

**RESPITE
PROVIDER
PACKET**



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

Fiscal Intermediary Respite Employment Agreement

Employer SSN: _____ - _____ - _____
Employer is always the participant, even if a minor.

Employee SSN: _____ - _____ - _____
Respite provider

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

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

Employee agrees/understands:

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

Employer agrees:

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

 Employer Signature

 Date

 Employee Signature

 Date



STUART T. WILSON CPA, PC
Fiscal Intermediary

Criminal Background Check Authorization Form

Do not provide any services prior to authorization.

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

Employer (Participant): _____ Organization/Agency: BABH

Employee Full Name: _____

Previous Names Used (Include maiden name): _____

Date of Birth: _____ Sex: _____ Race: _____

Driver's License #: _____

Social Security #: _____ Phone #: _____

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

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

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

Signature _____

Date _____

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

For results contact:

Participant/Guardian Name: _____

Phone #: _____ Email: _____

or

Case Manager: _____

Phone #: _____ Email: _____

I would also like a Driver's License Check conducted _____

Employer Initials

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

**Step 2:
Multiple Jobs
or Spouse
Works**

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
	Step 4 (optional): Other Adjustments		
(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____	
(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____	
(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____	

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		
			6300 Schade Dr., Midland, MI 48640		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Name: _____ Employer's Name: _____

Email Address (required): _____

(Must choose one)

<input type="checkbox"/> Direct Deposit A voided check, a letter from the bank or a copy of a membership card that includes both the account and routing number must be attached. *See information below Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Netspend Skylight ONE Payroll Card *See attached information
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When you apply for direct deposit you authorize Stuart T. Wilson CPA, PC to deposit your payroll automatically into your checking or savings account.

- All cancellations must be submitted in writing.
- Any changes may take up to 2 pay periods.
- **Do not close your bank account without providing our office with sufficient notification; otherwise, your payment will be delayed.**
- On payday you will receive your check stub **via email**. This also serves as your notice of deposit. The email comes from no_reply@stuartwilsonfi.com. Please check your spam folder if you do not receive your notice.
- Stuart T. Wilson CPA, PC is not held accountable for any overdraft fees that you may incur for using funds prior to their **actual confirmed deposit**.
- Stuart T. Wilson CPA, PC is authorized to correct errors that may occur. This authority remains in effect until we are notified in writing that you no longer want direct deposit.

I have read and understood the terms of my chosen payment option with Stuart T. Wilson CPA, PC.

I understand that if I do not submit my banking information

I will automatically be signed up for the Netspend Skylight ONE Payroll Card.

Signature

Date

Phone #

Return via Fax: 989-832-5404 Email: payroll@stuartwilsonfi.com

Mail: Stuart T. Wilson CPA, PC Attn: Personnel 6300 Schade Dr. Midland, MI 48640

Your Skylight Account Info Is With You Wherever You Are

With the Skylight ONE® Mobile App, you can get updates on your Skylight Account from the palm of your hand.¹

Card account usage is subject to card activation and identity verification.²



Check your balance at a glance

Log in to your Skylight Account, and see how much money is there, right from your smartphone.



Find the nearest ATM

Need some cash? Locate the surcharge-free ATM³ that is closest to where you are, wherever you are.



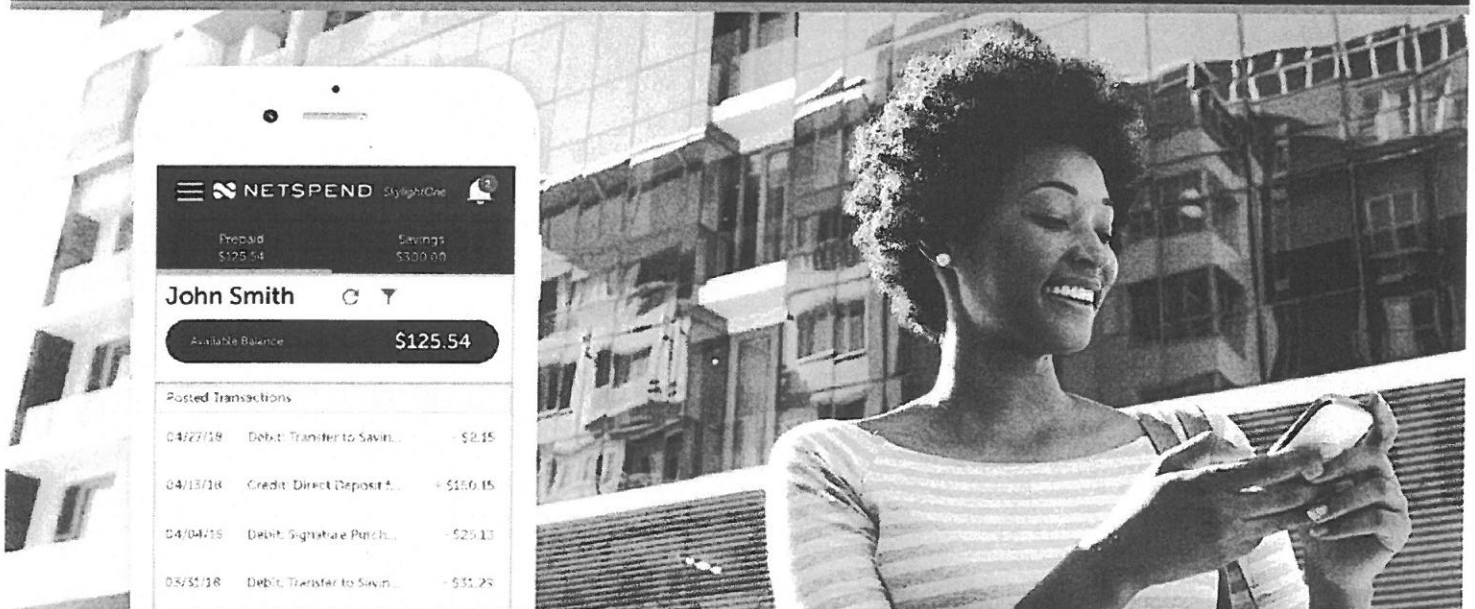
See your most recent transactions

See if a payment has posted, or if your paycheck has arrived in just a few taps.



Manage your alerts

Enroll to get a text message¹ or email whenever you get paid, for every transaction, or just periodic balance updates with Anytime Alerts⁴.



Download the Skylight ONE Mobile App Today!



IMPORTANT INFORMATION FOR OPENING A CARD ACCOUNT: To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires us to obtain, verify, and record information that identifies each person who opens a Card Account. **WHAT THIS MEANS FOR YOU:** When you open a Card Account, we will ask for your name, address, date of birth, and your government ID number. We may also ask to see your driver's license or other identifying information. Card activation and identity verification required before you can use the Card Account. If your identity is partially verified, full use of the Card Account will be restricted, but you may be able to use the Card for in-store purchase transactions. Restrictions include: no ATM withdrawals, international transactions, account-to-account transfers and additional loads. Use of Card Account also subject to fraud prevention restrictions at any time, with or without notice.

¹ No charge for this service, but your wireless carrier may charge for messages or data.

² Surcharge-free ATM options will vary by card program. Please see your Cardholder Agreement for surcharge-free options. An ATM Cash Withdrawal Fee applies at ATMs outside the surcharge-free network specified in your Cardholder Agreement. A separate ATM owner fee may also apply.

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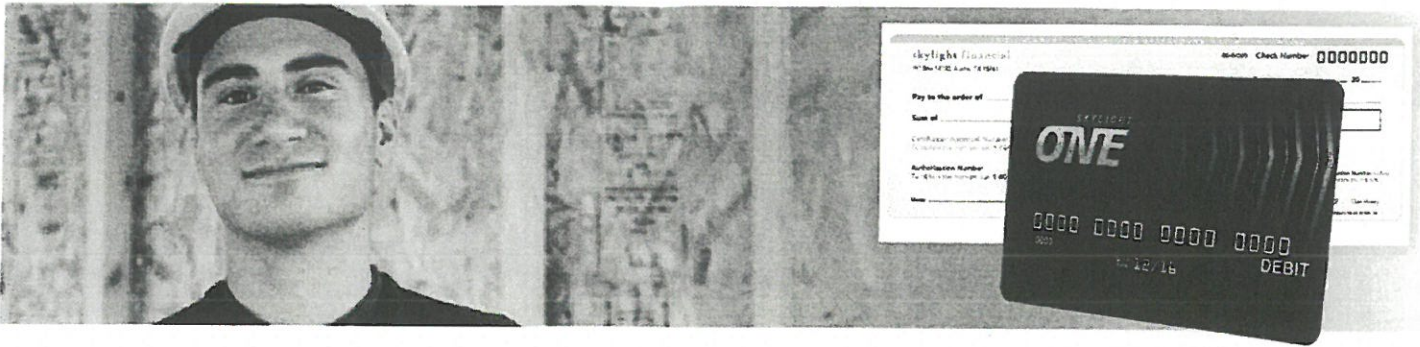
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The Skylight ONE® Visa Prepaid Card is issued by Boff Federal Bank, Republic Bank & Trust Company or SunTrust Bank pursuant to a license from Visa U.S.A. Inc. and may be used everywhere Visa debit cards are accepted. The Skylight ONE® Prepaid Mastercard is issued by Boff Federal Bank, Republic Bank & Trust Company, or SunTrust Bank pursuant to a license by Mastercard International Incorporated. Please see back of card for Issuing Bank, Boff Federal Bank, Republic Bank & Trust Company and SunTrust Bank; Members FDIC. NetSpend, a TSYS® Company, is a registered agent of Boff Federal Bank, Republic Bank & Trust Company, and SunTrust Bank. Certain products and services may be licensed under U.S. Patent Nos. 6,000,608 and 6,169,787. Use of the Card Account is subject to activation, ID verification and funds availability. Transaction fees, terms, and conditions apply to the use and reloading of the Card Account. See the Cardholder Agreement for details.

Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.

Card may be used everywhere Debit Mastercard is accepted.

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Frequently Asked Questions

The Skylight® PayOptions™ Program



What is the Skylight PayOptions Program?

The Skylight PayOptions Program provides you with a safe and convenient alternative to cash and traditional paper paychecks. Your money is direct deposited into an account at BofI Federal Bank, Member FDIC, and can be accessed either through your Skylight ONE® Visa® Prepaid Card or Skylight ONE® Prepaid MasterCard®, or by using a Skylight Check to withdraw all of the cash from your Skylight Account.

Where can I use my Skylight ONE Card?

Your Skylight ONE® Card can be used at millions of ATMs to withdraw cash, and anywhere Visa debit cards or Debit MasterCard (based on the logo on the front of your card) are accepted for purchases, such as supermarkets and other retail locations.

What are Skylight Checks and how can I use them?

If you prefer, you can use Skylight Checks to write your own paycheck! Each payday, whether you're at work, at home, or on vacation, you can use a Skylight Check to withdraw all of the cash from your Skylight Account. Skylight Checks can be cashed free of charge at all U.S. Bank branch locations, at participating Walmart locations, and at participating ACE Cash Express locations.¹ You will receive 2 checks in your new account packet. Order additional checks at no cost by calling Customer Service at the number on the back of your card.

What does the Skylight PayOptions Program cost?

There is no cost to sign up and there are many ways to access your wages for free. Some fees may apply based on how you use your Skylight Account. You will receive a fee schedule with your new account packet.

Will I get a new card each payday?

No. Once you are enrolled in the program, you'll automatically receive a personalized Skylight ONE Card. Your pay will be added to the card by 8 a.m. CT each payday. If you accidentally lose the card, just give Skylight a call to request a replacement. Your first replacement card per year is available at no additional cost.²

My Skylight ONE Card doesn't have my name on it. Can I still use it to make purchases?

Yes. The first card you receive is a temporary card but it can be used to make signature-based purchases in restaurants, stores, online, and by phone anywhere Visa debit cards or Debit MasterCard are accepted.³ Once you are enrolled in the program, a card with your name on it will automatically be sent to your mailing address.

Can I request more than one card?

You can add an additional cardholder to your account simply by calling the number on the back of your card.^{2,3}

What happens if I lose my card?

When you lose cash, your money is gone. If you lose your card, contact Skylight immediately so your lost card can be cancelled and your money stays safe.⁴ When you call, you can ask that a replacement card be sent to you. Your first replacement card per year is available at no additional cost.²

How can I check my balance and track my spending?

Skylight makes it convenient for you to manage your money. A toll-free automated telephone service provides 24/7 account information. Plus, when you register for online access at skylightpaycard.com, you can visit the Online Account Center anytime to check your balance, review your transactions, and view or print your statements. You can also enroll in Anytime Alerts™ to schedule balance, deposit, or payment updates to be sent directly to your cell phone or email inbox.⁵ Or, text us and we'll text your balance back to you!

What if I want to talk to someone about my account?

Skylight's friendly, specially trained Customer Service representatives are available to assist you between 6 a.m. and midnight CT Monday through Friday and on weekends between 8 a.m. and 8 p.m. CT, with bilingual service available. You can reach someone by calling the number on the back of your card.⁶

¹ Skylight Checks can be cashed free of charge at all U.S. Bank branch locations, at participating Walmart locations, and at participating ACE Cash Express locations. Other check cashers set their own policies regarding check acceptance and may charge you a fee to cash Skylight Checks. See the Skylight Checks for step-by-step instructions.

² There may be a cost for additional replacement cards. Consult your Cardholder Agreement and fee schedule for details.

³ There is no application or credit approval process for the Skylight PayOptions Program. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW CARD ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a Card Account. **What this means for you:** When you open a Card Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In accordance with federal regulations, until it is activated and registered, a prepaid card is subject to initial load limitations, may not be used for ATM use, international transactions or account-to-account transfers, or be reloaded.

⁴ To minimize losses, Cardholder must notify Skylight promptly of any loss of the card or compromise of the Skylight Account. Other terms apply. See the Cardholder Agreement for details.

⁵ Skylight does not charge for this service, but your wireless carrier may charge you for messages or data.

⁶ A fee may apply for this call. Consult your Fee Schedule for details.

The Skylight ONE® Visa® Prepaid Card is issued by BofI Federal Bank pursuant to a license from Visa U.S.A. Inc. and can be used everywhere Visa debit cards are accepted. The Skylight ONE® Prepaid MasterCard® is issued by BofI Federal Bank pursuant to a license by MasterCard International Incorporated. BofI Federal Bank, Member FDIC, Skylight Financial, Inc. a TSYS® Company, is a regulated agent of BofI Federal Bank. The Skylight ONE Prepaid MasterCard can be used everywhere Debit MasterCard is accepted. Certain products and services may be licensed under U.S. Patent Nos. 6,000,808 and 6,189,787. MasterCard and the MasterCard Brand Mark are registered trademarks of MasterCard International Incorporated. Use of the Card Account is subject to funds availability and ID verification. Transaction fees, terms, and conditions apply to the use and reloading of the Card Account. See the Cardholder Agreement for details. © 2015 Total System Services, Inc. All rights reserved.

skylight

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

Trainings Included in this booklet include:

Infection Control/Blood Borne Pathogens

Safety and Fire Prevention

Health Insurance Portability & Accountability Act (HIPAA)

False Claims Act

Michigan Whistleblower's Protection Act

Recipient Rights of Mental Health Services

Limited English Proficiency

Corporate Compliance, Ethics, & Deficit Reduction

Person Centered Planning

Cultural Competence and Diversity in the Community

Basic First Aid

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

**Drivers License
Social Security Card**

Respite fund guidelines for amounts/payments

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

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

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

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

January, February, March

April, May, June

July, August, September

October, November, December

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

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

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

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

Bay Arenac Behavioral Health

Respite Services

Attn: Susan or Chelli

201 Mulholland

Bay City, MI 48708

Or

Fax: 1-989-497-1569 Or Email: scurtis@babha.org

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

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

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

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

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

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

Bay Arenac Behavioral Health

Attn: Susan Curtis

201 Mulholland

Bay City, MI 48708

Fax: 1-989-497-1569 Or Email: scurtis@babha.org

Phone: 1-989-895-2277

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

Susan Curtis, Secretary at 1-989-895-2277

or

Chelli Harless, Respite Care Coordinator

at 1-989-895-2212

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

Basic First Aid/Bloodborne Pathogens 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. Firm, direct pressure with clean or sterile bandages is one of the first steps in caring for a bleeding wound
True False
4. Covering the burn area with clean or sterile dressings will reduce the chance of infection and reduce the pain
True False
5. 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
6. If someone is having a seizure, you should put something in their mouth and try to stop the movement
True False
7. If there is an insect stinger imbedded in someone's skin, scrape it out and wash the area with soap and water
True False
8. If you are having trouble breathing, notice someone else having trouble breathing, or is experiencing an allergic reaction, call 9-1-1
True False
9. Universal precautions means treating everyone's blood and other body fluids as infectious
True False
10. Contaminated sharps needles, broken glass, etc. must be placed in a covered puncture-resistant leakproof container that is red or has a biohazard label
True False
11. If you come in contact with blood or other body fluids you should wash your skin immediately
True False
12. You must clean equipment and work surfaces if they're visibly contaminated with blood or other body fluids
True False

Signature of Employee: _____

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

*I attest that this employee has passed the Basic First Aid/Bloodborne Pathogens Quiz: Passed Failed

Trainer/Employer Signature: _____

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

Basic First Aid/Bloodborne Pathogens 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
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Trainer/Employer Signature: _____

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

Respite Claims Detail Invoice

Parent/Guardian

Name: _____

Address: _____

Phone: _____

Stuart Wilson Contracted Through
 Bay-Arenac Behavioral Health
 Behavioral Health Center
 201 Mulholland
 Bay City, MI 48708

989-895-2300

(not implying a co-employment relationship)

I hereby certify that all RESPITE providers listed below have received training and/or all pertinent information and is qualified to provide care for Consumer/Employer: _____

I understand that Bay-Arenac Behavioral Health is not responsible for the actions of the worker or the child/adult while care is being provided. ***If the Respite provider has an address change it must be indicated on the Respite invoice! **Dates submitted cannot be more than 3 months old and form must be filled out completely to be paid****

Respite Care Worker PLEASE PRINT SIGNATURE ON FIRST LINE and SIGN THE REST	Date of Service (must fill out)	Start Time AM/PM (must fill out)	Stop Time AM/PM (must fill out)	Total hours (must fill out)	Hourly Rate (must fill out)	Total Reimbursement (must fill out)	Progress Note (must fill out)

I understand and assume full responsibility for the accuracy and legitimacy of all hours listed above. I further declare that respite is not being used for the primary reason of care during my regular hours of employment. Respite care invoices can be returned to Susan Curtis at E-mail to: scurtis@babha.org ***within three months of care.**

Signature of Parent/Guardian: _____

Date: _____

Respite Claims Detail Invoice

Parent/Guardian
 Name: _____
 Address: _____
 Phone: _____

Stuart Wilson Contracted Through
 Bay-Arenac Behavioral Health
 Behavioral Health Center
 201 Mulholland
 Bay City, MI 48708
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Signature of Parent/Guardian: _____ Date: _____

Respite Claims Detail Invoice

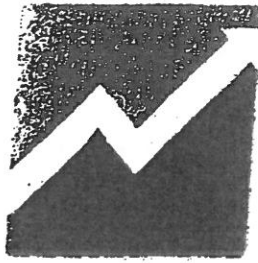
Parent/Guardian
Name: _____
Address: _____
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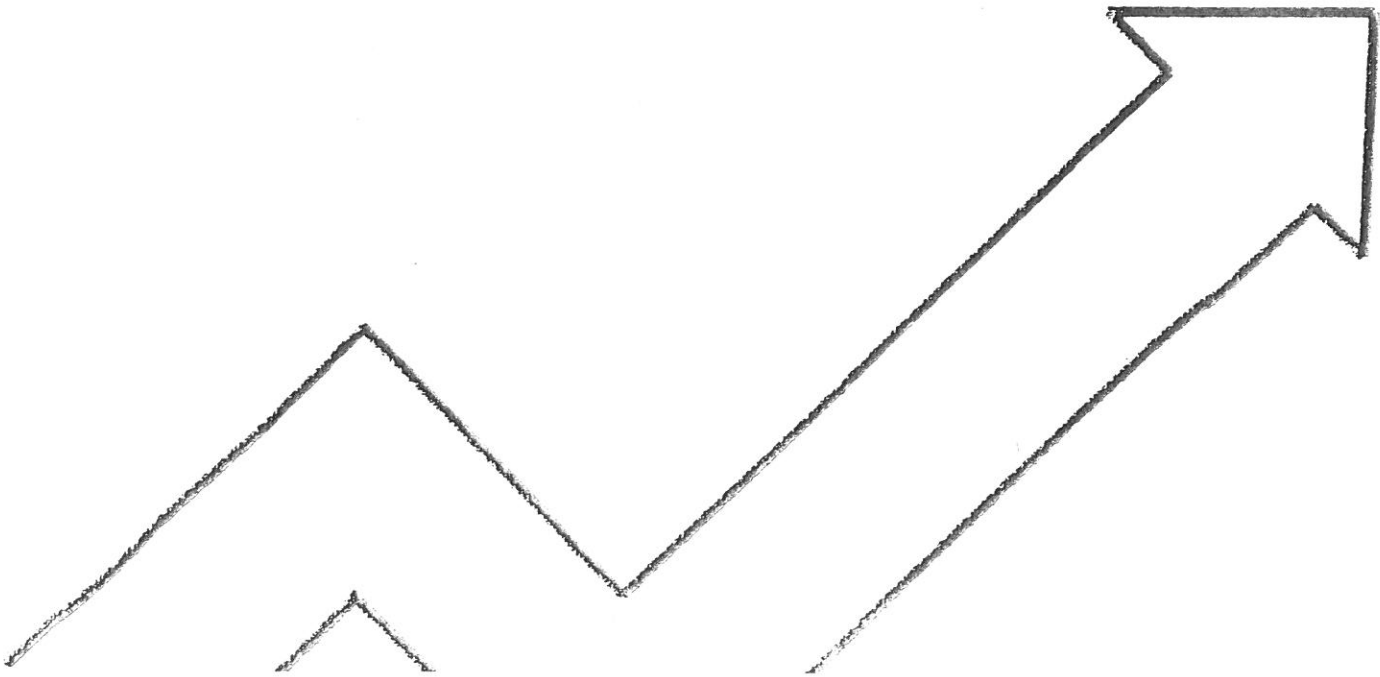
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Signature of Parent/Guardian: _____ Date: _____



STUART T. WILSON, CPA PC

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

Provider Training Handbook



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

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



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.



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.



- 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!

**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.



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.

Rights of Recipients of Mental Health Services

*****PLEASE READ THE FOLLOWING INFORMATION*****

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

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

- 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