

HIRING INSTRUCTIONS

Prior to hiring a new worker

1. Must have potential employee full out recipient rights form and criminal background check authorization form. Criminal background check must have employer's name at the top, employee's name and information in the middle with signatures and your (employer's) information at the bottom. You MUST include a copy of the employer's driver's license and social security card – background checks cannot be processed without it.
2. *Send to Stuart Wilson or Chelli Harless at BABH -*
 - Stuart's fax – (989) 832-5404
Stuart's email – training@stuartwilsonfi.com
 - Chelli's fax – (989) 497-1533
Chelli's email – charless@babha.org
 - You can also drop it off at Chelli's office – 201 Mulholland, 3rd Floor Behavioral Health Center, Bay City.
3. Once Stuart's office gets the results they will call you. Our office can mail you a new hire packet or leave at the front desk for you to pick up. Call either Susan Leix at 989-895-2277 or Chelli Harless at 989-895-2212 to request a packet. Please let us know your preference.

Instructions for New Hire Packet

*Please print in dark ink (except signature line)

1. **Driving Record Release Consent** – Have employee complete all areas IF they will be transporting employer, leave blank if not. Attach copy of driver's license and auto insurance.
2. **CBC (Criminal Background Check)** – Needs to be completed and have the results back from check before employee can start working.
3. **ORR (Recipient Rights Check)** - Needs to be completed and have the results back from check before employee can start working.
4. **State of Michigan New Hire Reporting Form** - complete all areas except FEIN and optional section.
5. **Employee Wage Information** – fill out all information. Vacation pay is typically not applicable.
6. **Employee Eligibility Checklist** – employee must read and sign/date the bottom. If they check any of the boxes they cannot work for you.
7. **Medicaid Provider paperwork for Self Determination participants** – both employee and employer must sign.
8. **Evidence of IPOS (PCP) training & safety emergency procedures** – employee writes their name on the first blank line, your name is second blank line. Both you (employer) and employee sign the bottom, the participant's name (employer) is printed along with the date of their PCP. There should be a copy of the PCP in the home for all employees to review. Trainer's name refers to whoever reviewed the PCP with the employee (can be you, family member or lead staff). *This form replaces the forms you may have had in the front pocket of your binder that you were told to leave in there until requested by BABH. This new form must be turned in with the packet.
9. **Payroll Procedures** – have employee read and sign at the bottom.

10. **Direct Deposit Form** – If employee is interested have them fill everything out and sign. A copy of a voided check is not required.
11. **W-4 Federal Form** – employee must fill out I-7, sign above #7. Fill in employer's name and address on #8.
12. **W-4 State Form** – Employee must fill out I-8, sign #9. Employer name and address on #10.
13. **Employment Eligibility Verification (I-9)** – employee fills out page 1, signs and dates. Employer information on page 2 and signature.
14. **Medicaid Provider Agreement** – fill in date and employee's name on front page. Employee signs page 2. Leave self-determination coordinator line blank.
15. **Employment Agreement** – fill in date, employer and employee name in first section. Fill in contact person (of employer, not employee) on #3.
Page 2 – fill in rate of pay on #13 (call Chelli or Stuart Wilson's office if unsure).
Page 3 – Employer's name on first line indicated.
Rate of pay on 2nd line.
Both employee and employer must sign the bottom.
16. **Job Description** – check the items/tasks that are relevant to your employee. Fill in any special rules/requests on page 2. Both employee and employer sign.
17. **Basic First Aid Quiz** – Have employee read all training literature and take the first aid quiz.
18. **Self Determination Quiz** – Have employee read literature and take the quiz.
19. **Recipient Rights Quiz** – Have employee read literature and take the quiz.



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

Driving Record Release Consent Form

I understand that driving may be a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow Stuart T. Wilson CPA, PC to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspension, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive after I am hired.

I understand that Stuart T. Wilson CPA, PC will use this information for employment purposes only.

I agree to release Stuart T. Wilson CPA, PC from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Print Full Name (First, Middle, Last)

Date of Birth

Driver's License Number

State of License

Signature

Date

** A copy of your driver's license **MUST** accompany this application



STUART T. WILSON CPA, PC

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FISCAL INTERMEDIARY

Employer's Name: _____ Organization: _____

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.

Employee Full Name: _____

Alias or Other Names Used: _____

Date of Birth: _____ Sex: _____ Race: _____

Maiden Name (if applicable): _____

Driver's License Number: _____

Social Security Number: _____

Phone Number: _____

Have you ever been convicted of a felony? Yes No

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 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.

Signature _____ Date _____

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

For results contact:

Consumer/Guardian Name: _____

Case Manager: _____

Phone #: _____ Email: _____

**AUTHORIZATION TO DISCLOSE
EMPLOYEE INFORMATION
AND RELEASE OF LIABILITY
(ORR CHECK)**

I, _____ (print full name) _____ authorize Bay Arenac Behavioral Health (BABH) and the BABH Office of Recipient Rights to disclose to the Provider/Consumer listed below any and all information in your possession regarding any violation of recipients' rights committed by me. I recognize that any disclosure cannot include confidential client information protected by any Federal, State, or common law.

I, _____ (print full name) _____ release BABH and BABH Office of Recipient Rights, its officers, its agents and its employees for disclosing the information requested by me and I shall indemnify and hold harmless should any claims, suits or actions be filed against them.

PREVIOUS PLACES OF EMPLOYMENT:

1. _____ Dates employed: _____ to _____
2. _____ Dates employed: _____ to _____
3. _____ Dates employed: _____ to _____
4. _____ Dates employed: _____ to _____

Applicant's Signature	Date	Previous Names Used (print)
Witness Signature	Date	Applicant's Birth Date

INFORMATION TO BE SENT TO:

Stuart Wilson
Provider/Consumer

Street Address

City State Zip Code Fax 989-832-5404

RIGHTS OFFICE USE ONLY

The above applicant Does Does not have a substantiated recipient rights violation(s) according to BABH records.

By: _____ Date: _____
BABH Office of Recipient Rights

State of Michigan New Hire Reporting Form

Federal law requires public (State and local) and private employers to report all newly hired or rehired employees who are working in Michigan to the State of Michigan.¹ This form is recommended for use by all employers who do not report electronically.

- A newly hired employee is an individual not previously employed by you, and a rehired employee is an individual who was previously employed by you but separated from employment for at least 60 consecutive days.
- Reports must be submitted within 20 days of hire date (i.e., the date services are first performed for pay).
- This form may be photocopied as necessary. Many employers preprint employer information on the form and have the employee complete the necessary information during the hiring process.
- When reporting new hires with special exemptions, please use the MI-W4 form.
- Online and other electronic reporting options are available at: www.mi-newhire.com.
- Employers who report electronically and have employees working in two or more states may register as a multi-state employer and designate a single state to which new hire reports will be transmitted. Information regarding multi-state registration is available online at: <http://www.acf.hhs.gov/programs/cse/newhire/employer/private/newhire.htm#multi> or call (410) 277-9470.
- Reports will not be processed if mandatory information is missing. Such reports will be rejected and you must correct and resubmit them.
- For optimum accuracy, please print neatly in all capital letters and avoid contact with the edge of the box. See sample below.

A B C 1 2 3

EMPLOYEE Information (Mandatory)

First Name:

Last Name:

Address:

City:

Zip Code:

Date of Birth:

Driver's License No:

Social Security Number:

Middle Initial:

State:

Hire Date:

EMPLOYER Information (Mandatory)

Employer Name:

Address:

City:

Zip Code:

Contact Name:

Contact Phone:

Contact Email:

Federal Employer Identification Number (FEIN):

State:

¹ Ref. Social Security Act section 453A and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193), effective October 1, 1997.



STUART T. WILSON CPA, PC

CERTIFIED PUBLIC ACCOUNTANT
FISCAL INTERMEDIARY

Employee Wage Information

Employee's Name: _____

Employee's Phone #: (____) _____

Employee's email: _____

This portion to be completed by the employer or the employer's guardian.

Hourly Rate: _____

Mileage Rate (if applicable): _____

Sleeping Rate (if applicable): _____

Does the employee receive holiday pay? YES / NO

Employees receive time and a half when worked:

New Years Day, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, & Christmas Day.

Does the employee receive vacation pay? YES / NO

Number of vacation hours: _____

Vacation time begins January 1st and ends December 31st. Time not used is forfeited. It does not roll over into the next year.



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

Bay CMH Employee Eligibility Checklist

Please fill out and sign below to validate that Stuart Wilson FI has informed you on prohibited conflicts of interest based on Medicaid requirements.

Please check if any apply to you. If you do check any of the items below, you are **NOT** qualified to work for that "employer" (person receiving the service). If you have any questions please call your Supports Coordinator/Case Manager.

1. Community Living Supports (CLS) may not be provided by the following individuals.

Are you:

- A spouse of the employer?
- Parent of an employer who is a minor child?
- The guardian of the employer, or co-guardian or alternate/standby guardian of employer?
- Spouse of the employer's guardian or spouse of employer's co-guardian or alternate/standby guardian?
- Individual designated by the employer as attorney-in-fact, or an alternate attorney-in-fact under a durable power of attorney?
- Spouse of individuals designated by the employer as attorney-in-fact or alternate attorney-in-fact under a durable power of attorney?
- "Live-together" partner in which one partner is the guardian or attorney-in-fact for the employer?

2. Respite Care may not be provided by any of the persons listed above or the following.

Are you:

- Any of the persons listed above in section 1?
- Living in the home?
- Unpaid primary caregiver of the person receiving services?

3. Stricter rules apply if your employer is enrolled in Children's Waiver (CW). CLS or Respite Care may not be provided by the following if your employer is enrolled in CW.

Are you:

- Any of the persons listed above in sections 1 or 2?
- Living in the same home as the employer?

If none of the above pertains to you, please check here _____

Employee Signature _____

_____ **Date**

If at any time the above mentioned conditions should change, it is the responsibility of the employee to notify the supports coordinator/case manager.



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

BAY CMH

Medicaid PROVIDER Paperwork for Self-Determination Participants

This packet of information must be completed in its entirety in order for you to be considered a Medicaid Provider and be paid with Medicaid Funds. Stuart T. Wilson CPA, PC is **NOT** your employer. Your employer is the person you take care of. Do not provide any services prior to notification of a clear background check. You will not be paid for any services prior to a clear CBC.

IMPORTANT: Please ensure this checklist is completed prior to submission. There are portions of this packet that need to be completed by the employer. If you turn in an incomplete packet, your timesheet will not be processed until we receive the remaining paperwork. This may delay your payment.

- W-4
- I-9 (You **MUST** include proper identification. Typically, a copy of your Driver's License & SS card. Please refer to the list of acceptable documents for other options.)
- Michigan New Hire
- Employment Agreement
 - o Employer Signature
 - o Employee Signature
- Medicaid Provider Agreement
 - o Provider Signature (Employee is the provider)
 - o Our office obtains the second signature after the paperwork is processed
- Employee Eligibility Checklist
- Employer Acknowledgement
- Job Description
- Recipient Rights
- Employee Wage Information
- Criminal Background Check Authorization
- Direct Deposit Application (If you would like direct deposit)
- Payroll Procedures (Please read carefully)
 - o Employee Signature
- Required Training (Training must be submitted with/by your first timesheet)

Employee Signature

Employer Signature

If you have any questions, please feel free to contact the Personnel Department at 989-832-5400. Return packet via Fax: 989-832-5400 Email: training@stuartwilsonfi.com Mail: Stuart T. Wilson CPA, PC Attn: Personnel 6300 Schade Dr. Midland, MI 48640.

Evidence of IPOS (PCP) Training
&
Safety & Emergency Procedures

- My employees will be required to understand my goals and provide support for me to achieve those goals by assisting with goal objectives I have chosen.
- My employees will be trained on emergency situations that are specific to me and will know how to respond to anything that may occur.
- Emergency numbers will be provided to all employees.
- My employees will be trained on any equipment I may use (feeding tube, wheelchair, lifts, etc.).
- My employees will be trained in CPR if required (Children's Waiver or receiving 24 hour care or if I choose to have staff trained).
- My employees will be trained on my health issues or concerns.
- My employees will be trained on my medications and procedures if applicable.

By signing this document, I _____ have reviewed a copy of the IPOS (PCP), understand Medicaid documentation requirements, have had all my questions and concerns addressed and have been trained on how to implement the IPOS (PCP) for _____.

Participant Name

IPOS (PCP) Date

Employee Signature

Date

Employer Signature

Date

Trainer's Name

Date

*This training verification must be returned to Stuart T. Wilson CPA, PC at 6300 Schade Drive, Midland, MI 48640 or via fax 989-8325404 - Or - to Chelli Harless at 201 Mulholland, Bay City, MI 48708 or fax 989-497-1533



STUART T. WILSON CPA, PC

CERTIFIED PUBLIC ACCOUNTANT
FISCAL INTERMEDIARY

PAYROLL PROCEDURES

In order to be paid on time and correctly each week, you must follow the established payroll procedures.

Turning in Timesheets for Payment:

- **Please refer to the attached payroll schedule for your scheduled pay days.**
 - All time worked must be reported within 14 days of the end of the pay period.
- **Timesheets that are received late and/or separate may not be paid on time.**
 - All timesheets for a Participant are to be faxed/e-mailed in together as a group by noon on Monday each week.
- **Only correct timesheets will be processed.**
 - If a timesheet contains omissions or errors it will be returned to your employer and payment may be delayed.
 - Any Overlapping time claimed with another provider will not be processed
 - Only include authorized hours worked
- **Mileage must be turned in weekly with the corresponding timesheet.**
 - Please do not hold mileage to be turned in at the end of the month.
- **NO PHOTOCOPIED SIGNATURES WILL BE ACCEPTED.**
 - You must use a new timesheet each week. Duplicated timesheets are not accepted.

Payment Methods:

- **Mail-out checks**
 - Received within 2-4 days of your pay date.
 - Missing checks may be reissued 10 business days from the date of the check. **We do not reissue checks prior to that time.**
- **Direct deposit**
 - Funds may be available the day before your scheduled pay day.
 - Requires an email address in order to receive your paycheck stub.
- **Changes in payment methods must be submitted in writing and may take 2-3 weeks for any changes to become effective.**
 - Do not close your bank account without providing our office with sufficient notification; otherwise your payment will be delayed.
 - Change of address must submit a formal change of address form.

You are responsible for any information and/or instructions contained in notifications that are sent out in your paycheck/paystub whether you read them or not.

Employee Signature

Date

MI-W4

(Rev. 8-08)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Social Security Number		▶ 2. Date of Birth	
▶ 3. Type or Print Your First Name, Middle Initial and Last Name		4. Driver License Number	
Home Address (No., Street, P.O. Box or Rural Route)		▶ 5. Are you a new employee?	
City or Town	State	ZIP Code	<input type="checkbox"/> Yes If Yes, enter date of hire <input type="checkbox"/> No
6. Enter the number of personal and dependent exemptions you are claiming		▶ 6. <input type="text"/>	
7. Additional amount you want deducted from each pay (if employer agrees)		7. \$ _____ .00	
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____			
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.		Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.	
		9. Employee's Signature	
		▶ Date	
INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.		Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. 10. Employer's Name, Address, Phone No. and Name of Contact Person	
		▶ 11. Federal Employer Identification Number	

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Web Site

Visit the Treasury Web site at:
www.michigan.gov/businessstax

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ 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>	
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.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 below.

Document Title	Document Number	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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MEDICAID PROVIDER AGREEMENT

This agreement is made on _____ between Bay Arenac Behavioral Health and _____ (known as Medicaid Provider). The purpose of this agreement is to define the roles and responsibilities of the above named parties. This agreement shall remain in effect until such time it must be terminated or modified. Any party can initiate a termination or modification by providing written notice to the other of the desire to terminate or modify this agreement.

Upon receipt of this agreement, CMHSP will certify the Medicaid Provider as available to provide services to individuals who receiving services and/or supports in accordance with their individual plans of services and supports developed in a person-centered planning process, authorized by CMHSP or one of its subcontractors, and financed through Michigan's Medicaid Specialty Pre-paid Mental Health Plan.

The Medicaid Provider stipulates that it agrees to the following

1. To keep any records necessary to disclose the extent of services and Medicaid Provider furnishes to recipients of services.
2. to furnish any information maintained under paragraph (1) of this section and any information regarding payments claimed by the Medicaid Provider for furnishing services under the individual plan of services and supports upon request to CMHSP, the State Medicaid Agency, the Secretary of the Department of Health and Human Services or the State Medicaid fraud control unit.
3. To comply with the disclosure requirements specified in 42 CFR 455, subpart B, as applicable.
4. To comply with the advance directives requirements specified in 42 CFR 489, Subpart I and 42 CFR 417.436 (d), as applicable.

Both parties expressly acknowledge that the sole purpose of this agreement is to assure compliance with 42 USC 1902 (a) 27. Further both parties recognize and reaffirm that CMHSP is not the employer of the Medicaid Provider of Services, and that the Participant is the sole employer of the Medicaid Provider of Services.

This agreement sets forth the entire understanding between the parties with respect to the subject matters, and supersedes any and all other agreements, either oral or in writing between the parties pertaining to these matters. Not change or modification of the terms of this agreement is valid unless it is in writing and signed by the parties.

The parties agree to terms and conditions of this agreement.

Self-Determination Coordinator Date

Medicaid Provider Agency/Individual Date



EMPLOYMENT AGREEMENT

This contract made this date _____, by and between _____ (herein referred to as "Employer") and _____ (herein referred to as "Employee").

The employee recognizes that employment is condition on my employer's participation in the Self-Determination Initiative. If my employer is no longer a participant in the initiative, I may no longer be employed. In order to acknowledge the terms of my employment, I agree to the following:

1. During the terms of this Agreement, I shall assist my employer by performing the duties outlined in this agreement and any attachments to this agreement.
2. I agree to assist my employer in maintaining the necessary documentation and records as required by my employer or their host agency. I agree to complete all the necessary paperwork to secure necessary payroll deductions from my pay. All records I may have or assist in maintaining will be kept confidential and released only upon the consent of my employer. I acknowledge that all records I may have access to be the property of and must be returned to the employer at the time my employment relationship terminates. In addition, illness and incident reports will be filled out at appropriate times, as required or requested by the Host Agency or my employer.
3. I shall immediately notify (enter the name of the desired contact person, for example, it may be a family member or their designee _____ of any medical emergency or illness. I will also notify designee (if applicable) before taking my employer to the physician, except in case of an emergency.
4. I agree to participate in any meetings if requested by my employer.
5. I agree to abide by all of my employer's rules and regulations pertaining to providing support to my employer through the Self-Determination Initiative.
6. I agree to have my driving record checked upon hire IF I will be using my vehicle to transport my employer.
7. I hereby acknowledge receipt of the following rules and regulations:
 - a. Recipient Rights Booklet (I understand that I shall assist my employer in filing right complaints upon request. I also understand that I have a responsibility to report rights violations, which I am aware of or any potential abusive or neglectful

situations I observe. I understand that I may be requested to cooperate with a recipient rights investigation, and/or assist my employer with exercising their rights.

- b. Attachment A to this agreement, which outlines the services I shall provide to my employer.
- c. (Individual can add whatever additional rules they may have...regarding phone usage, non-smoking, etc., in their home.)
- d. If the Host Agency has any policies and/or procedures for the Self-Determination Initiative, or other policies the employee needs to be aware of, they should be given to the employee.
- e. If there any required time cards or other documentation the employee must fill out and return to the fiscal intermediary to verify their hours that should be given to the employee, or those requirements can be put into this agreement.

(Use only one option in number 7)

8. I understand that this is an employment at will relationship, which can be terminated by either party, at any time. However, I agree to give 5 days written notice to my employer if I need to terminate this Employment Agreement. *Or*

I understand that this is a contractual position, not an at will relationship, and that either party can terminate the relationship by providing written notice to other of the desire to terminate the relation in writing 5 days prior to the termination of the agreement. It is understood that I will be compensated for any work completed while the contract is in effect. If I fail to provide requested services for the entire term of the contract, it shall be considered a breach of contract.

9. I understand that, although my pay check will be drafted by a fiscal intermediary, they are only acting as a financial administrator of my employer's budget/funds for the Self-Determination Initiative.
10. I agree to hold the fiscal intermediary harmless for their role as the financial administrator of my employer's budget/fund for the Self-Determination Initiative, and acknowledge that I have only one employer.
11. I understand and acknowledge that the Host Agency's role in this project is that of project administrator, and that the Host Agency is not my employer.
12. Further, I agree to hold the Host Agency harmless for their role as a project administrator of the Self-Determination Initiative.
13. I agree to the following compensation for the services I shall perform:
14. \$ per hour Not to include any other benefits.

I agree to execute a 42 CFR 431.107 agreement with the Host Agency and acknowledge that this agreement does not alter the fact that the Host Agency is only the project administrator of the Self-Determination Initiative and that my employer is I understand that my employment is contingent on completing this agreement.

I, _____ agree to the following:

Provide my fiscal intermediary with the necessary documentation to assure timely compensation of my employee. Compensate my employee in the following manner: \$ _____ per hour, Not to include any other benefits.

1. Assure appropriate training to my employee. Further, I will assure that my providers meet the five minimum requirements of Chapter Three of the State Medicaid Manual: 1) at least 18 years of age; 2) able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports; 3) able to communicate expressively and receptively with me in order to follow individual plan requirements and participant-specific emergency procedures, and report on activities performed; 4) in good standing with the law (i.e. not a fugitive from justice, a convicted felon, or an illegal alien); 5) able to perform basic first aid procedures. Further the Host Agency shall assure all other providers of services (i.e. clinical services, supports coordination, personal agents); meet the required standards of Chapter Three of the State Medicaid Manual.
2. Evaluate the performance of my employees or contractors, and provide appropriate feedback to assure I am purchasing quality of services.
3. Provide training to my employees on my health needs, my medications and medication procedures, safety and emergency procedures specific to my needs and my home, and my IPOS.
4. **Assure that my employee executes a Medicaid Provider Agreement with the specified Community Mental Health Services Program _____.**

Employee Signature

Date

Employer Signature

Date



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

Home Health Aide/Personal Care Assistant
Job Description/Task List

Employee Name: _____ **Date:** _____

Participant/Employer: _____ **Date:** _____

Qualifications/Training:

CPR Training: _____ **Universal Precautions:** _____

Blood Borne Pathogens: _____ **First Aid:** _____

Additional Training Requirements: _____

Services Performed:

CLS (personal care/homemaking): _____

In Home Respite: _____ **Chore Service:** _____

Community Living Services Functions (including but not limited to):

- a. Bathing/Assist: _____
- b. Shampooing: _____
- c. Skin care/Nail care: _____
- d. Oral Hygiene: _____
- e. Shaving: _____
- f. Dressing/Assist: _____
- g. Ambulation: _____
- h. Toileting/Incontinence: _____
- i. Linen Change _____

Community Living Service Functions Continue:

- a. Meal Preparation: _____
- b. Feeding: _____
- c. Laundry: _____
- d. Cleaning: _____

e. Other: _____

Chore Services (including, but not limited to):

a. Yard Work: _____

b. Snow Removal: _____

Transportation Needs: (drivers license confirmation required)

a. _____

b. _____

Scheduling (Days/Hours)

***Contact employer if arriving more than 10 min. late or need to change schedule*.
All changes to the schedule is made with the approval of the participant/employer.**

S M T W T H F S Days and time may vary not to exceed _____ per week.

It is important to me that my worker: (e.g. does not smoke in my home, maintains confidentiality, is punctual, honors my requests, treats me with respect, etc.) as well as the following:

a. _____ b. _____

c. _____ d. _____

Workers will not be paid for hours when the employer is in the hospital, if time sheets are not signed by the appropriate person or for duplicated hours with other workers.

I expect my worker to perform other related duties and responsibilities as deemed necessary.

Employer Signature

____/____/____
Date

Employee Signature

____/____/____
Date



STUART T. WILSON, CPA PC

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

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:

- Basic Principles of First Aid
- Cultural Competence & diversity
- Person Centered Planning
- Corporate Compliance, Ethics, & Deficit Reduction
- HIPAA (Health Insurance Portability & Accountability Act)
- Limited English Proficiency
- Infection Control
- Recovery Principles
- Trauma Informed Services
- Safety & Fire

Signature of Provider: _____

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

Employer: _____

Please return completed quiz with signature to:

Stuart T. Wilson CPA, PC
Attn: Personnel Dept.
6300 Schade Dr.
Midland, MI 48640
Fax: 989-832-5404

Self Determination Quiz

1. Self Determination is a program.
 - a. True
 - b. False

2. The basic principles of Self Determination are:
 - a. Freedom, Support, Authority, Responsibility
 - b. Freedom, Support, Authority, Respect, Coordination
 - c. Freedom, Support, Authority, Responsibility, Confirmation

3. Having authority refers to:
 - a. Control over a "targeted" amount of funds
 - b. Authority over an individual budget
 - c. Able to get anything you want
 - d. A and B

4. Self Determination begins with:
 - a. An assessment
 - b. An IEP
 - c. A Person Centered Plan

5. The service that assists a person in managing their individual budget is:
 - a. A fiscal intermediary
 - b. A psychologist
 - c. A payee

6. Self Determination requires you to change all your current supports:
 - a. True
 - b. False

7. You can help someone live a self-determined life by:
 - a. Remember the person's dreams, desires and health and safety needs
 - b. Encourage and assist the person to develop real relationships that result in friendships and community connections
 - c. Help the person become a real part of his/her community (know neighbors, the people at the bank or corner store, etc.)
 - d. All of the above

8. For more information about Self Determination you can contact:
- a. Brett Kish
 - b. Kevin Bacon
 - c. Chelli Harless

Signature

Date

Name of employer you are working for

Recipient Rights Test

Name _____

Work Site _____

1. Who are the Recipient Rights staff for Bay and Arenac Counties?
 - a. Gale Bradish and Diane Swank
 - b. George Bush and Bill Clinton
 - c. Melissa Neering-Prusi, Janelle Steckley and Jeff Wells
 - d. Judge Judy and Joe Brown

2. Who must report suspected incidents of Abuse, Neglect or rights violations?
 - a. All employees of a Mental Health Board
 - b. Contract employees of a Mental Health Board
 - c. Volunteers with a Mental Health Board
 - d. All of the Above

3. When must suspected incidents of Abuse, Neglect, or rights violations be reported?
 - a. Within one week
 - b. Verbal reports must be made immediately
 - c. A written report must be made by the end of your work shift
 - d. B and C

4. There must always be a "need to know" basis when releasing confidential information, even if the release is to a co-worker.
 - a. True
 - b. False

5. Staff cannot take photographs or make video and audio recordings of recipients without written permission/authorization.
- a. True
 - b. False
6. A recipient in a group home continually uses foul language in speaking with other recipients and home staff. Despite your (and staff's) repeated efforts to correct her and change this habit she continues to do so. You:
- a. Do nothing further as it is impossible to change the person's language.
 - b. Have the staff wash the recipient's mouth out with soap and water and tell her they will do so again if she continues to use foul language. Make sure they follow up with those threats as consistency is the key to successful behavior modification.
 - c. Have staff continue to encourage the recipient to use acceptable language by trying different approaches (modeling those approaches for staff yourself), working with your supervisor, or asking for a consultation with her case manager or a psychologist.

For questions 7-10 please identify the examples below as abuse, neglect or neither:

7. A staff is upset with a recipient for hitting him, so the staff grabs the arms of the recipient and pushes him against the wall.
- a. Abuse
 - b. Neglect
 - c. Neither
8. A staff member discovers a recipient laying on the floor, moaning, saying his hip hurts and is refusing to get up off the floor. The staff fails to seek out any assistance for the recipient and leaves him on the floor all night. The next day the recipient is taken by ambulance to the hospital and it is discovered he has a broken hip.
- a. Abuse
 - b. Neglect
 - c. Neither

9. A staff member asks another to help hold a recipient down so her prescribed medication can be passed on time. Both staff hold the recipient down and force the medication into her mouth.

- a. Abuse b. Neglect c. Neither

10. Staff fails to put seat belts on the recipients in the van. There is an accident and one recipient cuts his hand, requiring stitches.

- a. Abuse b. Neglect c. Neither

For questions 11-15 please match the word to the appropriate definition:

- | | | |
|--------------------------|-----|---|
| 11. Dignity & Respect | ___ | a. Physical management applied to a recipient when there is no immediate risk of harm to staff or recipients. |
| 12. Informed Consent | ___ | |
| 13. Civil Rights | ___ | b. The right in which the recipient and their family is treated professionally. |
| 14. Unreasonable Force | ___ | |
| 15. Person Centered Plan | ___ | c. The rights guaranteed to all US citizens which include the rights to due process, voting, and religious expression. |
| | | d. A process in which recipients identify their goals, needs, dreams, and together with a team create a plan for services. |
| | | e. The recipient and/or guardian are fully knowledgeable of the treatment or medication they are about to receive or authorize. |

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.
- Electrocutation

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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- 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

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

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 front of a 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 fall 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.

- 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.

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.

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 attorneys 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 attorneys 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 attorneys 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 YOUR Corporate Compliance Officer and to the CMHCM Corporate Compliance Officer:

YOUR CORPORATE COMPLIANCE OFFICER NAME Stuart T. Wilson
Address 6300 Schade Dr. Midland MI 48640
Phone Number 989-832-5400
Email stuart@stuartwilsonfi.com

John Obermesik, Deputy Director for Administration
301 S. Crapo Street, Suite 100, Mt. Pleasant, MI 48858
989-772-5938
jobermesik@cmhcm.org

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

Amanda L. Horgan
530 W. Ionia Street, Suite F
Lansing, MI 48933
P: 517.253.7551 C: 989.670.8147
Amanda.Brown@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

Rights of Recipients of Mental Health Services

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 the 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 service 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 or Neglect
IS NEGLECT!!**

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.*

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 contact 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.

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**

Recipient Rights

THE RIGHTS OF INDIVIDUALS
RECEIVING MENTAL HEALTH
SERVICES

LEGAL BASIS OF RIGHTS

- Persons who receive mental health service have the same rights as you.
- It is important to understand where rights come from, what they are, and what additional rights are granted to recipients of mental health services in Michigan.
- Rights are defined by law and have a legal means of being protected.

Civil Rights

- Religious Expression
- Freedom of Speech
- Search and Seizure
- Due Process
- Legal Protection
- Discrimination
- Voting
- Education

Mental Health Code Rights

- **The right to have a written plan of service developed through a person-centered process. Person-centered planning means a process for planning and supporting the individual receiving services that builds upon the individual's preferences and choices, and abilities and promote community life. The person-centered planning process involves families, friends, and professionals, as the individual desires or requires.**
- **The right not to be required to receive treatment unless the law allows it and a court orders it.**

Confidentiality

Information about a recipient and his or her treatment is confidential. It is important to understand what is meant by confidentiality, to know what the Mental Health code requires of you, to recognize instances when the confidentiality of a recipient has been violated, and to know what you should do if this happens.

Mental Health Code Requirements Regarding Confidentiality

- Every recipient is informed about the law requiring confidentiality.
- A record is maintained of any information about the recipient that is disclosed. This record must indicate what information was released, to whom it was released and the reason for release.
- Some information can be provided to legal and medical personnel who are providing services to the recipient without obtaining a release of information. However, this information is limited to that which relates to the services being provided.
- There are times when it is appropriate to disclose information about a recipient.

Release of Information

- Is not pressured in any way to give consent
- Is able to understand what information he or she is agreeing to release.
- Understands the risks, benefits and consequences of agreeing, or not agreeing, to the release of information requested.

*A person who has a guardian is not legally capable of giving informed consent. In most cases involving children, informed consent must be obtained from their parents.



If you have questions about releasing information, or if someone is authorized to receive information, check with your supervisor.

Examples of Unknowingly Violating Confidentiality and Privacy

- Talking about recipients outside of work.
- Referring to recipients by name when discussing work with family or friends.
- Giving information over the phone to persons who say they are relatives.
- Taking photographs or videotapes of recipients without permission.
- Listening in on a recipient's phone call.
- Discussing information in a recipient's record with other mental health or service professionals who are not authorized to receive information.
- Referring to a recipient by name in another recipient's report for another recipient.
- Referring to a recipient by full name when speaking with another recipient's family or teachers.

Abuse & Neglect

- The abuse or neglect of a recipient is not acceptable and will not be tolerated. It is important to understand what is meant by abuse and neglect, to recognize a situation that is abusive or neglectful, and to know what the law requires you to do when you become aware that a recipient has been abused or neglected.
- Abuse and Neglect are defined in the Administrative Rules of the Department of Community Health. These rules supplement the Mental Health Code and have the force of the law.
- Abuse and Neglect definitions have several classes and are based upon the action taken and the severity of the injury to the recipient.

ABUSE – CLASS I

A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.

Abuse Class II

- A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a recipient.
- Any action or provocation of another to act that causes or contributes to emotional harm to a recipient.
- An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
- The exploitation of a recipient. Exploitation means an action taken by an employee that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.

Abuse Class II – Unreasonable Force

Unreasonable force means physical management or force that is applied by an employee to a recipient in one or more of the following circumstances:

- There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
- The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
- The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
- The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

ABUSE – CLASS III

Abuse Class III is the use of language or other means of communication by an employee to degrade, threaten, or sexually harass a recipient.

Examples of Abuse

- Any sexual contact with a recipient.
- Sexually harassing a recipient.
- Making remarks which could be emotionally harmful to a recipient.
- Causing or prompting others to commit any of the actions listed above.
- Hitting, slapping, biting, poking, or kicking a recipient.
- Use of weapons on a recipient.
- Swearing at, using foul language, racial or ethnic slurs, or other means of communication to degrade, or threaten, the recipient.

NEGLECT – CLASS I

- Acts of commission or omission by an employee that result from a noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.
- The failure to report Abuse Class I or Neglect Class I.

NEGLECT – CLASS II

- Acts of commission or omission by an employee that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to non-serious physical harm or emotional harm to a recipient.
- The failure to report Abuse Class II or Neglect Class II.

NEGLECT – CLASS III

- Acts of commission or omission by an employee that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that either placed or could have placed a recipient at risk of physical harm or sexual abuse, or
- The failure to report Abuse Class III or Neglect Class III.

*Note: No actual harm has to occur to the recipient in Class 3 neglect; it is only required that the recipient be placed in a situation where there is, or could be, a risk of harm.

Examples of Neglect

- Leaving a recipient, who is not able to care for himself, unattended.
- Not providing the proper medication or the correct dosage of a medication.
- Being aware of an abusive or neglectful situation and not reporting that to the Recipient Rights Office and to your supervisor.

REPORTING ABUSE AND NEGLECT

WHEN YOU SEE OR HEAR ABOUT A RECIPIENT
BEING ABUSED OR NEGLECTED, IT IS
IMPORTANT THAT YOU TAKE ACTION
QUICKLY!

- **Protecting the recipient is your primary responsibility. The failure to report abuse or neglect will result in your being charged with neglect as well.**
- **All violations must be verbally reported immediately and followed up by a written report within 24 hours or at the end of your shift.**

Dignity & Respect

Dignity

To be treated with esteem, honor, politeness, or honesty; to be addressed in a manner that is not patronizing, condescending, or demeaning, to be treated as an equal; to be treated the way the individual wants to be treated.

Respect

To show differential regard for; to be treated with esteem, concern, consideration, or appreciation; to protect the individual's privacy, to be sensitive to cultural differences; to allow the individual to make choices.

Services Suited to Condition

Encompassing the Person Centered philosophy, a recipient is entitled to treatment suitable to his or her own condition, medical care, and medication for mental and physical health, as needed.

Freedom of Movement

- The recipient shall not be restricted more than what is necessary to provide services, to prevent injury, or to prevent substantial property damage. Any limitations on freedom of movement must be clinically justified on a time-limited basis and entered into the recipient's record.
- Recipients shall receive services in the **LEAST** restrictive setting.

Restraint & Seclusion

Seclusion

Temporary placement of a recipient in a room alone, where egress is prevented by any means. Seclusion is NOT to be used in community treatment settings.

Restraint

The use of physical device to restrain an individual's movement. Restraint shall NOT be used in any programs under contract with BABH.

Personal Property

- The recipient is entitled to receive, possess, and use all personal property, including clothing, except for those items prohibited including: weapons, drugs, etc.
- Any exclusion of personal property shall be written and posted in each setting. Additional limitations may be imposed in the recipient's plan of service.

Entertainment Materials

- Recipients shall have the right to entertainment material, information, and news. The recipient shall not be prevented from obtaining, reading, viewing, listening to material at his or her own expense.
- Any limitations must be specifically approved in the recipient's plan of service.

Communication, Telephone, Visitors, Mail

- A recipient shall be provided access to a telephone for incoming and outgoing calls during hours stated in the house rules, unless the recipient is otherwise restricted in an approved treatment plan.
- A recipient shall be guaranteed regular visiting hours, unless the recipient is otherwise restricted in an approved treatment plan. Visiting hours shall be scheduled to be least disruptive of normal treatment activity and to occur on no less than three days weekly.
- A recipient shall be provided daily distribution of mail unless the recipient is restricted and limitations have been incorporated into the recipient's treatment plan. A postal box or daily pickup and deposit of mail shall be provided.

INVESTIGATING RIGHTS ALLEGATIONS

- Anyone can file a complaint on behalf of a recipient. If you become aware that a recipient's rights are being violated, you must report this to the Rights Office.
- The Rights Officer from the CMH Board reviews all allegations of rights violations and all incident reports involving recipients in their jurisdiction.
- The Office of Recipient Rights may investigate and can make recommendations about remedial action, the service provider, and the responsible CMH Services Program.
- Rights Officers often serve as advocates for individuals and groups of recipients.

INVESTIGATING RIGHTS ALLEGATIONS

You can contact the local Rights Office Monday – Friday
between 8:00 am – 5:00pm at (989) 895-2317:

Recipient Rights Staff

Melissa Prusi, Recipient Rights Manager

Janelle Steckley, Recipient Rights Advisor

Vicki Atkinson, Recipient Rights Secretary

- If the actions of the local officer do not solve the problem, you can contact the Department of Community Health Office of Recipient Rights. Write or Call:

Office of Recipient Rights, Michigan DCH

Lewis Cass Bldg.

Lansing, MI 48913

(800) 854-9090

The Investigative Process

****See Handout****

- The Recipient Rights Officer has access to all documentation and any staff necessary to complete the investigation.
- You are expected to answer questions about work related matters asked by the Rights Officer, the State Police, DCH, or DHS and Industry authorities who are conducting a review or investigation.
- You have the right to talk to an attorney before giving answers to others.
- You have the right to have any attorney or personal representative present during questioning by the police.
- The Mental Health Code requires an investigation be completed within 90 days of receipt of the complaint.
- A "Report of Investigative Findings" will be given to the Executive Director of the CMH agency and to the service provider.
- The CMH Executive Director is responsible to issue a report summarizing the investigation to the complainant and the recipient within 10 days after receiving the Rights Officer's investigate report.

RESULTS OF SUBSTANTIATED INVESTIGATION

The decision about what happens to a staff person who has committed abuse or neglect, or otherwise violated the rights of a recipient, rests with the employer.

Each provider should have policies and procedures for dealing with offenses.

These should emphasize the seriousness of improper actions.

The Appeal Process

- Upon completion of a recipient rights investigation, the recipient, his or her guardian, the parent of a minor, and, of course, the person who made the complaint, have the right to appeal the decision. This appeal can be made for the following reasons:
- The findings of the investigation are inconsistent with the law, facts, rules, and policies or guidelines;
- The action, or plan of action, is inadequate; or,
- The investigation was untimely.

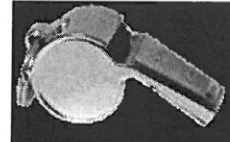
***NOTE: Staff are not eligible to file an appeal unless they were the complainant.**

Employee Rights

You have rights that protect you from actions based on incorrect or malicious information. There are laws which protect employees when they report rights violations.

The **Mental Health Code** mandates that complainants, staff of the Office of Recipient Rights, and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.

WHISTLEBLOWERS PROTECTION ACT



- Protects employees who report rights violations.
- The law states it is illegal for employers in Michigan to discharge, threaten, or otherwise discriminate against you regarding compensation, terms, conditions, locations, 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.
 - Takes part in a public hearing, investigation inquiry, or court action.

BULLARD-PLAWECKI EMPLOYEE RIGHT TO KNOW ACT

This act requires that you be notified when an employer or former employer divulges:

- **A Disciplinary Report**
- **Letter of Reprimand**
- **Other disciplinary action to a third party, to a party who is not a part of the employers organization, or to a party who is not a part of a labor organization representing the employee without written notice.**

***NOTE: The written notice to the employee shall be by first-class mail to the employee's last known address, and shall be mailed on or before the day the information is divulged from the personnel record.**

Incident Reports

Circumstances in which an Incident Report is required:

- Any explained or unexplained injury of a recipient
- An unusual or first time medically related occurrence, such as seizures
- Environmental emergencies
- Problem behaviors not addressed in the treatment plan such as breaking things, attacking people, or setting fires
- Suspected abuse or neglect (a complaint form should also be completed)
- Inappropriate sexual acts (excessive masturbation, inappropriate touching of others, etc.)
- Medication errors or refusals
- Suspected criminal offenses involving recipients
- Use of physical intervention
- Involvement of other agencies (police, hospital, fire, etc.)
- Any unauthorized leave of absence of a recipient
- The death of a recipient

**If you have any questions
regarding Recipient Rights,
please contact your local
Recipient Rights Office.**

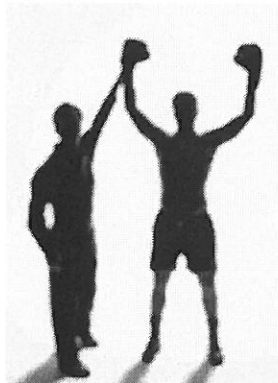
WHAT IS SELF DETERMINATION



- Self Determination (also called Self Directed Care) is a basic human right to live your life the way you want. It means seeking out resources you need, making decisions about your life and taking responsibility for the outcome of those decisions.

Version: 6/16/17

WHAT IS SELF DETERMINATION



- Self- Determination is not a program.
- Self-Determination is a belief. A belief that people should have power and control over their own life.

SELF-DETERMINATION CHOOSING WHICH PATH TO TAKE



- Self-determination uses a set of ideas and values that underscore a core belief that people who require support through the public mental health system must have the freedom to define the life they seek, and obtain assistance to achieve that life.

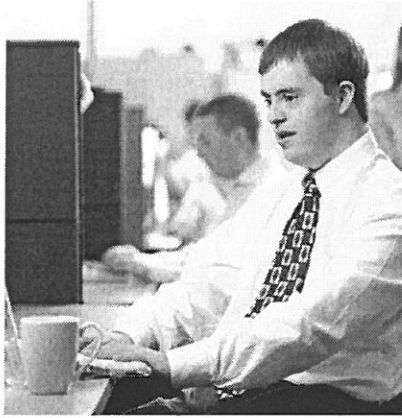
PRINCIPLES OF SELF-DETERMINATION



Self-determination operates under five basic principles:

- FREEDOM
- SUPPORT
- AUTHORITY
- RESPONSIBILITY
- CONFIRMATION

FREEDOM



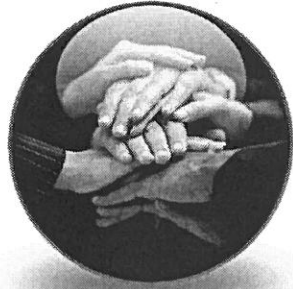
- The ability to plan a meaningful life with the supports you need. To live where you want with who you want.
- To have control over who supports you in reaching your goals.

AUTHORITY



- The ability to control a targeted amount of funds (money) in an individual budget.
- These funds are used to purchase the services and supports a person needs.

SUPPORT



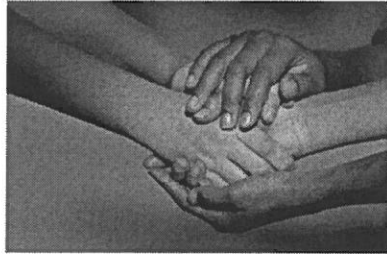
- To organize resources in ways that are life enhancing and meaningful.
- People who provide support might include Family, Friends, Personal Assistant, Co-workers, Support Coordinator, Case Manager, Neighbors, church members, etc.

RESPONSIBILITY



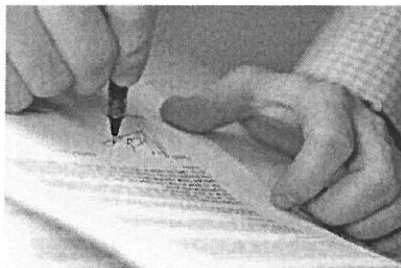
- RESPONSIBILITY to spend the money in the budget wisely and be accountable for the spending of public dollars.
- CONFIRMATION of the self advocacy movement and the role that individuals with disabilities must play.

SELF-DETERMINATION SUPPORTS THE PERSONS RIGHT AS A CITIZEN TO CONTROL THEIR RESOURCES SO THAT THEY MAY:

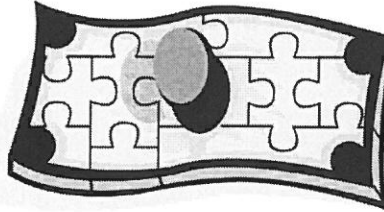


- Make their own choices
- Be a true part of the community
- Have meaningful relationships

SELF-DETERMINATION BEGINS WITH A PERSON-CENTERED PLAN



- The person talks about their hopes & dreams.
- They decide who will help them reach their dreams and goals.
- The family and friends they choose will support the person's choices about where they want to live, work, and have fun.

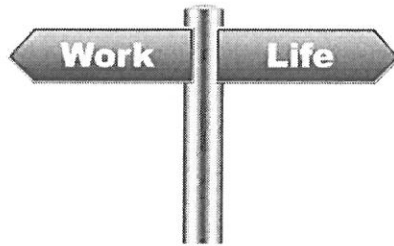


- Some of the choices a person makes in the PCP will cost money.
- The Fiscal Intermediary and the support team helps the person develop an Individual Budget.

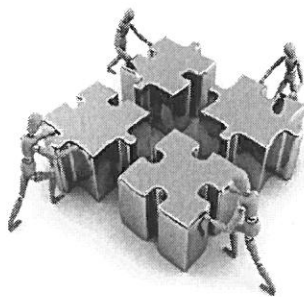
WHAT IS AN INDIVIDUAL BUDGET

- The individual budget shows how much the supports and services will cost. The person has a mutual responsibility to stay within the budget.
- A Fiscal Intermediary (accountant) will assist the person in managing their budget.

PARTICIPATION IN SELF-DETERMINATION



- Participation in Self-Determination is voluntary and does not require a person to make changes in current supports.
- Self-determination is about expanding, not limiting options.
- Self-determination is about enhancing, not reducing supports and services.



- Self-determination is a partnership between the person, their support team, and those who provide supports and services.

How to Help Someone Live a Self Determined Life

- Always remember the person's dreams, desires and health and safety needs
- Encourage and assist the person to develop real relationships that result in friendships and community connections.
- Becoming a *real* part of his/her community means knowing their neighbors, the people at the bank or corner store, etc.
- Help the person develop meaningful activities during their day (work, volunteering, hobbies).

FOR MORE INFORMATION:

For more information on
Self-Determination, contact the Self Determination
Coordinator:
Chelli Harless at 895-2212 or charless@babha.org

Recovery is Changing Everything

Developed by: Laurie VanWert, David Friday, Tina Dilley, Kim Cereske and Karen Amon

A Workgroup of the BABHA Recovery Committee

October 2014

Reviewed: 11/17/16, no changes

What does Recovery Mean?

- ▶ “Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.” (Substance Abuse and Mental Health Services, SAMHSA, 2014)
- ▶ “Restoring or gaining a positive sense of identity apart from one’s condition.” (Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990’s. Psychosocial Rehabilitation.
- ▶ “Develop and further rebuild important connections with self and community.” Spaniol, L. (2005). The process of recovery from schizophrenia. Boston MA.

Understanding Recovery...Are we



Part of the
solution



Part of the
problem

Setting the Stage

- ▶ People need to know its OK to ask for help and to be emotionally safe when they do.
- ▶ Words and language have impact. They are a window to our beliefs.
- ▶ The individuals we serve are experiencing the agency environment. Are we creating an environment that is fresh, vital and inspiring? We want people to be “breathing” hope, choice and empowerment.
- ▶ What does our spirit and attitude in our service setting say?
- ▶ What and how we say things speaks to our attitudes.

Gaining Fluency in Recovery Language

Power robbing language

- ▶ You should...
- ▶ You need...
- ▶ You must...
- ▶ You can't...
- ▶ No one can do that
- ▶ Problem
- ▶ But
- ▶ The best way is...
- ▶ Your option is
- ▶ My advice to you is...

Empowering Language

- ▶ Can, could
- ▶ What have you considered
- ▶ What are your options
- ▶ What can you do
- ▶ Up till now...
- ▶ Challenge, situation, concern
- ▶ And
- ▶ What other ways might work
- ▶ Some choices are
- ▶ Options to possibly consider are...
- ▶ What has worked for you in the past?

Combating Stigma

Stigmatizing

- ▶ “suffer from...”
- ▶ “retarded, bipolars, psychos, mentals, drunks”
- ▶ “he has a problem with...”
- ▶ Refer to individuals as difficult and non-compliant.

Stigma Busting

- ▶ People with disabilities
- ▶ “She has Down Syndrome, bipolar disorder.”
A person with a mental illness.
- ▶ “he needs...”
- ▶ Determine what actions are trying to communicate. Change is hard for everyone.

Did you know?

▶ When asked “who discriminated against you?”

- 79% reported that people in the community, society, the public and their families discriminated against them (*This is not surprising, but...*)
- 21% reported that people working in the mental health system discriminated against them.

(SAMSHA's ADS Center (2007) Improving Provider Attitudes and Practices toward People with Mental Illness)

Did you know?

- ▶ People who seek help for mental health problems reported feeling disrespected and discriminated against by front line health care workers, either intentionally or unintentionally.
- ▶ The attitudes of mental health practitioners are important for good treatment outcomes and good quality of life.
- ▶ In their roles as educators and members of their communities, professionals' views shape the opinions of future practitioners and other influential community members.

Empowering Interactions

- ▶ Be welcoming, friendly and non-judgmental.
- ▶ Be fully present and a good listener. Reflect what you heard.
- ▶ Resist fixing the person.
- ▶ Validate and reinforce their abilities and strengths. Focus on what's strong, not what's wrong.
- ▶ Ask open ended questions.
- ▶ Acknowledge and affirm efforts, progress and achievements.
- ▶ Remind them that they are their own experts.
- ▶ Promote self-advocacy/support them taking the lead. Not doing for them and taking their power away.
- ▶ Roll with resistance-this a normal response that everyone has related to change.
- ▶ Meet people where they are at.
- ▶ Constantly evaluate your language, attitude and self care.

Recovery Story/Anthony Ianni

- ▶ <http://www.youtube.com/watch?v=NDGkUUYFPJM>

Providing Recovery Based Services is our Policy

- ▶ The policy and procedure has been established to assure that recovery shall be the guiding principle and operational framework for our system of care.
- ▶ This begins with the belief that recovery is achievable and possible for everyone.
- ▶ Recovery is inclusive of all individuals (children and adults) with one or more of the following disorders; Substance Use, Severe and persistent mental illness, Intellectual and Developmental Disabilities and Co-Occurring conditions.

Four Major Dimensions

- ▶ **Health:** overcoming or managing symptoms or conditions and making informed choices that support and promote physical health and well being.
- ▶ **Home:** a stable and safe place to live.
- ▶ **Purpose:** meaningful daily activities, such as job, school, volunteerism, family caretaking, creative endeavors and the independence, income and resources to participate in society.
- ▶ **Community:** relationships and social networks that provide support , friendship, love and hope.

Recovery Story/Glen Close

- ▶ <https://www.youtube.com/watch?v=zMdfj4e0Q18>

Ten Guiding Principles

- ▶ Recovery emerges from hope
- ▶ Recovery is person driven
- ▶ Recovery occurs via many pathways
- ▶ Recovery is holistic
- ▶ Recovery is supported by peers and allies
- ▶ Recovery is supported through relationships and social networks
- ▶ Recovery is culturally based and influenced
- ▶ Recovery is supported by addressing trauma
- ▶ Recovery involves individual, family and community strengths and responsibilities
- ▶ Recovery is based on respect

To Facilitate Recovery it takes all of Us!

- ▶ Recovery is the individual's responsibility.
- ▶ Assisting people in their recovery is the responsibility of **all BABHA staff**. This includes everyone-front desk staff, Finance Department, HR, Clinician's, SLT, etc. Our decisions and actions affect the people we serve.
- ▶ All agency staff will develop welcoming, positive and caring relationships, accepting the individual as a unique and valuable person.
- ▶ Help the person develop strength based goals that focus on gaining or regaining critical life functions.

Recovery Story/Beth and Melvin

- ▶ http://www.youtube.com/watch?v=YeUJQgXwZ2I&feature=youtu.be&list=UU9g7KNgawAqshlon4MOPnCG&utm_source=Recovery+Institute+of+Southwest+Michigan+Inc.+List&utm_campaign=650f18e91d-Peer_Collaborative9_13_2010&utm_medium=email&utm_term=0_d8c386f5f9-650f18e91d-374584821

Sources

- ▶ Ashcroft, L., Flanagan, C., & Martin, C. (2011) Making recovery real going deeper: An introduction to recovery and recovery practices. Recovery Innovations, Inc. Arizona.
- ▶ Bay Arenac Behavioral Health Recovery Oriented System of Care Policy: Chapter 4, Section 5, Topic 6.
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Trauma Informed Services

Version: 1/30/17



Definition of Trauma

- The Substance Abuse Mental Health Services Administration (SAMHSA), defines individual trauma as extreme stress brought on by an event, series of events or set of circumstances and has lasting adverse effects on the individual's functioning including physical, social, emotional, or spiritual wellbeing and overwhelms a person's ability to cope. The impact of exposure to traumatic events affects people in very individualized ways and may have short term or long term effects.
- Trauma includes but is not limited to the consequences of neglect and the resultant deprivation that often accompanies it, severe physical abuse and injury, sexual abuse and/or exploitation, emotional abuse, domestic violence, witnessing or surviving severe accidents including natural or human-caused disasters, war trauma, and genocide, etc.
- Re-traumatization can occur due to the effects of mistreatment, abuse, neglect, or coercive interventions in the broad context of health services (e.g., outpatient, hospital, residential, employment, or criminal justice setting).



Abuse in America

- In 2012, an estimated 1,640 children (2.20 per 100,000) died of abuse and neglect, while the current estimated prevalence of child abuse in the United States is approximately 14% (CDC, 2014).
- As for adults, based on a 2013 study (Kilpatrick, 2013), the most prevalent forms of trauma were physical or sexual assault (52%), accident or fire (50%), death of a close family member or friend due to violence (49%), natural disaster (48%), threat or injury to a close family member or friend (32%), and witnessing physical or sexual assault (31%).
- Trauma occurs at every socioeconomic level, across all ethnic and cultural lines, within all religions, and at all levels of education.
- Importantly, there is robust confirmation that significant correlations exist between child maltreatment and a significantly increased likelihood of developing a range of mental disorders, suicide attempts, drug use, sexually transmitted infections (STIs), and risky sexual behavior. Further, about 30% of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse. (Childhelp; Norman, Byambaa, De, Butchart, Scott, et al, 2012; USDHHS, ACF, Children's Bureau, 2013)

Prevalence of Trauma Mental Health Population – United States

- 90% of public mental health clients have been exposed to trauma
(Mueser et al., in press, Mueser et al., 1998)
- 51-98% of public mental health clients have been exposed to trauma
(Goodman et al., 1997, Mueser et al., 1998)
- Most have multiple experiences of trauma
(Mueser et al., in press, Mueser et al., 1998)
- 97% of homeless women with SMI have experienced severe physical & sexual abuse – 87% experience this abuse both in childhood and adulthood
(Goodman et al., 1997)

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Therefore.....

We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*.

(Hodas, 2005)

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BABHA Policy

- Bay-Arenac Behavioral Health Authority (BABHA) is committed to being a Trauma-Informed organization and espouses that everyone may have experienced trauma. This includes people we serve, staff, and anyone else we encounter while conducting business within our community. In accordance with BABHA's mission, it is the intent that all staff within the BABHA Provider Network be informed about the effects and difficulties of psychological trauma, and offers an environment which is sensitive to, and facilitates, recovery from that trauma.

BABHA Policy

A Trauma-Informed System of Care is based on two major concepts:

- 1) A behavioral health system that acknowledges and understands the effects of trauma and values safety and participation, and
- 2) utilizes evidenced-based and best practice treatment models that have been proven to facilitate recovery from trauma.

Four Assumptions

1. Trauma is central and pervasive. Trauma is central to the development of mental health and addiction problems and impacts many aspects of a person's life.
2. Universal precautions should be taken in working with individuals. An individual should not have to disclose trauma to receive trauma informed services. All individuals should be treated as if they may have experienced trauma.
3. Symptoms and behaviors are often attempts to cope with the trauma.
4. The goal of trauma services is to return a sense of autonomy and control to the individual receiving services.

Definition of Trauma Informed Services

- Trauma-Informed Services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about, and sensitive to, trauma-related issues present in survivors.
- A trauma-Informed system is one in which all components of a given service system have been considered and evaluated in the light of a basic understanding of the role that trauma plays in the lives of people seeking mental health and addiction services as well as the staff that support them.
- A Trauma-Informed System of Care uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent re-traumatization and will facilitate the person's participation in treatment. It requires collaborative relationships with other public and private practitioners with trauma-related clinical expertise.

Trauma “Informed”?

- Trauma-informed care means that regardless of the reasons an individual comes to our door, clinical staff must ask them about their trauma history. We must ask respectfully, and we must be prepared to listen.
- In a trauma-informed system, services are designed to accommodate the needs of trauma survivors.
- Being trauma informed means realizing that the vast majority of people we come in contact with have histories of trauma. *Trauma must be seen as the expectation, not the exception, in behavioral health treatment systems.*
- All staff, not just clinical staff, must be informed on trauma and the potential impact that interactions and environment have on someone who has experienced trauma.

BABHA/Provider Network Expectations

- BABHA and the Provider Network will continually seek out the participation of persons served who have lived experiences of trauma, in the areas of systems planning, oversight, and evaluation.
- BABHA and its Provider Network will conduct an organizational self-assessment every three years. This assessment includes an environmental scan, reviews agency policies and procedures, identifies strengths and barriers and produces a work plan for improvement.

BABHA/Provider Network Expectations

- BABHA and its Provider Network will provide educational opportunities to inform all staff of the need for, and concept behind Trauma-Informed services and effects of trauma on persons served. (This will include training at orientation, initial training opportunities, and ongoing training).
- BABHA Provider Network will be sensitive to policies and procedures to assess for, and avoid re-traumatizing individuals who seek services.
- BABHA will complete ongoing assessment of services for sensitivity to, and appropriate treatment to, ensure a sense of safety for survivors of trauma.

Definition of Trauma Specific Services

- Designed to treat actual consequences of trauma consistent with the need for respect, information, connection and hope for clients;
- The importance of recognizing the adaptive function of "symptoms" and the need to work collaboratively in a person-directed and empowering way with survivors of abuse.
- Treatment providers should recognize a person's right to receive services in the most integrated setting in the community.
- Traumatized individuals seeking help must be given opportunities to be involved as partners in the planning and evaluation of services offered. They should also be given the opportunity to invite and include family and/or friends in that process.

Six Service Delivery Principles

1. Establishing a safe environment that feels physically and emotionally safe; and minimizes re-traumatization by being aware of our behavior, attitudes, emotions and words and their impact on the individuals that are served (Safe).
2. Using an empowerment model of care that promotes and respects the individual's choice and control to the best of our ability and recognizes, respects, and builds upon the individual's strengths, abilities, and potentials and cultural considerations (**Choice, Control, Empowerment, and Cultural Competence**).
3. Supporting the development of healthy relationships that are a vehicle for healing and are nurturing, empathic, authentic, hopeful, recovery based and empowering (**Trustworthiness and Collaboration**).
4. Building healthy coping skills through assisting the individual in developing emotional self-awareness, using grounding and self-soothing techniques, and making safe choices.
5. Providing access to trauma specific services and evidence based programs for adults, children and families.
6. System wide understanding of trauma prevalence, impact and ensuring holistic service delivery of trauma services and programs.

BABHA Policy on Trauma-Specific Treatment:

- Screening and Assessment for trauma for all child and adult consumers will be completed to identify trauma needs.
- Best Practices and Evidence-Based Treatment modalities to facilitate recovery for those with trauma needs with all populations will be implemented.

Evidenced Based Treatment and Best Practices for Trauma

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Seeking Safety Individual and Groups
- Prolonged Exposure
- Eye Movement De-sensitization and Reprocessing (EMDR)
- Dialectical Behavioral Therapy
- Cognitive Reprocessing
- Trauma Recovery Empowerment Methods (TREM)
- Gentle Teaching practices
- Medication (SSRI)

BABHA Policy on Secondary Traumatic Stress/Vicarious Trauma

- Secondary trauma is a risk factor for anyone working with individuals who have a history of trauma.
- Ongoing training will be provided to assist staff in identifying secondary trauma and implementing appropriate self-care. Secondary Trauma will be routinely addressed in supervision.
- Resources will be available to assist staff to evaluate the level of secondary trauma, burn out and compassion fatigue.
- Debriefing will be conducted of trauma specific incidents.
- EAP options are available to staff who identify they are experiencing secondary trauma.
- The Fatigue Fighters Committee has been created to address compassion fatigue.

Secondary Trauma

- Refers to the presence of Post Traumatic Stress Disorder (PTSD) symptoms resulting from the indirect exposure to traumatic material.

Vicarious Trauma

- Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical and spiritual well-being. (Headington Institute)

Burnout

- Related to feeling of being overloaded
- Work stress
- Joy of work is lost
- Can occur in any professional setting
- Progresses gradually as a result of emotional exhaustion, cynicism, and feelings of inefficacy.
- Does NOT lead to changes in trust, feelings of control, issues of intimacy, safety concerns, and intrusive traumatic imagery that are foundational to Secondary Trauma/Vicarious Trauma.

Risk Factors

- Personality and coping style
- Personal trauma history
- Current life circumstances
- Social support
- Spiritual resources
- Work style – work/life boundaries
- Professional role/work setting/degree of exposure
- Agency support
- Affected population's response or reaction
- Cultural styles of expressing distress and extending and receiving assistance

Signs and Symptoms

- Feeling frustration or anger about a consumer's choices
- Thinking about a consumer outside of work more than you want to
- Feeling anxious about working with a consumer
- Feeling dread when you anticipate seeing a consumer
- Feeling more worried than you think is necessary about a consumer
- Feeling angry at a consumer
- Feeling de-skilled or incompetent when you meet with a consumer
- Taking on too much responsibility- difficulty leaving work at end of day – stepping in to control other's lives

Signs and Symptoms

- Feeling disconnected or dissociated from the patient, their emotions or the content of the session
- Having physical discomfort or pain while meeting with a patient, which seems connected with what you're working on
- Having other physical reactions to a patient's stories, e.g. increased heart rate, rapid or shallow breathing, nausea, feeling frozen etc.
- Feeling traumatized after talking with a patient about specifics of their abuse
- Wanting to cry during/after meeting with a patient
- Feeling helpless about your work with a patient
- Feeling enraged at a consumer's perpetrators

Signs/Indicators

- anxiety
- hyper-vigilance
- intrusive imagery
- flashbacks
- hyperactivity
- sleep disturbance
- rage reactions
- mood swings
- loss of interest in outside activities
- reduced coping ability
- social withdrawal
- avoidance behaviors
- depression/despair
- hopelessness
- self-blame, guilt or shame
- compulsive or aggressive behaviors
- concentration problems
- disconnection from others

Impact on Professional Functioning

- Performance of Job Tasks
- Decrease in quality/quantity
- Low motivation
- Morale
- Decrease in confidence
- Negative attitude
- Interpersonal communication
- Withdraws from co-workers
- Poor communication
- Behavioral
- Absenteeism
- Exhaustion

(Yassen, 1995)

Prevention & Intervention

- Learn about and understand secondary/vicarious trauma
- Talk about it within departments and teams
- Learn coping strategies
- Identify central schemas
- Get support
- Obtain supervision/consultation regarding your work
- Case consultation for difficult cases
- Process personal issues (own personal trauma history – vital to preventing further trauma)
- Obtain professional counseling

(McCann & Pearlman, 1990/Meyers & Cornille, 2002)

Self Care

- What helps?
- An effective action plan for addressing vicarious trauma and self care will reflect your own needs, experiences, interests, resources, culture, and values.
 - Escape – get away from work/trauma material
 - Rest – do things you find relaxing
 - Play – physical activity, creativity, laugh

Self Care

Tools for transforming helplessness

- Awareness – Being attuned to own needs, limits, emotions, reactions, resources. Mindfulness and acceptance. Keep mind and body in same place.
- Balance – Professional and personal – rest/work/play; i.e., eat lunch/go home at end of shift. Spend time laughing with friends.
- Connection – To oneself, others, something larger. Decreases isolation, increases validation and hope. An essential part of spiritual connection is to find one's own path to connecting with a sense of awe, joy, purpose, meaning, and hope and visiting it frequently.

Self Care Strategies to Consider

- Mindful eating
- Yoga/ Tai Chi /Dance
- Journaling, singing
- Travel
- Personal psychotherapy
- Seek spiritual renewal/pray
- Hobbies, sports, creative interests
- Bubble baths/movie night
- Walking/petting dog
- Establish boundaries separating work from home
- Guard against addictive behaviors
- Biking, hiking, running
- Long baths/aromatherapy
- Massage
- Time with friends
- Eat and sleep
- Meditation
- Gardening/baking
- Forgive yourself
- Laugh
- Acupressure/tapping
- Seek out experiences which instill hope and comfort

Coping Strategies

- Mark transitions, celebrate joys, and mourn losses with people you care about through traditions, rituals, or ceremonies
- Take time to reflect (e.g., by reading, writing, prayer, and meditation)
- Identify and challenge your own cynical beliefs
- Undertake growth-promoting activities (learning, writing in a journal, being creative and artistic)

Staff Resources

- Clinical Supervision
- Debriefings
- Fatigue Fighters Activities
- Wellness Committee Activities
- Secondary Trauma Trainings
- Employee Assistance Program
- Seek professional help

Additional Resources

- Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals - http://www.nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf
- - Compassion Fatigue Self Test - <http://psychink.com/ti2012/wp-content/uploads/2012/07/207PrewkshpTIstud.2012.pdf>
- - Compassion Fatigue and Vicarious/Secondary Trauma in the Helping Profession - <http://medicinemoves.ca/compassion-fatigue-vicarioussecondary-trauma-helping-profession/>
- - Running on Empty: Compassion Fatigue in Health Professionals - <http://www.compassionfatigue.org/pages/RunningOnEmpty.pdf>

Community Collaboration

- BABHA and the Provider Network will collaborate with community organizations, agencies and coalitions to support the development of a trauma informed community that promotes healthy environments for all individuals

Acknowledgements

- Trauma Workgroup
- Population Committees
- Performance Improvement Committee
- Quality Improvement Department
- Fatigue Fighters