATURE MUST BE IN THE CHILD’S NAME**

***What is needed from you as (parent/guardian or self), the Employer and the respite care provider the Employee to complete the Respite PROVIDER Packet:**

1. Employment Agreement
 - You as (parent/guardian or self) fill out top section of this form
 - You as (parent/guardian or self) then sign and date where it says – **Employer**
 - Have the person you would like to provide the respite care sign and date where it says – **Employee**
2. Criminal Background Check Authorization Form
 - The person providing the respite care (**Employee**) must complete, sign and date this form.
**** The Provider (Employee) can’t start working until the background check is cleared.**
 - A copy of the employee’s driver’s license and social security card **MUST** be provided along with this form
3. W-4 Form
 - Respite care provider (**Employee**) - Fill out section 1 and then sign and date section 5
4. Employment Eligibility Verification Form/Dept. of Homeland Security
 - Respite care provider (**Employee**) – fill out top section with you basic information and the sign and date where it says signature of employee (page 1)
 - You as (parent/guardian or self), the (**Employer**) only need to sign and date under the certification section (page 2) of the Employment Eligibility Verification form where it says - signature of Employer or authorized representative
 - You do **NOT** have to complete the X out sections
5. Trainings
 - Read **all** training sections and take test
 - Sign, date and **return test**

Once your packet(s) are completely filled out please mail or fax them to:

Bay Arenac Behavioral Health
Attn: Susan Leix
201 Mulholland
Bay City, MI 48708
Fax: 1-989-497-1569
Phone: 1-989-895-2277

If you are in need of more provider packets please contact:

Susan Leix, Secretary at 1-989-895-2277
or
Chelli Harless, Respite Care Coordinator
at 1-989-895-2212

*****If you return an incomplete packet it WILL delay the process!!!**

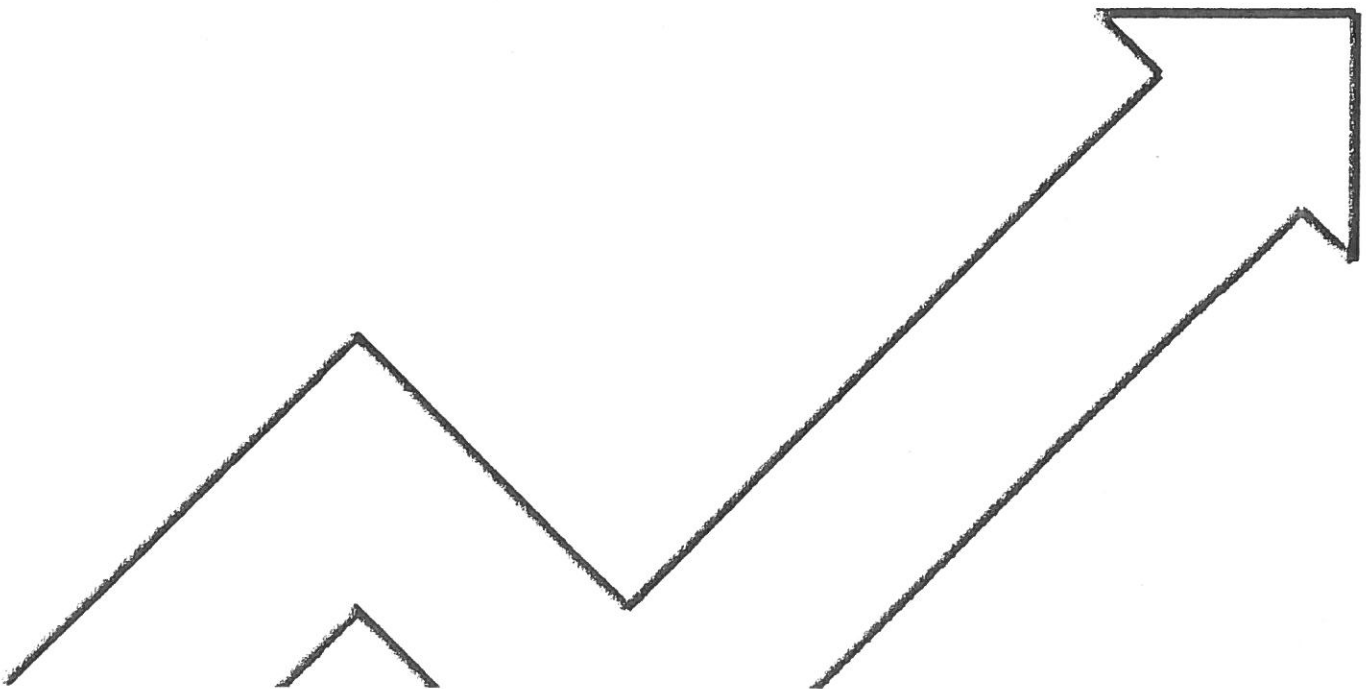
Please call Susan if you have questions at 895-2277



STUART T. WILSON, CPA PC

6300 Schade Dr.
Midland, MI 48640
Phone: (989) 832-5400
Fax: (989) 832-5404

Provider Training Handbook



Let's define first aid: urgent medical care provided to someone who is in need of immediate assistance due to illness or injury, before qualified professional help arrives on the scene. You may be assisting people with injuries that vary in severity. One day you might be helping someone with a paper cut, and tomorrow it could be heart attack or cardiac arrest. The most important thing is to define the situation based on the information available and proceed with medical assistance according to your training and knowledge. This course will prepare you for these types of situations and besides other benefits and requirements could put you in the position to save someone's life. Also, this material should be reviewed on regular basis to refresh your knowledge. We all forget things we do not often use, and refreshing what you already know will only enhance your first aid administration skills.

In case you came in contact with bodily fluids, blood or skin follow the following instructions as soon as you can:

- Take the gloves off, if wearing any
- Wash the area with soap (work up soap lather for 15 seconds) and water, if contact with eyes, nose, or ear rinse with water
- Wash your hands thoroughly with soap, if not available use waterless hand sanitizer, and wash your hands with water later
- Dry your hands with paper towel and use paper towel to close the faucet
- Inform your supervisor/person responsible for emergency response and consult your medical provider as soon as possible
- The first step is to determine the degree of the burn and the damage to the skin.

Burns are categorized as first-, second-, or third-degree.

First-degree burn

The least serious burns are those in which only the outer layer of skin is burned. The skin is usually red, with swelling and painful. The skin is dry without blisters.

Second-degree burn

Second-degree burns are more serious and involve the skin layers beneath the top layer. These burns produce blisters, severe pain, and redness.

Third-degree burn

The most serious burn. These burns are painless (due to nerve damage) and involve all layers of the skin. The burned area may be charred brown, leathery or appear dry and white.

- Important:
 - Don't apply butter or ointments to the burn to ensure proper healing of the burned skin.
 - Don't break blisters to prevent infection.
 - Don't use ice to prevent destruction to the skin.
 - Don't immerse large severe burns in cold water to prevent shock.
- For major burns call for emergency medical assistance. Until an emergency unit arrives, follow these steps:
 - Make sure the victim is no longer in contact with the burning material or exposed to smoke or heat.
 - Don't immerse large severe burns in cold water to prevent shock.
 - Check for signs of circulation and if there is no breathing or other sign of circulation, proceed with CPR.

If possible, raise the burned body part above heart level.

- Use a cool, moist bandage to cover the burned area

First Aid:

- If someone is there, sent to call for help
- If the person is unresponsive, isn't breathing or isn't moving, proceed with CPR
- If bleeding, stop the bleeding by applying pressure to the wound with a sterile bandage or a clean cloth
- Apply a bag of ice to the injured area for up to 20 minutes, with a towel (paper or cloth) between the skin and ice
- If raising the injured part does not cause more pain to the victim, attempt to raise it
- If the person feels faint or is breathing in short, rapid breaths lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs

Our body relies on oxygen to work properly, without oxygen the survival time could vary from 1 to 3 minutes. So, someone who is having breathing problems is in need of immediate medical attention. Common cause for such problems is air passage block.

General reasons for developing mild or severe air passage block include:

- Asthma
- Swelling of the lining of the airway, can be related to allergic reactions (eggs, peanuts, stings by insects and bees)
- Food, or small object, like medication pill, going down in to the air passage instead of stomach
- Infections
- Injuries to vital organs (head, stomach, etc.)



If the victim is developing an asthma attack, he/she might experience mild or severe breathing problems. Usually, the person will have the necessary medication, which should relieve the symptoms quickly. Check with the victim whether the medications are available and get it if out of reach.

In case of an allergic reaction, common treatment includes epinephrine, and can be injected through cloth. Verify the expiration date prior to administering.

When dealing with bleeding wound, Priority #1 is to stop the bleeding. Below are several rules to keep in mind:

- Maintain composure, no need to panic
- In most cases, bleeding can be stopped by applying pressure to the wound
- Bleeding generally looks much worse, than it really is. If the bleeding is not stopping, apply clean cloth or bandage to the wound for 15 to 30 minutes with reasonable amount of pressure.

Make sure the cloth stays in place and is not moved during that time, as movement can re-aggravate the wound and cause bleeding to resume. If the bleeding persists, apply the second dressing to the wound and increase the pressure. As mentioned above, you can control or stop the bleeding in majority of the cases with pressure alone. Priority #2 is to keep the wound clean. This will minimize the chance of the victim getting an infection. If water source and soap is available, wash the wound. If not, and there is visible debris, extract it with your hands or tweezers.

Contact emergency services if the bleeding has not stopped or you suspect potential for infection or

internal injuries (fractures, bruises, head injury, etc.) For small wounds and scrapes it is generally advised to use triple antibiotic ointment, which is the best in preventing infections.

Nosebleeds in majority of cases (more than 90%) tend to be benign and can be easily stopped with simple steps that we will outline a little later. The condition is caused by rupture of blood vessel in the nasal septum. However, in certain cases nosebleed is a much more serious event and can indicate life threatening or serious condition. These are relatively rare and usually occur with elderly. These nosebleeds generally originate in the artery located in the back part of the nose, and are much more complicated to treat.

Steps to follow if dealing with common nosebleed:

- Have the victim sit in upright position
- Pinch victim's nose with thumb and index finger, and hold it for about 10 minutes, this generally applies enough pressure to the septum to stop the bleeding

To prevent reoccurrence, advise the victim to avoid picking or blowing the nose, until the bleeding stopped for a couple of hours, and also avoid bending.

If bleeding re-occurs, blow the nose with force to clear out the remaining blood clots, and repeat the pinching procedure described above. It is recommended for the victim to contact a physician for consultation.

Contact emergency services immediately:

- If bleeding persisted uncontrollably for more than 15 minutes
- If the bleeding is the result of an injury, where there is a potential for broken nose.

The skull is a bony structure, and its purpose is protecting the brain from any damage. If the injury to the head occurs there is always a risk of brain damage. Also, it should always be assumed, that if there is a risk of head injury then there is also a risk of spine injury and neck injury.

You should suspect a head, neck or spine injury in case of the following accidents:

- Car or motorcycle accident, even minor bump can cause internal head injury
- Fall from height
- Injury to the head, fight, sporting event, etc.
- Electrocution

You should suspect a head, neck or spine injury if the symptoms below follow the accident:

- Lack of responsiveness or moaning
- Vision problems or confusion
- Trouble walking or moving
- Seizures, Vomiting, or Headache

Steps for administering First Aid:

- As always, make sure the scene is safe for you and the victim(s)
- Phone or ask someone to phone 911
- Hold the neck and head so it does not move, twists, or bend
- Turn the victim only if: *victim is in danger, *if you need to check if the victim is breathing, *if the victim is vomiting

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BASIC FIRST AID

POISONINGS

If someone has ingested or made contact with a potential poison, contact the Poison Control Center immediately. The number is located in the front of the phone book. After you call Poison Control call, 911. Please have as much information you can regarding what was ingested, how much and when.

HEAD INJURY

If someone falls or hits their head and becomes unconscious, DO NOT move the person, call 911.

INSECT STING

If you or someone you know is stung by an insect, do not squeeze out the stinger. If the stinger remains in the skin, scrape it off using a fingernail or credit card. Wash the area that was stung with soap and water. If you start having trouble breathing or know someone is allergic to insect stings, call 911.

SEIZURES

If someone is having a seizure, DO NOT put anything in their mouth and DO NOT try to restrain their movement. Clear the area of hazards and put a pillow under their head if possible. If this is the first time the person has had a seizure or if the person does not stop seizing after several minutes, call 911.



Infection Control

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, certain kinds of germs or bacteria are needed for the digestion of food and for the 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 person. 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 body 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 through indirect contact can happen when eating contaminated food (E. coli, salmonella), handling soiled linens, soiled equipment, using soiled utensils and cups, and drinking or using contaminated water. Dysentery, a serious gastrointestinal infection, can be spread indirectly. 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 the 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
- Sputum
- 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 always 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
 - Before using the bathroom
- 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.

If bodily fluid 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 and thoroughly wash your hands. Put on a new pair of gloves and continue assisting the individual.

- Employee's should always use gloves when providing or assisting an individual with:
 - Rectal or genital care.
 - Tooth brushing or flossing
 - Shaving with a blade razor
 - Menstrual care
 - Bathing or Showering
 - Cleaning bathrooms
 - Cleaning up urine, feces, vomit, or blood
 - Cleaning toilets, bed pans, urinals
 - Providing wound care
 - Handling soiled linen or clothing
 - Giving care when the caregiver has open cuts or oozing sores on his or 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 gloves 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 nails 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:

1. **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 a soiled gown as soon as possible, and wash hands after removing the gown.
2. **Mask or Respirator** - Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Fit-check respirator.
3. **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, and excretions.
4. **Gloves** - Extend to cover wrist of isolation gown. You should use gloves when hands may become contaminated with blood, body 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, the employee should be careful not to be infected by others. This can be done by being clean themselves, keeping the home clean and germ free, and assisting the individuals in the home to maintain good personal hygiene. Routine, daily cleaning of household surfaces and other items with soap and water is the most effective method for removing germs. Sometimes, an additional cleaning is needed to be germ free. This extra step is called disinfection.

Disinfection is the process of killing germs after cleaning with soap and water, then rinsing with clear water. Disinfecting usually requires soaking or drenching the surface or item for several minutes with a special cleaning solution. This soaking allows the cleaning solution to kill the remaining germs. One of the most common cleaning solutions is household bleach and water. Remember, this solution will discolor fabric and carpeting. The solutions lose effect very quickly and must be made fresh every 24 hours or daily.

Household Hints for Reducing the Spread of Infection

- Clean most surfaces with soap and water to remove germs.
- Always clean up spills from the less soiled to the most soiled to limit the spread of germs.
- Handle soiled laundry as little as possible.
- Wash soiled clothing and linens separately from other clothes.
- Use paper towels throughout the house.
- Make sure everyone follows good hand-washing practices (for example, before touching food, after using the bathroom).



- Keep clean hands away from the face and other areas of the body.
- Make sure individuals use their own toiletries and equipment (for example, combs, brushes, razors, etc.)

Safety And Fire Prevention

Emergency Information and Supplies:

During orientation you should become familiar with the specific needs of the individual(s) residing in the home. Make sure you are familiar with safety needs pointed out in the PCP. If you have a suggestion to improve safety in the home, or recognize an area of concern discuss it with your employer or their guardian.

What supplies are recommended at minimum?

- Latex (or similar gloves), are ideal for clean up and help prevent spread of illness or disease when accidents or emergencies may occur.
- A first aid kit, battery powered radio, flashlights and extra batteries can keep you informed and able to move about safely in a power outage!

Severe storms and tornado safety

Have a discussion about the safest place in the home to be if a severe storm or tornado occurred. If a basement is not available or practical for use, the safest place is usually the smallest centrally located room without windows.

A “**watch**” means: conditions are favorable for a severe storm or tornado to occur.

A “**warning**” means: that a severe storm or tornado is actually happening and you should take cover. If you are traveling when conditions are favorable for a tornado, 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!

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 winter storm may also cause utility failure. Extended exposure to cold temperatures may cause injury or death.

What precautions can you take?

- A battery-powered radio is your best source of information in an emergency.
- Draw water into as many containers as possible. Gather battery-powered lanterns, flashlights, etc. in case you lose your power. Make sure you have a home has a corded phone or cell 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 good ideas!.
- 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!

**Notes:**

- If you experience a heating failure you may need to keep a steady trickle of water flowing from each faucet to prevent the pipes from freezing.
- If the temperature inside falls to below 55 degrees it may be necessary to contact someone so that you can evacuate.

Floods

Floods usually occur in Michigan during the Spring and Fall when rainfall and water runoff are at their peak. 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

If a flood warning is issued for your area, local government officials will issue evacuation instructions over the television or radio. Never drive through an area where water is covering the road or moving swiftly across the road. Turn around and find another route.

Water Shortage Precautions

- Keep a supply of bottled water in case of an emergency.
- Fill bathtubs if a water shortage is possible. This will allow water for filling toilets, washing dishes, personal care, etc.

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.

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.

Gas Leaks:

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

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

**Carbon Monoxide Poisoning:**

Carbon monoxide is a clear, odorless gas. The symptoms may be headaches, dizziness, and sleepiness. Carbon monoxide detectors are recommended. If your carbon monoxide detector goes off, or you suspect carbon monoxide poisoning, you must evacuate immediately!

Other emergencies:

- Know the symptoms and treatment of frostbite and hypothermia.
- Know the procedures for responding to a suspected poisoning.

Fire safety and prevention:

Immediate evacuation is the key to safety in a fire or smoke emergency. If a smoke detector goes off you should assist people out of the home immediately. Fighting a fire is never recommended.

Discuss safety concerns with your employer or their guardian. Things to consider and discuss are:

- Will your employer hear the alarm? Would a bed shaker or other assistive device help?
- Are their barriers in the home to a fast exit? Would rearranging a room be helpful?
- Does everyone know where they would meet when they exit the home?
- Does everyone know they should not re-enter the home once they are out?

Fire extinguishers:

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

Using a fire extinguisher:

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

Fire extinguishers last only about 8-10 seconds! Fires can and do re-ignite. Fires can double in size every 19 seconds. Assisting people out is important. Fighting fires is not recommended.

Protection plans and considerations:

You should know how to assist or evacuate a person before an emergency. Are you confident in your ability to do this?

Fire prevention is the key to a safer environment!

- Are there enough working smoke detectors to provide sufficient warning? At minimum there should be one on every level and outside sleeping areas.
- Are detectors properly placed according to manufacturer instructions.
- Are detectors tested regularly?
- Are batteries replaced at least once a year?
- Don't take the battery out of a smoke detector because it keeps going off due to cooking, etc. If you are having nuisance alarms check to see if the detector is located too close to an area that would cause problems such as the kitchen or bathroom.



Monitoring provides opportunity for preventative measures!

- Is a smoking policy available and in effect?
- Are safety ashtrays used?
- Fire extinguishers – minimum of one per floor and basement?
- Is the extinguisher a 5 lb. ABC? (A 10 lb. is recommended).
- Are hallways, stairways, egress routes clear of obstacles & storage?
- Do all exit doors open easily?
- Is there a special alarm for people who are deaf?
- Are stairway handrails secure, steps in good condition?
- Does the main floor have two separate means of egress?
- If wheelchairs are used, is there a ramp at both exits?
- Is the mechanical room free of stored items?
- Is the furnace filter clean?
- Are flammable or combustible items properly stored?
- Is emergency lighting available?
- Is the dryer vent solid or flexible metal?
- Is the dryer filter cleaned after use?
- Is the stove vent screen clean?
- Does the oven door shut tightly?
- Are electrical outlets overloaded?
- Are there any frayed, hanging or exposed electrical cords?

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, & 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*.

Members of the provider network need to comply with HIPAA practices. All staff need to be aware of 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 health care 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.



Protections under the False Claims Act

The federal False Claims Act protects anyone who files a lawsuit under the Act from being fired, demoted, threatened, or harassed by their employer as a result of filing a False Claims Act lawsuit. Similar protections are also provided to individuals under the False Claims Act laws adopted in Michigan.

Michigan Whistleblower's Protection Act

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 training is provided as a courtesy of the Michigan Occupational Safety and Health Administration (MIOSHA). Visit our website at www.michigan.gov/miosha.



- 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 health care 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).

False Claims Act

What is the False Claims Act?

The False Claims Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim to any federal health care program, which includes any plan or program that provides health benefits (whether directly, through insurance, or otherwise) which is funded directly, in whole or in part, by the United States Government or any State health care program. "Knowingly" includes having actual knowledge that a claim is false or acting with "reckless disregard" as to whether a claim is false. Examples of potential false claims include knowingly billing Medicare for services that were not provided, submitting inaccurate or misleading claims for actual services provided, or making false statements to obtain payment for services.

The False Claims Act contains provisions that allow individuals with original information concerning fraud involving government health care programs to file a lawsuit on behalf of the government and, if the lawsuit is successful, to receive a portion of recoveries received by the government.

In most states, it is a crime to obtain something (e.g., such as a Medicaid payment or benefit) based on false information. In addition to the federal law, Michigan has adopted similar laws allowing individuals to file a lawsuit in state court for false claims that were filed with the state for payment, such as the Medicaid program.

Penalties for Violating the False Claims Act

There are significant penalties for violating the federal False Claims Act. Financial penalties to an organization that submits a false claim can total as much as three times the amount of the claim plus fines of \$5,500-\$11,000 per claim. In addition to fines and penalties, the courts can impose criminal penalties against individuals and organizations for willful violations of the False Claims Act. The false claims laws adopted in Michigan also carry significant fines and penalties of \$5,000-\$10,000 per claim.

Rights of Recipients of Mental Health Services

PLEASE READ THE FOLLOWING INFORMATION

1. When a person receives mental health services, Michigan's Mental Health Code and other state and federal laws safeguard their rights. As staff you are responsible to protect these rights.
2. Michigan's Mental Health Code is state law.
3. A "Right" is something that is defined in law and protected by law.
4. People receiving services have the same civil rights we all enjoy under the United States Constitution.
5. A recipient is considered competent in handling his/her own affairs unless a court has decided that they are legally incompetent and has appointed a guardian for them. A court appointed guardian is authorized by the judge to make certain decisions on behalf of the recipient.
6. People have the right to the appropriate services for their needs. They have the right to participate in planning for their future, identifying the services necessary to help make that happen and to identify who they would like to have participate with them in that planning.
7. People receiving services have the right to get a second opinion if they are not in agreement with some aspect of the service plan.
8. People have the right to send and receive mail, talk on the telephone, have visitors, watch television, read newspapers/magazines/books without restrictions designed for censorship.
9. People have the right to have possession of their personal property or knowledge of its storage within safety (or house rules) parameters. Specific steps must be taken and documented if a person's living area or property is to be searched.
10. Freedom of movement cannot be limited or restricted more than is necessary to provide services, prevent injury, or substantial property damage.
11. Limitations or restrictions on code protected rights requires a written plan be submitted to and approved by the Behavior Management Committee.
12. People receiving services have the right to be treated with dignity and respect. This right extends to family members of people receiving services. Family members have the right to provide information, get general education information about a diagnosis, treatments, and support services available.
 - Many times respect is shown through the speaker's words, tone, posture, etc.
 - Respect is also demonstrated by encouraging a person to make choices in what he or she wants or does not want to do and honoring such choices.
13. Confidentiality: A recipient has the right to have personal information and information about his/her services kept private. There are situations where the sharing of personal or service information may be allowed or even required.
14. HIPAA is a federal law that protects *health information*. In many cases it would allow information to be shared that the more protective Michigan Mental Health Code will not allow.
15. Michigan's Mental Health code has generally stricter guidelines about what information may be given out. If these two laws (HIPAA and the Mental Health Code) are conflicting, the more protective (of a recipient's privacy) law (usually the Mental Health Code) rules.

16. 42 CFR Part 2 is a federal law that protects *patient identifying information*. Of the confidentiality laws, 42 CFR Part 2 is the STRICTEST at protecting privacy. This law applies to people and the substance abuse services they are receiving. This is followed relative to people receiving services for substance abuse or co-occurring disorders. IF someone is receiving services for a co-occurring disorder and either or both HIPAA or Michigan's Mental Health Code allow a disclosure but 42 CFR Part 2 prohibits the disclosure, it is likely the information CANNOT be shared. Consent to share information is normally given through a Release of Information form. In order for a person to be legally able to sign a release, they must give *Informed Consent*. Informed consent requires a) Legal competency—not have an appointed guardian; b) Knowledge—have been provided basic information on the subject; c) Comprehension—the ability to understand the implications of giving consent; d) Voluntariness—free choice without coercion, force, deceit, etc. Other circumstances can exist under each of these laws that will either allow or require disclosure of private information. These circumstances may vary dependent on the law and situation.

GENERAL RULE: Be protective of the personal information of our recipients!

Recipients have the right to be free from Abuse and Neglect.

Abuse is a non-accidental act and the result determines which class of abuse is identified. Results of abuse include: Death, sexual assault, serious physical harm, non-serious physical harm, having caused pain, using force (even without injury) in the absence of imminent risk or harm to someone, exploitation, sexual harassment, AND using words or other actions to threaten or degrade a recipient.

Neglect involves NOT doing something or doing something incorrectly and again the result determines which class of neglect is identified. Results of neglect include: Death, sexual assault, serious physical harm, non-serious physical harm, having caused pain, AND when the result **PLACED** or **COULD HAVE PLACED** the recipient at risk of physical injury or sexual abuse.

FAILURE TO REPORT APPARENT OR SUSPECTED Abuse of Neglect IS NEGLECT!

Limited English Proficiency

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 are 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

CORPORATE COMPLIANCE, ETHICS, & DEFICIT REDUCTION ACT TRAINING

CODE OF PROFESSIONAL ETHICS

Staff shall conduct their professional relationships in accordance with the following code of professional ethics.

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 employer.
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 relationship.
9. Shall display a professional attitude toward applicants, consumers, colleagues and any sensitive situations that arise.
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 to the public, distinguishing clearly between statements and actions made as individuals or as representatives of employer, and refraining from any public activity, which could harm employer 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 diagnosis, 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:

Within six years of the illegal conduct, or

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:

Discharge, demotion, suspension, threats, harassment, and discrimination.

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.

PERSON CENTERED PLANNING

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 has been trained in each individual's Person Centered Plan (PCP). 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". There is a section in the CenTrain training record that provides a place to document all consumer specific trainings.*

Cultural Competence 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
Age

Race
Ethnicity

Sexual orientation
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 have a tendency 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**

Basic First Aid Quiz

*Must have a score of at least 80% (2 or less questions wrong) to pass

1. If someone has a nosebleed, you have the person lean back and look at the ceiling
True **False**
2. First aid for a burn includes cooling the area with large amounts of cool water
True False
3. You should apply butter or other oil based products to a burn once you have cooled the area
True **False**
4. Firm, direct pressure with clean or sterile bandages is one of the first steps in caring for a bleeding wound
True False
5. Covering the burn area with clean or sterile dressings will reduce the chance of infection and reduce the pain
True False
6. If you suspect a head injury, do not move the person
True False
7. It is very important to know where the first aid supplies and emergency numbers are when you are a responsible adult caring for someone
True False
8. If someone is having a seizure, you should put something in their mouth and try to stop the movement
True **False**
9. If there is an insect stinger imbedded in someone's skin, scrape it out and wash the area with soap and water
True False
10. If you are having trouble breathing, notice someone else having trouble breathing, or is experiencing an allergic reaction, call 9-1-1
True False

I have read and understand the following trainings from the Respite Provider Training booklet:

- Infection Control
- Safety and Fire Prevention
- Health Insurance Portability & Accountability Act (HIPAA)
- False Claims Act
- Michigan Whistleblower's Protection Act
- Recipient Rights
- Limited English Proficiency
- Corporate Compliance, Ethics, & Deficit Reduction Act
- Person Centered Planning
- Cultural Competence and Diversity in the Community
- Basic First Aid

Signature of Provider: _____

Name of Provider (print neatly): _____ Date: _____

Name of child receiving Respite services: _____

County: _____ ****Complete & Return with the other required documents**

**BAY-ARENAC BEHAVIORAL HEALTH
FAMILY SUPPORT SERVICES**

RESPITE CLAIMS DETAIL INSTRUCTIONS

Parent: Parent/Guardian first and last name

Address: Address of parent

Phone: Telephone number of parent

Consumer Name: Provide name of consumer receiving respite care

Family Friend Signature Signature of respite care provider (PRINT Signature on 1 line and sign the rest) ***If the Respite Care Provider has a change of address it MUST be indicated on the Respite Invoice!**

Date of Service: Date(s) respite care was provided (**dates submitted can't be more than 3 months old and fall in between the PCP beginning and end dates**)

Start Time: Enter the time the respite care begins

Stop Time: Enter the time the respite care ends

Total Hours: Enter the total hours of respite care provided

Hourly Rate: Enter the rate paid to the respite care provider per hour or a daily rate for 10 or more consecutive hours

Reimbursement Amt: Enter the total amount of expected reimbursement for each date of care. (***dates submitted can't be more than 3 months old old and fall in between the PCP beginning and end dates**).

Signature of Parent/Guardian: Parent/Guardian signature is required

***Forms must be filled out completely** in order to receive reimbursement, or they will be returned to be completed. If you have any questions, please call Chelli Harless at 895-2212 or Susan Leix at 895-2277.

